

# Decolonising the Curriculum

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## What is it?

### What is decolonising the curriculum?

A curriculum provides a way of identifying the knowledge we value. It structures the ways in which students are taught to think and talk about the world. Our curriculums can be tremendously impactful to students themselves, and to the people with whom they come into contact throughout their lives.

**In a colonised curriculum the world view presented to learners predominantly belongs to a white, male, affluent, European perspective** (Charles 2019).

More broadly, we can think of Universities as being institutions that generate, store and disseminate knowledge (Collini 2012). A university being 'colonised' in this context implies that structural filters exist on what knowledge is generated, what knowledge is stored, and what knowledge is disseminated. It implies that there is a bias that informs what we count as valid knowledge.

### Why does this matter?

The consequences can range from affecting our students' experiences, to reinforcing structural biases impacting health and society.

In the context of the medical school:

- Student educational attainment gap
- Patient safety
- Health inequalities
- Research quality
- Representation and retention of marginalised groups

## Our goals

Drawing on examples developed by several institutions, we have developed a decolonisation framework that aims to meet the following principles:

• **Sustainable and positive** – The process of decolonisation is gradual, complex and requires time and intellectual investment, and in order for it to be effective it must be sustainable for the lecturers who are leading the work.

• **Transparency and accountability** – We wish to share our process, highlighting existing issues, publishing feedback and describing the thought processes and changes being made to the curriculum. This will be productive for the community, and build trust.

• **Educators own the process** and are **acknowledged**.

• **Iterative** – decolonisation is a process of self-reflection and interrogation, it is continual. Decolonisation activities will be recorded as case studies and highlighted, to share new ideas with others.

• **Collaborative** – with students and the public, involving multiple forms of peer and student review.

## What are we asking?

What decolonising the curriculum asks us to do is to **analyse these biases, and make changes to remove them**. Decolonisation builds upon ideas of inclusiveness by thinking about the causal structures that led to the biases in the first place.

### Decolonisation is disruptive, but that isn't inherently bad

The process of decolonisation deliberately disrupts the systems and assumptions on which we have built our teaching. In many ways it is important that we become comfortable with the feeling of discomfort such re-examinations can generate. If decolonisation is entirely comfortable it is unlikely we are being reflective enough.

**Decolonisation should be a positive and liberating experience that benefits all.** We have an opportunity to intercept the transmission of biases that we ourselves may have inherited. Our students are the future owners of our respective disciplines. It is our responsibility to equip them with the ability to identify and deal with biases within our fields. This can only be achieved by analysing ourselves, our work, our teaching, our field, and taking ownership of the issues that we might find and facing them head on.

## Framework

The framework is still being piloted, but is a structured reflective tool which encourages academics to consider their teaching, curriculums and educational culture across a series of domains that are relevant to a decolonizing lens.

In undertaking this reflection, we ask academics to work as a team, with support from the School Education Director team, to integrate a decolonial lens into ongoing curriculum review processes. We acknowledge this does require time and training, which has to be incorporated into ongoing work model developments.

These question domains are extensive but not exhaustive. This is not a tick box exercise, and not all questions will be completed in one go. Nor is this a process that should be done once, but is instead an ongoing cycle of professional development, student/peer/public feedback, curriculum innovation and impact assessment.

Some example questions and criteria can be seen on the right. We ask for transparency staff document "reflections", "planned actions", "ongoing actions" and "completed actions".

### Curriculum – learning outcomes

Do the learning outcomes for the module/course consider the ways in which students can recognise their own agency as advocates for change? Including methods of creating positive change, and the impact of inaction

### Curriculum - Teaching materials

If historical figures are highlighted and they have prejudicial or controversial views, are these views aired and appropriately discussed?

### Curriculum – Hidden

Have you acknowledged the impact of the hidden curriculum on the knowledge, attitudes and behaviours associated with your discipline to yourself and colleagues?

### Reading lists

Are reading lists reviewed for diversity in the authorship of quality publications? (Global south, gender etc.)

### Curriculum – Teaching materials

Do case studies and vignettes avoid the use of harmful stereotypes, and assess at risk populations in sensitive and respectful ways?

### Curriculum - Feedback

Is there a method of receiving feedback from alumni which will help review how well the course prepared them for the global workforce?

## Teaching and Research Nexus

There are gaps in our understanding of health inequalities relating to minority or marginalised groups. Despite calls from high profile journals ([Kmietowicz et al. 2019](#)), adequate research has failed to materialise in this area ([Salway et al. 2020](#)).

Through the decolonisation process, lecturers are asked to analyse their curriculum for issues relating to such biases, and instances are likely to exist where there are simply gaps in the academic literature relating to their subject matter. This creates an opportunity to capture, record and advertise novel research questions that relate to racial health inequalities.

Lecturers could drive the proposed research or foster collaborations with others. This process could have a number of positive impacts:

- Creates a transparent assessment of the state of research gaps and biases
  - Creates direct and reciprocating links between teaching and research creating a virtuous circle of sorts and reinforces Bristol's long-held traditions on research led teaching.
  - Feeds into grant activity, research projects, PhD proposals and mini-projects
  - Provides a means for pathway 1 and 3 staff to generate novel research questions and research outputs
  - Improve image and reputation of the medical school and the University more broadly
- More broadly, a healthy 'teaching-research-nexus' is an [important element of a University's role](#).