



# Parliamentary policy roundtable recommendations for retaining diverse NHS staff

UCL and the University of Leicester  
With The Health Foundation, NHS Race and Health Observatory and University Hospitals of Leicester NHS Trust  
Sponsored by the House of Commons Women and Equalities Committee

The I-CARE study (InCreAsing Retention of healthcare staff from Ethnic minority groups) is supported by a grant from the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Program (NIHR157268). The views expressed are those of the authors and not necessarily those of the NIHR. The roundtable was supported with funding from the UCL Knowledge Exchange Fund

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# Foreword by Sarah Owen MP

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I was delighted to host this timely discussion on the experiences of ethnic minority staff in the NHS. Almost one in five NHS staff were born overseas and over a quarter – and around half of doctors – are from ethnic minority groups. The retention of this diverse workforce is crucial to the NHS’s long-term future and the country’s health. It should be of great concern to policy-makers that a high proportion are considering leaving their roles. Their loss would have a devastating impact on the NHS.

The I-CARE study and the work of the NHS Race and Health Observatory, Health Foundation and others reveal a workforce with poorer career experiences and outcomes compared to their White British counterparts, who are less likely to be appointed following shortlisting, less likely to be on boards and less likely to be in senior positions. Research shows that ethnic minority staff are, however, more likely to experience harassment, bullying and abuse – from patients, visitors and, alarmingly, from colleagues.

Participants at the roundtable event discussed potential solutions to these issues. The commitment from those present to advocate for and deliver positive change was inspiring. The Government must take note of the recommendations that have come out of this work if its reforms to the healthcare system and the delivery of its 10 Year Health Plan are to succeed.

# Executive summary

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UCL and the University of Leicester held a policy roundtable in the Palace of Westminster on 8th December 2025. The purpose was to bring together key stakeholders to discuss the challenges to supporting the retention of NHS staff from minoritised backgrounds, the potential levers for change, and how research evidence can inform and support these efforts. The roundtable was part of the I-CARE study (InCreAsing Retention of healthcare staff from Ethnic minority groups), a major three-year research project, funded by NIHR, aiming to improve the retention of NHS staff from ethnic minority and migrant backgrounds.

The roundtable was hosted by Sarah Owen MP, Chair of the House of Commons Women and Equalities Committee and chaired by Prof Ibrahim Abubakar (UCL Vice Provost (Health)). The speaker panel were:

**Prof Katherine Woolf** (UCL) and **Prof Manish Pareek** (University of Leicester), I-CARE study co-Chief Investigators; **Prof Habib Naqvi** MBE (CEO NHS Race and Health Observatory); **Clare Teeney** (Chief People Officer, University Hospitals of Leicester NHS Trust and Chief Executive of the University Hospitals of Northamptonshire NHS Group); **Dr Elaine Kelly** (Senior Research Economist Health Foundation and Institute for Fiscal Studies); **Kirandip Gill** (patient representative). **Susie Lagrata** (healthcare worker representative) was unable to attend owing to illness.

Attendees included Bell Ribeiro-Addy MP, officials from the Prime Minister's Mission Delivery Unit, House of Commons health policy staff, academics and researchers, thinktanks, charities and healthcare worker unions, NHS Race and Health Observatory and NHS Confederation.

The panel discussion gave rise to four national policy recommendations, informed by research:

- I** Make retention a core plank of NHS workforce planning
- II** Where government policies may have negative consequences for NHS staff retention, ensure these are identified and mitigated against
- III** Design the NHS Workforce Plan to meet the needs of a healthcare workforce that is positively diverse and increasingly able to deliver healthcare to all patients
- IV** Recognise, understand and tackle the many ways in which racism affects staff, and make this core to NHS retention policies and practices, not treated separately.

Eight core themes were also identified to guide NHS Trusts and Integrated Care Boards' actions to retain their diverse staff. These were:

- 1** Inclusion and belonging
- 2** Anti-racism and speaking up
- 3** Senior leadership teams
- 4** Equitable career progression and recruitment
- 5** Valuing and respecting staff
- 6** Finances
- 7** Life outside of work
- 8** Mental health support



Roundtable speaker panel (from left) Dr Elaine Kelly, Ms Kirandip Gill, Prof Manish Pareek, Prof Katherine Woolf, Ms Clare Teeney, Sarah Owen MP, Prof Habib Naqvi MBE, Prof Ibrahim Abubakar

## Summary of Parliamentary policy roundtable event

Sarah Owen MP, Chair of the Women and Equalities Select Committee, introduced the event with a speech that highlighted how important and relevant the issues were to her own constituents, the majority of whom are from ethnic minority groups, and to the work of her Committee, and underlining the need to combat the hostility that NHS staff can experience in and outside work.

The panelists set out the evidence base for retention of minoritised NHS staff (see pages 11-13 for research insights from the I-CARE study and the Health Foundation) and the practical issues and consequences from a Human Resources and patient perspective, and the importance of evidence-based action to tackle inequalities in the healthcare workforce.

The panel discussed solutions and opportunities to achieve real change, while acknowledging the challenges of developing and implementing retention policies effectively for NHS staff from minoritised groups.

A wide-ranging discussion and Q&A with the invited audience was followed by a networking and drinks reception at which the team gathered feedback. Participants were also sent a post-event survey.

# Policy recommendations

The recommendations in this report were informed by discussions at the UCL-Leicester Parliamentary policy roundtable held in Westminster on 8 December 2025. The recommendations also draw on research findings from I-CARE and the research literature (see pages 11-16), and on feedback from the I-CARE stakeholder group as part of the wider UK-REACH advisory group and our network of NHS Staff Experience and Equality Diversity and Inclusion managers.



Prof Ibrahim Abubakar, Vice-Provost-Health UCL (left) and Prof Manish Pareek, co-Chief Investigator I-CARE study, University of Leicester

These recommendations reflect the fact that poor retention of diverse NHS staff poses a major threat to the government's delivery of its 10 Year Health Plan for England.

The report sets out four national recommendations to improve NHS staff retention policy. These are targeted primarily at the Department of Health and Social Care whose **NHS Workforce Plan is forthcoming in Spring 2026**.

The report sets out eight core themes which Trusts and Integrated Care Boards should address in order to retain diverse staff. Policies may vary locally according to staff demographics but should include robust and measurable targets for which the revised NHS Oversight Framework and new Care Quality Commission (CQC) assessment frameworks and approach (both due 2026) should ensure accountability.

## Four national retention recommendations:

- I. Build on current work to make retention a core plank of NHS workforce planning.** This should include improvements to training, career development, staff health, and employment conditions, as set out in the government's 10 Year Health Plan for England. The NHS staff standards, due to be published in April 2026, offer an opportunity to tackle worsening discrimination and violence for all staff effectively, recognising that minoritised staff groups are disproportionately affected.
- II. Where government policies may have negative consequences for NHS staff retention, ensure these are identified and mitigated against.** Areas to mitigate against include: NHS staff redundancies due to budget cuts; reductions in NHS staff numbers due to increased use of digital innovations; reduced career development opportunities for some groups of existing NHS staff (such as those who are internationally-trained); increased pay dissatisfaction and financial concerns, especially among staff at lower pay grades, and informed by the findings of the NHS Race and Health Observatory's independent Ethnicity Pay and Progression Gap Review.
- III. Design the NHS Workforce Plan to meet the needs of a healthcare workforce that is diverse and increasingly able to deliver healthcare to all patients.** Such diversity of a workforce focused on delivering high quality care to all should be explicitly considered in the development and implementation of all aspects of the Plan taking account of learning from the WRES and WDES.
- IV. Recognising, understanding and tackling the many ways in which racism affects staff should be core to NHS retention policies and practices, not treated separately.** Racism impacts those who witness it as well as those who experience it directly. It should be addressed consistently and systemically, including supporting evidence-based management and leadership practices rather than through piecemeal or transient initiatives.



I-CARE co-Chief Investigators Prof Katherine Woolf, UCL and Prof Manish Pareek, University of Leicester

#### Eight core themes for local retention of diverse NHS staff

- 1 **Inclusion and belonging:** all staff work in diverse teams whether through gender, age or ethnicity. Diverse teams should be enabled and encouraged to create strong bonds and a sense of belonging. Trusts can facilitate this by recognising the benefits of diverse teams and championing and modelling the positive benefits of immigration for the NHS and the UK
- 2 **Anti-racism and speaking up:** organisations should emphasise prevention of racism rather than exclusively focusing on a reactive response to it. They must have sensitive and transparent mechanisms for raising concerns in place and ensure all staff feel psychologically safe to use them without fear of reprisal, recognising that low paid staff are at greater risk of hostility and job insecurity
- 3 **Senior leadership teams** should genuinely respect and resource staff wellbeing and safety and root out systemic barriers to it. This should be reflected in the NHS Leadership and Management Framework
- 4 **Equitable career progression & recruitment:** all staff should be guaranteed protected training and development time in order to improve job skills and equity. Recruitment and progression processes should be genuinely fair and transparent; panels should be diverse, but avoid having one token member from a minoritised group. Visa sponsorship for employment should be allocated equitably.
- 5 **Value and respect staff** both formally & informally, with a range of monetary & non-monetary rewards that resonate with all staff, in alignment with NHS Constitution values
- 6 **Finances:** pay structures should be competitive and fair, and should reflect the fact that workers generally become more sensitive to pay levels as working conditions deteriorate. Employers should provide staff with support for financial concerns
- 7 **Life outside work:** international staff should be able to access opportunities for socialising both in and outside of work. All staff should have access to support for any racism (direct or structural) that they experience outside of work. Employers can consider involving community groups in providing support. Staff should be signposted to processes for securing flexible working arrangements, and these processes should be implemented in a clear and transparent way
- 8 **Mental Health Support** should be accessible and effective. Mental health support should be culturally appropriate, respecting a staff member's language, faith and beliefs, and traditions.

# Speaker biographies

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## **Professor Ibrahim Abubakar**

Ibrahim Abubakar is Vice-Provost (Health) for UCL and Professor of Infectious Disease Epidemiology at UCL.

He is an NIHR Senior Investigator Emeritus and was elected Fellow Academy of Medical Sciences in 2020 and the US National Academy of Medicine in 2025.

He is a member of the Global Preparedness Monitoring Board, University College Hospital NHS Trust Board and the Strategic Advisory Board of Resolve to Save Lives. He is the chair of Lancet Migration: global collaboration to advance migration health.



## **Ms Kirandip Gill**

Kiran brings both lived experience and professional expertise to her work on equity, diversity, and inclusion.

She has been involved in a wide range of national and local projects focused on improving retention, leadership, and wellbeing for ethnic minority and migrant staff across the NHS and wider public sector.

As Chair of a group representing patient voice, Kiran is committed to amplifying the voices and impact of people with lived experience. Drawing on personal insight and collaborative practice, Kiran champions systemic change, ensuring that diverse voices shape policy, practice, and organisational culture.



## **Dr Elaine Kelly**

Dr Elaine Kelly was, at the time of the roundtable, the Assistant Director of the REAL Centre at the Health Foundation. She is now a Research Fellow at the Institute for Fiscal Studies and a Deputy Director at the Health and Social Care Workforce Policy Research Unit.

She is an economist by background with an interest in the health care workforce. Most recently, she has published work on parenthood and progression in the medical and nursing workforce, the importance of female role models in determining specialty choice, patterns of progression from clinical support work to registered nursing and the intentions of nurses currently based in the UK to work abroad.



## Ms Susie Lagrata

Susie Lagrata completed her bachelor's degree in Adult Nursing at Wesleyan University, Philippines in 1996 and moved to the UK in 1999 where she currently works as Advanced Headache Nurse Practitioner at The National Hospital for Neurology and Neurosurgery, UCLH NHS Foundation Trust.

She has undergone numerous post-graduate courses including the Masters of Headache Disorders at the University of Copenhagen in 2018 and is a registered independent non-medical prescriber.

She won the 2022 Royal College of Nursing Awards for the pioneering nurse-led services she established in the UK. She was a topic-specific member in the NICE guidelines (2015 review) and Education Committee member of International Headache Society. Susie has presented at national and international meetings. She has authored and co-authored several scientific papers in the past 17 years. She is a guest lecturer at the London Southbank and Member of the Board of the International Forum for Headache Nurses.

Susie serves as the Press Relations Officer of Filipino Nurses Association-UK. She was regrettably unable to join the speaker panel owing to illness.

Susie planned to give the following key message at the roundtable:

Attrition among ethnic minority healthcare workers is not about individual resilience, it reflects structural gaps in how we support, value, and progress. We continue to see differential experiences in career progression, disproportionate entry into formal processes, and the invisible labour of representation that often goes unrecognised. These factors compound over time and quietly erode belonging. In addition, the proposed changes to immigration rules particularly making it more difficult for internationally recruited staff like internationally educated nurses (IENs) to bring dependents, risk deepening demoralisation. When healthcare workers are asked to commit fully to caring for this country, but face uncertainty about keeping their families together, it sends a powerful message about whose stability is prioritised. If we are serious about workforce sustainability, inclusion must move beyond rhetoric and into measurable accountability with retention, equitable progression, and genuine belonging treated as system-level priorities, not optional initiatives.



## Professor Habib Naqvi MBE

Habib is Chief Executive of the NHS Race and Health Observatory, which leads work nationally on identifying and tackling ethnic inequalities in health and across the healthcare workforce.

In his previous role, he was Director of the Workforce Race Equality Standard programme at NHS England.

Habib was awarded an MBE in the 2019 Queen's Birthday Honours for services to equality and diversity in the NHS and is listed in the Health Service Journal's '100 most influential people in health'.



## Professor Manish Pareek

Professor Manish Pareek graduated from the University of Birmingham with Honours degrees in Medicine and Public Health and undertook general medical training before completing an academic specialist training programme in Infectious Diseases and General Medicine in Leicester and London (Imperial College London) funded by the NIHR and MRC.

At present he is Chair and Honorary Consultant in Infectious Diseases at the University of Leicester and University Hospitals of Leicester NHS Trust where he is Head of the Division of Public Health and Epidemiology and Director of the Development Centre for Population Health. He has international expertise in studying health inequalities, developing and delivering public health research programmes in infectious diseases, healthcare workers, migrant health and ethnic minority health.

His research group were at the forefront of investigating COVID-19 risk and outcomes in ethnic minority communities and he is the Chief Investigator of the UK-REACH programme of studies which examines a range of areas in healthcare workers including workforce health (UK-REACH), retention (I-CARE), long-COVID (REACH-OUT) and physical activity (THRIVE).

His work has been recognised by awards from the Royal College of Physicians, Federation of Infection Societies and International Union Against Tuberculosis and Lung Disease.



## **Ms Clare Teeney**

Clare joined University Hospitals Leicester as the Chief People Officer during 2022. Prior to that she worked as the Executive Director of People and Culture for Nottinghamshire Healthcare NHS FT and Director of People at Sherwood Forest Hospitals NHS FT.

Clare has a real passion for developing inclusive workplace cultures and is committed to improving staff experience and engagement. She has championed employability programmes that support young people into jobs and has developed retention strategies that support career development, reduce turnover and improve stability in teams.

Clare is always keen to learn from others and collaborates with colleagues and organisations on a number of projects. Clare has a particular interest in health and wellbeing in a personal and professional capacity.



## **Professor Katherine Woolf**

Kath is a Professor of Medical Education Research at UCL Medical School where she is Deputy Lead for Research. She is also Honorary Research Fellow at UCL Psychology and Language Sciences and Visiting Professor at King's College London.

A strong belief in equality and fairness underpins Kath's research on inequalities within the education, training and careers of UK healthcare workers. The first non-clinician to be awarded an NIHR Career Development Fellowship in medical education, Kath leads research with significant impact on national medical education and training policy and practice, recognised by Fellowship of the Royal College of Physicians of Edinburgh and Principal Fellowship of the Higher Education Academy.

Kath is committed to supporting the use of research evidence to inform policy-making and recently completed a two-year secondment to the House of Commons Health and Social Care Select Committee in the UK Parliament, supported by an NIHR Development and Skills Enhancement Award.

# Insights on the retention of UK health staff

## Research insights from the I-CARE study (InCreAsing Retention of healthcare staff from Ethnic minority groups)<sup>1</sup>

Prof Katherine Woolf and Prof Manish Pareek on behalf of the I-CARE research team

**High proportions of UK healthcare workers were intending or taking action to leave or to change their roles** (e.g. reduce clinical duties): 48% in 2021/22 and 55% in 2023/4. Numbers of staff leaving the NHS started returning to pre-pandemic levels in 2023, however the proportion considering leaving or changing their roles remains high.

**Nursing and midwifery staff** were consistently among the staff groups most likely to report that they were considering or taking action to leave or change their roles. Analysis of the NHS Electronic Staff Record confirms nursing and midwifery professions were among the staff groups most likely to have left the NHS payroll between 2009 and 2024.

**NHS staff from many ethnic minority groups (either UK or overseas nationals) were at greater risk of leaving the NHS compared to White UK nationals. A notable exception is that migrant Asian staff from the Medical and Dental group** were more likely to leave but British Asian staff were not.

The following factors were strongly related to healthcare staff intending or taking action to leave or change their role:

- **Experiencing discrimination** at work from patients, colleagues or both
- **Poor mental health** (symptoms of depression, anxiety, PTSD) and burnout
- **Feeling undervalued** by the government, employer and the public
- **Being dissatisfied with pay**, particularly resident doctors/dentists and staff on lower Agenda for Change bands.

**NHS Trust retention policies** typically contained generic statements that addressed the nine protected characteristics of the UK Equality Act 2010 but not necessarily the specific needs of international and minoritised staff, especially factors such as induction, onboarding and support with visas, housing, schools/childcare and language needs.

**The number of healthcare workers thinking about leaving rose from about 30% in 2021 to 47% in 2024.** Many who repeatedly thought about leaving had taken real action, such as retiring early, reducing hours or changing roles.

Staff more likely to want to leave were:

- Older (especially aged 50–59)
- Nurses, midwives and dental workers

Poor mental health, money worries, loneliness, workplace discrimination and high patient load were strongly linked to higher leaving intentions. Feeling treated fairly at work and trusting employers reduced the risk.

Mishra R, Guyatt AL, Medisauskaite A, Martin CA, Masood A, Modhwadia V, Bryant L, Reilly H, Katikireddi SV, Woolf K, Pareek M on behalf of the I-CARE Study Collaborative Group. Pay satisfaction and intentions to leave the NHS: a UK-based cohort study. *The Lancet Regional Health - Europe*, 2025; 57 <https://doi.org/10.1016/j.lanepe.2025.101454>

Martin CA, Medisauskaite A, Guyatt A, Mishra R, Katikireddi SV, Woolf K, Pareek M on behalf of the I-CARE Study Collaborative Group. Factors associated with attrition from the UK healthcare workforce since the COVID-19 pandemic: results from a nationwide survey study. *The Lancet Region Health - Europe*, 2024 47 (101133) [https://www.thelancet.com/journals/lanep/article/PIIS2666-7762\(24\)00302-8/fulltext](https://www.thelancet.com/journals/lanep/article/PIIS2666-7762(24)00302-8/fulltext)

Martin CA, Medisauskaite A, Gogoi M, Teece L, Nazareth J, Pan D, Carr S, Khunti K, Nellums LB, Woolf K, Pareek M on behalf of the UK-REACH Study Collaborative Group (2024). Discrimination, feeling undervalued, and health-care workforce attrition: an analysis from the UK-REACH study. *The Lancet*, 2023, 402(10405) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01365-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01365-X/fulltext)

Mishra, R., Guyatt, A., Medisauskaite, A., Martin, C., Musaka, S., Katikireddi, V., Woolf, K. & Pareek, M. (2026) Intentions and actions towards leaving healthcare work since COVID-19: group-based trajectory analyses in the UK-REACH cohort *Journal of the Royal Society of Medicine* <https://doi.org/10.1177/01410768261419581>

Join the UK-REACH study mailing list: [uk-reach@leicester.ac.uk](mailto:uk-reach@leicester.ac.uk) and bookmark our website: [www.uk-reach.org](http://www.uk-reach.org) to keep up to date with research findings and events



<sup>1</sup> See end of booklet for a list of I-CARE publications to date. I-CARE is ongoing to February 2027 and will continue to produce research findings. This booklet summarises findings from 4 peer-reviewed research papers, which analysed UK-REACH/I-CARE questionnaire data collected from UK healthcare workers over the winters of 2021/22, 2023/24 and 2024/25. Also included are findings from a peer-reviewed published paper analysing NHS Trust retention policies in 2024; and findings from an interim analysis of ESR data from 2009 to 2024, which are currently unpublished and were presented at the British Academy of Management conference September 2025.

## Research insights from the Health Foundation, the Institute for Fiscal Studies, and the NIHR Policy Research Unit in Health and Social Care Workforce

Dr Elaine Kelly

At the Health Foundation, Elaine published work on the intentions of UK-registered nurses to work abroad using applications for Certificates of Current Professional Status (CCPSs) (Bazeer et al, 2024). These certificates are required by destination countries when applying for nursing jobs. The analysis shows a substantial increase in those applying for the certificates, driven by nurses trained outside the UK and EEA. The highest rates of application are among those who have been on the UK register for less than three years. The work discusses the potential push and pull factors that might explain these trends.

The Health Foundation's Efficiency Research Programme funded seven projects on labour productivity and workforce retention, which ran between 2019 and 2023 (Health Foundation, 2019). Several outputs from these projects, including Moscelli et al. (2024), consider variation in retention by ethnic background.

At the Institute for Fiscal Studies, Elaine has coauthored an IFS report on career progression of mothers after parental leave, including variation by ethnicity (Kelly and Stockton, 2023). The report found that White British and Irish doctors take longer maternity leave than ethnic minority colleagues. By contrast, White British and Irish nurses take shorter maternity leaves than those from other ethnic backgrounds. For doctors, any slowdown in the rates of career progression for mothers of a White British or Irish background, relative to male childless doctors of the same ethnic background, can be explained by their periods of absence, part-time work, and specialty choices. For all other ethnic groups, mothers experience slower career progression than childless men from the same ethnicity, even after accounting for these factors.

Elaine has also co-authored reports on the retention of doctors and nurses after maternity leave (Kelly and Stockton, 2022) and factors associated with the retention of staff in the NHS (Kelly, Stoye and Warner, 2022). These reports do not consider variation by ethnicity but provide useful context on drivers of retention.

Studies conducted by members of the Policy Research Unit at King's College London have largely focused on recruitment of adult social care (ASC) workers—through evaluation of the international care worker visa, and evaluating how the Memorandum of Understanding has worked when recruiting nurses from other countries. Factors that appear related to the retention of migrant care workers in ASC on the

Health and Care Visa include pastoral support to help settle in the UK, workplace induction to the organisation and wider health and social care systems, training on cultural norms and everyday English language, and employment rights including signposting to agencies that advise and support people experiencing exploitation. Many of these factors may be relevant for NHS staff as well.

Future research studies under development at the unit aim to study racial abuse of NHS staff, investigate more closely how abuse may affect sickness absence and, in turn, retention, and explore what can be done to support these groups.

Bazeer, Kelly and Buchan (2024) "Nursing locally, thinking globally: UK-registered nurses and their intentions to leave" Health Foundation Briefing, available at <https://www.health.org.uk/reports-and-analysis/briefings/nursing-locally-thinking-globally-uk-registered-nurses-and-their>

Health Foundation (2019) "Seven research projects chosen to be part of the Health Foundation's programme on efficiency and sustainability in health and social care", available at <https://www.health.org.uk/press-office/news-about-the-healthfoundation/seven-research-projects-chosen-to-be-part-of-the>

Kelly, E and Stockton, I. (2022). Maternity and the labour supply of NHS doctors and nurses. London: Institute for Fiscal Studies. Available at: <https://ifs.org.uk/publications/maternity-and-labour-supply-nhs-doctors-and-nurses> (accessed: 15 October 2025).

Kelly, E and Stockton, I. (2023). Progression of parents in NHS medical and nursing careers. London: Institute for Fiscal Studies. Available at: <https://ifs.org.uk/publications/progressionparents-nhs-medical-and-nursing-careers> (accessed: 15 October 2025).

Kelly, E. and Stoye, G. and Warner, M. (2022). Factors associated with staff retention in the NHS acute sector. London: Institute for Fiscal Studies. Available at: <https://ifs.org.uk/publications/factors-associated-staff-retention-nhs-acute-sector> (accessed: 15 October 2025).

Moscelli G, Nicodemo C, Sayli M, and Mello M. Trends and determinants of clinical staff retention in the English NHS: a double retrospective cohort study" *BMJ Open* 2024 ;14: e078072. doi:10.1136/bmjopen-2023-078072

## NHS Race and Health Observatory's work tackling ethnic disparities in the NHS workforce

### Professor Habib Naqvi MBE

The NHS Race and Health Observatory was established in 2021 to identify and proactively tackle ethnic and racial inequities in English healthcare service, and to work alongside the NHS and the government to embed race equity across the healthcare landscape – from research and policy development to the design and delivery of care on the frontlines. The Observatory is an independent investigator of race inequity, a repository of evidence and good practice, and a critical friend to leaders, policymakers, and clinicians.

Ensuring equitable experience for nearly a third of the NHS workforce is a key strategic priority for the NHS Race and Health Observatory. With nearly 1 in every 3 members of the 1.5 million NHS workforce coming from Black, Asian, and ethnic minority backgrounds, it's essential that the healthcare system comes together to tackle racism, discrimination of all types, and improve the experiences for our staff – not least because we know of the evidence-based link between fully engaged, supported staff, and better outcomes for all patients.

It's clear that changing the structures of our healthcare system will not have any effect if clinical and non-clinical staff are not sufficiently equipped to push forward practices that have their foundations in anti-racism. This will mean embedding cultural safety – the ability to meet the needs of diverse patients – into clinical education. It also means that accountability on workforce race equity is both meaningful and robust, and regulatory bodies work collaboratively.

To do this, we'll need to work to ensure equitable experiences and opportunities in the workplace. Over the coming period, the Observatory will work towards equity in pay and progression, reducing experiences of bullying and harassment, examining the impact of COVID-19 and towards debiasing health curricula in education.

- Conduct a thorough independent review of the ethnicity pay and progression gap in the NHS – highlighting not just disparity in pay grades, but also in lifetime earnings, pension accrual, and extra-clinical income such as clinical awards
- Work with the NHS to establish meaningful targets for reducing the ethnicity gap in workplace bullying and harassment, and to reduce the overall levels of bullying and harassment across the entire NHS workforce
- Examine the long-term impacts of COVID-19 on healthcare staff from diverse ethnic backgrounds in the UK, estimating the prevalence of Long COVID and understanding its impact on various aspects of their health
- Scope existing approaches to decolonising clinical curricula, identifying examples of effective practice, and working with educational institutions to replicate beneficial changes.



## Insights from our roundtable Chair

### Professor Ibrahim Abubakar

Migrant workers have historically been central to the success of the NHS. Increasingly, the populist discourse around migration is divisive and centres around the perceived burden on the welfare state and issues around cultural integration. In this polarised debate the voices of migrant healthcare workers - who may face increasing hostility – are being lost, and they risk being further disadvantaged by racism and discrimination.

At the roundtable, Prof Abubakar addressed the contributions that migrants make to the global economy, healthier societies, and the health workforce, against the backdrop of demographic challenges (ie declining birth rates and ageing populations).

To address these challenges, Prof Abubakar focused on the urgent need to address:

- Job satisfaction and the challenges of increasing workload due to both increased complexity of care, comorbid conditions associated with an older population and uncertainties in future employment
- The need to improve reward schemes and workforce development as pay and conditions fall behind other professions
- Political/policy drivers - for example, the costs of visas for international staff and the need to push back against a hostile political environment that is making it harder to attract and retain talent and expertise.



# About the I-CARE study

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## What is I-CARE?

I-CARE (InCreAsing Retention of healthcare staff from Ethnic minority groups) is a major three-year research project funded by the National Institute for Health and Care Research (NIHR). The study runs from March 2024 to February 2027.

I-CARE is led by Professor Manish Pareek (University of Leicester) and Professor Katherine Woolf (UCL) in collaboration with the University of Surrey, the University of Glasgow, the University of Oxford, the University of Southampton and London North West University Healthcare NHS Trust.

## What does I-CARE aim to do?

The study aims to support the sustainability of our diverse NHS workforce, by providing evidence about how and why NHS staff from ethnic minority and migrant groups leave or stay in their jobs, and working with stakeholders to support policy development.

## What data does the I-CARE study analyse?

I-CARE builds on the UK-REACH study (The United Kingdom Research study into Ethnicity And COVID-19 outcomes in Healthcare workers), led by Prof Pareek with Prof Woolf. In 2020 UK-REACH rapidly provided key research insights into the impact of the pandemic on UK healthcare workers from ethnic minority backgrounds, and is cited in the UK Covid-19 Inquiry and by healthcare policy-makers nationally and internationally.

The UK-REACH longitudinal cohort study has 25,000 UK healthcare workers enrolled, making it one of the largest studies of its kind globally. Launched in December 2020, UK-REACH continues to provide new data and insights on the health and career outcomes of UK healthcare workers via I-CARE as well as other research studies. Data will be available for secondary analysis via the UK Longitudinal Linkage Collaboration.



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## Roundtable partners

### [University of Leicester Institute for Policy](#)

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# Further information

Please join the UK-REACH study mailing list: [uk-reach@leicester.ac.uk](mailto:uk-reach@leicester.ac.uk) and bookmark our website: [www.uk-reach.org](http://www.uk-reach.org) to keep up to date with research findings and related events.

## I-CARE papers published to date

### PAPER 1

Martin, C. A., Medisaukaite, A., Gogoi, M., ... Woolf, K & Pareek, M. (2023). Discrimination, feeling undervalued, and health-care workforce attrition: an analysis from the UK-REACH study. *The Lancet*, 402(10405), 845-848.

In this first study since the start of the pandemic of the reasons that UK healthcare workers were considering or taking action to leave or change their jobs, we analysed questionnaire data collected October-December 2021 from almost 5000 UK healthcare workers.

Almost half (48%) had considered or taken action to leave or change their role. Those most likely to report considering or taking action to leave were:

- In nursing or midwifery roles (vs medical roles). Staff in healthcare scientist and allied health roles were at lower risk than medics
- Female (vs male)
- Aged 50-59 (vs 40-49)
- Mixed ethnicity (vs White)
- Experiencing discrimination from patients, colleagues or both in the previous 6 months
- Feeling undervalued by government and employer and, to a lesser extent, patients

### PAPER 2

Martin, C. A., Medisaukaite, A., Guyatt, A. L., Mishra, R., Katikireddi, S. V., Woolf, K., ... & Bryant, L. (2024). Factors associated with attrition from the UK healthcare workforce since the COVID-19 pandemic: results from a nationwide survey study. *The Lancet Regional Health - Europe*, 47.

In this first post-pandemic study of reasons that UK healthcare workers were considering or taking action to leave or change their role, we analysed questionnaire data from over 3200 UK healthcare workers collected October 2023 - February 2024.

56% had considered/acted on leaving or making any changes to their role; 43% had considered/acted on leaving (37% considered 6% acted).

Those most likely to report considering or taking action to leave were:

- In nursing or midwifery roles and in dental roles (vs medical)
- Aged 50-59 (vs 30-39)
- Asian (vs White), while Black staff were at lower risk than White staff
- Had symptoms of depression, anxiety, PTSD and/or burnout
- Experienced discrimination from patients, colleagues or both
- Felt undervalued by their employer and the general public, and – to a lesser extent – the government

### PAPER 3

Woolf, K., Mishra, R., Guyatt, A. L., Medisaukaite, A., Martin, C. A., Masood, A., ... & Pareek, M. (2025). Pay satisfaction and intentions to leave the NHS: a UK-based cohort study. *The Lancet Regional Health, Europe*.

This paper assessed the link between pay (dis)satisfaction and intentions to leave the NHS among different NHS staff groups, in the context of ongoing industrial action.

Questionnaire data from over 6000 UK NHS staff collected November 2024-March 2025 showed 48% were dissatisfied with the latest NHS pay deal; 26% were intending to leave the NHS (nb this was a different question from previous studies, so percentages can't be directly compared). Among those most dissatisfied with pay:

- 52% of resident doctors/dentists were intending to leave the NHS
- 48% senior doctors/dentists were intending to leave the NHS
- 36% higher band Agenda for Change staff were intending to leave the NHS
- 34% lower band staff were intending to leave the NHS

Over 4700 participants answered a free-text question on how the NHS could retain staff. 62% suggested increasing pay, rather than, for example, improving working conditions. This included 67% of lower-band staff vs 46% senior doctors/dentists.

## PAPER 4

Moss, R., Rivas, C., Mann, A. et al. A horizon scanning exercise to explore retention policies for international and minoritised NHS Trust staff in England: what are the current pledges and where are the gaps? *BMC Health Serv Res* 25, 1337 (2025).

In this first national study analysing NHS retention policies in relation to minoritised staff, we found most Trusts had enshrined workplace matters in policy that may be particularly relevant to international and minoritised staff, e.g. anti-discrimination, bullying procedures and inclusive line management. However, other matters that may influence retention of international and minoritised staff were rarely addressed, such as induction, onboarding and effective staff networks.

## PAPER 5

Mishra, R., Guyatt, A., Medisaukaite, A., Martin, C., Musaka, S., Katikireddi, V., Woolf, K. & Pareek, M. (2026) Intentions and actions towards leaving healthcare work since COVID-19: group-based trajectory analyses in the UK-REACH cohort *Journal of the Royal Society of Medicine* <https://doi.org/10.1177/01410768261419581>

In this analysis of questionnaire data from 5,499 healthcare workers we looked at whether they planned to leave their jobs – or had already taken steps to leave – between 2020 and 2024.

Three groups were found:

- Consistently low (47.7%) – low intention to leave over time
- Moderate and increasing (36.8%) – growing intention to leave
- Consistently high (15.5%) – high intention to leave throughout

Overall, the number of healthcare workers thinking about leaving rose from about 30% in 2021 to 47% in 2024. Many who repeatedly thought about leaving had taken real action, such as retiring early, reducing hours or changing roles.

Staff more likely to want to leave were:

- Older (especially aged 50–59)
- Nurses, midwives and dental workers

Poor mental health, money worries, loneliness, workplace discrimination and high patient load were strongly linked to higher leaving intentions. Feeling treated fairly at work and trusting employers reduced the risk.