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Silence Is Not Safety: Racial Equity and Responsibility in Medical Education

REFLECTIONS

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ABSTRACT

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As medical educators in the UK, we are witnessing a disturbing shift. Equity, diversity, and inclusion (EDI) initiatives particularly those addressing race, are increasingly under threat. Coupled with recent rulings like that of the Office for Students on freedom of speech, we face a climate where our efforts to embed equity into medical education risk being undone.

As Black and Brown educators, we understand the stakes. We have spent years working to ensure healthcare education acknowledges and addresses health disparities. However, institutional silence in the face of rising hostility sends a clear message: racial equity is negotiable. When medical education compromises on inclusion, patient care suffers. (1) A clear example of systemic bias is the lack of images of Black and Brown skin in dermatology educational material which can lead to clinicians misjudging disease severity. For example, eczema can look less red or visibly inflamed on Black and Brown skin increasing the risk that it is underestimated and consequently undertreated. (2)

Silence Is Not Neutral

UK medical schools often claim to champion social justice, embedding EDI policies across curricula and clinical placements. (3) However, when global or national events threaten the safety and well-being of marginalised communities, institutional responses often fall short, if they come at all.

We have seen the resurgence of far-right rhetoric, the rollback of EDI funding, and growing hostility toward conversations around race. The authors themselves have experienced this in recent times, including being informed by white staff that it is acceptable for white people to say racism does not exist because for them it does not, or being told that racism is being weaponised when issues of racism are being raised. In these moments, silence is not neutral. It signals abandonment. In healthcare education, silence shapes how safe students and staff feel, how curricula are taught, and ultimately, how future clinicians deliver care.

When medical students from racialised backgrounds feel unsupported or unheard, it affects retention, confidence, and learning. (4) A workforce made to feel unsafe cannot provide safe care. Silence is not a shield; it is a failure of leadership.

Whose Safety Counts?

In conversations about institutional risk, safety is often framed from a white-centred lens. Institutions may seek to remain “neutral,” distancing themselves from controversial or racialised discourse. But neutrality is not safety. It often reflects the comfort of dominant groups, while erasing the lived realities of others.

This is especially dangerous in health education. Racism in the NHS remains pervasive. (5) Black and Brown staff are disproportionately subjected to bullying, disciplinary action, and career stagnation. In a recent NHS Workforce Race Equality Standard report, findings revealed that White applicants were significantly more likely to be appointed than ethnic minority candidates at 80% of NHS trusts. (6) Additionally, only 49% of Black and Brown staff felt they had equal opportunities for career progression or promotion, compared to 60% of their White counterparts. Ethnic minority staff are 1.25 times more likely to enter formal disciplinary processes compared to their White colleagues. This disparity has worsened over the past three years. (6) 51% of NHS Trusts reported disproportionate disciplinary action against ethnic minority staff in the 2025 report, up from 46% and 47% in the preceding two years. These figures underscore the persistence and escalation of structural inequities within workforce management practices. Trainees and medical students routinely report experiencing racism during placements from patients, peers, and supervisors alike. In a survey conducted by the British Medical Association involving 2,030 medical students and doctors, 76% reported experiencing racism in the workplace at least once over the past two years. (7) These experiences are not peripheral. They directly affect learning by reducing students’ sense of belonging and confidence, increasing stress and emotional strain, and adding extra mental load that distracts from learning. They can also lead to disengagement from teaching or placements and reluctance to report concerns due to power dynamics and fear of consequences. These experiences limit learning opportunities and wellbeing and, by extension, can undermine the development of a confident, supported workforce and in turn, the quality and safety of patient care. (8)

Too often, institutional leaders ask, “Is this safe for our community?” A more honest question might be, “Is it safe to exist here as a Black or Brown individual?”

Global Is Local

It is tempting to see events internationally, such as the defunding of EDI programmes in the U.S. as distant however, for Black and Brown staff and students, global narratives have local impact. We do not live these tensions physically, but emotionally and digitally.

The murder of George Floyd ignited a wave of institutional introspection across UK universities. But momentum is fading. Meanwhile, far-right populism, the erosion of civil rights protections, and the weaponisation of “neutrality” are reshaping higher education on both sides of the Atlantic.

In the UK, we have witnessed the Windrush scandal, the racialised discourse around Brexit, and the 2024 race

riots. These are stark reminders that systemic racism remains embedded in our institutions. Hate speech is on the rise, and conversations about race are increasingly constrained under the guise of “balance” or “academic freedom.”

The parallels with global developments are clear and dangerous.

Silence Has Consequences in Medical Education

Medical teaching does not occur in a vacuum. It happens within hospitals and clinics where structural racism influences outcomes, opportunities, and experiences. (8, 9) When students see their institutions remain silent in the face of injustice, they internalise that silence as a norm. Worse, they may replicate it as future professionals. (10)

Health faculties must take responsibility for creating environments that are not just inclusive, but actively anti-racist by:

- Responding to global and national events that threaten racial equity.
- Supporting students and staff experiencing racial harm, openly and promptly.
- Embedding equity in clinical content, not as an optional module, but as a core part of medical education.

This work must be proactive, not reactive. One-off workshops or vague mission statements are not enough. If the institution’s commitment to inclusion is only activated during crises, it is performative at best.

A Call to Medical Educators

Medical educators are uniquely placed to drive change. We interact with students in formative ways, shape their understanding of professional values, and model thoughtful responses to uncertainty, ethical tension, cultural difference, and power dynamics.

To do this well, we must:

- Acknowledge the uneven distribution of safety and privilege in our settings.
- Challenge assumptions that neutrality equates to professionalism.
- Create psychologically safe environments for all learners, especially those from marginalised backgrounds.

This means making space for conversations about racism, responding actively when students raise concerns, and reviewing curriculum content for bias and omission. In Wales, the government has mandated participation in the Race Equality Charter a welcome development. But progress remains slow and often driven by external

accountability. Why must pressure be applied before equity is prioritised?

What Will Our Silence Cost Us?

As educators, we do not seek perfection we need presence, visible and vocal leadership, and a willingness to stand up for values we claim to hold. If we remain silent while equity is under attack, we are complicit in its erosion.

Our students are watching. Our colleagues are listening and communities affected by systemic racism are keeping the receipts. Words matter, but action matters more.

Medical education shapes more than competence; it shapes culture. If we are serious about training healthcare professionals who can care for diverse populations, we must model inclusion at every level.

Now is not the time to step back, it is the time to stand up, speak out, and take decisive action.

REFERENCES

1. Laker B. Neglecting equality, diversity and inclusion (EDI) is a choice with consequences for occupational health. *Occupational and Environmental Medicine*. 2025;82:211-12. <https://doi.org/10.1136/oemed-2025-110262> PMID:40541388
2. de Lusignan S, Alexander H, Broderick C, Dennis J, McGovern A, Feeney C, et al. Patterns and trends in eczema management in UK primary care (2009-2018): A population-based cohort study. *Clinical & Experimental Allergy*. 2021;51:483-94. <https://doi.org/10.1111/cea.13783> PMID:33176023 PMCID:PMC7984383
3. Medical Schools Council. Inclusivity in medical schools. 2025 [accessed 20 Aug 2025]. Available from: <https://www.medschools.ac.uk/what-we-do/supporting-medical-schools/inclusivity-in-medical-schools/>.
4. Singh Grewal C, Bilal Khan M, Kiran Kaur Panesar J, Asher S, Mehan N. Exploring BAME student experiences in healthcare courses in the united kingdom: A systematic review. *Journal of Advances in Medical Education & Professionalism* 2024;12:8-17. <https://doi.org/10.30476/jamp.2023.98882.1825>
5. Esmail A, Everington S. Measuring race equality in the NHS workforce. *BMJ*. 2025;388:r337. <https://doi.org/10.1136/bmj.r337> PMID:39971343
6. NHS England. NHS Workforce Race Equality Standard 2024 data analysis report for NHS trusts. 2025 [accessed 21 Aug 2025]. Available from: <https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-2024-data-analysis-report-for-nhs-trusts/>
7. British Medical Association. Racism in medicine. 2022 [accessed 15 Aug 2025]. Available from: <https://www.bma.org.uk/media/5746/bma-racism-in-medicine-survey-report-15-june-2022.pdf>.
8. Morrison N, Zaman T, Webster G, Sorinola O, Blackburn C. 'Where are you really from?': A qualitative study of racial microaggressions and the impact on medical students in the UK. *BMJ Open*. 2023;13:e069009. <https://doi.org/10.1136/bmjopen-2022-069009> PMID:37147091 PMCID:PMC10163503
9. Lewis JE, Pride LC, Effirim MA, Ashade A, Hollis R, Oyejide K, et al. Combating racism in medical education: Problems, definitions, principles and practical steps. *Journal of the National Medical Association*. 2025;117:107-14. <https://doi.org/10.1016/j.jnma.2025.02.002> PMID:40118746
10. Pinder C, Harlos K. Employee Silence: Quiescence and acquiescence as responses to perceived injustice. In: *Research in personnel and human resources management*. Emerald group publishing Limited; 2001;20:331-69. [https://doi.org/10.1016/S0742-7301\(01\)20007-3](https://doi.org/10.1016/S0742-7301(01)20007-3).

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