

Sir Jim Mackey
Chief Executive, NHS England

Sir Ciarán Devine
Chief Executive, NHS Alliance

Sent via email

24 July 2026

Dear Sir Jim and Sir Ciarán,

Re: Adoption of the IHRA definition of antisemitism across the NHS

On behalf of the British Medical Association (BMA), we are writing to express our serious concerns regarding the implementation of the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism across the NHS. These concerns reflect the policy adopted by the BMA's Annual Representative Meeting in June 2026, which articulated the widespread concern among the medical profession about the way the IHRA definition is being implemented across the NHS and called on the BMA to seek a pause pending appropriate safeguards, consultation and legal clarity.

The BMA unequivocally condemns antisemitism and all forms of racism and discrimination. NHS staff must be able to work in environments that are safe, inclusive and free from harassment. Measures to tackle antisemitism are an important part of that responsibility. However, we are concerned that the adoption and implementation of the IHRA definition across NHS organisations is proceeding without sufficient consultation, adequate assessment of the legal and practical implications for NHS employers and staff, and without clear and detailed guidance on how the definition should be applied in practice. We also note that there is no legally binding obligation on NHS organisations to adopt the definition.

We are particularly concerned that the instruction to implement the IHRA definition has occurred without comprehensive consideration of the interaction between the IHRA definition and NHS organisations' obligations under human rights and equality legislation – including Articles 9 and 10 of the European Convention on Human Rights and the Equality Act 2010.

Given the significance of these issues, and the fact that NHS Trusts have been asked to adopt the definition and report back to NHS England by the end of July, we are calling on NHSE to pause the current implementation process, until the necessary safeguards have been established.

Chief executive officer: Rachel Podolak

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We ask NHS England to:

- pause the current implementation timetable and suspend the end-of-July reporting requirement while these issues are reviewed;
- undertake, and require NHS organisations to undertake, comprehensive legal and equality impact assessments before implementation proceeds further;
- consult meaningfully with recognised trade unions, professional bodies and staff representatives on the operation of any policy governing speech or expression;
- if continuing to promote adoption and implementation, publish clear national guidance setting out how the IHRA definition should be applied consistently across NHS organisations, including how it interacts with NHS employers' duties under Articles 9 and 10 of the European Convention on Human Rights, the Human Rights Act 1998, the Equality Act 2010 and employment law; and
- provide assurance that NHS staff will not face disciplinary action or professional disadvantage for expressing lawful political opinions or ethical concerns in a manner consistent with professional standards.

The absence of these safeguards exposes NHS organisations to significant legal and employment risks. We would therefore urge any Trust who has already formalised the use of the IHRA definition to review its safeguards and pause this approach if these are insufficient. We would draw your attention to the recently published legal opinion, written by four leading lawyers, circulated by Leigh Day to Trust chief executives, which sets out the very real risks that adoption of the definition without taking appropriate steps presents to both NHSE and individual employers. This opinion should be carefully considered, as not doing so could have an adverse impact on NHS staff and potentially expose individual Trusts to significant legal challenge.

We believe it is entirely possible to combat antisemitism robustly while also protecting the rights of NHS staff to engage in legitimate political discussion and ethical debate. These objectives are complementary rather than contradictory and both are essential to maintaining an inclusive, respectful and legally compliant workplace.

We would welcome the opportunity to discuss these concerns with you as a matter of urgency and ask that you confirm whether NHS England will pause the current implementation timetable pending further consultation and assessment.

Yours sincerely,



Dr Emma Runswick
Deputy chair, BMA Council