



Royal College
of Midwives

**Position
Statement**

racism

in the work place



The Royal College of Midwives position

This statement uses the term BAME (Black, Asian and minority ethnic). The RCM is clear that this term does not recognise the many distinct communities and wide ranging experiences of the people it aims to represent.

It is however the term used across the NHS including in its workforce data which is published to show the experience of staff at work. For this reason we will use this term at the current time and engage with work to identify a more inclusive and representative alternative.

Key messages

- ▶ Black, Asian and minority ethnic (BAME) midwives and maternity support workers (MSWs) experience bullying, harassment and discrimination at work, are more likely to face disciplinary proceedings and have fewer opportunities to progress their careers.
- ▶ Despite legislation and policy drivers to improve the experiences of BAME staff in the NHS urgent action is required to make the NHS the truly inclusive employer it aims to be.
- ▶ The RCM will ensure our staff and activists are trained to recognise and challenge racist behaviour and that the RCM is representative at every level of the membership we serve.
- ▶ The RCM both nationally and locally will play an important role supporting and representing our members, ensuring policies and procedures are equality impact assessed, monitored and reviewed and workplace cultures are changed for the better.



Race Matters

The RCM's Race Matters programme is based around five key pledges to its members:

1. Training for all RCM staff and activists to support and empower them to recognise and challenge racist behaviour.
2. Listening and learning from all members to reflect their experiences accurately, and actively use what we have learnt to influence and promote positive change in the workplace.
3. Using our position, both nationally and through our workplace reps, to challenge discriminatory behaviour in the workplace.
4. Ensuring that the RCM is representative at every level of the membership we serve.
5. Supporting research and championing positive change in outcomes for pregnant women from Black, Asian and minority ethnic backgrounds.



Background and context

The racism faced by midwives, MSWs and staff across the NHS in England is well evidenced. The NHS Staff Survey (England)¹ found that, in 2020, discrimination based on ethnic background continues to be the most common reason cited. More than four in 10 midwives (42%) who had experienced discrimination said that it was on this basis.

The most recent Workforce Race Equality Standard (WRES) report² (England) showed the number of Black, Asian and minority ethnic staff believing their trust gives equal career progression and promotion opportunities was 71.2% and white applicants were 1.61 times more likely to be appointed from shortlisting, worse than in 2019 (1.46). BAME staff were 1.16 times more likely to enter the formal disciplinary process compared to white staff, showing some progress since the RCM's 2016 report about the disproportionate number of BAME midwives involved in disciplinary proceedings in the NHS in London³. As of May 2020, fewer than 10 of the 136 (7.4%) maternity units in England had a Head or Director of Midwifery from a BAME background⁴. However, approximately 12-14% of the midwifery and MSW workforce and 14% of the UK population are BAME. In order to provide a truly inclusive service it is vital that the NHS is representative of its staff and the wider community at all levels.

The Nursing and Midwifery Council (NMC) conducted a piece of research into their processes and people's protected characteristics⁵. The research found lower acceptance rates onto NMC approved nursing and midwifery courses for Black and Asian students, higher

employer referrals of minority ethnic nurses and midwives, and cases involving Black nurses and midwives being more likely to progress to the adjudication stage compared to white professionals. However, Black professionals are no more likely to be removed from the register than white nurses and midwives.



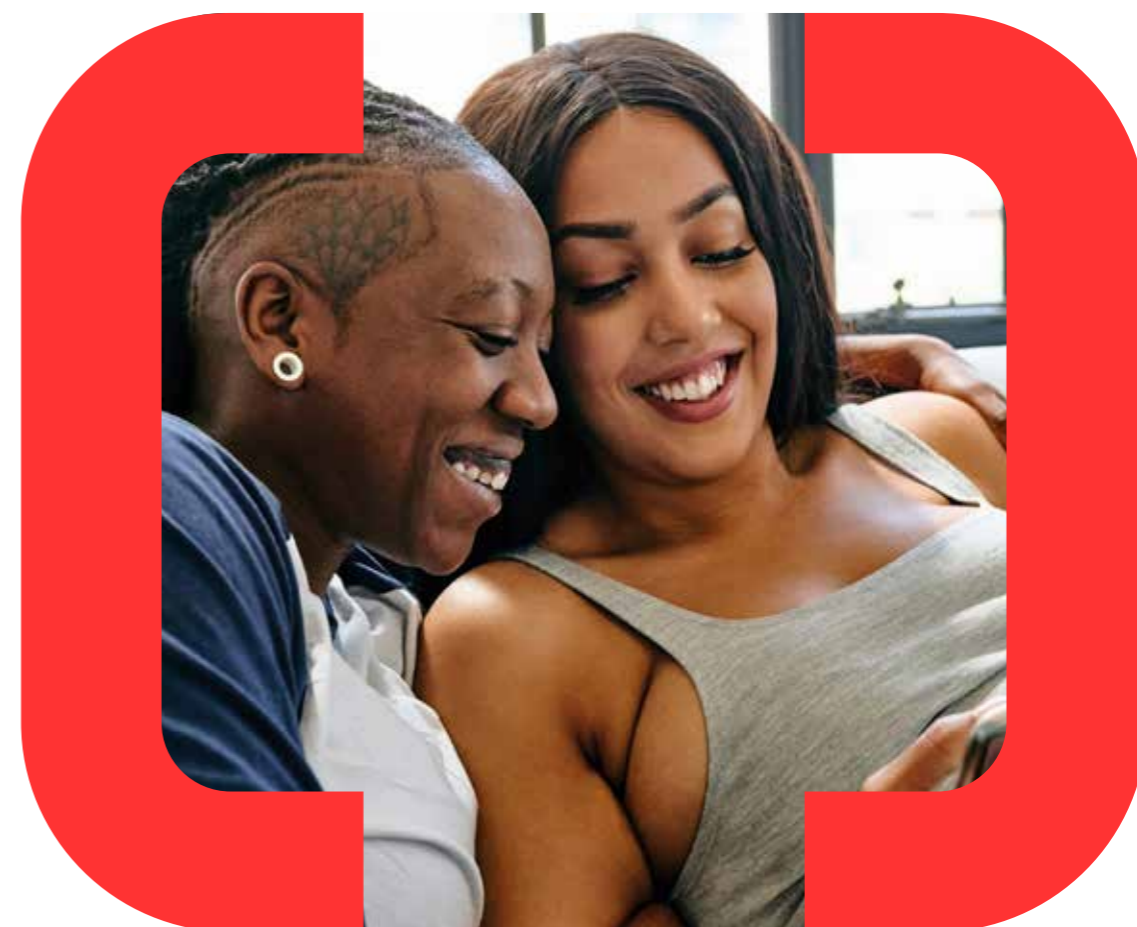
COVID-19

Research shows that BAME NHS staff are more at risk from COVID-19 infection than white staff⁶. A further analysis on the disparities in the risk and outcomes from COVID-19⁷ found that death rates from COVID-19 were highest among people of Black and Asian ethnic groups. In Scotland, deaths among people in the South Asian ethnic group have been almost twice as likely to involve COVID-19 as deaths in the white ethnic group⁸.

Health inequalities are exacerbated by the racism people from BAME backgrounds experience at work and in healthcare settings. The Public Health England review⁹ of COVID-19 notes that experiences of racism means they are less likely to speak out when treated unfairly at work (for example, when unsafely exposed to COVID-19 or not provided with adequate PPE) and are less likely to seek healthcare when it is needed. The evidence showing the experience of NHS staff outlined above can all lead to staff not having the confidence to raise concerns.

The NHS People Promise (England)

Despite policy drives, such as the requirement for NHS providers to show progress against a number of indicators of workforce equality in 2015 and the more recent NHS People Plan which restates zero tolerance for discrimination, bullying or violence, urgent action is required at a local level to make these aims a reality¹⁰.



RCM workplace representatives

All workplace policies should be developed in partnership with trade unions and subject to an equality impact assessment (EqIA). An EqIA is a vital tool to ensure new policies and practices are fair and don't have unintended consequences for some groups. The results should be shared and analysed in partnership with local trade unions. There should be continuous monitoring, evaluation and updating in light of experience. This should be done in partnership with local trade unions.

While the legislation and contractual terms and conditions are important tools and provide a framework for the fair treatment of staff they cannot alone address racism in maternity services. Cultural change is equally important.

RCM workplace representatives play a vital role in working with employers to look at workplace culture and staff experience, including using local staff survey and equality monitoring data (eg WRES in England) to develop action plans in partnership.

No midwife or MSW should face bullying, harassment or discrimination at work. NHS organisations should work in partnership with the RCM to create a culture of zero tolerance to bullying and harassment. Alongside this, midwives and MSWs must feel able to raise concerns without fear of detriment and know that those concerns will be listened to.

RCM workplace representatives have a key role to play in:

- ▶ Promoting equal rights for all members, by working with employers on developing policies and procedures that provide equality and do not lead to one group being disproportionately disadvantaged
- ▶ Creating a supportive atmosphere at work, and in the union, in which all members feel that they can take part and that their opinions are valued
- ▶ Challenging instances of harassment and discrimination and making sure complaints are dealt with effectively
- ▶ Acting as a role model in treating everyone fairly.



Midwifery education

Further to the NMC research which found lower acceptance rates onto NMC-approved nursing and midwifery courses for Black and Asian students analysis of the UCAS data by the RCM in 2018 found that, in England, white applicants experienced a 41% success rate onto midwifery courses, while Asian and Black applicants' were significantly lower: 25% and 28% respectively (the overall BAME success rate was 28%). Those from a white background made up 71% of applicants and 79% of the successful cohort. In contrast, those from a BAME background made up 24% of applicants, and only 18% of successful applicants.

It is imperative that education providers recruit midwifery students from diverse backgrounds and work with stakeholders to identify and address barriers that Black and Asian students face. Further to this an RCM survey of midwifery educators in late 2020 found that 95% of educators identify as white. The RCM has recommended that further research is carried out to determine the cause of the lack of diversity among midwifery educators so that it can be properly addressed.

The RCM strongly supports the aims of the NMC Future Midwife Standards (2019). These standards require that, on completion of their programme, students are able to care for women and newborns from diverse backgrounds, provide culturally sensitive and individualised care, and are able to recognise the need for and facilitate access to translation and interpretation services.

They should also be able to identify and challenge discriminatory behaviour and identify signs of unconscious bias in self and others. Ensuring that student midwives are able to meet these standards forms a central part of midwifery education.



Legislation and the Agenda for Change

Terms and Conditions of Service Handbook

Agenda for Change

Equality and diversity legislation and best practice is reflected in the Agenda for Change Terms and Conditions of Service Handbook, under which the vast majority of midwives and MSWs are employed. The NHS Staff Council has overall responsibility for the Agenda for Change pay system and has representatives from both employers and trade unions, the RCM is an Executive member of the NHS Staff Council and ensures our members' concerns and interests are represented.

The NHS Staff Council has several subgroups including the Equality, Diversity and Inclusion Group (EDIG). This is a technical group that works to make sure that NHS staff work in an inclusive environment and that Agenda for Change not only meets equality and diversity legislation but also that it is an example of best practice.

The group works in partnership and prepares an annual work programme that is agreed by the Executive of the NHS Staff Council. The RCM is an active member of EDIG ensuring that the experience of midwives and MSWs at work in the NHS is heard at a national level and that the group's work can make a tangible difference to all NHS staff.



The Equality Act and Public Sector Equality Duty

The Equality Act 2010¹¹ replaced previous anti-discrimination laws in Britain with a single Act. It sets out the different ways in which it's unlawful to treat someone.

The Act sets out nine characteristics protected by law from discrimination. One of the protected characteristics is 'race including colour, nationality, ethnic or national origin'.

Harassment is unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them. Victimization is treating someone unfairly because they've complained about discrimination or harassment.

The Public Sector Equality Duty was developed to provide consistency between the equality duties and to cover all of the protected characteristics.

In summary, under the public sector equality duty, organisations in the public sector must have due regard to the need to:

- ▶ Prevent unlawful discrimination, harassment and victimisation and other behaviour that is not allowed under the act
- ▶ Provide equal opportunities for people who share a protected characteristic and those who do not
- ▶ Promote good relations between people who share a protected characteristic and those who do not.

In Northern Ireland Section 75 of the Northern Ireland Act 1998 places a statutory duty on public authorities to have due regard to the need to promote equality of opportunity between persons of different racial groups¹².

The RCM ensures our workplace representatives understand equality legislation as part of the training they receive from to carry out their role. This includes how to recognise and support RCM members who may be experiencing discrimination, harassment or victimization. The RCM is supporting all activists to become effective anti-racist allies and to support members facing discrimination, undermining behaviours and micro-aggressions at work.

Discrimination can be

- ▶ **Direct:** treating someone with a protected characteristic less favourably than others
- ▶ **Indirect:** putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage.





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Endnotes

- 1 NHS Staff Survey Results – NHS Staff Survey Results
- 2 Workforce-Race-Equality-Standard-2020-report.pdf (england.nhs.uk)
- 3 <https://uat.rcm.org.uk/publications/?query=bme+midwives+disciplinary+proceedings+race+equality+standard>
- 4 <https://www.eastlondonhcp.nhs.uk/downloads/ourplans/Maternity/Turning%20the%20Tide%20Maternity%20Report%20-%20>
- 5 https://www.nmc.org.uk/globalassets/sitedocuments/edi-docs/nmc_edi_research_summary.pdf
- 6 <https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf>
- 7 <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>
- 8 Covid+and+Inequalities+Final+Report+For+Publication+-+PDF.pdf (www.gov.scot)
- 9 <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>
- 10 <https://www.england.nhs.uk/ourhsp/online-version/lfaop/our-nhs-people-promise/the-promise/>
- 11 <https://www.legislation.gov.uk/ukpga/2010/15/contents>
- 12 Northern Ireland Act 1998 (legislation.gov.uk)