Expectations for the anti-racism Principles

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In this guide

- 1. Partnership – the public, patients, service users, their families, and communities
- 2. Care provider organisations – employers, practice placement partners
- 3. Registrants – professionals on the NMC Register
- 4. Midwifery and nursing students
- 5. Approved education institutions (AEIs)

These expectations place anti-racist practice at the core of safety, quality, and governance. They support the delivery of equitable, culturally safe, curious, respectful, anti-racist practice across education and professional settings.

This section is for people receiving care, provider organisations/practice learning settings, registrants, midwifery and nursing students, and AEIs.

We recognise that individuals can fulfil many of these roles at once – for example, a registrant can also be a service user, and an employer. Individuals should consider the principle or principles that most apply at the time, acknowledging that context may change this position.

1. Partnership – the public, patients, service users, their families, and communities

Back to top

Services should be designed and delivered in partnership with the people who use them, ensuring that all engagement is ethical, respectful, and informed by an understanding of equity.

Expectations:

- Engagement with communities – particularly those experiencing inequities – should be trauma-informed, respectful of cultural and personal choices, and being mindful of individual context and experience of health care and care services and sectors
- Practices such as care and support of bereaved families should actively avoid retraumatisation and promote autonomy, recognising that bereavement may look different for different groups and that cultural norms may dictate how loss of life is handled
- Collaboration with individuals, families and communities should be prioritised to support improved outcomes
- Models of care that support the building of trusting relationships (relational continuity) should be supported where appropriate
- Learning materials and curricula should be developed to reflect that service users will come from a diversity of communities, with differing needs, ensuring that messages are delivered in a way that reflects individual communities' learning methods, recognising that not all communities are written language users.

2. Care provider organisations – employers, practice placement partners

Back to top

Organisations hold responsibility for ensuring the environments in which care and learning take place are equitable, inclusive, and culturally safe.

Expectations:

- Organisations should examine and address structural biases that influence behaviours and outcomes
- Organisations should understand that anti-racism is core business, not a project or short-term and needs investment in the resources, capability, and infrastructure required to implement anti-racism effectively
- In consideration of the experiences of internationally educated registrants, barriers to equitable care and staff progression should be removed
- Fair and equitable access to learning, support and professional development should be promoted
- Practice learning environments should model anti-racist practice, bias awareness and interruption, and cultural curiosity, safety and respect, recognising and addressing discrimination and inequity that can occur across professional boundaries and multidisciplinary teams
- Organisations should implement clear expectations, enforce and outline consequences for racist behaviour, making it clear that it will not be tolerated and use data effectively to demonstrate progress and impact over time
- Strong partnerships with AEIs should be enabled to ensure inclusive, culturally safe learning. In practice settings, students should be exposed to a diversity of individuals, with a variety of perspectives and contexts
- Practice supervisors and assessors should model inclusive behaviours and evidence-based care

- Power imbalances, inequity, racism, and other discrimination experienced by students on placement should be addressed
- Providers should support just and reflective learning cultures that avoid blame while maintaining accountability
- Safe channels for speaking up and raising concerns about discrimination or unsafe practice should be developed and embedded. Organisations should create environments where speaking up is safe and should protect individuals, particularly racially minoritised students and early career professionals from retaliation or disadvantage
- Team cultures should be respectful, inclusive and value diverse voices
- Workforce wellbeing should be prioritised, particularly in emotionally demanding settings
- Organisations should demonstrate inclusive, accountable leadership with clear implementation pathways
- Incidents of discrimination or inequity should be documented, captured in data, and actively addressed
- Regular self-reporting, gap analyses, and quality improvement actions should be undertaken
- Organisations should contribute to sector-wide leadership, collaboration, co-production, and shared ownership. This includes working collaboratively across regulators, professional bodies, governments, and communities to align expectations, share learning, and strengthen collective impact
- Organisations should publish actions and progress on racial inequity within their own quality metrics.

3. Registrants – professionals on the NMC Register

Back to top

Registrants are expected to uphold inclusive, culturally safe, anti-racist practice in line with professional standards and regulatory expectations.

Expectations:

- Registrants should proactively challenge racist stereotypes such as 'Black women don't feel pain' or 'Black women have a higher pain threshold,' or sickle cell sufferers' pain being classed as drug seeking behaviour. These stereotypes can lead to service users receiving care that is not culturally sensitive nor individualised or person-centred, resulting in inferior care
- Registrants should value lived experience, placing individuals at the centre of care
- Registrants should demonstrate ongoing self-reflection, cultural humility, and openness to diverse perspectives
- Registrants should engage in ongoing learning, reflection, and professional development to support continuous improvement
- Conscious and implicit bias should be recognised and challenged both by the individual and registrants and they should act in ways that challenge racism
- Individuals should challenge inequitable practice wherever it occurs
- Concerns regarding unsafe or inequitable sectors should be escalated and reported
- Registrants should recognise trauma and its impact on service engagement
- Registrants should recognise intersectionality and address its impact on care, adapting care so that it is personalised and person-centred
- Registrants should ensure that care supports autonomy and avoids retraumatisation
- Registrants are accountable for their practice, including obligations regarding equality, diversity, and inclusion and they must ensure that their practice always reflects this.

4. Midwifery and nursing students

Back to top

Students should be supported to develop the knowledge, skills, and behaviours for anti-racist practice to enable them to practise safely, inclusively and with cultural humility.

Expectations:

- Students should be supported to identify gaps in cultural knowledge and develop bias awareness.
- Students should be learning in practice environments which are anti-racist, bias aware and culturally safe and should raise concerns where this is not the case
- Psychological safety should enable cultural curiosity, meaningful feedback, and reflective and reflexive supervision for students and this should be demonstrated through regular reporting and assurance mechanisms
- Students should have access to safe channels for speaking up about discrimination and unsafe practice, for example through Speak Up Guardians or the NMC's Raising Concerns policy. Students should be made aware of this at each learning placement by the provider and where this is not the case, students should speak to academic staff
- Students should actively develop cultural awareness, curiosity and understanding through exposure to diverse communities, perspectives and lived experiences, recognising that the populations they encounter during training may differ from those they will support in future practice. They should value diversity and reflect on how limited exposure, or understanding may contribute to unconscious bias and inequitable care
- Students should try to engage in opportunities to share experiences, raise concerns, and be heard through regular, confidential listening opportunities with senior leaders (e.g. Chief Nursing Officers/Chief Midwifery Officers) where these are offered
- Students can expect assessment processes that are fair and minimise bias
- Students can expect that placement environments should address and mitigate unhealthy power dynamics between educators and

learners, including psychologically unsafe learning environments. Where this is not the case students should raise concerns with academic staff
- Students are expected to practise with cultural curiosity and respect, ensuring that they are supporting personalised patient-centred care.

5. Approved education institutions (AEIs)

Back to top

AEIs have a central role in ensuring that curricula, assessment, and learning environments equip future professionals to deliver culturally safe, equitable and anti-racist care.

Expectations:

- AEIs should proactively educate students about the damage that results in health care through the tolerance of racist stereotypes, such as 'Black women don't feel pain' or 'Black women have a higher pain threshold,' sickle cell sufferers' pain being classed as drug seeking behaviour, the higher prevalence of racially minoritised service users being sectioned under the mental health act and low pain thresholds being linked to other racially minoritised groups
- AEIs should provide opportunities and time for students to develop cultural humility, bias awareness and an understanding of privilege and intersectionality
- AEIs should ensure students are exposed to diverse communities, cultures and lived experiences throughout education and practice learning, recognising that local populations may not reflect the diversity of the wider population. Programmes should proactively develop cultural awareness, curiosity and understanding to reduce the risk of future bias arising from limited exposure or experience
- AEIs should examine and address structural biases within educational sectors
- AEIs should make proactive interventions to interrupt and challenge race bias. Learning content should use contemporary resources as tools to inform learning, such as the short film 22+1, to reflect diverse communities and avoid narrow or dominant models of health
- AEIs should also ensure education around privilege and intersectionality to embed understanding of anti-racism and equality principles more widely
- Academic staff should be equipped to model inclusive practice and support cultural safety and respect within education
- Academic staff should be reflective of their communities. AEIs should ensure wherever possible that their academic staff are reflective of the diversity within their local communities
- AEIs should ensure fair assessment processes and prioritise psychological safety and wellbeing in learning environments
- AEIs should undertake ongoing monitoring, evaluation, and data driven improvement of student outcomes
- AEIs should collaborate with sector partners, recognising that health and care is delivered by multi-professional teams, to promote equitable standards and share good practice
- Individuals involved in education and supervision should act fairly and without bias. Organisations should identify and address racial inequities in recruitment, teaching, supervision, assessment, progression, and disciplinary processes
- Awarding gaps, progression decisions, and differential attainment should be recognised, measured, addressed, and reported.