

Part 1: I feel that I have experienced discrimination or undermining

Intro

Discrimination is a notable problem in Orthopaedics. It can create a hostile environment for me and my colleagues, and it may even affect patient care.



This module helps me to:

- Recognise when I may be experiencing discrimination or undermining.
- Understand the difference between discrimination and constructive feedback.
- Work out safe steps I can take in response.
- Find out where I can go for support.

What Counts as Discrimination or Undermining?

Examples of how this might feel in orthopaedics:

- I keep being reminded of the same mistake in front of the whole team.
- I am spoken to in a way that feels humiliating or belittling during theatre lists.
- I am often left out of operative opportunities, despite the rota suggesting I should be included.
- I feel my background, gender, or accent is being mocked or questioned in MDT discussions.
- I have noticed that I'm treated differently or given fewer opportunities than my peers, despite similar performance.

What this is *not* (constructive behaviour):

- I am given firm but specific feedback about a technical step (e.g., "You need to adjust your angle on the guidewire").

- My supervisor corrects me repeatedly on unsafe practice, but explains why and supports me to improve.

Myth-buster:

When training feels tough, that doesn't automatically mean I am being discriminated against. Constructive challenge is part of surgical learning but it should always be respectful.

Scenarios I Might Recognise

- **In theatre:** During a hip replacement, my consultant mocks how I handle the instruments and says loudly: *"You'll never get through the training at this rate."*
- **In clinic:** My consultant frequently interrupts me while I am with patients, which makes me feel undermined in front of others.
- **In teaching:** I notice I am not given operative opportunities, while others with the same level of experience are. When I ask why, I am told I "need to prove myself more"
- When I ask for an opportunity to do a case, I'm told: 'These big trauma cases are better suited for the lads

My Stepwise Strategy (Action Plan)

1. Check my immediate safety & wellbeing

- I try to stay calm, even though it can be hard.
- If I feel overwhelmed, I can step out for a moment.
- I ask myself: Do I feel this was discriminating or undermining?
- I reach out to a trusted colleague, mentor, or peer for support.

2. Document what happened

- I acknowledge that everyone can have a bad day, but the behaviour is still unacceptable.
- I write down the date, time, place, and what was said or done.
- I keep it factual so I have a clear record if I need to escalate later.
- I continue recording if incidents recur. This creates an objective record.

3. Consider informal resolution (if safe for me)

- If I feel able, I can raise the issue directly with the person involved.
- I might choose to have a quiet conversation afterwards.
 - For example: *"I found that comment difficult. I'd appreciate feedback delivered differently."*
- I can use the Cup of Coffee conversation technique. <https://www.surgeons.org/-/media/Speak-Up-resource.pdf?rev=c7dba72771804846b95064ba38a24751&hash=C25C5157668E0AC C99B47F19D212CF05>

The Impact of a Cup of Coffee Conversation



Implementing a variation of Dr Gerald Hickson's Cup of Coffee Intervention can address unprofessional behaviour in a structured, but informal way to help foster a respectful work environment.



RAISES AWARENESS

Helps the person understand the impact of their actions

SPARKS DIALOGUE

Creates an opportunity to explore concerns together



ENCOURAGES EMPATHY

Builds insight into the experiences of those affected

DRIVES BEHAVIOUR CHANGE

Increases motivation to adjust unprofessional behaviour



90% REDUCTION IN REPEATED UNPROFESSIONAL BEHAVIOUR

Nearly 10,000 conversations took place.
Behaviours and workplace culture changed



Follow Dr Joe Farmer for more on Civility



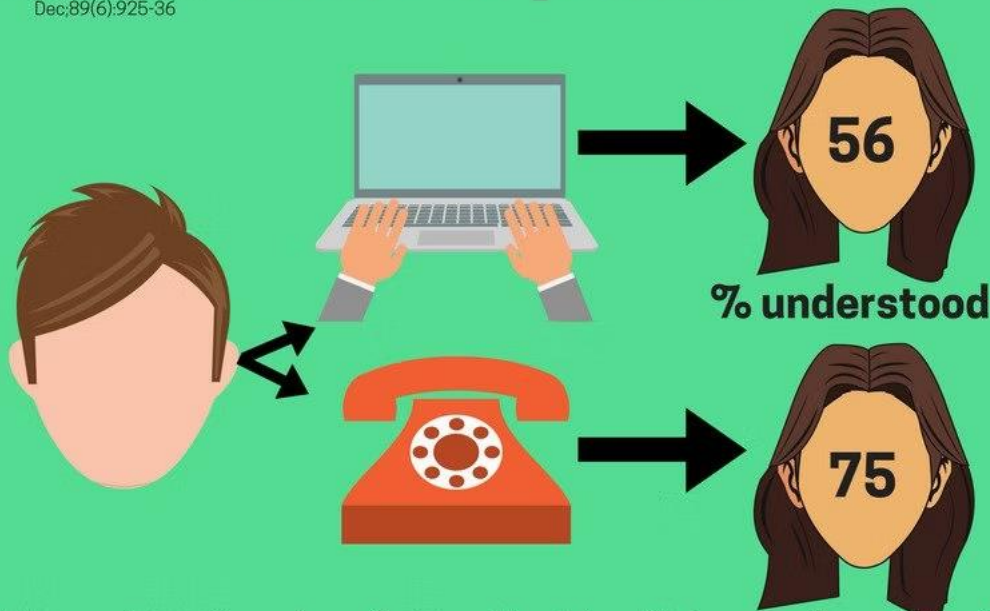
[linkedin.com/in/drjoefarmer](https://www.linkedin.com/in/drjoefarmer)



CIVILITY SAVES LIVES

Getting your message across: email or phone?

Egocentrism over e-mail Kruger,
Eply et al
J Pers Soc Psychol. 2005
Dec;89(6):925-36



We hear emails in our internal tone of voice- and (scarily) we all believe we understand about 90% of the meaning. No wonder it goes so wrong...

emails create unnecessary conflict
If the message matters- pick up the phone
@civilitysaves @orangedis

Explore formal options

In my Trust

- I review my local bullying/discrimination policy.
- I can contact the Freedom to Speak Up Guardian, HR, or Clinical Director.
- **Mediation:** If appropriate, I can request mediation through my Trust.
 - A neutral mediator helps both parties discuss the issue and restore a civil working relationship.
 - Mediation is voluntary, confidential, and usually not legally binding.
 - It can be very effective for resolving conflicts without formal complaints.

In my Training Programme

- I can involve my Training Programme Director (TPD), Head of School (HoS), or include reflections in my ARCP portfolio.
- They can provide guidance, support, and help escalate concerns if needed.
- Mediation can also be suggested or facilitated via my training programme if both parties agree.

National Support

- GMC confidential helpline: for advice or to raise serious concerns.
- RCSEd #LetsRemoveIt campaign: offers guidance on discrimination and undermining. <https://www.rcsed.ac.uk/policy-guidelines/lets-remove-it>
- **Legal Action:** In rare circumstances, legal action may be appropriate.

- I would seek advice from HR and external organisations (e.g., ACAS, BMA) before proceeding.
- Legal action is usually considered only after informal and formal internal avenues have been explored.

5. Seek support

- I can reach out to BOA/BHS groups for peer support.
- I can contact the BMA Counselling & Support Service. The BMA has a 24/7 counselling service for all doctors (including non BMA members): **Call 0330 123 1245**
- I can contact the NHS Staff Support Line by texting SHOUT to 85258 for support available 24/7 at <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/>.
- I can seek support from the Advisory, Conciliation and Arbitration Service (ACAS). <https://www.acas.org.uk/discrimination-and-bullying>

Practical Tools & Resources

BOA Diversity & Inclusion Strategy

- NHS England Civility and Respect Toolkit <https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/civility-and-respect/>
- GMC: Raising and acting on concerns
- Civility Saves Lives
- RCSEd Anti-Bullying Resource <https://www.rcsed.ac.uk/professional-support-development-resources/anti-bullying-and-undermining-campaign>
- Royal College of Physicians - How to respond to incivility. <https://www.rcp.ac.uk/news-and-media/news-and-opinion/being-civil-and-how-to-respond-when-someone-isn-t/>
- Responding to Microaggressions [Responding to Microaggressions and Bias- List of Responses](#)

6. Reflection & Self-Assessment

- How did this situation make me feel at the time?
- Have I written down what happened clearly and factually?
- Who in my department could I go to for support?

to do: Interactive Scenario:

In theatre, my consultant says to me:

"That's the second time you've got that wrong — I don't think you'll ever be safe on trauma lists."

What could I do?

- Ignore it and carry on.
- Respond immediately in front of the team.
- Speak privately to the consultant afterwards.
- Document and escalate to my TPD.

(The toolkit then gives feedback on each choice, highlighting the safest and most constructive approaches.)

- Discrimination and undermining are not part of Orthopaedics.
- I should keep a clear factual record of what happens.
- I can try informal resolution if it feels safe, but I also have formal options available.

- I am not alone. Support is available through my Trust, my deanery, and national bodies.