NHS RACE & HEALTH OBSERVATORY

BRIEFING FROM REGULATORS ROUNDTABLE

Advancing Workforce Race Equality and Inclusive Working Environments

INTRODUCTION

The health and social care regulatory bodies recently convened a national roundtable to address the persistent and systemic issue of racial inequality within the NHS workforce. Comprising healthcare leaders, experts, and stakeholders from across the health and care regulatory landscape, the roundtable provided a space in which to reflect on current and historical challenges, share insights, and co-develop a unified approach to improving race equity and cultivating inclusive workplace environments.

Centred at the heart of these discussions are the NHS Race and Health Observatory's (RHO) '7 Principles of Anti-racism'[1], which provide a robust, evidence-based framework for identifying, naming, and dismantling structural racism in healthcare systems.

Healthcare regulation and accountability play essential roles in working towards equity – they help establish the rules and frameworks that govern the conduct of organisations and people. Regulation and accountability are foundational to a high-performing healthcare system, ensuring patient safety, quality of care, and public trust. Regulation sets the standards, while accountability ensures that organisations and individuals are answerable for meeting those standards.

It is well documented that some of the strongest indicators for patient safety are staff engagement, satisfaction and wellbeing. As a result, any disparities in staff experience, career progression, and workplace culture for ethnic minority employees (that make-up nearly 30% of the NHS workforce) not only harm NHS staff themselves but can have a direct impact upon patient safety, care, and health outcomes.

1 https://nhsrho.org/resources/seven-anti-racism-principles/

During the summer of 2025, the RHO helped to convene a roundtable of key healthcare regulatory bodies, including the Care Quality Commission, the General Medical Council, the Nursing and Midwifery Council, the Health and Care Professions Council, and others. The key purpose of the meeting was to discuss practical next steps for a collective approach towards regulating for race equality.

This roundtable represents the beginning of work that will focus on the collective responsibility of regulators to lead by example, through the implementation of system wide change, and by ensuring that racial equity is not left as an afterthought.

KEY THEMES FROM THE ROUNDTABLE

LANGUAGE FRAMING AND NAMING RACISM

One predominant theme that arose from the roundtable was the power of language. The impact it can have in the shaping of action and accountability, along with the importance of naming racism without watering down the message. Euphemisms and passive phrases like "encouraging change", and "playing a part" where strongly discouraged with a preference being shown for direct language that reflected the importance and urgency of the issues at hand. The term "equity" was also widely favoured over "equality," as it more accurately acknowledges the differing needs and systemic barriers faced by racially minoritised groups.

The roundtable highlighted the importance of framing within the context of regulator's commitments. It was made clear that commitments should demonstrate accountability and leadership, for example changing "encourage" with "mandate" or "demonstrate". These shifts reflect deep a cultural transformation in the approach to racism, how it is seen and understood, and are much more than just semantic. The discussion also underscored the importance of co-production with racially minoritised staff and communities to ensure that messaging is culturally resonant and accessible.

LEADERSHIP, ACCOUNTABILITY, AND ROLE-MODELLING

Understandably, leadership was identified as a critical lever for change. Participants stressed that progress on race equity must be driven from the top down, initiated by leaders who take ownership over, and

There was strong support for developing accountability frameworks modelled on safeguarding, where failure to act on racism carries tangible consequences. Regulators were also urged to model the behaviours they expect of the NHS. This includes being transparent and owning their own internal challenges or shortcomings, such as disparities in staff representation and experiences. Only then can progress be shown as possible whilst serving as a guide for other's looking to address these issues. The roundtable also highlighted the need for diverse leadership, particularly within senior leaders, to ensure a complete range of perspectives within decision-making processes.

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COLLABORATION, CO-PRODUCTION, AND SHARED UNDERSTANDING

There was strong agreement that collaboration between regulators was paramount to building unified messaging, ensure best practice, and to avoid discrepancies or contradictory guidance. Participants agreed that in a system where confusion and mistrust lead to poorer health outcomes, regulators must present a cohesive front to build trust within communities and among healthcare staff. The roundtable called for collective reinforcement of standards, particularly in areas such as psychological safety, bullying and harassment.

Co-production featured throughout the roundtable, consistently highlighted as essential to ensuring that strategies are relevant and effective. This means involving racially minoritised staff, service users, and bereaved families, and those with lived experience in the design and implementation of policy. It was noted that whilst lived experience can be a powerful tool for change, it must be handled with care to avoid further traumatisation. Any attempt at engagement must be safe and supported, focussing on action to drive change without being tokenistic.

INTERSECTIONALITY AND LIVED EXPERIENCE

One theme that was discussed was intersectionality – the understanding that race does not operate in isolation. Instead, it intersects many other protected characteristics, such as sex, disability and age with each requiring specific focus. For instance, a Black disabled woman may face compounded barriers that are not captured by looking at race or disability alone. There was a call for regulators to begin properly capturing and analysing this data to ensure policies are robust enough to enable inclusivity for all staff.

Again, lived experience was repeatedly emphasised for the importance it plays in the development of targeted policy. Examples were shared demonstrating the impact of listening to staff who have been impacted by racism, driving meaningful changes in practice, such as culturally competent training and improved support for whistleblowers. The roundtable called for regulators to move beyond consultation to co-production, where staff and communities are active partners in development of policy.

DATA, INSIGHT, AND MEASUREMENT

Whilst data were recognised as necessary for driving change, there was a caution against focussing on data collection at the expense of action. With an already large pool of existing data to draw from, the WRES being a particularly extensive one, it was felt that this should be substantial enough to begin the necessary analysis required to begin change. However, there was concern that specific areas, such as ethnicity data on excess mortality, were lacking.

Calling back to the earlier collaboration section, discussions again reiterated the need for consistency between organisations to enable unified messaging and accountability, whilst reducing mistrust from communities. Further, the roundtable recommended greater transparency around data driven decision-making, particularly amongst senior leaders. Understanding it's use and being able to connect specific data to real change can enable trust within the system.

LEARNING, DEVELOPMENT, AND IMPROVEMENT

Participants noted that at present too much training remains "tick-box" in nature, with little follow-up or evaluation of impact. There was a strong call for more impactful, culturally competent, sustained learning that is linked to real-world outcomes. This includes training for managers and senior leaders, who play a crucial role in influencing team culture and supporting the wellbeing of staff.

The role of innovation and improvement methodologies on their own, such as quality improvement approaches that do not focus on tackling deep-seated issues such as racial bias, were questioned. It was noted that whilst "innovation" could be seen as a tokenistic buzzword, there was general agreement that incremental improvement, supported by all the areas previously mentioned, can lead to meaningful change. Good practice must be championed, and regulators need to make active efforts to create and facilitate spaces for experimentation and learning, as seen through this roundtable and emerging programme of work.

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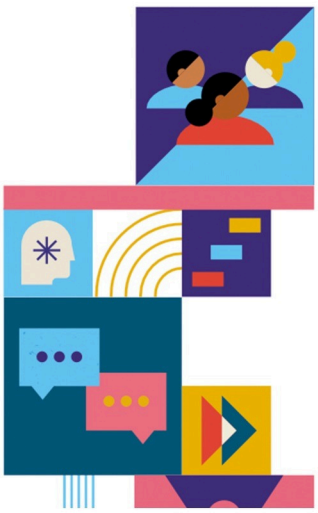
JOINT COMMITMENTS

As a direct result of the roundtable a set of joint commitments to the advancement of race equity and inclusive working environments across the health and care sector have been developed. These commitments reflect the themes and insights from the event and are aligned with the RHO's '7 Principles of Anti-racism'. They follow below:



1. **Naming racism:** Demonstrating leadership by naming racism explicitly and consistently to advance race equity and commit to work actively to address racism.
Valuing lived experience: Listening to people working in health and care who experience racism, co-producing work with them, ensuring psychological safety and considering how racism intersects with other wider inequalities and with health inequalities.

2. **Showing leadership:** Raising our ambition on race equity and inclusion for the workforce at every level of the health and care system, through modelling the behaviours and actions that we expect from others and having clear leadership accountability for developing our work to tackle racism and advance equity.

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3. **Collaborative working:** Positively positioning the health and care regulators, collectively as a group of influence in promoting workforce race equity through a shared understanding of how racism operates, co-creation of strategies, clear and aligned goals and communications and sharing good practice

4. **Data and insight development:** Strengthening collection and use of data to generate insights that drive action, enabling assessment of the extent and impacts of racism and the effectiveness of work to address racism.

5. **Empowering approaches:** Supporting health and care leaders, providers, and the workforce, to achieve and maintain working environments - and a health and care system - where "everyone counts". This involves understanding structural, institutional and inter-personal racism and supporting continuous improvement in performance and sharing replicable good practice.

6. **Using our powers effectively:** Embedding the advancement of workforce race equality and inclusion in regulatory strategy, policy and standards within the health and care sector and in our day-to-day business; using our role and functions to tackle racism and help deliver positive change.

7. **Influencing progress together:** Using our collective voice and agency to influence national policy on workforce race equity, and wider health inequalities and equity issues, based on our regulatory insights and engagement.

8. **Transparency and accountability:** Evaluate and report on the impact of our work as regulators on addressing racism and promoting workforce race equity to hold ourselves and others to account for achieving measurable progress.

NEXT STEPS

This work marks an important step forward in the advancement of race equity within the NHS workforce. Through the convening and pledging of regulators to name racism, centre lived experience, and ultimately commit to tackling accountability, we can begin to move towards a fairer and more inclusive health and care system.

Whilst a framework has been laid down, success will depend upon a collaborative and joined-up approach to regulation, and a consistent and sustained effort from all. The NHS Race and Health Observatory will work with and support the regulatory bodies on this journey. Critically, on an annual basis, the Observatory will convene the regulatory bodies to provide an independent check and challenge on progress.

As the NHS continues to implement its 10 Year Health Plan, the role of regulators in ensuring that equity is at the heart of transformation has never been more important. This report serves as both a record of progress and a call to action, for regulators, providers, policymakers and frontline staff, to work together to build a workforce where everyone, regardless of race, can contribute, progress, and thrive.