

Barriers to global majority progression as advanced practitioners in the NHS within the East of England

ABSTRACT

Background: The NHS continues to employ an increasing number of advanced practitioners; however, very few of them are from the global majority. **Aims:** To better understand the barriers to practitioners from the global majority becoming or progressing as advanced practitioners. **Methods:** A purposeful sample of stakeholders from different roles (advanced practitioners from the global majority, organisational advanced practitioner leads and higher education institution advanced clinical practice programme leads) completed semi-structured interviews. Interviews were analysed using a qualitative exploratory approach employing thematic analysis, guided by an established framework. **Findings:** Sixteen participants completed this study: eight advanced practitioners, five organisational advanced practitioner leads and three higher education institution advanced clinical practice programme leads. Three overall themes related to the work experience, recruitment process and career progression, and suggestions on how to address these issues, emerged. The need for more accurate information about the numbers of advanced practitioners from the global majority was highlighted. **Conclusions:** The participants described several barriers to people from the global majority becoming or progressing as advanced practitioners and several factors that could positively influence career development.

Key words

advanced practitioners, barriers, career development, global majority, national health service

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The NHS is increasingly employing advanced practitioners (APs) (Stewart-Lord et al, 2020) to reduce hospital admissions, improve service efficiencies, improve continuity of care and increase patient satisfaction (King et al, 2017; Dawson, 2018; Fothergill et al, 2022). Evidence suggests that there has been a widening of disparities in the equality, diversity and inclusivity (EDI) of healthcare professionals progressing into advanced roles and leadership positions (Kline et al, 2017; Hussein, 2022), and that staff from the global majority are less likely to access training opportunities compared with other staff members (NHS England, 2023).

Furthermore, it remains a challenge for employers to ensure that recruitment processes reflect and represent a diverse cultural workforce (NHS, 2021; NHS England, 2021). Additionally, NHS staff from global majority backgrounds often report poor experiences of career progression (NHS England, 2023).

National-level policies and procedures have been implemented to address some of the biases and disparities encountered by global majority staff. However, there is an inadequate understanding of barriers that may be preventing people from global majority from becoming or progressing as APs. NHS England East of England (EoE) Faculty for Advancing Practice commissioned this study to explore the perceived barriers to career development of individuals from a global majority who work as APs across the region.

Aims

The study aimed to:

- 1 Identify perceived barriers to career progression for global majority staff working in AP roles
- 2 Explore the challenges that line managers of global majority APs experience in managing and developing staff members
- 3 Explore the challenges experienced by AP programme leads working within higher education institutions when supporting global majority APs
- 4 Make recommendations to support the development of global majority APs across the NHS.

Methods

A qualitative exploratory design was used to explore the perceived barriers and experiences impacting the career progression of APs from global majority backgrounds. This approach allowed for in-depth exploration of participants' perspectives in their specific professional contexts (Ritchie and Spencer, 2002).

Sample

A targeted purposive sample of 25 participants from different roles were selected for this study (APs from a global majority, managers supporting APs and

academics leading AP programmes within higher education institutes (HEIs). Several issues were explored when considering the sample size, such as the homogeneity of the workforce and the need for the participants to be representative (Fusch and Ness, 2015).

Recruitment process

The lead researcher presented an outline of the study to the EoE Integrated Care Systems AP Faculties and to the Joint NHS England HEI AP Network. This allowed for the distribution of the study information (participant information and consent form) via relevant groups. Individuals who wished to participate in the study contacted a member of the research team via email, and an invitation was sent for them to take part in a semi-structured interview (Figure 1).

Semi-structured interviews

Semi-structured interviews were used to collect data as they allow for a guided but flexible conversation (Bryman, 2015). A schedule of questions was developed, based on the literature. The interview schedules served as flexible guides rather than strict scripts, allowing interviewers to prioritise questions that were most relevant to the participant and probe responses in detail. This approach ensured rich and meaningful data.

Interview schedules were tailored for each participant group to reflect their differing roles and perspectives. Interviews were conducted via Microsoft Teams and lasted approximately 30 minutes on average, although their actual duration varied according to the depth of discussion. Consent to record the interviews was obtained from the participants and interviews were transcribed by members of the research team.

Following the interviews, to support credibility and reduce bias, the authors followed guidelines outlined in Nowell et al (2017). Interview transcriptions were returned to the participants for checking and were

then cross-checked by members of the research team; revisions were made as requested.

Data analysis

A thematic analysis was conducted to identify the emerging themes from the interviews using the framework developed by the National Centre for Social Research (Ritchie and Spencer, 2002). Each researcher independently annotated the interview transcripts and identified the prominent and unifying themes. Any differences between the proposed themes were systematically examined to resolve differences in coding. These steps were undertaken to enhance the trustworthiness of the data analysis and interpretation.

Ethical considerations

The study was conducted in accordance with research governance framework recommendations and received a favourable ethical opinion from a local university research ethics committee (REF: RETH(S)22/O50).

Results

A total of 16 participants took part in the study. It became apparent after 14 interviews that data saturation had been reached, so there was no need to continue recruitment, but since two other participants had already been invited to an interview, the final number of interviews conducted was 16:

- APs from a global majority ($n=8$)
- Organisational AP leads (OAPL) ($n=5$)
- HEI MSc advanced clinical practice programme leads (ACPPL) ($n=3$).

The eight APs who participated in the study were all from the global majority and included five females and three males, aged between 34 and 58 years. All five OAPL and three ACPPL were White British and female, aged between 32 and 50 years. The following overall themes emerged from data analysis:

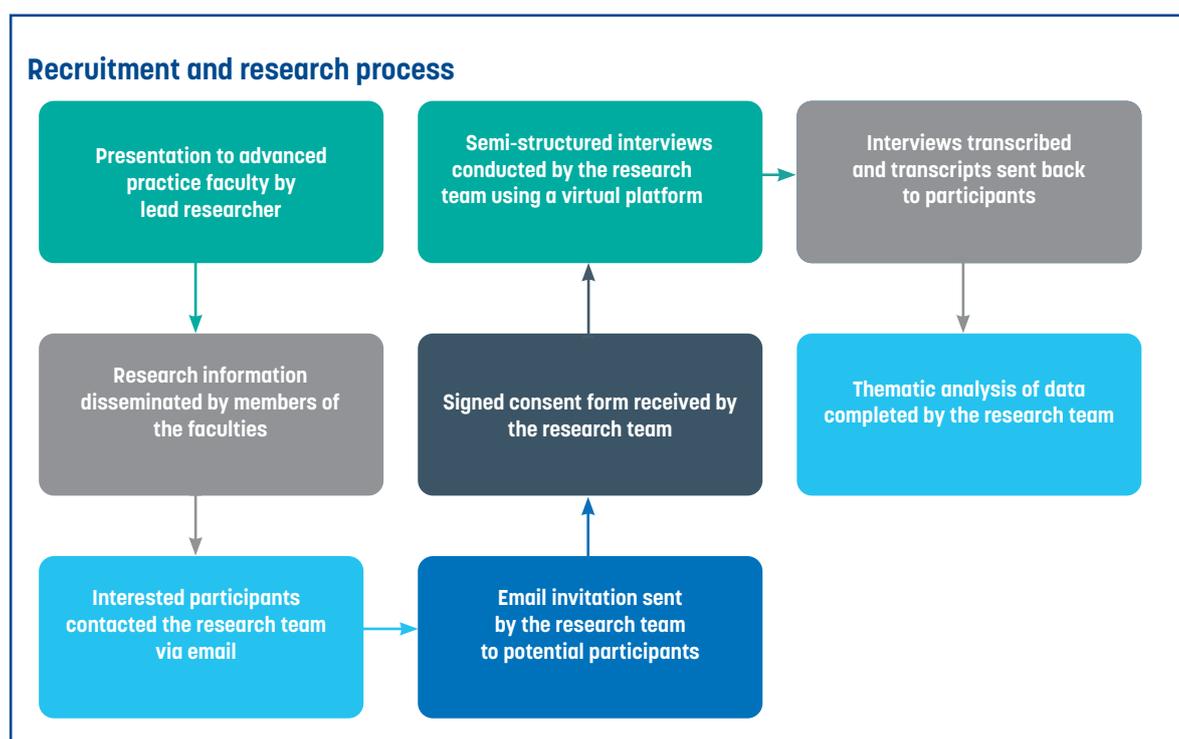


Figure 1. Recruitment and research process.

Box 1. Illustrative quotes for theme 1

Recognition and training-related issues

'It is challenging because for a person of colour, there is too much pressure to do well. When you are led by White colleagues, you have to give 150% or 200%. What the others don't realise is we put a lot of pressure on ourselves and make sure we do well' (AP1).

Workplace harassment

'There have been times when I have experienced harassment at work. I recall on one occasion I was sneered at in a meeting when I gave my opinion on a service improvement' (AP2).

'I have not experienced any discrimination from the management and colleagues, but from patients. Sometimes patients can be rude, and they can make complaints without valid reasons simply because you are an outsider in their eyes' (AP4).

'We get different nationalities and people might share that culture and engage together. And it blends things together really nicely. I think having that and a friendly nature to learn and share with each other really makes a difference, doesn't it? I can't say that I've seen any [discriminatory] situations.' (OAPL3)

'Every day we hear racist comments like I want to be seen by an English-speaking person. She needs to go back to the mountains where she belongs, or she needs to go back to her country, or I don't want to be seen by that person with an accent, or I don't want to talk to this nurse because I can't understand her English. Make sure when you use the microwave, clean it up properly because your food smells...even though your White colleagues say racism doesn't exist, microaggression is very much there' (AP5).

Pay

'Our salary is set by agenda for change pay scales so there's no difference in the pay I get compared to my other ACP colleagues' (OAPL6).

'There's certainly no difference in pay scales in our organisation. It's based on merit and performance, and the NHS pay scales, so there's not a lot of flexibility within that to pay differently' (OAPL1).

ACP: advanced clinical practice; AP: advanced practitioner; OAPL: organisational advanced practitioner leads

- Work experience of APs from the global majority
- Factors impacting recruitment and career progression of APs
- Suggestions on how to address the issues and encourage more people from the global majority into AP roles.

Some illustrative quotes from the study participants are provided in the main text and further quotes are provided in Box 1, 2 and 3.

Theme 1: work experience of APs from the global majority

The first theme relates to the work experience of APs and the observations of OAPL and ACPPL, and is broken down into several subthemes. For almost all the subthemes, there was a significant contrast in the answers provided by the APs compared to those from the OAPL and the ACPPL (who were not from a global majority).

Recognition and training-related issues

Several of the APs had difficulty accessing training opportunities, and some of them had to work much harder than their colleagues from a non-global majority background to get recognition at work and to receive training opportunities.

'I wished to pursue my Master's programme and an opportunity to do so was offered to everybody in a team meeting. I spoke to my line manager right after the meeting to express my interest. I was told I would have to wait and see who else was interested in completing it. A few weeks later, the opportunity was offered to two White colleagues without any further discussion with me' (AP1).

In contrast, the OAPL and ACPPL felt that individuals from a global majority were not treated differently and had the same training opportunities. Participants noted that there was a lack of data regarding the numbers of

APs from global majority and this information would be helpful for recruiting or supporting individuals getting onto academic programmes.

'From my knowledge, when I've asked about data on individuals from an EDI background, I have been told they don't have that data. So, I think this is a challenge' (ACPPL4).

Workplace harassment

Some AP participants commented that they were exposed to harassment indirectly and that witnessing harassment was a daily experience in NHS settings. Other participants spoke about experiencing harassment and racism from patients, colleagues and managers.

'Every day we hear racist comments like I want to be seen by an English-speaking person. She needs to go back to her country, or I don't want to be seen by that person with an accent, I can't understand her English' (AP5).

In contrast, the OAPLs and the ACPPLs, some of whom were from the same institution as the APs, said that they were not aware of harassment of individuals from the global majority.

'I don't believe that they have found it more difficult than the rest of us, or so I hope' (OAPL2).

Pay

All participants suggested that ethnicity did not impact pay, however, some of the participants commented that as APs they struggled financially irrespective of their background.

Theme 2: factors impacting recruitment and career progression

Participants noted several factors which impacted on the recruitment and career progression of individuals

Box 2. Illustrative quotes for theme 2

Individual factors

'There are things that get in the way, all the usual things like family responsibilities; you feel you've not got the time, the support at home' (AP5).

'Cultural attitudes that we (Asians) have can be a barrier. As Asians, we tend to back off and become slow to respond to anything, and not speak much. Also, I don't use social media much. I don't post on Facebook because I have a busy schedule. At home, I have a husband and three children and these things may be pushing us a bit, but that doesn't mean I am not a social person' (AP4).

'If I look at my own personal experience, I think I have that drive too, because I have that desire to improve myself' (AP6).

'I do think if English isn't your first language...for instance, people have great clinical knowledge and vast experience and ability, but find it difficult to then think in multiple languages to get that down on paper...it is often something they can probably talk really well about but really struggle to come across in an academic environment' (OAPL 5).

Organisational factors

'For us it would be based on their ability and their willingness to progress, they could choose, it would be based on merits, and not on ethnicity' (OAPL1).

'In terms of EDI aspect within that, I guess it hasn't been a conscious process. Decision to include people because of their ethnicity is not the case' (OAPL2).

'There is an advanced practitioner organisational governance team, but they have not undertaken an equality impact needs and requirements assessment' (OAPL3).

'As far as I am aware and what I observe in my place of work, EDI is not considered for recruitment' (AP5).

'We make sure that all our students have wide range of facilities available, and several kinds of training if they want to develop IT skills, language skills, these facilities are available. We have a multicultural environment within HEIs, and this can benefit people from an EDI background' (ACPPL2).

'I have supportive line managers which is really important to me, and I am grateful to them for allowing me progress in my career' (AP2).

'Even though I am a person of colour, I was given the opportunities to actually develop myself. Hence, I'm doing this master's pathway...I was lucky enough to have very understanding, very generous and fair line managers that would, you know, give everybody that equal opportunity' (AP6).

'Yeah, we all know that students from minority background can face more challenges, so that they may struggle with their previous qualifications and getting accreditations comparable to their colleagues who are White' (ACPPL2).

ACPPL: advanced clinical practice programme leads; AP: advanced practitioner; EDI: equality, diversity and inclusivity; HEI: higher education institute

from the global majority. These factors are divided into individual and organisational factors.

Individual factors

Several participants reported on how language, cultural and family-related matters can impact the career progression of APs from a global majority. Some participants reported that having positive and flexible attitudes, self-motivation and dedication can also impact the career progression of APs from a global majority.

'I am honest, I work very hard and keep my attitude right. I make sure that I do things that are needed. I treat everyone with care, and I am always polite, and do my jobs well. I am very trustworthy, and my managers have faith in me' (AP2).

Organisational factors

Some APs noted several organisational factors that impacted their career progression, such as:

- Supportive managers and good work relationships
- Lack of recognition and validation of previous qualifications (however, there was some contrast between the perceptions of the OAPL and ACPPL and the APs on this point)
- Limited representation of managers and colleagues from the global majority to act as role models
- Insufficient, readily available information about how to progress in their career
- Limited access to and poor recognition of AP roles in general
- Global majority-relayed issues, such as

cultural differences and language nuances, not considered during recruitment.

'There are many challenges; I think it's bad that there are not many managers from an overseas background' (AP4)

Theme 3: suggestions on how to address the issues and encourage more people from the global majority into advanced practitioner roles

Support and leadership

Some participants suggested that changes in management could increase the number of global majority staff, particularly in senior management and strategic roles. Suggestions included:

- Having more global majority staff in management positions
- Provision of equal treatment and respect to all staff and stamping out harassment
- Provision of high-quality support.

'Managers should act proactively to reduce possibilities of discrimination and harassment happening at all levels in the organisation' (AP6).

Improved role clarity and training and opportunities

Participants highlighted the need to increase awareness of the AP role and the inequalities that global majority staff face when trying to access these roles. The inequalities that the participants identified included lack of training and opportunities to enhance their

academic qualifications and the need for support from line managers locally, regionally and from HEIs.

Some participants also thought that better data are needed to encourage more people to take up AP roles. Some participants suggested that enhancing procedural fairness could allow global majority staff to better progress in their careers.

'Lack of information can be an issue for global majority staff, regarding how they can progress in their careers...' (AP4).

Discussion

The current study explored the barriers that may be preventing people from the global majority from entering AP roles or progressing in such roles in the NHS within the EoE. The findings suggest that APs from the global majority perceived or experienced discrimination and harassment from managers, patients and colleagues.

This echoes previous research which found that global majority staff experience a lack of respect and dignity at work, institutional and structural racism and unconscious bias (Birks et al, 2017; Howells et al, 2018; Joseph, 2019).

Furthermore, previous studies have suggested that NHS staff from a global majority were more likely to experience bullying and harassment from patients than their non-global majority colleagues (Howells et al, 2018, Qureshi et al, 2020). Most participants suggested that managers can attempt to minimise such incidences by creating a positive atmosphere at work, becoming role models and ensuring that everyone is treated with respect and fairness (Patrick and Kumar, 2012; Henke, 2018).

The results also revealed several factors which impacted experiences of career progression and recruitment of APs from the global majority. Participants said that individual factors, such as family support and financial constraints, play an essential role in career development. Participants also said that individual factors, such as personal motivation, hard work, a flexible approach to work and their ability to maintain a good work ethic and positive attitude at work allowed them to succeed and progress in their career.

A key organisational factor that participants highlighted as being essential to career progression was having supportive managers and support from the HEIs. Many of the APs spoke negatively about their experiences of support, but two participants were very positive and frequently spoke about how they felt well supported by their managers.

The introduction of a compassionate leadership approach for all NHS leaders may help to provide the support necessary for staff as its aim is to encourage leaders to take care of themselves and their people (Dawson, 2018). Ideally support from managers should include listening to career goals and aspirations as part of personal development reviews. However, it was evident from the responses of the APs that they perceived this process to be a tick box exercise. In contrast, the OAPL described how they actively participated in individual appraisals and identified both organisational and personal goals with their direct reports. This suggests that there may be different experiences between managers and staff which could be improved if there was a review of how professional development conversations are conducted and expectations about the process and outcomes are shared and agreed by both parties.

Box 3. Illustrative quotes for theme 3

Support and leadership

'Ideally, all managers should be honest, act as a role model to treat everyone with fairness, honesty, and respect...I think there needs to be more transparency and that everyone should have a voice and equal opportunity to apply for, and have access, to courses' (AP2).

'Get more advanced practitioners from an EDI background so they can be seen as role models, inspire others and create supportive networks showing possible career pathways, specially at regional level. I think decolonising the curriculum can be a contributing factor' (ACPPL2).

'Career progression for EDI staff can be supported when they are given more recognition and opportunities to develop within their roles by the management. Genuine intentions of management staff can contribute towards recognising values such as providing equal opportunities for senior leadership roles for all' (AP3).

Improved role clarity and training and opportunities

'Managers can recruit more global majority staff and provide more training for staff from an EDI background, specially train them for senior roles, and allow them to progress to senior leadership positions' (AP3).

'Individuals can be supported through regional networking, and opportunities for career development should be available for global majority staff; managers should create supportive environments to allow this development' (AP1).

'Make sure additional funds are available for staff, and that global majority staff are given opportunities, and that they are allowed to attend training programmes by allocating time for these' (AP6).

'I think the big thing is that we need to know our workforce, who they are and where the gaps are and why we've got those gaps. I feel we've got a massive blind spot in our knowledge at the moment' (OAPL3).

ACPPL: advanced clinical practice programme leads; AP: advanced practitioner; EDI: equality, diversity and inclusivity; OAPL: organisational advanced practitioner leads

Participants said that there was a need to have greater global majority representation in all recruitment and governing committees since this could enhance the experience of individuals from the global majority and demonstrate commitment to an inclusive culture. There is evidence that White applicants are more likely to be appointed following a shortlisting process, compared with applicants from the global majority (Kline et al, 2017; Heath and Di Stasio, 2020). Additionally, the results revealed that there was a lack of representation from the global majority in senior roles, such as APs, which is supported by existing research (NHS 2023; NHS England, 2023). Despite the number of people from the global majority in senior roles almost doubling between 2020–2021, they only represent 12.6% of NHS board members (Torjesen, 2022).

Additional challenges noted by APs included difficulties in getting overseas qualifications validated in the NHS system (Bhat et al, 2014). Participants also noted the lack of preparation for working in an unfamiliar healthcare environment, communication challenges, especially with patients, and that conflict between their normal social and cultural practices often provoked insecurities and anxiety, meaning that they may be reticent in pushing themselves forward for promotion

or professional development. Interestingly, the OAPL and ACPPL did not mention or recognise any of these challenges as being a problem for global majority staff as they perceived that everyone was treated equally.

Some initiatives have been implemented to improve the experience of international professionals, especially nurses. However, internationally educated nurses still face challenges both in the workplace and in settling into an English way of life, and often report unequal treatment (Lanada and Culligan, 2024). Therefore, there is still a need for the NHS to improve the transitioning of international staff.

Some participants said that lack of information regarding training opportunities was a barrier for them as they only heard about training by chance. Participants felt that improving the provision of information and educational opportunities could increase the number of global majority APs. Previous research shows that White staff have a higher relative likelihood of accessing training opportunities compared with their global majority counterparts (NHS England, 2024). Research also suggests that equal policies are beneficial to facilitating training equality in the workplace (Hudson et al, 2017) and that decolonising the curriculum, so that curricular culture reflects the variety of experiences and backgrounds of students, could be beneficial (Shahjahan et al, 2021).

Participants suggested that there was a need to increase the consistency and accuracy of data collection and information about APs from the global majority as this may contribute towards finding more ways to enhance their experience. The relative lack of information may be improved by the publication of the latest version of the Equality and Diversity System (NHS Improvement, 2022) which requires NHS organisations to collate evidence against several outcomes relating to equality, diversity, inclusion and health inequalities. All the participants said that there needed to be a more proactive campaign to raise the profile and understanding of the AP role, as well as improving networking opportunities. They felt that currently the role was poorly understood (regardless of ethnicity) and undervalued in most of their organisations, which created barriers to performance and career development.

Conclusions and recommendations

Participants identified several barriers that may be preventing global majority becoming or progressing as APs in the NHS within the EoE. Barriers noted included access to training opportunities, personal and cultural issues, lack of knowledge and awareness of how to progress along the AP pathway, underrepresentation of global majority in senior management roles, lack of recognition in the workplace, and unfair recruitment processes.

The most common factors that the APs felt positively influenced career development were support from line managers, equal access to higher education, self-motivation, positive and flexible attitudes to work, good work ethic, and the ability to maintain good work relationships. The need for accurate information regarding the numbers of APs from the global majority to highlight gaps and enable the monitoring of any progress in reducing those gaps was identified.

- All organisations should consider increasing the number of staff from global majority on trainee/AP recruitment panels and other senior governing committees
- Explore ways to train AP line managers to lead

Key points

- The NHS is increasingly employing advanced practitioners to reduce hospital admissions, improve service efficiencies, continuity of care and increase patient satisfaction.
- Evidence suggests that there are relatively few advanced practitioners from ethnic minorities.
- There are barriers to people from ethnic minorities becoming or progressing as advanced practitioners including under recognition and unequal access to training, workplace harassment and pay.
- Unfair recruitment processes and career progression (including underrepresentation in senior management roles) were also identified as significant barriers.
- Support from line managers, access to higher education, self-motivation and maintaining good work relationships are some of the ways to address these issues.



CPD / Reflective Questions

- How can you provide support to a staff member from a global majority to progress; either to integrate within your team or organisation or to develop to become an advanced practitioner?
- What processes or guidelines are you aware of within your department or organisation which support fair recruitment, and do you know where to raise issues or concerns regarding fair processes within your organisation?
- How would you support a colleague who told you they have been bullied within the workplace because of their ethnicity? Are you aware of relevant trust policies and escalation routes?
- What does a compassionate leadership approach mean to you? Reflect on your own leadership style and identify any further learning opportunities that may help your own development and further support colleagues.

compassionately, and create a culture of inclusivity, underpinned by an ethical approach within the workplace

- Ensure that there are robust policies and procedures in place in all organisations to ensure that training opportunities are offered fairly to all regardless of ethnicity, and to monitor compliance
- Within each organisation or region, developing a buddy network system to support individual NHS practitioners from overseas to navigate the complexity of the NHS system and HEIs
- Enhance network opportunities to support APs from the global majority to develop their confidence and professional competencies
- Develop a consistent approach to support global majority staff to access academic support from HEIs
- Nationally and regionally, consider how a national campaign could help raise the profile of the AP role, and showcase APs from the global majority to provide visible role models for the wider workforce. IJAP

Ethical approval: The study was conducted upholding the research governance framework recommendations and received a favourable ethical opinion from a local university research ethics committee (REF: RETH(S)22/050).

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reasonable request.

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