

**INDEPENDENT REVIEW PANEL INTO ISSUES OF
RACIAL EQUALITY
IN THE SCHOOL OF MEDICINE, CARDIFF
UNIVERSITY**

BACKGROUND

This report has been prepared by an Independent Review Panel, commissioned by the Vice-Chancellor of Cardiff University to examine the student and staff experience in relation to racial equality at the University's School of Medicine and how the organisation is responding to institutional and cultural barriers that exist for minority ethnic students and staff.

The Review Panel Terms of Reference and membership are included in the Appendix of this report. The views and recommendations included in this Report are entirely those of the Review Panel.

It is for Cardiff University and it alone to decide whether, and if so how, to act on this Report.

The Review Panel accepts no legal responsibility or liability for the contents of, or any omissions from, this Report. The Review Panel was announced in 2016 and its draft terms of reference published. The Report is based solely on the information which was provided to the Inquiry prior to 19th January 2017, the date upon which this report was finished.

EXECUTIVE SUMMARY

Following the annual revue by third year medical students in February 2016, the Medical School received one complaint by a student of African heritage and by one parent about the content of the production. This was shortly followed by a complaint from eight students of African heritage (including the student who had made the original complaint). The complaints drew attention to the portrayal of a staff member by a student blacking up in the revue. In addition, there were portrayals in the revue which were seen as homophobic and misogynist. In the past an informal complaint had been made. The present complaints led to a formal investigation by the University.

The complaint and the initial investigation also identified concerns about the wider context and specifically previous productions concerning similar portrayals. Due to the lapse in time a formal investigation into the activities of previous years was not viable and it was in light of these concerns that the Vice-Chancellor established an Independent Review.

The final Terms of Reference for the Panel, attached as Appendix 1, were:

1. To consider the concerns expressed about the student-led activities and practices at the Medical School, and in particular those related to the annual student production Anaphylaxis.

2. To hear about the experiences of different students and members of staff at the University and to report on any racial inequalities apparent from those discussions

3. In light of the experience of staff and students consider and make recommendations related to the impact of relevant policies and procedures and the Medical School's academic and clinical curriculum in addressing matters of diversity and professionalism.

The Panel spent one day preparing for the review, several days reading all the background materials and two days in Cardiff collecting evidence from a range of individuals.

In total, thirty-three people were interviewed covering a wide group of different racial backgrounds. This included individuals from the School of Medicine (including academic and professional support staff), the University (including academic and professional support staff), the Students' Union and a number of medical students.

In addition, an online survey of medical students and staff from the School of Medicine was carried out, findings of which the Panel examined carefully. Neither the list of witnesses nor the online survey responses are appended, in order to preserve anonymity.

The Panel recognised that this was a complex situation that had caused a tremendous amount of stress all around, among students, staff and managers.

The Panel aims to highlight changes which may help avoid similar incidents in future but, more importantly, the doctors of the future, who may be practising in multi-cultural societies may require further attention to their curriculum in dealing with ethnicity and diversity. The Panel does not aim to look at the Fitness to Practice procedures which had already been carried out.

The Panel's observations raise some overarching issues about the apparent and disappointing lack of career progression of BME staff and their general negative perceptions in this regard. The Panel did not look at individual cases where academic progression had been denied. However, the University may wish to look at matters related to gender and ethnicity among its staff and the relevant policy and structures – whether they are clinical, research, and teaching or professional support staff.

Summary of Recommendations

Inevitably, there are likely to be further actions and initiatives which the University or School of Medicine may consider necessary or helpful to address the issues raised but we hope that those enumerated here will at the least provide an initial framework to make a significant change for the good.

Policy

- 1. Offensive stereotyping of any person, or group of persons, should be actively discouraged. This recommendation should be widely disseminated and clearly highlighted in the Code of Conduct for all staff and students. It should be made clear that any such behaviour may lead to disciplinary or other action.*
- 2. The University, as a matter of urgency, should seek the service of an external body to carry out restorative work with the aim, of bringing the two student groups together to work out their different perspectives so that everyone can move forward.*
- 3. The Panel heard a wide range of opinions concerning disadvantage to BME and female staff. Although it was outside the remit of the Panel to probe into the exact details of individual cases the Panel believes that the University should aim to increase the diversity of its staff.*
- 4. This Report should be disseminated expeditiously so that students and staff can be guided by it. The University should seek to address the significant and wide ranging concerns raised by BME and female staff including actions to specifically address the under-representation of senior staff in senior academic positions.*
- 5. The University should give detailed attention to its complaints procedure to ensure that there is a clear set of guidelines for complaints about racism and other forms of discrimination. They should ensure that this type of complaint is handled with appropriate sensitivity with due acknowledgement that some complaints can be resolved without resorting to formal procedures through informal resolution.*
- 6. The Panel recognises that the support had been offered to both the student groups. However, in view of the persistent complaints that students felt unsupported, it may be helpful to stream-line the processes. For example, the University should consider amending its procedures so that complainant(s) can be offered a dedicated staff member/mentor to give immediate pastoral support if required. The person(s) being complained about should similarly be offered such support.*

7. *There should be prompt and clear communication with all persons affected directly by any complaint. The complainant (s) and the person(s) being complained about should be kept informed of the progress of the complaint at regular intervals during the process. If this unusual situation occurs again then anyone who is portrayed in an offensive manner should be given appropriate support*

Training

8. *The Panel found it difficult to understand the structures of the Equality and Diversity Initiatives in the University and the Medical School and would suggest that these structures need clarifying.*
9. *The curriculum for first year medical students should ensure that Medicine and Society is covered as part of the induction soon after they start in the Medical School. This must include training in medical professionalism. It should also address issues of unconscious bias and stereotyping. These topics should then be included annually in the curriculum both in terms of introduction and building upon the basic ideas.*
10. *The Medical School should work with the Students' Union and Student Support service to educate and empower medical students to produce activities such as student revues, which are in accordance with the University's mission and values. Work with the Students' Union will also ensure that there is a resource of effective advice available to all students when participating in such activities.*

Continuing Professional Development

11. *All University staff should receive regular training in diversity including race, gender and sexual orientation.*
12. *An effective Mentoring Scheme should be established which is available to all new staff and to staff who are at a later stage in their careers to focus on career progression. This should also meet the needs of BME staff or female staff where traditionally it has been more difficult to forge a successful career in the University. Mentors should receive training and should be carefully selected from diverse backgrounds.*
13. *Engage with the Medical Schools Council to consider further action to address issues of racism and diversity in course work, which should be on-going rather than simply one-off teaching.*

Background events leading to the independent review

Following the annual revue by third year medical students in February 2016, the Medical School received a complaint from a student of African heritage and a parent, This was shortly followed by a group complaint from eight students of African heritage (that included the student who had made the original complaint). The complaints focused on the portrayal of a staff member by a student blacked up in the revue, along with portrayals which were seen as homophobic and misogynist. Apparently, similar portrayals had been carried out in the previous years, but only this year, for the first time a formal complaint was made.

It should be acknowledged that the context existed whereby the group of eight students felt sufficiently empowered to make a formal complaint. The University felt that this was a positive factor.

The University then followed due process and procedure in that on receipt of a formal complaint they investigated the specific concerns raised. This identified material issues relating to patient safety and concern covered by General Medical Council guidelines under the Fitness to Practice Procedures.

The complaint and the initial investigation also identified concerns about the wider context and, specifically, previous productions concerning similar portrayals. Due to the lapse in time a formal investigation into the activities of previous years was not viable and it was in the light of these concerns that the Vice-Chancellor established an Independent Review with Terms of Reference to examine the student and staff experience in relation to racial equality at the University's School of Medicine. The members of the Panel and their brief biographies are in Appendix 2.

Following consideration of the initial Terms of Reference, at its first meeting, the Panel felt that these were too broad and these were consequently narrowed and agreed with the Academic Registrar who consulted relevant people. The Panel focused on these specific terms of reference which are described further below and outlined in Appendix 1. As part of the process, the Panel also looked at relevant documents and policies.

The Panel spent one day preparing for the Review, several days reading all the background materials and two days in Cardiff collecting evidence from a range of individuals.

In total, thirty-three people were interviewed covering a wide group of different racial backgrounds. This included individuals from the School of Medicine, (including academic and professional support

staff), the University (including academic and professional support staff), the Students' Union and a number of medical students.

In addition, an online survey of medical students and staff was carried out which the Panel examined carefully. The Panel is not appending the list of witnesses nor the online survey responses, in order to preserve anonymity.

The Panel did not look at the specific issues that were considered in detail through the University Fitness to Practice procedures which are aligned to the General Medical Council (GMC) Code of Practice

The Panel were made to feel very welcome and the witnesses were very open about their personal experiences and views, and shared these willingly. This Report makes every effort to preserve their confidentiality and represent their views.

The Panel was ably supported by Christine Werrell (Cardiff University) and Georgina Voogd (Eversheds), who took notes of the meetings.

The Panel's initial impressions were that the University and School of Medicine are doing their best to deal with a serious incident. They have tried to deal with this in a careful and sensitive manner. It was and is a complex situation. However, many BME staff, as well as some students, have felt let down due to a number of factors.

The circumstances which gave rise to this enquiry are dispiriting and in some senses tragic. There are no "winners" and to a degree everyone has "lost"; albeit that those parodied, marginalized and victimized because of their sex or racial identities were quite properly the focus of the Panel's concerns.

The aim of the Panel is to highlight changes which may help avoid similar incidents in future and, more importantly, the fact that the doctors of the future, who may be practising in multi-cultural societies, may require further attention to their curriculum in dealing with ethnicity and diversity.

The Panel's observations raised some overarching issues about the apparent and disappointing lack of career progression of BME staff and their general negative perceptions in this regard. The University may wish to look at matters related to gender and ethnicity among its staff and the relevant policy and structures – whether they are clinical, research, teaching or professional and support staff.

In this report the Panel presents observations and findings under the Terms of Reference but also as the interviews unfolded. Inevitably this has led to some repetition.

Terms of reference

- a. To consider the concerns expressed about the student-led activities and practices at the Medical School, and in particular those related to the annual student production *Anaphylaxis*.**

The Panel did interview individuals, but did not focus on individual cases in the Medical School as this fell outside the Panel's brief. The history and the context in which the revue took place over recent years and which had resulted in complaints in 2016, should be seen as the starting point for this investigation.

The complainants explained that the third year medical students put on a revue called *Anaphylaxis* annually. The premise of the play (common across many Medical Schools) is generally comedic and performed to raise money for charity. The revue *Anaphylaxis* makes fun of lecturers and other staff at Cardiff Medical School. The students who complained were told that the revue had started decades ago but in recent years it had contained 'blackened' face and racist jokes in the show. There were three performances of the revue in February 2016. Apparently, informal complaints had been made to MedSoc in previous years without any action being taken. The Panel were not able to confirm this. A staff member was portrayed as a stereotypical, hyper-sexualised black man, wearing an oversized dildo. Other lecturers too were made fun of. There were racist, sexist and homophobic jokes and stereotype references.

The script of the show was not seen or approved by anyone in authority at the University, nor by the Student Union. The Panel understands that the revue was advertised via a non-offensive trailer on YouTube but this was removed at the time the investigation was launched.

The Panel was advised that the students who participated in the revue explained to the complainants that there was a warning in the beginning and they should have left the performance if they felt sensitive to this. On the other hand they were also told that as the revue was meant to raise money for charity the complainants should have stayed with it meaning that they should have supported it.

After receiving the complaints the University carried out the required procedures under its regulations. Following evidence of risk to patient care, confirmed by a risk assessment, 32 students who participated in the revue were suspended from clinical practice. Appeals were permitted and risk assessments were reviewed in the light of new information and where appropriate suspensions from clinical practice were lifted. An initial investigation was conducted by one senior academic. Another senior academic not previously involved in the case then considered the suspension appeals according to the University procedures.

There was then a major backlash in the student community among the third year students. The complainants reported that they were ostracised and, as a consequence, some of them have decided to leave Cardiff. These students are being supported by the School of Medicine to transfer to other Medical Schools.

The staff member who was the butt of jokes but who was not aware of the portrayal was informed verbally of the situation by the Programme Director (now Dean of Medical Education). The issue was then later covered in a story in the student newspaper which then also carried a photograph (which is publicly available) of the member of staff and who was subsequently given further details about the performance by the students who had complained.

In the past, concerns had been raised, though not formally, that toleration of acts such as the performances in the revue may lead to medical students continuing with homophobic, racist and misogynist attitudes in their future careers, thereby lacking professionalism. The Panel was informed that the fifth year medical students had started a Facebook petition to let the Dean know that there was nothing wrong (in the revue) and that they were standing in solidarity with third year medical students.

Various individuals, including fellow students told the complainants that they were being very and unduly sensitive and that such things had carried on for a long time and that they should 'accept' tradition. One complainant felt that their concerns were not being taken seriously, and, in general the complainants felt isolated and unsupported and were surprised at the response of the fifth year students. They (the complainants) were referred to the student counselling service, but continued to feel unsupported. They reported to the Panel that they felt that they were constantly being reminded that it was their fault as if they had done something wrong by daring to complain of racism. The complainants told the Panel that they were given support later, only after students in the revue had received support. The University has subsequently shown the Panel documents that show that support was offered at the outset to the complainant group and this support has been

maintained throughout the process. The support consisted of access throughout the process to both a Pro Vice-Chancellor and the Academic Registrar, together with access to counselling services and three group support workshops.

The students did seek support from a local charity. The Panel was told that this charity reported the incident to the Police as a racial hate crime and the Panel understands that the Police commenced an investigation. This unfortunately led to the process of restitution freezing due to the legal advice provided to some students not to submit an apology pending the Police investigation. The University therefore felt it was appropriate to await the outcome of the Police investigation before proceeding with letters of apology despite having received some.

The Panel has subsequently been advised that the Academic Registrar was informed on 20 December 2016 that the Police would be taking no further action on this investigation. Students have been informed of this and have been requested to submit their letters of apology by 13 January 2017. Although the delay has been unfortunate it has given the School of Medicine time to think about an appropriate restorative process and to seek appropriate external support. The Panel understands that the draft proposals for the restorative process are ready and can now be worked to consider the inclusion of the letters of apology. The Panel would urge the Medical School to explore the possibility of external restitution at the earliest possible opportunity.

The third year medical student group are now divided to some extent by race and also between the complainants and those complained against. Students from both sides told the Panel that, as a consequence of the situation they had lost friends. One complainant also reported that during their clinical assessment, negative race-specific comments were made about their physical appearance. The complainants also reported that they felt that the Medical School authorities did not communicate with them promptly or effectively. The complainants felt that an appropriate apology by the students who had participated in the revue would be useful in ending the schism, but as mentioned above, apparently those who participated in the revue had been advised not to do so on legal advice.

In addition, one of the students with African heritage who had complained also had a disturbing experience in a clinical placement where a patient refused to see them because of their skin colour, and the student felt that afterwards no support was available to them. The Panel was informed by the Medical School that once the report of this incident was received offers were made by the School Manager and the Dean of Medical Education to go to the placement to support the individual and this offer was declined. Nevertheless the student did not feel supported and there was no

support provided by the NHS placement provider in the immediate aftermath of the incident. Support was eventually offered and a referral to a trained counsellor was made. The Panel understands that this matter has been the subject of a formal investigation by the Health Board.

The Panel looked at the policy documents which are listed in Appendix 3.

The number and diversity of ethnic backgrounds and the gender distribution of medical students are illustrated in Appendix 4. As in many medical schools a majority of medical students are female.

Two of the students who participated in the revue met the Panel and their attendance was appreciated by the Panel. They stressed that the performance had raised nearly £1,800 for charity. They described the setting up of the revue and told the Panel that a group of classmates had got together and written the script over a five month period. These students acknowledged that the script had not been seen by anyone apart from the group. The Panel were informed that several years ago an academic used to provide oversight to the script of the revue but over the years this practice had been abandoned. However, these students now recognised that offence could be taken on the portrayal, though at the time they meant the performance and the revue to be comedic and ironic. The character was based on a familiar staff member as most students would have come across the individual. These students also recognised different types of sexualities and pointed out to the Panel that in one of the performances a medical student had whitened up, again in an ironic way.

These two students recognised that they could have been more aware of different sensitivities as well as the likelihood of causing offence. They mentioned that having realized the degree of offence, in future they would be more cognisant of causing offence by seeking early advice. Also that they would advise other students (in the junior years) to behave differently. They also acknowledged and recognised the schism between the students in the third year (now they are in fourth year). They felt that there was a lot of anger and upset, leading to a loss of friendships. They too felt that pastoral support was not available to them and that they felt that they were not allowed to speak to staff. The Panel saw the communication that was sent to all third year students and was intended to help the complainant group who had reported poor and misinformed discussions taking place which were having a detrimental impact upon them. However they told the Panel that they requested better communication from the authorities if similar events were to occur in future.

One of the witnesses said that there was also a recognition of “cliquey-ness” among the white staff as well as unconscious bias. Several staff reported varying levels of what they considered to be racism and sexism at different times during their work in the University, but they acknowledged that

they had dealt with these issues in various different ways. It was not clear to the Panel whether any of these incidents had been formally reported.

From interviewing the witnesses the Panel noted that within the University and the Medical School, there was a general feeling of a degree of inequality and a non-recognition of diversity. There is a half-day of training on equality and diversity in the second year for medical students. Sociology lectures which would have covered some but not all of the issue related to ethnicity and diversity in the first year were reported to be poorly attended. One witness commented that the curriculum for medical students did not appear to have clear guidance on gender and diversity matters.

The Medical School has also undergone major changes in structure and in development and delivery of curriculum in recent years which may have further contributed to these observations.

Some witnesses wanted a systematic integrated programme in equality and diversity, which may well provide a sound basis of training doctors of the future. This was mentioned a few times, along with the introduction and encouragement of reflective practice. There appeared to be some progress in helping set up a new BME network for staff. Similarly, efforts have been made to add diversity matters in the curriculum, though apparently not always very successfully. Significant changes in course delivery may be required if the University wishes to change the student culture in the Medical School. As clinical training for medical students takes place during their placements in the NHS, there needs to be closer liaison between the Medical School and the NHS to ensure that doctors of tomorrow are well placed to practise in multi-cultural society.

(b) To hear about the experiences of different students and members of staff at the University and to report on any racial inequalities apparent from those discussions

Certain themes emerged from the evidence heard by the Panel: the lack of progression of BME staff; difficulty in “fitting in” experienced by people from a disadvantaged and / or BME background; a racial demographic amongst students and academic staff which is unrepresentative of wider United Kingdom society; the naivety and sheltered upbringing of some students; ignorance and denial of demeaning racial stereotyping by some students.

The student complainants experienced the use of blackface as blatant racism aimed at a staff member. They initiated several conversations with their classmates responsible for the performance and reported that these were met with awkward silences. The students felt that for whatever reason the white majority were unaware of black students’ experience. The students used the word

“segregated” to describe student social life and told the Panel that the black students were separate from other non-white groups including Asian heritage students.

They felt that diversity was addressed in a superficial way in the curriculum. The sociology workbooks mentioned above were not supervised and many students were not completing them. They felt Welsh culture was also being side-lined. The Panel was told that “black girls” were encouraged by their peer group to attend the revue on a particular night when a student was in “whiteface” and afterwards they were challenged for not complaining about the “whiteface”. They felt some critical comments from older clinicians (in clinical placements) were based on gender as well as being black. They pointed out to the Panel that it felt to them as if there were differential levels of support made available to the students based on ethnicity. Several months later, the students were still very distressed at how they had been ostracised by their peer group after complaining about the revue. The importance of the restitution process in this respect cannot be over-estimated.

As mentioned earlier two students, who had been subject to the Fitness to Practice procedures, acknowledged some insight to their behaviour in response to questions from the Panel. The Panel noted that at least one BME student had been involved in the revue. Further exploration of their experience indicated that there was a clear split between flat mates and friends over the revue. The students told the Panel that some people were not happy with the humour and complained but that they were really proud at the amount of money they had been able to raise for charity. They informed the Panel that as a direct consequence of the Fitness to Practice procedures, subsequently they had researched the concept of blackface and now understood why offence had been caused. However, any insight into stereotypes about black male sexuality was not apparent in response to the Panel’s questions. One of the students maintained that they never intended any homophobic jokes and they never knowingly wrote anything intended to be homophobic. The students told the Panel that humour was subjective, everybody had a different sense of humour, and that they needed to be careful in future. They thought that someone from the Medical School should read and approve the revue script in future.

They felt and also acknowledged that following the complaints, their year group had become segregated with a clear schism in the student body. They did not feel that communication was good between the University and the students going through the Fitness to Practice procedures. They felt that they had been sidelined and that the University had decided from the outset that they were guilty. They felt that they had been wronged by the process that the University used to address the situation. The Panel noted that none of the students had exercised their right to appeal against the

decisions of the Fitness to Practice Committee. In particular, they were upset about the length of time the process had taken. They had found it difficult to access pastoral support although this support was available from the University and the Medical School. They informed the Panel that the Students Union Advice Service had been fantastic. They found the Fitness to Practice process 'terrifying'. They described bitter and personal disagreements still occurring on Facebook amongst their year group. They were unable to say whether there were any comments on social media which could be seen as unprofessional. They felt since the complaints, it had become harder for their year group to discuss issues like sexuality and race. They told the Panel that their frame of reference for deciding whether something was racist, sexist or homophobic was their peers.

The staff member who had been portrayed in the revue spoke movingly and with quiet dignity about the distress that this had caused to them as well as their family. They mentioned that they would have liked to have been informed at an earlier stage about the incident and the progress of the matter. They felt isolated and worried as they knew that something was going on but were not able to follow what was going on. This sense of alienation affected them profoundly. They pointed out that early and regular support and being informed of the progress of the process would have been very helpful. They felt that the Medical School could support individuals in the same position better and more effectively.

The Panel also heard from a group of BME female staff. The Panel was told that they did not see many people like themselves and that the culture in the University was very different from elsewhere, for example London, and it was not mixed. They gave the Panel detailed accounts of experiences of staff who believed they had received disadvantageous treatment at work, for no reason, although they avoided explicitly saying that it was because of race. These experiences included not achieving expected promotions. They told the Panel that they considered that there was an issue with gender equality as well as racial equality. There was a lack of mentoring for staff nearer the top of the hierarchy.

They commented that the focus seemed to be on racism in the revue, but they had also been horrified to hear how the play had treated sex and sexuality (although the Panel had been informed that issues of sex and sexuality were investigated alongside the issues of racism by the Investigating Officer who made findings in respect of the portrayal of sex and sexuality). They felt that the online diversity training which was available was simply a tick-box exercise and people did not enjoy receiving the training in this format. Some BME staff at the University described to the Panel that they felt beleaguered and under pressure to support the complainants whilst themselves experiencing racism at work.

A BME staff member told the Panel that although they felt that they had been working at a higher level for many years they had been unsuccessful in getting promoted. Their explanation was that they were not well supported nor had they received any mentoring for the process.

The Panel heard from representatives of the Students' Union and MedSoc. They described to the Panel an efficient and effective system of regulating student societies, which had not applied to *Anaphylaxis*. The Panel confirmed that in previous years (albeit a while ago) Medical School staff had not only been involved with the revue but also participated on stage. The Panel was told there was no formal relationship between MedSoc, regulated by the Students' Union, and *Anaphylaxis*. There is a BME Campaign Officer at the Students' Union and the Union provides training to students running clubs and societies. The Students' Union, with support from the University, had been involved with a NUS anti-lad culture pilot scheme and had then designed a campaign called "It's no joke," to tackle homophobic, sexist and racist behaviour on campus. The Students' Union representatives were confident in distinguishing between what words and conduct were and were not discriminatory. They did not think that any change could have happened without the formal complaint. The Students' Union did not consider that they were the right body to try and create restitution amongst the medical students, and that was a matter for the Medical School.

The medical students told the Panel that they would like some practical experience, and discussion of experiences they have had, to form part of their medical professionalism training, which as it stands they found to be abstract and theoretical. They told the Panel that they would like to contextualise their diversity and professionalism training when they started doing clinical placements. They felt that as medical students it was extremely hard to speak out against unprofessional behaviour because they felt they lacked authority. They informed the Panel that they had indeed benefited from sessions where they met and spoke individually with disabled people and survivors of domestic abuse, because the training involved real people. They suggested to the Panel that MedSoc and the University could provide guidance for future revues. They also told the Panel about the informal, popular, multi-generational "parenting" mentoring scheme within the Medical School, which provided an opportunity to change the culture.

The Panel also heard from academic staff from the University and were told that they lacked confidence that the curriculum included sufficient information on issues such as blackface and racism. The Medical School staff acknowledged the need for a systemic integrated programme on medicine and society and medical professionalism. Those staff involved in the Fitness to Practice process remained concerned that a few students had still not understood why the revue had been criticised. The Panel was told that all the students were devastated when they realised they had

upset a well-liked member of staff, however, no one had considered asking the students involved in the production to apologise to him.

The Panel also saw the senior Academic staff who chaired the School level and University level Fitness to Practice hearings. The Panel heard that Cardiff had difficulties in recruiting staff in some specialties, which could make it harder to recruit BME staff.

The Panel also heard from white LGBTQ staff who had found the University a welcoming and inclusive workplace. They told the Panel that there were still cultural issues left over from the Medical School's integration to the University, which needed to be resolved.

The Panel heard about the C21 curriculum and how equality and diversity training was embedded through the curriculum. The year group which produced *Anaphylaxis* was the first year to undertake C21. It may be relevant that this is also the first year that a group of students felt sufficiently empowered to complain formally when others before them had not or chosen not to. The staff felt that the (third) year group had been unable to apply their medical training to their everyday lives. There was no protocol or custom in place at all to support a medical student who might experience racism or other forms of discrimination whilst on a clinical placement.

The Panel heard about the role of local doctors and NHS in perpetuating a "rugby culture" among students in the Medical School. Some staff suggested it was a grey area teaching students what was and was not acceptable. It was also highlighted to the Panel that this case was unprecedented both in scale and complexity. Applying the Fitness to Practice procedures to 32 students was on a scale which the University had never dealt with before and this inevitably had affected the process. The University did strive to ensure that the process was resourced and maintain that it was conducted fairly, consistently and as promptly as was possible within the terms of its procedure

The Panel explored evidence about the letters of apology. The complainants told the Panel that they were concerned that there may be no intention to show the letters of apology to them out of concern that the letters may prove damaging to the authors' professional reputations in the future. The Panel were informed about plans for a restitution event, but nothing definite had been arranged yet. As stated above the Panel has been informed that the letters of apology are to form part of the restitution process which had been delayed because of the Police investigation. Now that the Police have decided not to continue to investigate the Panel hopes that the letters of apology will be sent and the restitution process will begin.

Some very senior University staff openly acknowledged that there was a longstanding problem with the progression of women academics and it was pointed out that Medical School in particular was a difficult place for women. The Deputy Vice Chancellor, rather than the Pro Vice Chancellor, now has responsibility for equality and diversity. Some witnesses raised concerns about the quality of professionalism training in the Medical School. The Panel heard that there was good equality and diversity training being provided to students in other areas in the University such as nursing, midwifery, dentistry, optometry and pharmacy, whose expertise could be spread across to the Medical School. Senior staff also pointed out that they considered that women and BME doctors across the NHS generally do not progress well.

Some senior academics at the University who were involved in equality and diversity, told the Panel that in the past the Medical School's attitude towards diversity was tokenistic. The Panel noted that the University participates in the Athena SWAN Charter, designed to address gender inequality. The Panel was informed that many people at the University worked very hard on equality, particularly at the middle grade but that there was a failure to consider intersectionality. The medical school curriculum in second-year has a module on human rights and medicine which was attended overwhelmingly by BME students, who were high achievers. A view was expressed that medical professionalism is quite different. It was felt that human rights for patients belonged to patients and there appeared to be a disjunction between medical responsibilities and rights.

The Panel noted that the Equality and Diversity Committee within the Medical School had been without a chair for 18 months due to restructuring. The Panel also noted that Sub Dean for Equality and Diversity was appointed in September 2016. A view was expressed that there should be a central equality and diversity office sharing best practice across all Schools. Some concerns were expressed that female students experience sexual harassment which links with a dominant student drinking culture. Some witnesses told the Panel that the Medical School is divided into subject areas so people do not see themselves as working for the Medical School and cannot see the bigger picture. However MEDIC Forward has sought to address this through a new structure launched in January 2016 that aims to remove these silos and encourage inter-disciplinary/theme interactions and working.

A representative from one of the NHS Partners of the Medical School not connected to the Health Board in which the incident noted above took place, explained to the Panel that if a medical student were rejected on placement by a racist patient, the incident would be treated in exactly the same way as if the patient had simply said that they preferred to have no medical students present. There appeared to be an absence of accessible protocols and practice in place to deal with racism

from patients which may be experienced by BME nurses or doctors although NHS policies do exist. The primary NHS system for dealing with workplace experiences of racism seemed to the Panel to be the whistleblowing procedure, which the witness acknowledged was an ordeal. It was stressed by the representative that students are supported by NHS medical staff and there was a clear acknowledgement that more needs to be done. The Panel was informed that there was good and regular dialogue between the NHS Assistant Medical Director for Education and the Medical School Dean for Medical Education.

c) In light of the experience of staff and students consider and make recommendations related to the impact of relevant policies and procedures and the Medical School's academic and clinical curriculum in addressing matters of diversity and professionalism

In light of the detailed evidence that the Panel read and heard (including the results of the on-line survey undertaken at our request), the Panel considered and deliberated extensively; particularly having regard to the specific remit – focusing on racial equality in the School of Medicine with particular consideration to the events surrounding the recent production of *Anaphylaxis*.

The Panel were mindful that the University and Medical School are large and complex organizations, in which there will inevitably be instances of good and poor practice. The evidence the Panel read and heard was by no means all negative and there were a number of instances of excellent support and commitment to staff and students and to best practice. Equally, the University has many good policies and initiatives in the area of equality and diversity and the Panel wishes to ensure that these are enhanced and supported through the Panel's recommendations.

The Panel has referred earlier to the scale and complexity of this situation which was unprecedented for the University and Medical School who had to investigate complaints, act on the evidence found and to remain within the terms of their policy, with respect to personal data and confidentiality. These factors together with the fitness to practice policy severely constrained the flow of information which the University and Medical School were able to give to the groups of students affected by this incident.

It is clear that there is an absence of understanding amongst some of the student population regarding the nature and impact of offensive stereotyping, particularly where it parodies a person based on their identity (in legal terms, a protected characteristic). The Panel recognises that this is not always straightforward and may engage issues of free speech and legitimate satire but the lack of understanding requires action.

Accordingly, the Panel's recommendations are targeted at addressing those institutional and cultural issues which the Panel regards as relating specifically to the events and issues which were the subject of the Panel's consideration and which require further attention to ensure that this does not happen again.

The rationale for the Panel's recommendations together with the specific recommendations are set out below.

Recommendations

Recommendation 1

Offensive stereotyping of any person, or group of persons, should be actively discouraged. This recommendation should be widely disseminated and clearly highlighted in the Code of Conduct for all staff and students. It should be made clear that any such behaviour may lead to disciplinary or other action.

The Panel heard evidence of on-going under-representation and disadvantage faced by women and BME staff and students. In addition, the on-line survey undertaken by the University at our request showed materially different experiences as between white and BME staff and students. The Panel was aware of some of the commitments and initiatives within the university to address this, including a range of policies and participation in the Athena SWAN and Race Equality Charters. However, the Panel believes that further attention should be given to address these issues.

Recommendation 2

The University, as a matter of urgency, should seek the service of an external body to carry out restorative work with the aim, of bringing the two student groups together to work out their different perspectives so that everyone can move forward.

The Panel understands that there has been a delay in the reconciliation process because of the referral to the police and a possible investigation by the police into a race hate crime. The Panel has been informed that the police have now told the Academic Registrar that they have decided not to investigate this further. The Panel therefore urges the School of Medicine to proceed as quickly as possible with the restorative process. The delay though unfortunate has given the School of Medicine time to think about the appropriate process and we understand that this is now ready and letters of apology will be sent confidentially and in full to the complainant group. The Panel strongly recommends that the University seeks the service of an external restitution body.

Recommendation 3

The Panel heard a wide range of opinion concerning disadvantages to BME and female staff, especially at senior level. Although it was outside the remit of the Panel to probe into the exact details of individual cases, the Panel believes that the University should aim to increase diversity of its staff

It is important that the issues raised by this Enquiry as explored in this Report, together with agreed actions, are effectively disseminated and used and not “put on a shelf”. The Panel considers this critical to ensure effective learning for staff and students and to mitigate against the likelihood of any repetition of the events in question.

Recommendation 4

This report should be disseminated expeditiously so that students and staff can be guided by it. The University should seek to address the significant and wide ranging concerns raised by BME and female staff, including actions to address the under-representation of senior staff in senior academic positions.

The Panel was especially struck by the fracturing and breaking of relationships and the schism that arose following complaints and the University’s action through the Fitness to Practice procedures about *Anaphylaxis*. Accordingly, the Panel recommends that the University review its complaints procedures to consider amending and enhancing the process where matters of racism or other forms of discrimination are raised. Such complaints require particular sensitivity and care, including where possible in attempting to avoid the breakdown of relationships through informal resolution.

Recommendation 5

The University should give detailed attention to its complaints procedure to ensure that there is a clear set of guidelines for dealing with complaints about racism and other forms of discrimination. They should ensure that this type of complaint is handled with appropriate sensitivity with due acknowledgement that some complaints can be resolved without resorting to formal procedures though informal resolution.

The Panel identified a hesitancy in the provision of immediate support at the time the complaints were first received. The Panel recommend that more immediate, rather than general, pastoral support is provided at the earliest opportunity on receiving a complaint to all the parties involved.

We recommend that this issue is addressed; it is certainly possible to ensure support without compromising necessary legal and other processes.

Recommendation 6

The Panel recognise that the support had been offered to both the student groups. However, in view of the persistent complaints that they felt unsupported, it may be helpful to stream-line the processes. For example, the University should consider amending its procedures so that complainant(s) can be offered a dedicated staff member/mentor to give immediate pastoral support if required. The person(s) being complained about should similarly be offered such support.

The Panel found that some parties felt that they were effectively kept in the dark about what was happening in the investigation following *Anaphylaxis* and even now have not been provided with a full information or explanation. This apparent lack of information has prevented communication across different groups adding to the degree of confusion and alienation. Whilst the Panel does appreciate that support was given to all parties, better information sharing about the process and actions being taken may have gone some way towards resolving some of the schism. Accordingly, the Panel recommends that procedures for timely and effective communication with all parties at regular intervals should be enhanced.

Recommendation 7

There should be prompt and clear communication with all persons affected directly by the complaint. The complainant (s) and the person(s) being complained about should be kept informed of the progress of the complaint at regular intervals during the process. If this unusual situation occurs again then anyone who is portrayed in an offensive manner should get appropriate support.

The Panel appreciates that communication is made more difficult when formal procedures have to be used. The Panel also appreciates that the University and Medical School did their best to communicate with all parties. However the Panel recommend that procedures are reviewed especially in the context of sharing information and support.

Recommendation 8

The Panel found it difficult to understand the structures of the Equality and Diversity Initiatives in the University and the Medical School and would suggest that these structures need clarifying.

The University clearly has a range of policies and procedures to address equality and diversity issues, promote good practice and set an inclusive tone and mission. However, the range and scope is widespread and sometimes confusing. The Panel was surprised at the lack of awareness and understanding of race, gender, equality, diversity and the impact of stereotyping, amongst some of the medical students, who are future doctors for whom sensitive and detailed understanding of diverse patients and colleagues will be critical. The Panel recommends that modules of the curriculum relating to Medicine and Society and also broader understandings of equality and diversity and of unconscious bias be reviewed and implemented not only as soon as possible for new students – as part of their induction – but, as appropriate, throughout their course on an annual and regular basis.

Recommendation 9

The curriculum for first year medical students should ensure that Medicine and Society is covered as part of the induction soon after they start in the Medical School. This must include training in medical professionalism. It should also address issues of unconscious bias and stereotyping. These topics should then be included annually in the curriculum both in terms of introduction and building upon the basic ideas.

As the medical students are doctors of tomorrow they have to learn about medical professionalism. The Medical School may need to look at the curriculum carefully to ensure that professionalism and leadership skills are embedded in the curriculum. As public expectations of doctors are evolving and changing it is critical that training and Medical School curricula develop accordingly. Definitions and components of professionalism and training accordingly must be taken seriously across all years as students move ahead and progress.

Recommendation 10

The Medical School should work with the Students' Union and Student Support services to educate and empower medical students to produce activities such as student reviews, which are in accordance with the University's mission and values. Work with the Students' Union to ensure that there is a source of effective advice available to all students when participating in such activities.

Aside from steps to militate and prevent offensive stereotyping, discrimination and mistreatment, the Panel is keen to ensure that good practices are supported and promoted. Accordingly, the Panel recommends that the University, through its Student Support Services and/or the equality & diversity team, work with the Student's Union to educate, support and empower, (including through the provision of effective advice), all students, including those studying medicine; students should feel confident and able to participate in a range of activities, including performances and reviews, which broadly accord with the University's mission and values. It is recognised that freedom of speech is an essential legal and moral requirement of University life but the Panel considers that further work here is nonetheless possible and helpful.

Recommendation 11

All University staff should receive regular training in equality and diversity including race, gender and sexual orientation.

The Panel was unclear as to the extent to which all university staff receive regular training in relevant aspects of equality and diversity (including unconscious bias training) but the Panel did receive evidence that at least some of the on-line training was ineffective. Accordingly, the Panel recommends that all University staff receive regular training which is good quality, participative and evaluated regularly.

Recommendation 12

An effective Mentoring Scheme should be established which is available to all new staff and to staff who are at a later stage in their careers to focus on career progression. This should also meet the needs of BME staff or female staff where traditionally it has been more difficult to forge a successful career in the University. Mentors should receive training and should be carefully selected from all backgrounds.

The Panel was advised that the provision of mentoring and support for staff, both initially and through their careers, particularly recognising the experiences of BME staff and women, was patchy. Effective mentoring and support can make a considerable difference and the Panel therefore recommends that the University revisits and refreshes its mentoring arrangements and that mentors themselves should receive training and be drawn from diverse backgrounds.

Recommendation 13

Engage with the Medical Schools Council to consider further action to address issues of racism and diversity in course work with should be ongoing rather than one-off teaching.

The Panel is concerned that in order to properly address all of the issues raised by this enquiry, wider consideration regarding curriculum and pedagogy issues may be required. Accordingly, the Panel recommends that the Medical School or University engages with the Medical Schools Council to consider any further, national action to address issues of racism and diversity in course work.-

These recommendations are formally set out in the Executive Summary. Inevitably, there may be further actions and initiatives which the University or School may consider necessary or helpful to address the issues raised but we hope that those enumerated here will at the least provide a framework to make a significant change for the good.

Appendix 1

Terms of Reference and Membership

Chair and Members

Cardiff University has appointed a Panel to undertake an independent review to investigate issues of racial equality:

Chair

- Dinesh Bhugra CBE - Professor of Mental Health and Diversity at the Institute of Psychiatry at King's College London.

Panel Members

- Vanessa Cameron MBE – Chief Executive of the Royal College of Psychiatrists (until 31.12.2016) as a lay member.
- Harini Iyengar – Barrister with 11KBW specialising in Discrimination and Equality.
- David Ruebain – Chief Executive of the Equality Challenge Unit, working to further and support equality and diversity for staff and students in higher education institutions.

A biography of the panel members is available in the attached Appendix 2.

Terms of Reference

The Panel will examine the student and staff experience in relation to racial equality at the University's School of Medicine and how the organisation is responding to institutional and cultural barriers that exist for minority ethnic students and staff.

The Panel will give particular consideration to recent concerns raised about the activities of the student-led play *Anaphylaxis*, and other related student Societies and practices at the Medical School to assess their impact on minority ethnic students and staff.

The Panel's terms of reference are:

- To consider the concerns expressed about the student-led activities, and practices at the Medical School, in particular those related to the annual student production, *Anaphylaxis*, and to make relevant recommendations;
- To hear about the experiences of different students and members of staff at the University and to report on any racial inequalities apparent from those discussions;
- In light of the experiences of staff and students consider and make recommendations related to the impact of relevant policies and procedures and the Medical School's academic and clinical curriculum in addressing matters of diversity and professionalism;

The University Fitness to Practice procedures have concluded consideration of the actions and omissions of individual students involved in Anaphylaxis 2016. Given the rules of natural justice it would not therefore be appropriate for the Review Panel to re-open or reconsider those issues.

The Panel will make recommendations specific to the Medical School and related student societies within a framework that will allow them to be applied more widely to other areas of professional practice and the wider University.

Appendix 2

Biographical details

Chair - Professor Dinesh Bhugra CBE

Dinesh Bhugra is Emeritus Professor of Mental Health and Cultural Diversity at the Institute of Psychiatry at King's College London.

He was an Honorary Consultant Psychiatrist at the South London and Maudsley NHS Foundation Trust and past President of the Royal College of Psychiatrists (1992 -2014) and is President of the World Psychiatric Association.

Professor Bhugra has been on the Education Committee of the European Psychiatric Association and led an international research project covering recruitment of medical students into psychiatry across 23 countries, funded by the World Psychiatric Association. He has led on training modules and accessed curricula in many institutions including the Chinese University of Hong Kong.

He is a prolific author/editor of over 30 books, 90 book chapters, and 100 editorials and over 280 papers. His book 'Textbook of Cultural Psychiatry' won the 2012 Creative Scholarship Award from the Society for the Study of Psychiatry and Culture and was commended in the 2008 BMA Book Awards. His book 'Mental Health of Refugees and Asylum Seekers' was highly commended in the 2011 BMA Awards. His book on Psychopathology was translated into Mandarin and book on Migration is being translated into Japanese.

Professor Bhugra is a well-known authority and commentator on social and public health psychiatry: cross-cultural psychiatry, migrant mental health, professionalism in psychiatry, depression, psychosexual medicine, service provision and decision-making.

Further information is available at: <http://www.dineshbhugra.net/>

Vanessa Cameron, MBE

Vanessa Cameron was Chief Executive of the Royal College of Psychiatrists until January 2017 when she retired. As Chief Executive she had overall responsibility for the management of all College activities and has many years' experience in organisational management and team development. Vanessa has been involved in many successful projects from raising funds to make an anti-stigma film shown in Warner Cinemas, to establishing a policy unit and setting up a development function to raise much needed funds for research.

Vanessa has trained staff in Sofia, Bulgaria and Tbilisi, Georgia to train staff on the establishment and management of emerging psychiatric organisations and has been invited to review the administration of the World Psychiatric Association.

Since 2006 Vanessa has been a Specialist Lay Member of the Tribunals Service for Mental Health. She works with a Judge and a Medical Member to assess the detention of patients section under the Mental Health Act and has carried out over 250 tribunals. Vanessa is also a Governor and Trustee of the Arts Educational Schools - a School and College focusing on the performing arts and in particular musical theatre.

Further information is available at: <https://uk.linkedin.com/in/vanessa-cameron-mbe-b2b04012>

Harini Iyengar

Harini is a Barrister with 11KBW and was called to the Bar in 1999. She specialises in the law on EU, Employment, Discrimination and Equality, Education, Partnership, Data Protection, and Procurement.

Harini's recent work includes continuing representation of the NHS whistleblower, Dr Kevin Beatt, defending a sensitive victimisation case and representing a senior woman academic who brought claims of victimisation and sex discrimination against a university. Her Discrimination and Equality work also includes representing various women working in the City in several very high-value discrimination and equal pay claims and Harini successfully defended the Metropolitan Police from an unusual claim of sex discrimination brought by a male firearms officer who had been refused a career break. Harini has a busy Education practice with increasing numbers of Higher Education cases.

Harini is a Governor of London Metropolitan University and an external trustee of Oxford University Student Union. She sits on the steering committee of the Temple Women's Forum, is a formal mentor for Cityparents, and is a trained interviewer for Inner Temple oral history project. In 2016, she ran for election to the Greater London Assembly for the brand new Women's Equality Party, in its first-ever elections.

Harini is regularly asked to provide expert legal comment to the media including, most recently, Sky News, LBC radio and for the Independent newspaper.

Further information is available at: <http://www.11kbw.com/barristers/profile/harini-iyengar>

David Ruebain

David is the Chief Executive of the Equality Challenge Unit. He is a member of the Advisory Group of OFFA (the Office for Fair Access), an equality adviser to the English FA Premier League, a Trustee of ADD (Action on Disability and Development), a member of the Rights & Justice Committee of the Joseph Rowntree Charitable Trust, a Member of the Editorial Board of Disability and Society journal and a Fellow of the British American Project.

David was a practicing solicitor for 21 years; latterly as Director of Legal Policy at the Equality and Human Rights Commission of Great Britain and before that as a Partner at and founder of the department of Education, Equality and Disability Law at Levenes Solicitors.

David has published widely and taught nationally and internationally on education, disability and equality law and has been involved in numerous voluntary organisations, drafting Private Members Bills and in making oral representations to Committees of Parliament.

David is an author and editor and is the winner of RADAR's People of the Year Award for Achievement in the Furtherance of Human Rights of Disabled People in the UK, 2002. He was also shortlisted for the Law Society's Gazette Centenary Award for Lifetime Achievement – Human Rights, in November 2003. In August 2006, David was listed as one of 25 Most Influential Disabled People in the UK by Disability Now Magazine in 2013, listed in the Disability News Service's 'Influence Index' and listed in the first and current Disability Power List, 2014 and 2015.

Further information is available at: <http://www.ecu.ac.uk/profiles/davidr/>

Christine Werrell, Secretary to the Review Panel

Christine Werrell is Head of Disability and Equality with the Student Support and Wellbeing Division, part of Academic and Student Support Services, Cardiff University.

Christine has worked in the field of equality and diversity for sixteen years and has an MSc in Equality and Diversity. In addition to her responsibility for managing the University's Disability and Dyslexia Service, Christine co-ordinates the network of Academic School Disability Contacts, is an attending officer of the Equality and Diversity Committee and a member of the Admissions Sub-Committee.

Christine leads on the 'Designing and Developing an Accessible Curriculum' module as part of the Postgraduate Certificate in University Teaching and Learning and was a member of the University's Inclusive Curriculum Working Group. This group identified barriers and disadvantage to students with protected characteristics within curriculum design. Christine is a member of the University LGBT Working Group.

Christine has been elected as a Director for the National Association of Disability Practitioners (NADP) since 2013. This is a national organisation committed to improving the professional development and practice of disability practitioners in further and higher education. As an NADP board member she has recently been working with colleagues on representations to UK government regarding their proposed changes to Disabled Students Allowances (DSA).

Prior to her current role at Cardiff University Christine was the Disability Co-ordinator at the University Wales College of Medicine. This role included supporting the College in preparing for the new duties of the Special Educational Needs Act (2001) and acting as the Secretary to the Disability Working Group for UWCM. Her responsibilities included organising an all Wales conference for clinical educators on reasonable adjustments in clinical practice.

Appendix 3

Evidence provided to the Independent Review Panel

1. Staff and Student BME Data

- 1. Cardiff University Staff Data:** This report provides ethnicity data from the University HR system for the period 2013- 2015. The data illustrates the University in relation to different categories of staff, different routes of progression, type of contract and recruitment.
- 2. Cardiff University Student Equality Data BME:** This report provides data drawn from the student record system for the purpose of analysing equality data relating to ethnicity. The report was produced in July 2016 and covers the period from 2013-2016.
- 3. Cardiff University Student Progression Data:** This report provides data on student progression by ethnicity. It was produced in July 2016 and covers the period from 2013-2015.

4. **Cardiff University Student Attainment Data:** This report provides data on student attainment by ethnicity. It was produced in July 2016 and covers the period from 2013-2015.
5. **Wiserd Analysis Report:** This analysis report considers the progress and attainment of undergraduate students with a variety of protected characteristics at Cardiff University. In particular it examines the relationship between outcomes and the following characteristics: Age, Gender, and Ethnicity. The data covers the period 2009/10 – 2013/14 and the report was produced for the Equality and Diversity Committee in October 2015.
6. **UCAS data:** This report contains raw data sent from UCAS on the University's applicant data from 2010- 2015 by sex, area background and ethnic group.
- 1.7 **School of Medicine Student and Staff Ethnicity data:** This report shows the current number of staff and students within the School of Medicine by ethnicity.

2. Staff and Student Survey Data

1. **University Staff Survey Ethnicity Demographics Report:** This is a report of the responses from individuals from different ethnic groups against the full question set of the University wide survey. The report for the School of Medicine shows the majority of the ethnic group response rate was less than 10 respondents and the data is protected for confidentiality reasons.
2. **Race Equality Staff Survey Outcomes:** This report outlines the results of the first Race Equality Charter Mark Staff Survey. The survey was open from November 2014 to February 2015 and all staff who identified as BME were invited to take part.
3. **Race Equality Staff Survey Comments and Free Text:** The document includes the open comments to the Race Equality Charter Mark Staff Survey.
4. **Race Equality Student Survey Outcomes:** The report outlines the results of the first Race Equality Charter Mark Student Survey. The survey was open from November 2014 to February 2015 and all students who identified as BME were invited to take part.
5. **Race Equality Student Survey Comments and Free Text:** The document includes the open comments to the Race Equality Charter Mark Student Survey.

3. University and School Policies, Procedures and Structures

1. **Equality and Diversity Policy:** The University wide policy designed to outline the fundamental principles of University's commitment to equality and diversity and is supported by specific equality policies and action plans.
2. **Dignity at Work and Study Policy:** The University wide policy which supports the Equality and Diversity policy.
3. **Race Equality Guidance:** This document has been developed to provide further information on how the protected characteristic of race is defined under the Equality Act 2010 and to give some examples of how the Act might work in practice.
4. **Strategic Equality Plan:** The second University Strategic Equality Plan (SEP), it covers the period from 31st March 2016-31st March 2020.
 - 4.1. SEP Appendix A: Action Plan:
 - 4.2. SEP Appendix B: Chart of Equality Policies and Guidance Documents
 - 4.3. SEP Appendix C: Summary of Engagement and Consultation Activities
 - 4.4. SEP: Equality Evidence
- 3.5 **Equality and Diversity Structures:** A structural diagram of the responsibilities for Equality and Diversity across the University.

3.6 School of Medicine Policies, Procedures and Structures: A summary of the implementation of University policies, specific procedures and structures supporting equality and diversity within the School.

3.6.1 Diversity Training: Poster illustrating the current training in the C21 curriculum

4. Specific BME Equality and Diversity Activities

4.1 Race Equality Charter Mark Summary and Planned Action: An overview of the Scheme, the University's Steering Group Terms of Reference, Membership of Staff and Student Working Groups and planned activity.

4.2 Equality and Diversity Policies and Activities: A summary document of the policies, guidelines and activities in place across the University for all protected characteristics, including the staff network involvement and activity to support Black History Month.

4.3 #ITooAmCardiff: The campaign strategy document, which aims to raise awareness around issues of racial inequality in Higher Education. The campaign will share BME students' experiences.

4.3.1 BME Voices Campaign Posters

4.4 Equality Matters Presentation: The presentation of the equality and diversity training delivered to the Student Union officers and staff. This training is offered to the Students Union and was last delivered on 4 September 2015.

5. Evidence relating to Anaphylaxis Performance

5.1 Letter dated 20/2/2016 to Head of School of Medicine: The letter was received from a student who raised concerns about Anaphylaxis 2016.

5.2 Cardiff University's reply to the student referred to in 5.1 – July 2016.

5.3 Letter dated 25/2/16 to the Head of School. This letter was received from group of students (which includes the student referred to above) who viewed the performance, and wrote raising concerns. The names were redacted from this letter when it was provided to students being investigated under Fitness to Practise Procedure.

5.4 Cardiff University's reply to group of students referred to in 5.3

5.5 Recordings of a number of previous performances of Anaphylaxis publicly available on YouTube

5.6 Overview Investigation Officer Report: The investigating Officer wrote individual reports for each of the Students being investigated. This report is an overview of the generic findings.

5.7 Summary of Sanctions: An overview of the range of sanctions imposed following School or University Fitness to Practise Committees.

5.8 Previous Anaphylaxis Performances: Report received from a student regarding previous performances.

5.9. School of Medicine Actions: This document provides a summary of the support actions taken following the anaphylaxis performance.

5.9.1 Equality and Diversity Training Year 5

5.9.2 Equality and Diversity Training Year 4

5.10 Meeting of Panel chair and students: Minutes of the meeting held on 13 July 2016.

6. School of Medicine Specific Evidence

- 6.1 Confidential Report from the Fitness to Practice Panel Chair's:** A confidential account of the Panel's work and learning point observations from the Panel Chair's.
- 6.2 Confidential statement from the Dean of Medicine:** A confidential account of the change programme that has been and continues to be led by the Dean of Medicine and Head of School, Professor John Bligh.
- 6.3 Staff and Student Data:** Medical School data on the staff and students compared to other medical schools and against the university population overall.
- 6.4 2011 Wales Census Data:** Data from the 2011 census on Ethnic Group and Identity.
- 6.5 Professional Practice Curriculum Report:** An overview report about the professional practice curriculum pre and post C21 curriculum revisions.
- 6.6 Document Register:** A list of documents available to the review panel covering pre and post C21 changes:
 - Professional practice - assessment methods
 - Student Handbooks – programme and learning outcomes
 - Assessments – annual report and schedule of assessments
- 6.7 GMC Guidelines related to Professional Practice:** Copies of the 'Good medical practice' document and 'Medical students: professional values and fitness to practice' document.
- 6.8 Fitness to Practise Procedure:** A copy of the University procedure.
- 6.9 Admissions Policy and Framework:** Versions provided from 2015 and for 2017/18.

7 Evidence relating to the Students Union and MedSoc

- 7.1 Student's Union Summary Report:** A brief overview of the SU relationship with MedSoc, SU club and society management and the SU "*It's no joke*" initiative.