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# Medical Students' Experiences of Gender Discrimination and Sexual Harassment at a UK Medical School

## ORIGINAL RESEARCH

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### ABSTRACT

#### Background

Gender discrimination (GD) and sexual harassment (SH) continue to be significant issues within Medicine and Medical Education globally. This study examined student experiences of GD and SH at a UK medical school, as well as exploring student perspectives around interventions that might be helpful in reducing GD and SH and supporting students.

#### Method

An anonymous online self-report questionnaire was developed and distributed to participants who were recruited via social media, medical student societies, student learning platforms and teaching sessions. Participants were undergraduate medical students at a single UK medical school. Data were collected about students' experiences of SH and GD during medical school, the impact of such experiences, reporting of these experiences and student perspectives around what medical schools could do to reduce rates of SH and GD and support students effectively.

#### Results

Of the 43 students who completed the questionnaire, 12 students (28%) reported experiencing SH whilst at medical school, of which 42% felt that this had significantly impacted their wellbeing. 19 students (44%) reported experiencing GD, of which 63% felt this impacted on their wellbeing. 2 of these 19 students reported their experience of GD to the medical school, with no students reporting their experiences of SH. 15 students (35%) reported having witnessed SH or GD during their time at medical school. Students felt that GD and SH were normalised and seen as societal issues, rather than issues within medical education. Students described how these experiences impact negatively both on their wellbeing and their learning opportunities.

#### Discussion

SH and GD continue to be prevalent within undergraduate medical education, particularly among students who identify as female. Such experiences impact on student learning and wellbeing, however students are unlikely to report these experiences and often do not access support.

## BACKGROUND

Sexual harassment (SH) and gender discrimination (GD) continue to be significant issues within Medical Education globally, (1-7) with perpetrators including patients, peers and medical faculty. (5-9) The international literature demonstrates that victims of SH and GD within medical education are predominantly female, (2-11) and perpetrators predominantly male, (6-9,14) however gender inequalities have been shown to be greater for men in certain specialties such as obstetrics and gynaecology. (15, 16) Experiences of mistreatment at medical school are related to risk for depression and burnout, as well as the risk of unprofessional behaviour. (17)

Studies suggest that over time, students become more habituated to GD and SH and find methods to deal with these experiences. (10) SH and GD may be under-reported for a variety of reasons including fear of repercussions, (1, 10) with studies suggesting that some students may blame themselves in the situation. (10, 13)

Interventions designed to address GD and SH and increase rates of reporting are being introduced across the world into medical curricula however almost half of medical schools offer no training, or only generalised harassment training outside the context of being a doctor. (18) We know that current interventions are not going far enough in reducing rates of GD and SH, (1, 2, 11) and that reporting and support systems are not fully effective in encouraging students to report such experiences, meaning that students are often not accessing support. (19-21)

This study aimed to investigate student experiences of GD and SH at a single UK medical school, as well as exploring student perspectives in relation to what medical schools can do to tackle GD and SH and support students.

## METHOD

Participants were medical students (years 1-5 and intercalating iBSc students) at a single UK medical school. The study was advertised through social media, on student learning platforms, and through teaching sessions over an eight-week time period.

A self-report questionnaire was developed to collect quantitative and qualitative data about student experiences of SH and GD during medical school through an anonymous online survey (using Microsoft Forms). The questionnaire included five sections; demographic details; experiences of SH; experiences of GD; experiences of witnessing SH and/or GD; perceptions around SH and GD. The questionnaire asked students whether they had experienced SH,

whether they had reported this, and whether their experience had impacted on their wellbeing. The same questions were also asked for GD. The questionnaire also asked whether students had witnessed SH or GD and whether this had impacted on their wellbeing. The questionnaire also included open questions to allow students to share their experiences and perspectives in their own words. Students were asked to rate on a 10-point Likert scale how much they felt SH and GD were an issue at their medical school, with 1 being 'not a problem', and 10 being 'a great problem'. The final open question asked students to share the perspectives around what could be done to tackle SH and GD within the medical school and how the medical school could support students further in relation to such issues. The questionnaire was piloted on a group of 10 medical students (who were not part of the main study) and minor adjustments were made to the phrasing of one question and the formatting some aspects of the questionnaire.

Students were asked to read the online participant information sheet and then provided informed consent prior to completing the online anonymous questionnaire that should take between 10-15 minutes to complete. Students were reminded at the start of the questionnaire that all answers were anonymous, no questions were compulsory and that if they chose to answer free text questions, they should not include any identifiable information about their experience to maintain anonymity. The information sheet also included information about how and where students could seek support if they felt affected by any of the contents of the survey and this information was again provided at the end of the survey.

The quantitative data was analysed using Excel (for Mac version 16.89.1) and SPSS (IBM SPSS Statistics version 27). The quantitative data were thematically analysed following a deductive approach. The transcripts were coded and then the predefined themes applied: Impact of SH and GD; Barriers to Reporting; Supporting Students in relation to GD and SH.

This study was granted ethical approval by the School of Medicine Research Ethics Committee [SMREC 22/22].

## RESULTS

43 students completed the questionnaire. Demographic data are presented in Table 1.

Of the 38 students who responded to the SH question, seven (18%) reported that they had personally experienced SH (see Figure 1). Of these, six (86%) identified as female and one (14%) as non-binary. None of these students reported their experience around the time of the event. Two students (29%) reported that the

MEASURE	ITEM	N / PERCENTAGE
<b>MEDICAL SCHOOL</b>	Cardiff	43 (100)
<b>YEAR GROUP</b>	1	3 (7)
	2	6 (14)
	3	28 (65)
	4	3 (7)
	5	2 (5)
	Intercalating	1 (2)
<b>SEX AT BIRTH</b>	Male	9 (21)
	Female	34 (79)
<b>GENDER</b>	Male	10 (23)
	Female	30 (70)
	Non-Binary	3 (7)
	Other	0
	Prefer not to say	0
<b>ETHNICITY</b>	Asian/Asian British	1 (2)
	Black/African/Caribbean/British	1 (2)
	Welsh/Northern Irish/Scottish/English	37 (87)
	Irish	1 (2)
	Indian	2 (5)
	Prefer not to say	1 (2)

**Table 1:** Participant Demographics.

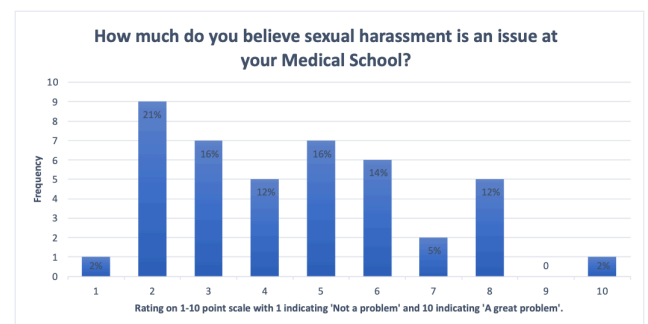
SH had an impact on their wellbeing and education, with another three students (43%) stating that they were not sure whether the experience had impacted on their wellbeing or education.

As shown in Figure 2, 19 of the 43 students (44%) who responded to the GD question reported experiencing GD during their time at medical school. Of these, 16 (84%) identified as female, and 2 (11%) as non-binary. 2 (11%) students reported their experience around the time of the event. Twelve students (63%) said the GD had an impact on their wellbeing and education, with 4 (21%) students reporting that they weren't sure whether the experience had impacted on their wellbeing and education.

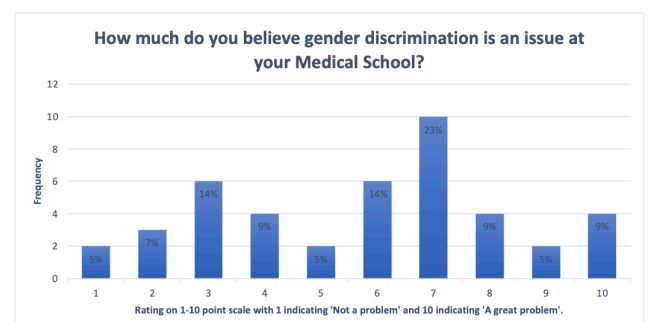
Of the 41 students who responded to the witnessing GD or SH question, 13 (32%) reported witnessing GD or SH [9 female, 3 male, 1 non-binary], with 3 students (23%)[2 female, 1 male] reporting that this experience had an impact on their wellbeing and two students (15%)[1 female, 1 male] stating that they were not sure whether the experience had impacted on their wellbeing.

Participants were asked to rate how much of an issue they perceived GD and SH to be at medical school on a scale of 1-10, with 1 being 'not a problem at all' and 10 being 'a great problem'. All 43 students completed these questions with the average rating for SH being 4.5, [4.3 for male, 4.5 for female, and 5.7 for non-binary students] The average rating for this question for GD was 5.8 overall [4.2 for male, 6.3 for female, and 5.3 for non-

binary students]. The frequency distributions of student ratings on the Likert scales for SH and GD are shown in Figures 1 and 2 respectively.



**Figure 1:** Student ratings as to how much of a problem they felt sexual harassment was at their medical school [1 indicates 'not a problem', 10 indicates 'a great problem'].



**Figure 2:** Student ratings as to how much of a problem they felt gender discrimination was at their medical school [1 indicates 'not a problem', 10 indicates 'a great problem'].

Analysis of the qualitative data based on the predefined core themes, [Impact of SH and GD; Barriers to Reporting; Supporting Students in relation to GD and SH] is presented below along with illustrative quotes for each theme.

### Impact of GD and SH

Students felt that instances of GD and SH increase in the later years of medical school during the clinical placement years. Students described instances of GD and SH impacting on their self-confidence, resulting in students not seeking learning opportunities on placement and in some instances actively withdrawing from learning experiences.

"Makes you not want to go to placement or teaching"

"I missed an entire surgical procedure that day. Also, I never went back to those theatres and made excuses every time I was timetabled to return to that speciality"

"It stopped me from engaging with the rest of the case"

"Initially it made me want to exclude myself and remain quiet, but then I felt very stubborn and determined."

Students also explained that GD resulted in inequalities in learning opportunities which impacted disproportionately on students identifying as female. Students described an implicit bias for teaching a specific gender preferentially. Students described witnessing "female students being turned away on surgical placements" and felt that teaching was often directed at male students. Students explained how such experiences made them feel.

"Constantly ignored by male surgeons and as someone who wants to be a surgeon it's infuriating. Male surgeons will talk to my male student colleague and just blatantly ignore me."

### Barriers to Reporting

Students commented that SH and GD are so common that these behaviours are normalised, so that instances of SH and GD are perceived as insignificant and not serious enough to warrant reporting, although students did feel that these events impacted on them personally.

"Microaggressions don't feel serious enough to report as isolated incidents but throughout the day they build up."

"I did not think it was bad enough"

Students reported not wanting to be seen to be making a fuss as this may have repercussions in relation to their educational supervision/assessments.

"I did not want him to find out that I had reported him as he is in a position of power"

Students also felt that there was the overall perception that SH and GD were societal issues, and that there was no point in reporting these issues as this wouldn't change anything.

"Seems pointless, it won't change the attitudes of these people"

"I didn't believe there would be any repercussions, so I didn't see the point."

### Supporting students in relation to GH and SH

Students felt that there continues to be a need to raise awareness about SH and GD. Students suggested more training for both faculty and students. Students felt that training should focus on clearly defining GD and SH, so that staff and students are trained to understand what GD and SH are, are aware of unconscious bias, can recognise GD and SH, and can intervene and seek support appropriately.

"Greater understanding regarding what counts as sexual harassment."

"Most men that do it probably don't even realise they are doing it."

"Raising awareness and challenging unconscious biases."

"Younger students aware of what is and what isn't sexual harassment and gender discrimination."

"Education and reinforcement of gender equality for all staff members."

"Better education on what these experiences can look like and how to intervene."

"Make sure students know where to get support if they experience or witness either SH or GD."

Students also felt that practical training around managing instances of GD and SH were needed and that training should be delivered at an early stage in the undergraduate medical programme.

"How to speak to patients who are making offensive comments."

"Training about how to respond appropriately if SH or GD occurs."

"More teaching on SH and GD from an early point in the course."

### DISCUSSION

Overall, students reported that GD was a greater problem than SH, and consistent with the current literature internationally, GD and SH disproportionately affected students who identified as female. (3) GD seemed to have a greater impact on students with 63% of those who had experienced GD saying it had an impact on their learning opportunities and wellbeing, compared to students reporting SH, where 29% reported that this impacted on their learning or wellbeing. Only 11% of participants reported the GD incident to the medical school, with none of the participants who had experienced SH reporting this.

GD was reported as occurring more commonly in clinical, as opposed to university, settings again,

consistent with previous studies internationally that have found GD/SH occurring more frequently in the placement based years. Explanations for this have focused on the role of professional status in medicine, with physicians being most commonly reported as the perpetrator. (5) Students may be placed at the lower end of a power imbalance within healthcare teams that facilitates sexual misconduct and discourages students from reporting or getting support. (1)

Few students stated that they reported the incident of GD or SH, with students often feeling that the incident was not significant enough to warrant reporting. Importantly, this study highlights the impact that such experiences can have on students learning opportunities and wellbeing, with students reporting withdrawing from learning opportunities.

This study highlights that one of the key reasons students do not report these incidents or seek support, is that they feel it is pointless and won't change anything as GD and SH are societal issues. The normalisation of GD and SH results in individuals not reporting or getting support. Gender discrimination and sexual harassment can negatively impact on mental health (22) and it is important that students are able to access appropriate support. It is therefore essential that provision of appropriate support for students is core to policies and processes aimed at addressing SH and GD in medical school.

In agreement with previous studies, (1, 2, 5) we found that there is a need for further education globally around SH and GD for both staff and students, along with a need for accessible support for medical students affected by SH and GD.

Currently a third of UK medical students get no sexual misconduct training. (23) Sexual misconduct training is required across all career stages, although the evidence base for the effectiveness of specific training and interventions is currently limited. There is strong evidence that bystander training has a significant effect on bystander intervention, with many medical schools now including bystander training within their core curricula, however there is limited evidence on the effect of bystander training on sexual harassment perpetration. (24) Our study is consistent with the findings of previous studies, in highlighting that students want practical support and training for managing and responding to incidences of GD and SH. (3-5) Further work is needed in this area to continue to build the evidence base around effective interventions and training aimed at tackling sexual misconduct within medicine. As described in a recent report, (25) there is huge potential within higher education to positively influence wider society and challenge discriminatory gender norms, (25) and medical education has a key role to play in influencing this culture change. Guidance from the General Medical Council (GMC) has recently been

published aimed at identifying and tackling sexual misconduct in the healthcare environment with a focus on identifying the behaviours, cultures and norms which may lead to sexual misconduct. (26)

## STRENGTHS AND LIMITATIONS

The strength of this study lies in the rich descriptive data provided by medical students about their experiences of GD and SH, as well as their perspectives around what can be done to address these issues within medical education.

The main limitation of the study is that it is focused on a relatively small number of students from a single medical school. In addition, the potential for selection bias may mean that students who had experienced GD and SH may have been more likely to participate in the study and therefore may be overrepresented, possibly resulting in higher rates of GD and SH being reported by this sample of students. The final limitation is that students identifying as female were overrepresented in the sample, however the proportion of female students was representative of the medical school population. In addition, studies have shown that females are more likely to experience GD and SH, and may therefore be more likely to volunteer to take part in studies that focus on GD and SH.

## IMPLICATIONS

This study builds on research showing that GD and SH continue to be significant issues within medical education that impact on both student learning opportunities and student wellbeing. Students would like to see additional training on GD and SH for both staff and students and a change of culture is needed whereby GD and SH are not normalised and staff and students are supported where they wish to raise their concerns.

## CONCLUSIONS

GD and SH continue to be significant issues within undergraduate medical education and predominately impact on students who identify as female. Students affected by GD and SH may be disadvantaged in terms of their learning opportunities and their wellbeing. Initiatives focused on training staff and students and enabling students to access support should be prioritised.

## REFERENCES

1. Broad J, Matheson M, Verrall F, Taylor AK, Zahra D, Alldridge L, et al. Discrimination, harassment and non-reporting in UK medical education. *Med Educ*. 2018;1(4):414–26.
2. Kisiel MA, Kuhner S, Stolare K, Lampa E, Wohlin M, Johnston N, et al. Medical students' self-reported gender discrimination and sexual harassment over time. *BMC Med Educ*. 2020;20(1):503 [accessed 8 Jul 2024]. Available from: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02422-9>
3. Nora LM, McLaughlin MA, Fosson SE, Stratton TD, Murphy-Spencer A, Fincher RM, et al. Gender discrimination and sexual harassment in medical education: perspectives gained by a 14-school study. *Acad Med*. 2002;77(12 Pt 1):1226–34.
4. Schoenefeld E, Marschall B, Paul B, Ahrens H, Sensmeier J, Coles J, et al. Medical education too: sexual harassment within the educational context of medicine – insights of undergraduates. *BMC Med Educ*. 2021;21(1):81 [accessed 8 Jul 2024]. Available from: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-021-02497-y#:~:text=Overall%2C%2041.3%25%20personally%20experienced%20verbal,with%20all%20victims%20being%20female.>
5. Kisiel M A, Rask-Andersen A, Kuhner S, Zhou XW, Wohlin M, Järhult SJ et al. Medical students experience mistreatment, with a focus on gender discrimination. Cross-sectional study at one Swedish medical school. *Cogent Social Sciences*. 2023;9(2). <https://doi.org/10.1080/23311886.2023.2278245>
6. Hill KA, Samuels EA, Gross CP, et al. Assessment of the Prevalence of Medical Student Mistreatment by Sex, Race/Ethnicity, and Sexual Orientation. *JAMA Intern Med*. 2020;180(5):653–665. doi:10.1001/jamainternmed.2020.0030
7. Faria I, Campos L, JP Tayana et al. Gender-Based Discrimination Among Medical Students: A Cross-Sectional Study in Brazil. *Journal of Surgical Research*. 2022;15;283:102–109.
8. McClain T, Kammer-Kerwick M, Wood L, Temple JR, Busch-Armendariz N. Sexual Harassment Among Medical Students: Prevalence, Prediction, and Correlated Outcomes. *Workplace Health Saf*. 2021;69(6):257–67.
9. Larsson C, Hensing G, Allebeck P. Sexual and gender-related harassment in medical education and research training: results from a Swedish survey. *Med Educ*. 2003;37(1):39–50.
10. Babaria P, Abedin S, Berg D, Nunez-Smith M. "I'm too used to it": a longitudinal qualitative study of third year female medical students' experiences of gendered encounters in medical education. *Soc Sci Med*. 2012;74(7):1013–20.
11. Yecies E and McNeil M. From the #MeToo Frontlines: Incoming Interns Report a Breadth of Experiences Related to Sexual Harassment in Medical School. *J Gen Intern Med*. 2021;36(4):1132–3.
12. Jendretzky K, Boll L, Steffens S, Paulmann V. Medical students' experiences with sexual discrimination and perceptions of equal opportunity: a pilot study in Germany. *BMC Med Educ*. 2020;20(1):56 [accessed 8 Jul 2024]. Available from: <https://dx.doi.org/10.1186/s12909-020-1952-9>
13. Phillips SP, Webber J, Imbeau S, Quaife T, Hagan D, Maar M, et al. Sexual Harassment of Canadian Medical Students: A National Survey. *EClinicalMedicine*. 2019;7:15–20 [accessed 8 Jul 2024]. Available from: <https://dx.doi.org/10.1016/j.eclinm.2019.01.008>
14. Stratton TD, McLaughlin MA, Witte FM, Fosson SE, Nora LM. Does Students' Exposure to Gender Discrimination and Sexual Harassment in Medical School Affect Specialty Choice and Residency Program Selection? *Acad Med*. 2005;80(4):400–8.
15. Zahid AZM, Ismail Z, Abdullah B, Daud S. Gender bias in training of medical students in obstetrics and gynaecology: a myth or reality? *Eur J Obstet Gynecol Reprod Biol*. 2015;186:17–21.
16. Charman, O., Hassoulas, A. and Forty, E. Medical students observing a primary care consultation: does student gender affect patient consent? *Educ for Prim Care*. 2023;34(1), pp. 40–43.
17. Naothavorn W, Puranitee P, Kaewpila W, Sumrithe S, Heeneman S, van Mook W, et al. An exploratory university-based cross-sectional study of the prevalence and reporting of mistreatment and student-related factors among Thai medical students. *BMC Med Educ*. 2023;23(473) [accessed 26 Jun 2024]. Available from: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-023-04462-3>
18. Dowling T and Steele S. Is sexual misconduct training sufficient in the UK-s medical schools: Results of a cross-sectional survey and opportunities for improvement. *JRSM Open*. 2023;14(9): 20542704231198732.

## REFERENCES

19. Chung MP, Thang CK, Vermillion M, Fried JM and Uijtdehaage S. Exploring medical students' barriers to reporting mistreatment during clerkships: a qualitative study. *Med Educ Online*. 2018; 23(1): 1478170 [accessed 26 Jun 2024]. Available from: <https://pubmed.ncbi.nlm.nih.gov/29848223/>
20. Holland KJ, Hutchison EQ, Ahrens CE, Torres MG. Reporting is not supporting: Why mandatory supporting, not mandatory reporting, must guide university sexual misconduct policies. *Proc Natl Acad Sci USA*. 2021;118(52):e2116515118.
21. Russell HA, Fogarty CT, McDaniel SH, et al. "Am I Making More of It Than I Should?": Reporting and Responding to Sexual Harassment. *Fam Med*. 2021;53(6):408-415.
22. Hennein R, Poulin R, Gorman H, Lowe SR. Gender Discrimination and Mental Health Among Health Care Workers: Findings from a Mixed Methods Study. *J Womens Health (Larchmt)*. 2023; 32(7):823-835. doi: 10.1089/jwh.2022.0485. PMID: 37256783; PMCID: PMC10354310.
23. Kettrey HH, Marx RA, Tanner-Smith EE. Effects of bystander programs on the prevention of sexual assault among adolescents and college students: A systematic review. *Campbell Syst Rev*. 2019;18;15(1-2):e1013. doi: 10.4073/csr.2019.1. PMID: 37131477; PMCID: PMC8356505.
24. Dowling T, Steele S. Is sexual misconduct training sufficient in the UK's medical schools: Results of a cross-sectional survey and opportunities for improvement. *JRSM Open*. 2023;13;14(9):20542704231198732. doi: 10.1177/20542704231198732. PMID: 37719087; PMCID: PMC10501073.
25. Mott H. British Council. Gender equality in higher education: maximising impacts [accessed 2 October 2024]. Available from: [https://www.britishcouncil.org/sites/default/files/gender\\_equality\\_in\\_higher\\_education\\_report.pdf](https://www.britishcouncil.org/sites/default/files/gender_equality_in_higher_education_report.pdf)
26. General Medical Council. Identifying and tackling sexual misconduct. 2024 [accessed 2 October 2024]. Available from: <https://www.gmc-uk.org/professional-standards/ethical-hub/identifying-and-tackling-sexual-misconduct#:~:text=If%20you%20think%20you%20want,%2C%209%20am%20%2D%205%20pm>

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