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People and Organisations
Think, Work, and Act

The First Cut

An evaluation of racism in selection for medical specialty training

Interim Report

2024 Data Set

July 2026

Contents

Introduction

This research looks at the likely outcome of applications for specialist medical training places across each training area and by ethnicity.

NHS Medical Specialties

Following graduation from medical school and two years of Foundation Training, doctors can apply for training in a specialist area. NHS medical specialties cover dozens of distinct fields, ranging from front-line community care to highly specialized hospital surgery. These pathways are categorized into broad groups, allowing doctors to build highly focused careers in specific body systems, age groups, or clinical environments.

The main medical specialties within the NHS are structured as follows:

1. Medicine and Medical Sub-specialties
2. Surgery
3. Emergency & Critical Care
4. Primary Care & Community
5. Diagnostics & Pathology
6. Specialised Fields

Details of which fields are included within each specialty are set out in Appendix 1.

Context

In 2021 Citou Consulting undertook research into racism in recruitment in the 18 acute NHS trusts in London. The research, titled 'Corporate Gaslighting – Race, Recruitment and Denial in the NHS', showed clear evidence of racism in recruitment across all these NHS trusts and in all professional fields. This research subsequently became a longitudinal study with data collection via Freedom of Information (FoI) requests in 2022 and 2026. More information on this research can be found at Citou.com/research-and-resources

There has been previous research in this area of medical training such as the GMC's report on 'Tackling Disadvantage in Medical Education' (2023)[1], which confirmed that Black trainees across all specialties were more likely to experience non-standard assessment outcomes. To date, there has been minimal intentional effort in seeking to address the racial inequity found by the GMC.

[1] https://www.gmc-uk.org/cdn/documents/tackling-disadvantage-in-medical-education-020323_pdf-96887270.pdf

Aims of the Research

The aims of the research were to:

1. Examine the fairness of the speciality selection process for applicants of Asian, Black, Mixed, Other, White and Unknown ethnicities.
2. Explore whether there are disparities in outcome by ethnicity.
3. Consider how the specialty selection process could be made more equitable and transparent.

Methodology

A Freedom of Information request was sent to NHS England requesting the unredacted data for Specialty Training selection for all years since 2021. (This data is published on the NHSE website with redaction of all figures under 5). The data published in this format breaks ethnicity data down to a lower level than in this report (eg Black African, Black Caribbean etc).

NHSE responded by denying the request, quoting S40(2) of the FoI Act, a clause which is intended to protect the privacy of an individual.

This decision was appealed on the grounds that S40(2) redaction should only be used where the total group at any stage in the selection into a particular medical specialty was so small that the ethnicity of individuals could be identifiable if it was released. For example:

- The total number of candidates offered is 2. One candidate is mixed ethnicity, one is white. In this case it may be possible for someone to work out that a candidate is mixed ethnicity when this is not public knowledge.

However, NHSE redacted all figures under 5 across the whole document. For example:

- If there are less than five applicants for three of the six ethnicities leading to all three data points being redacted as <5, and applicants from the other three categories total 24, it is difficult to understand how someone could work out the ethnicity of an individual applicant within a group of 27-36 applicants.

Unfortunately, NHSE did not accept this argument and refused to release the data in unredacted form. A complaint was made to the Information Commissioner's Office in February 2026 challenging this decision. Due to a backlog in complaint handling at the ICO the complaint is unlikely to be investigated before the autumn of 2026.

A further FoI request was then sent to NHSE requesting unredacted data at the higher-level Asian, Black, Mixed, Other, White and Unknown ethnicities and in line with the 2021 Census definitions of these categories.

NHSE responded to this request but continued to redact all numbers under 5. However, with the figures being totalled up into higher-level categories there was less redaction, resulting in the data being useable for many of the specialties analysed in this research.

The Interim Nature of this Report

For the reasons outlined in the Methodology section above, this is an interim report. The final report will be published following the outcome of the Information Commissioner's complaint investigation which is likely to be in early 2027

Summary of Findings

I am grateful to Anton Emmanuel, Consultant Neurogastroenterologist and Head of WRES in NHS Wales Health and Social Care (and ex Head of WRES for NHS England) for kindly providing a clinical EDI specialist overview of findings from this data.

The data demonstrates that there are clear, consistent inequities in offer rates by ethnicity across almost all stages (ST1, ST3, ST4) and most specialties. Despite significant data redaction[2], the patterns are strong, stable, and system-wide.

At a time when Kemi Badenoch is articulating the mantra of the right-wing parties in the UK, this data identifies the systemic inequity at the heart of processes in our public sector and underpins the importance of lawful equality monitoring.

Key Findings:

1. *White applicants have substantially higher offer rates across the whole range of specialties. This is particularly notable as being the case across high-volume specialties (eg GP, IMT, Core Psychiatry, Core Surgery). These higher offer rates persist at ST1, ST3, and ST4.*

2. *Across the dataset Black applicants consistently experience the lowest offer rates in almost every specialty.*

3. *Asian applicants also face lower offer rates, though the gap is smaller and more variable. These lower rates are clearly shown in GP ST1, IMT CT1, Core Psychiatry, Anaesthetics CT1, Radiology ST1 and Paediatrics ST1.*

4. *Specialties with large applicant pools (GP, IMT, Core Psychiatry, Core Surgery, Anaesthetics, Radiology) show stable patterns unaffected by redaction. They therefore represent the clearest reflection of the inequity.*

5. *Several smaller specialties show near-parity or favourable outcomes for BAME groups, but the <5 redaction rule removes the ability to verify or learn from these potential positive outliers.*

Limitations

1. *Redaction is the dominant limitation and small specialties become analytically unusable.*

2. *The available dataset and lack of the ability to produce intersectional analysis does not allow adjustment for confounders (eg International Medical Graduates, Gender, Disability, Age, Deanery, etc)*

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[2] *NHSE redacted numbers less than 5 which resulted in them needing to be analysed as 0*

Conclusions

Above all, the dataset makes the case for the importance of ethnicity-level monitoring and strengthens the case for improved data access.

The presentation of the data as a Heatmap (see below) clearly presents the targets for action.

High-volume specialties could be the initial focus for evidence-based improvements for example piloting:

1. *Bias-mitigation interventions.*
2. *A common structure approach in selection across all specialties.*
3. *Structured scoring of all selection elements.*
4. *Annual quality assurance audits of outcomes.*
5. *The use of intersectional reporting to identify areas for improvement.*

Full, detailed, analysis of the research data can be found at:

www/citou.com/research-and-resources

Heatmap

Likelihood of Offer - % of Applicants Offered by specialty and ethnicity

Key All offers average % compared with individual ethnic group % offered

	>10% difference		5-9.9% difference		0-4.9 % difference
	Unable to calculate due to data redaction of numbers <5		Data redacted to <5 for all ethnicities		<0% difference (ie more likely to be offered)

Specialty and Level - All 2024 Rounds		ALL		ASIAN			BLACK			MIXED			OTHER			WHITE			UNKNOWN/ DNWTS		
For this analysis all offer numbers redacted as <5 have been analysed as 0 and are represented with the initials UTC (Unable to Calculate) **Sorted by % All Applicants Offered**	Stage	TOTAL OFFERED	% All Applicants Offered	% Asian Applicants Offered	% Difference from all	All Ethnicities Offered cf Asian Ethnicity	% Black Applicants Offered	% Difference from all	All Ethnicities Offered cf Black Ethnicity	% Mixed Applicants Offered	% Difference from all	All Ethnicities Offered cf Mixed Ethnicity	% Other Applicants Offered	% Difference from all	All Ethnicities Offered cf Other Ethnicity	% White Applicants Offered	% Difference from all	All Ethnicities Offered cf White Ethnicity	% Unknown ethnicity Applicants Offered	% Difference from all	All Ethnicities Offered cf Unknown Ethnicity
Psychiatry (all specialties) ST4	4	578	69.8	61.7	8.1		63.8	6.0		80.5	-10.7		75.4	-5.6		75.7	-5.9		76.1	-6.3	
Anaesthetics ST4	4	650	65.9	61.5	4.4		57.7	8.2		75.0	-9.1		62.8	3.1		68.3	-2.3		57.1	8.8	
Oral and Maxillo Facial Surgery ST1	1	17	54.8	50.0	4.8		UTC	UTC		UTC	UTC		UTC	UTC		50.0	4.8		71.4	-16.6	
Intensive Care Medicine ST3	3	232	54.5	42.0	12.5		40.7	13.7		44.8	9.6		35.7	18.7		70.5	-16.0		40.5	13.9	
Geriatric Medicine ST4	4	198	54.0	42.3	11.6		37.8	16.2		50.0	4.0		59.3	-5.3		79.1	-25.2		26.1	27.9	
Clinical Oncology ST3	3	164	53.1	48.8	4.3		44.0	9.1		43.8	9.3		45.5	7.6		65.9	-12.9		52.9	0.1	
Oral and Maxillo Facial Surgery ST3	3	11	50.0	UTC	UTC		UTC	UTC		UTC	UTC		UTC	UTC		66.7	-16.7		71.4	-21.4	
Haematology ST3	3	147	49.3	50.5	-1.2		34.0	15.3		31.0	18.3		40.7	8.6		66.7	-17.3		50.0	-0.7	
Emergency Medicine ST4	4	80	46.8	39.3	7.5		UTC	UTC		UTC	UTC		UTC	UTC		79.2	-32.5		71.4	-24.6	
Palliative Medicine ST4	4	56	45.5	UTC	UTC		UTC	UTC		UTC	UTC		UTC	UTC		58.9	-13.4		UTC	UTC	

Specialty and Level - All 2024 Rounds		ALL		ASIAN			BLACK			MIXED			OTHER			WHITE			UNKNOWN/ DNWTS		
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Medical Oncology ST3	3	120	45.3	39.3	6.0		40.0	5.3		33.3	11.9		42.3	3.0		54.5	-9.3		66.7	-21.4	
Respiratory Medicine ST4	4	206	41.0	36.6	4.4		30.0	11.0		17.9	23.1		47.1	-6.1		59.0	-18.1		30.6	10.4	
Otolaryngology ST3	3	66	38.2	44.4	-6.3		29.4	8.7		UTC	UTC		45.8	-7.7		36.4	1.8		35.3	2.9	
Combined Infection Training ST3	3	82	38.1	36.0	2.1		24.0	14.1		25.0	13.1		29.6	8.5		54.9	-16.7		UTC	UTC	
Renal Medicine ST4	4	97	37.0	26.3	10.8		31.7	5.3		30.0	7.0		38.9	-1.9		68.1	-31.1		31.6	5.4	
Paediatrics ST1	1	582	36.8	27.8	9.0		20.4	16.3		34.1	2.7		27.8	8.9		62.2	-25.4		26.0	10.8	
Neurology ST4	4	98	35.5	30.6	5.0		UTC	UTC		36.0	-0.5		42.4	-6.9		56.5	-20.9		33.3	2.2	
Trauma and Orthopaedic Surgery ST3	3	182	34.9	34.2	0.7		18.0	16.8		26.3	8.6		19.0	15.9		54.9	-20.0		31.0	3.9	
Endocrinology and Diabetes Mellitus ST4	4	164	33.7	35.8	-2.0		25.8	7.9		26.3	7.4		30.2	3.6		58.0	-24.3		UTC	UTC	
Internal Medicine Training CT1	1	2,106	33.6	27.6	6.0		19.6	14.0		31.7	1.8		31.5	2.0		50.4	-16.8		35.2	-1.6	
Gastroenterology ST4	4	151	32.5	29.3	3.1		15.4	17.1		24.1	8.3		26.9	5.6		59.0	-26.5		28.6	3.9	
General Surgery ST3	3	217	31.9	32.4	-0.5		19.8	12.1		23.1	8.8		28.4	3.4		47.2	-15.3		30.8	1.1	
Acute Internal Medicine ST4	4	165	31.6	27.4	4.2		30.5	1.1		27.3	4.3		22.4	9.2		54.3	-22.7		27.8	3.8	
Genitourinary Medicine ST4	4	10	31.3	UTC	UTC		UTC	UTC		UTC	UTC		UTC	UTC		76.9	-45.7		UTC	UTC	
Cardiology ST4	4	154	30.7	25.6	5.1		20.8	9.9		15.2	15.5		39.7	-9.0		49.0	-18.2		25.9	4.8	
General Practice ST1	1	7,434	30.3	23.1	7.1		20.4	9.8		30.2	0.0		34.7	-4.5		64.4	-34.1		40.9	-10.7	
Rehabilitation Medicine ST3	3	24	27.0	26.7	0.3		22.7	4.2		UTC	UTC		UTC	UTC		64.7	-37.7		UTC	UTC	
Combined Infection Training ST4	4	36	26.7	21.9	4.8		UTC	UTC		UTC	UTC		45.5	-18.8		47.1	-20.4		UTC	UTC	
Obstetrics and Gynaecology ST3	3	100	26.5	27.5	-1.0		20.6	5.9		40.4	-13.9		16.7	9.9		40.0	-13.5		UTC	UTC	
Urology ST3	3	77	25.8	29.4	-3.7		19.5	6.2		UTC	UTC		34.1	-8.4		37.0	-11.3		UTC	UTC	
Stroke Medicine / General Internal Medicine ST4	4	18	24.0	31.6	-7.6		UTC	UTC		UTC	UTC		66.7	-42.7		UTC	UTC		UTC	UTC	
Core Surgical Training CT1	1	798	23.6	18.4	5.2		8.2	15.4		19.2	4.4		17.8	5.8		41.9	-18.3		25.4	-1.9	

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Paediatric Cardiology ST4	4	11	23.4	29.4	-6.0		UTC	UTC		0.0	23.4		UTC	UTC		31.6	-8.2		UTC	UTC	
Plastic Surgery ST3	3	61	23.1	23.5	-0.4		UTC	UTC		UTC	UTC		18.2	4.9		31.4	-8.3		26.7	-3.6	
Dermatology ST3	3	95	22.8	19.2	3.6		UTC	UTC		20.8	1.9		32.3	-9.5		28.7	-5.9		20.0	2.8	
Clinical Genetics ST3	3	12	21.1	UTC	UTC		0.0	21.1		UTC	UTC		0.0	21.1		48.0	-26.9		UTC	UTC	
Vascular Surgery ST3	3	35	20.2	19.0	1.2		UTC	UTC		UTC	UTC		28.2	-8.0		59.3	-39.0		UTC	UTC	
Acute Care Common Stem - Emergency Medicine CT1/ST1	1	536	19.7	9.9	9.9		7.5	12.2		16.7	3.1		11.2	8.5		47.9	-28.2		18.6	1.1	
Histopathology ST1	1	116	19.3	18.3	1.0		UTC	UTC		UTC	UTC		16.2	3.2		40.2	-20.8		27.0	-7.7	
Rheumatology ST4	4	52	17.9	17.6	0.3		UTC	UTC		0.0	17.9		27.3	-9.4		31.7	-13.8		28.0	-10.1	
General (Internal) Medicine ST4	4	38	16.5	17.0	-0.4		19.6	-3.1		UTC	UTC		36.0	-19.5		UTC	UTC		UTC	UTC	
Chemical Pathology ST3	3	7	14.3	UTC	UTC		UTC	UTC		UTC	UTC		UTC	UTC		58.3	-44.0		UTC	UTC	
Anaesthetics CT1	1	785	13.6	6.5	7.1		0.9	12.8		10.4	3.3		7.1	6.5		33.3	-19.7		9.8	3.8	
Core Psychiatry Training CT1	1	1,173	12.7	9.1	3.6		5.5	7.2		12.8	-0.1		17.3	-4.6		41.0	-28.3		21.4	-8.7	
Paediatrics ST3	3	97	11.8	14.0	-2.3		10.1	1.7		8.7	3.1		9.9	1.8		25.0	-13.2		UTC	UTC	
Obstetrics and Gynaecology ST1	1	502	11.7	9.5	2.2		3.7	8.0		12.9	-1.2		12.5	-0.8		40.3	-28.6		14.8	-3.1	
Emergency Medicine ST3	3	25	10.4	15.8	-5.4		UTC	UTC		UTC	UTC		UTC	UTC		36.8	-26.4		UTC	UTC	
Clinical Radiology ST1	1	354	9.5	7.9	1.6		3.1	6.4		5.3	4.2		10.9	-1.4		19.0	-9.5		12.5	-2.9	
Occupational Medicine ST3	3	11	8.3	16.7	-8.4		UTC	UTC		UTC	UTC		UTC	UTC		19.4	-11.1		UTC	UTC	
Immunology ST3	3	5	8.1	UTC	UTC		UTC	UTC		UTC	UTC		UTC	UTC		31.3	-23.2		UTC	UTC	
Public Health Medicine ST1	1	138	7.6	2.4	5.2		2.4	5.2		9.7	-2.1		9.6	-2.1		12.5	-4.9		5.8	1.8	
Ophthalmology ST1	1	103	7.4	6.2	1.2		UTC	UTC		UTC	UTC		7.6	-0.2		16.3	-8.9		12.0	-4.6	
Clinical Radiology ST3	3	6	5.9	23.1	-17.2		UTC	UTC		UTC	UTC		UTC	UTC		UTC	UTC		UTC	UTC	
Neurosurgery ST1	1	15	4.2	6.1	-1.9		UTC	UTC		0.0	4.2		UTC	UTC		11.1	-6.9		0.0	4.2	

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Community Sexual and Reproductive Health ST1	1	14	3.0	UTC	UTC		0.0	3.0		UTC	UTC		0.0	3.0		13.1	-10.0		0.0	3.0	
Cardiothoracic Surgery ST1	1	5	1.2	UTC	UTC		0.0	1.2		0.0	1.2		0.0	1.2		10.9	-9.6		UTC	UTC	
Dual General Practice & Public Health ST1	1	12	0.7	0.0	0.7		UTC	UTC		UTC	UTC		UTC	UTC		5.4	-4.7		UTC	UTC	
All data for each ethnicity applying for the specialties below was redacted. Therefore, no analysis of likelihood of offer was possible as the total number of applied, shortlisted and offered candidates is unknown.																					
Allergy ST3	3	UTC																			
Neurosurgery ST2	2	UTC																			
Paediatric Surgery ST3	3	UTC																			
Audiovestibular Medicine ST3	3	UTC																			
Clinical Neurophysiology ST3	3	UTC																			
Clinical Pharmacology and Therapeutics ST4	4	UTC																			
Medical Ophthalmology ST3	3	UTC																			
Nuclear Medicine ST3	3	UTC																			
Paediatric and Perinatal Pathology ST3	3	UTC																			
Sport and Exercise Medicine ST3	3	UTC																			
Thoracic Surgery ST4	4	UTC																			
Diagnostic Neuropathology ST3	3	UTC																			

Appendix 1

Medical Specialties and Fields

The main fields within medical specialties in the NHS are structured as follows:

1. Medicine and Medical Sub-specialties

Physicians treat complex, non-surgical conditions. Many physicians dual-train in general internal medicine alongside their specialty. Areas of focus include:

- Cardiology: Heart and cardiovascular system.
- Dermatology: Skin, hair, and nails.
- Gastroenterology: Digestive system and liver.
- Geriatrics: Care of elderly patients and age-related conditions.
- Oncology: Cancer diagnosis and treatment (Clinical and Medical Oncology).
- Neurology: Brain and nervous system.
- Respiratory Medicine: Lungs and breathing.
- Rheumatology: Joints, muscles, and bones.

2. Surgery

Surgeons utilize operative techniques to treat injuries, diseases, and deformities. Core surgical paths include:

- General Surgery: Focuses primarily on abdominal organs.
- Trauma & Orthopaedics: Bones, joints, ligaments, and tendons.
- Neurosurgery: Brain and spinal cord surgery.
- Plastic Surgery: Reconstructive and cosmetic surgery.
- Vascular Surgery: Diseases of the vascular system (arteries and veins).
- Cardiothoracic Surgery: Organs within the chest (heart, lungs, and oesophagus).

3. Emergency & Critical Care

- Emergency Medicine: Front-line assessment and resuscitation in A&E departments.
- Intensive Care Medicine: Management of patients with life-threatening, multi-organ failure.
- Anaesthetics: Administering pain relief and monitoring vital signs during surgery or procedures.

4. Primary Care & Community

- General Practice (GP): The first point of contact for most healthcare needs, combining physical, psychological, and social care.
- Public Health: Focused on population health, disease prevention, and health policy rather than individual patients.

5. Diagnostics & Pathology

- Clinical Radiology: Using imaging (X-rays, MRI, CT scans, and ultrasound) to diagnose diseases.
- Pathology: The scientific study of disease, broken down into branches such as haematology (blood), histopathology (tissues), and microbiology (infections).

6. Specialised Fields

- Psychiatry: Diagnosing and treating mental health conditions, including general adult, child and adolescent, and old age psychiatry.
- Obstetrics & Gynaecology: The care of the female reproductive system, pregnancy, and childbirth.
- Paediatrics: Medical care for infants, children, and young people.

Appendix 2

The Legal Requirements of the Public Sector Equality Duty

England, Scotland and Wales

The Public Sector Equality Duty (PSED, or "the duty"), which applies in Great Britain (England, Scotland and Wales), requires public authorities to have due regard to certain equality considerations when exercising their functions, like making decisions.

This guidance replaces the Government Equalities Office's 2011 guidance:

- Equality Act 2010: Public Sector Equality Duty: What Do I Need to Know? A Quick Start Guide for Public Sector Organisations
- Equality Act 2010: Specific Duties to Support the Equality Duty: What Do I Need To Know? A Quick Start Guide for Public Sector Organisations

It is intended to help decision-makers, including Government ministers, to comply with the duty. The guidance does not cover those elements of the duty that apply only to Scottish or Welsh public authorities under devolved powers. The guidance is not statutory.

Specific duties

Unlike the general duty, the specific duties are devolved in Scotland and Wales. This guidance covers the specific duties only for English and cross-border bodies. The EHRC has guidance about the specific duties in Scotland and the specific duties in Wales. See below for information about Northern Ireland.

You are bound by the specific duties for English and cross-border bodies if your organisation is listed in schedule 2 of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

The rest of this guidance is for organisations that are bound by the duty.

What is the duty?

The general duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other unlawful conduct prohibited by the act
- advance equality of opportunity between people who share and people who do not share a relevant protected characteristic
- foster good relations between people who share and people who do not share a relevant protected characteristic

These are sometimes called the 3 aims of the duty.

The relevant protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Someone has the protected characteristic of gender reassignment if they are proposing to undergo, are undergoing or have undergone a process or part of a process to reassign their sex by changing physiological or other attributes of sex. Authorities should take care to undertake their assessment by reference to the protected characteristics set out in the act. They should not use concepts such as gender or gender identity, which are not encoded in the act and can be understood in different ways.

Marriage and civil partnership are a protected characteristic but not a 'relevant' one. This means you must consider it only in relation to the first aim of the duty. Discrimination because of marriage and civil partnership is only prohibited in relation to the work provisions of the act. This is because the parts of the act covering services and public functions, premises and education do not apply to that protected characteristic.

"Having due regard" means properly considering the 3 aims identified in the act, and how they relate to the function you are exercising and then deciding what weight to give them. It is not a duty to achieve a particular outcome. The level of "due regard" considered sufficient in any context depends on the facts. A proportionate approach should be taken to the resources spent on duty compliance, depending on the circumstances of the case and the seriousness of the potential equality impacts on those with protected characteristics.

For example, if you were reforming a personal tax or benefit, you would likely have to assess the 3 aims in some depth. But if you were buying office equipment, your assessment may be brief and limited to the effect on disabled people. You may exercise functions that have no equality impact, but it may then be useful to note that you took the duty into account and did not consider it relevant.

When assessing the equality impacts of a decision, organisations should consider the positive and negative impacts, not just the negative. For example, policies designed to support integration and community cohesion may have a positive impact across a population, even if not targeted at any one group.

“Eliminating unlawful conduct prohibited by the act” means eliminating discrimination, harassment, victimisation, failure to make reasonable adjustments and any other conduct that is prohibited by or under the act.

“Advancing equality of opportunity” means having due regard to the need to:

- remove or minimise disadvantages suffered by people due to their relevant protected characteristics
- take steps to meet the different needs of people who share a relevant protected characteristic
- encourage participation in public life or any other activity by underrepresented groups
- take steps to meet the different needs of disabled persons

Considering people’s different needs and taking steps to meet those needs can be relevant to avoiding indirect discrimination. There are specific provisions in the act about making reasonable adjustments for people with disabilities.

Northern Ireland

Northern Ireland is not covered by the same Public Sector Equality Duty legislation as the rest of the United Kingdom, and has its own statutory duties on public authorities, required by Section 75 of the Northern Ireland act 1998.

The regulation of the implementation of these statutory duties is covered by the Equality Commission for Northern Ireland.

Statutory duties

In the Agreement reached between Governments and political parties in April 1998, the section dealing with Rights, Safeguards and Equality of Opportunity included a commitment to a statutory obligation on public authorities. This was then implemented through the Northern Ireland Act 1998.

Under Section 75 of this Act, public authorities must have due regard to the need to promote equality of opportunity:

- Between people of different religious beliefs, political opinion, racial group, age, marital status, or sexual orientation.
- Between men and women generally.
- Between people with a disability and people without; and
- Between people with dependents and persons without.

Public authorities must also have regard to the desirability of promoting good relations between people of different religious beliefs, political opinions, or racial groups.

Equality schemes

Most public authorities in Northern Ireland plus cross border bodies and a number of UK wide public authorities have had to produce an equality scheme. Each public authority must have an equality scheme in place, as both a statement of its commitment to the statutory duties and a plan for performance on the duties. Public authorities must also assess the equality impact of their policies and publish the outcome of such assessments.

Impact on policy

If a public authority´s assessment of the impact of a policy shows a possible "adverse impact" on any group, it must consider how this impact might be reduced, and how an alternative policy might lessen any adverse impact the policy may have. The public authority must also show that it has considered how any alternative policies might better achieve the promotion of equality of opportunity.

Appendix 3

Legal Requirements on NHS England under the Freedom of Information Act

The Freedom of Information Act requires all UK public authorities—such as government departments, local councils, the NHS, and publicly-owned companies—to release recorded information upon request. Covered bodies are legally obligated to maintain a publication scheme, respond within 20 working days, and provide advice to requesters.

Core Requirements for Public Bodies

- Duty to Confirm or Deny:
  Authorities must state in writing whether they hold the requested information.
- The 20-Day Limit:
  Responses must be issued promptly, and no later than 20 working days following the date of receipt.
- Advice and Assistance:
  Organisations must provide reasonable help to individuals making, or wanting to make, an FOI request.
- Publication Scheme:
  All public authorities are legally required to proactively publish and maintain a scheme detailing the types of information they routinely make available.
- Fees and Costs:
  Requests are usually free, but an authority can refuse a request or charge a fee if the cost of finding and extracting the information exceeds the appropriate limit (e.g., £450 for central government; £600 for most local authorities/schools).

Exemptions

Public bodies are not forced to disclose everything.

- They can withhold information using either absolute exemptions (e.g., information accessible via other means, or sensitive personal data) or
- Qualified exemptions (e.g., information affecting national security, commercial interests, or formulation of government policy).

Qualified exemptions require the authority to conduct a public interest test to determine if the benefit of withholding the information outweighs the public's right to know.

FOIA Exemptions Used by NHSE and many other NHS bodies

NHS England and other bodies within the NHS use Section 40(2) of the FOIA to redact data.

Section 40(2) of the UK Freedom of Information Act 2000 (FOIA) is an absolute exemption that protects the personal data of third parties (living individuals other than the person making the request). It prevents the disclosure of information if releasing it would breach UK GDPR and Data Protection Act 2018 principles.

To rely on Section 40(2), the requested information must meet a simple two-pronged test:

1. Is it personal data? It must relate to a living individual who can be identified from the information.

2. Would disclosure breach data protection rules? Releasing the data must contravene one of the data protection principles. The most commonly breached principle is *Principle (a)*: processing (in this case, disclosing to the public) must be lawful, fair, and transparent.

Because it is an absolute exemption, public authorities do not have to conduct a "public interest test" to decide whether to withhold the information.

For further information on how the NHSE application of the above exemption has impacted this research please see the Methodology section above.

Appendix 4

About the Author

Sheila Cunliffe FCIPD is a director-level People, OD and EDI professional with over 35 years of experience in the Health, Education, Public and Not for Profit Sectors. She is the Director of Citou Consulting.

Sheila began her independent research programme in 2021 by investigating racism in recruitment in the 18 Acute NHS Trusts in London (having done similar research in-house whilst working for individual trusts). The research, titled 'Corporate Gaslighting - Race Recruitment and Denial in the NHS' was published in October 2021 and has now become a longitudinal research project. As of July 2026 Sheila is completing a 'Five Years On' analysis of this data.

Sheila has also undertaken and contributed to other research projects relating to the NHS Workforce. These reports and associated media coverage can be found at: citou.com/research-and-resources

All Sheila's work on this research is carried out on a pro-bono basis.