Ethnic minority hospital staff

by

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ETHNIC MINORITY HOSPITAL STAFF

Introduction

1.1. The National Health Service employs over 900,000[3] people in hospitals, throughout the UK. Ethnic minority workers are found throughout the service in considerable numbers, but only limited information is available about their distribution in terms of discipline and grade. Most black workers are settled here and an increasing proportion were born in the U.K. However some black workers have come to the UK for training and intend to return to their countries of origin. In 1980, 1,067 [1] work permits were issued for employment in the Health Service. Malaysians were the largest group, with 343 permit holders.

In our talks with Health Authority Administrators and Personnel Officers it has been asserted that the NHS cannot have any problems of racial discrimination because the presence of black staff "proves that there is no discrimination". This paper examines some of the background to this assertion and takes issue with this view. A number of points are raised which suggest that such complacency about racial discrimination is misplaced, and gives examples of where unlawful discrimination has occurred in the Health Service. Examples are also given of areas which call for further examination and the paper concludes by looking at good practice in the Health Service.

1.2. Defining our terms

Throughout this paper we have used the terms "ethnic minority" or "black" when referring to people of Afro-Caribbean or Asian origin. As there is no uniform record keeping system we have, as far as possible, disregarded employees' country of origin. However, where no other information is available we have made use of statistics which refer to "overseas born" employees. There are a number of staff from Continental Europe employed in hospitals but we have not included them in the terms "ethnic minority". There are a number of disciplines where there is little or no information about the position of black staff, such as among the 3,500 hospital dental staff. The paper only considers those areas where some details are available.

2.1. Doctors

DHSS figures show that overseas born doctors formed about 35% of all hospital doctors in 1975. By 1981 [1] they comprised some 30% of the total. About 76% of overseas born doctors were from the New Commonwealth

A significant number of overseas doctors are in particular grades and certain specialities.

The table below illustrate the uneven distribution of overseas doctors in terms of grade and speciality:

Overseas doctors as a percentage of all doctors (1981)

Consultants	16.8
Senior Registrars	24.8
Registrars	51.0
Senior House Officers	46.2
All Staff	29.8

Seniority level according to speciality - overseas doctors as a percentage of all doctors (1981)

	Consultants	Senior Registrars	Registrars	Senior House Officers
Geriatrics	43.4	47.3	83.6	62.4
Mental Illness	24.3	37	58.1	46.6
General Surgery	8.6	11.7	43.2	58.9
Anaesthetics	16.2	19.6	53.3	52.4

Geographical Location

David Smith [10] has said that:

"Postgraduate training and education opportunities in Teaching Districts are generally thought to be superior to those available elsewhere and jobs in such districts tend to have more prestige".

"Forty-six percent of British qualified hospital doctors are working in a teaching district, compared with 17% of sub-continental and 18% of Arab doctors. It is highly significant that overseas doctors who qualified in a white anglophone country are like British doctors in this respect - 47% of them are working in teaching districts".

One Area Health Authority (Teaching) has found that though 16% of their consultants are from overseas, none were from the ethnic minority communities.

In 1980, the Policy Studies Institute published a survey of 2,000 doctors to provide data for "Overseas doctors in the National Health Service" (10). Of the sample, 38% of hospital doctors were overseas born. The study found marked differences between the career patterns of doctors who were UK born when compared with those born overseas, especially with doctors born in the Indian Sub-Continent.

In this large study 45% of the UK born were consultants compared with 9% of Asians. A comparison between doctors of similar age, qualifications and language skills still showed 18% of "British" doctors as Registrars and SHOs compared with 41% overseas qualified, and conversely among consultants 63% of the "British" (were in such posts) compared with 38% of overseas qualified staff.

Comparison by grade of hospital doctors (1980)
(Aged 28-54 who have obtained Membership or Fellowship, score 21-29 on the language test)

	% British qualified	% Overseas qualified
Senior House Officer	2	7
Registrar	16	34
Senior Registrar	18	16
Medical Assistant	-	3
Consultant	63	38
Not Stated	2	2

The study also highlighted the comparative difficulty experienced by overseas doctors by showing that these overseas doctors averaged 16.5 interviews before they obtained their current post compared with 3.1 interviews for "British" doctors.

2.2. Potential areas of discrimination

Consultants are appointed by a procedure specified by Statutory Instrument. However, consultants, whether selecting somebody to join their own ranks or appointing junior doctors, are rarely given advice or training in interviewing-appointment skills, let alone Race Relations legislation.

It is widely accepted that it is difficult to exclude entirely subjective elements from selection interviews. If white consultants have stereotyped views of Asian doctors, it is likely that subjective choices will be made, (For example David Smith [10] reports a frequent assumption that overseas doctors are not as good as British trained doctors.)

A study of the position of ethnic minority doctors is being conducted by the Commission. The preliminary results of this study show that over half of the ethnic minority doctors and nearly half the white doctors surveyed beleived that racial discrimination is practised against black doctors. Levels and causes of discrimination will be discussed in more detail in that study and are therefore not discussed here.

2.3. Studies have shown that overseas doctors suffer from an element of disadvantage through unfamiliarity with "the system".

An illustration of such processes was given to the Commission by an Area Medical Officer, who said that the most prestigious medical training schools tend to select a particular set of candidates, for example those from particular socioeconomic groups where ethnic minorities are under-represented. The Health Authorities where these schools are situated tend to select doctors for pre-registration posts from these schools. These doctors, upon registration, are then given preferential consideration for each succeeding level of promotion and the initial bias against ethnic minority undergraduates is eventually translated into an absence of black consultants in the Health Authorities with the highest reputation as teaching bodies.

3. Professional, Technicals and Related Occupations

There are about 35,000[3] Group A Professional and Technical Staff, comprising non-medical scientists such as Radiographers, Speech Therapists and Physiotherapists. In Group 'B' are occupations such as Medical Laboratory Scientific Officers, Works Staff and Other Technicians, about 29,000 people in all. In addition, there are about 15,000 Maintenance staff and 10,000 Building Operatives.

There does not appear to be a great deal of information on ethnic minority workers in these occupations but in one multi-racial Area, where the Commission undertook work, few black workers were found in these occupations. For example, in an Area Works team of over 350 employees the only black employees were one or two maintenance men in unskilled grades.

In the construction industry there appear to be substantial number of black workers but it is questionable whether this situation would be reflected in the relatively secure sector of the Health Service. Similarly, there appear to be significant numbers of pharmacists of ethnic minority origin involved in general practice, but our limited information suggests that this is is not so in the Hospital Service.

Many managers in these occupations enjoy a high degree of autonomy in respect of recruitment and yet there is little evidence that they are obliged to attend courses on interviewing skills. Again, subjective selection is highly possible and therefore may be to the detriment of black candidates.

4.1. Nursing Staff

There are about 490,000 nurses and midwives in the NHS [3]. A study of overseas nurses in Britain [4] in 1972 showed that an average of 9% of all National Health hospital nurses in 1971 were 'immigrant', ie born in a "developing" country and arriving in the UK after the age of 16. 'Immigrants' formed 20% of pupil nurses, 15% of midwives and 14% of student nurses. At sister and senior level, however, proportions of 'immigrant' staff dropped to 4% and 1%.

DHSS statistics of student and pupil nurses and pupil midwives in training in National Health Service hospitals in England and Wales (at 31 December 1978) showed that about 9% of these trainees were from Commonwealth countries. These statistics showed that Commonwealth born student nurses formed about 5% oa all student nurses and pupil nurses, while Commonwealth pupil midwives formed about 18% of their group. However, these averages conceal significant variations in some areas. The study mentioned above showed, for example, in the North East Thames Region, 16% of pupil nurses were born in overseas Commonwealth countries compared with 1.5% in Yorkshire RHA. There is now a higher proportion of trained overseas-born nurses than there are overseas born nurses in training, which may be a result of the advice of the DHSS in recent years, which has discouraged recruitment of students and pupils in their countries of origin.

4.2. Training Opportunities for Nurses

There are claims that black nurses are pressured into undertaking SEN courses, even when they have sufficient academic qualifications for an SRN course. A

recent example of such allegations appeared in the Nursing Times [5], which quotes a 1979 survey of 365 overseas learners of whom half said that their UK gained qualification would not be recognised in their home countries. 5.

In a recent study undertaken by the Polytechnic of North London "Immigrant Workers in the National Health Service" it was found that Irish nurses were more likely to have reached the grades of Ward Sister, Nursing Officer or Senior Nursing Officer than their English counterparts (35% CF 20%), whereas the West Indian nurses are less likely, with only 10% in those grades. Wider research could show how representative this report is, but it clearly demonstrates the need to examine the possibility that direct and indirect discrimination may be occurring.

It appears that black nurses are more likely to be found in certain specialities, such as geriatrics and mental illness. These tend to be less popular careers for which lower academic standard have been set by schools of nursing. According to GNC figures [5] nearly one third of overseas learners are in psychiatric and mental handicap nursing. CRE enquiries in one Area, with an average ethnic minority population, showed only about 10 black nurses in a modern acute hospital with 500 nurses, whereas a neighbouring Victorian mental hospital had over 50 black nurses among the 400 nursing staff.

Many schools of nursing, faced with large numbers of candidates, impose academic standards far higher than those deemed necessary by the General Nursing Council. The GNC Entrance Examination is comparable to 4 '0' level GCEs but some Nursing Schools demand 6 '0' levels at one sitting, without, to our knowledge, relating this to job performance. There is evidence [15], in some areas, that West Indian school leavers are not obtaining '0' level result comparable with other school leavers. In such areas any selection system which stresses '0' Level results could disproportionately disadvantage West Indian school-leavers. If such academic barriers cannot be justified in terms of the specific jobs, then indirect discrimination may occur. Many schools also ask candidates to identify their father occupation. We believe that the ethnic minorities are less likely to be found in "middle class" groups and any selection procedure which gives preference to "middle class" candidates is also likely to be indirectly discriminatory.

5.1. Ancillary Staff

There are 270,000 ancillary staff in a wide range of occupations including domestic services, catering, portering, transport and sterile supply services. Regional data [6] collected in 1968 suggested that ethnic minority domestics constituted on average 22% of all domestic staff in the hospitals surveyed, with over 50% in the North West in the North West Metropolitan region and about 65% in London teaching hospitals. More recent surveys in the South West Thames region [7] show that "overseas" staff formed 44% of catering staff and 48% of domestic staff in the Kingston and Richmond areas.

A London Hospital study " migrant workers in the National Health Service" [9] showed marked distribution patters of race and sex. The study included the following tables.

Occupational Group by Place of Birth and Sex

	Ancillary & Maintenance	Clerical	Profess. Technical	Nurses & Midwives	Doctors
	%	%	%	%	%
Male British born	11	5	17	1	43
Male Overseas born	23	4	12	2	22
Female British born	11	75	54	28	25
Female Overseas born	55	16	17	69	10
	100	100	100	100	100

The report observes "Each occupation is clearly dominated by one group delineated according to sex and ethnic origin". Even within this broad area further striking divisions were found as the following table shows:

Ancillary Workers: Occupation by Place of Birth and Sex

	Dom.	Cat.	Mnt.	Porters	Other Anc.	All Anc. & Mnt.
	%	%	%	%	%	%
Male British born	-	4	20	37	33	11
Male Overseas born	6	27	80	63	40	23
Female British born	16	14	-	-	7	11
Female Overseas born	78	55	-	-	20	55
TOTAL	100	100	100	100	100	100

5.2. Catering

CRE enquiries into two hospitals in close proximity to one another showed the impact of different recruitment methods on ethnic minorities. In one hospital all catering vacancies were advertised through the Job Centre, and 26% of the catering staff were black. At the other hospital word of mouth recruitment was the normal procedure and only 7% of the catering staff were black. This suggests that the method of recruitment can have an adverse impact on potential black candidates without, necessarily, any intention on the part of the manager to discriminate.

5.3.1. Domestics

The Commission has studied the employment of domestics in different locations. In one location it has been shown that over a number of years black candidates were systematically excluded from a domestic department. Senior management failed to provide clear selection criteria and recruitment were in the hands of one supervisor who used subjective criteria.

The A.H.A. had been unaware of the situation, and once the true position had been identified by the Commission, blacks found it possible to gain employment. It is most significant that management had not even taken the basic step of issuing instructions to any staff about the Race Relations Act.

5.3.2. Some white trade union officials and black domestic workers have observed a change in domestic employment in recent years. They have claimed that economic conditions have induced more white women to seek domestic duties than would have been the case until the case a few years ago. In some hospitals the number of black domestics has dropped significantly in recent years. These observations were made in both London and South West England. On the other hand, as the study (9) mentioned earlier shows, other hospitals still employ substantial number of black women as domestics.

5.3.3. The unpublished CRE study referred to earlier also highlighted the question of establishing consistent standards of English language requirements for domestics. In the AHA concerned individual domestic service managers set their own standards with considerable variations ranging from the acceptance that the work required little or no spoken English to a demand that domestic staff with patient contact needed a fairly good command of written and spoken English. The ratio of ethnic minority domestic staff to white staff was closely related to these considerations.

5.4. Portering

Word of mouth recruitment is a procedure used to recruit porters in several regions.

Word of mouth recruitment is also practised in the recruitment of many other grades of ancillary staff. The Commission has already made clear its concern about this method of recruitment. The Broomfield investigation Report (11) covers the subject in detail. In recruitment situations where one ethnic or racial group forms the majority of a workforce, the minority community is likely to unfairly discriminated against.

We are also concern that such variable standards appear to exist in respect of written and spoken English. Industrial Tribunal cases have established that it is unlawful to use the ability to fill in application forms as a test of English, where that ability is not related to the requirements of the job. The subject of language requirements is one on which Health Authorities should issue clear guidance and require a consistent approach related to job requirements.

6.1. Ambulance

There are 3,450 officers and 17,000 men in the ambulance service (13). The responsibility for this service has been at both Regional and Area level, depending upon the locality. A Regional Ambulance Service, with significant ethnic minority population and over 1,000 uniformed staff has never had more than one ethnic minority ambulanceman at a time, according to union sources. One trade union officer with national responsibility for such staff has never met a black ambulanceman.

6.2. Potential Discrimination

There is a nationally agreed proceudre for recruitment and selection of ambulancemen, which includes tests of manual dexterity, driving skills, a written comprehensive on test and an interview. However, we have already found one Area in which the Chief Ambulance Officer has added a contentious additional element, in that he has arranged for candidates to be visited in their homes to assess their suitability for the service. Candidates' partners are asked how they would feel about the applicant working a shift system and this could cause resentment particularly in Asian house holds.

It is, in any event, a practice which allows the subjective element of selection to be increased. In this way racial prejudice stereotyping could affect the decision.

7. Administrative and Clerical Staff

This group comprises 117,000 staff employed at both local and regional levels. The study mentioned earlier showed [9] that in one hospital, clerical work was the least likely to involve ethnic minorities. 22% of British born staff were in clerical work, whereas only 4% of overseas born workers were in clerical occupations.

8. Unlawful Discrimination

Direct discrimination consists of treating a person, on racial grounds, less favourably than others are or would be treated in the same or similar circumstances. Segregating a person from others on racial grounds constitutes less favourable treatment.

Indirect discrimination consists of applying in any circumstances covered by the Act a requirement or condition which, although applied equally to persons of all racial groups, is such that a considerably smaller proportion of a particular racial group can comply with it and it cannot be shown to be justifiable on other than racial grounds. Possible examples are:

- a rule about clothing or uniforms which disproportionately disadvantages a racial group and cannot be justified;
- an employer who requires higher language standards than are needed for safe and effective performance of the job.

There are other occasions when Authorities will need to be aware of this provision of the Act. In the background information above we have referred to some examples including higher than necessary academic qualifications for student nurses, higher than necessary language skills for domestic staff, and word-of-mouth recruitment of catering staff. Home visits in the selection of ambulancemen may also have an adverse impact on some ethnic minority candidates. We would question that such a procedure is necessary.

The concept of "indirect discrimination" has not always been clear to employers and the question of what is "justifiable" has not been comprehensively clarified by Industrial Tribunals. It took an Industrial Tribunal case, Kaur V Kingston and Richmond AHA to establish whether or not it was reasonable to expect Asian nurses to wear uniform skirts, instead of trousers or similarly modest garments as already worn by grades such as physiotherapists.

Ms Tajwinder Kaur V Kingston and Richmond AHA

Ms Kaur, an English born Sikh, was offered a place on Kingston and Richmond Area Health Authority's pupil-nurse training course. Ms Kaur pointed out that wearing a uniform skirt would be unacceptable to a member of her racial group,

and offered to wear uniform trousers. The Authority withdrew the offer of a training place, and Ms Kaur alleged that indirect discrimination had taken place. The case was heard by an Industrial Tribunal who found that indirect discrimination had occurred. The Authority then changed the basis of their defence, claiming that the Nurses Uniform Regulations issued by the General Nursing Council did not permit alternative attire. The Employment Appeal Tribunal accepted this line of argument and reversed the Tribunal decision. However, the Royal College of Nursing supported a change in the uniform regulations and the AHA changed its views. The Authority accepted that she could wear trousers, and she subsequently joined the training course. Later in 1981, the General Nursing Council amended the uniform regulations which now give the employing authority the power to establish any uniform and thus make appropriate provision for Asian women.

9. Direct discrimination - Some case studies.

Mrs Martins v University College Hospital

Mrs Martins, a Nigerian, who holds a Diploma in Radiography, applied for a post as Junior Radiographer. She was interviewed by a panel consisting of the Consultant Radiographer and two Superintendent Radiographers. She alleged that much of the interview consisted of questions that were not directly relevant to the vacancy for which she applied. The day after the interview she received a letter saying that she had been unsuccessful. An Industrial Tribunal agreed that the questions were not relevant to the job selection process and that she had been unlawfully discriminated against on racial grounds. The Tribunal awarded her a total of £1,925.63 and recommended that she was offered a post by a particular date.

Mrs Crawford v Royal Hospital and Home for Incurables (a private hospital)

Mrs Crawford, who is black, was employed by the hospital for 5 years as a catering assistant. Her normal duties were washing pots and pans, sinks and floors. However, a Supplies and Catering officer instructed her to clean 20 feet of high walls as well. The three white catering assistants were not required to do so. Mrs Crawford objected, and following disciplinary action against her took her case to Industrial Tribunal. The Tribunal was found in her favour.

10.1. Employers responses to equal opportunity issues

In 1978 the Department of Health and Social Security issued a circular HC(78)36 discussing the 1976 Race Relations Act. It said, in part,

"It should be emphasised that Employing Authorities should do more than seek secure bare compliance with the provisions of race relations legislation; and the employment policies and practices should therefore include effective positive procedures to ensure equality of opportunity for members of minority groups. This can best be achieved by developing a policy which is clearly stated, known to all employees, has and is seen to have the backing of senior management, is effectively supervised, provides a periodic feedback of information to senior management, and is seen to work in practice. Guideance on the formation and monitoring of such a policy is given in two booklets published by the Commission for Racial Equality." (12).

10.2. The General Whitley Council has inserted an Equal Opportunity clause in the General Council Conditions of Service Hardbook. This clause says that "Health Authorities and their employees should develop and practise positively the concept of equal opportunities for all". The information we have shows that some Authorities have taken up these issues. Lancashire HA and Bromley HA have issued detailed policy statements highlighting some of the hazards of direct and indirect discrimination. Liverpool HA is developing a monitored equal opportunity policy, and has stopped word of mouth recruitment. Oxfordshire Health Authority and South West RHA now include a statement that they are equal opportunity employers in all advertisements.

11. Trade Unions

The National and Local Government Officers Association (90,000 NHS members) (3) and the National Union of Public Employees (292,000 NHS members) (3) have both passed conference resolutions supporting equal opportunity policies and ethnic record keeping for the purpose of monitoring the distribution of ethnic minorities at work. The Confederation of Health Service Employees (216,000 NHS members) (3) encourages local branches to negotiate local equal opportunity statements, e.g. in Northamptonshire Health Authority and Hereford Health Authority.

12.1. Comment

This paper has shown that the hospital service is as vulnerable to unlawful racial discrimination as other employing groups and that specific cases of discrimination have taken place. Nevertheless employing authorities do not seem to realise that racial discrimination can still take place in organisations which employ substantial numbers of ethnic minorities. Furthermore, such discrimination is not only the result of the isolated behaviour of one racially prejudiced manager; it is very frequently the result of the unthinking operation of a system which discriminates against ethnic minorities.

12.2. The National Health Service is a major employer of ethnic minority workers at all levels. It is important that the service, through its employing authorities, maintains the highest standards of human resources management in respect of such staff. It is questionable whether the Health Service, by and large, has yet attained such standards. The important work carried out by minority group employees in the National Health Service is an example which is often used to demonstrate their contribution to UK society and their integration in our national institutions. Such an example can only be considerably weakened, however, when the National Health Service is seen on more detailed examination to have minority group employees in large numbers at the lower levels and in unpopular jobs and under-representation at the prestigious and higher paid levels. The National Health Service should, therefore, as an employer, ensure that racial discrimination or those effects of racial disadvantage which can be met by training are in no way responsible for such a situation.

13.1. Recommendations

In view of the above evidence the Commission believes that the employing authorities, particularly Regional and District Health Authorities, need to take appropriate steps to deal with the issues raised in this paper. We recommend that in consultation and agreement, where possible, with trade union, professional associations or other employees representatives, Authorities should under a general review of their record as regards equal opportunities and employment and introduce a comprehensive equal opportunity policy. The evidence to date supports our views that, in the absence of such a policy, Authorities cannot satisfy themselves that they are meeting the requirements of the Race Relations Act in respect of direct and indirect discrimination, nor are they able to assume a positive role as responsible employers in the eradication of racial disadvantage. Major local ethnic

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minority organisations and local community relations councils should be informed of the review and the intended equal opportunities policy and asked to provide their comments and assistance.

13.2. Equal Opportunities Policy

The following points should be incorporated in the policy:

(a) The Authority should adopt a statement of equal opportunities policy and communicate the policy to all employees and job applicants;

(b) The Authority should announce the policy through local and ethnic minority press and refer to the policy in vacancy notices published in the press, sent to job centres and careers offices;

(c) Responsibility

The Authority should allocate responsibility for implementing equal opportunity policy to a particular committee or senior officer. The District Management Team may be suitable for this purpose or they could instruct the District Administrator to take action.

Action would include advising Unit Management Teams as well as advising all individual employees of their responsibilities under the legislation. The Service has developed machinery to deal with Safety Legislation and a similar exercise is needed in relation to Race Legislation.

(d) Training

A range of staff, including porters, telephonists and others in contact with the public need training, as well as the appropriate personnel and managerial staff in all disciplines. The training will cover the legislation, the Authority's policy, working in a multi-racial environment, and steps needed to eliminate racial discrimination.

In order to impress upon all staff the gravity of the issue senior staff should be given advice on this subject, whether they personally interview comparatively few people such as District Pharmacists, or they have a considerable responsibility for interviewing, eg. Consultants.

In addition, training should be made available to existing employees with language difficulties. The courses organised in some parts of the country to familiarise staff with the care of ethnic minority patients should be more widespread. Even single lectures on Asian personal names have been found useful by Medical Records staff. The National Centre for Industrial Language Training (13) has developed expertise in this field.

13.3. General Review

With regard to the general review, we recommend that the individual Authority should:

(a) carry out an initial analysis of the workforce according to ethnic origin, grade and location and identify areas which give rise to concern because, for instance, of the under-representation of ethnic minority employees;

(b) examine current employment policies, procedures and criteria, both written and unwritten, (including advertising, shortlisting, interviewing and selection, job allocation, training, transfer, promotion, redundancy and dismissal) and review all such policies, procedures and criteria for their possible indirectly discriminatory impact on ethnic minority job applicants and employees;

(c) arising from the analysis and review, consider and implement whatever changes seem appropriate in policies, procedures, practices and criteria which are operating, or could operate against equal opportunity.

We urge Authorities to conduct this review of existing practices and procedures, with particular regard to indirect discrimination.

In the recruitment of student nurses, the issue of dress appears to be settled. We would draw the attention of the new flexibility of uniform regulations to any Authority which has not made appropriate provision. English language requirements should be identified for each post and standard means of measuring candidates' abilities should be introduced. Particular care should be taken not to use a candidate's ability to complete an application form as a language test, a practice ruled inappropriate by an Industrial Tribunal in Isa and Rashid v West Yorkshire Foundries.

Word of Mouth Recruitment

Recruitment by personal recommendation was one of the chief methods used to obtain new staff in all the hospitals we have contacted. We have, most recently in our report on recruitment by Massey Ferguson Ltd [14], drawn attention to the danger that employers who rely solely or primarily on this method of recruitment may be discriminating against ethnic minority job seekers. The racial impact of this means of recruitment is, of course, closely related to the ethnic composition of the various sections of an

"employer's workforce. However, in a section which is largely or exclusively white, the use of this method of recruitment is likely to be discriminatory. We recommend that information on all vacancies should not be confined wholly or mainly to - particular racial group and should be made known to the widest possible catchment area." Full use should be made of Job Centres and the Careers Service. The Authority should also have a clear policy on the treatment of casual callers;

13.4. Ethnic record keeping

We urge all Authorities to introduce ethnic records for existing staff and candidates for all vacancies as part of an equal opportunity policy. The need for maintaining such records and conducting a regular review of the distributions and appointments of staff, and success rates for candidates has been clearly demonstrated. More details can be found in the CRE's guidance booklets and in the (draft) Code of Practice. Unless an equal opportunity policy is monitored through data on the ethnic origin of employees and applicants, employers cannot begin to assess whether or not racial discrimination is taking place. Several Regional Health Authorities use the STAMP programme developed by Wessex RHA for the DHSS. There is the capacity within this system to maintain ethnic records, and four lines have been allocated for that purpose. This potential should now be realised and used.

When an analysis has been completed the Authority may recognise that in addition to removing any discriminatory practices there is scope for positive action to be taken to redress the past impact of discrimination. The CRE can provide advice on appropriate action.

Positive action could take a number of forms. An Authority could take steps to recruit staff able to communicate with ethnic minority patients in their languages, under the genuine occupational provisions of the Act. Efforts could be made to attract more candidates from under-represented racial groups into particular hospitals through advertisements in the ethnic minority press or use of Job Centres in particular areas. A specialist version of the shortened SRN course might be developed to enable ethnic minority Enroled Nurses to become Registered Nurses;

14.1. Summary and Conclusion

This paper briefly examined the position of ethnic minority workers in NHS hospitals. It describes the experiences of some black doctors, nurses, and other staff and suggests some areas in which racial discrimination may occur. The paper outlined the steps taken by employing authorities to ensure equality of opportunity and question whether these have been adequate. It concludes by making specific recommendations to implement an equal opportunity programme in as Health Authorities.

14.2. The main recommendations are that the achievement of equal Opportunities demands a firm commitment to a programme of action. Without this commitment to action equal opportunities can remain merely a well intentional ideal.

In drawing up a programme of action employers are advised:

- to allocate overall responsibility for the policy to a member of senior management;

- to hold discussions and, where possible, to reach agreement with trade union or employee representatives on the policy's contents and implementation;

- to issue a statement to all employees setting out the policy and to make the policy known to potential job applicants;

- to provide training and guidance for persons in key decision making areas in order to ensure that they understand their responsibilities under the law and under the authority's policy;

- to examine existing procedures and criteria and, where it is found that they are operating or could operate against equal opportunity, to change them, where appropriate, after consultation with trade unions or employee representatives;

- to carry out an initial analysis of the ethnic composition of the workforce in order to identify possible areas of action;
- to monitor the ethnic composition of the workforce and of job applicants on a regular basis in order to evaluate the progress of the policy.

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