About the Principles for anti-racism

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This document presents principles developed by the Nursing and Midwifery Council to support anti-racist practice across education and professional settings in midwifery and nursing.

Formats

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As well as reading the principles online you can download them.

- Anti-racism principles for education and practice PDF 1.7 MB
- Darllenwch yr egwyddorion (Cymraeg) PDF 1.6 MB
- Gap analysis tool XLSX 14.0 KB

Context

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Persistent inequities and inequality in experiences and outcomes continue to affect racially minoritised service users, students, and registrants, driving the urgent need to enable and strengthen anti-racist practice, bias awareness, cultural safety, curiosity and respect across education and practice for all health and care professionals.

Health outcomes for people receiving care

Evidence from UK research, including the NHS Race and Health Observatory, the Race Equality Foundation, The King's Fund and the Workforce Race Equality Standard, demonstrates that racism, unconscious bias, and lack of cultural safety have direct and measurable impacts on health and care outcomes.

We know that Black, Asian and ethnic minority women and their children are more likely to die or suffer harm during pregnancy, childbirth or after the birth. Racially minoritised service users experience poorer access to services, delays in diagnosis and treatment, and lower quality interactions, including not being listened to or having concerns dismissed.

One example of a particularly pernicious racist stereotype, often openly voiced in maternity services, is that Black women 'don't feel pain' or 'have a higher pain threshold.' This demonstrates how everyday bias can cause avoidable clinical harm, worse outcomes and perpetuate racialised inequities.

Racially minoritised groups are disproportionately affected by these conditions and by the wider determinants of health, including housing, employment, and access to care.

Collectively, the evidence from the NHS Race and Health Observatory, the Race Equality Foundation, the Marmot Reviews, the NHS Workforce Race Equality Standards, the King's Fund and MBRRACE-UK shows that racism, bias and culturally unsafe health and care environments are not only issues of experience, but are associated with increased mortality, greater disease burden, poorer patient safety, and sustained inequalities in health outcomes, representing a significant but avoidable impact on individuals.

The key impacts on health outcomes include:

1. Maternal and infant mortality: Disparities remain significant, unjust and unfair. According to MBRRACE-UK, Black women are 2.3 times as likely to die from pregnancy-related causes during childbirth or within six months postpartum as White women, and Asian women are 1.3 times as likely. The figures also show that Black babies are more than twice as likely to be stillborn as White babies, and Asian babies are about one and a half times as likely. Neonatal mortality rates are also higher: Asian and Black babies are around one and a half times as likely to die after the birth (in the neonatal period) as White babies.

2. Mental health and psychological distress: Repeated exposure to racial discrimination is significantly associated with high levels of psychological distress, increased rates of mental ill health, poorer recovery outcomes, and often a deep mistrust of mental health services.
3. Chronic diseases: Ethnic health inequalities are associated with earlier onset and increased severity of long-term conditions such as hypertension, diabetes, and cardiovascular disease. By their 40s and 50s, many Black and Asian people exhibit health conditions typical of their much older, White counterparts. This is alongside evidence of under-treatment, delayed care-seeking due to fear of discrimination, and reduced trust in services.
4. Inequalities in care and life expectancy: People from racially minoritised groups often report poorer experiences at GP surgeries, lower satisfaction with services, and are less likely to receive acute care. Additionally, individuals with learning disabilities from racially minoritised backgrounds face a 190% increased risk of premature death compared to their White counterparts.
5. Inequitable care outcomes can be exacerbated by intersectional factors: Social determinants, such as deprivation, being subject to domestic abuse or being LGBTQ+, can also be factors leading to poorer health outcomes.

Workforce

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These principles apply across all sectors where registrants work including independent and private providers, social care, and the agency workforce. The expectations, accountability and support are consistent for all registrants regardless of setting.

Within the health and social care workforce in the UK, evidence suggests that racism, unconscious bias, and lack of cultural safety have significant and measurable impacts on staff experience, wellbeing, progression and retention across health and social care.

Data from The King's Fund report (2026) and the NHS Workforce Race Equality Standard consistently demonstrate that staff from racially minoritised backgrounds experience substantially higher levels of discrimination, bullying and inequity, both from colleagues and service users.

These experiences have clear impacts on staff and organisational culture including poorer psychological safety, reduced wellbeing, and reduced levels of staff engagement, in a culture where racism has been described as "deeply entrenched and normalised." Overall, the evidence demonstrates persistent disparities in recruitment, progression, and experiences of discrimination for racially minoritised staff, which are widely understood to reflect the impact of structural racism and implicit bias within organisations.

Our latest annual insight report, published in February 2026, focused on the professionals on our Register, gathering information from 37,961 registrants. 40% of respondents said they had experienced discrimination, most often on the grounds of ethnicity or age. This is particularly concerning given that the NMC Register is more ethnically diverse than ever – a third of the UK workforce at 33.2%. These findings are a stark reminder of the urgent need to tackle unacceptable behaviours that drive people out of the midwifery and nursing professions. Research suggests that structural racism is still deeply embedded, and the pace of change in reducing health inequalities remains slow.

These behaviours, in any setting, directly contradict the standards set by the NMC.

While AEIs increasingly seek to decolonise curricula and improve cultural responsiveness, progress remains variable, highlighted by inconsistent leadership, competing priorities and uneven implementation.

How we developed the principles

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The NMC anti-racism principles have been developed through the following process:

- Support of expert reference groups and critical readers with members from the four UK nations
- Consideration of NMC evidence, current health and social care reports and drawing upon research and evidence-informed practice around cultural safety and the importance of anti-racist care in improving health outcomes for racially minoritised groups
- Stakeholder engagement with professionals and service users who work in, influence and support anti-racist practice, bias awareness, and cultural safety, curiosity, and respect.