Reach Society

Building Connections

www.reachsociety.com Email: info@reachsociety.com

The Queen's Award for Voluntary Service

The MBE for volunteer groups

Patrons: Lord Herman Ouseley, Prof Trevor Williams, Mr John Budu-Aggrey, Prof Sir Geoff Palmer & Mrs Marva Rollins OBE Newsletter: 017

Welcome: Dear Friends/Supporters, Here's our second newsletter of 2021 and hope you are all safe and well, given the current circumstances and we thank everyone for your continued help and support.

About Reach Society: ***Inspiring Young People since 2010:*** Our core purpose is ***to encourage, motivate and inspire our young people*** to development of their potential. The picture shows one of our Role Models 'inspiring' at our Annual Careers Conference which took place in 2019, at Royal National Hotel.

IMPORTANT INFORMATION: Reach Society's Virtual Careers Conference 6 - 9 April 2021. We are pleased to be hosting it event over four days.

This **FREE** event is open to anyone, boys and girls, from age 13 plus, including undergraduates, graduates, parents and carers of under 16s. Register for any or all of the 4 days at: : https://www.reachsociety.com/events/the-9th-careers-conference-4-day-virtual-event Then just click on the sky blue icon marked **"Register"** which takes you to a separate webpage which gives an overview of the Society and the careers conference; and at the top of that page or in Daily Schedule you can register (via Eventbrite). Here's an outline of each day.

April 6: **The Perfect 10 Workshops** which provides a seminar style discussions facilitated by employers or experts involving, interview skills, educational empowerment/development.

April 7: Engage with a large cohort of **Black professional role models** from a variety of careers/professions giving practical advice; and discussing pathways to success

April 8: Access to a wide range of **employers, universities and community groups**. Providing employment opportunities and enables young people to discover opportunities for self-development.

April 9: **Science, technology, engineering, mathematics and medicine (STEMM).** This session is designed to give young people access to experts in the sciences, engineering, IT and veterinary and medical professionals.

April 9: **The Panel of Experts:** This session is designed to be a live discussion with a panel of 8 experts; who are willing to share hints and tips about their pathways to success.

Can any young person afford to miss this event?

GOV.UK

The Society's submissions to the Commission on Race and Ethnic Disparities: In 2020 the government set up an independent Commission on Race and Ethnic Disparities in order to review inequalities in the UK. With regard to the call for evidence the Society, supported by experts within the community, submitted evidence in four areas; education, health, employment and the criminal justice system; which has been serialised in our newsletters. Below is a summary of the submission in the area of health which falls into two categories – patient care and treatment of health care staff.

Patient care

1. Maternal mortality: Black women are five times more likely to die during childbirth in the UK (as per the MBRRACE report 2015-2017 which highlighted this disparity; published in 2019) a year later there have been no specific recommendations for addressing this health disparity between white women and women of Black and Asian backgrounds. There has been no action even on the basic guidance to advice clinicians to maintain awareness and keep a record of the causes of these inequalities within services.

2. Infant mortality: Black infants are 1.4 times more likely to die from preventable causes compared to white infants in the UK (as per the MBRRACE report 2015-2017 which highlighted this disparity). There has been no action to encourage the development and rollout of public health initiatives that are aimed at high-risk ethnic groups.

3. COVID-19: The recent PHE Covid-19 report has shown that Black women, especially healthcare professionals (or HCP), are 4 times more likely to die from Covid-19 than white women. Indeed, 95 percent of the health care professionals that died from Covid-19 were of the BAME community. And in particular, Black and Asian men HCP were 3 times more likely to die from this infection than white men. The current level of understanding of this disparity is virtually non-existent and despite the release of recommendations no follow-up or any accountable bodies have been set up to ensure the implementation of these recommendations. Furthermore, with a second wave of the virus expected it is of deep concern that no action has been taken to save lives in the modern Black community.

4. Mental health: It is known that Black citizens, especially men, are over represented in mental health institutions. There has not been sufficient research to understand the underlying causes of this disparity, and mostly anecdotal information about lifestyle and social habits abound. Black patient over-representation could be mitigated by having more diversified tribunal panels that decide on the discharge of these patients, and also better diversity education of healthcare professionals is required to remove the biases or stereotyping that leads to

decisions around the sectioning of Black patients (under the Mental Health Act).

5. Type 2 Diabetes: We are told that people in the modern Black community are at increased risk of developing this condition. As per Diabetes UK this disease has been attributed to diet, but no further research has been undertaken to determine whether this is true or whether there are other underlying causes. Furthermore, poor guidance from healthcare professionals who reportedly dismiss symptoms in Black patients, plus the caution in the MBC of being experimented on without their consent may be factors in many being reluctant to seek medical help. What is certain is there is no specific screening programme for Black people in order to develop a better understanding of this disease. This situation must not continue if the Government wishes to provide good enough or fit for purpose health care for the MBC.

6. Hypertension and cardiovascular disease: We are again told that people in the modern Black community are at increased risk of developing these conditions owing to diet and lifestyle factors. And like type 2 diabetes there is no research to determine the specific underlying causes. Consequently, the medication on offer will not be attuned or tailored for Black patients. Both papers hereby admit that not enough research has been done to understand the optimal management for Black patients:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3681568/ and https://academic.oup.com/qjmed/article/92/4/187/1586498 .

7. Renal disease: Black patients are at increased risk of developing end stage renal disease secondary owing to the reliance on the glomerular filtration rate (or GFR). The GFR calculation is based on out of date pseudo-scientific beliefs about the bodies of Black people which leads to the underdiagnosing based on the over-estimation of their GFR (owing to the use of the wrong equation). The paper sited below summarises the flaws in this equation and how 'race' is used as a qualifier when using this equation:
https://www.instituteforhealingandjustice.org/section-32-kidney-disease-and-race . This situation must not continue if the Government wishes to provide fully adequate health care to the MBC. More research is urgently needed to correct this pseudo-science and inadequate treatment.

8. Skin conditions or diseases with cutaneous manifestations: There is increased likelihood of complications in Black and Asian patients not because of late presentation, but because most doctors are not trained to recognise the early signs and symptoms on the skin of these patients. This knowledge gaps arises from a lack of visual diversity in textbooks and some websites such as this one - www.bad.org.uk . A solution to this knowledge gap is available in a new textbook developed by a Black ssecond year medic Malone Mukwende in association with Senior Lecturer in Diversity and Medical Education, Margot Turner, and Clinical Lecturer in Clinical Skills, Peter Tamony. This textbook was published around mid-2020 and it should be made available to all medical schools in the UK. Here's an article about this project:
https://www.sgul.ac.uk/news/mind-the-gap-a-handbook-of-clinical-signs-on-black-and-brown-skin The Government needs to make this textbook available in all UK medical schools in order to increase the capability of doctors so that they can offer better health care to Black and Asian patients.

Treatment of healthcare staff

1. Weaponisation of the General Medical Council: Black, Asian and minority ethnic doctors are more likely to be referred to the GMC for discipline and striking off than white ones. A report into this matter was published in 2019, see the details via this link: https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/fair-to-refer So far no Trust has implemented these recommendations. The government is well placed to ensure that they are implemented across the country. The recommendations enlisted in this document around improving induction, feedback and support for Black doctors new to the UK or the NHS or whose role is likely to leave them isolated (such as SAS doctors and locums). Also there is a need to address the systemic issues that prevent senior practitioners from focusing on learning, rather than blame when something goes wrong. There is need for a framework that ensures a more positive, inclusive, and consistent leadership across the NHS.

2. Failure to progress and lower retention: Black medical staff do not make the same rate of progress in their working life as their white colleagues and they are severely under-represented in senior roles. In addition, their retention rate is much lower than their white counterparts. There is a need for greater transparency in recruitment, promotion and appointment to leadership bodies. There needs to be action taken to remove the culture of nepotism which greatly favours white practitioners. The Government is well placed to bring in a more meritocratic framework for the progression of Black practitioners within the health service.

3. Failure to recruit: Black, Asian and minority ethnic students and doctors have severe difficulty accessing areas where they are under-represented. Government intervention is required to open up these areas to BAME doctors in order to create more inclusion and a more sensitive service to patients of all ethnic backgrounds.

4. Trust board: Currently, most Trust boards are not reflective of either the local populations they serve or the ethnic make-up of their staff. This diminishes the ability of the boards to adequately recognise or respond to the needs of all patients. The Government is well placed to upgrade this situation using the equivalent of the Rooney Rule when making appointments in order to increase the diversity on offer to boards, and it needs to introduce other solutions.

5. Research into new medicines: There is an ongoing issue of the under-representation of Black and Asian patients in medical research studies (and evidence has shown that good clinical practice is not strong enough to cover this omission). The Government needs to close this gap in order to ensure a wider range of new pharmaceuticals are developed that better meet the needs of Black and Asian patients.

The Government needs to mandate the inclusion of BAME participants in any government funded research. Any non-compliance should lead to the funding being withdrawn. In addition, pharmaceutical drug trials should not receive authorisation for any drug if there is no data provided on ethnic inclusivity. Furthermore, there needs to be funding for areas of known health disparities (as per research in other countries such as the USA).