

Advancing Workforce Race Equity in Health and Social Care: Shared principles across regulators

INTRODUCTION

On behalf of our organisations, we pledge our commitment to the advancement of race equity and inclusive working environments across the health and care sector and beyond. Based on the [NHS Race and Health Observatory anti-racism principles](#) and building on a roundtable in June 2025, we sign up to these nine regulatory principles.

The anti-racism principles have been framed using a strengths-based positioning that promotes organisational awareness, efficacy, and resourcefulness thus making us more resilient and capable of achieving the goals of these principles.

Our focus on anti-racism is in response to the compelling evidence base across the NHS, CQC research and other professional bodies' reviews which demonstrate a strong correlation between people's experience of discrimination and their ethnicity. Our intention is that, by drawing attention to and driving action on racism in the workplace, we also improve equity for the other dimensions of discrimination to ensure that our workplaces are inclusive, compassionate, and valuing everyone's contributions.

1. **Naming racism:** We demonstrate leadership by naming racism explicitly and consistently to advance race equity and commit to work actively to address racism.
2. **Valuing lived experience:** We listen to people working in health and care who experience racism, we co-produce our work with them, centring our agenda on their experiences and ensuring psychological safety. We consider how racism intersects with other inequalities and with health inequalities throughout our work to address racism.
3. **Showing leadership:** We raise 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.
4. **Collaborative working:** We act positively as a group of health and social care regulators, collectively influencing and promoting workforce race equity. We do this through a shared understanding of how racism and other forms of discrimination operate, co-creation of strategies, clear and aligned goals and communications and sharing good practice.

5. **Data and insight development:** We strengthen the 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.
6. **Empowering approaches:** We empower 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 other forms of discrimination through impactful education and learning approaches, supporting continuous improvement in performance and sharing good practice.
7. **Using our powers effectively:** We embed 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. We set standards and expectations of those we regulate in a way that explicitly embeds a focus on equality on the regulatory decisions that we make; and more broadly use our role and functions to tackle racism and help deliver positive change.
8. **Influencing progress together:** We use our collective voice to influence national policy on workforce race equity and wider health inequalities and equity issues, based on our regulatory insights.
9. **Transparency and Accountability:** We set ourselves specific, measurable and timely indicators for our work on addressing racism and promoting workforce race equity. We then evaluate and report on the impact of our work as regulators to hold ourselves and others to account for achieving measurable progress.

EXPLANATORY NOTES

- We use the word "equity" throughout the principles as this encompasses the widest range of approaches and actions, including legal obligations around equality in the Equality Act 2010.
- The focus of this work is on race and ethnicity. This is data and evidence driven – stark inequalities by race (and ethnicity) are widening, and with the diversity of the health and care workforce increasing, there is an even more urgency to tackle these inequalities. When considering what we mean by race equity, we include all forms of racism and associated discrimination in this work, including on the basis of religion, faith or belief, for example Antisemitism and Islamophobia. However, using these principles will move forward equity for staff with other equality characteristics too.
- Having shared principles is an important step forward. We recognise that the principles alone will not deliver change. Each regulator will need to work through the changes required to deliver them in practice, considering their role and size. We will also need to work together as regulators to maximise our positive impact on workforce race equity and inclusion.

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