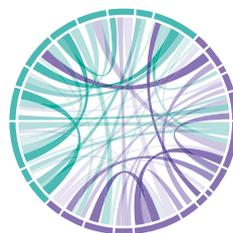




Active Inclusion, Challenging Exclusions:
Supporting students of different faiths

May 2023



msc Medical
Schools
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For the future of medicine

Foreword

I always felt embarrassed to share my Islamic faith as a medical student, and I have heard comparable stories from past and current students. There is a misunderstanding that having a faith is incompatible with excelling as a doctor or dentist. One negative experience still lingers with me. I remember, as a student, rushing to prayers while on a hospital placement. I needed to complete ablution and started performing this in a nearby bathroom. As I was about to finish the ritual, a professor walked in. I still remember his face; he had both a puzzled and angry look. It made me feel that what I was doing was wrong, and I had done something extremely unprofessional. I quickly ran out, hoping that he would not remember me or this incident.

Instances like this, where students feel excluded or different, continue to plague both medical and dental schools in the UK. However, there is a change in the air; a real desire to shift the way that undergraduate Medicine and Dentistry approach the diversity of their student body. Schools are realising that having a faith can enrich one's clinical practice, and thus improve patient care. However, there can be no

celebration of this positive quality without giving students the safe space to thrive in their learning environment.

The Medical Schools Council (MSC) EDI Alliance, collaborating with the Dental Schools Council (DSC), has worked to ensure they hear the voices of students who belong to a faith group. It has utilised the expertise of both staff and students,

to produce a definitive guide for staff and clinical providers. Our vision is that this staff guide will empower both staff and students, in understanding different faiths better, and addressing issues of exclusion and discrimination.

I would like to thank all the contributors to this important document, particularly the MSC



Dr Enam Haque

Chair, MSC EDI Alliance

EDI Lead, Roisin McCallion, and our expert writing group of staff and students from different religions.

We should celebrate the diversity of our staff and students, and appreciate the positive contributions that faith makes to clinical practice. The hope is that this guide will be a catalyst for positive change. So much so, that a professor coming upon a student performing ablution, will approach them with understanding and cultural humility, to make them feel they belong in their chosen path.

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1. Introduction

Who is this document for?

This document is for medical and dental schools across the UK. It may also be useful for placement providers who provide clinical education and training for medical and dental students.

Why have MSC and DSC created this guidance?

It is important that students of all faiths and beliefs feel welcome and included in medical and dental education. Inclusive and diverse learning environments result in a better education for medical and dental students and future clinicians. In the long run, this can lead to patients receiving improved and more compassionate care.

Religion and belief are also classified as protected characteristics by the Equality Act (2010). The requirements and standards set out in the GMC's

[Promoting excellence: standards for medical education and training](#) document also states that schools must ensure that “education and training is fair and is based on principles of equality and diversity”, setting out clear equality, diversity, and inclusion (EDI) indicators to be evidenced, making faith inclusion a regulatory requirement.

The GDC similarly highlights the responsibility of dental schools to ensure that students with protected characteristics (including students of faith) are not “discriminate[d] against, harass[ed] or victimise[d]” in their [Standards for Education](#).

This guidance aims to provide readers with advice and suggestions for how to ensure that students of all faiths and beliefs are actively included and able to participate and thrive at medical and dental school.

Intersectionality

The term intersectionality was first used by American legal scholar Kimberlé Crenshaw in 1989 to describe the distinct form of discrimination Black women experienced. Since then, intersectionality has been expanded to critically interrogate the ways in which race, gender, class and other individual characteristics interconnect to produce multiple forms of exclusion and discrimination beyond sexism, homophobia, biphobia, transphobia, classism, ableism, racism, ageism and so forth. This is important as it recognises that individuals rarely fall into one simple category.

While this document will focus upon religion and faith, it should be noted that it is important to keep intersectionality at the forefront of your mind when considering any policy or intervention to support students. It is also important to note that some groups such as



Sikh and Jewish people consider their identity to encompass both a religious aspect and/or an ethnic grouping.

It should also be kept in mind that individuals choose to practice their faiths differently and thus, there may be differences in how students from the same faith practice their religion, for example, religious dress or the view of participation in certain activities.

Institutions should avoid making assumptions based on homogeneous groupings, but instead in a way that accepts variation in practice and does not assume differing values are 'right' or 'wrong'.

2. Institutional governance and student engagement

In December 2021, MSC published a framework entitled [Active Inclusion: Challenging exclusions in medical education](#), with the aim of providing an overview of the challenges that lead to exclusion faced by medical students and staff and suggesting actions that can assist medical schools to identify and decisively address these exclusions.

Many of the messages from this document are particularly applicable to ensuring that students of all faiths feel not only welcome but empowered to thrive at medical or dental school.

Open consultation and partnership

Partnership with and consultation of students in decision making processes allows for local needs to be addressed in a way which effectively caters for the current needs of the student body. This is, therefore, vital in achieving an inclusive educational environment.

Having representatives from your student body who meet regularly with the senior leadership team is a good way to create this partnership. These students should be consulted on decisions relating to creating an inclusive environment for their particular faith group. Some schools have also found that having student representatives on their various governance committees ensures that faith is considered in all areas.

Student feedback

Student evaluation forms can provide a good opportunity to hear your students' concerns and suggested solutions. Schools could include questions on inclusivity as a standard to normalise discussing these themes and to learn from student experiences. This in turn will allow for schools to effectively decide how to prioritise which areas to address.

Student societies

Student faith societies already exist in many medical and dental schools. If this is the case in your school, engage with these groups and encourage them to create guidance to support their fellow students. If faith societies do not already exist in your school, help your students establish them.



Clear commitment

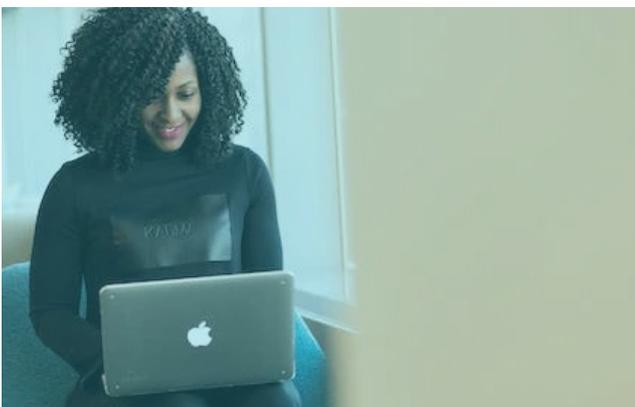
It is important to make it clear to your student body that your school is committed to respecting religious beliefs. This could be done through releasing a public statement with specific pledges, such as to respect religious holidays and provide adaptations wherever possible. Schools should also aim to be transparent in their responses to specific requests from faith groups or individuals raising concerns.

3. Application

Schools could consider having pre-application guidance so that students of faith can understand how their beliefs and practices will be accommodated, and what boundaries exist (e.g., if anatomy teaching is taught entirely by dissection, Niqab is not permitted in clinical settings etc).

This will allow for potential applicants to make informed choices and show that their needs are being considered. Schools could consider developing a specific webpage on faith inclusion for candidates to view in advance of application.

Medical and dental schools should encourage applicants to understand that they can use experiences gained through volunteering opportunities they have undertaken in a religious setting in their applications. This is referenced in the MSC guidance on [Experience relevant to applying to medical school](#).



4. Student induction

Starting medical or dental school can be challenging for all students. Students of faith, however, may have particular concerns. In order to make the process easier for students, it may be useful to create a 'student guide'. This could include details on where to find appropriate food and places of worship, and details of chaplains and other members of staff who can help with faith-based issues.

In several schools, for example [Manchester](#) and [Exeter](#), these guides have been created by student faith groups. Student involvement in the development of the guides is vital, as they will have recently been in the shoes of the new students and will know the most important information to contain. Schools may want to create separate guides for each faith or compile all the information into one consolidated document.

Key information, such as how to apply for single-sex accommodation should be provided to offer holders in advance of induction. Medical and dental schools will need to liaise with wider university teams in order to ensure that they are able to best direct students to the appropriate services and processes.

Schools should ensure that they have welcome activities that are inclusive for students from different faiths. Consider working with your chaplaincy, faith societies and student medical/dental societies to do this. If your school does not yet have an advisor or society for a particular faith, consider networking with local community leaders for that religion while formal and permanent arrangements are established.

5. Report and support

Unfortunately, discrimination towards students of faith does happen. It is vital not only that clear pathways are available for students to report when this occurs, but that sufficient mechanisms are in place to support the student through the process.

This is not only an ethical responsibility for institutions, but also a responsibility set forward by the regulator. One of the indicators listed in the GMC's [Promoting Excellence- Equality and Diversity Considerations](#) document is "learners and educators feel confident reporting incidents of bullying and harassment. The organisation can show that any concerns or incidents are effectively addressed¹".

Institutions must evidence that "systems [are] in place to monitor and record information by protected characteristic, e.g. concerns and complaints. Systems [are] in place to investigate complaints of bullying and discrimination" and provide "examples of how issues have been identified and resolved²."

Schools should appoint a member of staff (or multiple to reduce staff burden), preferably of a faith background themselves, to act as a staff advocate who will be the central point of reporting. Exeter Medical School, for example, has a Race Equality Resource Officer who is directly responsible for providing support to students who experience racism or microaggressions.

1 General Medical Council, Promoting Excellence- equality and diversity considerations (2017) p8

2 General Medical Council, Promoting Excellence- equality and diversity considerations (2017) p7

Meanwhile, the University of Leeds Schools of Dentistry and Medicine have '[Freedom to Speak Up Guardians](#)' who can be contacted by students regarding all issues around discrimination. Where roles such as these are present, ensure that they are highlighted to students when they enter medical/dental school so that they are clear who to contact should they need to do so. Different students will prefer to communicate via different media. Try to ensure that there are numerous methods available to the student.

Some schools have added a question to their end of block feedback forms which asks if students have experienced discrimination or harassment on placement.

When a student reports discrimination, schools should ensure that they are aware of all the available support mechanisms in the school and wider university.

A 'Report and Support' page on your website or intranet with all this information collated may make it easier for the student to make informed decisions about what is right for them.

- The GMC's guidance on whistleblowing can be found [here](#).
- The GDC's guidance on whistleblowing can be found [here](#).

Training for students on how to engage should they face discrimination, particularly through the form of microaggressions, and how to be an effective and safe bystander has proved useful in many schools.

Manchester Medical School, for example, mandated that all third-year students attended active bystander training at the start of their clinical years. Students reported finding this training an empowering experience.

6. On campus

It is likely that there will already be systems in place within your university to cater for students of faith. Ensure that your faculty are aware of these in order to signpost students appropriately. Consider displaying a link to the relevant university pages of your faculty website or student online platform. It may also be helpful to directly remind students of where to find this information on a regular basis. This will also ensure students are up to date with any changes which have been made at a university level.

Prayer rooms

Be aware of where prayer rooms are located on campus to direct your students and who or where they can find this information out from on placement. It is important to remember that in some faiths, it is required that different genders pray separately. It therefore should be ensured that prayer rooms are divisible with either permanent or

temporary barriers (e.g. curtains or room dividers). Facilities to allow students to wash before prayer should be available near the prayer room. If new prayer facilities are being created in your school, students of various religions and university chaplains should be involved with the design process to ensure that they are fit for purpose.

Dress codes

Dress codes will vary from school to school and can usually allow for an element of flexibility. In certain circumstances, such as clinical skills teaching sessions, however, there may be restrictions in place which particularly impact students of faith, for example, the presence of a beard can prevent the passing of fit tests for level 3 PPE, which may cause issues for Sikh, Muslim, and Jewish students.

If clinical skills sessions require adherence to bare below the elbow policy and the wearing of

PPE, schools should ensure that alternatives such as disposable oversleeves and respirator hoods or powered respirators (as per the [NHS uniform and workwear guidance](#)) are available.

Sikh students may wear the Kara; a sacred steel bracelet which they are not permitted to remove. After working with Leicester Medical School's MedRACE University Hospital Leicester Trust changed their [scrubbing, gowning and gloving policy](#) to read "the metal Kara which are worn for religious reasons should be pushed as high up the arm away from the wrist as practically possible (while still allowing comfort for the wearer) and secured in place to enable effective hand hygiene/surgical scrubbing which includes the wrists³." This is comparable to guidance regarding the wearing of wedding rings.

3 University Hospitals of Leicester, Scrubbing, Gowning and Gloving Policy, 2022, p9

Concerning the wearing of the niqab It should be noted that guidance from NHS Employers states that "the NHS has indicated that a general applicable ban on the wearing of full-face veils in the workplace is not necessary or proportionate for any legitimate objective⁴".

Nevertheless, there may be instances in which health and safety concerns are raised. The Equality and Human Rights Commission confirm that health and safety reasons can in some cases justify asking for the removal of certain dress, however, you must be clear why a religious symbol or dress poses a risk to health and safety to avoid discrimination⁵.

4 www.nhsemployers.org/articles/religion-dress-codes-and-chaplaincy

5 www.equalityhumanrights.com/en/advice-and-guidance/religion-or-belief-dress-codes-and-religious-symbols

It is important, therefore, that any restrictions you put in place can be clearly justified. Medical and dental schools need to provide clear guidance to prospective students on the dress codes in place for different learning environments within the schools. This should include details of the type of accommodations they are able to make and those that are not possible.

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ID checks and photographic ID

It is important for ID checks to take place in clinical settings, for security and patient safety purposes. ID checks and photographic ID may, however, cause concerns for students due to their religious beliefs. Offer ways to mitigate these concerns, for example offering a female member of staff to check ID in a private room.

The request to allow students to cover the photo on their ID card is one seen regularly in medical and dental schools. Different schools have different policies regarding this, with some not allowing students to do so for security reasons. Other schools

have opted to allow greater flexibility. Regardless of the stance your school takes, what is most important is that a clear position is determined and communicated.

Clinical skills sessions

Taking part in clinical skills sessions which involve the examination of colleagues of the opposite sex may be a cause of concern for some students. Students who do not wish to be examined should be respected without questioning. Schools may also receive requests from students to be exempted from examining members of the opposite sex. It is important that these requests are handled sensitively.

Students should be made aware, however, that as a clinician, they will have to examine patients of all genders, and, as a result, this will also be required both in training and assessment at medical and dental schools. Should a student still have reservations, it could be useful to direct them to the

university chaplain or staff advocate of their faith for further discussion.

Ensuring that prospective students are aware that examining members of the opposite sex is a requirement of the course should reduce the number of students raising these concerns during their training.

Anatomy and dissection

Further concerns can come regarding anatomical dissection of cadavers. Some schools have accommodated for this by using pro-sections, anatomy models and computer-aided anatomy learning instead. Having this as an option will allow for greater religious inclusivity. The method(s) used in anatomy teaching should be clearly communicated to students in advance of application and acceptance of a place on the course.

Ultimately, it is important that all policies, restrictions, and pathways to accommodations are clearly laid

out to both current and prospective students; this proactivity will make it easier and more transparent for staff and students alike.

Observing the Sabbath

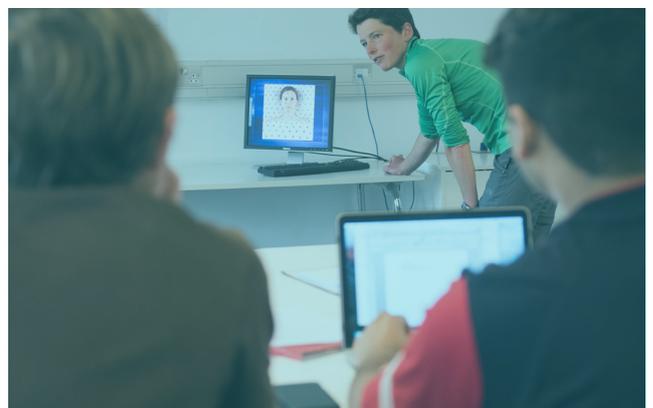
During the winter months when the sun sets earlier, Jewish students may need to leave teaching earlier to begin the Sabbath. Some schools have allowed students to leave early to welcome the Sabbath and then return carrying nothing. In order to facilitate this, security had a list of students, accompanied by their photos, in order to allow them to enter without showing ID. The students could then listen to lectures and interact in small group work. In these cases, non-Jewish peers were encouraged to share their notes with their Jewish peers after the Sabbath.

Training and awareness

Members of staff will naturally have varying levels of knowledge around different religions and the

needs of students and staff of these faiths. Providing training or links to educational resources (such as those in chapter 13 of this document) can help to ensure that staff have a baseline knowledge in order to help cater to students' needs.

Specific staff and student training on topics such as bias and cultural humility can also help foster an inclusive environment. At Southampton Medical School, videos on cultural awareness are currently in production. Such training is not only desirable for creating an inclusive environment but is also a regulatory requirement.



In their [standards for education](#), the GDC states “supervisors must be appropriately qualified and trained. This should include training in equality and diversity legislation relevant for the role⁶”, and that “Examiners/ assessors should have received training in equality and diversity relevant for their role⁷.”

Embedding opportunities for students to learn about different faiths in the curriculum and beyond can not only improve inclusivity

6 General Dental Council, Standards for education, (2015), p4

7 General Dental Council, Standards for education, (2015), p7

among the cohort, but also allow students to provide more inclusive care to their patients in the future. Cardiff Medical School, for example, are developing a series of Celebrating Diversity events where staff and students alike can learn about different faiths and cultures at strategically located stands throughout the school.

7. Clinical placements



Clinical placements can be a daunting experience for students. It may also raise particular issues and questions for students of faith. Providers may also have questions regarding the adaptations these students may need on placement. Preparing guidance in advance for both students and providers on what is expected can make the experience easier for all involved. This is in line with the GMC's guidance on undergraduate clinical placements which states:

“When medical schools arrange placements for students, they should:

- consider the student's culture or religious values and how to respect them in different areas of practice. Students should be given guidance or policies before the placement. For example, dress code or religious observance
- be aware of any specific requirements the student has for their placement. The placement provider should be told about this
- remember their obligations under the Equality Act 2010. There must be no unfair discrimination on the grounds of religion or belief, age, sex or gender, marriage and civil partnership, race, sexual orientation and disability as they organise clinical placements.⁸”

8 General Medical Council, Guidance on Undergraduate Clinical Placements, (2022), p8

Induction

Induction is key for clinical placements. Encourage placement providers to proactively ask all students if they have any faith needs at the beginning of the clinical placement. This removes the burden of the student having to raise it themselves, alleviating the worry of being branded a ‘difficult’ student.

This advice could be included in placement guidance which is sent to all providers. Catering for students of faith should be instilled as a key element of core Clinical Placement Supervisor (CPS) training. You may also wish to provide specific training modules for CPSs about different faith groups and their specific needs, and/or cultural humility.

Partnership working with clinical placement providers for accommodations for students from a faith background

Schools should be aware of the adjustments offered by the different partners in their geographical footprint. The simple rule of thumb for providers should be ‘what adaptations do you make for your staff? These adaptations should be made for students too!’ For example, providers have a duty to accommodate for religious dress, as per equalities legislation. NHS England’s guidance on workwear for NHS Employers includes guidance on adaptations for religious dress.

It may be helpful to ensure that providers are aware that it is their duty to accommodate for students in this way. It should not, however, be assumed that NHS Trusts and primary care providers will have the

same policies in place as medical/dental schools or that all staff will be informed regarding the necessary faith considerations and policies.

Schools should ask Trusts/providers for access to their policies in advance to ensure that the needs of their students will be covered. It can also be useful to send helpful guidance and documentation to programme leads for distribution to their team, to ensure that everyone has access to the information, regardless of general trust procedures. The University of Exeter Medical School, for example, produced guidelines for clinical placement providers to support students who wish to wear a hijab or head covering or head scarf.

Conscientious objection

Guidance on conscientious objection around taking part of procedures has been produced by the GMC and MSC. The guidance states:

“60. Doctors may choose to opt out of providing certain types of treatment because of their personal beliefs and values, as long as this does not result in discrimination against individuals or groups of patients. If a doctor has a conscientious objection to arranging or providing a particular procedure, they must explain this to the patient, tell them about their right to see another doctor and make sure they have the information to do so.

Doctors must not express disapproval of the patient’s lifestyle, choices or beliefs in doing this. You can find more information in the GMC’s guidance Personal beliefs and medical practice.

61. Medical schools have an obligation to make adjustments for cultural or religious beliefs, but they must balance these adjustments against practical considerations. For example, they may need to schedule clinical placements or

assessments during certain religious festivals or at times of religious observance.

62. As a medical student, you also have the right to hold a conscientious objection to some types of treatment and you should discuss this with your medical school. However, you must achieve the capabilities described in the GMC's Outcomes for graduates.⁹

The full guidance can be found [here](#).

Dress codes

There may be dress code restrictions in place which particularly impact students of faith, in the clinical environment. For example, a student with a beard may fail a fit test for level 3 PPE in aerosol generating areas (AGE). This may cause issues for Sikh, Muslim and Jewish students who may

keep a beard for religious reasons. Schools should ensure that clinical providers have respirator hoods or powered respirators (as per the NHS uniform and workwear guidance) available for these students, rather than forcing them to shave their beard.

Some clinical environments require adherence to bare below the elbow policy. Students should not be questioned as to why they cannot adhere to this policy, as they may have personal reasons for this not related to religion. Clinical providers should ensure that alternatives such as disposable oversleeves are available on placement for students who request this.

Exact policies regarding dress code will vary from trust to trust. It is important to note that while employers are allowed to put restrictions in place on the basis of health and safety, these must be considered proportionate. The NHS has indicated, for example,

9 General Medical Schools Council, *Achieving good medical practice: guidance for medical schools* (2016), p37-38

that “a general applicable ban on the wearing of full-face veils in the workplace is not necessary or proportionate for any legitimate objective”¹⁰.

Should a student feel they have unreasonably been asked to remove an item of religious dress, it is important that they feel supported in challenging this. The GMC advises that if a trust is unwilling to make reasonable accommodations for students, schools should consider whether this placement is suitable for medical students.

Just as schools may withdraw students when placements have safety issues or quality of education issues, so it is also possible to make such considerations based on equity issues.

10 <https://www.nhsemployers.org/articles/religion-dress-codes-and-chaplaincy>

Prayer spaces

The GMC’s guidance on undergraduate clinical placements states that “placement providers should make sure students have access to facilities to observe their faith. This should include appropriate breaks¹¹.” Students should be informed in advance where these facilities are and how to request breaks.

Some schools put policies in place to allow students to request that their Friday placements are near a Mosque or other appropriate prayer location. Providing the option for Jewish students to request placements which are easily commutable to a Synagogue to begin the Sabbath on a Friday can be particularly helpful during the winter months of reduced daylight.

11 General Medical Council, Guidance on undergraduate clinical placements (2022), p20

Reporting faith-based discrimination

Unfortunately, there is still a chance that students of faith may face discrimination or encounter issues while on placement. The GMC's Guidance on Undergraduate Clinical Placements states "Agreements between medical schools and placement providers should set out a process for raising concerns... The agreement should contain a clear series of steps for raising a concern and explain the appropriate action to address the situation."¹²

Having an identified person within your school to whom faith concerns can be addressed can make navigating issues on placement easier for students. Schools should make sure that this individual has a visible presence and is easily

12 General Medical Council, Guidance on undergraduate clinical placements (2022), p11



contactable. Staff advocates within the placement setting can also be useful. This could be a hospital chaplain, a university race equality officer, or a designated member of the clinical team. In Southampton, faith advisors from student services provide both general guidance as well as assistance with individual cases, including advocating for students and providing pastoral support.

In England, students should be made aware of the Freedom to Speak Up Guardians as an additional source of support, should they not feel they are able to escalate concerns through other pathways.

Training

Schools may wish to consider offering students active bystander training again before they go on their first placements to empower them to deal with any microaggressions or discrimination they face in clinical areas. Training for students on how to engage should they face or witness discrimination, particularly through the form of microaggressions, and how to be an effective and safe bystander has proved useful in many schools.

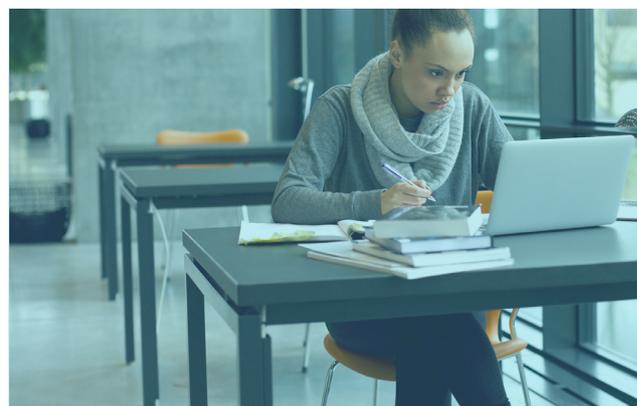


8. Academic timetabling

Given the complex nature of medical and dental courses, timetabling can be incredibly difficult at the best of times, particularly when clinical placements are involved. Despite this, it is vital to acknowledge the important part religious holidays may play in the lives of students and find ways to accommodate for their celebration. There are various ways of navigating leave for religious holidays.

The [University of Exeter's guidance](#), for example, states: "The University will make every effort, in its timetabling of exams, to avoid holding exams on religious days or festivals which occur during exam periods for those students whose commitment to the observance of their faith would otherwise cause them to miss the exam. If this affects you, you must fill in the Exams and Religious Observance form".

Whichever system your school uses, ensure that it is well communicated to students in good time so that they know the attendance policy and how to apply for leave or report absence.



Calendar of religious festivals

Keeping track of the major religious festivals can allow you to avoid timetabling other significant aspects of the course at these times in the first place, thus minimising disruption. At Southampton Medical School, for example, a faith diary has been produced to help with scheduling.

Communications

Sending out emails to staff and students to acknowledge religious festivals can be a good way to increase inclusivity and ensure that staff are not surprised if students make requests relating to the holidays. These emails should be celebratory in tone and could provide information such as what the festival is and why it is important.

Collaborative advance planning

It is also important to highlight to students their responsibilities, such as the importance of asking in good time. There are festivals, however, for which the date is not known well in advance. Eid, for example, can vary by 1-2 days depending on the moon sighting. In these instances, students could be asked to provide all the dates the holiday could potentially fall on to allow for contingency planning.

Extended religious festivals

Some religious festivals may span an extended period of time (e.g. Navrati and Hajj). Medical and dental schools should consider in advance how requests for authorised absence will be handled in these circumstances, particularly if existing policy states that prolonged absence is not permissible. Schools could explore the option of remote learning in these cases, if possible. Parity is necessary with how these requests are considered alongside other requests for prolonged absence due to other protected characteristics.

Should it not be possible for extended absence to be accommodated without a significant loss of teaching and therefore a failure to cover all learning outcomes required by professional bodies, discussion should take place with the student

regarding what the impact would be to allow them to explore the options available to them and make decisions in an informed manner.

Prayer breaks

Some students may need to pray during teaching time. Accommodations such as recording lectures and swapping teaching groups and/or placement times can be put in place to cater for these students. This will be more difficult for some kinds of teaching than others. For example, leaving a clinical session where a dental student is responsible for their own patient or where a medical student is assisting in theatre would need to be dealt with differently to leaving a lecture.

Different schools have different policies in place to deal with these requests. At Leeds Dental Institute, for example, the following guidance is provided:

- Students should advise their supervising clinical tutor at the beginning of the session if they wish to go to prayers within that session.
- Students will discuss with their tutor the nature of the treatments / assisting and identify if it may be possible for a prayer break to be accommodated in that session.
- Students should appreciate that it may not always be possible to accommodate a break and even when a tutor has indicated that this should be possible, a change in the session plan may result in it becoming impossible to accommodate a break.
- The break is expected to be of short duration (approximately 10 minutes).

Students at Exeter Medical School are advised to “discuss their prayer schedule with their clinical tutors in

advance to allow for early planning and minimising disruption to staff and patients.”

Nevertheless, whether a break for prayer can take place is ultimately at the discretion of individual tutors. Other schools have found scheduling regular breaks within teaching sessions (e.g., 5-10 minutes every hour) and having spare rooms to prayer nearby has proved a successful way of accommodating changing prayer times.

There are certain prayer times that are communal. This includes the Friday (Jummah) prayers for Muslim students. Some schools, such as the University of Warwick Medical School, have blocked off 1-2pm as protected time. This is to allow Muslim students to undertake Jummah prayers. This is an easy way to avoid disruption for all in advance. Timetabling for prayers can be more challenging

in the winter months when days are short, and 2-3 prayers must be done in succession between midday and evening. Tutors should explore ways to accommodate this for their students. If it will be difficult, students should be advised to discuss with a chaplain or faith advisor and explore options such as combining and/or shortening prayers.

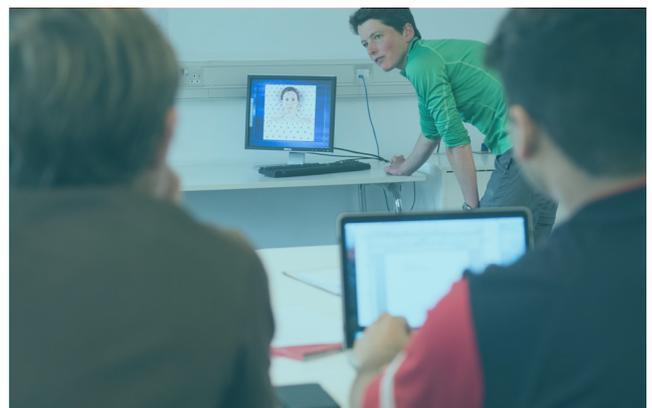
As with religious holidays, it is important that students are aware of their responsibility to make requests for these adaptations in good time for timetabling adjustments to be made and in line with their institution’s policy. Once again, the importance of having these policies clearly laid out and visible to students cannot be overstated.

9. Assessments

Schools should consider the needs of students of faith in assessments. It is particularly important to avoid timetabling assessments on holy days. This can be avoided by assessment teams keeping track of the major religious festivals in each academic year. Some schools have opted to produce a calendar highlighting these days at the start of the year. This allows for effective advance planning and prevents students having to ask for exemptions.

Schools should also avoid scheduling exams on Friday afternoons to allow for Jewish students to observe the Sabbath and to also avoid clashing with Jumma prayers for Muslim students.

Some students may request a period to pray during examinations. While this may appear difficult to grant, this could be handled in a similar way to rest breaks provided for disabled students. It is vital that sufficient invigilators are available to facilitate for several students requesting to leave to pray at the same time. Discussions between the student and their local faith advisor regarding combining and/or shortening prayers could also be considered at these times.



10. Fasting

Many of the major religions, such as Hinduism, Judaism and Islam, have periods of time in which fasting is practised. Many students and clinicians find they are able to work as normal on fast days, but this may not be the case for everyone. Adaptations can be put in place to help mitigate this, for example, avoiding scheduling examinations in these periods.

Medical and dental schools may find it difficult to avoid the month of Ramadan when scheduling exams. If a medical/dental school needs to run assessments during Ramadan or other fast periods, they should consider whether they can offer any accommodations to fasting students who might require them.

For example, some schools have offered students the option of picking a morning or afternoon slot for their OSCE, to accommodate for the fact that students may have been up early to start their fast.

In some cases, it may not be possible to offer accommodations. In these circumstances schools can consider any impacts of fasting on the student through their mitigating circumstances policy. A student may feel they are fit to sit when they start an exam but may, for example, experience adverse impacts on their concentration from fasting during the assessment meaning they are unable to complete the assessment.

People will respond differently to fasting and therefore it is important that dental and medical schools listen to individual students and look at any issues on a case-by-case basis.

Allowing students time to break their fast is also very important and should be considered when scheduling both assessments and teaching. If an examination is scheduled to run over sunset, schools should offer short, supervised breaks for students to break their fast before resuming their assessments.



These breaks should not count towards the total time they have for the assessment. Similarly, tutors should enable students to break their fast during a teaching session.

11. Monitoring

Repeatedly making requests for adjustments on the basis of religion can be an emotional burden to students. Some schools have, therefore, provided the option that requests for religious accommodation are kept on their student file.



This could include:

- The student's religion or belief
- The nature of the accommodation requested
- If the accommodation was made, how so
- If the accommodation was not made, the 'objective justification'.

It should be noted that the recording of this information should be done so only with the student's consent.

12. Key messages

- Proactivity is key.
- Frequently consult with and empower students from different faiths – utilise their expertise and ideas!
- Communicate to students in advance of their application so that they can make informed choices.
- Ensure that pathways to report discrimination or request adaptations are clear and visible to all students.
- Communicate with placement providers regarding what adaptations for students of faith are expected to be in place.
- Provide training from the point of induction for staff and students on topics such as bias, microaggressions, cultural humility and how to be an active bystander.
- If you are unsure about something, consult university chaplains or local faith leaders.
- Communicate actively with students regarding their needs.
- Make your school's commitment to inclusion clear!

13. Resources

[Manchester Muslim Medical Student Guide](#)

[University of Exeter Muslim Student Guide](#)

[University of Leeds Freedom to Speak Up Guardians](#)

[GMC Guidance on whistleblowing](#)

[GDC Guidance on whistleblowing](#)

[NHS Uniform and Workwear guidance](#)

[University of Exeter Religious Observance Guidance](#)

[University of Exeter Guidance on Prayer & Reflection Rooms](#)

[University of Exeter Guidelines for clinical placement providers to support students who wish to wear a hijab or head covering or head scarf](#)

[St George's, University of London Religion & Belief Code of Practice Guidance](#)

[GMC Religion and Personal Belief Guidance](#)

[NHS England Freedom to Speak Up Guardians](#)

14. Acknowledgements

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