Anti-racism Steering Committee

2020 Survey Results

Physician Associate Studies (MSc/PGDip)

Queen Mary University of London

Barts and The London

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Executive summary

An anti-racism survey was developed to obtain feedback to support meaningful changes regarding issues of race in the curriculum and the Institute of Health Sciences Education (IHSE): Physician Associate Studies course and to identify workable solutions that may be implemented.

- A total of **47** responses was received from the Physician Associate (PA) students at Barts and The London School of Medicine and Dentistry.
- The **largest group of respondents were enrolled as Year 2 PA students (57.4%)**. All students are registered as home students.
- There were **17 different self-identifications of ethnicity**. Demographically, the majority of students are from a non-white background. The most commonly chosen answer for ethnicity was "Black/African/Caribbean/Black British - African" (10 participants, or 21.3% of total participants).
- **67%** of PA students agree that the PA faculty reflects the diversity of the general population
- There are many student suggestions as a result of this survey to ensure improvements in regard to racial bias can be addressed

75% of the PA students stating they either agreed or strongly agreed with the statement: -
'The university can do more to address racial bias in the curriculum.'
All modules on the PA course were thought to need to increase racial diversity within the curriculum. This was particularly evident in:

- The use of non-white skin in dermatology teaching
- Referencing the correct terminology for ethnic groups when making comparisons on health outcomes
- Communication skills training is needed to explore difficult student/patient scenarios on experiences of racism.

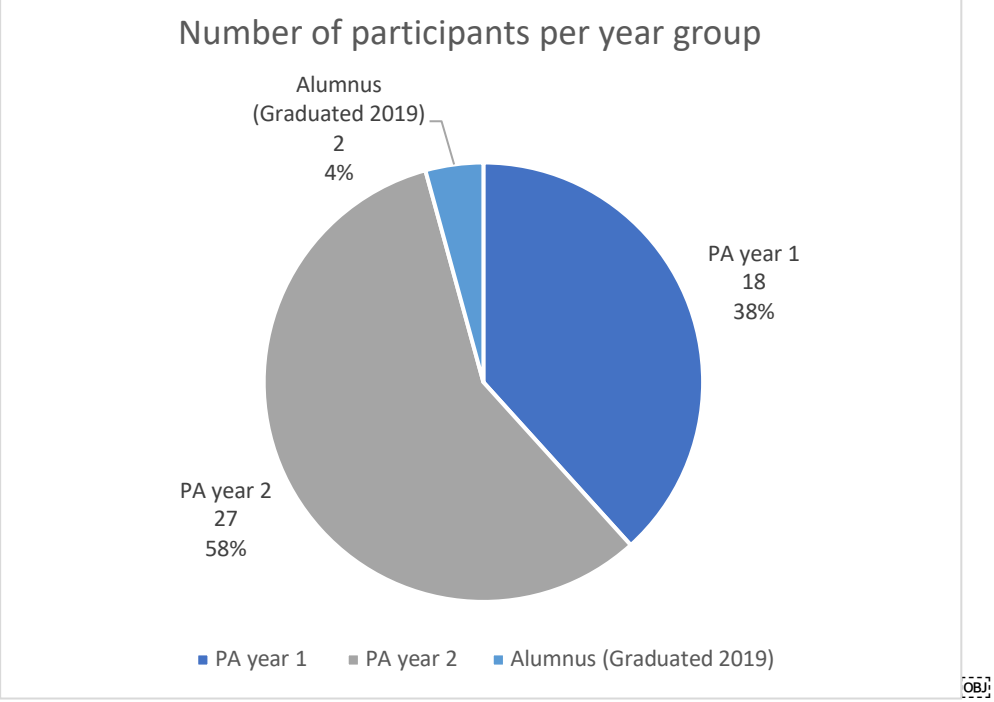
Additional suggestions included:

- Training for mentors to support enquiry around racist incidents and supporting students in reporting racism
- PA faculty to evaluate scenarios for OSCEs to make sure there is a breadth of patient ethnic representatives and where possible have actors from diverse backgrounds
- PA faculty and IHSE to review the structures around reporting concerns from students, particularly on placement.

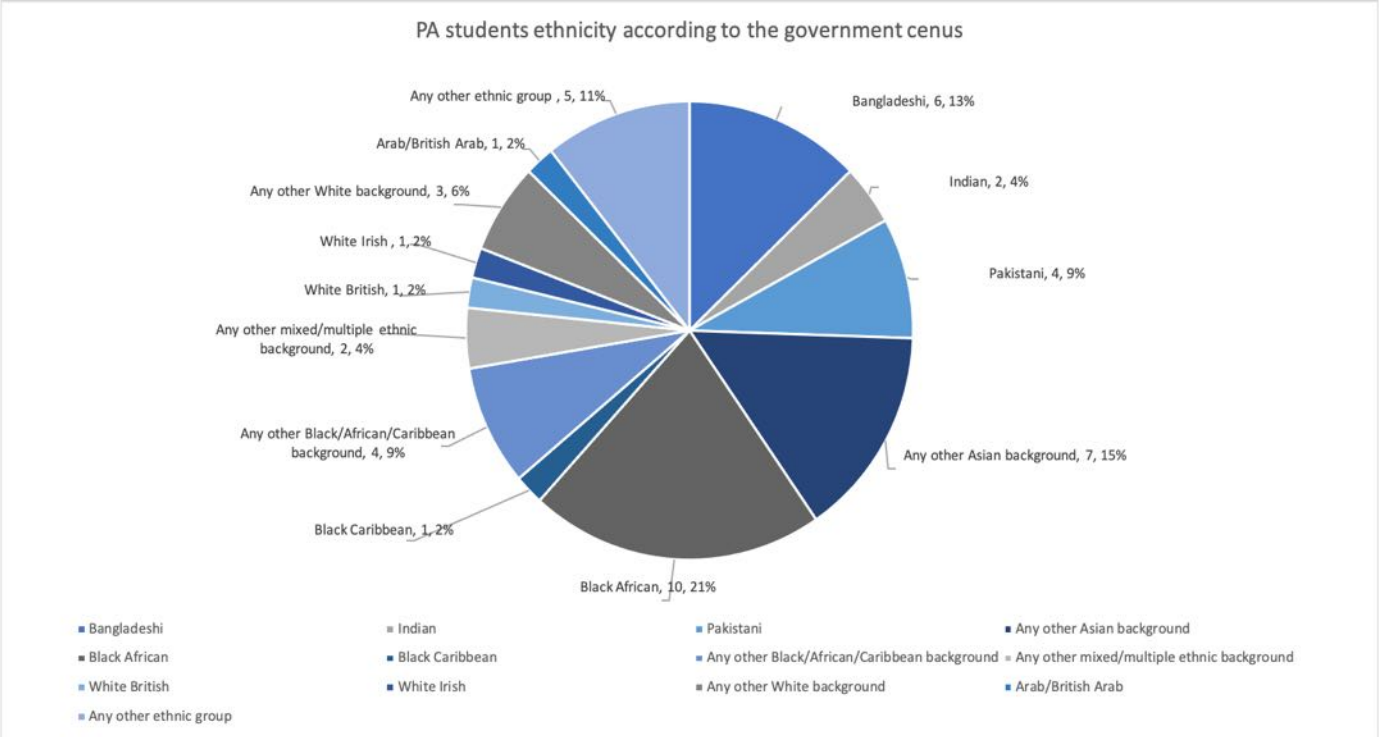
Survey Results

Student responses
A total of **47** responses was received from PA students at Barts and The London School of Medicine and Dentistry. A breakdown of the survey responses by year group can be found below.

Year group
The largest group of respondents were enrolled as Year 2 PA students (27 participants, or 57.4% of total participants), followed by Year 1 PA students (18 participants, or 38.3% of total participants) and 2019 PA Alumnus (2 participants, or 4.3% of total participants).



Ethnicity
Most PA students were Black African/Caribbean/Black British or Asian heritage and 10.6% (5) PA students were identified as White other, White British or White Irish. In comparison the medical student survey on ethnicity revealed 31.7% of total participants identified as White British or White other.
40.5% (19) of PA students, classed themselves as Asian other, Indian, Bangladeshi or Pakistani. It is interesting that Sri Lankan or Tamil is not a separate identity according to the government census.



Self-identification of ethnicity

There were **17** different answers for self-identifications of ethnicity, which reflects upon the inadequacy of applying the UK government census ethnic groups (Office for National Statistics) to the PA student population. Students identified themselves strongly with the country of birth or heritage e.g. Afghan, Egyptian, North African, Sri Lankan. The most common self-identified ethnicity was “Black African” or “Black British” (10 participants, 21.3% of total participants). 4 (8.5%) participants left this question unanswered. 1 participant self-identified as “other” – which may suggest participants did not understand the difference between ethnicity and nationality and/or the question at hand**. Finally, no student self-identified as “BAME” or “BME.”**

PA Curriculum Changes

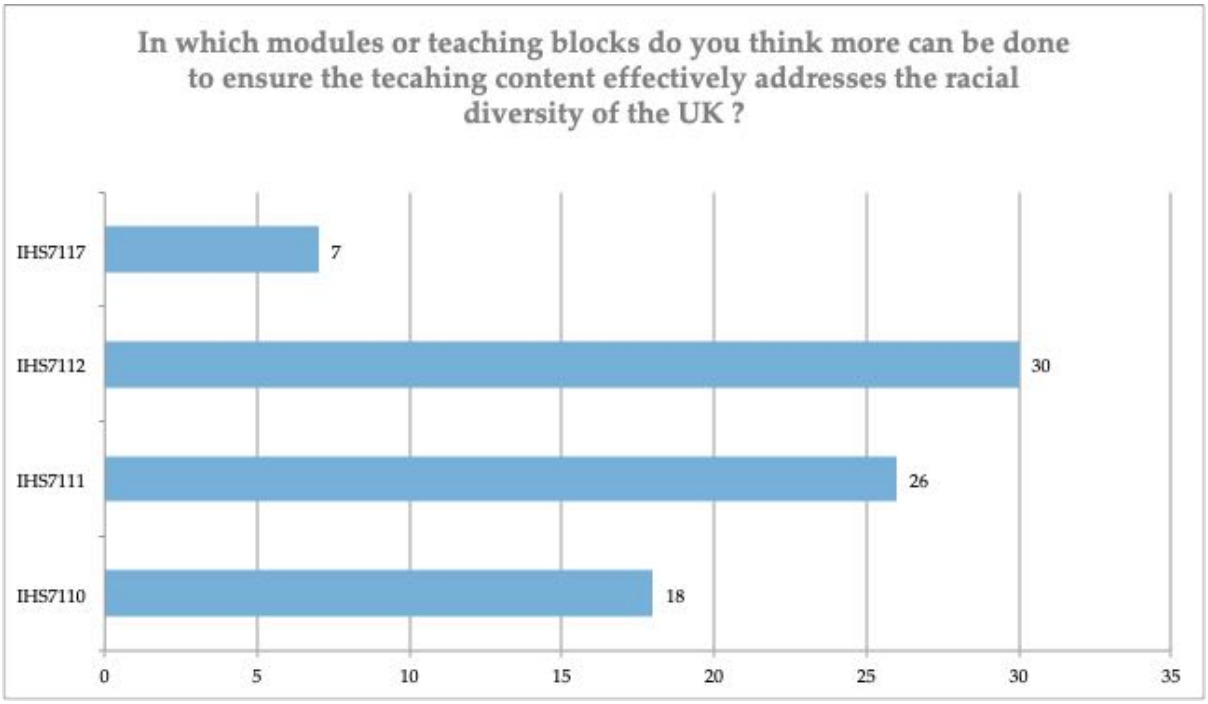
Both year groups were asked year specific questions regarding which modules or teaching blocks can be improved to ensure the teaching content effectively addresses issues of race and diversity. The survey encouraged and allowed for survey participants to provide further comments on any changes they would like to see in the PA curriculum. Examples of the questions asked are shown below:

In which modules or teaching blocks do you think more can be done to ensure the teaching content effectively addresses the racial diversity of the UK?

For any modules selected above, please comment on any changes you would like to see.

Year 1 PA Specific Questions

34 responses were collected in total. The most popular response selected was IHS7112 - Community Medicine (including ophthalmology, dermatology, and ENT) with a total of **30** (88.2%) responses. This was followed by IHS7111- Physical and Mental health with **26** (76.5%), IHS7110 - Applied Medical and Social Sciences with **18** (52.9%) and IHS7117 – Quality Improvement Project proposal with **7** (20.6%) responses, as seen in the figure below.



Suggestions on improvements to the curriculum include:

General:

It has been noted that students currently feel that there's a **lack of ethnic and/or cultural representation within clinical presentations being delivered**. As a result, students have expressed that it is unclear as to why different ethnic groups may require differing treatments and may also affect different health outcomes. One respondent noted that '*Barts is in a very ethnic diverse area, and therefore the teaching approach to become*

more culturally sensitive and teaching on how to navigate around patient's health beliefs. Another respondent highlighted the need for clarity when defining ethnicity in teaching, with the example given: '*a lecturer mentioned in the UK Afro-Americans are most at risk or black Africans which is confusing if that includes Caribbean's, black Hispanics, etc.'.*

Specific Modules:

IHS7110 - Applied Medical and Social Sciences:

A common suggestion from responses to changes that would like to be seen in this module is the inclusion of **highlighting the existence of institutional racism** which exists within our healthcare system and the impacts this can have on patients, staff, and the institution.

IHS7111 - Physical and Mental health:

Mental Health: Most respondents commented on the mental health aspect of the IHS7111 module. A large proportion of respondents suggested the **need for communication skills teaching around the stigma around mental health in BAME communities and how to effectively communicate with psychiatric patients who make racist remarks.** Additionally, teaching on the **impact of ethnicity,** which can affect a persons' experiences in life and societal pressures, which in turn has the potential to influence mental health outcomes. Finally, an interesting point made was that '*patients from BME backgrounds are brought in more by police authorities in comparison to other ethnic backgrounds.*

Physical Health: respondents have requested that they receive teaching explaining as to **why certain ethnic backgrounds require different treatment,** e.g. understanding the use of calcium channel blockers (CCBs) over angiotensin-converting enzyme (ACE) inhibitors and how ethnicities may be susceptible to developing diseases.

IHS7112 - Community Medicine I:

This module received the greatest amount of responses. Most responses referred to the need to i**ncrease diversity and inclusivity of all skin tones** used to teach dermatological conditions.

From the responses, it is evident that students do not feel confident in identifying conditions presenting on darker skin tones: *'not only when a skin condition is in a sever state e.g. how mild eczema look on dark skin?'.* One respondent has stated that *'it has been difficult to identify problems at GP placements with skin conditions.*

Another student responded with the following comment:

"*Until the medical student who brought out this own book of dermatological conditions in the BAME community, it hadn't occurred to me that I didn't know what these conditions looked on coloured skin. This should be integrated into our lectures when showing us different dermatological issues. Or at least highlighted for us as an area to explore ourselves".*

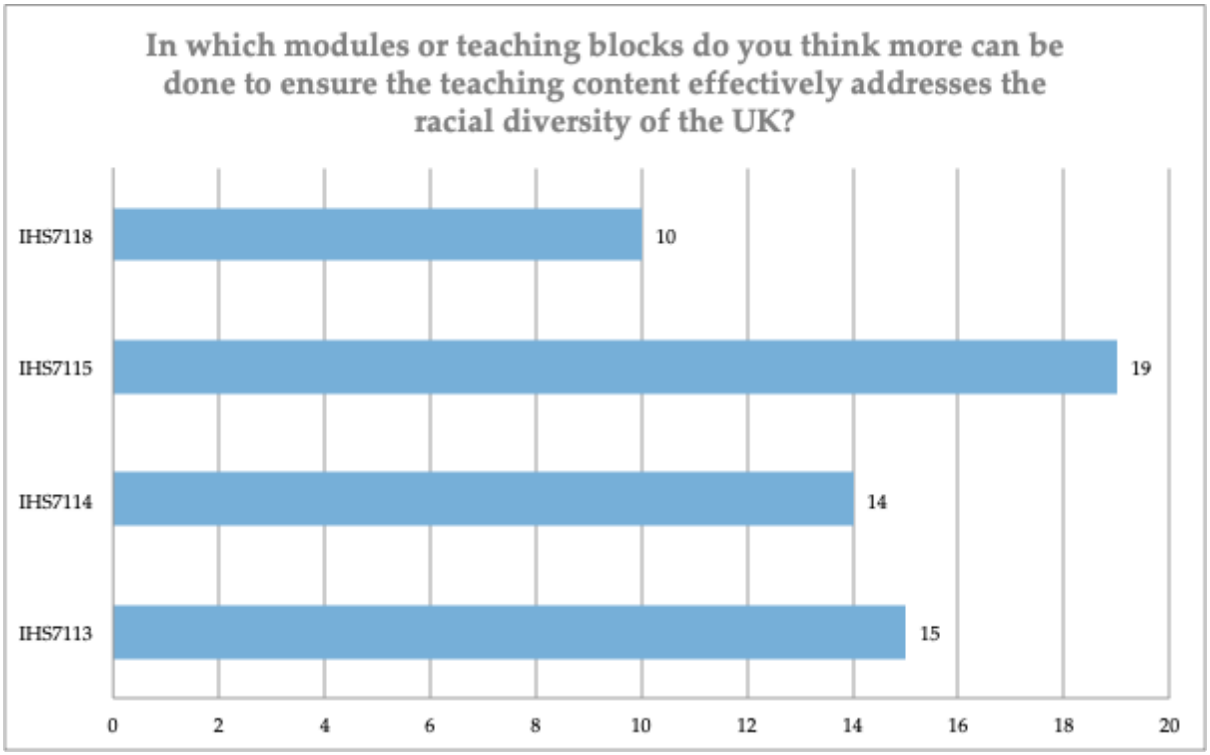
As seen in this response above, the student uses the term "*coloured skin"*, which highlights the need for training in the appropriate use of terminology to address unconscious bias.

One response expressed the **need for communication skills teaching** in regard to overcoming language and/or cultural barriers when communicating with patients from varying ethnic backgrounds.

Also feedback on community medicine placements - the question below mentions how prepared I feel for dealing with a diverse patient population, I was placed in a GP area not at all diverse I of which I feel would have affected my learning and ability to see vastly diverse patients of whom I don't identify with'.

IHS7117 - Quality Improvement Project (QIP):
This module received the least amount of responses, which may be due to year one PA students having not commenced the module at the time the PA survey was delivered. However, there was one response that suggested that QI projects in the social sciences should be advocated for just as much as clinical science-based projects. An example of QIP's involving patient's ethnicity given was on the intersectionality of patients from ethnic minority and the predisposition to particular medical conditions or adverse health outcomes.

Year 2 PA Specific Questions
25 responses were collected in total from year two students. The most popular module selected was IHS7115 – Community Medicine II with a total of 19 (76%) of responses. This was followed by IHS7113 – Care of the Older Adult and End of Life Care with 15 (60%), IHS7114 – Paediatrics, Sexual and Women's Health with 14 (56%) and finally IHS7118 – Quality Improvement Project with 10 (40%) of responses, as seen in the figure below.



IHS7113 – Care of the Adult and End of Life Care:
'Older patients tend to make more racial remarks* *as they are from the older generation and so having a couple of communication skill lessons where we role play how to respond to racial comments made by elderly patients would help as we would then have an idea of how we would handle a situation like that.'*

*Teaching around prejudice about **age (***see free text comment above****)*** as well as **ethnicity** should be part of communication skills training. Highlighting where in the curriculum this will be covered with the students, gives students opportunities to discuss difficult scenarios they will encounter in the NHS and challenge their unconscious biases.

IHS7114 – Paediatric, Sexual and Women's Health:
Students expressed that more teaching could be done to address the intersectionality between race/ethnicity and both poor obstetric outcomes and the uptake of cervical smear screening:
*'**Poor outcomes of obstetric care in BAME populations**, poor uptake of **cervical smear screening** in BAME communities and how to go around this.'*
*'Maternal Mortality and **complications in black women also other women whom don't speak English** or belong to other ethnic groups such as Asian, Roma/Romani traveller populations'.*

IHS7115 - Community Medicine II:
This module was selected by respondents as the module that required more to address racial diversity in the UK, however it received t**he least amount of written responses**. This may be due to year two students having not received any teaching or a handbook specifically dedicated to part II of community medicine and the assumption that all community medicine teaching was delivered in community medicine I in first year. However, it should also be noted that this survey was delivered to year two students during their clinical community medicine placement, which may have influenced the outcome of results. Although, there was one response suggesting that more can be done to bring **awareness to religious beliefs and holidays to better understand a patient's needs**. For example, this could include how to effectively manage and educate patients who are treated with medication during Ramadan.

IHS7118 - Quality Improvement Project (QIP):
This module was selected by respondents as the module requiring the least amount of improvement in terms of delivering addressing racial diversity. Two written responses were collected for this module. One written response suggested that more can be done to deliver a better understanding of patient and staff ethnic diversity in the human factors' aspect of QIP's.

Summary
- More communication skills training on racist incidents
- More diverse clinical teaching on dermatology conditions
- More teaching on awareness of institutional racism and how to navigate this and report incidents to make positive change for students.

PA Graduates

As part of this survey, it was important to gather information from the two graduated cohorts of Physician Associates. Unfortunately, it is not entirely clear if the survey reached all the graduates as there were a limited number (2) of graduates that responded.

Year of Graduation

Both respondents graduated in 2019.

'How often have you had to deal with issues of race while working as a healthcare professional?'

Respondents were shown a Likert scale with 1 being 'never' and 5 being 'daily'. Respondents were then asked to rate the above question according to the scale. The first graduate selected 2 and the second graduate selected 3.

'How prepared were you as a result of PA faculty training to deal with issues of race as a healthcare professional?'

Respondents were shown a second Likert scale with 1 being 'not prepared' and 5 being 'extremely prepared'. Respondents were then asked to rate the above question according to the scale. The first graduate selected 4 and the second graduate selected 2.

'What did the PA faculty do well to prepare you for managing the health of a diverse population?'

The first respondent said, *"this has never been highlighted as a problem nor did I see this as a problem"* and the second respondent left the question blank.

'What could the PA faculty have improved to prepare you for managing the health of a diverse population?'

This question was answered by both respondents. The first respondent said, *"access to dermatology pictures in different racial groups"* and the second respondent said, *"provide more awareness."*

Summary

There was a poor response from the graduate cohort in responding to this survey. Of those that contributed, their views are valid and align with the consensus that curriculum change through dermatology teaching and racial bias awareness is important. However, we would recommend that the survey is re-sent to the graduate cohorts from 2017-19 to increase the response rate and learn from their responses. This would be particularly helpful now that they are part of the NHS workforce.

Student experiences on clinical placements

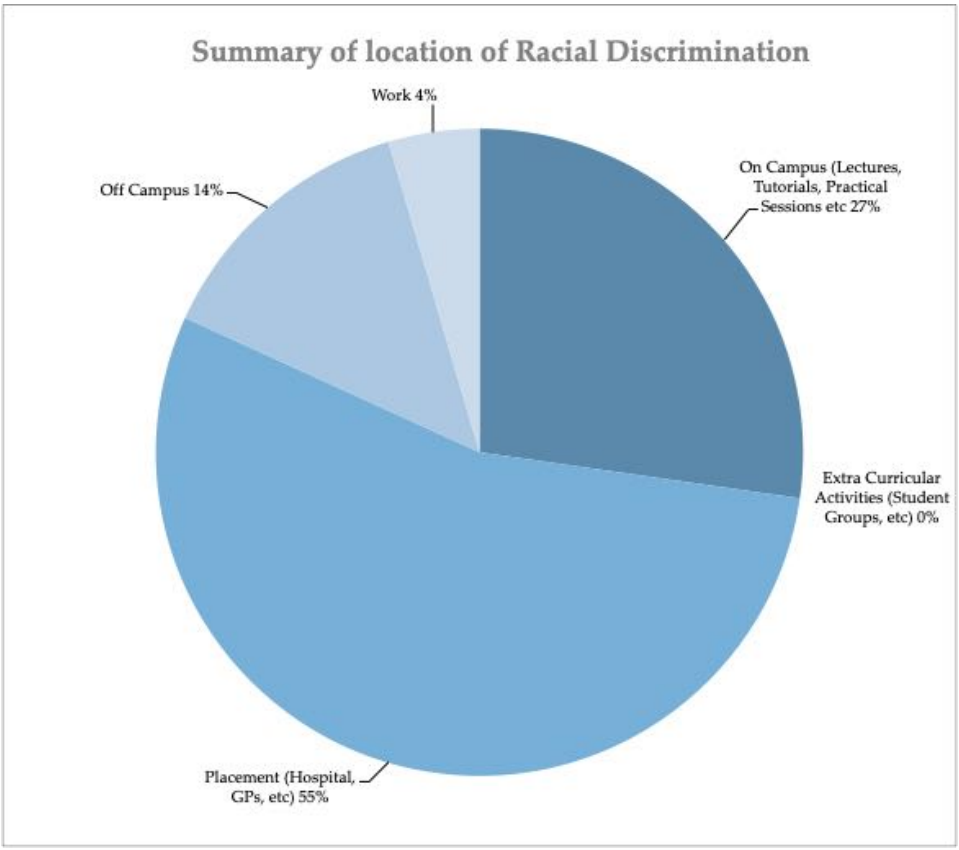
Experiencing, witnessing and reporting concerns of racial bias and discrimination

Students were asked three broad categories of questions:

- Locations of racial discrimination (e.g. on campus, extra curriculum activities, clinical placements and other)
- Discrimination on placement sites
- Nature of discrimination on placement (e.g. if this involved students, patients, clinicians, other staff members and the public).

Locations of Racial Discrimination

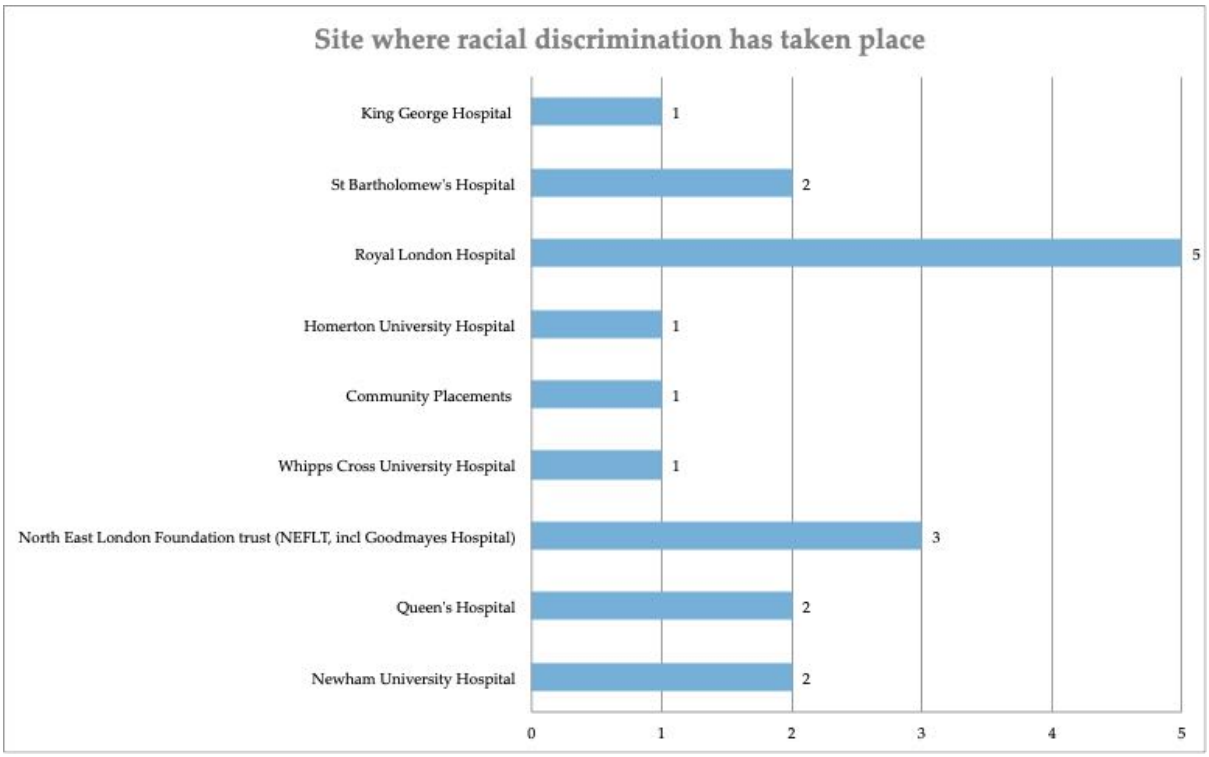
The most frequently cited location of racial discrimination was on clinical placements (13), followed by on campus (6), off campus (3) and finally work (1). Extra-curricular activities did not have any responses. The pie chart below summaries the responses received from students.



Racial Discrimination On Placement Sites

Students were asked to identify the placement site if they had experienced or witnessed discrimination. The most frequently cited placement site was the Royal London hospital (5), followed by North East London Foundation trust (NEFLT, incl Goodmayes Hospital) (3). Newham University, St Bartholomew's Hospital and Queen's Hospital all received 2

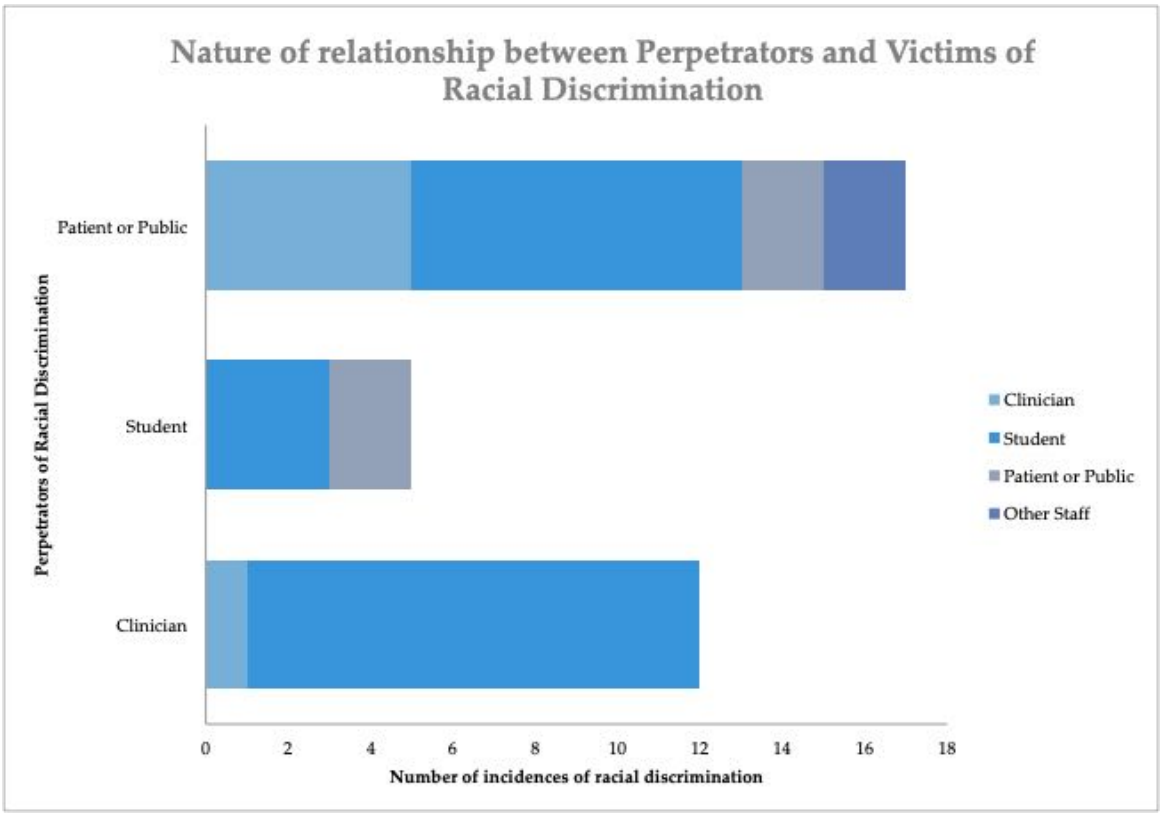
responses. Homerton University Hospital, Whipps Cross University Hospital, King George Hospital received the least response (1), like community placements (1), with no specific sites mentioned. The bar chart below summaries the discrimination reported by students on different placement sites.



Nature of Racial Discrimination

Students were then asked the following:

If you have experienced or witnessed racial discrimination please indicate parties involved. Leave blank if not. Rows indicate perpetrators and columns indicate victims. Please see figure below:

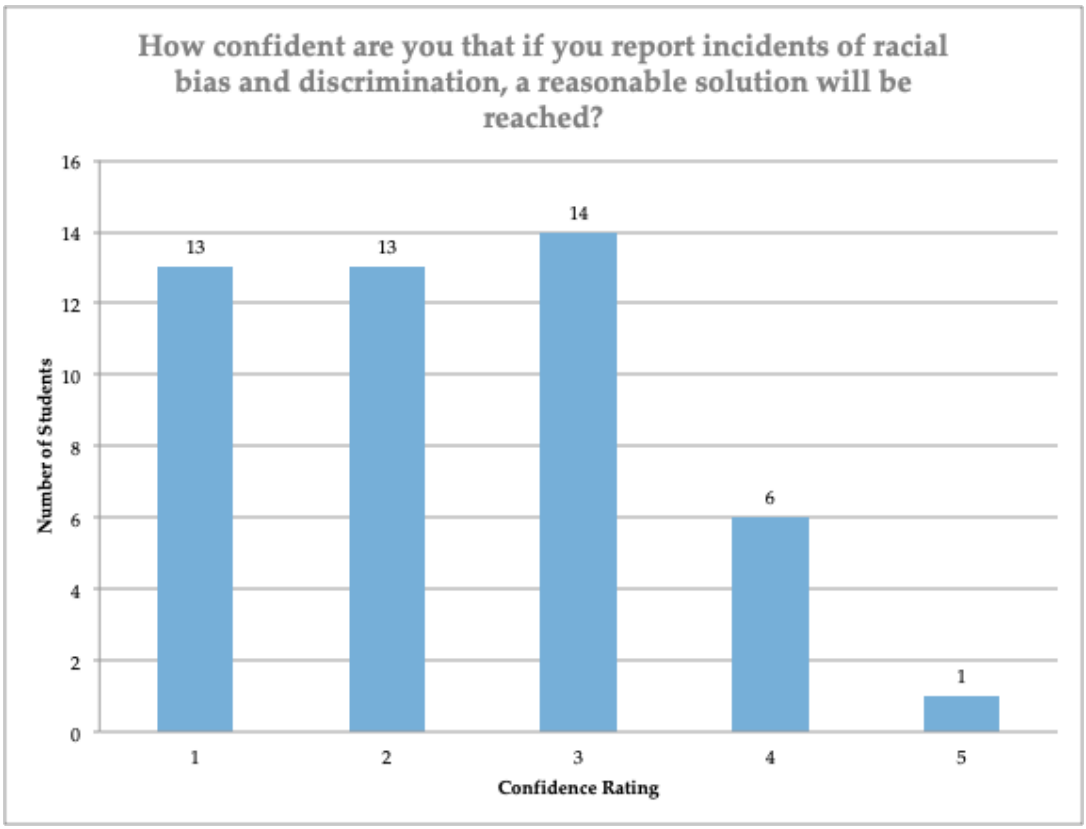


Clinician against student and *Patient against student* were the most frequent incidents PA students disclosed in the survey. Students were not confident about reporting incidents *(see question 7 in the* 'Medical school culture and University experience' section) and were not confident in hoping a reasonable resolution will be reached, if reported. However, ideally this survey would be readministered to year one students, as at the time of the survey only 50% of year one students had only received 3 weeks' worth of exposure to clinical placements, leaving the other 50% of the cohort without any clinical placement experience to comment on. Therefore, once the year one's have had the opportunity to exposure themselves to the clinical placement environment, it would be ideal to resubmit this particular question.

Types of racial discrimination reported by PA students in the survey included themes around racial and religious prejudice. This has been highlighted by an example of Islamophobia shared by one student below:
"Stated to other student that she was inferior in God's eyes because of her religious belief. When presenting a history to consultant, she reported patient had stated they had 4 wives, then joked "he was obviously Muslim". When challenged that this was culturally insensitive to say she was very angry that she had been called out on this."

There are also examples of white students being chosen over non-white students whilst on placements:
"a junior doctor offered immediate teaching opportunity to a white medical student and failed to acknowledge myself or give me the same treatment."

Students have experienced prejudice from the patient group. This can be uncomfortable and difficult for students to handle alone. Students do not want to offend or feel able to stand up to patient prejudice. "*White patients feel that they can confide in me about racist views they have as I am white and expect me to agree*"



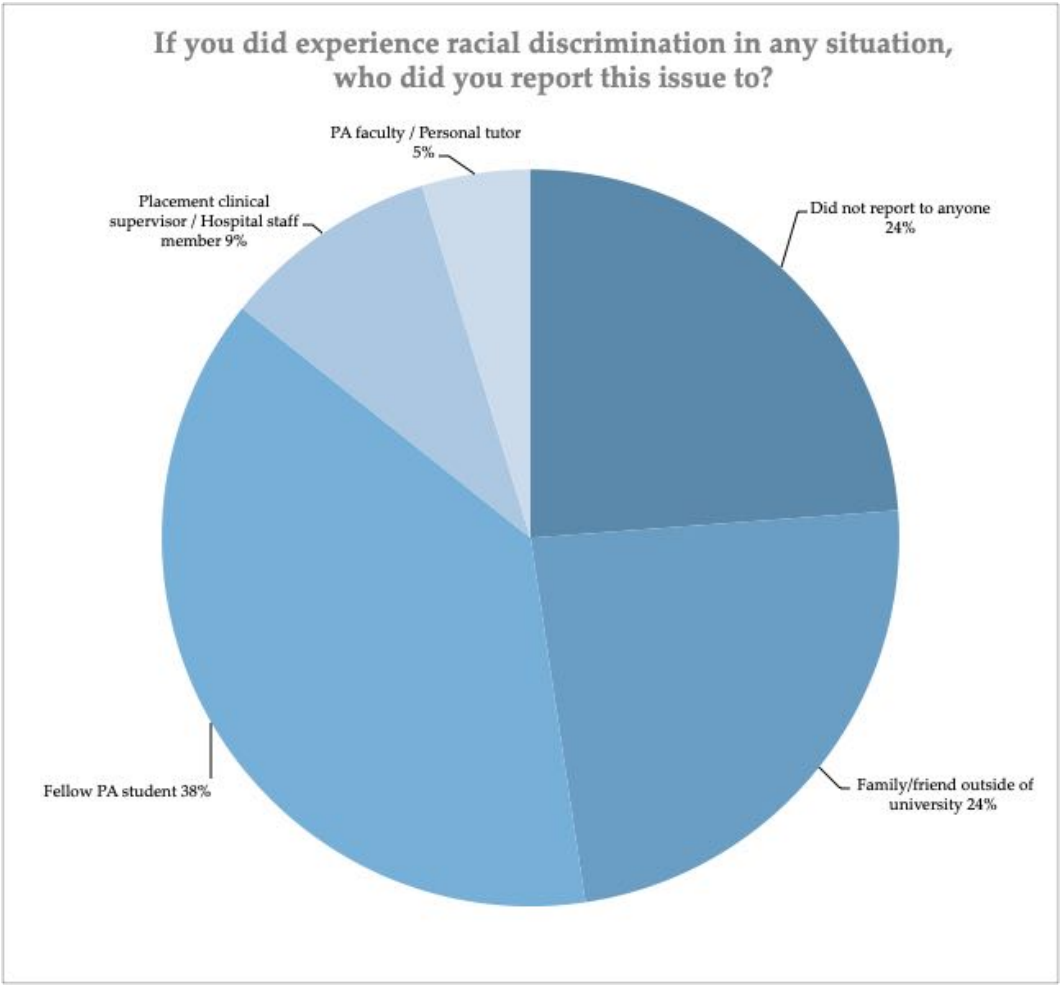
Bystander training for all students is key here- particularly with the patients.

Students were also asked how confident they are that if they report incidents of racial bias and discrimination, a reasonable solution will be reached. The figure below presents a summary of the results.

Students do not have the confidence that reporting racial discrimination in all its forms, will be resolved by the university or medical school. Using a Likert scale where 1 is least confident and 5 is most confident in reporting incidents will be resolved, 26 PA students scored either 1 or 2.
Looking further into the results, more year 2 students felt less confident (11 scoring 1 on Likert scale) in incidents being resolved in a reasonable timeframe compared to year 1 students who had more confidence (9 score 3 or 4 on Likert scale).

Interpreting this data- one could perceive that there is some resignation that current reporting structures do not work well, evident by year 2, where the students have had many placements and contact with clinicians and patients.

Students were then asked the following:
If you did experience racial discrimination in any situation, who did you report this issue to?



Reporting of incidents was shared with family members or fellow PA students. One PA student reported an incident of a patient *against student* to a placement clinician. One student reported *patient against student* to a faculty member.

How can we improve reporting measures for incidents of racial bias and discrimination?

Suggestions for change from the students:

Improving the confidence and transparency in the reporting structures is key**.** This is about clear leadership from the top within the medical school and the PA faculty.
Students have expressed the options to have **anonymous reporting procedures** as a first step in reporting incidents of racial discrimination, particularly when students may worry about their final grading for placement or ability to gain future employment in the trusts may be hindered by reporting openly. However, at present there are conversations being held with staff at the university and it is unclear whether reporting anonymously can be

effectively achieved to result in the same outcome of result to those reporting with contact details.

Clear pathways for reporting incidents with “no door being the wrong door.”
On commencement of the PA course, staff should ensure that all students are familiar of the reporting procedure for incidents within the university and whilst on placement. It may be beneficial to students to remind them before placement commences at the start of the year and signpost to reporting services within their logbooks.
QMPlus is currently where the existing ‘raising concerns form’ can be located, however many students are not aware of the ability to report and therefore the existence and location of the form. At present, a small group of students and staff are working to create a new Raising Concerns Platform that integrated within QMPlus, that is both safe and accessible to QMUL students and led by student feedback. The new platform also is set to include an exciting feature whereby students are able to raise a concern on the platform and get assigned a unique ID number. Students then have the option to create a password on the platform so that alongside their uniquely generated ID number, they can log into the platform to track the progress of their concern.

Medical school culture and university experience

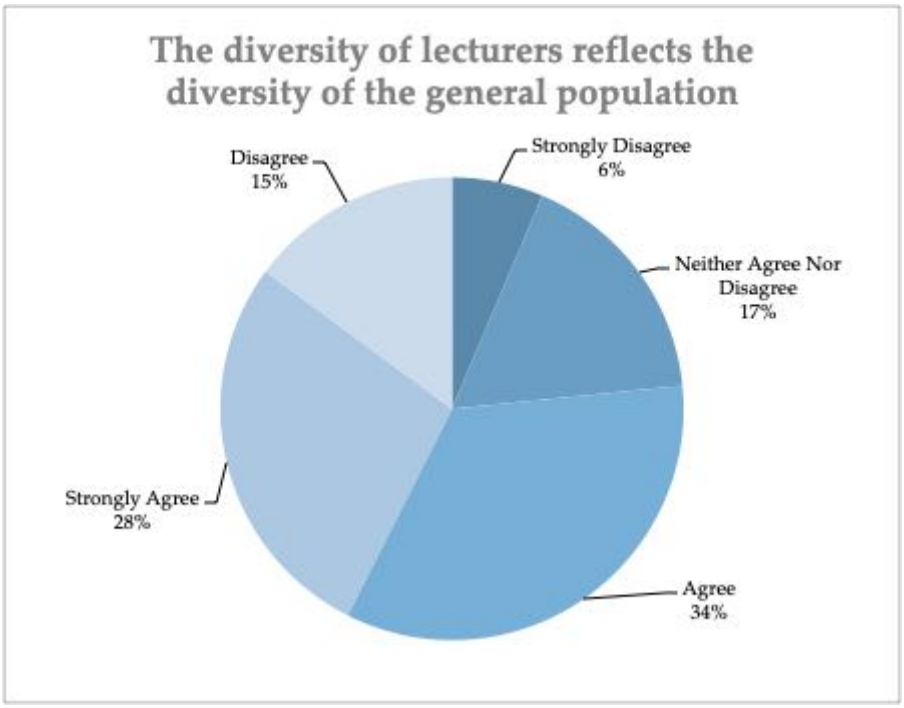
Physician associate (PA) students were asked to rate how strongly they agree with the following statements using a Likert scale from 1= strongly disagree to 5 =strongly agree. The survey encouraged respondents to provide further comments if they answered 'disagree' or 'strongly disagree.'

1. The diversity of lecturers reflects the diversity of the general population
2. Clinical and communications skills teaching is used to effectively address racial biases
3. Assessment methods (OSCE, SBA, essays & logbooks etc.) used by the PA faculty discriminate against the ethnicity of the student
4. Ethnicity impacts upon the ability to participate in BLSA extracurricular activities (e.g. clubs and societies)
5. Ethnicity impedes upon the ability to access student support services (e.g. pastoral support, student hardship funds, etc.)
6. I have witnessed or experienced people racially discriminate against PA students (either in person or online)
7. I am confident on what to do if I witnessed or experienced racial discrimination
8. Racism at Barts and The London School of Medicine and Dentistry is worse than at other UK medical schools
9. The university can do more to address racial bias in the curriculum
10. My ethnicity, gender and social class have never impacted the ability to source funding for the postgraduate PA course

Question 1: The diversity of lecturers reflects the diversity of the general population:

The current debate amongst students and academics alike, is the lack of representation of Black and other ethnic minorities in senior positions within the academic staff. Yet **67 % of the PA student body agree or strongly agree the PA faculty reflects the diversity of the general population.**

It is a clear positive step when lecturers and students are diverse and demonstrates leadership within the faculty and beyond. This is in sharp contrast to the medical student racism survey, in which there was a strong feeling of under-representation of Black African/Caribbean or Black British module leads and those in senior positions.



Question 2: Clinical and communications skills teaching is used to effectively address racial biases

44.7% of PA students disagree that clinical and communication skills are used to effectively teach racial bias. 25.5 % were neutral on the subject with **29.8%** of PA students agreeing or strongly agreeing.

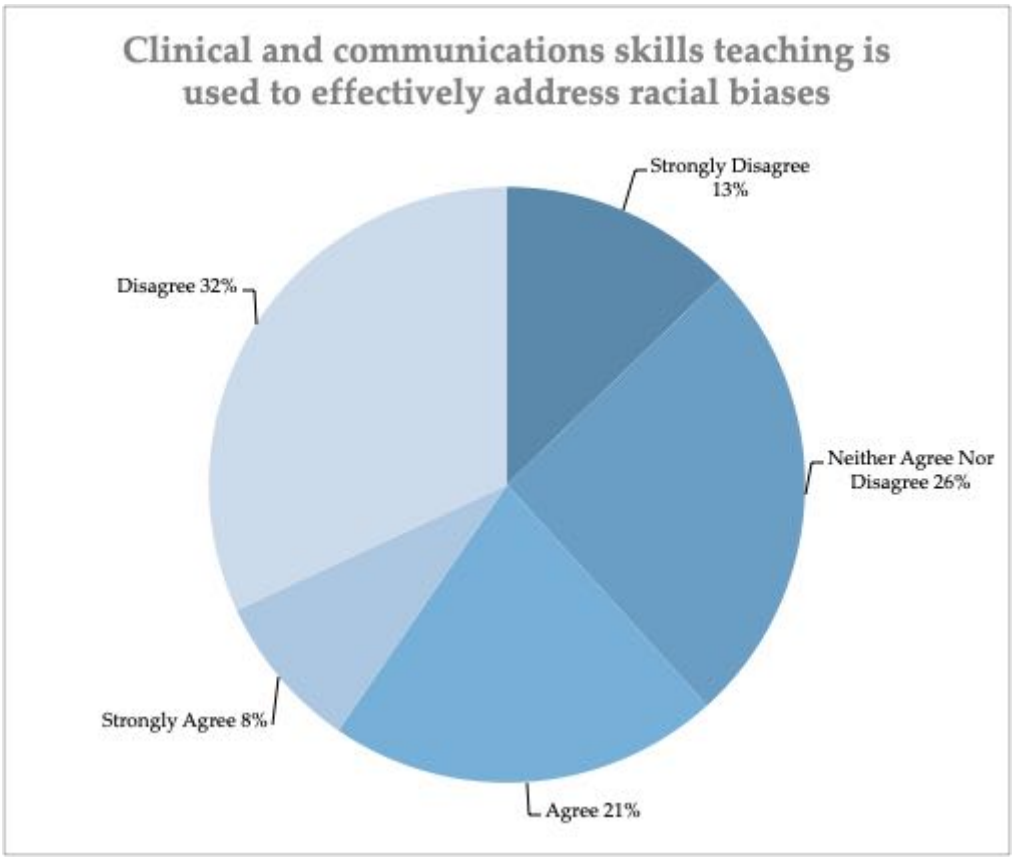
Of the students who disagreed (21 students, 44.7%) that communication skills effectively address racial biases**, 9** (19.1%) students reported they had experienced racial discrimination on placement, with the majority being *clinician against student*.

Of the students who disagreed or strongly disagreed with this statement, this group of students *felt unconfident (scoring 1-2 on Likert scale)* in expecting the racist incidents to be resolved in a reasonable manner.

There is a clear overlap in concerns regarding reporting incidents as well as confidence in developing skills to address racial bias within their medical training.

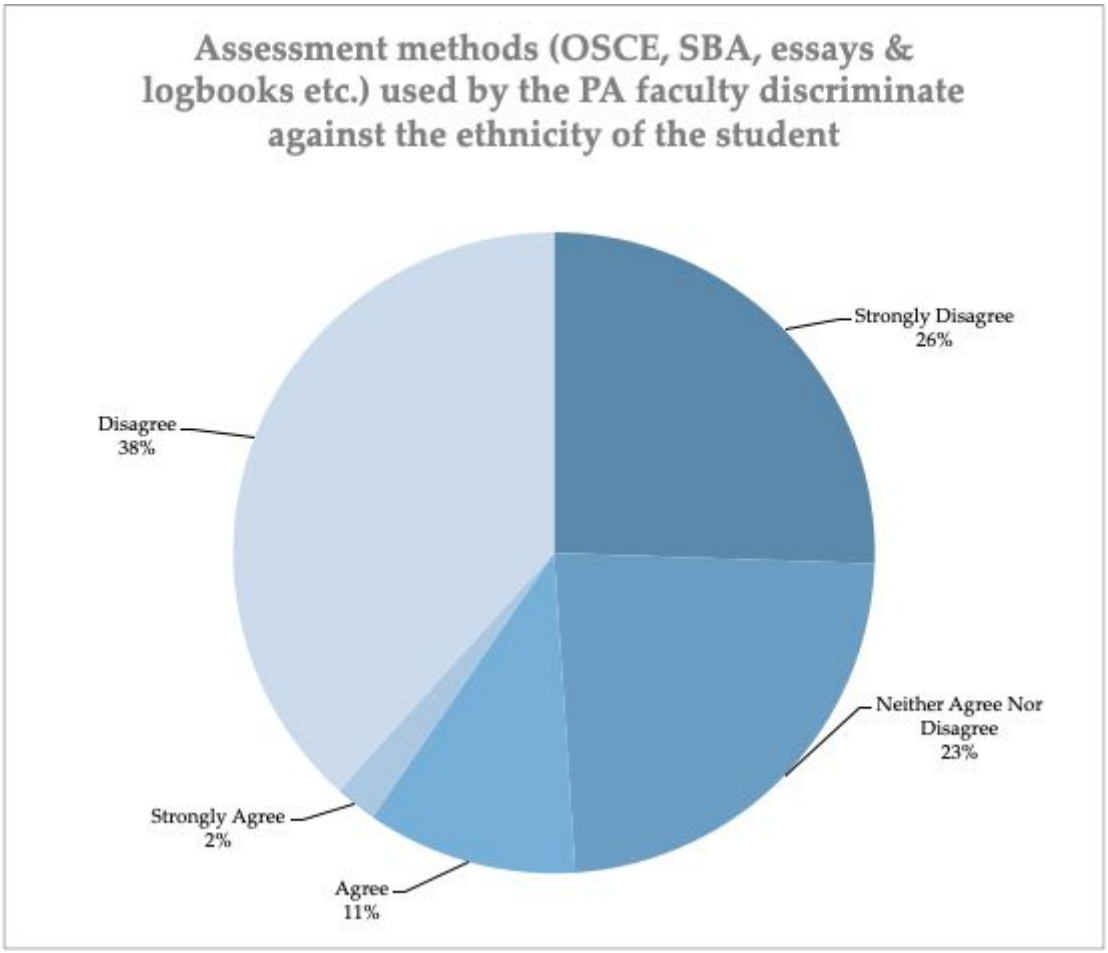
Example of student feedback stating how and why communication skills are needed to address racial bias:

"Bystander training; explanation of when and how to access the raising concerns form and it's policy; ***communication skills on how to deal with a racist patient/relatives****; more pictures and teaching on darker skin tones;* ***racial bias teaching*** *at the beginning of the year to understand the terms racism and micro-aggression and the actions taken against students and others if one was to be involved in that but also* ***to prevent/reduce the use of unconscious bias*** *and start creating a change within individuals that unconsciously do have this process of thinking"*



Suggestions for change:
There is a clear need for *bystander training, understanding microaggressions* and *racial bias training* at the beginning of the academic year. This could be repeated gain in year two. The option for year two students to teach sessions on racial discrimination and bystander training to year one students in the form of 'peer teaching sessions' may be worth while exploring.

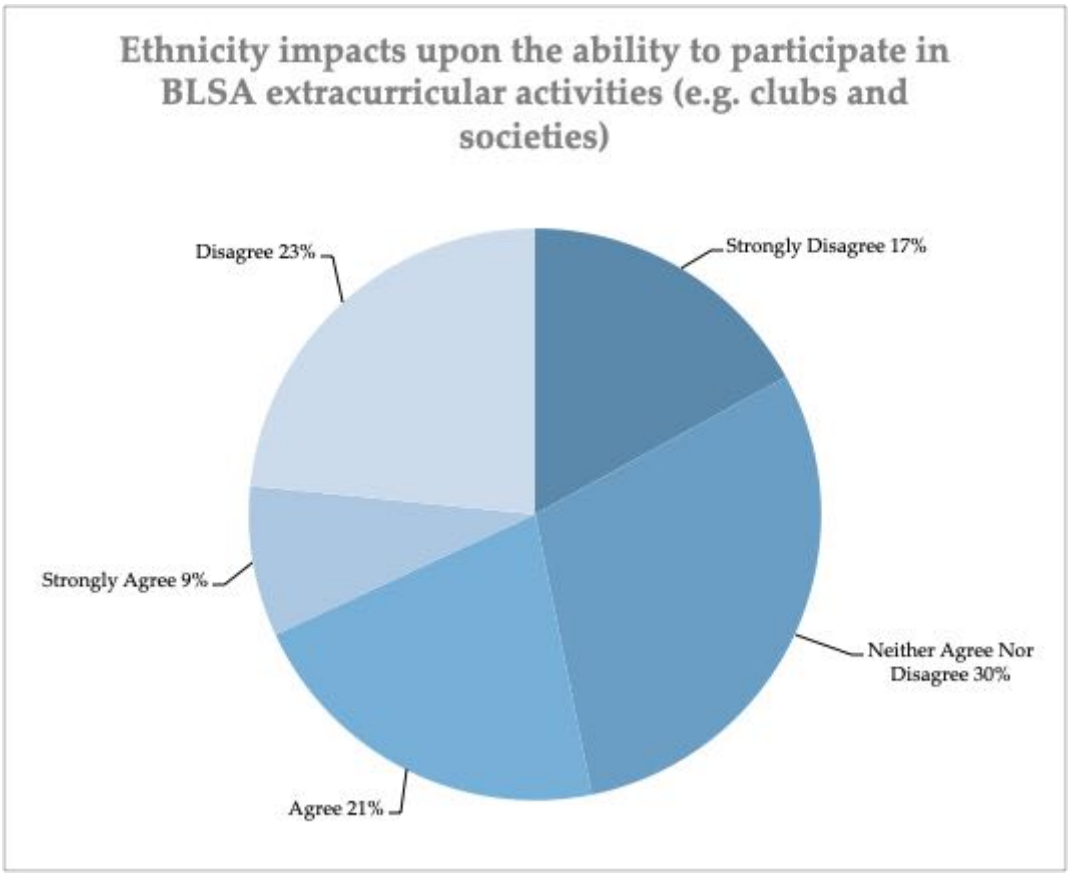
Question 3: Assessment methods (OSCE, SBA, essays & logbooks etc.) used by the PA faculty discriminate against the ethnicity of the student
64% of PA students felt that assessment methods used by the PA faculty did not discriminate against the ethnicity of the student. This is reassuring but the faculty may wish to consider the assessment processes such as scenarios for OSCEs and SBAs so that they are fair and unprejudiced in how they are written. Sharing of good practice from other departments within IHSE, would be ideal.



Question 4: Ethnicity impacts upon the ability to participate in BLSA extracurricular activities (e.g. clubs and societies)
40% disagreed, **30%** agreed, and **30%** neither agreed or disagreed with this statement. Engagement in extracurricular activities for postgraduate students is thought to be limited by:

- the workload of the PA course
- not having Wednesday afternoons reserved for extra-circular activities (in line with other UK universities)
- Students not living on campus
- Making up the minimum hours needed on placements to fulfill the Faculty of Physician Associates (FPA) criteria (1400hrs)

It should be noted that many students, especially within their first year of PA studies, did not have the option to live on campus due to the PA course starting it's academic year January, and SMD student residencies being fully occupied at this point in the year. Student's on the PA course are also unable to access QMUL's postgraduate halls, despite there being rooms available, as they are only permitted to rent within SMD halls.



Question 5: Ethnicity impedes upon the ability to access student support services (e.g. pastoral support, student hardship funds, etc.)
The opinion of ethnicity impacting access to hardship funds is e*qually spread* amongst the PA students. Students commented on the effect that ethnicity may play when engaging with pastoral support and the mentoring scheme within the PA programme. Comments from students can be found below:

"*Choice to change mentor if needed"*

"Finding ways to approach the subject of race with student especially those who are likely to face discrimination in school or on placement."

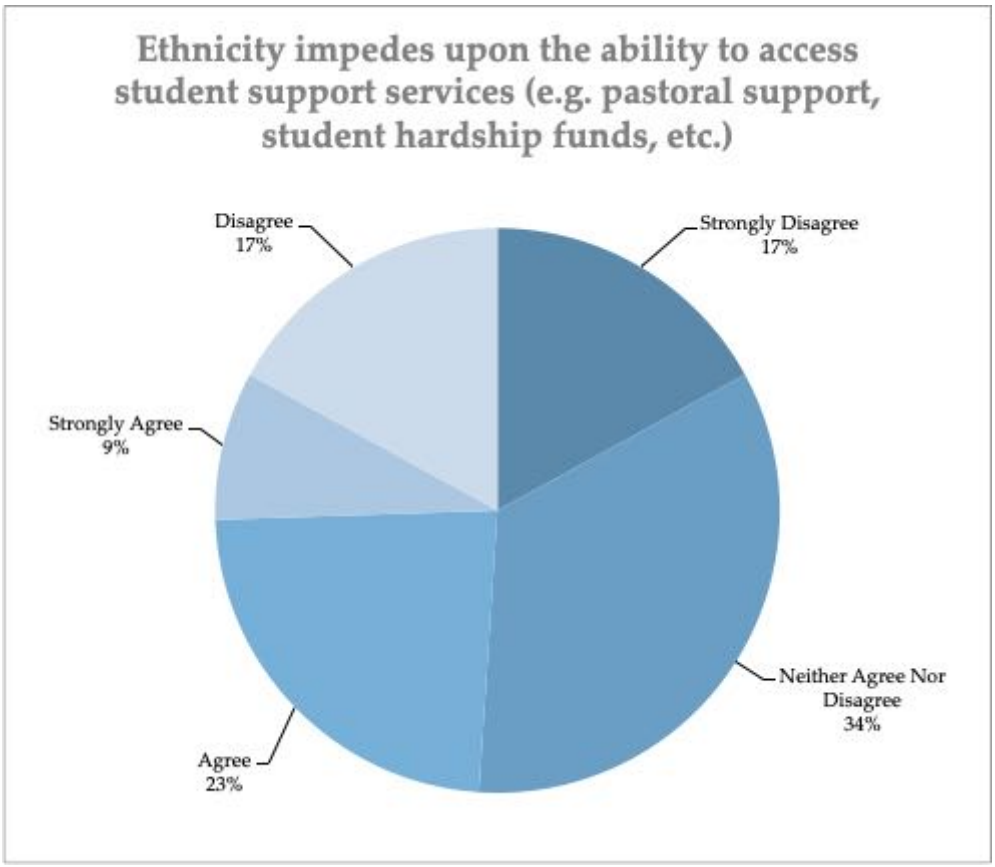
"Some personal mentors are not really for helping and are focused on their own endeavours. I think people who are actually willing or making their be focused session to make people come together would be beneficial"

"More interaction where possible, as mentors are only generally following the guidelines of the limit of questions that are required to ask. It would be nice to receive catch ups and updates to see how the students are doing. Otherwise it may only seem like a routine appointment."

"I think it would be beneficial to increase communication between the BAME community and middle class/upper middle class and upper class students during mentoring schemes or group projects.

"No, I've found my personal tutor v supportive and has always signposted your other sources if required."

"mentor should ask their assigned students about any racial discrimination made against them and make it easier to openly talk about it. Also for mentors to check in with students mental health and well-being is crucial."



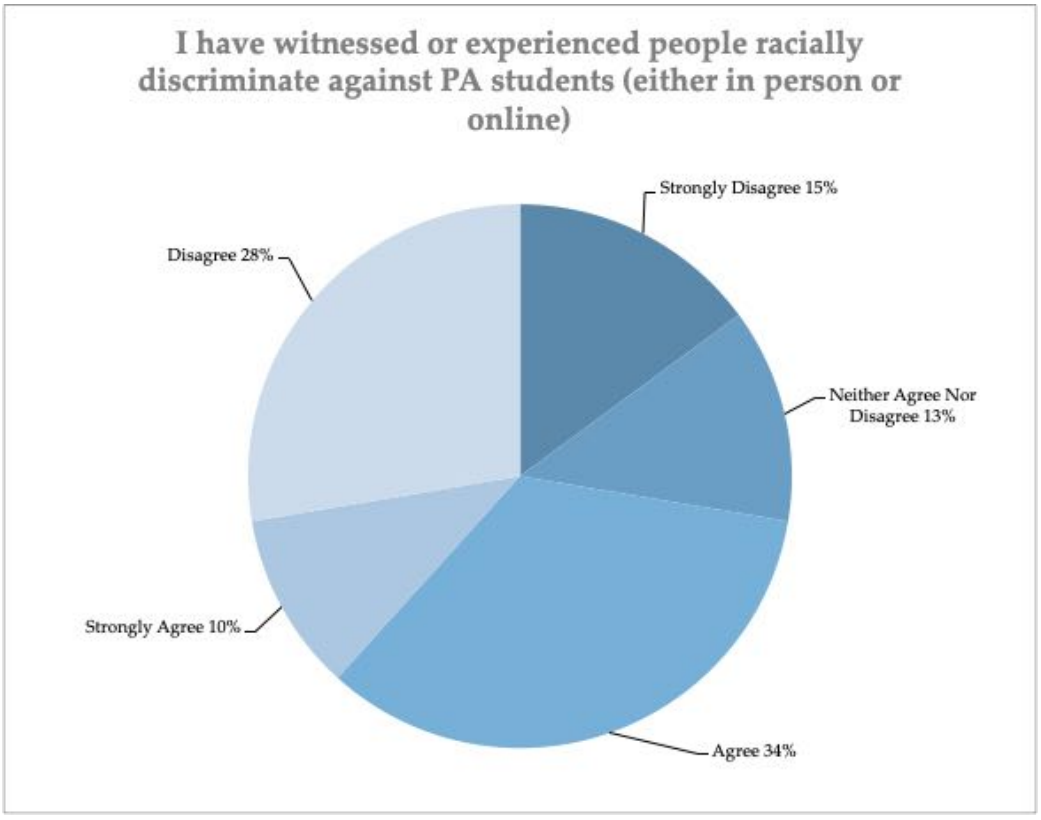
Suggestions for change:
Mentors for the PA students need to consider what type of advice and support they are offering to students and are they enquiring about any incidents of racial discrimination. This will require staff to be supported in training on microaggressions, bystander training and other issues of equality and diversity.

Question 6: I have witnessed, or experienced people racially discriminate against PA students (either in person or online)

20 PA students have witnessed or experienced racism within a healthcare setting. Yet it was striking that **8** of these PA students, felt unconfident (disagreed or strongly disagreed) with the process in reporting racial discrimination. To counter these views, two comments noted in their experience no racism had been witnessed, with one comment explicitly stating that they feel unprepared to address racial discrimination.

"There is no racism experienced or witnessed from Barts and London medical school"

"I have not witnessed any or experienced racial discrimination against PA students. I don't know what I would do if I experienced any racial discrimination"

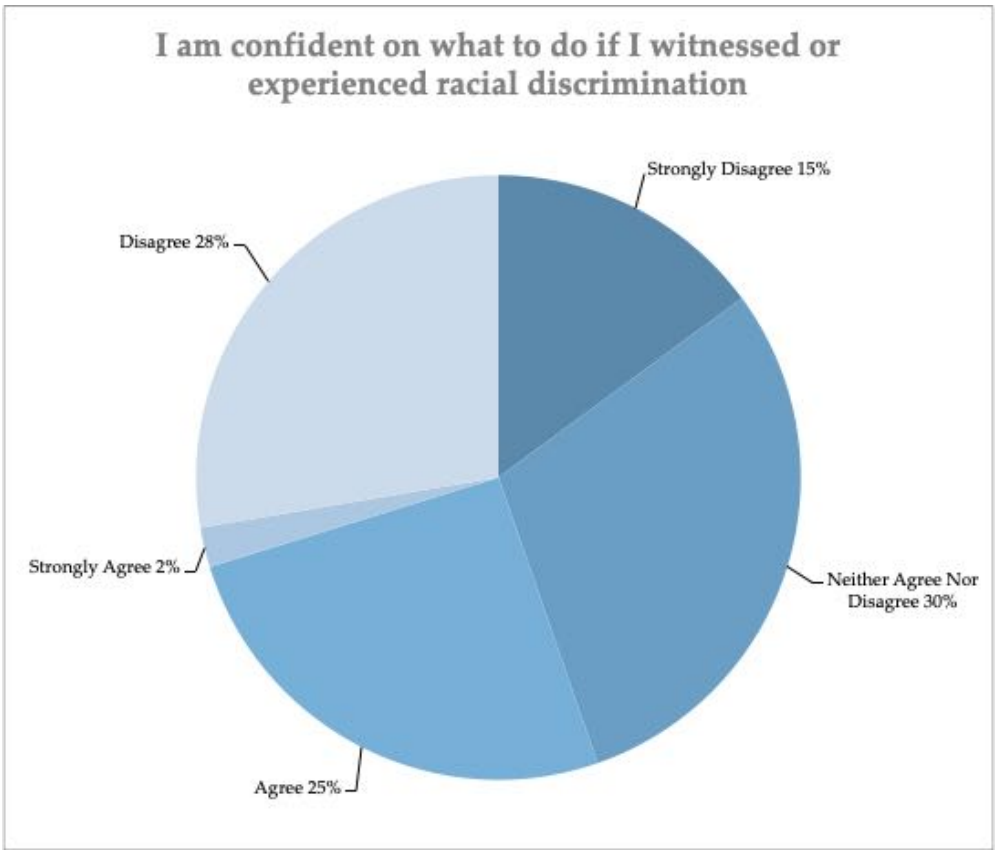


Suggestion for change:

Reporting concerns and the process involved need to be revisited and should be a priority piece of work for the IHSE department, as well as the implementation for racial discrimination and bystander awareness training.

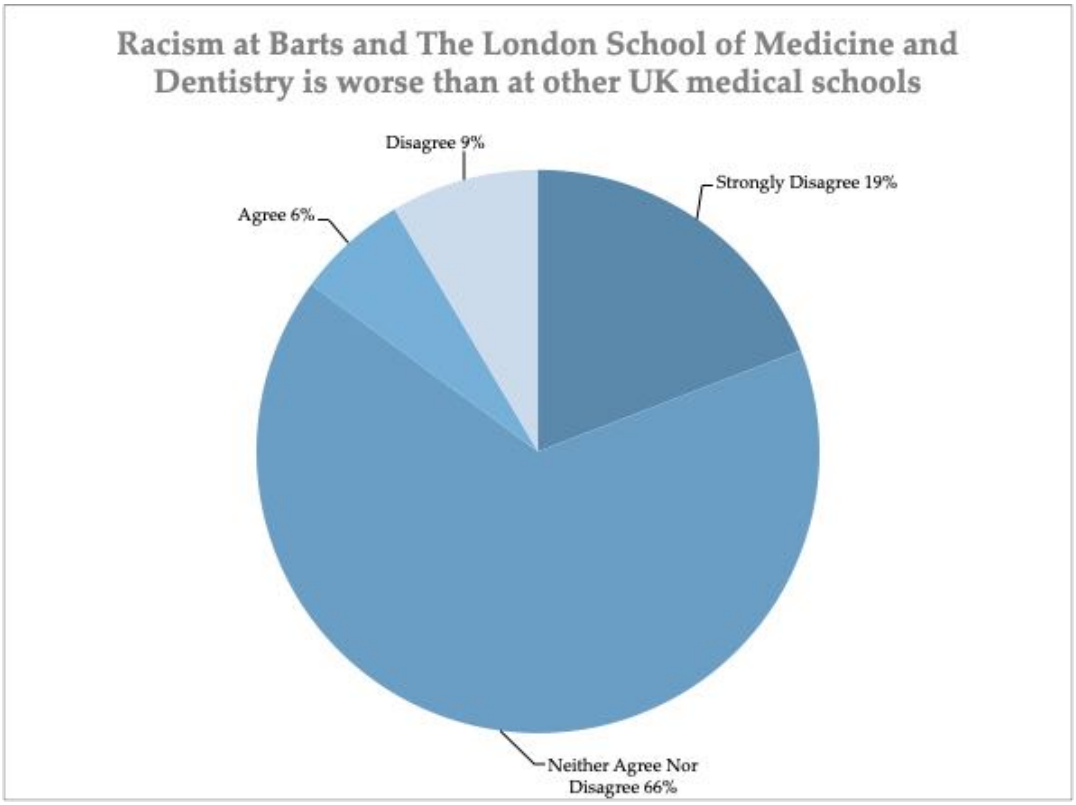
Question 7: I am confident on what to do if I witnessed or experienced racial discrimination

Overall, **20** PA students disagreed or strongly disagreed about being confident in reporting racial discrimination. **13** students agreed or strongly agreed they were confident about reporting. **14** neither agreed nor disagreed about being confident in reporting incidents of racial discrimination.
Delving deeper into the results, **8** Black African/Caribbean, African Arab and **4** Asian Bangladeshi PA students, were **not confident** at what action to take, when witnessing a racist incident. This was in sharp contrast to (3) White students who felt confident in reporting incidents.

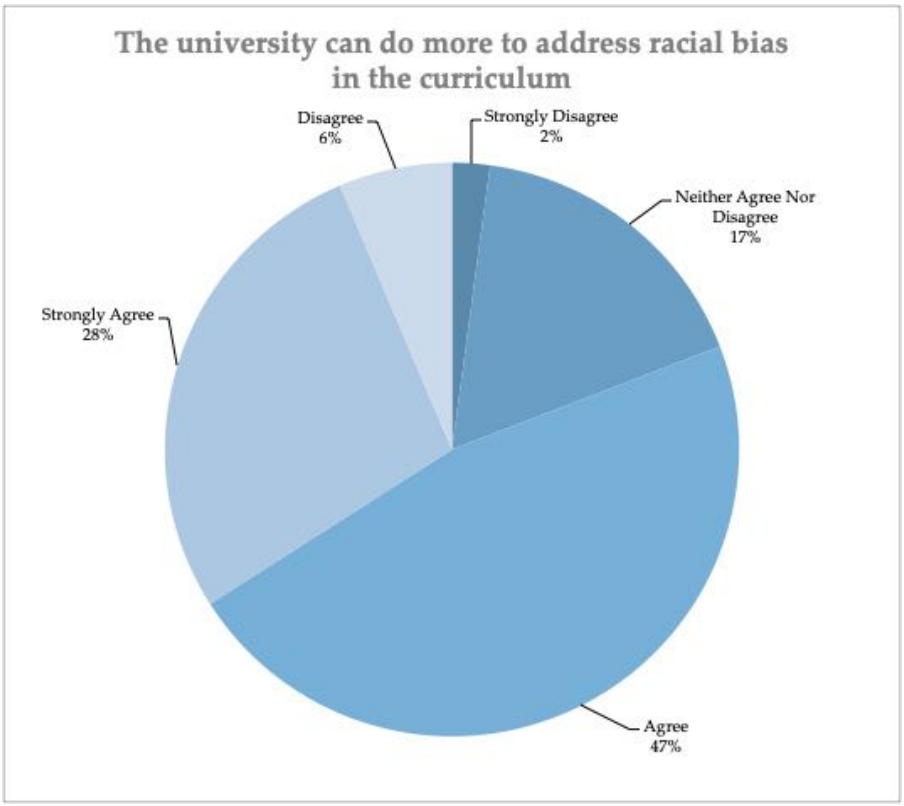


Suggestion for change
This raises the issue that those non-white ethnic groups need to build confidence in the reporting structures. We recommend that the PA faculty and the IHSE look carefully at what inhibits students from reporting incidents of racial bias.

Question 8: Racism at Barts and The London School of Medicine and Dentistry is worse than at other UK medical schools
Most students neither agreed nor disagreed about Barts and the London being worse than other medical schools in experiences of racism. This may be due to PA students being isolated from the rest of the university.

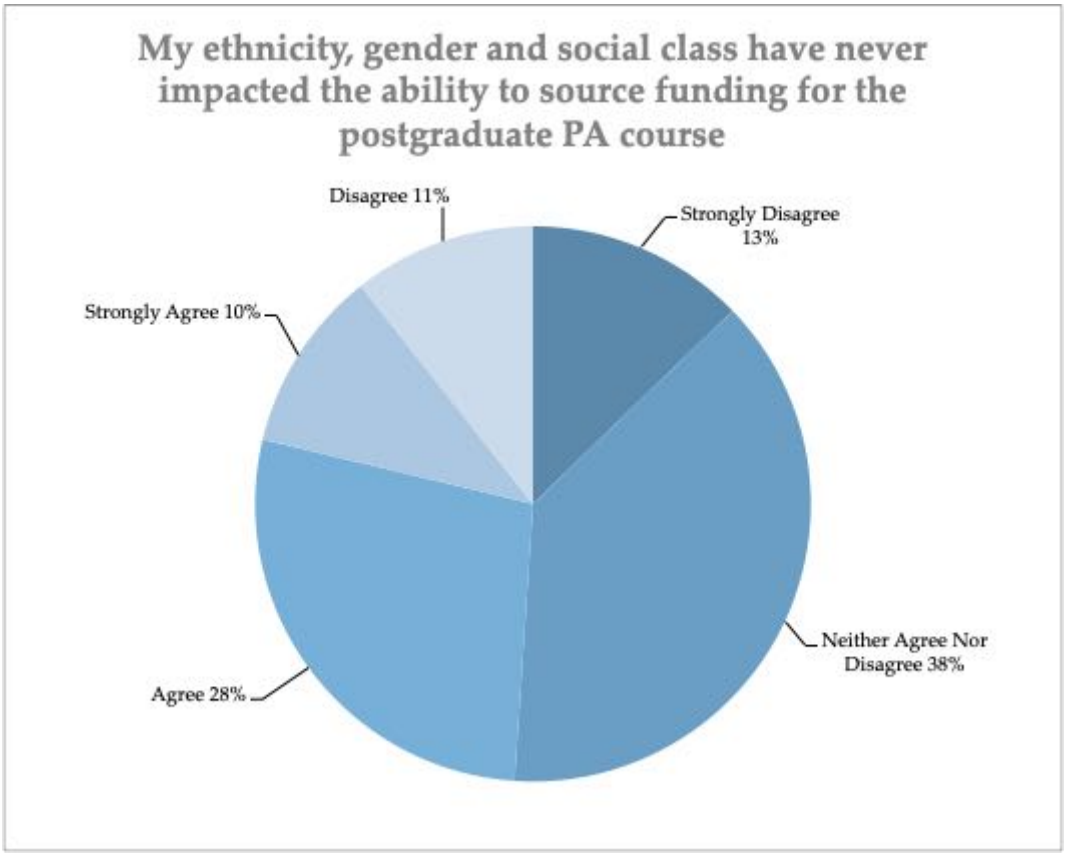


Question 9: The university can do more to address racial bias in the curriculum
An overwhelming response to this question with **75% of the PA students stating they either agreed or strongly agreed,** this was an important statement. Students have made suggestions for curriculum change that may go some way to address the issue of racial bias. Curriculum changes to the PA programme are discussed above in the report.



Question 10: My ethnicity, gender and social class have never impacted the ability to source funding for the postgraduate PA course

Over **30%** of students felt ethnicity, class and gender did not impact on their ability to source funding for postgraduate loans. However, there was a significant minority of PA students felt class or ethnicity impacted their ability to source funding.



A free text response box allowed students to provide qualitative responses to question 10 (*My ethnicity, gender and social class have never impacted the ability to source funding for the postgraduate PA course*) if the student answered 'disagree' or 'strongly disagree'. Please find the responses below:

"I have learnt since being on this course that the PA course is for those from socially higher classes. Apart from the HEE bursary, there isn't any support for this course and is aimed at those from a more financially advantageous background. Which is a shame. Medical schools have challenged this bias and have put measures in place so that those from all backgrounds can study medicine. It is a shame that PA schools do not have the same services."

"No additional family support given towards the course. Apart from government loans which is not enough to cover additional money needed for the course, travel, materials etc. With social class and likely ethnicity being contributing factors."

"Being from a black African household, the loan I took has a higher interest rate than other white friends with similar financial backgrounds"

"Some of funding streams available take into account the occupation of family members - being part of the first generation in my family to attend university has locked me out of opportunities like this e.g. Leverhulme Trust"

"I feel like I have less opportunities as an ethnic minority individual"

It is important to note the PA course is a master's degree and there is very limited resources to financially support students. Student Finance England (SFE) only provide a masters loan for one year (as a typical masters course duration is one year long) of £10,906.00. There is a Higher Education England (HEE) bursary of £5000, split equally between year one and two. Therefore, the rest of the PA course is self-funded as the NHS bursary does not financially support PA students, despite the NHS Five Forward View specifically stating that they aim to 'continuing to grow the Physician Associate workforce' (Next Steps on the NHS Five Year Forward View, March 2017).

Summary

In the concluding section of the PA survey, students were asked the following:
"Do you feel any changes need to be made to the current academic and personal mentor system, if so please expand and/or make any suggestions below."

15 students responded to this question.

Students felt it was important to be able to have a broader conversation that would allow for discussions around racism and prejudice with their mentor:

- "*Finding ways to approach the subject of race with student especially those who are likely to face discrimination in school or on placement."*
- *-" mentor should ask their assigned students about any racial discrimination made against them and make it easier to openly talk about it. Also for mentors to check in with students' mental health and well-being i*s crucial."

Clearer direction from mentors on the structures for reporting concerns would be helpful in directing students' concerns to the correct dept.

There was positive support for personal tutors:

- *"I've found my personal tutor v supportive and has always signposted your other sources if required."*

The role of mentors needs to be clearer for students as well as the expectation of what mentors and academic tutors can achieve during these sessions:

- *"Some personal mentors are not really for helping and are focused on their own endeavours. I think people who are actually willing or making their be focused session to make people come together would be beneficial"*
- *"More interaction where possible, as mentors are only generally following the guidelines of the limit of questions that are required to ask. It would be nice to receive catch ups and updates to see how the students are doing. Otherwise it may only seem like a routine appointment."*

An interesting suggestion from a student looks at the experiences of students from different classes:

- *"I think it would be beneficial to increase communication between the BAME community and middle class/upper middle class and upper-class students during mentoring schemes or group projects."*

How do you believe your individual ethnicity has affected you differently to others (including advantages or disadvantages it has offered you) during your experiences within the PA Teaching?

26 responses were shared, and the key themes were:

- Being disadvantaged because of language (English not a first language) and communication.
- Deference to elders within cultures.

Responses from students, divided into advantages and disadvantages, can be found below:

Advantages:

Being advantaged because students speak the same language as the patient so can communicate more effectively:

"Coming from an Asian background has its advantages and disadvantages in healthcare. The advantages I feel I have is that I can speak another language and I understand the struggles that the BAME community face and thus am able to show empathy."

Sometimes students have expressed that having a different ethnic background has allowed them to understand the conditions patients have especially with dermatological conditions:

"I think I'm at an advantage as a person of colour as I can better identify certain dermatology conditions on people of a similar skin tone as my own"

Disadvantages:

Being disadvantaged in teaching because of ethnicity (white students being chosen over those of nonwhite ethnic background) and stereotyping by clinicians on placements:

"I feel as a white person I have been more accepted into the clinical environment whereas some of my other non-white colleagues have not found this"

Other disadvantages noted by students include:

"*The disadvantages I feel is sometimes not being able to communicate as effectively as I would like with professionals that are older than me because of the respect I feel I must show because of my cultural upbringing"*

"Some terminology or lingos used in England I wasn't familiar with in terms of medicine and patients so I used to struggle but slowly catching up. I believe during teachings we should refrain from certain jargons…."

Is there anything else the university can do to address racial bias within your educational experience?

There is positivity for the PA faculty, expressed in these comments:

- *When there is diversity in the course cohort like in QMUL I think it alleviates the situation rather well, as I haven't experienced as much difficulty/adversity in my education like past experiences in education"*
- *"I don't think I've experienced problems compared to others being a brown skinned person as I think the PA course is quite diverse"*

Students reiterated the need for **bystander training** and a demand for a **more diverse examiner cohort.**