

The College

Statement by Council on Psychiatric Practice and Training in British multi-ethnic society

Foreword

Racial discrimination and prejudice are endemic in all societies. Strangers, people of different appearance or habits, evoke strong and mixed feelings. Their poverty may be seen as “a burden on society”, their ability as “a conspiracy to take us over”, and their unfamiliarity as “diluting our island heritage”. Immigrant groups may hold equally distorted views about their indigenous hosts.

At the same time, in many countries including our own, there has been a long tradition of welcoming newcomers to our shores, and of recognising the enormous contributions which they have made to our society and culture. Medicine provides a striking example. Many of its leaders, in psychiatry and other medical fields, have been “immigrants”. Much of the staffing of the British National Health Service has depended on workers from abroad. We are all now living and working in a multi-ethnic society where racial discrimination and prejudice are bound to occur and can be very harmful.

The effectiveness of psychiatry depends on mutual communication, trust and understanding between doctors and patients. Psychiatric practice will be harmed by racial discrimination and prejudice as will the training and careers of psychiatrists, many of whom are drawn from ethnic minority groups.

In 1987 the College set up a Special Committee to report on these matters. Their report was received by Council in June 1989 when it was widely distributed to all College Committees, Sections and Divisions, and made available to all members of the College. Based on the many comments received, Council has prepared and approved the accompanying Statement. The great majority of the Committee’s recommendations have been accepted.

This whole exercise represents an attempt by our College to become more aware of racial discrimination and prejudice and to take steps to minimise their effects. In addition, it aims to promote a better understanding between psychiatrists and the many ethnic minority groups who are making their important contributions, often in adverse conditions, to our contemporary society.

Dr J. L. T. Birley
President

Introduction

This Special Committee was established by Council in 1987 with the following terms of reference:

- (a) *To explore issues attending the training of psychiatrists and the practice of psychiatry in British multi-ethnic society.*
- (b) *To investigate the problems of discrimination against trainees, other doctors in psychiatry and patients on the grounds of race and to make recommendations.*

Members of the Committee were nominated by Council and by the Specialist Sections and Collegiate Trainees’ Committee (Appendix 1).

The Committee’s Report was presented to Council in June 1989. Council received the Report and expressed great appreciation for the work of the Committee which had tackled an important and contentious subject. The Report was then distributed for comment to all College Committees and Divisions and Sections. In addition a notice was placed in the *Bulletin* saying that the Report and its appendices were available free to all members. The present statement is based on a collation of all comments received.

General comments

The College welcomes the Report as a very important step in raising the awareness of all its members and trainees concerning racial discrimination and prejudice and the degree to which these impinge on and damage the everyday lives of many members of ethnic minorities, and may affect their views on health services in general and psychiatric services in particular. Nor should psychiatrists see themselves as free from racial prejudice and discriminatory attitudes which may affect both their practice and training. In addition, racial discrimination and prejudice by staff and/or patients may cause problems in psychiatric wards and other residential facilities.

The College is particularly conscious of the important distinction between “racial” differences, in terms of appearance and particularly skin colour, and “cultural” differences in terms of long established customs, language and social and family structures.

For a psychiatrist assessing and treating any individual patient and his/her family, the cultural differences are as important as the racial ones, if not more so.

These considerations may explain the very strong support for the minority report submitted by Professor Sims (the Dean), and by Dr O'Leary (on behalf of the Collegiate Trainees' Committee) that the use of the word "black" to cover all ethnic minorities was misleading. The term might be appropriate in a political manifesto, but for psychiatrists the term "ethnic minorities" was much more useful, as it takes into account both cultural and racial differences.

College comments on Committee's training recommendations

General comments

There was strong support for the College's taking a lead in ensuring that racial discrimination and prejudice do not influence the selection or education of psychiatrists.

Recommendation 1

The College should take steps to ensure that the quality of training available to "visiting" registrars is equivalent to that for "career" registrars. In general it is vital to generate a very positive atmosphere to attract overseas trainees into a worthwhile UK framework of training and study.

The recommendation was strongly supported. It is the stated aim of the Overseas Doctors' Training Scheme. The Education Committee went further and recommended that training of visiting registrars on the scheme should include courses specially suited to their needs. This is also supported by the Overseas Doctors' Training Scheme which is trying to arrange this.

Recommendation 2

The College should make contact with responsible bodies overseas to explore their expectations from training in the UK and to gain understanding of local policies. The College's Overseas Desk and the Overseas Doctors' Training Scheme could play an important part in this exercise.

This is also supported and is part of the Overseas Doctors' Training Scheme. There needs to be a clear understanding between the scheme organisers, the trainees and their sponsors about what is and what is not available on a particular training scheme.

Recommendation 3

A minimum requirement for overseas trainees should be one year spent in psychiatry in their countries of origin.

This is already a requirement for the Overseas Doctors' Training Scheme and it is desirable for trainees who intend to return to their countries of origin. In certain circumstances, e.g. for refugees or other persons who may be entitled to stay in the UK, this requirement may not be appropriate or feasible.

Recommendation 4

The College should take account of the "Model Policy" formulated and published by the King's Fund Equal Opportunities Task Force in briefing its representatives on matters concerning shortlisting and interviewing for medical appointments.

This recommendation is supported. The actual implementation of equal opportunities policies, affecting both women and ethnic minorities, is a matter for employers, particularly Health Authorities and Universities.

The recommendations of the King's Fund Equal Opportunities Task Force will be made available to tutors.

Recommendation 5

The College should promote the availability of career counselling either by psychiatric tutors or by other means for overseas doctors seeking training in the UK. In this connection it should consider the establishment of an independent College body which could offer counselling and, possibly, endeavour to redress grievances.

Career counselling should be available for all doctors, at a local level, from psychiatric tutors and from others nominated by Postgraduate Deans.

In addition, counselling for doctors from overseas, who are seeking training in this country, is part of the Overseas Doctors' Training Scheme. This scheme also retains contact with these trainees during their training, either directly or by reports from their tutors.

The College recognises that there may also be a need for counselling by someone who would be seen as unrelated to the local counselling network. Such counselling (which is already undertaken informally by College Officers) would be available to any psychiatrist but, normally, only after local counselling had been sought.

A small group of senior members of the College will be nominated by the President for this purpose. They will have no formal executive powers.

Recommendation 6

Transcultural psychiatry is an important element in the education of psychiatrists and the College should give a lead and practical curriculum guidance to tutors.

This recommendation is supported. The Education Committee will be making suggestions on this matter, in terms of a reading list, suggested topics, and examples of good practice.

At a practical level, psychiatrists should make every effort to get to know the cultural history, background, and social and family structures of the ethnic minorities in the areas for which they provide services. Representatives from these minorities should be invited to participate in local teaching occasions.

Recommendation 7

The Court of Electors should be reminded of the relatively high failure rate in the MRCPsych Examination for foreign doctors from ethnic minorities. They might wish to ask the Chief Examiner to look closely at the Examination from the point of view of any possible built-in disadvantage to the overseas candidate.

The results of the Membership examination are regularly reviewed by the Examination Committee and these reviews are reported to and discussed by the Court of Electors. The Examination Committee has responded to this recommendation as follows:

“The primary aim of the Sub-Committee is to expect and recognise a high standard of performance in our College Examinations. We feel satisfied that in the Clinical Examinations, every care is taken to avoid unfair discrimination against any particular group of candidates; whether this be related to ethnic origin or otherwise. Indeed the Induction Course for Examiners includes a videotape exercise which focuses on the need to distinguish clinical skills from language difficulties. We believe that there is no evidence of prejudice based on ethnic origin itself on the part of either Board of Examiners in the Clinical Examinations. We have looked at the results of the MCQ part of our Examinations, and there is some evidence that candidates from abroad do less well than others, even though they may have completed a period of training in the British Isles before presenting themselves as candidates. This must mean that they are less skilled at MCQs because the papers are computer marked. We intend to contact all tutors and course organisers in order to alert them to the importance of providing guidance on MCQ technique, especially for candidates who originate from abroad. The recent discussions concerning multiple choice questions on forensic and legal issues are also, of course, relevant – and that matter is being looked at carefully at the present time.”

The Education Committee has also suggested that patients whose English is particularly difficult to understand should not be included in the Examination.

Recommendation 8

The College, perhaps through the Court of Electors, should ensure that regular monitoring takes place of the distribution by sex and ethnicity of new Fellows, Regional Advisers and their Deputies, and Examiners in the MRCPsych.

All members of the College must have equal opportunities to participate in its affairs and to contribute to the further development of psychiatry. There must be no discrimination by sex or ethnicity when members are being considered for membership of College committees, including the Board of Examiners, for the Fellowship or for Distinction Awards.

The recommendation also implies that the College should include “ethnicity” as part of its register of members. We are consulting members on this matter.

Recommendation 9

A judicious balance must be struck between academic and non-academic factors in selecting medical students. Care must be taken to avoid the use of non-academic criteria of subjective assessments which might be culturally or racially biased.

The selection of medical students is not, strictly speaking, within the College’s remit. But insofar as it clearly affects the supply of doctors in this country we would support it amended as follows:

“A judicious balance must be struck between academic and other qualities in selecting medical students. Care must be taken to avoid the use of any criteria or subjective assessments which might be culturally or racially biased.”

Recommendation 10

Attempts should be made to increase the numbers of Afro-Caribbean psychiatrists in Britain by providing every incentive to this end at all stages of the medical process.

The direct recruitment of black psychiatrists from the Caribbean should be kept in mind, though some members of the Committee had misgivings about this option in terms of “poaching” scarce resources.

Recommendation 9 should ensure that potential medical students of Afro-Caribbean origin should not be subjected to any discrimination when applying to British Medical Schools.

College comments on Committee's manpower recommendations

Recommendation 11

The College should examine the position of overseas doctors who had failed to progress up the promotion ladder and whose situation might be placed at further disadvantage under the 'Achieving a Balance' provisions.

This matter has been an area of concern to the Psychiatric Tutors' Sub-Committee. It has proved difficult to obtain accurate information about the scale of the problem, either from Health Authorities or from the doctors themselves.

There are already local mechanisms for counselling "stuck" doctors and we feel that this matter has already been covered in Recommendation 5.

Recommendation 12

Bearing in mind that discrimination against black doctors and against women might generate subtle pressure to accept staff grade posts, the College should press for monitoring of the appointments in terms of sex and ethnicity.

and

Recommendation 13

The College should keep a close eye on the job content of staff grade posts and, in particular, upon contractual arrangements and the opportunities for further training and career progress.

College Regional Advisers have been asked to keep a very close scrutiny of staff grade posts both in terms of their job descriptions and those appointed to the posts.

Recommendation 14

The College, perhaps advised by its Research Committee, should explore ways in which ethnic monitoring could be introduced for appointments both to senior registrar and to consultant posts. In selected Districts this could be developed as an "in-depth" procedure, looking at the whole process from the point of job application, through shortlisting, to the Appointment Committee decision.

The College already obtains data on applications for consultant posts (sex of candidate and whether trained overseas). The College intends to extend this information and to apply it also to senior registrars. It could also be operated locally during the selection of more junior grades.

There have been many discussions within the College of the problems of shortlisting when there

are a very large number of candidates. At present, this applies particularly to applications for senior registrar posts.

Recommendation 15

College assessors on Advisory Appointments Committees should have a clear remit to monitor proceedings from the point of view of possible racial discrimination. The same consideration should apply whenever College representatives sit on Appointments Committees, e.g. for registrars or senior registrars.

There are quite explicit instructions from the College on this matter for College representatives on Advisory Appointments Committees. This has already been extended to senior registrar and should apply to all appointment procedures (copy of these instructions, Appendix 2).

Recommendation 16

Health Authorities should be pressed to identify themselves as "equal opportunity" employers.

It was felt that this was not a function of the College itself, but members could take up this matter with their own Health Authorities. It would also be helpful if some national evaluations of the effects of "equal opportunity" policies were reported, particularly in the health service.

College comments on Committee's practice recommendations

Recommendation 17

So far as the NHS and other mainstream services are concerned, the College should not in general support the setting up of "special" services for ethnic minorities. Steps should be taken to inculcate sensitivity among psychiatrists (and other professionals) to local needs. At the same time, it was acknowledged that there were examples of successful transcultural multi-disciplinary team approaches in some parts of the country.

The College does not support the setting up of completely separate statutory services for ethnic minorities. However, progress in all branches of psychiatry has often resulted from initial examples of good practice in a particular field and this might include services created specifically to help people from ethnic minorities in a particular locality. The size of this service will depend on the size of the particular population to be served.

The College recommends that all services should be adapted, and trained, to serve the needs of their local populations. This may involve employing specially trained interpreters.

Recommendation 18

In the voluntary, non-statutory field the College should welcome the establishment of such special services and should work towards a mutually beneficial relationship between the two sectors.

The College would support this recommendation which agrees with its general policy of working with the relevant local voluntary bodies who provide special services for particular populations.

Recommendation 19

The above two recommendations apply with particular force to the growing number of black elderly in Britain with their attendant illnesses and disabilities.

This recommendation is supported by the College but should apply to the elderly members of all ethnic minority groups.

Recommendation 20

In the field of child health and care, racism is prominent. There is a need for appropriate day care and child minding facilities for black infants, and for the recruitment of personnel from the ethnic minorities.

Transcultural family placements should be avoided. Positive efforts are necessary to recruit black families as potential adoptive parents.

The College does not support this recommendation as it stands. There is undoubtedly a shortage of day care and child minding facilities for the population as a whole, and the College supports all measures which would remedy this state of affairs.

With respect to fostering and adoption, the matter of "transcultural" and "transracial" family placements continues to be a contentious issue, which at times has become polarised and oversimplified. Some of the arguments and suggested practices could certainly be regarded as "racist". A recent statement has been issued by the Social Services Inspectorate which is broadly supported by the College (Appendix 3).

Recommendation 21

The Committee noted, with concern, the dearth of basic data in distribution of people with a mental handicap by ethnicity throughout the existing care settings.

In the field of mental handicap, service planners should set up working parties to monitor and implement culturally appropriate services. Service users and families from ethnic minorities should be involved in this process.

Health authorities and local academic departments should support initiatives which draw together isolated doctors working in the mental handicap services for further training and support.

The College Specialist Section should survey its members as to their particular needs for topics to be covered in section meetings.

The College agrees that the mental handicap services should be aware both of the numbers and of the needs of those in their care who come from ethnic minorities; and that services should be provided to meet these needs. (As in Recommendation 17).

The other recommendations which concern continuing education of consultants and other staff, are supported. The College has taken steps to encourage psychiatrists who are not members of the College to be aware of and participate in College educational activities. (Appendix 4, which appeared in the *Bulletin*, July 1989).

Recommendation 22

In the development of psychotherapy services there must be dialogue between the planners and local minority groups and organisations. Examples may be found in existing links between local statutory services and the Afro-Caribbean Mental Health Care Centre in Brixton; also the White City project.

Low referral rates from black communities should be investigated from the standpoint of community perceptions of psychotherapy and the "relevance" of the service offered. The training of psychiatrists in general, and psychotherapists in particular, should incorporate the acquisition of knowledge and sensitivity which would facilitate the psychotherapeutic offering they can make to all individuals and communities.

The College broadly supports these recommendations, while recognising that the provision of psychotherapy services is inadequate in most parts of the country at present. The general approach to this issue is covered in Recommendation 17.

Recommendation 23

There is scope for the development of "operational" research into patterns of services in order to identify difficulties and maybe point the way to improvements. The College should bring this matter to the attention of its Research Committee.

At present, the main activity of the College's Research Unit is the auditing of selected psychiatric services in contrasting areas of the country in order to assess how these services meet the needs of all patients presenting for care.

Research is also necessary on the unmet needs of populations and on the various pathways and obstacles in obtaining psychiatric care. Such research would require a major project which would be beyond the present capacity of the College's Research Unit. Research on this matter, comparing ethnic minorities with the indigenous population, would be extremely valuable, and the College's Research Unit would be

glad to give any advice on the setting up of such research.

Recommendation 24

The College should promote study of the compulsory admission process in black communities in an attempt to tease out the complex factors which operate and as a basis for improving practice and restoring confidence.

The Committee notes that the Mental Health Act Commission is also moving towards a particular interest in this field and urges priority consideration by the Commission of a very sensitive and important area. It recommends that the College open discussion with the Commission about a joint approach to the problem.

The College is aware of the findings that Afro-Caribbeans are over-represented among compulsory admissions and in forensic units. Our comments on Recommendation 23 are relevant to this issue. There may well be different obstacles and pathways to psychiatric care between ethnic minority groups and the indigenous population and these may start at the level of primary care and community structures.

An important practical step is to promote communication and understanding between those providing psychiatric services and multi-racial community groups in the locality. Regular participation of psychiatrists with such groups and with individual representatives of ethnic minorities have greatly benefitted psychiatric services. It is a reasonable hope that such approaches, by promoting understanding between the services and the local populations, will reduce distrust, improve the availability of psychiatric services and reduce the need for compulsory admission.

The College is aware of the Mental Health Act Commission's concern on this matter and will be discussing this with the Commission.

Recommendation 25

In the context of their daily work, members of the College should take a lead by example and by education in countering any tendency to racial discrimination against patients or against staff by staff of all categories, including doctors.

The College would strongly support this recommendation.

Recommendation 26

The Court of Electors should consider what steps the College might take to discipline members, especially those who were representing the College in some capacity, who had manifested racism or racial discrimination in a professional context.

The Court of Electors already has powers to take action, varying from informal or formal warnings, to reprimands, or actual deprivation of membership of the College. Such actions have been based on very clear evidence obtained either by invigilators, examination organisers, College Officers or by the GMC itself, or by other bodies who use legal or quasi-legal procedures.

If the College received information, on the basis of evidence which had already been evaluated, from Health Authorities, or other bodies, that a College member had been behaving improperly, with respect to racial or sexual discrimination, in a professional context, the Court of Electors would consider what action to take.

May 1990

NB Appendices 1, 2, 3 and 4 are available from the College.

Honour for President

Dr J. L. T. Birley was awarded the CBE in The Queen's Birthday Honours List.