NHS England

Responding to Discrimination Toward Doctors in Training to Become GPs

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Doctors in GP training are increasingly reporting incidents of racial abuse from patients, carers, staff, or the public during consultations, home visits, remote consultations, or within hospital training environments. Incidents may include:

- Verbal racial slurs, insults, or stereotyping
- Threatening behaviour
- Physical aggression
- Online or written abuse
- Discriminatory refusal of care

All racial abuse—whether “low-level” or overt—is subjective in its impact. A doctor in training’s interpretation must be respected. If a Doctor in Training considers the incident harmful, then it warrants full support and action.

Sources of support for doctors in training

Doctors in training should be provided with clear signposting to:

- GP School training support teams - TPDs
- The Lead Employer Trust
- Freedom to Speak Up Guardians
- External racial abuse support organisation's

See appendices for details of support services and contacts.

Procedure in the event of racist abuse

1. Summary of steps

- **Safety** – Ensure immediate safety of doctors in training and others.
- **Police** – Contact if threat or violence is present.
- **Act, De-escalate and Resolve** – De-escalate and continue care only when safe.
- **Notify** – Inform senior practice management, hospital lead clinical supervisor, GP School and The LET.
- **Immediate Support** – Provide immediate, compassionate support to the trainee.
- Gather Evidence – Record details, witness statements, CCTV, written notes.
- **Hospital or Practice Response** – Decide management action, review impact on trainee.
- **Hospital or Practice Learning** – Reflect as a team and implement improvements.

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2. Details on each step

Safety

Employers have legal obligations to protect trainees. Practices should ensure:

- Lone-working procedures for doctors in training
- Emergency call systems
- Safe consulting room layouts
- Rapid access to colleagues when consulting remotely or face-to-face

If risk is ongoing, remove the trainee from the situation immediately.

Police

The police should be contacted:

- When the trainee or others are at risk
- When an incident may constitute a hate crime

Call **999** for immediate danger; **101** for reporting after the incident.

Act, De-escalate and resolve

Training practices and host hospital departments should use recognised de-escalation models. Prioritise trainee wellbeing above the needs of the perpetrator. Where the perpetrator remains a patient, emergency medical needs must still be met.

The trainee should not be asked to continue the consultation after experiencing racial abuse.

Notify

As soon as it is safe:

- Notify the S**enior manager / GP trainer/ Clinical Supervisor** on duty.
- Notify the **Lead Training Programme Director (LTPD) or DME of the Acute Trust for GP**, via liveflow.
- Inform the PSC and AD for quality
- Notify the **The Lead Employer (The LET)** structure

This ensures that the incident is logged, support is mobilised, and patterns of racial abuse are recognised.

Immediate support

Ask: *“What do you need right now?”*
Provide:

- A private space
- Time away from clinical duties (do not assume they can continue)
- A supportive colleague to stay with them
- Refreshments, reassurance, and written signposting to support

Offer—but do not pressure—the trainee to return to duties later if they choose.

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Gather evidence

Collect:

- Witness accounts and contact details
- Trainee's contemporaneous notes
- Any CCTV or telephone recordings
- Screenshots or saved abusive messages

Record all details clearly, objectively, and promptly.

Response

The doctor in training should meet with:

- Their **GP trainer**, and/or
- **Practice manager**, and/or
- **Lead Training Programme Director,** and/or
- **The DME of the Acute Trust for GP or AD for quality**

The following should be discussed:

- Doctors in training's welfare and support needs
- Potential impact on training progression
- Whether the incident should trigger formal action (e.g., patient removal, internal HR action)
- Adjustments or safety measures for the trainee moving forward

The GP School and LET should receive updates if risk, patterns, or support concerns continue via liveflow.

Learning

Hold a reflective meeting—facilitated if needed—with:

- All staff
- Training team
- Doctor in training (if they choose to attend)

Review:

- What happened
- What went well in the response
- What needs improvement
- What preventive or protective measures should be put in place

Learning outcomes should be captured as part of significant event analysis and shared with training leadership when appropriate

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Appendices

External support contacts

- **Victim Support** – https://www\.victimsupport\.org\.uk
- **Tell MAMA (Monitoring Anti-Muslim Abuse)** – https://tellmamauk\.org
- **Stop Hate UK** – https://www\.stophateuk\.org
- **Equality Advisory & Support Service (EASS)** – https://www\.equalityadvisoryservice\.com
- **Crimestoppers (Hate Crime Reporting)** – https://crimestoppers\-uk\.org
- **True Vision (Police Hate Crime Reporting)** – https://www\.report\-it\.org\.uk

Contact the School of Primary Care using the support form:

- Support form – to request support from the training programme in relation to any queries or concerns.

North Cumbria GP Training Programme information

Durham & Tees Valley GP Training Programme information

Northumbria GP Training Programme information

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