

Better
Health
Briefing

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**The
recruitment
and retention
of black and
minority ethnic
staff in the
National Health
Service**

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A Race Equality Foundation
Briefing Paper

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Key messages

- 1 The UK labour market is characterised by discrimination against BME people
- 2 The representation of BME staff within the NHS is disproportionate
- 3 BME staff experience discrimination at work and in their careers
- 4 Overseas-qualified BME doctors and nurses are more likely to be discriminated against
- 5 There is concerted effort to combat racial discrimination at the national level
- 6 The evidence on the impact of policies aimed at facilitating the recruitment and retention of BME staff is mixed.

Introduction

The National Health Service (NHS) has represented the cornerstone of the welfare state in the UK since coming into existence in 1948. Over the years, however, there have been allegations that racial discrimination is an inherent feature of its internal labour market (Cooke *et al.*, 2003). Although several policy initiatives have been formulated to address the situation, the impact of these policies remains a subject of debate (Culley, 2001). This paper summarises current evidence on the recruitment and retention of black and minority ethnic (BME) staff in the NHS and the policy initiatives aimed at facilitating racial equality and diversity.

1 The UK labour market is characterised by discrimination against BME people

The internal labour market in the UK is characterised by racial discrimination against BME people (Carmichael and Woods, 2000; Heath and Cheung, 2006). Carmichael and Woods (2000) found that some of the disadvantage experienced by minority ethnic people in the British labour market can be attributed to discriminatory selection practices by employers. Heath and Cheung's (2006) study of the labour market found a clear pattern of employer discrimination against minority ethnic groups.

2 The representation of BME staff within the NHS is disproportionate

The distribution of BME staff in the NHS, according to grades and occupation, is disproportionate. In the medical career grades, BME staff are more likely to be located within the Associate Specialist and Staff grades, while consultants are more likely to be of white origin (Table 1). Within the non-medical category, BME staff are more likely to be found in nursing, midwifery and health visiting than in any other occupation (Table 2). BME people are least likely to be employed in the ambulance service.

Table 1 Medical and dental workforce statistics

Medical grades	Ethnic group		
	White	BME	Others/unknown
Consultant (N = 31 993)	68.4%	18.0%	13.6%
Associate Specialist (N = 2554)	38.7%	53.3%	8.0%
Staff grade (N = 5527)	34.4%	57.2%	8.4%

(Source: adapted from Department of Health, 2005)

Table 2 Non-medical staff workforce statistics

	All groups	All minority ethnic groups
All non-medical staff	1 130 949	12.8%
Nursing, midwifery & health visiting	381 257	18.9%
Scientific, therapeutic & technical staff	134 534	9.8%
Allied health professions	61 082	7.7%
Qualified healthcare scientists	30 046	12.4%
Other scientific, therapeutic & technical	43 406	11.1%
Qualified ambulance service staff	18 117	1.9%
Support to doctors & nursing staff	310 441	10.8%
Support to scientific, therapeutic & technical staff	55 715	9.5%
Support to ambulance service staff	10 063	2.6%
Central functions	105 565	10.0%
Hotel, property & estates staff	75 431	10.7%
Managers & senior managers	39 391	7.2%

(Source: Department of Health, 2005)

BME staff experience discrimination at work and in their careers

3

Studies have shown that racial discrimination continues to account for pay differentials and career advancement in the NHS between white and BME staff. BME staff are generally less likely to be invited for interviews or to be selected after the interview process. They earn less, experience higher rates of unemployment, and are less likely to gain promotion or to advance on the career ladder at work (Beishon *et al.*, 1995; Pudney and Shields, 2000; Coker, 2001).

BME doctors often practise in deprived areas with large patient lists (Gill, 2001); are substantially more likely to end up in unpopular parts of the country, in less prestigious institutions and less popular positions (McClenahan and Yardumian, 2001); face racial prejudice and discrimination in the selection of applicants for British medical schools (McManus, 1998); and are far less likely than white doctors to be given consultant jobs or other senior positions in the NHS (CRE, 1996).

Resources 1

Commission for Racial Equality (CRE)

www.cre.gov.uk

The CRE is a non-departmental public body in the UK, which tackles racial discrimination and promotes racial equality. It was set up under the Race Relations Act 1976.

Department of Health – Equality and Human Rights

www.dh.gov.uk/PolicyAndGuidance/EqualityAndHumanRights/fs/en

This Section provides key information about the Department’s work on implementing policy and legislation to improve race relations and safeguard human rights across health and social care.

British Association of Physicians of Indian Origin (BAPIO)

www.bapio.co.uk/index.htm

BAPIO aims to assist members in improving their career prospects, and to monitor and highlight the difficulties faced by doctors coming from the Indian sub-continent, and to support them.

Medical Association of Nigerian Specialists and General Practitioners in the British Isles (MANSAG)

<http://mansag.org>

MANSAG was established in 1997 and is the only body representing Nigerian medical doctors and allied professionals in the British Isles.

Non-medical and low paid workers of BME background (e.g. porters, health care assistants, caterers) also experience racial discrimination at work ([Healy and Oikelome, 2006](#)). The nursing profession faces a crisis of morale and recruitment ([Buchan and Seccombe, 2006](#)). BME nurses, in particular, experience persistent and systematic racism and are more likely than white nurses to change jobs for negative reasons — mainly bullying and harassment ([Ball and Pike, 2005](#)). BME nurses are paid less than white colleagues ([Pudney and Shields, 2000](#)), face a 'glass ceiling' which prevents them from advancing to the higher levels of the occupational ladder ([Pudney and Shields, 2000](#)), and suffer racial harassment from work colleagues and from patients or their families ([Shields and Price, 2002](#); [Healy and Oikelome, 2006](#)).

4 Overseas-qualified BME doctors and nurses are more likely to be discriminated against

The fastest growing medical career grades are the Staff and Associate Specialist (SAS) career grades, and over 70 per cent of SAS posts are occupied by overseas-qualified doctors ([Raghu, 2004](#)). Overseas-qualified doctors based in the SAS grades have higher workloads, higher career aspirations and lower morale compared with their UK-qualified counterparts ([Oikelome and Healy, 2007](#)). Doctors with overseas qualifications are often treated as second class, not rewarded for their level of qualification, more likely to be disciplined for professional misconduct, and lack personal and professional development ([Price Waterhouse Coopers, 2001](#); [Audit Commission, 2002](#); [BMA, 2004](#)). The skills and experiences of overseas-trained nurses are not recognised and these nurses face multidimensional discrimination in the workplace ([Smith *et al.*, 2006](#)).

5 There is concerted effort to combat racial discrimination at the national level

In the aftermath of the Macpherson report ([Macpherson, 1999](#)) and the subsequent [Race Relations \(Amendment\) Act 2000](#), which places key public bodies under a statutory general duty to promote race equality, the NHS enacted a number of key policy initiatives (Positively Diverse, Improving Working Lives, Vital Connection, for example) aimed at tackling the problems of recruiting and retaining BME staff (further details regarding these initiatives and useful links can be found on the Department of Health and NHS Employers websites cited in the Resources section). At the heart of these initiatives is the NHS Plan ([Department of Health, 2000](#)) which sets out the Government's ten-year programme of investment and reform for the NHS.

- *Positively Diverse* was developed to encourage equality and diversity in the workplace and intended to support employees in the NHS to undergo a change management process whereby equality and diversity are mainstreamed throughout the organisation.
- *Improving Working Lives* requires NHS organisations to demonstrate their commitment to more flexible working conditions, as well as prove that they are investing in improving diversity and tackling discrimination and harassment.
- The *Vital Connection* sets out three strategic aims of a workforce for equality and diversity, a better place to work and a service using its leverage to make a difference.
- The *Leadership and Race Equality Action Plan* (LREAP) challenges all NHS leaders to address race equality and to help ensure that the NHS recruits, develops and retains the best talent from all communities.

- The first National Director of Equality and Human Rights was appointed in October 2004, with the aim of strengthening the Department of Health's capability in achieving real change in the NHS.
- The NHS produced a framework to help NHS organisations 'create a workforce which truly reflects and supports the communities it serves' (NHS Employers, 2005) and a guide which provides an overview of the issues that organisations should be addressing in order to maintain and enhance their ability to deliver the equality and diversity agenda (NHS Employers, 2006).

The evidence on the impact of policies aimed at facilitating the recruitment and retention of BME staff is mixed

6

A recent Race Equality Audit carried out by the Healthcare Commission (2006) indicates that only 1 per cent of trusts have fully met the requirements of the [Race Relations \(Amendment\) Act 2000](#), while only 6 per cent have met two of the three requirements. However, the Department of Health (2006) states that: 'NHS organisations have generally made considerable progress in addressing race equality'. There is evidence that some NHS organisations are taking concrete steps in developing racial equality schemes (Kingsley and Pawar, 2002). Statutory duties have resulted in the production of around 40 000 race equality schemes throughout the UK (Breitenbach, 2003) and there exists a plethora of initiatives aimed at BME staff (see Healy and Oikelome, 2006). The question, however, centres on the impact these initiatives are having and the extent to which they are perceived to be making a difference.

The continuing failure of equal opportunities policies to have sustained impact on the experiences of BME staff in the NHS has been noted (Culley, 2001). In their examination of equal opportunities policies and practice in NHS trusts, Beishon *et al.* (1995) found very significant gaps between written policies and the actual practices undertaken in the workplace. Esmail and Everington's (1997) findings revealed that, while it was possible to have in place policies that appear not to disadvantage minority ethnic candidates, some institutions still appeared to do so. Healy and Oikelome's (2006) study observes an 'initiative fatigue' among many BME workers and a cynicism about the difference initiatives make.

Some initiatives appear to be working in some organisations, according to reports highlighting best practice initiatives. Examples include those with diversity training components and personal development programmes as well as initiatives based on black and minority ethnic (BME) networks. The initiatives cited below have been selected from a variety of sources, including NHS Employers good practice knowledge base (NHS Employers, 2006, see Resources section), [Royal College of Nursing \(2005\)](#) and [Healy and Oikelome \(2006\)](#).

Resources 2

NHS Employers – Equality and Diversity Team

www.nhsemployers.org/kb/kb-757.cfm

NHS Employers' Equality and Diversity Team offers advice, assistance and support to NHS organisations. Information and practical examples highlighted in a case studies section offer organisations in the NHS the opportunity to share learning and good practice to mainstream equality and diversity in the workplace. The website contains a knowledge base of good practice.

Race for Health

www.raceforhealth.org

The Race for Health programme enables primary care trusts (PCTs) to make the NHS in their areas significantly fairer for black and minority ethnic communities. The programme supports a network of thirteen PCTs around the country, working in partnership with local black and minority ethnic communities to improve health, modernise services, increase choice and create greater diversity within the NHS workforce. Publications include a workforce guide.

The South Asian Health Foundation

www.sahf.org.uk/index.html

The South Asian Health Foundation is a charity which does a lot of useful work on promotion, research and education on the health of South Asians in the UK.

Royal Free Hampstead NHS Trust

The initiative was set up based on a need for a tightly structured on-site training programme on equal opportunities in the workplace, including fair recruitment. Consultants too busy to take the time out of work to attend external training participated in in-house training which is interactive and consists of a presentation, handouts and a question-and-answer session. The process entails a half-day programme held every three months and structured to accommodate the consultants' busy schedules.

The programme was evaluated using feedback from participants and resulted in *'fully trained appointment panels'*. The Trust anticipates that *'extension of recruitment monitoring to all medical appointments will lead to more systematic evaluation of the initiative'*.

West Yorkshire Metropolitan Ambulance Service (WYMAS) NHS Trust

At WYMAS NHS Trust, an initiative titled 'Equality and Diversity Strategy' was embarked upon following *'extensive consultation with staff and service-users'*. Key aspects of the initiative included:

- 1 appointment of a designated human resources manager with responsibility for equality and diversity to run the project;
- 2 introduction of training for middle managers *'to explain why valuing staff and having a good equality and diversity policy are so important'*;
- 3 development of a six-week training scheme for potential recruits with disabilities.

The Trust evaluated the initiative by monitoring recruitment, specific questions in the annual staff survey, claims of discrimination and harassment, and collecting feedback from staff throughout the organisation. The result was *'increase in the percentage of black and minority ethnic staff from 3.9% to 4.7% and staff awareness of the policy from 30% to 62% over a year'*.

Leeds Mental Health Teaching NHS Trust

A *'multi-agency, multi-sector response in the recruitment, retention and development of under represented staff within our workforce'* was adopted in this Trust. The initiative included running a number of personal development programmes for under-represented staff, including women and BME staff. This *'holistic approach'* enabled staff to share experiences, ideas and skills between organisations and create long-term self-sustaining networks. In the process, staff are encouraged to better understand themselves, their wants and needs and some of the barriers to achievement, and subsequently are supported in developing the tactics and tools to overcome those barriers.

The outcome of the initiative included *'improved retention and progression rates amongst under represented staff'* and *'increase in the number of under represented staff participating in professional qualifications and achieving greater work-life balance'*.

Black Ethnic & Asian Minorities (BEAM) network

The idea of black and minority ethnic networks was developed in the context of recruiting and retaining BME workers and represents a key component of the overall diversity and equality strategy within the NHS ([Department of Health, 2001](#)). In this regard, BEAM has reportedly launched a series of workshops for BME staff to help explore and identify relevant issues, and has established a self-help group offering a range of development opportunities based on a skill-mix matrix (project management, IT skills, analytical skills, concise writing, etc.). The network is further identifying and setting up courses and development opportunities for its members.

In a broad sense, it is apparent that the success of the initiatives mentioned above was due to the willingness of the initiators to engage in wide *consultation* to determine what was needed. Also crucial was an element of

cooperation between all stakeholders. *Compromise* (represented by flexibility) was also exhibited during the execution phase. Overall, there was a demonstration of a sense of defined objectives linked with clear procedures for evaluating outcomes.

Conclusion

Evidence on the recruitment and retention of BME staff in the NHS suggests that racial discrimination remains a feature of the internal labour market. Overall, the body of evidence indicates that BME people:

- (a) are less likely to be invited for interviews or selected after the interview process;
- (b) are less likely to find a position commensurate with their qualifications;
- (c) are less likely to gain promotion or to advance on the career ladder at work;
- (d) are under-represented in professional and managerial occupations and over-represented in semi-routine and routine occupations;
- (e) earn less;
- (f) are more likely to feature disproportionately on the wrong end of grievance and disciplinary procedures.

At the national level, a genuine effort is being made to address these problems, but it appears that the benefits are not cascading down to BME staff as they should, due to an *'implementation gap'* (Healy and Oikelome, 2006). The implementation problem is arguably related to the 'culture' inherent within the organisations whereby there could be some resistance to change. In this regard, the role of middle management needs to be scrutinised. In order for policy initiatives at the national level to translate to meaningful outcomes at the level of individual trusts, efforts need to be made to ensure that all managers unequivocally embrace the equal opportunity agenda. Central to this argument is the notion of accountability. Arguably, in order to negate any perception that the monitoring process of trusts' compliance with equal opportunity statutes only serves as an impetus for trusts to tick the relevant boxes, it is imperative for those entrusted with the authority and power to effect change to be held accountable one way or another.

Policies aimed at facilitating the recruitment and retention of BME staff in the NHS will benefit from putting resources into tackling the culture because *'it is the transformation of cultures wherein lies part of the solution to the implementation gap'* (Healy and Oikelome, 2006). In their study, Healy and Oikelome noted a greater tendency on the part of trusts to focus on individual initiatives (e.g. mentoring, personal development, individual training) as against initiatives which seek to change the culture (e.g. diversity training). Although personal development initiatives are obviously beneficial, it is the culture that is more urgently in need of change.

With regard to BME networks, the key challenge for them is to be able to demonstrate their relevance and instrumentality in terms of concrete and positive outcomes, otherwise the establishment of a BME network could end up being an end in itself rather than a means to an end.

Resources 3

Royal College of Nursing – Valuing Diversity

www2.rcn.org.uk/diversity

This dynamic resource offers information on the broad spectrum of issues relating to valuing diversity and implementing equality of opportunity in the workplace.

Institute for Innovation and Improvement – Breaking Through Programme

www.breakingthrough.institute.nhs.uk/Home/tabid/36/Default.aspx

The aim of the Breaking Through Programme is to support the development of a diverse leadership workforce. The Breaking Through Programme is aimed at those black and minority ethnic staff with the talent and potential to move into senior leadership roles. The Programme offers the opportunity for individuals to develop personal development plans based on clear and objective diagnostic tools.

Trade Union Congress (TUC) – Black Workers

www.tuc.org.uk/equality/index.cfm?mins=14&minors=14

The TUC campaigns for race equality in the workplace and in the wider community. Here you can find recent information and materials on the work of the TUC in the following areas:

- Black Workers and the Labour Market
- Campaigns
- Organising Black Workers
- Black Workers Conference.

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