BMA

Summary of key evidence on barriers to and initiatives to support career progression for ethnic minority doctors

Executive Summary

This summary is part of the BMA's research project investigating the barriers to ethnic minority doctors' career progression. It looks at initiatives to support career progression for doctors from ethnic minority backgrounds. This review focuses on doctors but also considers initiatives aimed at all healthcare workers and workers in comparable professions (law, pharmacy and nursing).

In recent years, there has been increasing awareness of race inequalities in the NHS and in the medical workforce. Several strategies and plans have recently been published by national bodies with responsibilities for different parts of the profession.

This paper considers literature about initiatives that target individual ethnic minority doctors as well as organisational initiatives aimed at creating system changes to enable ethnic minority staff to have a fairer experience. It includes initiatives conducted at both a local and national level, and by a number of bodies, for example NHS, Royal Colleges, and non-profit membership organisations.

The paper groups key findings into these themes: barriers to career progression, initiatives aimed at individuals, initiatives aimed at workplace culture, monitoring progression, and quality of evidence. An overall finding, relevant to all themes, is the limited publication of formal evaluations of initiatives.

Key findings

1. **Barriers to progression are often underpinned by interlinked barriers, including poor workplace culture, individual and organisational biases and stereotypes, poorer access to opportunities, and increased rates of bullying and harassment.**

   There is broad agreement by researchers that the key barriers to career progression for ethnic minority doctors are: insider/outsider dynamics, access to mentoring and role models, bullying and harassment, and bias and stereotyping. Workplace culture can act as a barrier or an enabler to career progression. The available evidence suggests similar barriers for ethnic minority staff in comparable professions.

   There is persistent differential attainment in post-graduate training assessments for ethnic minority doctors and doctors who received their primary medical qualification outside the UK. Evidence suggests this is caused by problems in training and work environment culture. Attainment in assessments can have a significant impact on a doctor's career pathway and progression.

2. **There is limited publication of interventions and their effectiveness.**

   There is a wealth of evidence showing disparities in treatment, experiences, and outcomes for ethnic minority doctors. However, the evidence of effective interventions to address those disparities is comparatively sparse. Interventions are not often published and are not easily accessible for external scrutiny. This has been a key limitation for this review.

3. **There is limited evidence of interventions that are effective.**

   Initiatives to improve career progression for ethnic minority doctors are rarely formally evaluated, and there is no centralised guidance or requirement for evaluations to be carried out.

   There is generally weak evidence available on ethnic minority participation in formal initiatives that are not specifically aimed at ethnic minority groups. A key gap identified is that most evaluations of interventions group together all ethnic minority doctors as one group and do not account for the diverse experiences of doctors from different ethnic groups.

   There is a significant evidence gap on evaluation of initiatives. When evaluations are carried out, they frequently fail to consider whether or not the initiatives have been successful.

4. **NHS initiatives are varied and there is little evidence of their impact on doctors progressing into senior positions.**

   The Workforce Race Equality Standard (WRES) and Medical Workforce Race Equality Standard (MWRES) are the major monitors of progress in England for NHS trusts and Clinical Commissioning Groups. There is limited evidence available on of the impact of the NHS England WRES in on improving progression of ethnic minority doctors into senior roles. However, an evaluation of the WRES found that it was successful in raising the profile of race inequalities in the NHS.

   Whilst the focus of this review was on initiatives specifically aimed at ethnic minority doctors, we also looked at what evidence was available on the number of ethnic minority participants in leadership development schemes that are open to all, such as the National Medical Directors Clinical Fellow scheme. This evidence was generally limited.

5. **The absence of centralised monitoring initiatives for the devolved nations means that it is difficult to understand and monitor their progress.**

   There is a significant evidence gap in the monitoring of the career progression of ethnic minority doctors in Northern Ireland, Scotland, and Wales. There is no equivalent of the NHS England WRES for Northern Ireland, Scotland and Wales, and no centrally collated data available on the numbers of ethnic minority doctors holding leadership roles in Northern Ireland, Scotland, and Wales.

6. **Interventions to support the career progression of ethnic minority doctors include leadership development programmes, mentoring, and staff networks.**

   The review found evidence of initiatives aimed at individuals, such as mentoring, reverse mentoring, staff networks, and leadership development programmes.

   The available evidence demonstrates a positive impact of mentoring on confidence and assessment attainment. Mentoring relationships are most effective when the wider mentoring environment is supportive. Doctors may be able to find a mentor through their workplace, Royal College, or an external membership body. However, there is little evidence available on the ease of finding a mentor.

   There is some evidence that NHS in-house internal leadership development programmes increase the likelihood that participants will progress to more senior roles. However, there is limited evidence specific to doctors. There is some evidence of the value of staff networks in empowering staff and increasing awareness of development opportunities available.

7. **Initiatives are most effective when complemented by a supportive and inclusive workplace culture.**

   Interventions to develop more inclusive workplace cultures include the Freedom to Speak Up Guardians programme, equality and diversity training, and leadership development.

   The available literature points to an increasing awareness of the benefit in all leaders having strong capabilities in equality, diversity and inclusion. There is mixed evidence available about the effectiveness of equality and diversity training.

Introduction

There are disparities in treatment, experiences, and outcomes for ethnic minority doctors in the UK. This is starkly evident in the recently published Medical Workforce Race Equality Standard (MWRES) 2020 data report, which stated, "across almost all indicators, BME doctors experienced a worse experience at work compared to white doctors".

This review will inform the BMA's recommendations for actions needed to improve career progression outcomes for ethnic minority doctors.

Scope

This review examines key initiatives aimed at supporting career progression for doctors from ethnic minority backgrounds. It includes literature about key initiatives run by the UK Government, individual employers, and health organisations such as Royal Colleges. It also considers relevant evidence from the United States, Europe, Canada, Australia, and New Zealand.

This review looks at initiatives at all stages of a doctor's career and across all branches of practice. It considers initiatives focused on ethnic minority individuals, such as development programmes and mentoring, as well as organisational initiatives focused on workplace culture and processes. It considers both individual and organisational initiatives as there is clear evidence that workplace culture and processes heavily influence career progression. While this review is focused on doctors, it also considers initiatives aimed at all healthcare workers.

While this review is primarily focused on initiatives for ethnic minority doctors, it also considers initiatives aimed at supporting IMG (International Medical Graduate) doctors. Given that nearly 60% of ethnic minority doctors in the UK are IMGs[1], it is important to consider the impact of location of primary medical qualification on career progression for ethnic minority doctors.

Whilst the scope of the review does not extend to medical students, there is evidence of factors affecting attainment for ethnic minority medical students, including racial harassment, poorer relationships with teaching staff, and low numbers of ethnic minority teaching staff.[2,3] It can be inferred that factors which impact attainment during medical school continue to affect opportunities for post-graduate training and future career progression.

Areas outside the scope of the review

The review did not look for literature on the following topics:

- The benefits of ethnic minority representation in leadership roles in the NHS. However, the research reviewed did point towards there being some benefits, including increased innovation and improved patient care.[4]
- Initiatives to support educational and training attainment, which has been the focus of a significant body of research by the GMC.[5] The review solely looked at literature about workplace initiatives.
- Initiatives that are not specifically aimed at ethnic minority staff, although it did review literature about trust-wide initiatives that aim to debias workplace processes, particularly in recruitment, and improve workplace culture.
- Literature about progression into leadership roles in union bodies, such as the BMA.
- Literature about the disparities faced by ethnic minority doctors, as these have been well-documented.

Research questions

The questions the review seeks to explore are:

1. What are the barriers to career progression for ethnic minority doctors?
2. What formal initiatives exist to remove the barriers for ethnic minority doctors progressing into senior positions, and have they been evaluated?
3. How does workplace culture influence the effectiveness of initiatives aimed at individuals?
4. What are the key findings from any evaluations of initiatives to support career progression?
5. What initiatives have been successful in comparator industries (law, pharmacy, and nursing and midwifery) and why?

Methodology

The review was conducted based on a search of Google, Google Scholar, and PubMed. Individual Royal College websites were also searched using key words.

The review searched for academic and grey literature, using a citation tracking/snowballing approach on key documents to find further evidence. The review focused on evidence published in the last ten years.

Search terms:

Term	Combination
– BAME – BME – Minority ethnic – Ethnic diversity – Black – Asian – South Asian	+ OR
– UK – England – Scotland – Wales – Northern Ireland	+ OR
– NHS – Health – Medicine – Doctors – Medical workforce – Medical academia – Physicians	+ OR
– Leadership – Progression – Programmes – Recruitment – Initiatives – Interventions – Mentoring – Representation – Attainment – Bias – Career	+ OR

The review also includes information provided directly from the NHS Leadership Academy.

Limitations

Given the wide scope of the review and the lack of readily accessible literature on evaluated initiatives, it was not possible to fully explore all research areas.

The review is further complicated by the variety of career pathways for doctors. Progression is different for individual doctors, depending on their chosen speciality, as well as their other areas of work and interest, such as involvement in research. There are a vast number of career pathways for doctors and the definition of progression is broad and largely self-determined.

The NHS is a large and disparate body, and initiatives can be made at a local and national level and by a number of bodies, including NHS, Royal Colleges, and non-profit membership organisations. The review did not search for or assess evidence relating to all NHS bodies, for example, every trust.

Definitions

This paper uses the terminology used by the research/literature referenced when quoting those pieces of work.

Progression

For this review and the wider progression project we define progression as '*the ability of a doctor to move towards a more senior position, gain qualifications or gain experience.'*

Progression can have different pathways, and can involve a person gaining more experience, education, or training. Some examples of pathways to progression for doctors include, but are not limited to:

- Foundation Year 2 doctors being accepted into the specialty
- GPs becoming GP partners
- SAS doctors being given opportunities to progress their expertise
- Junior doctors becoming consultants
- Applying for and being awarded clinical excellence awards
- Increasing rates of pay and reward
- Moving into leadership positions, such as medical director roles

Ethnic minority

This review uses the phrase 'ethnic minority' to describe people who self-identify as being from a non-white ethnicity. This refers to people belonging to ethnic groups that are in the minority in the context of the population of the UK. We recognise the inherent flaws in grouping different ethnicities together as one umbrella group and that different ethnicities have specific experiences and needs.[6] Where evidence is broken down in a more granular way, we have included this.

The BMA has called on the UK Government to ensure that data collection and analysis is conducted in a more granular way.

International Medical Graduate

An IMG (International Medical Graduate) is a doctor who has received their primary medical school qualification in a country outside of the UK and outside of the European Economic Area. The phrase "overseas-doctor" is sometimes used in this context; however, an overseas-trained doctor could also refer to a doctor who has trained inside the European Economic Area. As at 2020, IMG doctors made up 28% of the licensed doctor workforce in the UK. [7]

Effectiveness

The review adopts a broad definition of effective, considering that an initiative has been effective if it has improved a doctor's leadership capabilities and confidence, in addition to whether they have been appointed to a more senior position or gained a qualification that would support them moving into a more senior position.

Differential attainment

Differential attainment has been described by the GMC as the 'systematic differences in outcomes when grouping cohorts by protected characteristics and socio-economic background'. The term is most commonly used in reference to attainment in examinations, but also used to describe career progression.

Institutional racism

The phrase 'institutional racism' first appeared in the Macpherson report in 1999, as a response to the inquiry into the Metropolitan Police investigation into the murder of Stephen Lawrence.

Macpherson defined institutional racism as 'the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people.'

Overview of disparities in treatment and outcomes for ethnic minority doctors

This review is not reviewing literature about the disparities in treatment and outcome for doctors from different ethnic groups. The evidence is well-documented on this topic. Below is a brief summary of some of the evidence that supports this exploration of interventions in available literature.

"The data shows that across almost all indicators, BME doctors reported a worse experience at work compared to white doctors. This trend is seen across the whole career path from medical school to consultant level."

Medical workforce race equality standard report 2020 [8]

Nearly two-fifths (38%) of licensed doctors in the UK, and 21% of all NHS staff, identify as being from an ethnic minority background.[9] The number of ethnic minority doctors in the UK has been steadily increasing.

Doctors from ethnic minority backgrounds are under-represented in leadership roles in the NHS

In 2020, only ten percent of all NHS trust board roles in England were filled by people from ethnic minority backgrounds.[10] In all regions in England, there is a lower percentage of ethnic minority NHS board members compared to the percentage of ethnic minority staff.[11]

Research by the Royal College of Physicians has found that ethnic minority doctors are less likely to be shortlisted and appointed to consultant posts.[12]

There is no equivalent of the NHS England Workforce Race Equality Standard for Northern Ireland, Scotland and Wales, and no centrally collated data available on the numbers of ethnic minority doctors holding leadership roles in Northern Ireland, Scotland, and Wales.

Doctors from ethnic minority backgrounds are under-represented in clinical academia

The clinical academic workforce in the UK does not reflect ethnic make-up of the overall doctor workforce. 17% of clinical academics identify as being from an ethnic minority background.[13] As the level of seniority increases, the proportion of ethnic minority academics decreases.

Ethnicity pay gap

In 2018, 23% of ethnic minority applicants were successful for National Clinical Excellence Awards (NCEAs) compared to 32% of White applicants. Consultants and academic GPs from ethnic minority backgrounds, have been significantly less successful than their white counterparts in securing a new NCEA in four of the last six years.[14]

A 2018 study found a £5000 average ethnicity pay gap for consultants.[15] The 2020 MWRES data showed a 7% average pay gap between ethnic minority medical and dental staff and their white colleagues, with the biggest gap seen for consultants.[16]

Recruitment disparities

Cunliffe's research (2021) into recruitment at 18 London trusts found that White doctors applying for medical posts in London are six times more likely to be offered a job than Black applicants and four times more likely than Asian candidates and candidates from a mixed ethnic background.[17]

Differential attainment in post-graduate training assessments

There is a persistent gap in attainment between ethnic minority and white trainee doctors and UK and overseas qualified doctors.

In 2019, GMC data showed the pass rate in postgraduate exams was 78% among UK-trained White trainees and 65% among UK- trained ethnic minority trainees. Among IMGs, the pass rate was 49% for White trainees and 44% for ethnic minority trainees.[18]

Performance management

Doctors from ethnic minority backgrounds are twice as likely to be referred to fitness to practice proceedings by their employer.[19] IMG doctors are two and a half times as likely to be referred to fitness to practice proceedings by their employer.[20]

Increased rates of bullying and harassment

The BMA's 2018 all-member Caring, Supportive and Collaborative Survey found that ethnic minority doctors were more than twice as likely as white doctors to report feeling that bullying and harassment was a problem at their place of work (18% vs 7%).[21]

Ethnicity is the reason most commonly given for why respondents feel they have experienced discrimination at work in the NHS Staff Survey.[22]

Ethnic minority doctors are overrepresented in the Specialty and Associated Specialty (SAS) doctor group, with 66% of SAS doctors being from ethnic minority backgrounds. There is higher reporting of bullying and harassment for SAS doctors. A survey of SAS and locally employed doctors by the GMC found that over a quarter of SAS doctors had experienced bullying and harassment in the past year and when asked what protected characteristic the bullying related to, race was the most commonly reported characteristic.[23]

Experiences of workplace culture

The BMA's 2018 all-member survey found that ethnic minority doctors were 20% less likely than White doctors to report feeling that they worked in an environment which had a culture of diversity and inclusion (55% vs 75%).[24]

Abusive behaviour from patients

Racist attacks on NHS staff increased 145% between 2013 and 2018.[25]

Support for disabled doctors

The BMA's 2020 disability survey found that White disabled doctors and medical students were more likely to report a supportive environment than disabled doctors and medical students who are from ethnic minority backgrounds.[26]

Faith-based harassment

In September 2020, the British Islamic Medical Association and the Huffington Post published the results of its survey of over 100 Muslim healthcare workers about Islamophobia. The survey found that 81% had experienced Islamophobia or racism within the NHS, 69% felt it had become worse during their time at the organisation and more than half (57%) felt Islamophobia had held them back in their career progression within the NHS.[27]

Barriers to career progression for ethnic minority doctors

Categorisation of barriers to progression

"Progression challenges for staff from minority backgrounds ... do not arise from limitations in the expertise or abilities of the affected individuals, but from a complex range of social, cultural, political, economic and historical factors that give rise to, and sustain, discrimination, marginalisation and exclusion in the workplace."
Inclusion: The DNA of Leadership and Change, NHS Academy

The evidence available has generally grouped the barriers to progression into individual and organisational barriers, although the groups are interlinked.

Esmail and colleagues conducted a rapid evidence review of the reasons for the lack of ethnic diversity of doctors in senior level positions.[28] They identified the following:

Barriers to career progression	Strategies for overcoming barriers
Individual	
Lack of mentors and role models	Mentoring
Exclusion from informal networks of communications	Mentoring and networks
Stereotyping and preconceptions of roles and abilities	Leadership development programmes
Lack of significant line management experience/challenging assignments	Succession planning and identification of talent
Commitment to personal and family responsibilities	Work life balance initiatives
Organisational	
Culture	Institutional commitment Leadership, mainstreaming, monitoring and target setting, and management accountability
Systems and procedures Systems for award and development	Policies and legal obligations
Tokenism	Institutional commitment and legal obligations
Type of leadership Transactional vs transformational leaders	Rethinking training and development in leadership development programmes

Figure 1. Esmail et al 2005 barriers

Factors that influence progression

A recent rapid literature review by Daga and colleagues (2020) on differential attainment in progression for doctors found that factors influencing progression included bias, lack of opportunity, poor supervision, and a lack of opportunities for formal or informal mentorship and sponsorship.[29] These factors may present at an individual, organisational, or societal level. BAPIO (2021) describes differential attainment in career progression in medicine as a manifestation of wider social structural inequalities.[30]

The GMC's review of enabling factors for trainee success highlight the need for supportive environments.[31]

The ten success factors summarised below were identified by a review of specialty training programmes where there was no difference in attainment rates between UK-graduated ethnic minority and white doctors. The authors suggest that programmes aim to embed these success factors in their programmes.

The available evidence shows that the absence of an inclusive and supportive workplace or training culture has a significant impact on an employee's career progression. The West review for the GMC highlights the need for a sense of belonging for doctors to feel confident in their roles.[32]

10 success factors in medical training

Working and learning environment:

1: An inclusive workplace that values diversity: A working environment where diversity in all senses (background, culture, experience) is visible and valued

2: Treating learners as individuals: Recognition that an individual's background and experiences in and outside of work will meaningfully impact progression through training, and providing support where necessary

Who supports learning:

3: Working with inspirational senior colleagues: Access to senior colleagues who act as informal role-models, mentors, or career coaches to help learners access opportunities and develop

4: The supportive trainer or supervisor: Trainers and supervisors who encourage and support learners in the workplace with their development

5: Having the support and validation of peers: Accessing a network of peers who can improve learning, make sense of experiences, and provide advice and guidance on the practicalities of training

6: Working arrangements that facilitate learning: Shifts, rotas and work structures that support learners to build meaningful relationships with team members and dedicate time to learning

7: Maximising the value of learning: Ensuring learning at work and in training is valuable, holistic and helps inform career choices

8: Gaining clarity, certainty, and support for career choices: Accessing experiences, knowledge and learning and development opportunities that support informed decisions about career choices or next steps

9: Support to pass exams or deal with exam failure: Being prepared and supported to navigate the process of completing challenging professional exams

10: Personal motivation and drive: Drawing on personal commitment, drive, and motivation to succeed in training

The evidence shows that the absence of an inclusive and supportive workplace or training culture has a significant impact on an employee's career progression. The West review for the GMC highlights the need for a sense of belonging for doctors to enable them to feel confident in their roles.[33] The Fair to Refer report, commissioned for the GMC, evidenced the impact of workplace culture, identifying key contributing factors to the higher rates of referrals to fitness to practise proceedings for ethnic minority and IMG doctors:

- Some doctors are treated as outsiders, increasing risk of bias and stereotyping
- Some managers struggle to give feedback to doctors of a different ethnicity to themselves
- Inadequate induction
- 'Blame culture' rather than learning from mistakes
- Doctors in isolated roles or locations lack access to support
- Some leadership teams are remote and inaccessible.

Although this evidence is related to factors sitting behind referrals to fitness to practice, it is relevant here as fitness to practice proceedings can impact career progression.

The literature reviewed shows that differential attainment in exams can impact progression. Weaker performance in exams and recruitment can result in fewer job choices, increased likelihoods of separation from family and support networks, and increased likelihood of mental health problems.[34]

There is evidence that doctors being subject to racism and discrimination at a personal and organisational level can impact on their ability to progress. A survey of primary care professionals in the Humberside region found that 22% of respondents reported that racism and discrimination had affected their ability to train in their careers.[35] There is evidence of Muslim doctors choosing to pursue careers as GPs rather than their preferred careers in surgery owing to concerns about their organisation's dress code policies.[36]

There is evidence that overseas doctors face some specific challenges in their efforts to progress. Researchers agree that comprehensive induction processes are a crucial way of helping overseas doctors understand and feel comfortable and supported in the NHS. The lack of comprehensive induction processes for IMG doctors can act as a significant barrier to them feeling confident to work in the NHS, and to build positive working relationships with colleagues. This can consequently impact career progression.

The *Fair to Refer* report for the GMC on the disproportionate referrals of IMG doctors to fitness to practise proceedings by their employer recommended that inductions for IMG doctors should be greatly improved. [37]

Your pathway into UK medical practice may pre-determine your outsider status and the level of support you receive from the outset, starting with induction. A doctor who fails to have a supportive start to UK medical practice, can then continue to experience further disadvantage as an outsider.

Fair to Refer? Report for the GMC (2019)

Where there are certain requirements in application processes that rely heavily on written documentation in a particular style, doctors who have English as a second language can be at a disadvantage. There is some evidence setting out concerns about progression initiatives, or reward systems, which rely on 'well-written' applications, such as the National Clinical Excellence Awards Scheme in England, which relies on 'well-written' and persuasive applications. Regarding the National Clinical Excellence Awards Scheme in England, Rao, and Essex (2020) asserted that the scheme's reliance on a persuasive written application is likely to disadvantage applicants whose first language is not English.[38]

At an organisational level, resourcing is often a barrier to implementing effective interventions to improve career progression for ethnic minority doctors. Budgets for equality and diversity programmes vary greatly between trusts, with some trusts reporting that lack of resources is preventing progress.[39]

Outside of the clinical workplace, a systematic review and qualitative study of inequalities in clinical academic careers highlighted the fact that interventions for some groups, e.g. women, were ineffective for other groups, e.g. ethnic minorities.[40] This review analysed the barriers and enablers to career progression and found that knowledge about the application process was a key factor in progression.

In summary, the evidence shows that the barriers to progression can be categorised at an individual, organisational, and societal level and that these barriers include, but are not limited to, the following factors:

- Bias
- Lack of opportunity for formal or informal mentorship and sponsorship
- Poor supervision
- Racism at a personal and organisational level
- Inadequate induction
- Discriminatory workplace policies
- Differential attainment in exams
- Non-inclusive workplace culture
- Being an 'outsider' where there are insider/outsider dynamics
- Having English as a second language
- Poor understanding of application processes
- Lack of a supportive workplace or training culture

Key interventions and initiatives

The NHS England Workforce Race Equality Standard (WRES)

The WRES, introduced in 2015, requires NHS trusts and Clinical Commissioning Groups (CCGs) to annually self-report on nine indicators of workforce race equality. The indicators include ethnic minority staff representation at senior and board level, access to learning and development and experiences of bullying and harassment.

The first Medical Workforce Race Equality Standard data report was published in 2021. It provides data on the medical workforce in NHS trusts and CCGs in England against a set of 11 indicators. The indicators are broadly similar to the WRES indicators.

The 2020 MWRES report sets out 15 recommendations for NHS England and employers to tackle inequalities. It is envisioned that the recommendations will be implemented and monitored in the wider WRES strategy and the NHS People Plan.

The WRES and MWRES are pivotal tools in monitoring the differences in experiences between staff from different ethnicities. However, they have a number of limitations. The WRES and MWRES do not apply to primary care and there are no WRES/MWRES equivalents for primary care. This limits our understanding of the impact of racism on staff working in primary care settings. Furthermore, the MWRES does not break down data by individual trusts. This makes it difficult to compare the performance of different trusts. Finally, the WRES and MWRES lack granular ethnicity data reporting. All staff members from ethnic minorities are grouped together as BAME, which limits the ability to compare experiences of staff from different minority ethnic groups.[41]

There is limited evidence available on the impact the WRES has had on career progression for ethnic minority staff in trusts and CCGs. Whilst there have been improvements in the number of ethnic minority NHS board members and the number of ethnic minority staff in the Very Senior Manager band, there has not been much progression against other indicators.

A 2019 independent evaluation of the WRES praised the WRES team for its work on raising the profile of race inequalities in NHS trusts, embedding understanding of the WRES amongst trust leadership, and embedding the WRES within the CQC well-led inspection domain.

However, it asserted "the extent to which trusts have acted on their data is extremely varied"[42] and identified three key factors for future effectiveness:

- Retaining the same indicators and methodology, to enable trusts to monitor progress over time
- Prioritising future leadership of the WRES at national and local levels
- Taking steps to reduce "monitoring fatigue" by better utilising existing data and procedures.

Cunliffe (2021) argues that the national WRES team should be expanded to allow it to better address its remit.[43] The 2021 Commission on Race and Ethnic Disparities report recommended that the CQC review its approach to including disparities for ethnic minority staff in its inspections of healthcare providers.[44]

An evaluation by the CQC of how WRES has been embedded into its regulatory inspections found that overall, including the WRES in the well-led framework had a positive impact.[45] It found that performance on WRES metrics had affected the rating for some trusts. It found that CQC inspection staff could improve their awareness of the WRES and that more consistency is needed in how the inspection deals with WRES metrics.

Regional WRES Strategies

The London WRES Strategy listed the below programmes as being underway to promote race equality in trusts and CCGs in London but noted that none had been formally evaluated at that time:[46]

- King's Fund programme for Chief Executives
- Refresh of Pan-London ED&I Leads Network to raise profile across London and increase ability to support and influence
- Additional cohort of WRES Experts for London
- WRES Experts programme for London EDI leads
- WRES Advisor programme for Board members
- Establishment of WRES 3 (Employment Relations) group to share good practice
- BME Network of Networks
- Spotlight on Race Workshop for HRD leads
- Local Initiatives driven by Head of Equality and Inclusion e.g. North Middlesex spotlight on Recruitment.

National leadership development programmes

The NHS Leadership Academy runs two progression initiatives for ethnic minority healthcare staff. These initiatives are not specifically aimed at doctors.

The NHS Leadership Academy Stepping Up programme is aimed at ethnic minority leaders and aspiring leaders across healthcare working in bands 5 to 7 or equivalent.

The NHS Leadership Academy Ready Now Programme is for senior ethnic minority leaders working at bands 8a or above.

An evaluation commissioned by the NHS Leadership Academy found that participants reported positive impacts including increased confidence and wider networks. It found that at least one quarter of Ready Now participants surveyed described that their organisations or colleagues, such as line managers, had not been ready for change or were resistant to change. The authors recommended Ready Now should work alongside system-level changes.

The NHS Leadership Academy Building Leadership for Inclusion is a relatively new programme of work, established in 2019, which aims to equip all NHS leaders with equality and diversity capabilities.

The NHS Leadership Academy commissioned a report for its recently established programme of work aimed at building equality, diversity and inclusion capabilities in all NHS leaders. The report emphasised the importance of engaging with those in positions of power and privilege. It acknowledged that while many diversity initiatives focus on marginalised individuals (such as the NHS Leadership Academy positive action programmes Stepping Up and Ready Now), senior individuals must commit to inclusion to create longstanding organisational change.

The report developed nine recommendations for inclusive workplace environments:

1. create genuine opportunities to engage with and share lived experience
2. engage with those in positions of power and privilege
3. identify, connecting and supporting key allies and sponsors
4. treat equality, diversity and inclusion as a wicked/complex issue; e.g. focusing on culture and relationships
5. stimulate and encourage people to engage with a compelling narrative
6. take practice-based approach to trial and experimentation
7. triangulating a range of data sources to inform initiatives, strategy and evaluation
8. building accountability, engagement and ownership of ED&I across the system, and
9. promoting collaboration and equal representation across all activities.

The **NHS Leadership Academy Nye Bevan Leadership programme** is not specifically aimed at ethnic minority leaders. It aims to develop personal resilience, confidence, and capabilities in participants over a 12-month period. It reports positive results for participants, with nearly 40% of graduates reporting being in a more senior role since undertaking the programme, and 90% directly attributing this to the programme. There is no available information on how many participants are from an ethnic minority background.

Mentoring and sponsorship

Some evidence suggests that mentoring schemes have a positive impact on doctors' career progression. A study (Steven et al, 2008) of the benefits of mentoring for NHS doctors found benefits across three overarching themes: professional practice, personal well-being, and development. Participants in mentoring schemes reported improved relationships and teamwork, as well as improved professional and personal confidence and morale. The authors asserted that their work added to a growing evidence base that mentoring can be highly beneficial.[47]

An observational study (Ong et al, 2018) found that mentoring had a positive impact on pass rates in the MRCGP assessment. Mentored trainees achieved higher pass rates in the MRCP Part 1 exam compared to non-mentored trainees (84% vs 42%). Mentored IMG trainees received higher rates in the MRCP Part 2 exam than non-mentored IMG trainees (71% vs 24%).[48] The authors found that mentored trainees had increased confidence and believed that the mentorship had aided their career progression. The authors emphasise that mentors must be given appropriate training and organisational support and note the professional development benefits for mentors. Mentees who had not found the experience useful reported that they believed this was due to insufficient time and not having a strong relationship with their mentor.

The Department of Health and Social Care report on the gender pay gap in medicine (2020) found that half of survey respondents (men and women) agreed that mentoring had a positive impact on career progression,[49] although this data was not broken down by ethnicity.

A review of medical mentoring relationships (Sng et al, 2018) found evidence that mentoring is most effective when the mentoring environment is supportive. The review also emphasised the importance of mentoring relationships being evaluated.[50]

Sponsorship is a less formal relationship than mentoring and involves guidance and coaching. A review of its role in academic paediatrics[51] asserted the benefits of sponsorship on career progression, while cautioning against shifting a burden of supporting career progression of junior staff on to senior ethnic minority staff at an organisation.

There is some evidence that those from ethnic minorities may find it more difficult to access mentoring and sponsorship opportunities. Woolf (2016) argues that relationships with senior doctors are a critical way to access learning opportunities but that ethnic minority doctors may find it more difficult to access mentoring and sponsorship relationships with senior colleagues.[52] Research for the GMC (2019) also asserts that ethnic minority trainees may find it more difficult to access mentoring opportunities.[53] Some independent and non-profit ethnic minority medical organisations, including Black Women in Health and African Caribbean Medical Mentors, provide mentoring for members.

Reverse mentoring

Reverse mentoring describes a junior employee working with a senior colleague with the aim of improving their leadership. There is limited evidence available on the value of reverse mentoring schemes. A study by Raze and Onyesoh (2020) of a (non-doctor) programme in Guy's and St Thomas's NHS Foundation found that it strengthened the mentee's understanding of and commitment to tackling equality and inclusion concerns.[54] However, there was no evidence in this study that reverse mentoring impacted the career progression of the mentors or that it led to a more inclusive workplace culture.

Staff networks

Successful staff networks offer a supportive and safe space to have discussions on issues around inequality and discrimination. They have slowly developed from providing informal networking opportunities to becoming business partners in support of the business mission.

NHS England-Improving through inclusion (2017)[55]

There is mixed evidence on the impact of staff networks on career progression. Esmail (2009) proposes that staff networks can help individuals to feel less individually exposed and more supported when raising concerns about staff culture.[56]

Qualitative research by the King's Fund on ethnic minority staff networks in the NHS found that network members found being part of a network empowering.[57] Other benefits included increased access to finding out about training opportunities and finding opportunities within the network to mentor or coach others. The effectiveness of networks can be limited by a lack of resources, including time. The King's Fund recommended that organisations consider appointing a senior leader to sponsor staff networks.

A survey of staff networks by NHS Employers (2021) found that more than half of the networks surveyed didn't have a budget and thirty percent did not have a workplan.

Initiatives to improve workplace culture

The NHS England WRES team has developed a culture transformation pilot for trusts. At the time of writing, this is being trialled by Whittington NHS Trust as a pilot programme and has not yet been evaluated.[58]

An evaluation of NHSEI's Culture and Leadership Programme (Kilbane et al, 2020) found that many of the trusts that had signed up to the programme did so in response to regulatory concerns such as CQC inspection ratings.[59] The evaluators found that the programme, in which trusts develop 'culture change teams', showed promising signs of being effective but that more needed to be done to encourage senior leadership commitment to the programme and to embed equality, diversity, and inclusion throughout the programme.

Freedom to Speak Up Guardians

Freedom to Speak Up Guardians provide confidential and independent support and advice to staff concerned about a workplace issue. All NHS trusts are required to have a Freedom to Speak Up Guardian.[60] Guardians are expected to liaise with the trust to highlight cultural issues, such as high levels of bullying and harassment, and help the trust to tackle them.

A recent engagement exercise undertaken by the London Workforce Race Strategy team highlighted that 87% of all Freedom to Speak Up Guardians are White. The Social Policy Forum has been working with NHS England to achieve an increased representation of Freedom to Speak Up Guardians from ethnic minority backgrounds.

The National Guardians' Office (2021) looked at people's experiences of accessing their Freedom to Speak Up Guardian and whether ethnicity has an impact. The research found that Black and minority ethnic workers who had spoken up reported that they thought Freedom to Speak Up Guardians had a good understanding of discrimination and bias, were empathetic, and had good listening skills.[61] All medical professionals should have access to some form of independent pathway for raising concerns.

The London Workforce Strategy team (2020) found that trust was a key issue for ethnic minority healthcare staff using the Guardian service, with some staff feeling worried they could suffer adverse consequences for speaking with Guardians.[62]

A qualitative study (Jones et al, 2021) of Freedom to Speak Up Guardians in the NHS found that the majority of Guardians' work is focused on bullying and harassment, rather than on patient safety concerns. The authors found that the Guardians had not been appropriately equipped with training and guidance to appropriately deal with bullying and harassment.[63] There is no equivalent of the Guardian programme in the devolved nations. Scotland has an independent national whistleblowing officer, and all health boards are required to have a non-executive director who is a whistleblowing champion. However, the whistleblowing officer's remit does not extend to individual grievances.

Equality, diversity and inclusion training

Equality diversity and inclusion (EDI) training is mandatory for all NHS staff. This training teaches staff about workplace discrimination and gives staff the legal and practical tools to address discrimination. There is currently no available evidence of the impact of EDI training on career progression for ethnic minority doctors.

Unconscious bias training

Recruiter bias is a key barrier to career progression for ethnic minority doctors. However, there is limited evidence that unconscious bias training is linked to career progression. Atewologun et al's (2018) review of the evidence on unconscious bias training indicated mixed evidence on its effectiveness. It found that training can be effective in raising awareness of and reducing implicit bias, but that there is limited evidence on its effectiveness in reducing "unconscious" bias and changing behaviours.[64] Atewologun recommends that unconscious bias training is evaluated by organisations that use it and that it is used in context of a wider programme.

The NHS Staff Council's Good practice guide to equality, diversity and inclusion training sets out that all NHS staff complete unconscious bias training, as well as annual refresher training. However, the Commission on Race and Ethnic Disparities recommends that companies move away from funding unconscious bias training.[65]

Recruitment initiatives

Kline (2021) writes that all leaders and staff involved in recruitment processes need to understand how biases, stereotypes and assumptions influence recruitment and career progression. His review, "No More Tick Boxes", collects evidence across different industries on how to make recruitment, progression and human resources processes fairer. It sets out a framework, complemented by a practitioners guide on ways to achieve this.[66] The review considers each stage of HR processes, including how job adverts are written and advertised, shortlisting and interview processes, appointment decisions, induction, and appraisals. NHS England has developed a new talent management methodology being trialled by North Middlesex University Hospital NHS Trust. There is no evidence yet available on its effectiveness.[67]

Support initiatives for overseas doctors

Inadequate induction is a fundamental barrier to career progression for ethnic minority doctors. Evidence demonstrates a clear need for and benefits to providing inductions to IMG doctors. The 2020 MWRES report recommended that IMGs are given appropriate inductions and provided with development opportunities "as a valued part of the workforce rather than just a clinical resource".[68] Despite this, inductions are inconsistent in quality.[69]

The Scotland Deanery has established initiatives to support IMG doctors, including a bi-annual induction day, IMG staff support network, and IMG buddy system. Feedback from participants was positive but there was no evaluation of the impact of the programmes on the career progression of IMG doctors in Scotland.

The GMC provides a half-day workshop, *Welcome to UK Practice*, open to all new overseas doctors in the UK. A 2019 independent evaluation of the workshop found that the workshops are valued by participants and that attendees showed significantly improved understanding of ethical issues, the GMC, and UK medical practice.[70] However, understanding had diminished somewhat after three months, leading the authors to suggest that the initiative needed to be longer-term with mechanism in place to reinforce learning.

Kehoe (2017) also argues that initiatives to support overseas doctors must be more comprehensive than a one-off induction and provide ongoing support.[71]

A review (Shah, 2021) of the CAPS scheme inducting refugee doctors to working in the NHS attributed its effectiveness to its provision of pastoral support alongside educational and linguistic support.[72] The authors do, however, question why the majority of participants do not progress into training roles, working instead as locally-employed doctors. They suggested that extending the scheme could help more refugee doctors into training roles. [73]

Leadership accountability

The NHS has made a number of attempts to tackle overt discrimination over a long period of time. However, the fact that discrimination still clearly exists within the NHS suggests that unless boards and individual leaders within organisations recognise and accept their responsibility to own and address structural discrimination, progress will continue to stall.

Nuffield Trust (2021)

Cunliffe (2021) suggests that Trusts set measurable targets to evaluate progress and that the lack of this currently happening is preventing progress.[74] An evaluation of NHSEI's Culture and Leadership Programme for Trusts proposes that performance targets focused on efficiency and cost-reduction can prevent leaders from feeling supported to tackle equality issues.[75] The King's Fund (2020) also argue that operational and financial pressures are a barrier to compassionate leadership.[76] The appointment of leaders on an interim or acting basis and board member turnover can present a further barrier.[77]

The report *Building Leadership for Inclusion* (2019), commissioned for the NHS Leadership Academy, suggests that a new approach to leadership, focused on collaborating with and listening to diverse staff voices, is needed.[78] The British Association of Physicians of Indian Origin also emphasise the need for accountability for inclusive leadership.[79]

Findings from comparable professions

A review by the Chartered Institute of Personnel Development of barriers to progression for ethnic minority employees across all industries found that the key barriers to progression were organisational culture, access to mentoring, role models, and lack of support from line management.[80]

Law

There has been a gradual increase in the number of solicitors from ethnic minorities in the UK. However, ethnic minority solicitors remain under-represented in senior roles.[81] 35% of white private practice solicitors are partners, compared to 25% of ethnic minority solicitors.[82]

Ethnic minority solicitors are more likely to have experienced adverse discrimination (13%) and bullying (16%) compared to their white counterparts (8% and 13% respectively).[83]

A review of diversity in the legal profession by the SRA (Solicitors Regulation Authority) in 2017[84] found that some ethnic minority female lawyers believed mentoring, coaching, and role models were strong enablers of leadership progression.[85]

The Legal Services Board regulates the legal profession and is required by the Legal Services Act 2007 to encourage "an independent, strong, diverse and effective legal profession". Since 2011, all regulated firms have been required to collect, report, and publish data about the diversity make-up of their workforce every two years.

A critique by Flint (2017) asserted that this has had a limited impact on improving career progression of solicitors.[86] Flint argued that the Legal Services Board ignored the suite of recommendations of a major report into diversity in the profession by only focusing on and implementing the recommendation on diversity reporting.

The SRA encourages, but does not require larger firms, to publish an accompanying interpretation of their data and information about diversity initiatives. The SRA also provides case studies but not information on the impact of these initiatives.

The Law Society has set out a diversity and inclusion charter for employers to sign up to as a public commitment to promoting diversity and inclusion. The charter is accompanied by best practice guidance and toolkits for signatories. Approximately one third of legal practices in England and Wales have signed up to the charter. The charter provides case studies of actions legal firms are taking to promote diversity and inclusion, but this is not accompanied by evidence on the effectiveness.

A 2021 Law Society report recommends a set of measures to improve race equality in the law profession.[87] These include setting targets for leaders and linking senior leader's pay and bonuses to diversity and inclusion outcomes.

Pharmacy

Pharmacists from ethnic minorities make up about 40% of the UK's pharmacy workforce. There is evidence of disparities experienced by ethnic minority pharmacists including:

- a 16% ethnicity pay gap[88]
- differential attainment[89]
- experiences of bullying (a survey found that 56% of pharmacy staff had experienced racism from colleagues in the past year)[90]
- disproportionate referrals to fitness to practise proceedings

A systematic review (Seston et al, 2015) found evidence of barriers to career progression for pharmacists from ethnic minorities, but that it was not strong enough to be unequivocal and that the area needed to be further researched.[91]

The Royal Pharmaceutical Society published a five-year inclusion strategy in 2020.[92] The Royal Pharmaceutical Society also runs a Pledge scheme where pharmacists and employers of pharmacists can pledge to support the pharmacy profession to be more inclusive.[93] The Pledge is accompanied by supportive statements from stakeholder bodies across the profession. There is no information available evaluating the impact of the pledge or information about plans to evaluate the impact.

Like medicine and law, there are voluntary membership organisations providing development opportunities for ethnic minority pharmacists. For example, the UK Black Pharmacists Association runs mentoring programmes.

Nursing

19% of the UK's nursing workforce are from ethnic minorities. Like doctors, there are higher rates of bullying and harassment, referrals to disciplinary proceedings, and disproportionately low rates of representation in senior roles for ethnic minority nurses.

Isaac (2020) asserted that the grouping of all ethnic minority staff under 'BAME' for date reporting and equality targets obscured the experiences and needs of Black nurses.[94]

Johnson (2021) considers evidence on ethnic minority nurses' access to professional development, citing disproportionate access as a key factor in progression disparities.[95] NHS Leadership Academy leadership programmes are also open to nurses.

An NH review (2017) of initiatives to support ethnic minority nurses and midwifes to progress into senior roles found that leadership at trust board level and a focus on the WRES is a key feature of trusts performing well on WRES metrics. Actions these trusts had taken included:

- having WRES data signed off by the board
- having an identified board lead for race equality
- developing a race equality action plan that was regularly monitored by the board.[96]

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