Faculty of Health and Social Sciences (FHSS [1]) Healthcare Students' Experiences during Placement in the NHS

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Acknowledgements

Executive Summary

Background

In response to informal reports of racism we sought to examine the prevalence, extent and type of discriminatory experiences encountered by healthcare students in FHSS during their clinical placements. The investigation employed a mixed-methods approach, including an online survey and follow up focus group and interview. The data is drawn from 121 student respondents across nine healthcare programmes in which work placement is part of the curriculum.

Purposes of this report

This report aims to elucidate the extent, and types of discrimination encountered by students. The analysis examines potential causes as well as implications and consequences for students' overall well-being, professional growth, and the quality of patient care they provide. The emphasis is on capturing the students' lived experience. This is important as the primary objective is to propose interventions, drawing on recommendations from students and their accounts of lived experience of work placement to combat discrimination and enhance their placement experiences.

Summary of findings

The findings suggest that 79% (96/121) of the students who participated in the survey had positive experiences during their placements and reported that they had no experience of discrimination.

However, 21% (25/121) of the participants reportedly encountered discrimination and 13% (16/121) witnessed discrimination and harassment against their fellow students by patients and NHS staff. The comparatively lower number in this category (compared to the majority) itself raises some complex questions, including possible reasons for silence and systemic power dynamics. These questions need to be explored further to understand the underlying factors contributing to the underreporting of discrimination. The study revealed that discrimination was primarily reported based on such factors as race/ethnicity, disabilities and health, and sex/gender. In addition, there were instances where these categories intersected with ageism, highlighting the complex nature of discriminatory experiences faced by students during their placements.

In order to effect positive change, this necessitates collaborative efforts between faculty members and all pertinent stakeholders, including the NHS Trusts.

Recommendations

Building directly on the feedback from students and faculty staff who work with placement practitioners and students on placement, this report suggests a range of actions to improve the experiences of students during placement by tackling all forms of discrimination.

For the faculty

1. Promotion of respect and fair treatment of students without prejudice
2. Staff training to gain better understanding and confidence in addressing discrimination
3. Speedy response to student queries and concerns
4. Promotion of student resources
5. Enhanced 'speaking up' processes
6. Improved awareness of cultural competence, unconscious bias and transcultural practice
7. Improved communication during placement
8. Student placement forums

9. Organisation of practice assessor conferences
10. Greater emphasis on the Equality, Diversity and Inclusion (EDI) processes as part of practice supervisor and assessor CPD
11. Provision of a student name badge

For the NHS Trusts

1. Promotion of the NHS's dignity and respect policy
2. Deployment of a noticeboard with student photos and names
3. Staff training to enhance their understanding of better cultural awareness and issues faced by students
4. Effective implementation of procedures to tackle discrimination
5. Confidential reporting system and safe space to speak up
6. Conducting fair, valid and reliable assessment
7. Pre-placement communication with students
8. Promotion of student support and welfare

1. Introduction

1.1 Background and rationale

NHS England states the centrality of its endeavour to advance the equality and diversity agenda in its 'Workforce Equality and Inclusion', with the announcement from the NHS Equality and Diversity Council on 31 July 2014 that 'it had agreed action to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace'. Moreover, it recognises the vital link between the experience of staff and patient. Inclusivity and excellence are core principles of Bournemouth University's (BU) 2025 values. BU endeavours to value and respect diversity and acts to ensure to be inclusive by taking action on gaps and challenges in equality and diversity to support development, progression and achievement for all, especially for our students.

However, the lived experience of individuals would suggest that some students on placements experienced and/or witnessed racism and other forms of discrimination. These were, and are, deeply concerning claims. Students' placement takes place not only in the NHS, but also private, voluntary and independent sectors. Nevertheless, the current perception, based on anecdotal data, is that, the majority, if not all, issues seem to have been raised by students in the NHS. While racism is a prominent issue, students encountered other forms of discrimination too. Students' accounts of discrimination based on their lived experience has the potential to provide insight into possible solutions to this problem. Reducing the discrimination faced by students is likely to improve their wellbeing, facilitate professional development, and potentially significantly improve patient care.

1.2 Aim and objectives

This was a qualitative study including all students undertaking NHS and other clinical placements in all of the health programmes. As racism was not the only form of discrimination reported, we broaden the scope of our investigation to include all types of discrimination, drawn from nine characteristics of the 2010 Equality Act. In order to achieve this aim, three objectives were set to:

1. Investigate the types and extent of discrimination;
2. Explore the underlying causes of such discrimination;

3. Identify possible interventions to address discrimination.

2. Methods

We conducted an online survey, a focus group and an interview to capture FHSS healthcare student voices and their lived experience on their placements.

2.1 Sampling frame

There are nine healthcare programmes in the faculty that involve students going onto placements with the NHS Trusts and/or other clinical organisations. These programmes are: Adult Nursing; Children's Nursing; Mental Health Nursing; Midwifery; Physiotherapy; Occupational Therapy; Operating Department Practice; Paramedic Science; and Physician Associate. The survey was circulated to all 1,700 students of these programmes between June and August in 2022. A total of 121 (7.1%) students participated in the survey. Among the participants, two students agreed and participated in a follow-up focus group discussion and one in an interview.

2.2 Data collection

The online survey questionnaire was designed by using the nine characteristics defined by the 2010 Equality Act as a basis for the main categories of discrimination. Questions included whether they had or witnessed discrimination; whether they reported it; reasons for reporting or not reporting it; support they received from the faculty and their placements; and recommendations for future practice, together with demographic questions. At the end of the questionnaire, participants were asked whether they would be interested in participating in an online focus group discussion to delve into some of the themes that emerged in the survey (Appendix 1). Three students agreed, two participated in the focus group and one in an interview.[2] The drop in participation was expected, given the vulnerability of the minoritised students. Data from these students is integrated into the analysis as important accounts of lived experience were articulated/described.

2.3 Data analysis

The focus group discussion and interview data were transcribed verbatim. These transcribed data were analysed using a thematic method, together with written feedback of the survey (Braun and Clarke 2006, 2019). The particular themes covered in the survey functioned as useful categories at the initial stage of coding, such as types of discrimination and reasons for reporting or not as the case may be. Further in-depth analyses enabled the identification of main and sub-themes, e.g. under the major theme of negative experiences, racism was identified as one of the main categories whilst subthemes were indicators like 'denial of equitable learning opportunities' and 'discriminatory assessment'.

3. Findings

This section first summaries the demographics of the participants. This is followed by analysis of qualitative data. Where the experience is reported as negative, the analysis turns to types of discrimination interpreted though the lens of findings from the existing literature. This is followed by findings relating to 'witnessing discrimination', possible 'causes of discrimination', and 'support from their programme of study and the Trusts'. Finally, possible interventions are considered.

3.1 Demographics of the participants

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[2] Please see limitations for discussion on a protocol deviation regarding this.

Of the c.1700 students in the faculty 121 (7.1%) students from a range of health-related professional courses participated in the survey (Figure 1). The age range was 48 students (39%) who identified themselves in their 20s, followed by 31 (26%) in their 30s, 22 (18%) in their 40s, nine (7%) over 50s, seven (6%) under 20s, and one (1%) in their 60s, while three participants (3%) chose not to disclose their age. Ninety-nine (81%) participants self-identified as female, 21 (17%) as male, one (1%) as other and one person (1%) did not want to disclose the information. One-hundred-and-four respondents (86%) self-identified as heterosexual, three (2.5%) as homosexual, three (2.5%) as bisexual, three (2.5%) as other, and eight (7%) preferred not to answer the question. Nineteen participants (16%) reported as having disabilities, 98 (81%) reported as not having disabilities, and four (3%) preferred not to answer the question. Thirty participants (25%) reported having a health issue, 85 (71%) as having no health issues, and five (4%) preferring not to answer this question. In terms of the question on ethnicity (Figure 2), 116 out of the 121 participants provided self-identifiable descriptions for the following variables while five opted not to answer. Among 116 respondents, 90 participants (74%) identified themselves as White or White British or White English or White European or White British/German, whilst 13 (11%) described themselves as Black, or Black African; three (3%) as British Asian or Asian or Chinese; and three (3%) mixed, mixed Black and White, and mixed Black White Caribbean. Six respondents (5%) described themselves as Northern European, Finnish, Greek, Latin American, Nigerian, and Wanstrow, Shepton Mallet, which are put together as 'Other', and one wrote 'prefer not to say'.
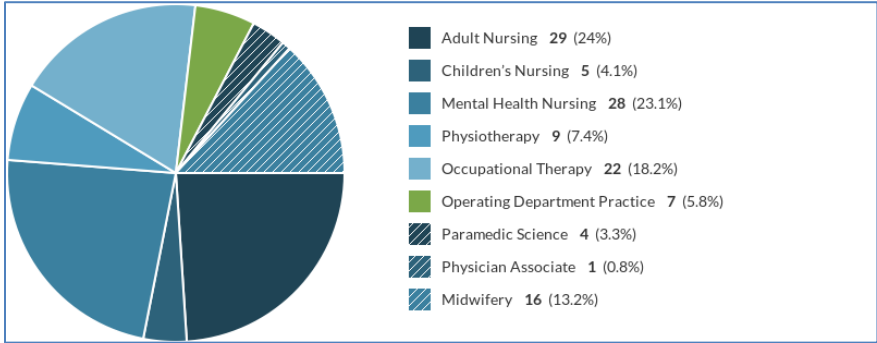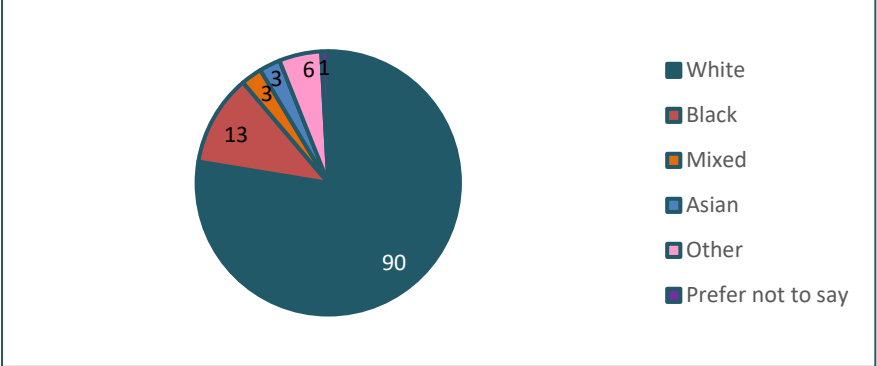
Figure 1: Programme of study

Figure 2: Ethnicity

3.2 Qualitative findings: types and underlying causes

3.2.1 Positive experiences

Ninety-six (79%) of the 121 participants reported that they had no experience of discrimination, and 25 (21%) reported to have experienced discrimination based on race/ethnicity, gender and sexuality, disabilities and other health-related issues, as well as age. A further analysis of biographical information of those who gave positive written feedback (19) in the survey reveals that 17 identified themselves as White 'race'/ethnicity, White or White British, whilst two identified themselves as Latin American or West African.

Table 1 is an overview of the themes and example quotes which indicate positive placement experiences.

Table 1. Positive Experiences of Student Placement

Themes	Example statements
No discrimination	*No-one discriminated and everyone was supportive.* *I did not experience any discrimination to have needed support.*
Support - Understood where to get help	*There was always an avenue down which to contact someone about the placement. My AA [Academic Advisor] sorted out a problem I had on my first placement very quickly.* *I knew who to turn to when in need of help or support.*
Support - Opportunities to raise concerns	*We have a half-way point with our Academic Advisors so any issues can be discussed then.* *We had recall days and were able to contact our AAs if needed by email…*
Support - Supportive placement providers	*The placement team did the best they could to accommodate me in a placement which would impact less on my family commitments/responsibilities.* *We speak with the Student Lead in the hospital regularly.* *There are some passionate and compassionate nurses who are absolutely generous and interested in imparting their knowledge.*

Nearly 80 per cent reported that they had not experienced any forms of discrimination. Regarding whether they perceived there is a good support system[3] to address discrimination from their degree programme during placement, 67 students chose 'yes'. It is noticeable from these comments that a significant proportion of students perceived they had received good support from their academic team and practitioners. As the University has a placement support team and designated Academic Advisors (AAs), equivalent to Personal Tutors (PTs), who provide pastoral support and monitor progress in practice, this is the expected response from students. This would suggest that regular forums or platforms for students to raise concerns arising in their placements with their academic teams or Educational Lead/Nurse practitioners at the hospital may be considered good practice to prevent any form of discrimination. We could also work with Freedom to Speak Up (FTSU) Guardians to improve the student experience.

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[3] We define support in this report as pastoral, academic and practical assistance and help available to students in preparing and completing their placement successfully. Notably three categories of support were reported as particularly valuable: knowing where to get help, opportunities to check in during the placement, and proactive friendly support by the placement provider.

3.2.2 Negative Experiences

In this section we discuss the types and causes of the negative experience. Despite a notable disparity in the proportion of participants reporting no instances of discrimination compared to those acknowledging discrimination, the quantity of written feedback provided by the latter group significantly surpassed that of individuals with positive experiences. Consequently, the analysis of the negative experiences predominates the content of this report. Table 2 is a summary of the analysis of negative student experience in the work placement. Conceptually, the types of discrimination are recognised in manifestations.

Table 2. Summary Analysis of Negative Experiences of Student Placement

Type of discrimination	Manifestations	Indicative Behaviours that are experienced by the recipient.
Racism	**Denial of learning opportunities:** - Overt and personal racism - System failures - Systemic bias	Exclusion from place, conversation, opportunity and based on ethnicity. Microaggression, bullying, unfair criticism othering. Reporting is disregarded. Loss of confidence in the system because of experience of no action or carry through. Institutional agendas (e.g. relations with placement providers).
	Discriminatory assessment: - Unregulated or moderated - Lack of accountability - Lack of transparency	Abuse of personal authority. Punitive response to asking for feedback. Shutting down routes for raising grievances.
	Linguistic racism: - Conflating difference in presenting of self as proxy for 'inferior'.	Microaggressions: nit picking. Public embarrassing, shaming.
	Reluctance to acknowledge racism as systemic: - Isolated incident claim - Deficit model recipient blaming	Gas lighting Citing policy rhetoric as 'problem solved'
Intersectional discrimination	**Intersection between racism and ageism, ablism and ageism**	Entitlement to pronounce on one or more protected characteristics as a disadvantage or barrier to performance in the workplace. Inappropriate jokes. Acting on assumptions based on stereotypes.

Disability and health related	Disability and health-related discrimination	Detrimental insensitive remarks.
		Failure to make reasonable adjustments.
		Failure to act on disclosure.
		Policy and practice disjuncture.
Gender and sexuality	Marginalised, minority status	Unwritten rules. Silent acceptance of environment that are unsafe for LGBTQ+ persons

Racism

(1) Denial of learning opportunities

The survey, the focus group and the interview data are demonstrative of racial discrimination based on their skin colour, which involved denial of learning opportunities for students with Black African heritage:

> *"During my first placement in an inpatient ward, I was treated with disdain and impatience by two White RMNs (registered mental health nurses). They continuously dismissed questions I asked them regarding care provided to patients and procedures, including documentation. I was always asked by them to leave the office and stay idly on the ward, while they sat in the office with another student who was White and was teaching her various procedures... I was actually almost about to cry. One even made entries in the diary for appointments for the other student with other healthcare practitioners and ignored me totally. I felt very sad, lost and discouraged. I had to change my shift pattern in order to avoid working with the two insensitive nurses, as I realised I wasn't learning anything worthwhile on the days they were on the same shift with me... I was traumatised. And I'm still traumatised.".*

This narrative reveals the public humiliation the student experienced alongside exclusion from equitable learning opportunities, which had a long-lasting traumatic impact. The same student talked about another incident that illuminated the repudiation of their knowledge and practice whilst invalidating her professional membership, which undermined her confidence:

> *There was an incident that I won't forget as well. There was an older patient who was having signs of chest pain in the lounge. So it was kind of an emergency situation. We were all in the office, then suddenly, you raised the alarm...what she [one of the nurses they previously referred to] did was she made it look as if I was useless. I was waiting, got the cart, and she just ignored me, and just went out so it looked as if I was just stupid and useless. So I think it was after that day that I just changed my shift, and I never worked on the same shift as her. And I told my assessor at the end of the week, this is why I'm not coming on these days again...*

This narrative is an example of behaviours that are indicative of racism, including visibly and overtly differential treatment, microaggressions, othering by regular exclusion and isolation, being denied opportunities which are offered to others, and inadequate support and mentoring to learn as well as assumptions about ability based on race. The accounts of the student are also consistent with findings from numerous studies conducted with doctors and nurses in the NHS (Tonkin 2022; Likupe and Archibong 2013; Woodhead et al. 2021). There is evidence that not respecting the knowledge and experience of individuals can lead to a loss of confidence in an individual's capabilities and be undermining (Likupe and Archibong 2013). Further, creating an environment where a person feels invisible and insignificant (Thompson 2011) is one of the discriminatory mechanisms that is consistent with this sense of invalidation and worthlessness the student felt through their experience. Given their choice of nursing as a profession,

their sense of identity is inextricably tied to their professional training and therefore the way they are treated in the placement setting is bound to have a profound effect on them and possibly the care they provide (Chaand Nagpaul, cited by Tonkin 2022).

The student's narratives further indicates that while there were opportunities for practitioners and educators to act when she changed her shift and reported her experience to her assessor, they did not act sufficiently to address the issue. This indicates the systems in place to prevent discrimination, such as freedom to speak up, are failing; moreover, if this is seen as not working, then it is likely to discourage people from stepping forward, as demonstrated by numerous students' comments on why they did not report their experience of discrimination. For example, one main reason for not reporting was because their past experience of having raised concerns or issues relating to their placements, was ignored or not addressed. This seemed to have engendered a sense that it would be pointless to report it, and nothing would change:

> *When our group brings up any concern, we are shut down.*

> *My friend experienced discrimination because of her skin colour and no-one did anything about it when she mentioned it.*

> *I've made complaints and then never heard anything back from it. Nothing changes in placement.*

Some students' accounts also suggest that they perceived the problem of overlooking students' concerns derived from the priorities the university placed on placement providers not on the students due to the fear of losing them:

> *I feel the University is so worried about losing placements and the placements treat their students like shit a lot of the time. We complain but it gets you nowhere.*

> *They should be less worried about upsetting their placements and more worried about the way that students are being treated. We're quite often told that 'you just have to suck it up that you're not going to like everywhere you work and you're not going to like everybody you work with.'*

(2) Discriminatory assessment

The focus group and survey data also reveal problems with assessment that is not standardised or consistent across the board in terms of types of questions asked to students, which was seen as resulting in students being affected negatively, based on their race/ethnicity, rather than their professional ability, as described by the interview participant:

> *They just got different rules for different people... If it's a test, if it's an assessment, standardise it, that everybody has certain things they have to achieve. My test was like Mastermind [referring to the TV game show] and it was just horrendous... I'm talking about in my situation with the Education Lead. Me and another student...for instance, we were being assessed completely differently. It was just question after question after question... But... the other person got asked absolutely nothing, has got zero evidence, got the highest mark in the world. And when I questioned why it was so different, because the educator even said to her [the other student], "Don't say anything to X (the interviewee)". That's not right. You couldn't be telling one student not to tell another student about their experiences. And when I questioned it, my scores just got dropped, 'as I told you because you questioned it, we're gonna put it even lower now.' So that's my interpretation. Do not question and then people will be fine. Do as you're told that question and you will be fine. I mean, how can I have a score, but you then drop it and lock my OPAL (Online Practice Assessment for Learning)?... I was asking for just fair treatment across the board. That's all I was asking for...I got 65% [initially] and by the*

time they wanted to show me who's the boss, it went down to 55...It's just, they blatantly can do things like this, and you can't question them on it. So that's the scary bit that you can't even question them on their behaviour.

This account raises concerns about inconsistency and fairness in the way students are assessed. Abuse of power suggests a culture that allows this kind of unregulated lack of accountabilities. At the same time, a sense of injustice and powerlessness the student felt is palpable in this narrative. In principle, students are required to review and confirm their assessment. If they do not agree with the results and/or the ways in which they are assessed, they should not confirm their assessment and contact their academic assessor for support. However, in order to prove their argument, students should provide evidence to support their case, which can be often challenging, especially when tangible or notable evidence is hard to gather and documented retrospectively, as expressed by other participants in the survey:

It is a 'feel', there is no factual evidence that it is happening.

They were asking for evidence from me and not the assessor... How do I get evidence for a conversation that ensued between myself and the assessor with no-one else around?

This is also related to the power disparity students feel towards their assessors that hinders them from challenging unfair treatment. This raises a question regarding how well students are equipped with understanding their rights as well as skills to document each step of their assessment prior to their placement. Whilst students are provided with a portfolio to record evidence, guidance and time for preparation, there appears to be a need to develop a greater collaborative approach to preparing supporting evidence so that students do not feel that the burden of proof is solely placed on their shoulders.

(3) Linguistic racism

Students for whom English was not their first language shared their experiences of the demoralising treatment they encountered on a regular basis, with an assumption of being 'dumb and stupid', as expressed by a survey participant:

It is tiring and discouraging people assuming you are dumb and stupid to your face. You cannot join in a normal clinical conversation without everyone picking on a phrase...or picking at every slightest error and asking if English is your first language.

"Linguistic racism" has a substantially detrimental psychological impact on international students (Dovchin 2022). Overt linguistic racism can be defined as 'the violation of one's fundamental human rights and how one's linguistic rights are denied in both institutional and non-institutional settings due to how one speaks, writes and uses certain languages. Covert linguistic racism refers to 'an indirect and subtle subordination of language users based on their usage of certain languages, often in the form of social exclusion, interpersonal and institutional rejections and other microaggressions.' The exclusion and rejection based on a student's language use can have significant ramifications, leading to a "linguistic inferiority complex", with psychological damages caused by denigration and rejection of one's linguistic identities and communicative abilities, subjugated by the domination of hegemonic language, e.g. English (Dovchin 2022).

(4) Reluctance to acknowledge racism as an institutional and structural issue

For the student who participated in the interview the effect of racism was so profound that the use of discrimination as a general term dilutes its seriousness:

I don't like using discrimination. I like using racism because I call it what it is. Discrimination is a bit of a whitewashing. It was because racism was becoming a big issue, then they came up with discrimination. To

keep it quiet. I'm being very frank with you... I am talking about racism... I'm talking about black and ethnic minority treatment. That's what I'm talking about.

This critical point chimes with seeing racism as a common and institutional issue, deeply entrenched in many social institutions, including the NHS and HE, as suggested by both focus group and interview participants:

I've been in this country for 9, 10 years. So I was used to, I expected somehow to see these things (racism). And I knew it was involved in NHS and all these treatments...Yeah, that's a daily thing...and it's always there. We all know about NHS...

Because I've had people come up to him [a student who faced racism] be like, "Oh, it's just that one person and that unit. There are always bad apples", but I can't lie to them because this is my life as a student. This is my first student post, but this is my second or third Trust as an employee of the health service. And it's an institutional issue. There's no way that I can, it's anecdotal, there's no place that I've seen that that's free of this as a problem. And you look at it statistically, if you look at the data, it's not surprising. There doesn't seem to be anywhere that's free of the problems in the Trusts, in placement, in the uni. There is a lack of understanding and there's a real reluctance to acknowledge it... Or it's assumed that you're overthinking it. You're thinking too much into it. That is insulting in itself; it is gaslighting...

Contrary to the Sewell's Race Report (2021), the BMA accepts that that racism in the NHS is profoundly institutional and structural. BMA firmly refutes the overall findings in the Race Report, which did not find evidence of structural race inequality as a major factor affecting the outcomes and life chances of ethnically diverse members of staff in the NHS. The insidious effect of this ingrained blunt oversight is illuminated in the account of the focus group participant with a sense of helplessness, which stems from a long history of racism in Britain and BAME students' daily lives as ethnically marginalised social groups in Britain (Pilkington 2003):

In my case, being in the BAME community, I have all these authoritarians around me where I'm the only person of colour and I'm never going to win any way.

Intersectional discrimination: racism, ageism, and ablism and ageism

The Royal College of Nursing Employment Survey (2021) finds the most common reason for their respondents to have been bullied is their age, along with ethnicity, gender, disability and sexuality. In a similar vein, some students shared their experiences of discrimination, based on the intersection between racism and ageism, as illustrated by the interviewee's account:

There was another younger student from White background, English background. She was on a BSc, but I'm older, you know, above 30, and it has to do with age as well.

In this instance, the perception comes from the relative age differences from the younger student who is of White background, compared to her race and 'older' age. Another account from a survey participant was also demonstrative of age-based discrimination in intersection with race/ethnicity:

As a mature student being asked about my age on every placement has not been enjoyable. Also, on one placement someone made a joke about me being the only English person on the ward. I am not fully English though, so I felt they had made assumptions.

However, another survey participant's account suggests ageism could go both ways, for those who are seen as 'too young' to study a postgraduate degree. A traumatic impact was expressed by this student with an African heritage who was subjected to racism in intersection with ageism:

On my first placement at X Trust, I experienced racism and ageism. The support staff and the nurses will make racist and ageist comments. For example, they'd make comments about how the nursing standards have dropped so low that people like me could get on a nursing course. Two nurses expressed their feelings on how I'm too young to be on a MSc course and suggested I downgrade to a BSc, as they had their own BScs in their 30s and I'm in my 20s and need to experience life more. I'd come on the ward and be met with a scowl on their faces at the door. This made me really anxious, nervous and afraid every time I had to come on shift. At a handover session, I and another student on this placement together were told to get out. Staff would not even reply if I said hello after arriving. I'm still traumatised from this placement. It's made me really anxious, as I was also advised to quit as nursing is not for me. I have done very well on my other placements, but I'm still traumatised by that experience. I became nervous telling other nurses on the other placements I'm a MSc student for fear of discrimination.

The ageism reported, an extremely derogatory treatment, can be categorised as harassment, such as people making offensive jokes or comments about a colleague's age (Age UK 2022). Under the Equality Act, everyone is supposed to be protected from age discrimination in all aspects of their employment, including direct and indirect discrimination, harassment and victimisation. A student's account below evinces their clear understanding of the unlawfulness of ageism under the Act. At the same time, it reveals the difficulties they face in their routine practice and performance due to the combination of being a mature student with a disability and the intersection between the two, as stated by a survey respondent:

Ageism is illegal but sometimes as a mature student with dyslexia to comprehend and resolve an issue takes a bit longer.

Disability and health-related discrimination

Students have reported experiencing discrimination based on their disabilities. Similar to some of the detrimental remarks made by nursing staff, a student encountered direct verbal abuse on the basis of their disability:

I had a nurse who told me my ADHD was "off-putting" because I was swaying while observing. She claimed that I really should disclose to everyone I work with. It was incredibly offensive.

This suggests that the staff failed in engaging in conversation that is sensitive and respectful towards the student, and in making reasonable adjustments for students with disabilities under the 2010 Equality Act. This additionally indicates that certain disclosure to manage expectations may have not been made. Consistent with this, common and widespread stigma and discrimination against nursing staff with disabilities are observed by Stephenson (2018). This includes questioning the abilities of training students to carry out their duties on a clinical placement, based on prejudice. Considering the implications of discrimination for their learning and practice, insufficient support and guidance to affected students prior to and in the placement can have a long-lasting detrimental effect on them, along with direct forms of harassment and abuse, as describe by two survey respondents:

Having dyslexia as a new diagnosis is confusing and not feeling aware of the major support yet that I might need when in the working environment. I feel on placement that my grade was affected due to my styles of notes, but this was hard to understand as when getting practical, I was told I was an amazing OT (occupational therapist) and had the OT skills. Maybe support on knowing how equal marking can be adjusted to people when they have dyslexia could be out in place for further practice.

I feel as a student with physical disabilities very unsupported during placement. I am not directly contacted or supported despite struggling with my attendance during placements. I am fearful of not meeting my hours required.

Under the 2010 Equality Act, educational providers have responsibility to make reasonable adjustments to avoid placing disabled students at a substantial disadvantage, compared to those who are not disabled. The Act also requires similar responsibility for employers, including student placement providers (Disability Rights UK 2022). Chapter 5 of the Code of Practice for Employment under the Equality & Human Rights Commission provides further details of the Equality Act Disability Provisions (The Health and Care Professions Council). With regard to support for a student with a disability in a practice placement, the programme lead needs to review the student profile, individual learning plan or risk assessment at the beginning of a student's programme. Prior to going out on placement, this documentation should be reviewed to identify any requirements the student might need in relation to the placement (MediPro 2022). A member of the faculty placement support team confirmed that BU has a section on 'reasonable adjustments' in a document that is distributed to students, which states:

> *You may be in receipt of guidance from the occupational health team, your healthcare team or the learning support team. This guidance can request that reasonable adjustments be made in relation to shift working and placement plans. To help plan your placements, your personal tutor will request that this is reviewed by the UPLA (University Practice Learning Advisor) and placement team. The purpose of this review is to confirm the adjustments are appropriate for the placement area and supports your learning opportunities.*

The staff further explained that:

> *If a student is on placement and it is apparent that a learning need has gone unrecognised, the practice partner (e.g. education team, supervisor or assessor) is encouraged to contact the placement support team and the academic advisor so the appropriate avenues of assistance are utilised to support the student going forward.*

What this suggests is a gap between policy and practice. Even though the system to support students with disabilities and other health conditions is in place, somehow this has not been translated into practice, with the unmet needs of the student.

On top of this, other mental and physical health conditions-related disadvantaged were raised by another survey participant: *'I struggled with mental health. I have not been supported at all.'* The same respondent's written comments indicate they raised concerns to the programme team and expressed their struggle, yet they were '*not listened to'*. The public sector (including NHS hospitals) has an equality duty to 'eliminate discrimination, harassment and victimisation' and to 'make sure people with a protected characteristic have the same opportunities as other people' (MIND 2019). Thus, they should remove or minimise any disadvantages people might have because of their mental health problem and take steps to meet their needs.

Such lack of considerations and support for students were also found among those who suffered from Long COVID, as stated by a survey participant:

> *(I was) disadvantaged due to having Long COVID and just about coping with the hours, let alone be able to take anything in. It was a difficult placement for a first-year student with resp, neuro, and spinal injuries to learn about. I wasn't able to complete my last week due to extreme cognitive and physical fatigue. No parking on site and the walk-in was a struggle before I even go there.*

Even though the student disclosed their conditions to the programme team prior to her placement, reasonable adjustments were not made or the unrecognised support needs of the student were not picked up by the placement provider, which caused negative ramifications for their placement outcomes and health:

> *I had expressed all my concerns before starting placement and it clearly wasn't thought about when selecting placement. I feel I was set up to fail. I now have a major setback in my recovery.*

The statement by the BMA (2022) is resonant with this student's experience. According to the BMA, NHS staff who contracted Long COVID were not provided with adequate support by the Government, despite resounding evidence of its devastating impact on individuals with such conditions. The research of Raveendran et al. (2021) finds a substantial impact of Long COVID on those who have the condition, for instance, in carrying out their employment. Consistent with this, its most common initial symptoms identified by Ziauddeen et al. (2022) include exhaustion, chest pressure/tightness, shortness of breath and headache. As stated by Ziauddeen et al., cognitive dysfunction can become more prevalent later in the illness, and over 60 per cent of their participants were unable to perform usual activities and duties. It is clear from these studies that people with Long COVID should be helped in carrying out their work with appropriate adjustments made for them, same as with disabilities and other health conditions under the Equality Act. Thus, disregard for such students is without doubt discriminatory.

Gender and sexuality

Discrimination based on gender and sexuality was concurrently reported by some students. Some male students have shared their experiences of being treated unfairly:

> *Being male in mostly female teams means everyday sexism like having to lift and move items because I'm "strong", etc.*

It is difficult to outline from this study what other issues some male students in FHSS experienced on their placement as there were no further elaborations or grounds offered by the participants. However, numerous studies of male students in female dominated social and healthcare degree courses have indicated exclusionary experiences faced by them in variegated ways. For instance, the research conducted by Galley (2020) on male students' perspectives in social work educational settings suggests that they felt disadvantaged in the female-dominant classroom, with their skills in social work, such as empathy, called into question. This finding also resonates with other studies conducted in the experiences of male students in healthcare programmes, such as Nursing and Midwifery (Christensen and Knight, 2014; Buthelezi et al. 2015). These studies have found male students felt excluded and marginalised because of their minority status and women-centred curricula, with unwritten rules around certain intimate care for female patients being unavailable to male nursing students in clinical placement (Christensen and Knight, 2014) as well as a lack of sense of belonging to their degree programmes and rejection by female patients (Buthelezi et al. 2015).

The survey and focus group data have raised another form of discrimination against individuals who have undergone gender reassignment and/or identify with non-binary gender identity:

> *As long as I don't mention things, people will treat me as everyone should be treated. It's only when I mention my gender identity, my pronouns that I use, why I'd like people to use them, things like that. But then, with some not all, some people especially in the X service, it can be very supportive, others not so much. And in the ambulance service, it's... I'm not saying in any other profession or preregistration course people aren't vulnerable, but I am alone, sometimes with another person for 12 plus hours of the day, I will go to station or get in a car and ambulance with my mentor or someone I'm with that day and I'll never see another professional that day, just me, them and patients... And for me whether I'm with someone who is very accepting of me or whether I'm not, really determines the quality of the education that I receive as well as my wellbeing because if I am concerned then a lot of my mental bandwidth so to speak is being devoted to me making sure I don't say anything or making sure I'm safe... And I'm not putting all of that mental energy into trying to learn and try and try and deliver good patient care... You don't know who those people are, and you don't know who's an ally.*

As evident from this narrative, even if they could 'pass' as a 'typical' White British individual, any sign of transgressing 'conventional social categories' could cause difficulties. A profound sense of vulnerability, uncertainty and insecurity is clear in the above data; the mental and psychological safety of the student is solely dependent on with

whom they are doing the shift on the day with no recourse or alternative safety net available to them, other than their own silence to protect themselves. This resonates with the findings of Fay (2016) that LGBTQ+ young people undergo negative experiences due to poor staff attitudes and/or inadequate LGBTQ+-pertained knowledge or support in healthcare settings.

3.2.3 Witnessing discrimination

A question asking whether they have ever witnessed discrimination against other FHSS students during placement, 16 students (15%) answered 'yes' and 91 students (85%) said 'no'. Survey comments and interview data suggest discrimination against other students by patients in the hospital and members of staff:

> *Patient abuse, inappropriate comments (sexual harassment).*

> *By patients and is addressed but limited support for the staff.*

Whilst patients' abuse against students itself is a problem on its own, a more important issue is how it is addressed by the organisation with appropriate support for the targeted students, including debriefing.

(1) Racism

Given the prevalence of racism in the NHS (NHS Health Education England 2022a, 2022b), especially against those with Black African heritage (Likupe and Archibong 2013), it is unsurprising that participants witnessed racism against their fellow students, specifically those who were Black African descendants:

> *Treatments towards students from African backgrounds.*

> *Unfair treatment of student based on race.*

> *Patient calling Black student 'nigger' and some support workers not giving opportunities for the student to learn because he is from Black community, stating he is doing their job.*

(2) Disabilities and maternity

A survey participant also shared their observation of discrimination based on disabilities and maternity:

> *A student with X condition being openly spoken about in a derogatory way in the staff room, comments such as "My god the little tiny one she smelt so bad!", and I also overheard a midwife say about a fellow student "Yeah I'm working with that big girl over there" whilst rolling her eyes. I've also heard "Yeah that student gets to swan in and out 10 minutes late and finishes early and then still takes an hour's break just because she's breastfeeding - I mean we've all got families, love!"*

NHS Health and Safety Executive's Guide (2009) clearly states that, under the Sex Discrimination Act 1975, expectant and new mothers have rights to breastfeed in the workplace with the entitlement of more frequent rest breaks, based on maternal risk assessment. The failure of an employer to protect the health and safety of their pregnant workers is automatically considered sex discrimination. Thus, this kind of throwaway remark is related to sex discrimination and bullying that is highly offensive as rightly noted by some of the participants, who felt the need to inform the university so appropriate actions could be taken:

> *I found it offensive and humiliating for the students involved.*

> *It was unprofessional and bullying behaviour.*

Whether directly experienced or witnessed discrimination, it is harmful for those individuals who are affected by it but also it has serious consequences for their professional practice and patient care, creating lose-lose situations. The ensuing section explores possible causes of discrimination against students in the NHS, proposed by the project participants.

3.2.4   Causes of discrimination

The data indicates two possible causes of discrimination: (1) lack of diversity; and (2) power disparity and vulnerability of being a student. The latter in particular is entwined with the negative experiences of students on placement summarised in Table 2.

(1) Lack of diversity

Students' accounts from all three data sets suggest that a lack of racial and ethnic diversity in the staff is a possible cause of racial discrimination:

> *Representation of BAME at a higher level is almost 0.*

> *When I say whatever, it comes back to my background as well because to be realistic, we don't have also enough number of people from our background being the assessors. Maybe they don't put themselves out there which they have their own personal reasons.*

> *I look at the staff and I do not feel represented by an almost non-existent Black staff population. My mentor had been horrible and demeaning to patients and staff throughout my placement and I was just glad that placement experience was over.*

In a similar vein, this lack of representation is reflected in the general lack of cognisance of gender and sexuality related issues among healthcare academic staff who are mostly White heterosexual men:

> *All of my lecturers on my course have by and large been really great and very, very supportive. But at the same time, all of my lecturers bar one are straight White middle aged blokes who trained in London…in the 1980s. And as much as they are very on the ball with a lot of this now, there's a baseline level of understanding that they'll never have and there's a difference, meaning knowing what something might be like or empathising with it and understanding it. And there's no one that I can go to then in my academic faculty who understands, who knows what it feels like to put that.*

Consistent with these views, NHS HEE (2022) finds evidence that supports a lack of representation as a possible cause of racism and other forms of discrimination within the NHS.

(2) Power disparity and vulnerability of being a student

One of the pronounced comments from the participants was their sense of being vulnerable and discriminated against because of their student status, as described by survey respondents:

> *We are often discriminated for simply being a student. When wearing the student uniform, we are spoken to abruptly, and I often feel I have to justify how good I am just for them to treat me as I should be treated. I've had comments from midwives to other midwives saying "she's good. You can be nice to this one."*

> *Staff discussing students in staff room when other students can overhear. Students made to feel inadequate by calling them student rather than their name. Some staff [are] very cold towards students.*

This othering of students by staff emerged prominently in this study and some students stated how being a student in the context of placements was associated with powerlessness and unequal status. An imbalance in power lies on the hands of placement providers who assess and determine the future of students is seen as a source of discrimination against students. Thus, for some participants, 'simply being a student' creates enough of a condition for unfair treatment and mistreatment by practitioners, which is seen as less than qualified professionals.

With this awareness of power disparity, students found 'speaking up' difficult, primarily stemming from their fear of repercussions for their academic performance and future career, which subsequently prevented them from reporting. This fear of negative consequences becomes a deterrent for many students to speak up and/or speak out:

> *Students are in that really vulnerable place where it's very difficult to take that step to speak up or to speak out. Because so much of your future, be it your grades, having a nice time or a positive experience on placement is in the hands of other people. It's a very one-sided power dynamic…*

> *You've got to remember that people do fear repercussions for the things they might back up or think that things will get harder.*

> *It just goes for as a student, you're vulnerable. That's my point. Very vulnerable.*

As exemplified in the previous account of a grade being dropped after questioning assessors, this kind of perception was not created in a vacuum but stemmed from the past experience of victimisation:

> *Because I spoke up and said something that I thought was wrong... Just got dropped. But I'm not going to lay down and let people walk all over me. But you're in a position where when you are being treated unfairly and you do speak up about it, they don't want to hear it, they feel that you're sort of questioning their authority. And the way to prove their authority is then to take it out on your grades or your placement experience and stuff like that.*

With this anxiety and insecurity, students deliberately delayed the timing of their report to the end of their placement as a strategy to avoid being at the receiving end of repercussions, as exemplified by the interviewee:

> *Because I didn't want to be victimised or get bad feedback... So I had to keep everything to myself. So it was when I was sure. I think it was my last week. It was at the final one when everything was signed off. Okay. Then I said…*

This type of negative experiences encountered by students can have a detrimental effect, possibly leading for them to end their education or considering such possibilities: "*I was contemplating on just dropping out honestly, because it's just not fair.*"

What is striking from some of the students' testimonies is this profound sense of inability for them to challenge the unfair treatments they experienced due to the established power dynamics between assessors and students in conjunction with their perceptions of the default setting where they cannot win:

> *I would not be listened to or wouldn't make a difference.*

> *It's not worth it, it's a waste of time. You are either met with a 'here we go' kind of response or you are landed the burden of having to prove the experience was discriminatory, which is difficult unless of course it was black and white.*

Echoing these, 11 students chose 'the fear of negative consequences for their completion of placement', eight 'a lack of confidence in staff's support for their testimony', six having 'no confidence in getting appropriate academic support', and six 'fear for further discrimination' as grounds for not reporting their experiences. All of these point towards their sense of insecurity and vulnerability rooted in their acute awareness of power discrepancy.

3.2.5 Support from their programme of study and the Trusts

To the question on whether students feel there is a good support system in their degree programme to address discrimination during placement, 31 students opted 'no'. Those who chose 'no' as an answer gave four main reasons for their responses: (1) no support from academic advisers and the Trusts; (2) feeling alone; and (3) a lack of understanding.

(1) No support from Academic Advisers and the Trusts

As discussed previously in relation to denial of equitable learning opportunities, many students expressed how their concerns were ignored by some individuals in the programme team. In conjunction with the feelings of hopelessness arising from being ignored or overlooked, students expressed that support from their academic advisers during their placements was inadequate:

> *The half-way call with my academic advisor was nice for them to see where I was. However, I feel that this is not enough contact. I think maybe it's worth sending out an email every so often offering students a chance to talk if they feel overwhelmed or struggling. I think sometimes students struggle to reach out as they might feel they are letting themselves down if they do.*

> *We had very little meet ups with our academic advisers, we had one meet up with Y [an academic].*

> *Was kind of left to it from the uni staff once on placement. Meant to have a few one to ones but never had one in the end, it was when I was at breaking point I asked for a meeting, then I was told my AA wasn't free to see for a couple months! I was struggling with mental health because of this course, and I explained that then she finally fit me in for a Teams meeting. When contacting any staff about things no one seemed to know, the answer or was all giving different answers. The support has been very poor.*

Some students described support from their placement providers did not exist or 'poor', having felt they were being left to deal with issues on their own:

> *There was no support. Considering we were in our first year we were just left to our own devices. Checking-in has been very sporadic. Our mentors were not available and some of them did not work the same shift pattern or did not want to get involved with a 1st year. Some of us were treated like an extra pair of hands instead of being there to learn.*

As illustrated in this account, the difficulties faced by students could be more pronounced among the first years owing to their lack of experience in placement, which requires better guidance and help:

> *This was a new territory for me, working with experienced nurses. Even to get feedback was an issue and talk about it, majority were not prepared to give feedback.*

> *Could be more support, placements need to know we are coming! And have a more structured introduction for us.*

It can be inferred from these that more structured and accessible approaches from practitioners could be helpful for students to maximise their learning, but also placement providers should create more opportunities and platforms for students to talk about any issues or raise concerns regarding discrimination.

(2) Feeling alone

Reflecting issues around insufficient support or a lack of interactions with their academic advisers, participants' accounts further indicate their feelings of being left alone to deal with difficult situations with no available help from the university:

> *I understand I am at university - I am 30 soon - but when I ask for help, I feel I am at a lost cause and always directed to Brightspace - and to work it out on my own.*

> *It was difficult to speak to someone about placement hours due to sickness and I kept being passed from person to person with differing information.*

> *I felt alone.*

(3) A lack of understanding

Students' accounts further reveal that some academic staff and practitioners in the Trusts do not sufficiently understand their conditions, such as ALS, or placement-related issues:

> *I don't believe that neurodivergence is something the staff really understand so they often treat us in a way we have always been treated. Sometimes it feels as though the ALS [Additional Learning Support] doesn't do much.*

> *I feel like our tutors don't truly understand the hospitals they send us to because they don't work there themselves.*

These kinds of poor understanding and inadequacy in the support system led to inadequate responses from their programme teams, which was 'too late'. Additionally, survey participants pointed out inconsistency among different members of staff, with mixed experience:

> *We have seen new staff who make a lot of difference. A is really good and B is amazing! They are very supportive of the students. However, as a former class rep, the experiences from myself and other black students leave a dent.*

4. Conclusion

This report examines discrimination faced by students on their placement, drawing on their voices. It highlights some serious discriminatory treatment experienced by students based on their race/ethnicity, gender/sexuality, disabilities, other health issues, and age. Sometimes students underwent discrimination based on the intersections of different categories, e.g. racism and ageism. Although those who have reported to have experienced discrimination is considerably smaller numbers than those who said no in the survey, their verbal and written accounts are compelling and raise some serious issues that need urgent actions. Under the Equality Act, any types of discrimination are unlawful, and no student should experience them. Both the NHS and BU have well established equality policies and procedures in place. However, what is unquestionably clear from this research is that despite many students having expressed no discriminatory treatment on their placements, for those who had encountered it such policies and procedures in practice

did not work or protect them effectively. There is a sense of being overlooked and not being cared for among those students, as well as the lack of an efficient and clear reporting system that provides a safe space to speak up and address any raised concerns in a timely manner. This calls attention to a much more joined-up approach in the faculty between academic teams and the University Practice Learning support team in planning educational sessions for students, staff training, together with collaboration with the NHS Trusts in addressing this exigent matter.

5. Limitations

There are numerous limitations in this project. The participation rate for the survey is low, given that 121 out of the selected sample of 1,700 students responded, and therefore the findings are not representative. The low response rate might have been caused by the timing of the survey when most of the students were in placement and therefore they checked their emails less frequently. Another limitation is related to the gender category question as the options available for non-binary categories were not included, which needs to be improved in future. As for the race/ethnicity question, we intentionally asked participants to self-identify their race/ethnicity not to impose on ascribed status or category. This however meant that for those who identified with a specific geographical location or a country that are categorised as 'other', it was unclear what their racial and ethnic heritages were. A further limitation is related to the anonymity of the clinical organisations. We intentionally asked participants not to identify at which Trusts or clinical organisations they worked or were working to protect anonymity. Thus, it is not possible to identify specific places where students experienced discrimination, which could prevent us from taking more targeted approaches to address identified issues, directly working with relevant Trusts or organisations. Finally, the protocol was adjusted to reflect how the participants engaged with the study. Deviating from the initial data collection plan to use the survey and focus groups, two took part in the focus group and the other one participated in a semi-structured interview. This was primarily due to time constraints of the student but also might have been owing to their fear of speaking in public. Despite the deviation, these data are verifiable accounts of 'informal reports' that triggered this study, strengthening the validity of the overall data.

6. Recommendations

Participants proposed numerous actions to address discrimination and enhance student experience on their placements. The recommendations proposed in the third column in Table 3 and Table 4 are based on feedback from students and post-survey discussions with faculty staff who work with practitioners and students on placement. Post-survey consultation with relevant faculty staff suggests that policies and mechanisms to support students on placement are mostly in place, such as the Concerns Protocol at BU; compulsory Equality, Diversity and Inclusion training for all staff (The NHS Staff Council, 2021) and Freedom to Speak Up (FTSU) Guardians in the NHS (NHS and National Guardian, 2022). However, consistent with findings from existing studies examined in this report and elsewhere, these policies and protocols do not necessarily translate into practice, and/or the extent and level of successful implementation varies between individuals within an organisation as well as between organisations. Another related issue raised by staff is student engagement. Whilst relevant information and student forums in the NHS are offered to students through timetabled sessions, they have not been used by many students. This leads to a vital issue regarding channels and methods to encourage better student engagement, so they are better informed of and clearly aware of their rights and responsibilities as well as utilising available support to a maximum level. By working on both sides, ultimately we should seek the empowerment of staff and students in dealing with diverse, sensitive and complex situations with confidence and sensitivity. Along with this, to maintain and enhance good working relationships with practice providers, the faculty could consider reinstating the annual Practice Assessor Conference, which took place on 19 December 2023, after a pause during the COVID-19 pandemic. Theme-based events like this with external speakers could provide a great platform to promote excellent practice whilst fostering supportive relationships between the faculty and the placement providers, which will have a positive effect on student experience.

Table 3. Recommendations for the Academic Team and relevant faculty staff

Themes from student narratives	Example statements	Recommendations
Fair treatment without prejudice	*All students being treated fairly.* *Drop their attitude that we should just get on with it and not challenge them in the first place let alone what's happening on placement.*	**Promotion of respect and fair treatment of students without prejudice** - Staff should listen to and support students with open-mindedness and without being judgemental. It might be worthwhile considering the promotion of the Staff Charter with emphasis on staff's role/responsibility and reinforcement of this during staff training suggested below.
Being listened to	*I feel often that we aren't listened to and judgements are quickly made without having a whole story.* *Actually, listening and caring and supporting students when they say they are struggling with their placement location and there are spaces elsewhere.*	**Not just 'the student'** – To help students feel more integrated in placement, a name badge that promotes their student status and educational institute could be provided.
Better and regular communications and check-ups	*Better communication overall, having a dedicated student lead, regular check-ups and discussions about any concerns or worries.* *Weekly updates/meetings, meetings with the placement and staff members involved…* *More visibility from university staff via emails while on placement to show we're not out there on our own.*	**Communication during placement** – An evaluation of current processes and developing a consistent approach to placement review, tutorial and communication when on placement is recommended as there appears to be a variation between faculty members.
Student feedback and forum	*Continue to promote prompt feedback during placement of any issues with or witness of discrimination to AA.* *Active engagement with students and taking their feedback seriously.* *Placements are very often difficult environments. It would be useful for a proper debrief after and not just during (re-call days)…* *There should be meetings with the whole faculty so that different years can share their experiences and how to deal with it.*	**Student placement forums** - Whilst there are programme weekly drop-ins and recall days, yet, currently no student forum after placement exists. It might be helpful for students to be offered a post-placement debrief by PTs and incorporate this role as part of Personal Tutor Policy, as well as creating group post-placement forums where all the students in the same programme can share their experiences.
Speedy Response	*Address the issue soon it is reported.*	**Speedy response** – To ensure students' queries are promptly responded to within 3 working days, it would be beneficial to ensure a

	Contactable and quick responses critical.	secondary contact is identified to cover annual leave, study time, sickness and part-time working. Inclusion of a standard out of office email with signposts links to student services could be consistently used. **Promotion of student resources** - There can be a delay to gaining the relevant support due to misdirection. Academic staff could be supported to be more familiar with the published guidance available and the information provided to students. Along with this, strategies to encourage students to review practice placement information could be developed.
Educational needs for students	*Discussing the 9 characteristics with students before placement and ensuring they know what to do if they experience discrimination or witness it.* *Provide a robust equality, diversity and inclusion workshop so students understand their own personal boundaries around what is okay and not okay, and how to approach situations where discrimination is experienced/witnessed. The online equality, diversity, inclusion trainings are in my experience not very personal or comprehensive. Better also includes the subtleties of bias and, ways to supportively address this, could be really beneficial. Enable students to have strategies to address teams that are up-to-date, in an uplifting way.* *Awareness of who to report to, highlighting previous experiences to help identify situations previous students have experienced to help identify when to escalate.*	**Preparation for placement learning and assessment** – Whilst students receive significant preparation for practice, there is a need to evaluate the strategies and resources used in the teaching methodologies and to clarify the assessment process through a cultural lens. Improved awareness of cultural competence, unconscious bias and transcultural practice would aid in appreciating 'lived' experience. This is an area for FHSS staff and students as well as for those supervising and assessing students in practice placement. Development of digital resources, drawing on the lived experiences of divergent social groups in the practice placement setting, which could be utilised in the training sessions, might be sustainable and accessible solutions in the longer term.
Staff training	*Discrimination training for staff.*	**Staff training** - To enable staff to gain better understanding and confidence in addressing discrimination, it would be good to make the Union Black training and other inclusion training, such as unconscious bias training, mandatory. To help Personal Tutors (PTs) and Academic Assessors (AAs) improve their understanding of difficulties students face in practice, the faculty needs to develop and offer sessions for staff, specifically related to

		placement issues that cover a range of discrimination as well as issues relating to a sense of the powerlessness students feel, using scenarios or real case examples. **Practice Supervisor and Assessor CPD** – The programme offered could include greater emphasis on the Equality, Diversity and Inclusion (EDI) processes as part of the practiced educator's role.
A clear report system or safe space to speak up	*We need to get that sort of message that people should have the right to speak freely, and not that they're going to be punished in any way for it.* *Simple process to report, listen and address it.* *Stressing it [discrimination] is unacceptable and students can go to the tutor or sister on placement. Or to report to another student who can anonymously feedback.* *I think having someone disconnected from placement and from the university is a good way for students finding guidance in how to deal with difficult issues they may face during placements.*	**Enhanced 'speaking up' processes** – Currently, 'Speaking Up' sessions have been rolled out to Nursing and Occupational Therapy but not to the rest of the programmes in the faculty. Hence, the faculty leadership could take up the initiative of incorporating 'Speaking Up' sessions into the curriculum for all health and social care programmes.

Table 4. Suggested Measures for the NHS Trusts

Themes from student narratives	Example statements	**Recommendations**
Treat students with respect	*Not having the 'student' stereotype. This limits the student in what they can do as they end up having a walking label.* *Giving everyone a chance and not treating them like rubbish and belittling them because they are a student.* *Engage more with students and assess their feelings.*	**Promotion of the NHS's dignity and respect policy** - Placement providers in all settings could promote and implement the dignity and respect policy, together with the recognition of students as integral to the healthcare team, in a meaningful way that translates into practice. **Not just 'the student'** - To foster student identity, the Trusts might consider deploying a noticeboard with student photos and names, as well as introducing students at each handover.

	Being asked how we actually are during the time spent with them. It's all focused on proficiencies and not enough about our well-being.	
Training for staff to enhance their understanding	*Training to all staff within placement areas as it's usually those who are not assessors or supervisors that can be against students, also training in making all staff aware of the role of a student so there are no confusions.* *Training in noticing it [discrimination] and dealing.* *Educate the staff on racism: what is it and how they become racist themselves without realising.* *Having an understanding of learning disabilities and knowing how it may affect learning.* *Ensuring there is a good understanding of what we are able to do so we are empowered to practise skills.*	**Training for staff to enhance their understanding** – It is a mandatory requirement of EDI training for all staff in the NHS (The NHS Staff Council, 2021). Thus, a greater focus should be given to the application of the EDI training and providing opportunities to develop best practice to model to students. This is an area that requires open and constructive discussion and collaboration between the faculty and the Trusts in developing better cultural awareness as well as issues faced by students, including the use of language and understanding their conscious and unconscious bias.
Better and more regular communications and check-ups	*By having more time to speak to the PPE off the ward.* *Having regular supervision with placement supervisor.* *Regular discussions as part of handover/MDT (Multi-Disciplinary Team) meetings.*	**Pre-placement communication** – Some Trusts and placement providers send students a welcome email, detailing support, Practice Supervisor & Assessor (PS & A) and opportunities. Rolling-out this good practice would be helpful, including online student information and welcome to placement week 1, whilst encouraging all the students to proactively engage with a range of available resources by sending prompts and reminders, for instance, through bulletins. Furthermore, the Trusts could work with practice education teams to have a consistent approach, incorporating good practice, and to ensure online welcome packs and Practice Environment Profile (PEP) are up to date. **Promotion of student support and welfare** – The Trusts and the faculty should work together to

		make sure students get their interviews done in a timely manner. Placement providers could also consider the rolling-out of good practice, which includes bulletins with useful prompts and information on wellbeing and available support; student notice boards; student intranet area; and forums. The Trusts and the faculty should promote the student forums as integral to their placement in order to protect their wellbeing and aid learning.
Confidential reporting system and safe space to speak up	*Effective communication directly from the lead about who to contact if discrimination was experienced and what actions would be done.* *Simple first point of contact, confidentiality maintained at all times and honest open discussion.* *Encourage to speak up.*	**Confidential reporting system and safe space to speak up** – The NHS's FTSU Annual Report 2021-22 (NHS 75 Digital, 2023) identifies that speaking up is a greater challenge that needs work. Based on this, there needs to be more collaborative and coordinated work between placement providers and the faculty to encourage students to 'speak up'.
Effective disciplinary procedures	*Clear and concise policy.* *Disciplinary action for anyone that discriminates.* *Seeing other midwives call it out! And show it is not acceptable… Kindness is free and I do not see much of it on placement. Make it easier to report and show what is being done about it. Often if things are reported, students are made out to be liars or made to feel as though they're exaggerating or an inconvenience.*	**Effective implementation of procedures to tackle discrimination** - There are established procedures and FTSU Guardians in the NHS to prevent and tackle discrimination. However, the implementation and use of these need improvement to have a tangible effect in practice: 1) by making processes of raising concerns and the role of the FTSU Guardians in the NHS clearer to students; 2) by enhancing communications between the Guardians and the faculty staff to have a clear understanding of support available to students from each organisation; 3) by inviting FTSU Guardians to come and talk about their role and support during student induction. Additionally, placement providers could utilise the Civility and Respect toolkit effectively as a measure to challenge bullying and harassment that disproportionately affect ethnically diverse individuals and protected groups, as suggested in the NHS 75 England (2022).
Fair assessment	*I think it's only fair that the power to sign off students does not lie in the hands of just one RMN, especially if they are from a different ethnic background. It should be recognised that some RMN unfairly assess students.*	**Fair, valid and reliable assessment** – Although there are measures that aim to achieve fair assessment in place as part of Nursing and Midwifery Council (NMC 2018) and Health and Care Professions Council (HCPC 2017) requirements, maintaining consistency across the board in practice is an ongoing issue. Thus, the faculty and placement providers should continue

		to work together to ensure consistent approaches are taken by all the assessors. Additionally, the Trusts could consider taking more targeted approaches to improve the diversity of assessors in terms of their cultural/racial backgrounds to address a lack of representation among ethnically diverse healthcare professionals.

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Appendix 1

FHSS students' experiences during placement

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Dear students, thank you for taking part in this survey. We are collecting this data to better understand your experience during your placement, specifically in relation to discrimination students might encounter, and identify any areas of support needs. This data will be used confidentially, and your anonymity will be completely protected. In order for us to find practical and concrete solutions, we would appreciate it if you could provide detailed answers. You have a full right to withdraw from the survey at any time and not to answer any questions that you do not wish to.

1. Please select the programme you are studying from the list.

2. What is your ethnicity?

3. What is your gender?

4. What is your age?

5. What is your sexuality?

6. Would you identify yourself as having a disability(ties)?

○ Yes No

○
Prefer not to say
○

7. Would you identify yourself as having any other health issues?

○ Yes No

○
Prefer not to say
○

Under the Equality Act 2010, there are nine protected characteristics: race; religion or belief; sex; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity.

8. Did you ever experience discrimination based on any of the above identified characteristics while you were on placement?

○ Yes No

○

8.a. If yes, please tell us about your experience.

[   ]

8.b. If yes, did you report it to your academic support team, e.g. your academic advisor?

○ Yes No

○

8.b.i. If no, which of the following deterred or prevented you from reporting? Please select all the relevant answers.

☐ a. I feared for the negative consequence for my completion of placement

☐ b. I feared for further discrimination

☐ c. I was not confident that staff would believe in my testimony

☐ d. I was not confident that staff would be on my side

☐ e. I was not confident that I would get appropriate support from academic staff

☐ f. I did not know where or who to report it

☐ Other

8.b.i.a. If you selected "other" above, please describe here.

[   ]

8.b.ii. Did you feel you were able to discuss your experience with a member of academic staff, e.g. your academic advisor?

○ Yes No
○

8.b.ii.a. If you selected no, can you tell us why you did not feel you were able to discuss it?

[ ]

8.b.iii. Do you feel there is a good support system in your degree programme to address discrimination during placement?

○ Yes No
○

8.b.iii.a. If you selected no, please tell us about what made you feel that way.

[ ]

8.b.iv. Have you ever witnessed discrimination against other students from FHSS during placement?

○ Yes No
○

8.b.iv.a. If yes, can you describe what you have witnessed in detail?

[ ]

8.b.iv.b. Did you report what you had witnessed to a member of academic staff in your department?

○ Yes No
○

8.b.iv.b.i.   If you selected yes, please tell us why you reported it.

```
[                                    ]
```

8.b.iv.b.ii.   If you selected no, please tell us why you didn't report it.

```
[                                    ]
```

9.   In your opinion, what kind of measures from the academic team would help deal with discrimination against students on placement?

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[                                    ]
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10.   In your opinion, what kind of measures from the practitioner team would help deal with discrimination against students on placement?

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[                                    ]
```

11.   What would help you to feel more prepared in dealing with potential discrimination on your placement?

```
[                                    ]
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12. If you have any other comments, please add here.

13. Would you be interested in participating in focus group discussion on a similar topic to discuss it further?

13.a. If yes, please leave your email address and mobile number.

13.a.i. Alternatively, you can directly email FHSS Inclusivity Lead, Dr Joo Lim hlim@bournemouth.ac.uk expressing your interest in the project.

Thank you so much for your time.

Key for selection options

1 - Please select the programme you are studying from the list.
Adult nursing Children's
nursing Mental health
nursing Physiotherapy
Occupational therapy
Operating development practice Paramedic
science
Physician associate
Midwifery
Nutrition

3 - What is your gender?
Male   Female
Transgender
Gender fluid
Other
Prefer not to say

4 - What is your age?
Under 20 20s
30s
40s
50s
60s
Other
Prefer not to say

5 - What is your sexuality?
Heterosexual
Homosexual
Bisexual
Other
Prefer not to say