Equality and Diversity: Improving the Working Lives of Doctors

Research undertaken for BMA Northern Ireland

April 2006
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Acknowledgements
This report is based primarily on the research undertaken and ‘draft’ report produced by Denise Bamford of University of Ulster for BMA Northern Ireland.

Copies of this report can be obtained from the Health Policy and Economic Research Unit, British Medical Association, Tavistock Square, London, WC1H 9JP or from BMA Northern Ireland, 16 Cromac Place, Cromac Wood, Ormeau Road, Belfast, BT7 2JB. The report can also be accessed via the BMA website at www.bma.org.uk
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Summary

- As part of its overall strategy for the promotion of equality of opportunity and valuing diversity within the medical profession and, because of its commitment to challenge discrimination experienced by its members during their training and in the workplace, BMA Northern Ireland decided to undertake research into a number of equality and diversity issues of importance to its members.

- It was agreed with the Chair BMA(NI) Council that the focus of the research should be on employed doctors, within Trusts or Health and Social Services Boards. One of the aims of the research was to identify any areas of improvement to bring these to the attention of employers.

- A postal questionnaire (see Appendix A) was sent during summer 2005 to all employed BMA members working in the hospital grades in Northern Ireland. The questionnaire addressed issues of equality training, access to work life balance policies, perceived less favourable treatment, training in relation to Section 75 of the Northern Ireland Act 1998 and the role of BMA(NI) in promoting equality and diversity.

- As guidance on monitoring for sexual orientation has not been finalised by the Equality Commission for Northern Ireland it was decided to defer seeking information on the sexual orientation of doctors included in the survey.

- Most respondents to the questionnaire were white and without disability. Respondents were almost equally divided by gender, were aged between 23 and 64 years and around half were from a Protestant background. Respondents were broadly representative of BMA(NI) members according to grade. Most respondents had obtained their primary qualifications in the United Kingdom.

- Of those respondents who had attended equality awareness training in the past two years, a fifth had recalled attending general equality awareness training, however only one in 10 respondents stated that they had attended any training which included awareness raising on sexual orientation issues. Overall, around a third of respondents stated that they had ever attended general equality training or disability discrimination training, and around a quarter of respondents reported that they had attended training relating to sex discrimination, race discrimination, or religious and political discrimination. Many respondents had not attended such training, because they perceived that it had not been provided by their employer.

- Respondents were asked if they knew who to contact within their place of employment for advice and assistance on equality matters. Although more than a third indicated that they did know who to contact, nearly two thirds indicated that they did not know who to contact.

- In relation to work life balance provisions, most respondents appeared to be aware of arrangements for study leave, part-time working and flexible working available to them. Very few respondents reported they had access to childcare vouchers/subsidy or term-time working. The lack of access to such policies was largely attributed to a perceived lack of funding or the nature of their employment arrangements.

- A quarter of respondents felt that they had experienced less favourable treatment, however this perception varied according to grade of doctor. More than a third of Staff and Associate Specialist (SAS) doctors believed that they had been treated less favourably than other colleagues, compared with a quarter of consultants and 16 per cent of junior doctor respondents. This perception also varied according to age and ethnicity.
Only a third of respondents, who believed they have received less favourable treatment, had also complained to their employer regarding such perceived treatment. The most frequently cited reasons for not complaining to the employer were lack of confidence in how the matter would be dealt with or fears that the situation would worsen.

Most respondents reported poor treatment by patients during their employment and this was most likely to take the form of verbal abuse. Verbal abuse from a patient's relative/friend was also reported by around half of the respondents. Whilst a third of respondents reported being the subject of verbal abuse from a colleague, a fifth reported being ignored or excluded by a colleague.

Section 75 places a duty on designated public authorities to proactively promote equality of opportunity among nine categories of individuals and as a legal requirement, to provide training and guidance to their staff regarding their responsibilities under this duty as public authority employees. Only a quarter of respondents stated that they had attended such training.

Most respondents considered that BMA(NI) was doing enough to promote equality of opportunity and diversity for its members. Similarly, the majority of respondents felt that they did have equality of opportunity in relation to becoming a member of one of its committees.

Key recommendations from the research
- BMA(NI) should consider innovative ways to encourage doctors from under-represented groups to participate in committees, for example, holding meetings outside Belfast
- BMA(NI) in partnership with the BMA Equal Opportunities Committee should review the means by which Northern Ireland members are made aware of BMA equality resources available to them.
- Local Negotiating Committee (LNC) members should assess local opinion on life balance policies available to doctors and ensure that BMA includes such considerations when negotiating new contracts of employment.
- Levels of general equality and specific equality awareness training provision must be improved by all employers to ensure the widest possible coverage of employees.
- Employers should review/improve work life balance practices and raise awareness of these within all grades.
- All employers, with immediate effect, should advise all employees of the name and contact details of the individual(s) responsible for providing advice and assistance on equality matters within their organisation.
- The Department of Health Social Services and Public Safety Northern Ireland (DHSSPSNI) should develop standardised in-house employer equality surveys and encourage employer use, to benchmark levels and frequency of equality training and perceived discrimination and where necessary act upon such findings to create a more equitable working environment.
1 Introduction

The British Medical Association is committed to equality in the provision of services to its members and acknowledges the important role of training in the areas of equal opportunities. It aims to ensure that all staff are fully aware of their responsibilities, so that unlawful discrimination and its consequences may be avoided.

As part of its overall strategy for the promotion of equality of opportunity and valuing diversity within the medical profession and because of its commitment to challenge discrimination experienced by its members during their training and in their workplace, BMA(NI) decided to undertake research into equality and diversity issues, with the aim of improving the working lives of employed members through raising the findings with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) and employers.

The main objectives of this research were:

- to raise equality and diversity issues amongst BMA members
- to identify the type of equality awareness training that doctors in Northern Ireland have received from their employer (as perceived by members); and
- to seek to identify the extent of perceived discrimination experienced by members.

BMA(NI) also considered this an opportune time to seek membership views on its own role with regard to the promotion of equality of opportunity.
2 Legislative context

2.1 Northern Ireland equality legislation
Northern Ireland equality legislation exists to protect individuals and groups of individuals from discrimination on the grounds of gender, race, religious belief and/or political opinion, disability and sexual orientation in the areas of employment and vocational training and in the provision of goods, facilities and services (with the exception of the sexual orientation regulations).

Northern Ireland equality legislation includes:

- Equal Pay Act (Northern Ireland) 1970 (as amended)
- Sex Discrimination (Northern Ireland) Order 1976 (as amended)
- Race Relations (Northern Ireland) Order 1997 (as amended)
- Fair Employment and Treatment (Northern Ireland) Order 1998 (as amended)
- Disability Discrimination Act 1995
- Equality (Disability, etc) (Northern Ireland) Order 2000
- Employment Equality (Sexual Orientation) Regulations (Northern Ireland) 2003
- Section 75 and Schedule 9 to the Northern Ireland Act 1998

This report focuses on six main areas of discrimination – sex, race, religious and political, disability, sexual orientation and Section 75 of the Northern Ireland Act 1998.

The Equality Commission for Northern Ireland (the Commission) produces a range of advisory materials including Codes of Practice to assist employers to comply with their legislative obligations. The Commission states that ‘the responsibility for providing equality of opportunity rests with... the employer’. While Codes of Practice do not impose legal obligations in themselves, provision within the Codes, where considered relevant, can be used in evidence in legal proceedings which are brought before the courts and the industrial tribunals and the Fair Employment Tribunal.

In order that staff are aware of their legal rights and responsibilities and in seeking to promote equality of opportunity, the Codes of Practice promote, as good practice, the provision of equality training and guidance for staff. The Code of Practice for the Disability Discrimination Act and the guidance issued for the Sexual Orientation Regulations are more comprehensive in this regard and state that this training should be ‘regular, relevant and up to date’. These Codes of Practice and advisory materials have been used to inform this exercise.

2.2 Direct discrimination and harassment – definitions
There are various forms of unlawful discrimination and for this purpose the following definitions of direct discrimination and harassment shall be employed.

Direct discrimination
Direct discrimination occurs when a person is treated less favourably than someone else is or would be treated:

- on the grounds of their disability and the treatment is given for a reason relating to the person’s disability and cannot be justified or a reasonable adjustment has not been made (paraphrased)
- on religious or political grounds
- on racial grounds
- when ‘a person of one sex is treated less favourably than a person of another sex and the sex of that person is the reason for the unfavourable treatment’; and
- ‘on grounds of sexual orientation’ in such areas as recruitment and selection for employment, promotion and training, terms and conditions, pay and other employment opportunities and benefits.
Harassment
Employees have the right to work within a safe, healthy and harmonious working environment, free from discrimination, bullying and harassment where each individual feels equally valued. Harassment is legally defined as ‘unwanted conduct related to age, disability, marital or family status, sex, sexual orientation, race or ethnic origin, religious belief or political opinion affecting the dignity of women and men at work or creating an intimidating, hostile, humiliating, disturbing or offensive environment’ and can include ‘unwelcome physical, verbal or non-verbal conduct’. Examples of harassment can include jokes, racist remarks, homophobic comments, letters, emails, visual displays such as graffiti, flags, obscene gestures and isolation or non-cooperation at work or exclusion from social activities (this is not an exhaustive list). It is not the intent of the perpetrator which constitutes harassment, but the effect of such behaviour upon the individual.

Individuals, who believe they have experienced discrimination within their employment on one or more of the above grounds, may pursue a case against their employer under specific conditions.

2.3 Section 75 of the Northern Ireland Act 1998
Section 75 of the Northern Ireland Act 1998, places a positive duty on designated public authorities to promote equality of opportunity between nine specific categories of individuals and to ‘have due regard to the desirability to promote good relations between persons of different religious belief, political opinion or racial group’. This legislation, when introduced, was more robust than any comparable legislation in Great Britain and placed Northern Ireland in a unique position with regards to promotion of equality of opportunity in public sector organisations. As a positive duty, Section 75 requires designated public authorities to be proactive in mainstreaming equality into their daily policies, practices and procedures.

Section 75 specifies that a public authority must have due regard to the need to promote equality of opportunity between the following nine categories of individuals:

- persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- between men and women generally
- between persons with a disability and persons without; and
- between persons with dependants and persons without and ‘in carrying out its functions, to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group’.

A designated public authority must produce an equality scheme, which outlines how that authority proposes to meet its obligations under Section 75. Schedule 9 to the Northern Ireland Act 1998, outlines the components which must be included in such a scheme. One of the components of the scheme must be ‘the authority’s arrangements for training staff on issues relevant to the duties; Schedule 9 paragraph 4 (e)’. Training staff in relation to this duty is therefore a legislative requirement. Once approved by the Commission, the public authority must comply with its own scheme. If it does not and a complaint is made by an individual, under Schedule 9 paragraph 10, the Commission can investigate such a complaint providing certain conditions have been satisfied. Once a complaint against a public authority has been investigated and recommendations made by the Commission without satisfactory resolution, then the Commission can bring the matter before the Secretary of State. Public authorities designated include the Department of Health, Social Services and Public Safety, Health Trusts, Boards, Councils and Agencies.
This is a very brief outline of the legislative context which was used to inform the design of this research. The primary concern for the BMA(NI) in this regard, is that its members are aware of their rights and their responsibilities in relation to equality and moreover to identify and challenge discrimination faced by its membership.

2.4 Other considerations

On 1 October 2006, the government will introduce the first anti-discrimination legislation relating to age, the Employment Equality (Age) Regulations 2006, which will make discrimination on the grounds of age in the areas of employment and vocational training unlawful. Hence, the inclusion of ‘age’ as a basis for less favourable treatment was considered to be an important aspect to be included in this research, given the new legislation.

In 2000, the Department of Health launched the ‘Improving Working Lives Standard’. This standard outlined best practice in contemporary human resource policies and practices to aid staff in achieving an appropriate balance between work and personal responsibilities. Included in the standard are comprehensive examples of work life balance practices such as flexible working, valuing diversity, childcare provision and support for carers in the workplace, flexible careers, flexible retirement, training and development, healthy working, staff involvement and communications. This standard also promotes the right of employees to work for an employer committed to ‘tackling discrimination, harassment and bullying’.
3 Methodology

A postal questionnaire (Appendix A) was sent to all employed BMA(NI) members working in the hospital grades – this included junior doctors, staff and associate specialists and consultants.

In terms of design and user friendliness the questionnaire was produced through consultation on its various ‘drafts’. This consultation involved the Chair of BMA(NI) Council and the Chairs of the various committees of BMA(NI); key staff within BMA(NI); DHSSPSNI; BMA Legal Department and Health Policy and Economic Research Unit (HPERU); and the Equality Commission for Northern Ireland. The final ‘draft’ of the questionnaire was piloted with a number of doctors from the hospital grades and further minor amendments were made before the final version of the questionnaire was sent to the target survey audience.

In terms of structure, the questionnaire was divided into four sections: section one addressed questions relating to the respondent’s equality training, access to work life balance policies and perceived less favourable treatment; section two addressed training in relation to Section 75 of the Northern Ireland Act 1998; section three focused on the role of BMA(NI); and section four sought appropriate demographic information to assist with the analysis.

A letter outlining the aims of the survey and assuring anonymity was written by the Chair BMA(NI) Council and enclosed with the questionnaire. A further letter was sent from BMA(NI) to chief executives of employer organisations to advise them of the then ‘pending’ survey of all employed BMA(NI) members in the hospital grades.

A total of 2022 questionnaires were sent to members and a total of 303 completed questionnaires were returned from members. This represented a response rate of 15%. Data from the completed questionnaires received was inputted and analysed using the Statistical Package for the Social Sciences (SPSS). This data has been retained should BMA(NI) decide to undertake further analysis, particularly more in-depth multi-variable analysis and comparative analysis of perceived discrimination with official statistics on levels of discrimination.
4 Results

4.1 Demographic profile
Demographic information requested from respondents was designed to reflect the groups protected by anti-discrimination legislation. Table 1 shows the demographic profile of respondents. Most respondents were white and without disability. Respondents were almost equally divided by gender, were aged between 23 and 64 years and around half were from a Protestant background. Around half of respondents were currently working as consultants, with a further third working in the training grades. Respondents were broadly representative of Northern Ireland members according to grade. Most respondents had obtained their primary qualifications in the United Kingdom (table 2).

Table 1: Demographic profile of respondents

<table>
<thead>
<tr>
<th>Community background</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protestant community</td>
<td>141</td>
<td>48.5</td>
</tr>
<tr>
<td>Roman Catholic community</td>
<td>87</td>
<td>29.9</td>
</tr>
<tr>
<td>Neither Protestant nor Roman Catholic</td>
<td>63</td>
<td>21.6</td>
</tr>
<tr>
<td>Total</td>
<td>291</td>
<td>100.0</td>
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<tr>
<td>No reply</td>
<td>12</td>
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<th>Disability</th>
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</thead>
<tbody>
<tr>
<td>Respondents with a disability</td>
<td>5</td>
<td>1.7</td>
</tr>
<tr>
<td>Respondents without a disability</td>
<td>288</td>
<td>98.3</td>
</tr>
<tr>
<td>Total</td>
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<td>100.0</td>
</tr>
<tr>
<td>No reply</td>
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<td>–</td>
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<td>Indian</td>
<td>14</td>
<td>4.7</td>
</tr>
<tr>
<td>Chinese</td>
<td>7</td>
<td>2.4</td>
</tr>
<tr>
<td>White</td>
<td>265</td>
<td>89.8</td>
</tr>
<tr>
<td>Other non-white</td>
<td>9</td>
<td>3.1</td>
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<tr>
<td>Total</td>
<td>295</td>
<td>100.0</td>
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<td>No reply</td>
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<td>–</td>
</tr>
</tbody>
</table>

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<th>Age</th>
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<tr>
<td>23-29</td>
<td>54</td>
<td>18.2</td>
</tr>
<tr>
<td>30-39</td>
<td>79</td>
<td>26.6</td>
</tr>
<tr>
<td>40-49</td>
<td>94</td>
<td>31.6</td>
</tr>
<tr>
<td>50-59</td>
<td>61</td>
<td>20.5</td>
</tr>
<tr>
<td>60-64</td>
<td>9</td>
<td>3.0</td>
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<tr>
<td>Total</td>
<td>297</td>
<td>100.0</td>
</tr>
<tr>
<td>No reply</td>
<td>6</td>
<td>–</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
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<tbody>
<tr>
<td>Male</td>
<td>142</td>
<td>47.5</td>
</tr>
<tr>
<td>Female</td>
<td>157</td>
<td>52.5</td>
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<td>Total</td>
<td>299</td>
<td>100</td>
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<tr>
<td>No reply</td>
<td>4</td>
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</table>
Table 2: Current grade of respondents and place obtained primary qualification

<table>
<thead>
<tr>
<th>Grade</th>
<th>Frequency</th>
<th>Per cent</th>
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</thead>
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<tr>
<td>Consultant</td>
<td>154</td>
<td>51.7</td>
</tr>
<tr>
<td>Junior doctor</td>
<td>94</td>
<td>31.5</td>
</tr>
<tr>
<td>SAS doctor</td>
<td>49</td>
<td>16.4</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.3</td>
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<tr>
<td>Total</td>
<td>298</td>
<td>100.0</td>
</tr>
<tr>
<td>No reply</td>
<td>5</td>
<td>–</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place obtained primary qualification</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>241</td>
<td>81.1</td>
</tr>
<tr>
<td>Republic of Ireland</td>
<td>34</td>
<td>11.4</td>
</tr>
<tr>
<td>India</td>
<td>11</td>
<td>3.7</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>3.7</td>
</tr>
<tr>
<td>Total</td>
<td>297</td>
<td>100.0</td>
</tr>
<tr>
<td>No reply</td>
<td>6</td>
<td>–</td>
</tr>
</tbody>
</table>

4.2 Equality awareness training

Respondents were asked whether they had attended equality awareness training provided by their employer. Table 3 shows the level of attendance for the various types of training. Of those respondents who stated they had attended equality awareness training in the past two years, a fifth had attended general equality awareness training. Only one in 10 respondents stated that they had attended sexual orientation awareness training. Overall, around a third of respondents said they had ever attended general equality training or disability discrimination training, and around a quarter of respondents had recalled attending training relating to sex discrimination, race discrimination or religious and political discrimination. Less than a fifth of respondents stated they had attended sexual orientation discrimination training. Table 3 shows that many respondents did not attend equality awareness training, because their perception was that it had not been provided by their employer.

Table 3: Attendance at equality awareness training (%)

<table>
<thead>
<tr>
<th>Type of training</th>
<th>Attended in the past 2 years</th>
<th>Attended more than 2 years ago</th>
<th>Provided by the employer but did not attend</th>
<th>Training not provided by the employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>General equality awareness</td>
<td>21.2</td>
<td>15.4</td>
<td>12.3</td>
<td>51.2</td>
</tr>
<tr>
<td>Sex discrimination</td>
<td>13.9</td>
<td>8.4</td>
<td>10.9</td>
<td>66.8</td>
</tr>
<tr>
<td>Race discrimination</td>
<td>13.9</td>
<td>9.5</td>
<td>10.9</td>
<td>65.7</td>
</tr>
<tr>
<td>Religious and political discrimination</td>
<td>13.6</td>
<td>9.9</td>
<td>11.4</td>
<td>65.2</td>
</tr>
<tr>
<td>Disability discrimination</td>
<td>17.0</td>
<td>11.6</td>
<td>10.8</td>
<td>60.6</td>
</tr>
<tr>
<td>Sexual orientation discrimination</td>
<td>11.4</td>
<td>7.0</td>
<td>9.9</td>
<td>71.8</td>
</tr>
</tbody>
</table>

A fifth (18%) of respondents indicated that their employer had provided training in relation to valuing diversity. This is a useful indicator of employer initiative in an area of activity not currently required by legislation.
Respondents were asked if they knew who to contact within their place of employment for advice and assistance on equality matters. Although more than a third (38%) indicated that they did know who they should contact, the majority (62%) of respondents indicated that they did not know who to contact. This indicated the need for employers to communicate the appropriate contact information to employees.

4.3 Work life balance

Respondents were given a list of work life balance policies and were asked to indicate whether the various provisions were available to them. Figure 1 illustrates a sample of work life balance provisions believed to be available to respondents. It is important to note that these figures are based entirely upon the awareness of doctors concerning the availability of such policies. Most respondents (91%) appear to have study leave available to them, followed by part-time working (52%) and flexible working (44%). Very few respondents (10%) believed they had access to childcare vouchers/subsidy or term-time working (20%). Other work life balance provisions were identified as being available to few respondents, including early retirement and annualised hours.

Figure 1: Availability of work life balance policies (%)

Doctors were asked to indicate which work-life balance provisions they would like to access, where (in their opinion) they presently do not have access. The most common preference was for flexible working, followed by part-time working and a career break. Other policies, which doctors would like to access, include on-site childcare, sabbaticals, flexible or early retirement. The perceived lack of access to such provisions was largely attributed by respondents to a lack of funding for such initiatives or the requirements of their employment.

In relation to work life balance provisions, doctors were asked to indicate their opinion on whether: ‘a doctor who participates or requests to participate in any work life balance policies is viewed as less committed by a) peers and b) management’. Overall, 46 per cent agreed or strongly agreed with this statement in relation to peers and more than half (52%) agreed or strongly agreed in relation to management. Figure 2 shows that the opinion of respondents does vary according to gender. More than half of female respondents agreed that they were more likely to be viewed as less committed by their peers, compared with 41 per cent of male respondents. The difference in opinion according to gender regarding commitment by management is less striking (49% males compared with 53% females).
4.4 Less favourable treatment

One of the aims of this research was to attempt to identify the extent of perceived discrimination experienced by employed members. It is important to highlight that this research does not attempt to draw conclusions about the prevalence of discrimination which exists among employed BMA (NI) members but the perception of such treatment based on individual personal belief. Therefore the analysis does not attempt to correlate perceptions of discrimination in the survey with the actual incidence of discrimination in official figures. Whether discrimination has in fact occurred can only be decided by the courts or the industrial tribunals or by a Fair Employment Tribunal.

Respondents were asked if they believed they had ever been treated less favourably than other colleagues. A quarter of respondents felt that they had experienced less favourable treatment, however as figure 3 shows, this perception varies according to grade of doctor. More than a third of SAS doctors believed that they had been treated less favourably than other colleagues, compared with a quarter of consultants and 16 per cent of junior doctor respondents.

Table 4 illustrates the perception of less favourable treatment by respondents according to community background, ethnicity, gender, grade and disability. It is important to emphasise that this does not represent the reason of grounds for such treatment. Less favourable treatment is more likely to be perceived by doctors from a Roman Catholic community background, respondents with a disability and those of Indian ethnicity. Perceived less favourable treatment does not vary according to gender, with around a quarter of both male and female respondents reporting less favourable treatment (table 4). Figure 4 shows that perceived less favourable treatment increases with age, ranging from 15 per cent of respondents aged 20-29 years to a third (33%) of respondents aged 60 years and over reporting less favourable treatment.
Figure 3: Perceived less favourable treatment according to grade (%)

![Bar chart showing perceived less favourable treatment by grade]

Table 4: Perceived less favourable treatment according to key respondent characteristics (%)

<table>
<thead>
<tr>
<th>Community background</th>
<th>Per cent reporting less favourable treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protestant community</td>
<td>20.0</td>
</tr>
<tr>
<td>Roman Catholic community</td>
<td>27.6</td>
</tr>
<tr>
<td>Neither Protestant nor Roman Catholic</td>
<td>34.9</td>
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</table>

<table>
<thead>
<tr>
<th>Disability</th>
<th></th>
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<tbody>
<tr>
<td>Respondents with a disability</td>
<td>80.0</td>
</tr>
<tr>
<td>Respondents without a disability</td>
<td>24.0</td>
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<table>
<thead>
<tr>
<th>Ethnicity</th>
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<td>White</td>
<td>23.9</td>
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<tr>
<td>Indian</td>
<td>57.1</td>
</tr>
<tr>
<td>Chinese</td>
<td>14.3</td>
</tr>
<tr>
<td>Other</td>
<td>44.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>24.8</td>
</tr>
<tr>
<td>Female</td>
<td>26.3</td>
</tr>
</tbody>
</table>
Those respondents who perceived that they had been treated less favourably (n=75), were asked to identify the areas in which they were treated as such. Table 5 shows that more than half of respondents believed they were treated less favourably with regard to the allocation of awards (distinction, discretionary/optional points) and 45 per cent believed they were treated less favourably in relation to terms and conditions. A third of respondents believed they had received less favourable treatment with regard to promotion, access to training and leave (annual, special and medical leave).

Table 5: Basis for less favourable treatment (n=75)

<table>
<thead>
<tr>
<th>Basis</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awards</td>
<td>41</td>
<td>58.6</td>
</tr>
<tr>
<td>Terms and conditions</td>
<td>34</td>
<td>45.3</td>
</tr>
<tr>
<td>Promotion</td>
<td>26</td>
<td>35.6</td>
</tr>
<tr>
<td>Access to training</td>
<td>25</td>
<td>33.3</td>
</tr>
<tr>
<td>Leave</td>
<td>24</td>
<td>32.4</td>
</tr>
<tr>
<td>Educational opportunities</td>
<td>21</td>
<td>27.6</td>
</tr>
<tr>
<td>Flexible working arrangements</td>
<td>18</td>
<td>24.0</td>
</tr>
<tr>
<td>In relation to caring responsibilities</td>
<td>8</td>
<td>10.5</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>12.0</td>
</tr>
</tbody>
</table>

Only a third (37%) of respondents who believed they had received less favourable treatment, had also complained to their employer regarding this perceived treatment. The most frequently cited reasons for not complaining to an employer were lack of confidence in how the matter would be dealt with or fears that the situation would worsen. Among the third of respondents (n=28) who did complain about their less favourable treatment, only a quarter (24%) reported that their complaint was dealt with satisfactorily. The verbatim comments below illustrate these concerns:
Waste of time and effort

Anyone who complains is seen as a troublemaker

I felt that it would be detrimental to career prospects

I feel that any complaint would only lead to further discrimination

4.5 Harassment
Mistreatment only constitutes harassment when it is on the basis of age, disability, marital or family status, sex, sexual orientation, race or ethnic origin, religious belief or political opinion. Respondents were asked whether they had ever been treated badly by patients, a patient’s relative/family, a colleague or line manager during their employment. Most respondents (90%) reported poor treatment by patients during their employment and this was most likely to take the form of verbal abuse (table 6). Verbal abuse from a patient’s relative/friend was also reported by half of respondents. While a third of respondents reported being the subject of verbal abuse from a colleague, a fifth report being ignored or excluded by a colleague. Exclusion by line managers was also reported by one in 10 respondents.

Table 6: Nature of poor treatment of respondents (%)

<table>
<thead>
<tr>
<th></th>
<th>Verbal abuse</th>
<th>Physical abuse</th>
<th>Other behavioural abuse</th>
<th>Written abuse</th>
<th>Excluded/ignored</th>
</tr>
</thead>
<tbody>
<tr>
<td>From a patient</td>
<td>56.0</td>
<td>16.3</td>
<td>10.3</td>
<td>9.9</td>
<td>3.9</td>
</tr>
<tr>
<td>From a patient’s relative/friend</td>
<td>54.7</td>
<td>2.9</td>
<td>8.6</td>
<td>9.7</td>
<td>2.9</td>
</tr>
<tr>
<td>From a colleague</td>
<td>30.1</td>
<td>0.7</td>
<td>4.0</td>
<td>3.3</td>
<td>19.6</td>
</tr>
<tr>
<td>From your line manager</td>
<td>8.4</td>
<td>-</td>
<td>1.6</td>
<td>2.0</td>
<td>13.1</td>
</tr>
<tr>
<td>Other*</td>
<td>9.4</td>
<td>-</td>
<td>1.8</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

* Other includes the general public, politicians, nursing staff, personnel officers and workmen.

4.6 Section 75 training
Section 75 places a duty on designated public authorities to proactively promote equality of opportunity among nine categories of individuals and as a legal requirement, to provide training and guidance to their staff regarding their responsibilities under this duty as public authority employees. Overall, a quarter (25%) of respondents had attended such training, and a further quarter (26%) did not know whether they had or had not attended this training. The remaining respondents (49%) stated that they had not attended training in relation to Section 75. Figure 5 shows that consultants are almost four times more likely to have received Section 75 training compared with junior doctors and SAS doctors.
4.7 The British Medical Association

BMA(NI) considered this research an opportune time to seek membership views on its own role with regard to the promotion of equality of opportunity. For this purpose, respondents were asked their opinions regarding promotion of equality and diversity by the BMA(NI). Almost three quarters (70%) of respondents regarded the BMA(NI) as doing enough to promote equality of opportunity and diversity for its members. Similarly, the majority of respondents (84%) felt that they did have equality of opportunity in relation to becoming a member of one of its committees.

Among those respondents who did not agree that the BMA(NI) was adequately promoting equality and diversity for its members, concerns centred on lack of support for ethnic doctors, gender discrimination and the need for more information on flexible working and Section 75. The following verbatim comments illustrate these concerns:

- More support is needed for ethnic doctors
- Seems to be an inner circle...a set group are always on these committees
- One has to be very ‘political’ and influential to be a member of BMA committees

The BMA’s Equal Opportunities Committee produces a range of guides, advisory material and maintains web resources relating to equality and diversity. Respondents were asked about their familiarity with these equality resources. Table 7 summarises awareness levels with regard to available BMA publications and resources. Respondents were most familiar with the publications ‘Dealing with discrimination: guidelines for BMA members’ and ‘Valuing diversity: BMA equal opportunities guidelines’. However, at the time of the survey, the majority of BMA(NI) members were unaware of the BMA equal opportunities publications/resources.
Table 7: Awareness of BMA equal opportunities publications/resources

<table>
<thead>
<tr>
<th>Publication/resource</th>
<th>% of respondents are aware</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dealing with discrimination: guidelines for BMA members</td>
<td>15.4</td>
</tr>
<tr>
<td>Valuing diversity: BMA equal opportunities guidelines</td>
<td>13.4</td>
</tr>
<tr>
<td>Tackling racism in medical careers</td>
<td>12.6</td>
</tr>
<tr>
<td>Racism in the medical profession, the experience of UK graduates</td>
<td>10.6</td>
</tr>
<tr>
<td>Career barriers in medicine: doctors’ experiences</td>
<td>9.4</td>
</tr>
<tr>
<td>Doctors with disabilities – web resource</td>
<td>9.1</td>
</tr>
</tbody>
</table>
5 Discussion

Two key strategic priorities for BMA(NI) are the promotion of equality and diversity and tackling discrimination faced by its members. The research undertaken provided an opportunity to raise these issues among BMA members. A key concern of BMA(NI) was to identify the type of equality awareness training that employed Northern Ireland doctors believed they had received. The results of the survey illustrated a perceived lack of equality awareness training provision by some employers. Provision of equality awareness training appeared to be particularly lacking in relation to specific areas such as sexual orientation and race discrimination.

High levels of non-provision of equality awareness training may have a direct impact upon the medical workforce in relation to knowledge of legal rights and responsibilities. Furthermore, it may also impact on the discriminatory behaviour of employees and the ability of individuals to identify whether they may be experiencing discrimination and therefore the ability to assert their legal rights.

Around half of respondents believed that Section 75 training had not been provided by their public authority employer, despite the legal requirement to provide such training. Complaints under Section 75 of the Northern Ireland Act 1998 can be investigated by the Equality Commission for Northern Ireland and may be brought before the NI Secretary of State. The results of this survey suggest that employed BMA(NI) members and ultimately employers, may be vulnerable to such complaints.

The results of the survey suggest that a quarter of respondents have experienced perceived less favourable treatment (direct discrimination). Less favourable treatment is more likely to be perceived by doctors from a Roman Catholic community background, respondents with a disability, those of Indian ethnicity and older doctors. The latter may be attributed to a greater confidence in later years to report such perceived treatment, particularly as doctors finish training or as experience over time has increased exposure to and awareness of such treatment.

Access to work life balance policies appears to be limited for hospital doctors working in Northern Ireland. The most sought after work life balance policies include flexible working, career break and part-time working. This reflects the UK wide trend towards flexible working and improved work life balance among the medical workforce. Despite the desire to work less than full time, there may be a perception by management and peers that doctors working flexibly are less committed. Evidence suggests that increasingly, both male and female doctors desire to work less than full time. Whilst work life balance policies should not be gender specific, women tend to use these policies to a greater extent than men. It is worth noting that the view that a doctor working less than full time may be less committed, could influence selection and recruitment for employment, promotion or other employment opportunities.

Most respondents believed that BMA(NI) does enough to promote equality and diversity for its members and that they do have equality of opportunity in relation to becoming a member of one of its committees should they wish to do so.
6 Recommendations

This project was undertaken with a view to improving the working lives of doctors and as such has informed the following recommendations.

British Medical Association (Northern Ireland)

• BMA(NI) should compare data on membership against the composition of its committees, as a basis for ensuring that the views of all sections of its membership are represented on committees.

• BMA(NI) should consider innovative ways to encourage under represented groups to participate in committees, including holding meetings outside Belfast.

• BMA(NI) in partnership with the BMA Equal Opportunities Committee should review the means by which Northern Ireland members are made aware of BMA equality resources available to them.

• LNC members should glean local opinion on and review the work life balance provisions available to members for consideration when negotiating new contracts.

• BMA(NI), by liaising with DHSSPSNI Equality Steering Group, could seek to encourage employers to adopt the recommendations below.

Employers

• Levels of general equality and specific equality awareness training provision should be improved by all employers to ensure the widest possible coverage of employees. The outcome of improved training provision may serve to:
  • sensitise employees regarding equality matters and may encourage some individuals to modify previously unwitting discriminatory behaviour, thus reducing the experience of discrimination by employees
  • ensure all staff are trained and therefore empowered as individuals to assert their legal rights
  • dispel views of stereotypes
  • assist in creating a more harmonious working environment, free from discrimination, where individuals regardless of gender, race, disability, sexual orientation, age, marital status, religious belief or political opinion, feel equally valued.

• Employers should review and improve work life balance provisions and the promotion of these to employees.

• All employers should advise all employees of the individual(s) responsible for providing advice and assistance on equality matters within their employment.

Department of Health, Social Services and Public Safety in Northern Ireland (DHSSPSNI)

• DHSSPSNI could develop standardised in-house employer equality surveys and encourage employer use, to benchmark levels and frequency of equality training and perceived discrimination and where necessary act upon such findings to create a more equitable working environment.

• DHSSPSNI could collate appropriate data from employers to identify areas requiring specific attention, for example specific employers, grades, specialties or groups of individuals.
Appendix A
Equality and Diversity: Improving the Working Lives of Doctors Questionnaire

Section 1: About you as an Employee

1. Have you attended any general equality awareness training provided by your employer?

   This could include—what the law says in relation to equality legislation; how to recruit and select candidates in a fair way in relation to employment or training; less favourable treatment, indirect discrimination or victimisation; the definition of harassment, what the law says and how your employer can prevent it happening and deal with arising incidents. Please circle the appropriate number.

   NB This training is not a legal requirement but is good practice.

   | Yes – attended in the past 2 yrs | 1 |
   | Yes – attended more than 2 yrs ago | 2 |
   | No – provided by employer but did not attend | 3 |
   | No – general equality awareness training not provided by employer | 4 |

2. Have you attended any specific equality awareness training provided by your employer in relation to the areas listed below? Please circle the appropriate number

   NB This training is not a legal requirement but is good practice

<table>
<thead>
<tr>
<th>Training Type</th>
<th>Yes – attended in the past 2 yrs</th>
<th>Yes – attended more than 2 yrs ago</th>
<th>No – provided by employer but did not attend</th>
<th>No – specific equality awareness training not provided by employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex Discrimination</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Race Discrimination</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Discrimination in relation to Religious Belief/Political Opinion</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Disability Discrimination</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Discrimination in relation to Sexual Orientation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

3. Do you know who to contact within your employment for advice and assistance on equality matters? Please tick

   □ Yes
   □ No

Definition of Diversity: “Diversity is about the recognition and valuing of difference in its broadest sense. It is about creating a working culture and practices that respect, value and harness difference for the benefit of the organisation and the individual, including patients.”

As defined by ‘Equal values: equal outcomes’ –
(http://www.nhsemployers.org/docs/equal_values_outcomes.pdf)
4. Has your employer provided you with training in relation to diversity as defined above? (This may have been included with other equality training). Please tick

NB This training is not a legal requirement but is good practice

☐ Yes
☐ No
☐ Don’t Know

5. Do you have access to any of the work life balance policies below (whether or not you use these policies)? Please circle the appropriate number – you may circle more than one

<table>
<thead>
<tr>
<th>Policy</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible working</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Job-share Arrangements</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Part-time working</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Term-time working</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Career break</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Study Leave</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Childcare vouchers (or subsidy)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other, please specify below</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

6. Please state which of the above, or other similar policies, you would like to have access to and presently do not. (Please also explain why you have no access eg. lack of current funding, nature of employment or other). If not applicable, move to the next question.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
In relation to the work life balance policies listed in question 5, please indicate your opinion on the following two statements

7. ‘A doctor who participates or requests to participate in any of the above policies is viewed as less committed to their work by their peers’ – please indicate whether or not you agree with this statement.

☐ Strongly Agree
☐ Agree
☐ Neither Agree Nor Disagree
☐ Disagree
☐ Strongly Disagree

8. ‘A doctor who participates or requests to participate in any of the above policies is viewed as less committed to their work by management’ – please indicate whether or not you agree with this statement.

☐ Strongly Agree
☐ Agree
☐ Neither Agree Nor Disagree
☐ Disagree
☐ Strongly Disagree

9. In your current post, do you believe you have ever been treated less favourably than other colleagues? You can also refer to question 10, should you require further clarification for this question. Please tick

☐ Yes – please go to question 10
☐ No – please go to question 13
☐ Don’t Know – please go to question 13
10. Please indicate below the area and basis you believe you were treated less favourably than other colleagues. (If you do not believe you have been treated less favourably or don’t know, please move to question 13.).

(Please circle the main reason only for e.g. – you may believe you were denied access to training mainly because of your religious belief but also because of your age – circle only the number under religious belief)

<table>
<thead>
<tr>
<th>Area</th>
<th>Gender</th>
<th>Disability</th>
<th>Race</th>
<th>Religious</th>
<th>Opinion</th>
<th>Political</th>
<th>Sexual</th>
<th>Age</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Educational Opportunities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Terms and Conditions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Flexible Working Arrangements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Leave (annual leave, special leave, leave for medical appointments)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Promotion</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Awards (distinction, discretionary/optional points)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>In relation to caring responsibilities (either for dependant children or adults)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Other – please specify in space below</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

11. If you do believe you have been treated less favourably than other colleagues, did you make a complaint to your employer? Please tick

☐ Yes – please go to question 12
☐ No – please explain below

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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12. If you did make a complaint to your employer regarding less favourable treatment, was your complaint dealt with to your satisfaction? Please tick

☐ Yes – please go to question 13
☐ No – please explain below

If no, please explain

____________________________________________________________________________
____________________________________________________________________________

13. If you wanted to seek advice on your rights and entitlements relating to equality matters, please indicate which of the following you would be likely to contact. You may tick more than one

☐ Your Employer’s Equality Officer
☐ Your Human Resources Dept
☐ Your L.N.C. Chair
☐ BMA
☐ Labour Relations Agency
☐ Equality Commission for Northern Ireland
☐ An Independent Legal Adviser

Other, please specify

____________________________________________________________________________

If you ticked more than one above, please state which would be your first point of contact, otherwise move to the next question?

____________________________________________________________________________
14. Do you feel that you have ever been treated badly in any of the following ways by any of the following individual/s during your employment?  
Please circle the appropriate number

<table>
<thead>
<tr>
<th>Individual/s</th>
<th>Verbal Abuse</th>
<th>Physical Abuse</th>
<th>Other Behavioural Abuse</th>
<th>Written Abuse</th>
<th>Excluded/ Ignored</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A patient</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>A patient’s relative or friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>A colleague</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>(or senior colleague)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Line Manager</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Other, please specify (e.g. workman, member of the general public, other manager)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

15. In your working environment is there any displayed material which makes you feel ‘uncomfortable’ or you find offensive (i.e. posters, calendars etc)? Please tick

☐ Yes – please explain below
☐ No

If yes, please briefly explain

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Section 2
About you as a Public Authority Employee

This next section relates to your knowledge with regard to Section 75 of the Northern Ireland Act 1998, which requires your employer, as a public authority, to have due regard to the need to promote equality of opportunity amongst specific categories of individuals and to train you on Section 75 requirements as an employee.

16. Has your employer provided you with this training in relation to Section 75?
   Please tick NB This training is a legal requirement
   
   ☐ Yes
   ☐ No
   ☐ Don’t Know

   Section 75 places a duty on your employer to promote equality of opportunity among the following nine categories of people
   • between persons of a different religious belief,
   • political opinion,
   • racial group,
   • age,
   • marital status,
   • sexual orientation,
   • between men and women generally,
   • between persons with a disability and persons without,
   • between persons with dependants and persons without.

17. Please indicate your level of awareness in relation to the nine Section 75 categories as listed above. Please tick
   
   ☐ Yes – I was aware of all nine categories
   ☐ Yes – I was aware that there are various categories, but not aware of exact categories
   ☐ Yes – I was aware of some of the categories
   ☐ No – I was not aware of any of the categories
Section 3
About you as a BMA member

18. As a member of the BMA, do you believe that the BMA does enough in relation to promoting equality and diversity for its members? Please tick

☐ Yes – please go to question 19
☐ No – please explain below

If no, please explain what you think the BMA should be doing.

19. As a member of the BMA, do you feel that you have equality of opportunity in relation to becoming a member of one of its committees, should you wish to do so? Please tick

☐ Yes
☐ No

If no, please explain why

___________________________________________________________________________

___________________________________________________________________________

20. Please indicate if you are aware of the following BMA publications/resources. Please tick

☐ ‘Career Barriers in Medicine: doctors’ experiences’ publication
☐ ‘Tackling Racism in Medical Careers’
☐ ‘Racism in the medical profession, the experience of UK graduates’
☐ ‘Dealing with Discrimination: guidelines for BMA members’
☐ ‘Valuing Diversity: BMA Equal Opportunities Guidelines’
☐ Web resource for doctors with disabilities
☐ Not aware of any of the publications/resources listed here

21. If you have any concerns you wish to raise in relation to your rights or your legal responsibilities with regard to equality of opportunity, please provide brief details below.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Section 4
Demographic Information

The following information will not be used to identify any individual however it is important for us to ascertain the prevalence of equality awareness or perceived discrimination experienced by individuals or groups of individuals.

COMMUNITY BACKGROUND

22. Please indicate the community to which you belong by ticking the appropriate box below:

☐ I am a member of the Protestant community
☐ I am a member of the Roman Catholic community
☐ I am a member of neither the Protestant nor the Roman Catholic community

DISABILITY

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has or has had a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.

23. Do you consider that you meet this definition of disability?

☐ Yes
☐ No

If you answered yes, please state the nature or the effects of your disability below.


ETHNICITY

24. Please indicate your ethnic origin. Please circle the appropriate number

Bangladeshi 1  Pakistani 7
Black – African 2  White 8
Black – Caribbean 3  Mixed Ethnic Group 9
Chinese 4  Other (please specify)
Indian 5
Irish Traveller 6
25. Please indicate your grade. Please circle the appropriate number

Consultant 1
Junior Doctor (includes PRHO, SHO, SPR) 2
SAS Doctor (includes Staff Grade, Associate Specialist, Hospital Practitioner, Clinical Assistant, Non-Std Career Grade, SHMO, CMO, SCMO, Non-NHS) 5

26. Please indicate your gender. Please circle the appropriate number

Male 1 Female 2

28. Please indicate your age group. Please circle the appropriate number

23 – 29 1
30 – 39 2
40 – 49 3
50 – 59 4
60 – 64 5
65 + 6

27. Where did you obtain your primary qualification? Please circle the appropriate number

1 – United Kingdom
2 – Outside the UK (please specify where)

Thank you for the time you have taken to complete this questionnaire. Questionnaires should be returned in the prepaid envelope by Monday 27 June 2005 to: Denise Bamford, BMA(NI)
References


8. ibid, p3, p26, p4 respectively.


12. ibid, p113.

13. ibid, p118.

14. ibid, p121.


17. Ibid.

19 Ibid.


21 Ibid.

22 Ibid, pp53-54.

23 Ibid, p36.

24 Ibid, p43.


