

Racial Equity in Medical Education: Implications for International Collaboration

It may seem surprising that a global university, founded on principles of encouraging diversity and fostering inclusion, may still be home to institutional racism. As alumni, current students and staff we have the unique position of observing and understanding racial discrimination from different perspectives simultaneously. With heritage hailing from former colonised nations, our varied collective experience of (direct and indirect) racism has influenced our approach to addressing it.

A multitude of events in 2020-2021 served as stark reminders that racism is still commonplace across the world. These included the death of George Floyd in the US, the recognition that COVID19 is disproportionately affecting non-White communities, and the MBRRACE report showing Black mothers were five times more likely to die in pregnancy and childbirth¹. These events, amongst others, demonstrated how insidious and fatal institutional racism is. The Black Lives Matter (BLM) movement was re-energised to tackle racial inequalities, a movement that spanned across all sectors of society and helped inspire a renewed focus on how institutional racism manifests in clinical education curricula, policies, and practices.

We began to examine ourselves as individuals and as an institution. We examined how racial discrimination manifests from microaggressions in group teaching and clinical placements, to attainment gaps and the need to decolonise the medical curriculum. We developed staff-student forums as safe spaces to share experiences, exchange ideas with other medical schools, and worked with colleagues internally to ensure racial discrimination is addressed throughout the medical school. Our hope is to produce graduates that examine their unconscious biases and ensure they do not adversely impact patient care and actively tackle institutional injustices.

Through our learning and subsequent development of strategies, we have noticed that similar conversations are taking place across many universities in high-income Western nations, many of whom are engaged in educational relationships with low and middle-income Eastern nations. Given that our medical school is engaged in a number of capacity-building educational collaborations with countries in Asia and Africa, we began to consider our role in bringing discussions on racism to the table and sharing our experiences with our colleagues abroad.

Many well-established, globally recognised educational institutions in the West have complicated historical relationships with race. In the context of international collaborative work, an important question arises about the extent

to which racial equality work occurring within our own organisations should impact our approach to supporting the development of global medical education. Historically Euro-American academic institutions have been heralded as the experts when it comes to sharing educational knowledge, which typically was transferred in one direction, rather than exchanged between both parties². This relationship must be examined in the context of Britain's colonial past, and its positioning of itself as the most scientifically advanced and rationally thinking nation³. Should we be sharing our strategies as examples of best practice; does this further perpetuate the narrative that 'West is best' and that we have the ideal template and solutions for addressing racism in medical schools?

Whitehead et al. explore the development of partnership models and the shift from the imposition of Euro-American ideas to one where collaborators are considered as "invited guests"⁴. In this new model, where the power lies with the host, guests must be sensitive to local needs and requests, and prioritise their obligations. We feel that it is only by adopting this mindset that we can safely explore our experiences of racism in our institutions and healthcare settings and share what we have learnt from our own journey. We must also acknowledge that our approach to racial equity is contextual and will be inextricably linked to our history, culture and societal dynamics.

Whilst acknowledging our complex history is important, one might argue that it is better to avoid cultural oppression and therefore not to share our experiences with countries where racism may not seem a societal priority. On the other hand, in order for us to truly embed racial equality into everything we do, we have a moral imperative to apply this in all of our international work. Exploring how racism manifests in other countries and institutions, and its impact in education and healthcare particularly, is an important first step. However, in our infancy in understanding how to tackle institutional racism within our medical school, we must examine our constructs of anti-racism, and what has contributed towards the ideals that we regard as markers of success.

We have often found ourselves questioning whether the kind of radical change that is needed to dismantle institutional racism is at all possible working within the constraints of a global institution. The controversial findings of the recent UK governmental report by the Commission on Race and Ethnic Disparities⁵, that concluded that institutional racism is not driving the disparities we see affecting many ethnic minority groups, highlights how easy it is for the narrative of racism to be dictated by a few people far removed from its impact.

We have experienced racism, we have seen its impact in healthcare, and we have seen how it can be perpetuated through the medical curriculum, so we

cannot ignore this. Nor can we expect policymakers to immediately address a problem that is centuries in the making. We recognise our actions can either contribute to ongoing discriminatory practices, or work towards a solution. We have chosen the latter. We believe it is our role work collaboratively with other medical schools, and in doing so continue to examine our interactions to prevent inadvertently prioritising western ideology and perpetuating institutional racism. We will continue with our work to challenge racial inequality both within our organisation and with other organisations that we collaborate with, while recognising that we must do so sensitively and respectfully, taking into account the local context as we do.

Microaggressions are indirect, subtle, or unintentional discrimination against members of a marginalised group

Euro-American describes North American people, institutions, structures or ideologies that of European ancestry or origin.

“For the master's tools will never dismantle the master's house.

They may allow us temporarily to beat him at his own game,

but they will never enable us to bring about genuine change.” –

Audrey Lourde. Sister outsider, 1984.

References:

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