

Workforce Race Equality Standard  
NHS England and NHS Improvement

Sent via email to [Olivia.King6@nhs.net](mailto:Olivia.King6@nhs.net)

10 September 2021

## Development of NHS England Race Equality Strategy

### About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

### Summary

The BMA welcomes NHS England's development of a five-year race equality strategy (the strategy).

We believe that urgent action is needed to tackle racial inequalities and ensure that the NHS fosters a diverse and inclusive environment. This will not only benefit staff. An inclusive NHS where all staff, are valued and treated fairly will allow the NHS to function as best as it can and benefit patient care.

We would like to see the strategy set out commitments to:

- Explain clearly what the strategy will achieve and how it aligns with the NHS People Plan.
- Set targets for progress on WRES and MWRES data over a five-year period.
- Introduce accountability measures for WRES and MWRES indicators for leaders in the NHS.
- Monitor ethnic inequalities in treatment and career progression in primary care.
- Publishing ethnicity data in a more granular way.
- Providing organisations in the NHS with more guidance and support about how to evaluate interventions.

Our recommendations draw from our evidence base and reports on [Caring, Supportive, Collaborative: A future vision for the NHS](#); [Bullying and harassment: how to address it and create a supportive and inclusive culture](#), and [A missed opportunity BMA response to the race report](#)

We ask that NHSE considers how workforce strains on the NHS are affecting progress on tackling race inequalities and developing more inclusive culture. [Recent BMA research has](#) estimated that

**Chief executive officer:** Tom Grinyer



the UK has about 50,000 fewer doctors compared to equivalent European nations. The BMA view is that alleviating system pressures will, amongst other benefits, help to develop positive working relationships across the NHS and in healthcare in the UK generally.

The BMA remains deeply concerned by the tragically high, and disproportionate COVID-19 death rate for healthcare workers from ethnic minority backgrounds. We believe that PPE shortages, unequal distribution of PPE, and delays in undertaking risk assessments likely played a part in this tragedy. We are also concerned that workplace culture issues, such as staff not feeling comfortable raising safety concerns, may have placed some ethnic minority healthcare workers at greater risk. <sup>1</sup>

We are aware that the strategy is due to be published in October 2021 and have some concerns about the short consultation and drafting period. We would appreciate an opportunity to comment on the draft strategy before it is published. The BMA sees the strategy as a big opportunity for NHSE to set ambitious targets with clear plans of action to achieve them to tackle race inequalities.

### Evidence of race inequalities in the NHS

Despite the numbers of ethnic minority doctors growing in the medical profession – currently around 2 in 5 doctors record their ethnicity as Black, Asian or minority ethnic – inequalities persist in their treatment, experiences and career progression. This is starkly evident in the recently published Medical Workforce Race Equality Standard (MWRES) 2020 data report which said “across almost all indicators, BME doctors experienced a worse experience at work compared to white doctors”. <sup>2</sup>

A 2018 BMA survey found that only 55% of black and minority ethnic doctors said there was respect for diversity and a culture of inclusion in their main place of work compared to 75% of white doctors. <sup>3</sup>Black and minority ethnic doctors were also more than twice as likely as white doctors to agree that bullying and harassment is often a problem at their workplace. <sup>4</sup>

[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. <sup>5</sup>

In 2018, 23.3% of ethnic minority applicants were successful for National Clinical Excellence Awards (NCEAs) compared to 31.8% 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. <sup>6</sup>

We know that doctors in primary care experience racism too. Primary care is not included in the NHS Staff Survey or the Workforce Race Equality Standards and so there is less evidence available. However, 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. <sup>7</sup>

---

<sup>1</sup> BMA (2020) [COVID-19 survey](#)

<sup>2</sup> NHS England (2021) [MWRES data report 2020](#)

<sup>3</sup> BMA (2018) [Caring, Supportive Collaborative Future vision for the NHS: All member survey](#)

<sup>4</sup> Ibid.

<sup>5</sup> BMA (2020) [Disability in the medical profession Survey findings 2020](#)

<sup>6</sup> Advisory Committee on Clinical Excellence Awards (2020) [Annual report](#)

<sup>7</sup> Humberside LMC (2021) [Racism and Discrimination – the experiences of primary care professionals in the Humberside region](#)

Many of our members also work in or with universities and medical schools and we know from the Equality and Human Rights Commission's 2019 report, *Tackling racial harassment: universities challenged*, of the widespread prevalence of racial harassment in higher education.<sup>8</sup> Universities UK's follow up report, *Tackling racial harassment in higher education*<sup>9</sup>, also adds that "members of some East and South East Asian ethnic groups – many of them students and staff at UK universities – have also experienced increased levels of racial harassment as a result of the pandemic." The Universities UK report proposes a number of actions which NHS England could usefully review and seek to work with Universities UK and universities locally particularly as they affect staff working in or for both sectors.

Nearly 60% of ethnic minority doctors in the UK are IMGs and there are intersecting issues that should be considered within any race equality strategy.<sup>10</sup>

In 2019, GMC data showed the pass rate in postgraduate exams was 77.7% among UK-trained white trainees and 65.4% among UK-trained ethnic minority trainees. Among IMGs, the pass rate fell to 48.3% for IMG ethnic minority trainees and 44% for BME ethnic minority trainees.<sup>11</sup>

International Medical Graduate doctors are also two and a half times as likely to be referred to fitness to practice proceedings by their employer.<sup>12</sup>

The WRES data shows that inequalities are experienced by ethnic minority staff across all NHS roles.<sup>13</sup> Whilst the BMA is pleased that the WRES has raised awareness about these inequalities, we are concerned that there has been little progress against the WRES indicators over the past five years.

Evidence shows intersecting faith discrimination and racism issues in the NHS. For instance, a 2020 survey of Muslim healthcare workers in the NHS found that over 80% of respondents reported having experienced Islamophobia or racism in the previous year.<sup>14</sup>

As set out in our [Caring, Supportive, Collaborative report](#), there is strong evidence showing a link between staff wellbeing and the quality of patient care. It is critical in an NHS under pressure that this is recognised at every level of NHS organisations. There are stark health inequalities for some ethnic groups in England (underpinned by a multitude of factors) and it is essential that NHS staff are supported in every way possible to be able to best help address this.

### **COVID-19 and the ethnic minority healthcare workforce**

Within the healthcare workforce, as at April 2020, a shocking 61% of 200 healthcare workers who had died from COVID-19 have come from ethnic minority backgrounds.<sup>15</sup> Among doctors, of those we are aware who have died from COVID-19, 87% have been from ethnic minority backgrounds.<sup>16</sup> This is more than double the proportion of ethnic minority doctors in the medical workforce as a whole.

---

<sup>8</sup> Equality and Human Rights Commission (2019) [Tackling racial harassment: universities challenged](#)

<sup>9</sup> Universities UK (2021) [Tackling racial harassment in higher education](#)

<sup>10</sup> GMC (2020) [The state of medical education and practice in the UK 2020](#)

<sup>11</sup> Data sourced from [GMC Education Data Reporting Tool](#)

<sup>12</sup> GMC (2019) [Fair to Refer](#)

<sup>13</sup> NHS England (2021) [Workforce Race Equality Standard 2020 report](#)

<sup>14</sup> Huffington Post and British Islamic Medical Association (2020) [Muslim medics called Terrorists](#)

<sup>15</sup> Health Service Journal (2020) [Deaths of NHS staff from COVID-19 analysed](#)

<sup>16</sup> This is current as at August 2021 and is based on information the BMA has been collecting from media reports and our records.

The BMA believes PPE shortages, unequal distribution of PPE, and delays in undertaking risk assessments likely played a part in this tragedy. Our [response](#) to the Commission on Race and Ethnic Disparities' consultation on race inequality sets out additional evidence on this.

We are also concerned that workplace culture issues have placed some ethnic minority doctors at greater risk. For groups that have historically faced discrimination or feel like outsiders in UK workplaces, it can be particularly hard for them to raise concerns about safety or seek help. <sup>17</sup>A BMA all-member survey in 2018 found that ethnic minority doctors were twice as likely as white doctors to say they would not feel confident raising concerns. <sup>18</sup>

The BMA's Covid-19 tracker surveys also consistently found that ethnic minority doctors were much more likely than white doctors to say they felt pressured to see patients without adequate PPE. For example, our April survey found 64% of ethnic minority doctors in high-risk settings feeling pressured compared to 33% of White staff. <sup>19</sup>

## **BMA recommendations**

### **Do you have anything specific you would like to see in a race equality strategy?**

#### **1. An explanation of how the strategy will be implemented**

The strategy should clearly set out the responsibilities of specific NHS organisations in ensuring the strategy's goals are achieved. It should also outline and how those organisations will inform and share those responsibilities with partner organisations locally such as the local medical school. We are concerned that a lack of clarity around responsibilities and how these are monitored may currently be a barrier to tackling race inequalities. For example, whilst we were pleased to see the MWRES 2020 data report set out 11 areas of action for improving race inequalities in the medical workforce, this was not accompanied by an explanation of who is responsible for these actions and how they will be carried forward.

#### **2. A clear definition of racism**

The BMA would like to see the strategy set out a definition of racism that considers interpersonal and structural racism. As emphasised in our recent report to the Commission on Race and Ethnic Disparities, structural racism must be acknowledged and accepted for it to be successfully tackled<sup>20</sup>

The strategy must also consider how ethnicity intersects with other protected characteristics for NHS staff, to fully understand the impact of structural racism within the NHS.

#### **3. Introduction of targets for improvement**

We would like to see the strategy set targets for improvements in WRES data over the five-year period. This would raise the profile of the WRES indicators to NHS leaders and act as another driver for them to take action.

---

<sup>17</sup> See GMC (2019) Fair to Refer

<sup>18</sup> BMA (2018) [Caring, Supportive, Collaborative all-member survey](#)

<sup>19</sup> BMA (April 2020) BAME doctors hit worse by lack of PPE

<sup>20</sup> BMA (2020) [A Missed Opportunity: BMA response to the Race Report](#)

#### **4. Making inclusivity a core competency for NHS leaders**

To help create a culture in which everyone feels included, where diversity is celebrated and there is equality of opportunity and reward, the BMA recommends that inclusivity is made a core competency for NHS leaders.

This would mean that leaders would be expected to demonstrate how they promote inclusivity and be held accountable for it as part of their performance objectives. To ensure that this does not create an additional burden on already overworked staff, GP Partners must be provided with appropriate funding and time set aside to undertake such training.

We welcome the NHS Leadership Academy's 'Building Leadership for Inclusion' programme of work which is focused on building equality, diversity and inclusion capabilities in all NHS leaders. We would hope that medical leaders in academia, public health and other sectors can also have access to this programme. We would like to see mandatory race training implemented for all decision-makers in healthcare bodies.

#### **5. Implementation of accountability mechanisms for organisations**

The BMA is also calling for the implementation of accountability mechanisms for employers in the NHS who do not address workplace culture where racism is evident.

One such accountability mechanism could be a requirement for employers with disproportionate referrals into fitness to practice processes to publish detailed explanations of a) the work they are doing to understand why this is occurring and b) actions they will take to eliminate discrimination.

#### **6. Requirements and guidance on interventions**

The BMA is also calling for a greater emphasis on evaluation in NHS organisations. The strategy should set out an obligation for NHS organisations to regularly evaluate the race equality programme, training and interventions they have in place.

Alongside this, organisations should be given more guidance about how to evaluate interventions effectively.

#### **7. Improved data reporting**

There needs to be better recognition of diversity of the identities, experiences and needs of different ethnic groups. The strategy must set out a plan for NHS England to improve the granularity of its data collection, analysis and reporting on the experiences of NHS staff (including honorary employees) to better recognise the variety of ethnicities in the UK, rather than relying on the categories BAME and white. BAME' is a collective term, not an identity.

The WRES team must be adequately resourced to provide more granular data analysis. We would also like to see the next publication of the MWRES data report to be broken down by trust level.

#### **8. Detail on how NHS England will work with the NHS Race and Health Observatory**

The BMA supports the newly established [NHS Race and Health Observatory](#). It should help ensure that there is a more systematic approach to collecting data on race and health, better engagement with ethnic minority healthcare workers and communities, and better assimilation of academic research, enabling the NHS and public health system to learn and respond more effectively to trends.

However, there is currently a lack of clarity over how initiatives to monitor and improve race equality within the healthcare system interlink. The strategy should detail how NHSE will work with the NHS Race and Health Observatory.

### **9. An approach to monitoring in primary care**

We would like to see the strategy set out a plan for monitoring race inequalities in primary care. Primary care professionals are not within the remit of the NHS Staff Survey or the WRES and it is currently difficult to fully understand the race inequalities present in primary care.

#### **What can the NHS do to eliminate race discrimination?**

##### **More diverse ethnic representation in NHS leadership and management**

To truly tackle ethnic disparities within the workforce, a more representative ethnic diversity of medical and organisational leadership is necessary, alongside more transparent recruitment and promotion systems in all organisations employing doctors and culture change within all organisations. The BMA therefore welcomes goals to increase diversity in leadership within the NHS People Plan for 2020-2021.<sup>21</sup>

Although the ethnic minority medical workforce has grown over the last few years, representation of ethnic minority healthcare professionals at board level is still far too low. Ensuring that NHS Trust and organisation boards reflect the ethnic make-up of the workforce they manage would help ensure a more inclusive culture from the top-down and ensure there are ethnic minority role models visible to healthcare staff, students and patients.

The strategy should set out a plan of action of how this will be achieved and how it will align with the commitment set out in the NHS People Plan to overhaul recruitment and promotion practices.

##### **Addressing bullying and harassment within the NHS workforce**

The BMA's survey of all members in 2018 found that the most common answer given for why bullying and harassment is a problem was that people are under pressure.<sup>22</sup> The BMA believes that alleviating system pressures will, amongst other benefits, help to develop positive working relationships across the NHS.

As noted in our [Racial Harassment Charter for medical schools](#), ethnic minority medical students have told us of their experiences of racist bullying and harassment while on work placements in the NHS. We would also like to see the strategy consider how to best protect and support students on work placements.

The BMA's bullying and harassment policy report included a set of recommendations for NHS organisations:

##### ***Ending the silence***

- Talk about behaviour and improve understanding of what bullying and harassment are*
- Make sure there is a designated person who people can discuss bullying or harassment concerns with informally and in confidence*

---

<sup>21</sup> NHS England and NHS Improvement (July 2020) [We are the NHS: People Plan for 2020-21](#)

<sup>22</sup> BMA (2018) [Future vision for the NHS: All member survey](#)

- *Improve awareness and reach of Freedom to Speak Up Guardians where they exist*
- *Use anonymous surveys and other feedback sources to assess the prevalence and nature of bullying and harassment concerns*
- *Encourage bystanders to be more active*
- *Give people the tools and support to effectively challenge behaviour*

#### ***Improving the resolution of problems***

- *Improve how formal complaints are handled in practice in the NHS, ensuring sufficient resources, representation and support for individuals going through the process*
- *Ensure access to alternative means of resolution, such as mediation, where appropriate*
- *Encourage and enable early intervention to tackle low level, unprofessional behaviour before it escalates to bullying or harassment*

#### ***Creating a more supportive and inclusive culture***

- *Alleviate the system pressures and take steps to support the development of positive working relationships*

#### ***Display compassionate leadership from the very top and develop it throughout the NHS system***

- *Embed an understanding of human factors in medical selection, education, training and work practices*
- *Provide more training and support on giving and receiving effective feedback*
- *Improve support for doctors and medical students with disabilities or long-term health conditions*
- *Value diversity, support diverse teams, and ensure inclusion of all staff*

#### **Freedom to Speak Up Guardians**

Freedom to Speak Up Guardians are a key method for staff to raise concerns about racial discrimination in formal processes. We would like to see the strategy set out an approach for improving the awareness and reach of Freedom to Speak Up Guardians including ensuring that they can be accessed by honorary NHS staff. The ethnic diversity of Freedom to Speak Up Guardians must also be improved.

A government-commissioned evaluation of the Freedom to Speak Up Guardian programme in the NHS is currently being done by Cardiff University.<sup>23</sup> We would like the strategy to commit to acting on the findings of this evaluation.

---

<sup>23</sup> Cardiff University (2020) [Evaluating freedom to speak up local guardians](#)

## **Effective training**

Effective training is essential to promoting diversity and inclusivity within organisations that can lead to cultural change.<sup>24</sup>As such, the strategy should set out a plan for the development and delivery of effective training for all doctors and non-medical managers on the value of diverse teams and the importance of inclusion.

## **Support for IMG doctors**

As previously highlighted, a significant proportion of ethnic minority doctors in the UK are also international medical graduates, who can face additional obstacles in their careers. 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 then impact career progression.<sup>25</sup>

The BMA would like to see the strategy set out a plan for embedding comprehensive induction, mentoring and ongoing support for these healthcare workers. The MWRES 2020 data report also recommended inductions for IMG doctors as a key area of action needed in the NHS.<sup>26</sup>

## **Implementation of just and learning culture model**

The NHS needs a transformational culture shift from a focus on blaming staff for mistakes, to learning from them. This should be recognised within the strategy with a commitment to embedding a 'just and learning culture' model in all NHS organisations. We hope this will have an impact on the disproportionate referrals of ethnic minority staff to the GMC.

Our Caring, Supportive and Collaborative report recommended that employer organisations in the NHS:

- acknowledge the role of system and human factors and consider these as part of any investigation
- recognise the impact of a patient safety incident on staff and provide them with support
- give sufficient protected time for learning and development, including in the GP contract, so doctors can develop professionally and support quality and safety improvements throughout their careers
- adopt the NHS Resolution 'Just and Learning Culture Charter'.

---

<sup>24</sup> GMC (2019) [Fair to Refer](#)

<sup>25</sup> Ibid.

<sup>26</sup> NHS England (2021) [MWRES 2020 data report](#)