

# **BHS Culture & Diversity Working Group**

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# **Background**

Our Society is enriched by a wide variety of talented individuals from diverse backgrounds and cultures. Diversity creates strong organisations that attract the most gifted people who are able to contribute, innovate and lead, regardless of gender, ethnicity, sexual orientation or physical disability.

However, there remains a significant problem with gender bias and discrimination in the orthopaedic workforce. Although orthopaedic surgery is the second largest surgical specialty in UK, it has the lowest number of female surgeons. Despite a higher prevalence of female medical undergraduates, only 7% of orthopaedic consultants are women¹. Whilst there has been a small rise in the proportion of female consultants (from 3.7% in 2010 to 7% in 2020), this rate of change does not match the larger demographic changes seen in our medical schools. Furthermore, numerous cross-sectional studies highlight issues to do with bigotry, prejudice and even sexual harassment in the workplace².

This behaviour also manifests itself in the world of academia where female researchers enjoy less success in publishing their work than their male counterparts<sup>3</sup>. Barriers include gender-related bias, negative attitudes from trainers, limited exposure to orthopaedic surgery during early years training, lifestyle concerns and, importantly, a lack of appropriate role models and mentors. Barriers include gender-related bias, negative attitudes from trainers, limited exposure to orthopaedic surgery during early years training, lifestyle concerns and, importantly, a lack of appropriate role models and mentors.

"Our ability to reach unity in diversity will be the beauty and the test of our civilisation."

Mahatma Gandhi, Young India, 1925



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Black and ethnic minority (BAME) individuals comprise 43% of senior doctors within the NHS and many come from underprivileged backgrounds and alternative healthcare systems with different cultural workplace behaviours<sup>4</sup>.

Given the UK's multi-ethnic society, the advantages of ensuring that our doctors are able to relate to various cultures are obvious, and ensuring appropriate representation within our surgical societies is essential.

The concept of 'white privilege' has received much media attention in recent history and is deserving of contemplation. However, perhaps the biggest challenge to eliminating inequality is identifying and managing biases, unconscious or otherwise, which may lead to stereotyping and negative attitudes.

Not only can these implicit prejudices impact on recruitment decisions, on a more personal level, they may affect the psychological well-being of our colleagues, disrupt effective team-working and may ultimately lead to patient safety issues.

The purpose of the BHS Culture and Diversity Working Group is to promote inclusivity, support cultural understanding and encourage diversity amongst our membership, both in the present and in the future.

#### **Workstreams**

There are several workstreams we are working towards to improving diversity amongst the BHS membership. The first challenge identified by the group was to explore current attitudes within the Society. The group is currently developing a survey that will be sent to BHS members to express their views and opinions. We aim to present our survey results at the 2021 BHS congress.

The second workstream follows on from the enormous success of the Irish Surgical College's mentorship programme, and those of other societies globally, used to attract and retain members. We plan to develop a comprehensive and diverse network of mentors with varying experiences to support potential mentees. We are currently researching different models which may be adopted by the BHS.

The mentorship programme will exist in an informal fashion and provide advice to mentees on challenging situations, at three different career stages (before orthopaedic training, in specialty training, and in fellowship/early consultancy), which may offer advice on challenges such as physical and health-related issues, less than fulltime training, and childcare constraints.

An imperative part of our role is to encourage future doctors to consider hip surgery at the grassroots stage. Medical-student diversity is not currently sufficiently reflected in those considering orthopaedic surgery, and subsequently in hip subspecialisation. Medical student engagement will be key to improving diversity in the BHS in the long term.

One of the methods to reach out to a wider audience is through the ever-growing social media environment. We are working towards improving our social media presence through the creation of an Instagram page and Facebook page, which will link posts to the existing BHS Twitter account.

The subcommittee has made a call for inspiring and diverse BHS members willing to participate in short social media video biographies to showcase and encourage doctors and medical students to consider hip surgery. If any members are interested in taking part, please email the BHS Honorary Secretary, Matt Wilson, at brithipsocsec@gmail.com. To follow our progress, please follow us via the BHS accounts on Twitter, Facebook and Instagram.

We look forward to sharing our work with you in the future and would encourage you to inspire your students, trainees and colleagues with the various themes presented in this article.

# **Working Group Members**

Mr S Kohle Miss V Gibbs Miss J Dayananda Miss S Eastwood Miss J Maggs Mr S Jain Miss S Hook Miss K Gill Prof D Sochart Mr J Howell.

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