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RCEM Equity Diversity and Inclusion Committee

Position statement regarding terminology and labels used to describe ethnic groups.

Introduction

The implications of terminology used to describe different ethnic groups are important to consider due to the subjective nature of ethnicity and race. Both ethnicity and race are social constructs yet refer to the classification of people and groups relationships¹. Ethnic identification is malleable and can change according to social and political contexts, yet in terms of research and representation it is important that clear and consistent terminology is utilised to accurately convey the different experiences that people face.

Why terminology is important?

The study of ethnicity raises definitional and measurement issues about what ethnicity is and how this relates to people's social and economic circumstances, along with their experiences and whether it is appropriate to categorise ethnicities into groups at all. Membership to an ethnic grouping is something that is self-defined and meaningful to an individual. Therefore, it is important to be considerate and accurate when defining someone's ethnic group as this terminology acts as a form of representation, not only for the individual but for the group in question². The use of broad ethnic/racial terminology has become important in identifying those who experience discrimination based on their skin colour or physical appearance.

Moreover, labels to categorise ethnic groups are particularly integral when carrying out research. There are different ways of constructing ethnicity and each will have different consequences for the research undertaken, the conclusions drawn, and for those under study (as well as those who are not). Research findings may therefore directly influence attitudes towards members of ethnic minorities. It is thus our responsibility to be considerate in our approaches to examining ethnic inequalities in Emergency Medicine.

RCEM use of ethnicity labels in surveys

Categorisations are necessary in allowing us to identify disproportionate health burdens, yet we need to ensure that labels acknowledge the complexity of identity and avoid over-conflation of diverse groups³. RCEM utilises ONS categories in its

¹ Ethnicity and Nationalism Third Edition: Anthropological Perspectives, Thomas Hylland Eriksen, 2010.

² Ethnic/Racial Terminology as a Form of Representation: A Critical Review of the Lexicon of Collective and Specific Terms in Use in Britain, Peter J. Aspinall, 2020.

³ Categorisation and Minoritisation, BMJ Global Health, 2020.

surveys to allow for consistency and comparability with different sources across the UK⁴. However, RCEM recognises that these labels will not encompass many ethnic identities and therefore, while our surveys provide an extensive list of categories, there will always be the option for respondents to self-describe. Furthermore, we are aware that there exists significant heterogeneity both within and between ethnic groups and therefore no ethnic label will account for the specificity of any individual's life experience. Our aim of collecting data on ethnicity is to highlight and challenge the inequalities that specific minority groups experience in order to push for positive change and never to further minoritise groups.

RCEM use of Black, Asian, and minority ethnic (BAME)

BAME is defined as Black, Asian, and Minority Ethnic and it is often used to refer to people in the UK who are not White. While this term is widely used, there is some contention over the implications of this acronym due to the way in which it combines a variety of ethnic identities under one umbrella term. We recognise that this generalised terminology can homogenise all non-White groups in the UK by erasing not only any social differences, but also the unequal power structures that exist between each group⁵. The generalisation of 'BAME' can be damaging as it has been used to conceal the disproportionate inequalities that some groups experience. For example, the University of Oxford's Centre for Evidence-Based Medicine found that the group most at risk of dying from COVID-19 in the UK is by far the Black Caribbean ethnic group, whilst people within the Chinese ethnic group are statistically less likely to die of COVID-19 than all White ethnic groups⁶. The use of the term 'BAME' when describing disproportionate COVID-19 deaths obfuscates the Black experience by generalising it. Therefore, RCEM will utilise 'BAME' only when it reflects the experiences of all ethnicities that fall under the term or when individual ethnicities cannot be specified, and where possible we will specify which ethnic groups we are referring to, in order to avoid obscuring differences between groups. RCEM's use of BAME reflects the practical need to use a collective term when relevant and an acknowledgement of the limitations will always be included when this term is used to avoid any confusion regarding our intentions around using this acronym.

⁴ Ethnic Group, National Identity and Religion, ONS, <https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/ethnicgroupnationalidentityandreligion>

⁵ Categorisation and Minoritisation, BMJ Global Health, 2020.

⁶ BAME COVID-19 Deaths – What do we know? Rapid Data & Evidence Review, The Centre for Evidence-Based Medicine, <https://www.cebm.net/covid-19/bame-covid-19-deaths-what-do-we-know-rapid-data-evidence-review/>