

# EQUALITY, DIVERSITY & INCLUSION IN SEM REPORT

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**Faculty of Sport  
and Exercise  
Medicine UK**

**APRIL 2024**

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**Faculty of Sport and Exercise Medicine UK**

Equality, Diversity and Inclusion Committee



# Introduction

The Faculty is committed to making the specialty of Sport and Exercise Medicine (SEM) a welcoming and safe specialty for all. Equality, Diversity and Inclusivity (EDI) is a core pillar of the Faculty's strategy. We wanted to collect data in the form of self-declaration from members to understand and inform future actions.



The participation was voluntary, and we provided a “prefer not to answer” option for every question. Understanding the scope of diversity of practitioners as well as understanding the experiences faced by members will help us as a Faculty lead the way for inclusion for all.

All information completed in this survey was confidential and anonymous. The raw data was analysed by a small group of staff and the Faculty's EDI Committee Lead.

In total, there were 119 respondents for the Faculty's Membership EDI survey. The following data is not an exhaustive list of all data collected, rather a summary of the key statistical findings.

A limitation of the survey is that there were 119 respondents, which represents 15% of the Faculty's Membership base. Therefore, it must be acknowledged that these results are not reflective of the entirety of the Faculty Membership.

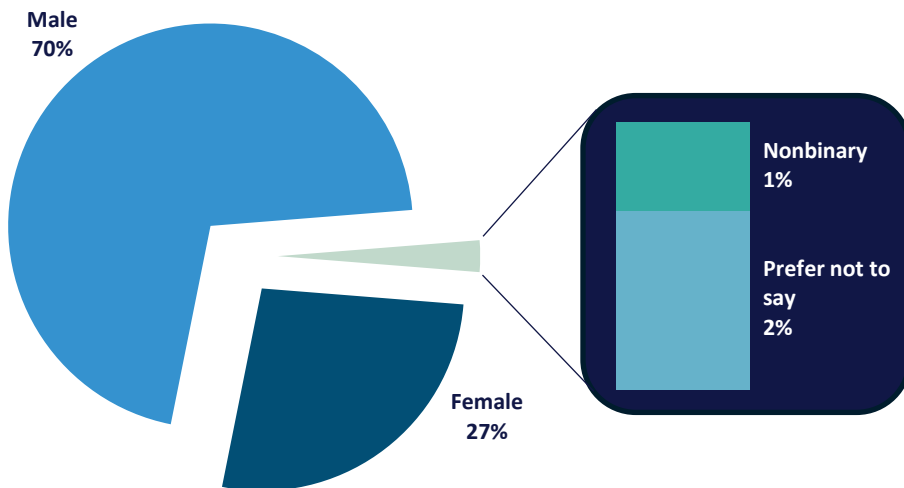


# Key Demographics

In this survey, respondents were asked separately for both their sex and their gender. As both are referenced in this report, it is important to directly acknowledge the difference between the two, especially as to avoid confusion when interpreting results.

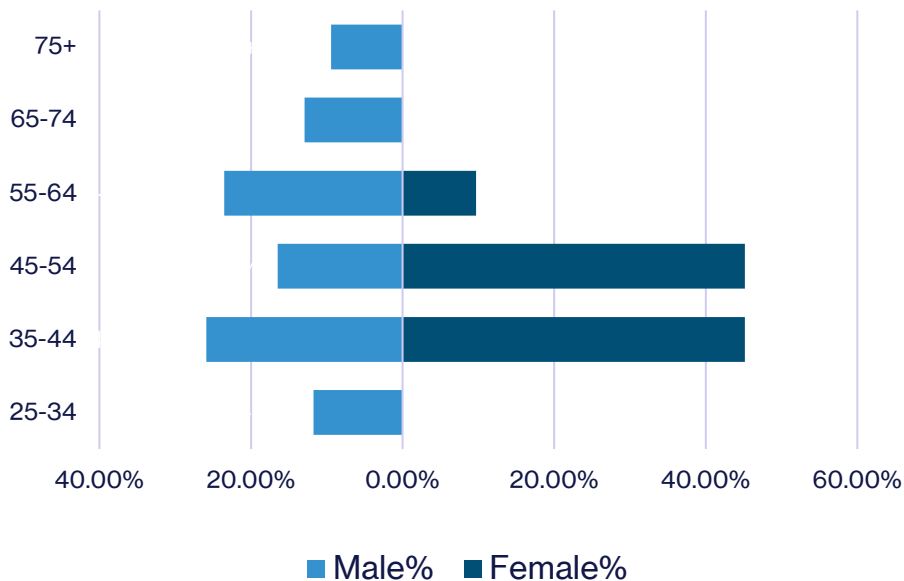
*[1,2]“The World Health Organisation regional office for Europe describes sex as characteristics that are biologically World Health Organisation defined, whereas gender is based on socially constructed features.”*

## Gender



## Age and Sex Distribution

3 / 119 respondents preferred not to say their Sex. Below graph represents a demographic representation of the remaining 116.



## Key Demographics

27%

Identify as female

55%

Have a religious belief

26%

Identify as a person of the  
<sup>1</sup> global majority

10%

Identify as LGBTQ+

5%

Have a mental or  
physical disability

50%

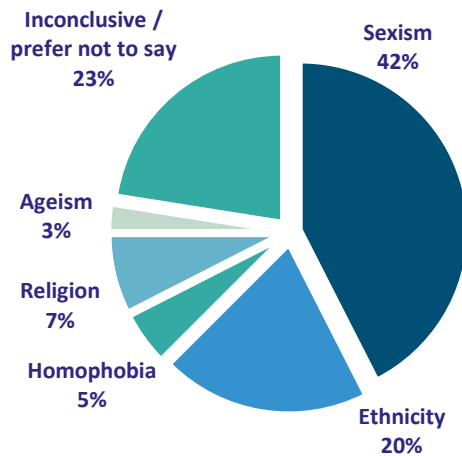
Attended a state-run /  
funded school



<sup>1</sup> The term “person of global majority” is used as an alternative term <sup>[3]</sup> to Black, Asian and Minority Ethnic (BAME) groups, after BAME term was no longer recommended for use <sup>[4]</sup>

# Workplace Discrimination

## Type of Discrimination Reported



29%

Have experienced discrimination in their workplace

### Workplace Profession

### % of people in each profession that experienced discrimination

Allied health professional – other	0%
Allied health professional - physiotherapist	40%
Consultant – other (e.g., emergency, neurophysiology, Rheumatology, Trauma and Orthopedics)	36%
Consultant in SEM	37%
GP with a special interest in SEM	16%
Junior Doctor not in SEM training	25%
Rehabilitation Medicine, Professor, Medical Doctor	0%
Retired	0%
SEM registrar	25%
Other Specialty doctor	0%



## Sexism

# 32%

of those whose sex is female said they experienced discrimination in the workplace, compared to **11%** of males.

# 22%

of those whose sex is female have changed jobs due to discrimination, compared to **10%** of males.

## Ethnicity

# 33%

of other than white respondents said they experienced discrimination in the workplace, compared to **27%** of white respondents.

# 20%

of other than white respondents have changed jobs due to discrimination, compared to **8%** of white respondents.



# Thematic Analysis

A thematic analysis was also conducted to supplement the quantitative analysis, utilising the descriptive EDI survey responses. Upon this analysis, the responses were grouped into the following 3 themes:

1. **Personal experiences of discrimination in SEM based on ethnicity, gender, age, sexual orientation, religion**
2. **Systemic factors contributing to EDI issues within SEM working environments, organisations or country**
3. **Positive EDI experiences**



Using the 3 themes, a summary of responses has been compiled. The impact of the experiences is also outlined.



## 1 | Survey Responses on personal experiences of discrimination in SEM based on ethnicity, gender, age, sexual orientation, religion

- Discrimination due to gender (female) resulting in feeling disrespected and not treated the same by colleagues and management and opinions disregarded, assumptions about experience, medical knowledge, bullying and being actively excluded from conversations at meetings, trainings and player reviews.
- Gender (female, homophobia) – unwanted comments, sexist and misogynistic remarks, physical and verbal assaults, sexist language and imagery on WhatsApp group.
- Discrimination against:
  - Lifestyle
  - Foreign nationality affecting career progression.
  - Profession (doctor vs AHP)
  - Discrimination and unconscious bias due to religion and ethnicity
  - Physical mobility and dexterity
- Non-action of staff witnessing verbal abuse, safeguarding processes not in place.
- Gender EDI – treating patients who are sexist or homophobic.
- Conspicuous absence of camaraderie with colleagues because of racial or other protected characteristic.
- Difficult to stand up for those discriminated.
- Sidelined for supporting colleague in a discrimination case.

## Thematic Analysis





## 2 | Survey responses on systemic factors contributing to EDI issues within SEM working environments, organisations or country

- Gender discrimination resulting in less opportunity, employment opportunity, pay and lack of maternity rights, was asked about plans for children at the interview, lack of or slow career progression, restriction to jobs opportunities that require travel to some countries where homophobia is illegal.
- Difficulty in working with sport with young children.
- Race, ethnicity and nationality discrimination in job opportunities and employment, recognition and receiving references, work commitments falling on religious holiday periods, over-representation of straight white males.
- Culture of recruitment in sports – lack of diversity / institutionally racist / lack of understanding on child-caring responsibilities whilst working full-time in SEM.
- Sporting environments do not cater to women, e.g. access to changing areas on match day.
- Medicine in general is not overly welcoming to those divergent, safeguarding of colleagues, especially female in hostile environments needs explored.
- Racism and discrimination in the country.
- More medical school places for students from lower socio-economic backgrounds.

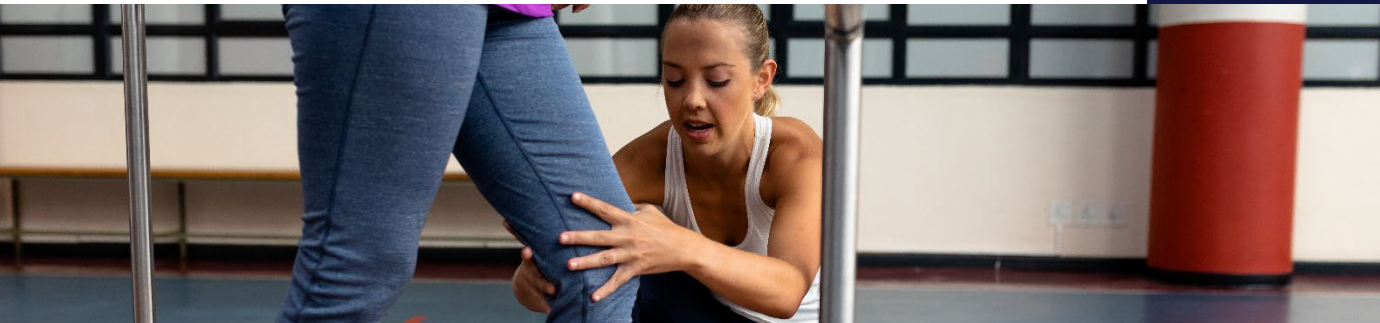


## 2 | Survey responses on systemic factors contributing to EDI issues within SEM working environments, organisations or country

- Recruitment into SEM training seems to be predominantly men who want to work in football / rugby / other lucrative sport. Recommendation for interview process to be looked at and diversity of interviewers.
- Differences of opinions or discussion points should be discussed at scientific community meetings.

## 3 | Positive Equality, Diversity and Inclusion (EDI) Experiences

- Working experience with teams and in conferences is of a multidisciplinary mutual appreciation and inclusiveness.



## Summary of the described impact

- Mental health impact from the behaviours of colleagues and staff.
- Less employment opportunity, less pay, lack of maternity rights, and a lack of or slow career progression.
- Safeguarding issues.
- People are put off working in sport / elite sport, reducing the talent pool in SEM and lowering professional standards.



## Proposed work plans

*It is important to note that the proposed plans are subject to change and enhancement, as we aim to work alongside our Membership and relevant bodies to both significantly and positively contribute to EDI practices within SEM.*

Following this extensive review of the EDI discrimination in SEM experienced by Faculty's Members, our EDI Committee have identified a working plan of action, aimed at addressing both:

- **Personal experiences of discrimination in SEM based on ethnicity, gender, age, sexual orientation, religion**
- **Systemic factors contributing to EDI issues within SEM working environments, organisations or country**

## Proposed action plans to address personal experiences of discrimination in SEM based on ethnicity, gender, age, sexual orientation, religion

- **Focus group**
  - Further research with members is planned to explore EDI experiences in gender, ethnicity/ race, foreign and physical disabilities. A lead has already been appointed.
- **Recommended training**
  - Provide recommended training on EDI issues.
- **Professional Code review**
  - With the ongoing Professional Code review, a strong consideration will be given to further embed EDI practice into an SEM Professional's Code of Conduct.



- **Standing Order review**
  - Review of declaration of faith and / or definition of being in good standing.

## **Proposed action plans to address systemic factors contributing to EDI issues within SEM working environments, organisations or country**

- **Focus group**
  - Further research is planned to explore the organisational factors on why it is difficult to stand up for those who are discriminated against.
- **Professional Code review**
  - With the Professional Code review, there will be strong consideration and recommendation provided to further embed EDI practice on an organisational level.
- **Recommended mandatory training**
  - Recommendation on mandatory EDI training for organisations.
- **Working with other organisations**
  - Work with other organisations in response to membership experiences.
- **Other actions**
  - Review Faculty reporting and membership processes in circumstances where discriminatory behaviour is evident.
  - Make a recommendation for Equal Opportunities in employment.



## Acknowledgements

This report involved the contribution of Faculty EDI committee members who spent a significant amount of time and collaboration in the creation of the EDI questionnaire and systematic analysis of the need and appropriateness of individual questions.

This process was done in collaboration with the BASEM EDI Lead. Communication, formatting and report analysis was prepared by the FSEM staff team and the EDI committee lead.

The FSEM staff team also supported in the organisation from inception of the committee.

We would like to thank our membership for their willingness to be open and for their contribution into this important work. We hope to continue to engage with our membership and the wider SEM community to further develop and build on our current EDI action plans.

### ***FSEM EDI Committee Lead***

*Dr Pria Krishnasamy*

### ***FSEM Committee Members***

*Dr Anthony Annan, Dr Ron Bhattacharya, Dr Jann Killops, Dr Stuart Millar, Dr Natalie Shur, Dr Turab Syed, Dr Harjinder Singh, Dr Osman Ahmed, Professor Nick Webborn CBE*

### ***FSEM Staff Team***

*Larissa Kennel, James Brownlee, Kirsty Baird, Siobhan Watts*

### ***BASEM***

*Dr Katie Marino*



# References

Below is a list of all references used in the research, development and production of this EDI survey and subsequent report:

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