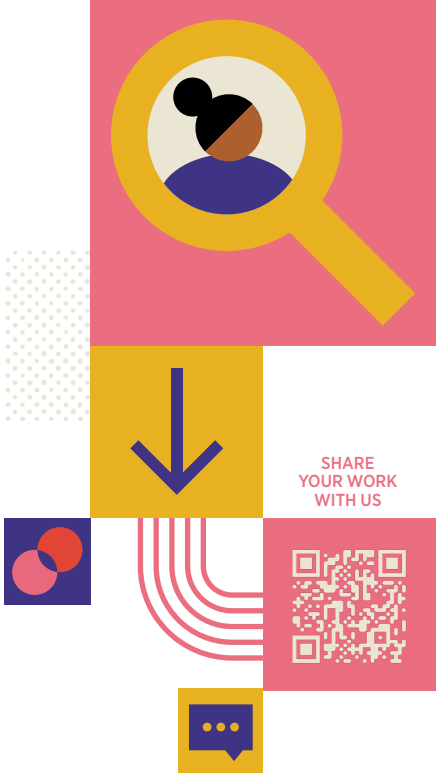
NHS RACE & HEALTH OBSERVATORY

ANTI RACISM PRINCIPLES

Anti-racism is about more than pledges and good intentions. To meaningfully combat racism in healthcare, we need to think about tangible actions. This series of briefings highlights concrete steps that healthcare providers can take to ensure that their services work for everyone, regardless of the colour of their skin.



5. IDENTIFY RACIAL BIAS

INTRO

In a manifestation of institutional racism, racial bias is operationalised across healthcare organisations' policies and processes. From clinical guidelines and assessments, to care pathways and workforce procedures, racial bias can be entrenched throughout organisations. It systematically disadvantages racially minoritised people, leading to inequitable access, experience, and outcomes for patients, and inequitable working conditions for staff. These biases can be deeply embedded in the day-to-day running of an organisation, even where individuals are working to tackle racism. For this reason, it's vital that organisations continuously review their long-standing policies and practices to identify where racial bias persists unchecked.

WHY IS THIS IMPORTANT?

Even where interventions or programmes of care are not explicitly aimed at the care of racially minoritised groups, racial bias can manifest in an organisation's policies and processes in a range of overt and covert ways. By failing to proactively identify it, we risk missing the key drivers of the very inequity we are seeking to tackle. Examples of this racial bias include:

- Stratifying risk by ethnicity and using ethnicity alone as grounds for inductions in maternity care guidelines, with poor outcomes for Black, Asian, and minoritised ethnic women. This study also found that educational materials often framed White bodies as 'normal', leading to inadequate care outcomes for racially minoritised people.
- Refusal of registration for patients with no fixed address in GP policies preventing care access for nomadic Gypsy, Roma, and Traveller communities. This is an example of a policy having unintended but deeply inequitable consequences for people in ethnic groups who already experience some of the worst health outcomes in the country.
- Misapplication of unclear disciplinary policies and procedures that disadvantage minoritised ethnic staff, leading to their overrepresentation in disciplinary processes.

AN EXAMPLE IN PRACTICE

The NHS Race and Health Observatory (NHS RHO) highlighted that devices and assessments used to detect jaundice and cyanosis in newborns were less reliable for dark skin tones, and that guidelines referred to 'pink,' 'blue,' or 'pale' skin without reference to skin changes in racially minoritised babies.

NHS RHO's recommendations have since been adopted by national organisations including the Department of Health and Social Care, NHS England and the British Association of Perinatal Medicine in their framework and standards, including the appropriate use of pulse oximetry over visual inspection and ensuring clinical assessments are inclusive of all skin tones.

HOW TO GET STARTED

To proactively tackle racism in an organisation, **leaders, providers, and practitioners** need to systematically review and identify racial bias in the policies and processes that underpin staff practice. The process of debiasing policies is the only way to unpick institutional racism.

Some of these policies may be more obvious than others – if one group of staff is experiencing worse outcomes in disciplinary processes, for example, it's prudent to set up a diverse group of staff to review how the process works and where inequities are being embedded.

Certain other policies and processes, especially those relating to clinical decision-making and pathways, may seem more difficult to review. In these policies, it can be something as simple as the language used to refer to the patient. In both cases, **creating a *debiasing* framework** will enable consistency and focus when identifying racial bias in your organisation's policies and processes.

The framework should include considerations around:

- Who developed it and signed the policy off?
- Who was (or was not) engaged, consulted, or involved in its development?
- What evidence was used to inform it?
- Does it account for the specific needs of minoritised ethnic patients and communities/staff?
- Does it account for the structural factors driving ethnic health inequity?
- What assumptions about minoritised ethnic patients and communities might be embedded in it?
- Does it account for local, regional, or national targets to reduce ethnic inequity for patients and staff?
- Does it include ethnicity-specific monitoring and evaluation measures?
- Does it include mechanisms to ensure ongoing engagement, consultation, or involvement of minoritised ethnic patients and communities/staff?

The nature of the framework will likely adapt over time, becoming more tailored to your organisation and focus. Existing debiasing frameworks can be helpful in informing this activity, and we encourage progress through timely action.