KING EDWARD'S HOSPITAL FUND FOR LONDON

EQUAL OPPORTUNITIES TASK FORCE

RACIAL EQUALITY: HOSPITAL DOCTORS SELECTION PROCEDURES

CONTENTS

1 INTRODUCTION

1.1 The Task Force was set up, funded jointly by the King's Fund and the Department of Health, to help health authorities to tackle racial discrimination. In 1989 the Department sought the Task Force's view about procedures to ensure equal opportunities in hospital medical appointments. This is an expanded version of the guidance submitted.

1.2 The Department's concern arose from research by Isobel Allen "Doctors' Careers" (1) which focused upon inequality for women in the medical appointments system. The National Steering Group on Equal Opportunities for Women in the NHS has issued guidance in this area (2). This paper is concerned with the Task Force remit of racial equality. There are however parallels in the discrimination suffered by women and black and ethnic minority doctors in medical appointments, and in the remedial procedures required, and the Task Force wishes to draw particular attention to the double disadvantage which black and ethnic minority women doctors are likely to suffer in the appointments system.

1.3 The paper submitted to the Department was sent to the Royal Colleges and the British Medical Association. The Task Force was encouraged by their response. The recognition of problems in this field, and the steps which some institutions have taken, are welcome. Detailed comments have been taken into account in this paper.

1.4 The Task Force's attention was drawn to the position of doctors from overseas who visit this country temporarily to obtain training and experience, including those sponsored by Royal Colleges. Posts may be allocated to such doctors without using normal selection procedures. This paper does not apply to such arrangements, which may be covered by an exception to the Race Relations Act (Section 6), which allows for discrimination so that training can be provided for overseas residents in skills to be exercised abroad. The paper applies to the vast majority of medical appointments and to doctors who, irrespective of their colour, nationality, country of birth or training, are eligible to practice and pursue their career here.

1.5 The Task Force recognizes that solutions to the problems of racial inequality have to come from within health authorities and the diverse professional groups in the NHS. Procedures adopted for medical appointments by authorities, and in future by hospital trusts, will differ. This paper highlights the dangers

for racial equality in some procedures which the Task Force has encountered and suggests remedies. Health authorities and trusts will need to adapt the measures recommended to their own circumstances.

2 EVIDENCE OF RACIAL INEQUALITY

2.1 A research study "Overseas Doctors" published by the Commission for Racial Equality (CRE) in 1987 (3) indicated that such doctors found it difficult to obtain satisfactory training positions, to get promotion and to work in their chosen specialty. Overseas doctors were over-represented in locum posts and changed their career options more frequently to improve their chances of progress. Sixty four per cent of white doctors in the study compared with 15 per cent of overseas doctors made only one application before achieving a post. No white British doctors, but 31 per cent of overseas doctors, had made more than ten applications. The CRE expressed concern that similar trends seemed to be developing in the career patterns of ethnic minority doctors who are wholly British trained. Four out of ten white doctors in the study and half the ethnic minority doctors felt that there was discrimination in the health service.

2.2 The results of a survey to examine the possible effects of discrimination by sex and race on the early careers of British medical graduates were reported in the British Medical Journal in 1990 (4). The findings were based on 1572 replies to a questionnaire sent to all graduates who qualified during 1981, 1983 and 1985 at five medical schools. One hundred and thirty one respondents were of ethnic minority origin. There were no significant differences in the proportions of ethnic minority and European respondents choosing careers in under or over subscribed specialties.

However, 13 per cent of ethnic minority graduates had to wait more than two months for their first senior house officer (SHO) post compared with 5 per cent of European graduates; the numbers of unsuccessful applications made before obtaining each SHO post and the first registrar post were substantially higher for ethnic minorities than for Europeans; 21 per cent of ethnic minority graduates compared to 10 per cent of European graduates reported serious difficulty in obtaining an appropriate registrar post; and ethnic minority graduates were three times more likely than European graduates to have been unemployed for over 3 months while seeking work. The survey also found that amongst the graduates who had changed their preferred career choice since registration, higher proportions

of ethnic minority than European graduates gave unfavourable career prospects and difficulty in obtaining an SHO post as important reasons.

The researchers concluded "discrimination against ethnic minorities occurs in the competition for training posts among graduates from British medical schools" They suggested that much discrimination seemed to have occurred in shortlisting applicants for SHO and registrar posts, possibly based on non-European names, country of birth and other clues to ethnic origin, and that filling posts by personal arrangement rather than competition might also lead to discrimination. It was suggested that ethnic monitoring of appointments to hospital posts might be useful in identifying where discrimination was occurring.

2.3 Few health authorities have yet monitored the composition of their workforce by ethnic origin or analyse applications for posts as the CRE recommends. Even those which have started to do so are less likely to have produced data from medical than from other staff groups. Statistics which the Task Force has seen confirm however that black and ethnic minority doctors are concentrated in non-teaching districts and less popular specialties, and that the success rate of black and ethnic minority applicants is lower than that of their white counterparts.

2.4 For example, the following analysis carried out by a teaching hospital is of appointments to all medical posts of senior house officer and above over a nine month period from August 1988 to April 1989. Whilst the shortlisting and appointment of white doctors is proportionately higher than their application rate, the position is reversed for black doctors.

	Black*	White	Other*	Ethnic origin not known	Total
Applied	125 (13%)	416 (42%)	149 (15%)	290 (30%)	980 (100%)
Short-listed	16 (6%)	199 (81%)	31 (13%)	-	246 (100%)
Appointed	2 (3%)	65 (84%)	10 (13%)	-	77 (100%)

* Black - African, Asian, Caribbean and UK Black ethnic origins
Other - Greek/Turkish Cypriot, Irish and other ethnic origins.

In 1989 the hospital extended its equal opportunities initiatives, including providing training in recruitment and selection for members of medical appointments panels. Ethnic monitoring data collected in mid-1990 shows a higher proportion of black applicants for medical posts, and that disparities between the success rates of black and white applicants are reducing at both shortlisting and appointment stages.

2.5 Some of the factors which the Isobel Allen research identified as detrimental to equality of opportunity for women doctors will also disadvantage black and ethnic minority doctors. The increasing expectation that advancement must follow progress along a conventional career path, with a certain amount of time spent in certain grades, and in 'good' jobs in those grades, linking age to expected career achievement, and the associated prejudice against 'different' career patterns militate against the appointment of black and ethnic minority doctors. As such, they could be indirectly discriminatory. Reliance on personal patronage, which the research indicated was becoming more rather than less important, would have a similar effect.

2.6 Black and ethnic minority doctors whose applications are unsuccessful will rarely be aware if discrimination has occurred, and in any case are reluctant to exercise their right to an industrial tribunal hearing. Nevertheless, some such complaints have been brought and upheld.

2.7 Dr Malila Noone brought complaints successfully against South West Thames and North West Thames Regional Health Authorities (RHAs) regarding their failure respectively to shortlist and to appoint her to consultant micro-biologist posts. In the former case the tribunal found that the failure to shortlist Dr Noone, who was extremely well qualified, "cries out for an explanation. And no explanation which satisfied us has been given". An appeal by the RHA against the decision was rejected by the employment appeal tribunal.

In the case against North West Thames RHA, the tribunal found that Dr Noone's interview had been "little more than a sham". It said there was no evidence "as to what were the criteria adopted either when shortlisting or when making the appointment. The tribunal gained the impression ..... that the decisions were at each stage made by the members of the committee on a subjective basis and in a fashion that amounted almost to arbitrariness." The employment appeal tribunal, whilst not upholding Dr Noone's complaint that her treatment was due to racial discrimination, commented on "the risk of undue

influence by one member of the Advisory Appointments Committee" and were of the opinion that "the system operated by National Health Authorities may easily result in the exercise of personal bias or prejudice". The Court of Appeal upheld the original industrial tribunal finding that the treatment accorded to Dr Noone had been due to racial discrimination, and awarded her £3,000 compensation for injury to feelings.

2.8 Dr Sashidharan brought a case successfully against Cambridge health authority following remarks about his ethnic origin by a member of the appointments committee during the selection process. The doctor concerned had said that "it was not possible to be unprejudiced against the Indian doctor; that "evident cultural difference made him unsuitable for the post"; and that "it would not be suitable to appoint him because there was no significant Asian population for him to serve." The case came to light because of objections to these remarks by another consultant member of the appointments committee. The tribunal criticized the treatment accorded to Dr Sashidharan by the health authority after the question of racial discrimination had been raised, and awarded him compensation of £2,500 for injury to feelings.

2.9 In a further case, Dr Kiamari V Greater Glasgow Health Board, the applicant's complaint did not succeed, although the tribunal was satisfied that the selection method applied was indirectly discriminatory. The tribunal was critical that guidance given to the selectors did not include an explanation of indirect racial discrimination, a concept which the majority of the selectors did not understand.

The criteria used for shortlisting for the senior registrar post for which Dr Kiamari unsuccessfully applied included age and a clear, definite career pattern. The tribunal found that these criteria could disproportionately disadvantage doctors not of British origin, and had done so in Dr Kiamari's case. The respondents justified such criteria as convenient and efficient, but agreed that there were other ways to shortlist.

The tribunal found that Dr Kiamari's treatment, whilst indirectly discriminatory, was not unlawful because application of the criteria had not constituted an absolute bar to his selection. The tribunal were obliged to follow an earlier Court of Appeal judgement but suggested, as did Lord Justice Balcombe in the earlier case, that an amendment to the law was required.

A definition of indirect discrimination is included in the appendix to this paper. Further guidance can be found in the CRE publication "Indirect Discrimination in Employment." (5)

3 OTHER REASONS FOR CONCERN

Complaints to the Task Force

3.1 The Task Force has received more requests to tackle lack of equality of opportunity in medical appointments than any other aspect of health service employment. Although many instances cited involve general unfairness rather than racial discrimination, they do indicate that selection processes all too commonly suffer from a lack of objectivity which can assist or lead to discrimination.

3.2 Complaints have been received from both medical and lay members of advisory appointments committees (AACs) that they have not been made aware of their legal liabilities (6); that they have not been given guidance about the recommendations of the relevant codes of practice (against which their actions may later be assessed) (7); that they have not been clearly aware of the criteria for selecting to a post; and that they have not felt able to take up instances of unfairness and discrimination which they encountered as AAC members. This latter point is made particularly by lay members.

Disparities between regional and district policies

3.3 Difficulties have also arisen where RHAs have been slower than their districts (DHAs) to implement equal opportunities procedures. Some DHA equal opportunities policies require, for example, that all their posts must be advertised externally and that all staff responsible for selection should be trained in appropriate objective and non-discriminatory techniques. The basis of the district's policy is undermined when procedures for senior appointments which are a regional responsibility do not comply with the standards set for the district.

Lack of guidance and training

3.4 The guidance which the Department has issued about the appointment of consultants and senior registrars in circular HC(82)10 and appointment procedures for registrars in EL (89) MB/68 provides inadequate advice about safeguarding equal opportunities, as does the

supplementary guidance which some regions provide. Although a number of districts have produced clear and detailed guidance about avoiding discrimination in selection procedures, it is often interpreted mistakenly as not applicable to medical appointments.

3.5 Where authorities have provided training for staff involved in selection, medical staff are less likely than other groups to have received it. Senior medical practitioners are therefore less likely to be aware than other staff of the provisions of the codes of practice and of their legal liability. Where however authorities have extended selection training to medical staff, as have Trent RHA, Camberwell, City and Hackney, Haringey and Bristol DHAs, they have found that it has often been welcomed and that further information has been requested.

Link between employment and service provision

3.6 Finally, racial equality in employment and in the provision of services are closely linked. The report of the National Association of Health Authorities "Action not Words - a strategy to improve health services for black and minority ethnic groups" (8) emphasized that "improvements in service provision for black and minority ethnic groups in the NHS can only be successful if parallel measures are taken on equal opportunities in employment". The report stressed the need for members of minority ethnic groups to be engaged at all levels in the health service and to be involved in the planning and management as well as delivery of services. Yet this is unlikely to come about unless racial discrimination and disadvantage in senior appointments can be eliminated.

4 SELECTION PROCEDURES: EQUAL OPPORTUNITIES MEASURES

This section deals with different stages of the selection process, suggesting measures which should be introduced to ensure that the codes of practice are complied with and that racial equality concerns are addressed. Its recommendations apply to all hospital medical appointments of senior house officer and above.

The Task Force recognizes that many pre-registration house officer posts are arranged for graduates through their medical schools as part of the training process. The provisions of the Race Relations Act apply to selection for training as well as to recruitment, and equal opportunities principles should therefore be applied. Authorities should consider where the

guidance in this paper can be adapted for house officer appointments.

Advertising

4.1 The CRE and Equal Opportunities Commission (EOC) codes of practice recommend that vacancies should be advertised so that qualified applicants from all sections of the population have an equal opportunity to hear about vacancies and to apply. The Department's requirement that registrar and above posts be advertised should therefore be extended to include senior house officer posts.

In exceptional circumstances, for example where a need for locum, temporary or short-term posts makes advertising in the medical press uneconomic or impossible due to time constraints, ways should be found to make those vacancies known as widely as possible. In-service advertisements throughout the region, adjacent regions, or via medical schools might, for example, be practicable.

Job descriptions and criteria for selection

4.2 The requirement in circular HC(82)10 for a job description for consultant posts should be extended to all posts, and to include criteria for selection based on the qualifications, knowledge, experience and other qualities required to carry out the duties which a post involves. Both a job description and criteria for selection must be available for all selection panels, as is recommended in the codes of practice. Several complaints to industrial tribunals have been upheld substantially because selectors were unable to define or agree about the criteria used in reaching selection decisions.

Job descriptions and selection criteria must include only the qualifications, knowledge, experience and other qualities necessary for the post and must not contain conditions or requirements which discriminate directly or indirectly. Regional/district medical officers and/or directors of personnel should ensure that they are checked accordingly.

All members of AACs and other selection panels should have the opportunity to see, and if necessary comment on, the criteria before selection takes place. Selectors will be expected to apply the criteria and may be called upon to answer for the selection process in which they were used.

Guidance and Training for Selectors

4.3 The codes of practice recommend that all selectors must not only be clearly informed of selection criteria and of the need for their consistent application, but should receive guidance or training in professional non-discriminatory selection techniques. This should include the effects of stereotyping and an appreciation of the misunderstandings which can arise in interviews between people from different cultural backgrounds.

Guidance

The Task Force recommends that written guidance be given to all selectors at each interview panel, to include:

- reference to the legislation and relevant recommendations of the codes of practice;
- selectors' legal liability;
- emphasis that selection must be according to the agreed criteria;
- a reminder of material which must not be taken into account, such as informal visits, unsolicited references and patronage (see paragraphs 4.5 and 4.6 below);
- examples of questions which are unacceptable and may lead to tribunal complaints;
- a procedure for selectors who believe that discrimination has occurred to take up the matter. (see paragraph 4.8 below).

An example is included as an appendix to this paper.

The administrator appointed for the AAC, or the Chair for selection panels where no administrator is appointed, should ensure that each selector has received the agreed guidance.

Training

Ideally all members of AACs and other selection panels should receive training in the law, the application of the codes of practice and non-discriminatory selection techniques. Those who sit regularly on selection panels should certainly have such training. RHAs and DHAs should provide appropriate training for all

selectors who wish to take advantage of it. It would be helpful also if Royal Colleges and professional associations could ensure that training is available, and encourage their members to participate.

Many health authority equal opportunities policies lay down, as an interim measure, that at last one member of each panel must have received training. AACs and other medical appointments panels should include at least one trained medical member. It is essential too that administrators, where they are appointed, should be appropriately trained and thus able to deal with any

queries which arise about equal opportunities procedures.

Shortlisting

4.4 All selectors should receive all applications together with the agreed job description and criteria for selection. Shortlisting must never be undertaken by only one person. If lay or other members decide not to participate, they should be notified of the agreed shortlist well before interviews, to enable them to seek clarification of decisions reached, if required.

Where the volume of applications dictates against their circulation to selectors not participating in shortlisting, some authorities meet the point by providing a summary of applications together with reasons for the rejection or selection of individual applicants.

References and Patronage

4.5 The objective of fair and efficient selection procedures, as of the equal opportunities practices which the codes of practice recommend, is that selection should be on merit. This is best ensured when the same type of information is available about every candidate which can be measured, as objectively as possible, against agreed selection criteria.

Selection on merit is inconsistent with patronage or lobbying on behalf of particular candidates. Any system of patronage, which includes canvassing and taking account of unsolicited references, will disadvantage black and ethnic minority and women doctors, who are less likely to have acquired sponsors. Fair, efficient and safe personnel practice therefore dictates that only official references are sought and taken into consideration.

Seeking recommendations, lobbying and providing unofficial references are widespread and commonly accepted practices in medical appointments. The Task Force takes the view that such practices should not form part of the selection process because they have a potentially discriminatory effect. They are prejudicial to open selection discussions which are fair - and seen to be fair.

Any references or recommendations other than those formally requested should only be brought into the selection process with the prior agreement of the Chair of the selection panel. If allowed at all, they must be recorded and made available to all selectors. Authorities and Chairs of selection panels may wish to consider whether selectors who have been canvassed on behalf of a particular candidate should have to declare this at the outset of the interview process. Such safeguards however are not a satisfactory alternative to the elimination of an essentially bad practice.

Informal visits

4.6 Pre-selection informal visits are widespread in the health service, particularly in medical appointments. They are for the benefit of candidates, who must all be given the same opportunity to make such visits and be accorded equal treatment. Circular HC(82)10 advises that visits should not form part of the selection process, but is is clear that the two are not always kept separate. Authorities adopt a wide variety of practices described as "informal visits", up to and including preliminary interviews.

Selection by informal methods is unreliable and inefficient. Decisions are being taken not on the basis of agreed selection criteria and the applicant's qualifications, experience and merit, but on subjective - often fleeting - impressions and the unexplored and impromptu views of future colleagues as to whether a particular candidate will "fit in". The door is left open for those who hold racist prejudices to exercise them, whether consciously or otherwise. Informal selection methods assist discrimination and, in the view of the Task Force, are totally inappropriate for medical appointments.

Authorities which invite or encourage applicants to make an informal visit must make clear to all those involved, including the candidates, whether this is to constitute part of the selection process. If it does so, the same safeguards must be applied as for a formal interview. Information from pre-selection visits should only be included in subsequent sifting and the

interview process with the prior agreement of the Chair of the selection panel and where clear non-discriminatory procedures have been agreed for its consideration.

Records

4.7 Reasons for the selection or rejection of applicants must always be recorded at both shortlisting and interview stages. All records, including notes made by selectors, should be retained for at least six months. They may be required if a complaint is made to an industrial tribunal. The Chair of the selection panel, together with the administrator where applicable, must ensure that a satisfactory record of the interview process is made. This is important not only in the event of a specific complaint, but so that the basis of selection decisions can be examined by the authority if the monitoring process indicates that this is justified (see paragraph 4.9 below).

Challenging discrimination in the selection process

4.8 A procedure is required for selectors, or an administrator, to report suspected instances of discrimination in the selection process. An officer, such as the regional or district medical officer or director of personnel, must be nominated to investigate any such allegations. Their role should be referred to in the guidance for selectors. Any investigation must be completed before the appointment in question is offered.

Ethnic Monitoring

4.9 Applicants for all posts should be requested to state their ethnic origin either on an application form or, where curricula vitae are relied upon, by circulating a separate monitoring form. This information should be used to analyse the success rate of applicants from different ethnic groups at shortlisting and interview stages so that disparities can be identified. If found, these indicate the need for appropriate remedial action. The Task Force has published detailed guidance about ethnic monitoring.

The analysis of ethnic monitoring data is normally undertaken by medical staffing or personnel officers on behalf of the regional or district medical officer or director of personnel, who must be responsible for ensuring that appropriate action is taken to remedy inequalities which are revealed.

The number of authorities undertaking ethnic monitoring is increasing, but information is at present less likely to be available for medical than for other staff groups. So long as this remains the case, the possibility of dealing with discriminatory practices internally, before a complainant has recourse to formal legal processes, is correspondingly reduced.

Allocating responsibilities

4.10 All members of AACs and other selection panels share the responsibility for ensuring equal opportunities in the selection process. The Chair of the panel carries particular responsibility for its conduct. The procedures suggested above also envisage particular roles for regional and district medical officers, directors of personnel and selection panel administrators. All may be required to account for their decisions and actions if complaints are made to industrial tribunals. They must be provided with adequate guidance and training to ensure that they can carry out their responsibilities effectively.

5 FINAL NOTE

5.1 The Department is considering further guidance about safeguarding equal opportunities in hospital medical appointments, which the Task Force welcomes.

5.2 At present, practices adopted for the selection of hospital medical staff do not promote equal opportunities or prevent considerable discrimination against black and ethnic minority doctors. Members of medical appointment panels are less likely than other selectors in the health service to apply procedures consistent with the recommendations of the codes of practice. Furthermore, lack of appropriate guidance for those involved in selection leaves them vulnerable in the event of complaints to industrial tribunals. The Task Force recommends all medical staff and others involved in the selection of hospital doctors to consider the advice in this paper carefully, together with guidance from the Department, and to encourage their authorities to review their procedures accordingly.

APPENDIX

EXAMPLE OF GUIDANCE FOR SELECTION INTERVIEW PANELS (MEDICAL APPOINTMENTS)

The (name) health authority is committed to an equal opportunities employment policy. These notes are provided to ensure that selectors are aware of relevant equal opportunities legislation and codes of practice, and that the authority's policies are adhered to in selecting staff. The Chair of the selection panel must ensure that copies of the notes have been circulated to all members of the panel.

Legislation: Legal liability

The Race Relations Act 1976 makes it unlawful to discriminate directly or indirectly on grounds of colour, race, ethnic or national origins or nationality. The Sex Discrimination Acts 1975 and 1986 make it unlawful to discriminate directly or indirectly on grounds of sex or marriage.

Applicants for employment who believe that they have suffered unlawful discrimination have the right to bring a complaint to an Industrial Tribunal. Individual members of selection panels, as well as the health authority, have liability under both the Acts.

Definitions of Discrimination

Direct discrimination involves less favourable treatment on grounds of race, sex or marital status.

Indirect discrimination occurs when a condition or requirement is applied to all candidates which in effect excludes disproportionately more people of one sex or racial group. Such requirements are unlawful unless justifiable, that is unless the need for the requirement outweighs its disparate impact.

Codes of Practice

The Commission for Racial Equality and the Equal Opportunities Commission have published codes of practice, approved by Parliament, which recommend procedures to ensure the elimination of discrimination on grounds of race, sex and marriage. Although the codes are not legally binding, they may be taken into account by Industrial Tribunals in relevant cases.

Selection Procedures

The authority has agreed the following guidance for selection, which constitutes good practice and complies with the recommendations of the codes of practice.

a All selectors must receive the job description and agree the criteria for selection before interviews commence.

b Selection criteria must not include requirements which discriminate either directly or indirectly on grounds of race, sex or marriage. Selectors should be aware, for example, that preferences related to place of training or for particular career patterns may disadvantage women and ethnic minority candidates. Research studies have shown that they face greater difficulties in career planning.

c Questions at interview must be based on the requirements of the job and the criteria agreed for selection.

d Questions must not be asked which may lead candidates to believe that discrimination has occurred. Questions about nationality, place of birth, length of residence in this country, marital status, children, family plans and domestic responsibilities may lead to such assumptions. A useful "rule of thumb" is not to ask questions of particular candidates which would not be asked of all candidates regardless of their race or sex.

e Selectors must ensure that their initial reaction to an unfamiliar accent does not prohibit a balanced judgement of an otherwise fluent English speaker's ability to communicate.

f Candidates must be assessed solely on the relevant qualifications, knowledge, experience and other qualities agreed as selection criteria. Interviews must be as objective as possible and give all candidates the opportunity to demonstrate their abilities. Selectors must not use "double standards" in judging merit by applying varying standards to male and female candidates or candidates from different racial groups.

g Selectors must guard against unconscious discrimination which arises from stereotyping and generalised assumptions about the characteristics, capabilities and motivation of different racial groups, and male and female candidates. Nor must decisions be affected by assumptions about attitudes to the employment of ethnic minority and women candidates by patients and future colleagues.

h Informal visits are not part of the selection process. Information about candidates obtained during such visits must not be taken into account in selection.

i "Patronage", which includes unsolicited references, has been shown to disadvantage ethnic minority and women candidates. Only the written opinions of formal referees should therefore be taken into account. Selectors who wish to introduce additional information about candidates must inform the Chair of the selection panel in advance, who will decide whether supplementary information may be put before the panel. Any additional information taken into account must be clearly recorded.

j The Chair or administrator of the panel must record the selection criteria and reasons for the selection or rejection of candidates. Interview records must be retained for at least six months. All selectors must retain their notes for the same period; they may be required in the event of a complaint to an industrial tribunal.

Reporting suspected discrimination

Any member of the selection panel who believes that unlawful discrimination is taking place must draw the matter to the attention of the Chair, who must decide whether it is appropriate for the selection procedure to continue. Any such incidents must be reported to the (regional/district medical officer/director of personnel). In these circumstances, the recommendation of the panel must not be made known to the candidates until the matter has been resolved.

Further guidance

Further guidance, copies of the relevant codes of practice and the authority's equal opportunities policy are available from the personnel department, who can arrange appropriate training for selection panel members.

Note The Race Relations and Sex Discrimination Acts make provision for being of a particular sex or racial group to be a "genuine occupational qualification" for particular posts in certain specified circumstances. These notes do not apply to such posts. The genuine occupational qualification provisions may only be applied with the prior agreement of the (regional/district medical officer) and director of personnel.

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Racial Equality: the nursing profession. Occasional paper no 6. London, King Edward's Hospital Fund for London, 1990. Price 3.95.

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