



Portsmouth Hospitals NHS Trust
 drparthakar@gmail.com Follow Partha
 on Twitter: @parthakar
 Cite this as: *BMJ* 2023;380:p534
<http://dx.doi.org/10.1136/bmj.p534>
 Published: 08 March 2023

THE BOTTOM LINE

Partha Kar: Antiracism starts with an apology

Partha Kar *consultant in diabetes and endocrinology*

The stream of depressing, hurtful stories about treatment of NHS employees has been relentless. We're left to wonder whether we've reached a tipping point or whether we'll have to hear about more suffering before the NHS takes action beyond platitudes, hashtags, or faux outrage.

This month an NHS midwife, Olukemi Akinmeji, successfully sued the NHS trust that had employed her from 2018 to 2020 for race discrimination.¹ Last month NHS England lost an employment tribunal case against Michelle Cox, a senior nurse, on grounds of race discrimination and whistleblowing.² Also this month Valentine Udoye, a doctor who had been cleared by a medical practitioners tribunal of any misconduct, had to face a new tribunal after the General Medical Council (GMC) appealed the case to the High Court,³ and he went on to win the new tribunal case.⁴ Last August the *Times* covered the case of Melissa Thermidor, who lodged an employment tribunal claim against NHS Blood and Transplant saying that she'd been constructively dismissed after whistleblowing about racism in the organisation.⁵

A common thread runs through these stories: they're all about individuals from the black community. And they're no longer isolated events. New GMC data on differential attainment among trainees—whether it's when being offered specialty training posts, at their annual review of competency progression, or in their specialist exams—show that being black affects attainment negatively. In response, without fail, the old chestnut of “Ah, but it's linked with deprivation” comes up. And yet this data analysis has one stark fact: the richest black individual has a poorer outcome than their poorest white colleague. The next argument that comes up is around their training—surely the “lesser” ones were those who weren't trained in the UK? No, not at all: the data I just mentioned are all for UK graduates. Same schools, same exams, same educators, same assessors. Yet there's a difference, based on the colour of their skin.

Anywhere in the NHS you'll find the same pattern repeated. Have a look at the most recent Workforce Race Equality Standard data,⁶ for instance. Among nurses and midwives, the largest part of the workforce, black staff have a striking disadvantage: these workers experience the least equality of opportunity and the most discrimination. And guess what? The same staff, leadership, and system that behave this way to their colleagues also provide care to the population, so it's no surprise to see data on maternal outcomes, mental health issues, or recognition of sickle cell disease showing that we're failing patients from the black community.

Tracking progress

Yet, even with such stark data points and tribunal outcomes, there's little accountability among NHS leaders for these failings. We don't need more data or “granularity” to highlight the problem. We now just need data to track progress on dealing with these failings and to hold to the fire the feet of those whose job it is to tackle these inequalities but have done nothing.

In the face of data and these individual cases of distress, it's a shame that the restructuring of the workforce now fails to reference racism specifically and expects inclusion to be everyone's business. The problem is that, when something is everyone's business, in reality it's no one's. Imagine if diabetes were subsumed into a blanket term such as “long term condition” without a specific focus and leadership: there would be no progress.

The story of Michelle Cox shows the impact on people's lives, as well as the bravery required to bring these cases forward. Yet it shouldn't be on the individual to battle a system in this way. It shouldn't be down to people such as the consultant ophthalmologist Evelyn Mensah and colleagues, such as Samantha Gordon and Akua Rugg, to raise the profile of Valentine Udoye's case and battle for him. The man lost his family and his health, and we can't have the same results every year with the same dull responses, without explicitly stating that the racism ingrained in institutions is a problem or recognising that anti-blackness is rife—not just among people of white ethnicity but others too, such as those of South Asian origins.

There are many things we could do, and the researcher Roger Kline has eloquently stated the role that HR teams should play.⁷ But we also need more fundamental change, and that starts with an apology.

This is the 75th anniversary of the Windrush generation, and there has to be a point when someone stands up and says the keyword: sorry. Say it and acknowledge that we as a health system have failed people from the black community, whether in their health outcomes, career progression, or the way black healthcare workers are treated. Nothing suggests that in 2023 they're treated on a par with their colleagues, and yet we fail to acknowledge this in public. The education system has failed black trainees, and the workforce has failed black staff—that's every bit as stark as the data indicate.

Before any healing starts, the leaders of education, workforce, and health systems need to have the humility to be open and honest. Sorry seems to be the hardest word, but leadership is about

acknowledging failure and straining every sinew to correct it. Apologise in earnest, say the word racism, commit to antiracism, and speak from your heart if you genuinely want to take the next step. If we're failing trainees who are black they deserve an apology—it's no longer a one-off event but a continued pattern of failure, disregard, and nonchalance in the NHS.

Let's be honest: if we know the data and we haven't done all possible to bring equity to fellow human beings, and we judge them on the basis of skin colour, then what term should we use for ourselves but racists?

Competing interests: see www.bmj.com/about-bmj/freelance-contributors. Partha Kar is national specialty adviser, diabetes, and lead of the Medical Workforce Race Equality Standard.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Parry G. Black NHS midwife who sued hospital for race discrimination after staff "joked" they should "check their bags" on her last day at work wins her claim. *Mail Online* 2023 Mar 3. <https://www.dailymail.co.uk/news/article-11814797/Black-NHS-midwife-sued-hospital-race-discrimination-wins-claim.html>
- 2 Ford M. Senior nurse wins "landmark" race discrimination case against NHS. *Nursing Times* 2023 Feb 24. <https://www.nursingtimes.net/news/leadership-news/senior-nurse-wins-landmark-race-discrimination-case-against-nhs-24-02-2023/>
- 3 Dyer C. Doctor faces new charges of wrongfully practising as a GP after GMC wins appeal. *BMJ* 2022;379. <https://www.bmj.com/content/379/bmj.o2552>. doi: 10.1136/bmj.o2552 pmid: 36283701
- 4 Medical Practitioners Tribunal Service. Dr Azubuike Valentine Udoye. Mar 2023. <https://www.mpts-uk.org/hearings-and-decisions/medical-practitioners-tribunals/dr-azubuike-valentine-udoye-sep-22>
- 5 Lintern S. NHS whistleblower recorded her bosses' "racist" chat. *Times* 2022 Aug 21. <https://www.thetimes.co.uk/article/nhs-whistleblower-recorded-her-bosses-racist-chat-5sjmldxqt> (Login needed)
- 6 NHS England. NHS Workforce Race Equality Standard (WRES) 2022 data analysis report for NHS trusts. 22 Feb 2023. <https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-2022/>
- 7 Kline R. Racism: Some HR teams get it and some don't. *Health Serv J* 2023 Feb 27. <https://www.hsj.co.uk/workforce/racism-some-hr-teams-get-it-and-some-dont/7034312.article> (Login needed)