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RACE EQUALITY ACTION PLAN – AN ANTI-RACIST WALES

Consultation by the Welsh Government

Response from BMA Cymru Wales

15 July 2021

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the consultation by the Welsh Government on its draft race equality action plan, *An Anti-Racist Wales*.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

RESPONSE

The BMA believes strongly in promoting equal rights and opportunities, supporting diversity and creating an open and inclusive environment. As such, BMA Cymru Wales fully supports the need to promote race equality and offers its full support to the aims and intentions of *An Anti-Racist Wales*. Indeed, we commend the Welsh Government for bringing forward this action plan.

Whilst the need for such issues to be addressed is long-standing, the importance of doing so has been brought more the fore, for example, by the more recent awareness of the *Black Lives Matter* movement. It is also hard at this current time not to be cognisant of COVID-19 which is clearly high in everyone's thoughts as it impacts on so many aspects of our lives. Amongst other impacts, the pandemic has of course served to highlight ethnic disparities that have long persisted within our societies, communities and institutions – both here in Wales and across the UK as a whole. We are particularly aware it has demonstrated how structural inequalities can have a significant impact on health outcomes and the devastation this can consequently bring to communities.

Indeed, the disproportionate impact of COVID-19 on ethnic minority communities must undeniably serve as a wake-up call. Figures from the first wave of the pandemic in the UK paint a stark picture.¹ Whilst 21% of NHS staff across the UK are from ethnic minorities, 63% of healthcare workers who died were from ethnic minorities. Amongst nursing staff, 20% are from ethnic minorities but 64% of those who died were from ethnic minorities. And amongst medical staff, 44% are from ethnic minorities but 95% of those who died were from ethnic minorities. The causes of such disparities are complex and have been the subject of much debate, study and analysis – but the role of systemic racism in exacerbating health inequalities has been clearly recognised as a factor at play.²

As such, we very much welcome the decision by the Welsh Government, as announced in the summer of 2020, to develop a Race Equality Action Plan and we are grateful for the opportunity to now feed into this work.

In compiling this response, we have sought views from members across Wales including from our recently established Welsh BAME Forum. Due to the extensiveness of the Welsh Government's proposed plan we do not set out to comment on every section of it, however, or on every question posed in the accompanying consultation document. We have confined our comments to the parts of the plan, and the questions posed, which we feel are most relevant to us as an organisation representing doctors in Wales from all branches of practice as well as medical students.

Q1: Does the vision, purpose, values and the imagined future to 2030 reflect what you would like to see achieved by 2030? What may get in the way to realise the vision and values? What may help to realise the vision and values?

BMA Cymru Wales offers broad and welcome support to the plan. We very much support its extremely laudable aims and intentions.

We would note, however, that the proof of its success will be whether or not it can deliver against its stated aims and values. In that vein, we have some concerns that the huge breadth of the plan risks any action which might ensue not being sufficiently focused. There is therefore a danger that the plan may simply be seeking to change too much at once and could potentially achieve less than might be the case with a more focused plan.

Having clear targets to be achieved within clearly defined timeframes will therefore be crucial to ensuring the plan is successful across all of its constituent goals and actions. In our view, the plan's objectives need to be backed up by SMART targets and these need to be broken down into actions that can be delivered at different stages to contribute towards the overall aim. These actions and targets must be given clear and realistic timeframes by which they should be met in order that the extent of any progress achieved can be assessed.

It is also vital that a clear and transparent system is put in place for monitoring progress against the agreed targets and milestones, and that an effective mechanism is deployed to ensure appropriate corrective interventions are undertaken should this not be the case. Appropriate data collection must be a key part of this, in order that the baseline position can be established and so that progress from this baseline position can subsequently be measured. By way of example, we would note that data does not appear to be readily available on the ethnic breakdown of the NHS workforce in Wales. This needs to be addressed so we can have a proper analysis of the workforce over time, including knowing what its ethnic make-up may be at different levels of seniority.

We should also note that to be successful, the plan will require significant and appropriate investment and the financial implications of the plan therefore need to be properly modelled and adequately resourced. This is something that must be established and addressed from the start to ensure that the plan has the best chance of achieving its desired aims.

Q2: We would like your views on the goals and actions. To comment on some or all of the goals, actions and outcomes please reflect on the below:

- ***Does the explanation (narrative/background) make clear why we have chosen the goals and actions in this policy area?***

BMA Cymru Wales is pleased to see an effective acknowledgment within the plan that current policies to support individuals to raise concerns are not sufficiently fit for purpose. That is an area of concern we

have raised many times over the years in relation to the NHS in Wales. Many of our members have consistently told us they are reluctant to raise concerns in the workplace – either because they are worried they will suffer consequences as a result of doing so, or because they lack confidence that the concerns they raise will be sufficiently acted on and addressed. This is a key reason why we have been pressing for the establishment of *Freedom to Speak Up Guardians* along the lines of the role which has already been established within the NHS in England. We are grateful this is now being actively considered through the Welsh Partnership Forum, with a working group having been established in which we are happy to participate. We remain keen to see this work progressed and would therefore suggest that this new role is specifically recognised by being referenced within the plan.

We very much welcome the references in the plan to a partnership with trade unions and professional bodies as part of a commitment to improve data collection, the need for which we have already touched upon. It is important there is an ongoing dialogue with such key stakeholders and that there are opportunities for them to be involved in monitoring progress, as well as in assessing what action may need to be taken on the frontline to ensure the aims and objectives of the plan can be met. We would propose there is adequate consultation undertaken with relevant stakeholders to establish what data needs to be collected. For instance, we have previously referred to the need for comprehensive data on ethnicity to be routinely published in regard to the NHS workforce. Another example we would highlight where we believe data should be routinely collected and published is in the application of HR policies – such as inductions and disciplinary policies. We provide more detail on this later in our response.

- ***Is it missing any priorities, background or other information?***

We were grateful for the opportunity to input into the development of the all-Wales COVID-19 Workforce Risk Assessment Tool that was launched in 2020, although some of our members had concerns as to whether it was sufficiently robust to offer protection to all those staff most at risk from COVID-19, including those from ethnic minority backgrounds. However, we very much welcomed it being put in place, notwithstanding the fact we would have preferred to have seen this important initiative implemented much more quickly than was actually the case.

It is important that any lessons which were learned from the development of this risk assessment tool can be applied in future. We need to be in a position where we can act quicker to protect members of the workforce who may be exposed at the frontline should a similar situation arise again in which there may be a disproportionate risk to staff from particular groups, included to those from ethnic minorities.

As such, and given that there has been a disproportionate impact of COVID-19 on members of ethnic minority communities, we feel it is vitally important that a UK-wide public inquiry is undertaken into the handling of the pandemic to ensure a full and frank review can be undertaken and that lessons can be learned. Indeed, the BMA voted overwhelmingly for such an inquiry to be held into the UK Government's management of the pandemic at the Association's 2020 Annual Representatives Meeting.³

- ***Do you agree with the selected goals and actions? What would you add or take away in relation the actions?***

We give a general welcome to the breadth of goals and actions put forward, provided they can be effectively delivered and monitored, but would also wish to make some specific comments as outlined below, particularly regarding the section within the plan covering health services and health outcomes.

- **Section on health and health outcomes**

Leadership and accountability: We welcome the references to BAME networks and the commitment to ensuring these are put in place where they are not currently in existence. We feel it is important that the plan delivers better engagement with such networks right across the NHS in Wales.

Similarly, we would particularly wish to welcome the proposal to introduce 'Board Executive Equality Champion Roles' which we would see as an important development.

We would also like to see a commitment incorporated to anonymising staff recruitment which could have a positive impact in combating both prejudice and unconscious bias in staff recruitment processes, including against staff from ethnic minorities.

In addition, we would welcome clarity on the training and development opportunities for clinicians seeking to take on leadership and management roles, including any support that may be provided. Steps should be taken to ensure such opportunities are available to all, including those from ethnic minorities.

Another measure we would suggest could be incorporated is a commitment to aggregate any emerging themes from exit interviews that are undertaken with staff leaving the NHS in Wales, in order that any lessons from these can be learned and acted upon.

We would also like to see a commitment to the provision of effective induction and mentoring schemes for staff coming to take up roles within the NHS in Wales from outside the UK, including for international medical graduates.

Workforce: We would question if it is right for the plan to aim to have an NHS Wales workforce that reflects the population it serves. It needs to be recognised that elements of the workforce may already have a higher proportion of people from ethnic minorities, or those whose origin is from outside the UK, than amongst the general population. This is something that may vary in certain parts of Wales.

Whilst we understand the intention of this is well meaning, the commitment as written could actually have perverse consequences if applied literally, leading to a reduction in the proportion of the workforce who are from ethnic minorities or whose origin is from outside the UK. We would therefore suggest the wording for this goal be revised accordingly.

Workforce data: This section should include a commitment to annually publish data on the ethnic make-up of the workforce. From what we can establish, such data is readily available for England at present but not for Wales. We would suggest that placing this data in the public domain for Wales would be the best way to ensure that progress can be both driven and monitored in a transparent manner. This will not be achieved if the data is only available internally, and certainly not achieved if it is not in fact collated.

We would also like to see data collected and published regarding the application of HR policies, so that any disproportionate impacts on ethnic minority staff might be highlighted and addressed. This is an issue which has come to light in view of the recent judgment against the GMC for discriminating against a doctor in England on grounds of race.⁴ We should therefore consider the extent to which disciplinary processes within the NHS in Wales, as well as within other Welsh public services, may be being disproportionately applied against ethnic minority staff – something which might only come to light through the routine publishing of data on how such processes are being applied. Whilst this should include formal referrals of doctors to the GMC, it should also include the usage of local policies within the NHS in Wales, such as the *Upholding Professional Standards in Wales* disciplinary procedure which applies to medical and dental staff.

The application of disciplinary processes, however, is just one example of the areas where routine publication of data may serve to highlight issues of disproportionate impact. It may be useful to see breakdowns of data for various other policies and processes as well – such as grievances, the provision of inductions (including for any staff new to the UK) and actions taken to address complaints of bullying, harassment and victimisation. By routinely publishing such data, we may highlight problems that have a disproportionate impact on ethnic minority staff of which we were not previously aware. This could then enable these issues to be addressed.

Access to health services: We would like to see commitments for more to be done to understand the barriers some ethnic groups face in accessing certain services and identifying what steps could be taken to overcoming them. For instance, it may be identified that more needs to be done to overcome cultural and language barriers for certain communities. We would therefore wish to see a commitment for such work to be undertaken and for progress against it to be monitored.

Tackling health inequalities: We welcome the recognition that more needs to be done to address health inequalities and to tackle underlying conditions and factors which contribute to them. We fully support the commitment within the plan to ensuring this covers conditions and factors which may particularly impact on those from ethnic minority communities.

BMA Cymru Wales believes there needs to be a step change in how health inequalities are tackled so that a strategy can be followed which can deliver progress towards their reduction and elimination. We therefore need to be monitoring the impact of health inequalities, and also setting realistic and achievable targets to reduce them over time. As called for in a UK-wide report published by the BMA earlier this year,⁵ we want to see the development of comprehensive cross-government strategies to reduce health inequalities as a matter of urgency.

Such action needs to be part of a fully joined-up approach across public policy in Wales. Addressing health inequalities must go hand in hand with policies aimed at tackling all factors which contribute to them, including social determinants and those which may have a disproportionate impact on certain groups within society. As we outlined in our manifesto for this year's Senedd elections,⁶ we are therefore calling for more action to address issues such as smoking, obesity, physical inactivity and alcohol misuse alongside encouraging the uptake of active travel and sport.

One action we would like to see included in this plan is a commitment to take forward the requirement for public bodies in Wales to undertake health impact assessments as introduced within the Public Health (Wales) Act 2017. This section of within the Act was one which we campaigned for strongly when the legislation was first put forward to what was then the National Assembly. However, our understanding is that despite this legislation having been passed in 2017, this particular section of it has still not yet come into force because we are still waiting for Welsh Government to both publish and pass the regulations required to specify (a) the circumstances in which a public body must carry out a health impact assessment and (b) the way in which a health impact assessment is to be carried out.

We believe that health impact assessments could play a key contributory role in helping to address health inequalities, and we would therefore call for these particular regulations to now be brought forward and agreed with a degree of urgency.

- **Section on education**

BMA Cymru Wales would advocate steps being taken to ensure that attainment gaps in further and higher education amongst students from different ethnic groups are monitored, reduced and eliminated.

One of our members has suggested that a well-informed approach should be established and implemented to 'decolonise' the curriculum at all levels of education right from Key Stage 1 through to higher education i.e. in schools, colleges and universities. This could ensure a more balanced view is given of the UK's colonial past in the way that the curriculum is taught, and that certain aspects of our history are not selectively missed out.

We would also suggest that steps are taken to ensure that academia and our academic institutions in Wales better represent and reflect the student bodies to whom they aim to deliver learning and teaching. We also provide some specific thoughts in relation to the medical curriculum later in this response.

- **Section on crime, justice, hateful attitudes and community cohesion**

In order to address high levels of under-reporting, it has been suggested by some of our members that police forces in Wales develop and deliver a system or portal that can make it easier to report and monitor hate incidents and hate crimes, including those which are racially-motivated, in order that they can then be dealt with more swiftly and in a time-bound manner.

- ***Will each goal and associated actions create the desired outcomes we have stated? If not, what would you want to change so that we achieve changes that are truly anti-racist in the time scales stated?***

Freedom to Speak Up Guardians: As we have already touched upon, we are calling for the establishment of *Freedom to Speak Up Guardians* within the NHS in Wales. This could help deal with the points noted in the plan that staff often don't feel confident to report concerns and don't feel confident they will be dealt with fairly if they do. The guardians would be able to provide independent support and advice; they can enable staff to speak up when they feel unable to do so through other routes.

This role would echo the one that has now been established for a few years within the NHS in England, having been initially proposed in the wake of the inquiry into the Mid-Staffordshire NHS Trust. A new similar role of *Independent Whistleblowing Officer* has also recently been introduced within the NHS in Scotland.

As was acknowledged within the 2018 NHS Wales Staff Survey,⁷ large numbers of staff did not think that their organisation would take effective action when incidents are reported. The survey also showed that almost half of NHS staff did not have confidence that effective action would be taken if bullying occurred.

In the model employed in England, the guardians are dedicated members of staff who have no reason to fear for their own roles if raising concerns on behalf of others with management and other staff. A role of National Guardian has also been created with the power to raise matters directly with government, including with ministers. We support a similar model being adopted in Wales.

Environment and culture: In addition to encouraging staff to feel confident to speak up and raise concerns, we would like to see steps taken across the NHS in Wales to create an environment and culture that can provide staff with occupational and mental health support as well as with sufficient opportunities for learning and development. Steps should be taken, including through the use of appropriate monitoring, to ensure this is inclusive of staff from all ethnic groups.

Q3: Are there any goals and actions that you can think of that are missing? Who should deliver on them and what actions would help to deliver them?

Diversity within leadership positions in NHS Wales: To truly tackle ethnic disparities within the workforce, we feel it is necessary to have a more representative ethnic diversity amongst medical and organisational leadership within the NHS in Wales. This should be achieved alongside more transparent recruitment and promotion systems in all organisations employing doctors to help drive cultural change within all organisations.

Better representation at leadership level, and more career progression opportunities, may also help foster an environment where ethnic minority healthcare workers no longer experience bullying and harassment more than their white colleagues. A UK-wide survey undertaken by the BMA in 2018 found that, despite making up well over a third of the UK medical workforce, only 55% of black and minority ethnic doctors said there was respect for diversity and a culture of inclusion in their main place of work compared to 75% of white doctors. Black and minority ethnic doctors were also more than twice as likely as white doctors to agree that bullying and harassment is often a problem.

We also know that having role models they can identify with is important for medical students. Hence, we feel it is important to ensure proper representation of ethnic minority citizens, both across the teaching faculty and in the medical school curriculum. With ethnic minority doctors under-represented in academic medicine, we would call for particular measures to be taken address this imbalance.

Addressing diversity in the medical curriculum: The BMA has long held concerns about the almost complete lack of focus on ethnic minority patients and populations in clinical teaching. Medical education

must prepare students for the diversity of patients they will see in order to prevent discrimination in healthcare provision and ensure that all patients receive the best care possible. Such changes are also part of creating an inclusive learning environment as students and staff should be able to see themselves and their communities represented in what and how medicine is taught. With two-fifths of medical students being from ethnic minorities, we need to ensure the needs of all future doctors are addressed.

The BMA has joined Black medical students' organisations in calling for the medical curricula to better reflect the diversity of the UK population. For example, course materials need to include ethnically diverse examples of case presentations.

We are pleased to see the GMC's commitment to work with the Medical Schools Council to develop further guidance for medical schools on including ethnically diverse examples in the curriculum. We also note that a crucial aspect of this work is nurturing and developing a more diverse medical academic workforce, not least because they are the people that devise and quality-assure the curricula.

In addition, we believe that change needs to happen at all levels in higher education across (for example) selection, progression, attainment, assessments, graduate opportunities, individual experiences, staff diversity and staff training.

In response to ethnic minority medical students' concerns about racism, we have developed a racial harassment charter⁸ which sets out defined standards, including support and training on how to respond when harmful behaviour is seen or experienced. The charter affirms that medical schools must embed equality, diversity and inclusion values throughout all aspects of their medical education. We are pleased that this charter has been endorsed by both Swansea and Cardiff medical schools, as well as by Health Education and Improvement Wales (HEIW). We look forward to continuing to work with all three organisations in taking forward its implementation within medical education in Wales.

Work shadowing: As part of the widening participation agenda, we would propose that each health board and NHS Trust in Wales takes steps to provide work observation and shadowing opportunities for 16-18 year olds from disadvantaged ethnic minority families. This can help them to make informed career choices for progressing in healthcare and allied courses – including for medicine, dentistry, nursing and pharmacy.

Q4: What are the key challenges that could stop the goals and actions achieving anti-racism by 2025?

Such challenges could include an inability to bring about appropriate culture change within the NHS in Wales, recognising that anti-racist actions will undoubtedly meet some resistance from conscious and subconscious racist attitudes. Our proposal for *Freedom to Speak Up Guardians* could help in overcoming such cultural barriers.

Another challenge could be to ensure that equality, diversity and inclusion forms part of staff annual appraisals, professional development reviews and supervisory structures in order to directly inform any required reforms of HR policies and procedures. Such reforms may also be hampered by a failure to collect and monitor data on the use of such policies and procedures that can shine a light on any disproportionate impact on ethnic minority staff.

To aid the collection of data on ethnicity within the workforce, it will also be important to ensure there are good communications to staff about why such data is being collected. This may help overcome reluctance by some to declare their ethnicity.

Another key challenge would be a lack of sufficient funding and strain on the NHS in Wales, which may result in part from the continuing need to respond to the COVID-19 pandemic. We need to ensure, for instance, that equality, diversity and inclusion training is not put on the back-burner due to lack of sufficient resource. Assigning responsibility at board level to drive such training, along with other positive change to promote equalities, could help to combat this.

A failure to engage with networks representing ethnic minority staff and other specific groups could also hamper progress – something that might be addressed by introducing a duty for such groups to be consulted.

Finally, we would also highlight again the need to collect and publish data that can enable the impact of the plan to be assessed and monitored with time.

Q5: What resources (this could include funding, staff time, training, access to support or advocacy services among other things) do you think will be necessary in achieving the goals and actions outlined?

In relation to the NHS in Wales, significant and appropriate funding needs to be allocated to health boards and NHS trusts to ensure their obligations within the plan are appropriately resourced, including any requirements for training.

This should include resourcing sufficient staff time so that groups representing ethnic minority staff, including those representing the intersection between those from ethnic minorities and those with other protected characteristics, can be appropriately consulted and engaged in the implementation of actions derived from the plan. We need to ensure the voices of ethnic minority staff are appropriately heard throughout the processes undertaken towards achieving the plan's goals and actions.

Q6: Do you feel the Race Equality Action Plan adequately covers the intersection of race with other protected characteristics, such as religion or belief, disability, age, sexual orientation, gender reassignment, sex, and marriage and civil partnership? If not, how can we improve this?

We would propose that appropriate engagement and consultation is undertaken with relevant representative groups, including groups who may be representative of those who are both from an ethnic minority and LGBTQ+. It is important to ensure we facilitate appropriate access to NHS services, including to mental health services. Better support should also be provided to ethnic minority staff within the NHS who may also have other protected characteristics.

We would also advocate providing specific support for NHS staff, including doctors, who may themselves be refugees and may therefore have particular support needs, e.g. if suffering from PTSD or depression.

Additional support and induction should be provided to those staff who have graduated and/or trained outside of the UK. The NHS has long been reliant on recruiting staff internationally, and we must ensure such staff feel suitably supported if we want them to remain in Wales after coming here to take up posts within the NHS.

Q7: Please see the section on Governance. What suggestions can you provide for measuring success in creating an anti-racist Wales and for strengthening the accountability for implementation?

We welcome the proposal to implement a single accountability framework which we feel is fundamental. We would reiterate our calls for appropriate mechanisms to ensure progress against the plan is effectively monitored and assessed, including through the appropriate collection and publication of all necessary data through which progress can be determined.

Clear mechanisms for communication will also be vital, as well as appropriate measures to ensure that good practice can be effectively shared and replicated.

Q10. This plan has been developed in co-construction, and discussions around language and identity have shown that many people do not consider the term 'BAME' to be appropriate. As a result we refer to Black, Asian and Minority Ethnic people or particular ethnic minority people in the Plan. However, we recognise that this term is also problematic and, where possible, being more specific to the particular race or ethnicity an individual or community identifies with is generally preferred.

However, there are times where it is necessary to make reference to all those people who share the experience of being subject to racism. We have used the term Black, Asian and Minority Ethnic people for this purpose. What are your views on this term and is there an alternative you would prefer? Welsh speakers may wish to consider suitable terminology in both languages.

We would note that the term 'BAME' is a catch-all acronym. It is often pronounced as a single word which doesn't resonate with how most ethnic minority people think about and describe their identity. It is an aggregate description of a multitude of racial and ethnic minority groups, and its loose application fails to distinguish between the different outcomes and experiences of different groups (including within the NHS and with regards to health). It specifies that it includes 'Blacks' and 'Asians', but all other ethnic minorities are lumped into one heading. There also seems to be some uncertainty as to whether white ethnic minorities are included within the term's reach.

We would therefore advocate use of the term 'ethnic minorities' rather than 'BAME'.

This has the advantage of being easy to pronounce, and of not being an acronym (and therefore describing what it refers to). It has already been supported as a preferred term in guidance on writing about ethnicity published by the UK Cabinet Office.

Writing about ethnicity,⁹ a style guide published by the Cabinet Office's Race Disparity Unit, explains:

"We do not use the terms BAME (Black, Asian and minority ethnic or BME (Black and minority ethnic) because:

- *they include some groups and not others – for example, the UK's ethnic minorities include white minorities and people with a mixed ethnic background*
- *the acronyms BAME and BME were not well understood in user research*

Similarly, we do not use 'people of colour' as it does not include white minorities."

The term is also used throughout the Commission on Race and Ethnic Disparities' report.¹⁰ In this report, it is explained:

"It is time we dropped the term and talked about people from particular ethnic backgrounds and if we do sometimes need to distinguish between all white and non-white populations we should use the term 'ethnic minority', 'ethnic group', or 'white ethnic minorities' where appropriate, which we have used throughout this report wherever the data enables us to do so."

However, we would note that the term 'ethnic minorities' is still an aggregate term. It is impossible to have any umbrella term that describes the collective of ethnic minorities within one heading, and any aggregate term will therefore have this limitation. There should be references to specific ethnic minorities where there are specific data relating to those minorities, and where there is disparity between different ethnic groups.

¹ Tim Cook, Emira Kursumovic and Simon Lennane (2020). Exclusive: deaths of NHS staff from covid-19 analysed. HSI. Available at: <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>

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- ³ Doctors leaders call for public inquiry into Government’s handling of COVID (2020). British Medical Association. Available at: <https://www.bma.org.uk/news-and-opinion/doctors-leaders-call-for-public-inquiry-into-government-s-handling-of-covid>
- ⁴ Wexham Park doctor racially discriminated against by General Medical Council (2021). BBC News. Available at: <https://www.bbc.co.uk/news/uk-england-berkshire-57528850>
- ⁵ Mitigating the impact of Covid-19 on health inequalities (2021). British Medical Association. Available at: <https://www.bma.org.uk/media/3944/bma-mitigating-the-impact-of-covid-19-on-health-inequalities-report-march-2021.pdf>
- ⁶ A manifesto for health (2020). BMA Cymru Wales. Available at: https://www.bma.org.uk/media/3564/bma_cymru_wales_manifesto_2021_eng_26nov20.pdf
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- ⁸ Racial harassment charter for medical schools (2020). British Medical Association. Available at: <https://www.bma.org.uk/advice-and-support/discrimination-and-harassment/racial-harassment-in-medical-schools/racial-harassment-charter-for-medical-schools>
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- ¹⁰ Commission on Race and Ethnic Disparities: The Report (2021). Commission on Race and Ethnic Disparities. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974507/2021_0331_-_CRED_Report_-_FINAL_-_Web_Accessible.pdf