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From: [Dr. Roger Chapman](#)

To: [JEMO](#)

Sent: Saturday, October 09, 1999 11:07 AM

Subject: Equal Opportunities Working Group

Please find attached the revised draft statement from the Equal Opportunities Working Group. This is for circulation with the papers for the meeting in Slovenia.

Roger Chapman

UEMO Policy Statement

Equal opportunities

Introduction

UEMO recognises that, although they are of great and increasing importance, equal opportunities issues are not just gender issues and that discrimination and disadvantage on the grounds of :

- Race
- Religion
- Gender
- Sexual orientation
- Disability

are all particular problem areas where continuing action is needed to build on the progress which has been made, in the profession, within the countries represented in UEMO.

Medical education is expensive to individuals and to society, and the medical skills produced and acquired can ill afford to be wasted. The medical workforce in all the countries of UEMO is rapidly changing, particularly in respect of the numbers of women in the medical profession, especially in general practice, and of those wanting to work less than a traditional full time commitment. The aspirations of the younger generations of doctors, both men and women, are changing with a major and possibly accelerating change towards flexible and part time training and working . The profession must recognise that these aspirations do not reflect a lack of commitment to medicine or to patients and must be accommodated if maximum use is to be made of scarce medical skills.

There is no very good record of providing entry into medical school for those with disabilities or of helping colleagues who develop disabilities e.g. post accident, CVA, development of inflammatory joint problems etc. back into post, despite the special insights such doctors can provide for patients and for colleagues.

Valuing – a necessary culture change

The equal opportunities legislation in place in many countries may help create the legal framework in which true equality of opportunity may eventually become a reality. It cannot, however, substitute for a climate in which doctors welcome each other as colleagues and value their commitment and contribution to medicine and to their patients, even when those doctors may be from differing traditions, cultures and organisational structures and may work under differing contractual arrangements.

It must be a responsibility of all individual doctors and of all national and European medical organisations to work towards a culture that respects, values and accommodates such differences .

UEMO Policy on Equal Opportunities

UEMO is adamant that there should be no discrimination on the grounds of:

- ?? Race
- ?? Religion
- ?? Gender
- ?? Sexual orientation
- ?? Disability
- ?? Contractual arrangement
- ?? Social status
- ?? Economic disadvantage

Particular issues:

1. Entry to medical school

?? At the level of undergraduate recruitment, there is a need to work towards recruiting doctors who reflect the gender, ethnic and economic profile of society. Significant under-representation of any group will work against the interests of that group and of the patients they would otherwise serve.

?? Consideration should be given to the encouragement and use of role models from minority groups before university entrance

2. Undergraduate curriculum

?? In all medical schools the curriculum should include equal opportunities awareness training including specific training on how to utilise anti-discrimination legislation when faced with discrimination.

3. Post graduate education (including CME and CPD)

- ?? Is a priority need, and a professional obligation, for all doctors. Access to the resources to permit participation must be on the basis of educational need and free from any discrimination
- ?? Resources for 'return to medicine' courses after career gaps must be identified and allocated fairly
- ?? Mentoring and other support schemes should be available on the basis only of the need of the individual doctor for them
- ?? Should include on-going equal opportunities awareness training including specific training on how to utilise anti-discrimination legislation when faced with discrimination.

4. Employment

- ?? The need to maintain a balance between men and women and to give equal opportunities to minority groups dictates that appointments to posts should be purely on the basis of a proper job description, person specification and the subsequent selection, in open competition, of the individual best qualified and suited to the post.
- ?? Selection procedures should be arranged to minimise the possibility of discrimination, for example anonymising by removing indications of gender and ethnicity from application forms and CVs before circulation.
- ?? Attention is needed to some particular problem areas:
 - ✍️✍️ The need to maintain a balance between men and women in both specialist and generalist practice. Any drift, for example a drift towards a predominantly female workforce in general practice and a predominantly male workforce in specialist practice, would be worrying because the continuing institutionalised sexism of the outside world will tend to mean that this will result in falling status for general practice.
 - ✍️✍️ The need for fast-track additional training for doctors who are refugees and asylum seekers but who are unable to practice because their medical education is not recognised by the regulatory authority in the country in which they are now resident.
 - ✍️✍️ Doctors working in difficult and challenging circumstances - e.g. areas of socio-economic deprivation or extreme rural isolation should be financially supported to do so. The scenario of GPs in deprived urban areas having much higher workloads but earning less than colleagues in less demanding areas is discriminatory

5. 'Benefits'

?? All employment benefits, including

~~/~~~~/~~ Remuneration levels

~~/~~~~/~~ Holiday allowance

~~/~~~~/~~ Maternity benefits

~~/~~~~/~~ Pension scheme provisions

~~/~~~~/~~ Sickness and retirement arrangements

~~/~~~~/~~ Access to childcare facilities, paternity leave, and religious holidays,

Must be free of discrimination

?? And there must be fairness in practice in giving notice of termination/cancellation of contracts etc

Action Plan:

UEMO calls for action:

1. To ensure that both women and men practitioners achieve appropriate representation within the national medical associations and within UEMO itself.
 2. To encourage national medical associations to prioritise this issue and to monitor and to report regularly on all national health service structures and strategies to ensure that there is no hidden discrimination acting against the fair treatment of any group of doctors.
 3. To encourage the different medical organisations in Europe (UEMS, PWG, CP etc) to prioritise equal opportunities issues and to cooperate with them in that work.
 4. To establish a Standing Committee on Equal Opportunities in the UEMO which, together with the Presidency of the UEMO, shall actively disseminate this policy document to the national and the European medical associations .
 5. Encourage the national and European medical associations to look at:
 - a) Discriminatory salary and pension differences
- ?? To inform and advise members on salary-issues and to encourage them to make direct contact for advice when they seek a new job.

?? To support networking of women doctors and doctors from other disadvantaged minority groups.

b) Working conditions and working hours

?? To actively support colleagues who wish to work part-time or to job share or who want to take parental leave.

?? To encourage the development and implementation of re-induction facilities (back to medicine courses).

c) Career development

?? To ensure that all doctors choose their line of work within the profession based on their aptitude, ability and interest and that traditions and practical obstacles do not hinder them.

?? To support competence development in areas such as administration and leadership for all doctors.

?? The elimination of sexist language from all contracts and other documentation

d) The gender distribution within the medical profession

?? To support moves towards achieving a gender balance in the decision making bodies of the profession which mirrors that in the profession as a whole

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