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NEWS ANALYSIS

# Exclusive: Black and Asian doctors are up to 30 times less likely to be offered medical training posts in some specialties, data show

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Doctors from certain backgrounds are far less likely to be offered specialist training places in the UK than white candidates, new data suggest.

But exactly how much of a gap black and Asian doctors face varies hugely across different specialties, in figures obtained by *The BMJ*.

Across all specialties black doctors are four times less likely to be offered a training place than white applicants, official data from NHS England (NHSE) show.

But in some specialties the gap is much wider, the starkest example being core training 1 (CT1) in anaesthetics. In this specialty black applicants stood less than a 1 in a 100 chance of being offered a place in 2024 and were 30 times less likely to be offered a place than white counterparts. Only 10 of 1158 black applicants received an offer, which compared with 7% of Asian applicants (111/1696) and a third of white applicants (556/1668).

In general practice all ethnicities stood a similar chance of being shortlisted, but black doctors were offered a place only 20% of the time (1328/6487) and Asian doctors only 23% of the time (2378/9221), which compared with 64% (2162/3076) of white applicants.

Core psychiatry—another high volume specialism—saw just 5% (171/3133) of black applicants placed and 9% (320/3521) of Asian candidates, which compared with 41% (402/981) of white applicants.

In obstetrics and gynaecology at specialty training year 1 (ST1), white applicants (205/509) were nearly 11 times more likely to be offered a place than black candidates (61/1640).

And in acute care common stem emergency medicine (where 39/522 black applicants were offered a place *v* 316/660 white applicants) and clinical radiology at ST1 (where 18/576 black applicants were offered a place *v* 105/552 white applicants), black applicants were six times less likely to get an offer.

While the picture was generally less stark for Asian applicants than black applicants, they were still five times less likely than their white counterparts to be offered places for acute medicine common stem (62/933 Asian applicants got an offer *v* 316/660 white applicants) and for public health CT1 (9/375 Asian applicants received an offer *v* 227/742 white applicants).

The research[1] was conducted by Sheila Cunliffe, a senior human resources professional and independent researcher into racism in the NHS, who sent a freedom of information request to NHSE. The findings, which cover 2024, highlight the ongoing barriers faced by applicants from ethnic minorities when applying for jobs in medicine, as highlighted in *The BMJ*'s Racism in Medicine issue in 2020.[2]

## Hurdles after shortlisting stage

Across all specialties, while black or Asian candidates were often shortlisted at a similar rate to white candidates, they were then much less likely to be offered posts, the data showed. Many specialties will interview some shortlisted candidates, while others rely on the multispecialty recruitment assessment.

Overall, black applicants for specialty training were offered a place just 12% of the time, Asian applicants 19% of the time, and white applicants 47% of the time. These differences were starkest at CT1/ST1 stage and lessened at later stages.

One candidate can make multiple applications and can get multiple offers.

Some specialties such as internal medicine training and paediatrics showed less variation between candidates of different ethnicities, but at CT1/ST1 white candidates were more likely to be offered a post than black or Asian candidates in every specialty.

For her research Cunliffe requested a breakdown by ethnicity of the numbers of applicants for specialty medical training, shortlisted candidates, and candidates offered positions for 2024. Values below five were redacted by NHSE for data protection to prevent possible identification of individuals—making it difficult to analyse the data for smaller specialties or to use more precise ethnic categories where small numbers would be involved.

However, data are not available for analysis on an intersectional basis, meaning that other potentially influencing factors such as gender, religion, nationality, or country of qualification cannot be assessed alongside ethnicity.

Cunliffe said, "Through my other research into racism in recruitment in the NHS, I'm used to seeing significantly less favourable outcomes for BME [black, Asian, and minority ethnic] candidates. What we see in this data is that BME applicants are shortlisted—which NHSE describe as 'appointable'—and are then not offered.

"This says to me that the main issue is at the post-shortlisting selection point, which indicates that there are likely to be issues with the selection process and the objectivity of some assessors."

Cunliffe added that NHSE and the royal colleges had collected and published the redacted data on which

she based her analysis for years, but she questioned what had been done to tackle these inequalities. "There appears to be no publicly accessible analysis of this data or a detailed action plan to address these disparities," she said.

Cunliffe said that, under the public sector equality duty, NHSE was legally obliged to both monitor and deal with any indication of discrimination in selection processes on the basis of protected characteristics. However, in her view NHSE did not currently appear to be complying with this statutory obligation.

NHSE was approached for comment on what action it was taking in response to the data, but it had not responded at the time of publication.

## Systemic pattern

Anton Emmanuel, a consultant gastroenterologist who is head of the Workforce Race Equality Standard (WRES) for Wales and a former WRES director at NHSE, said that the data revealed a pattern that had been "hiding in plain sight" for years—one that the current WRES process had not been equipped to expose.

"These are not isolated anomalies," he said. "When you look across general practice, IMT [internal medicine training], core psychiatry, core surgery, anaesthetics, radiology—the specialties with enough applicants to give stable estimates—the pattern repeats. It's systemic.

"I used to sit on selection panels a decade ago. There were moments when candidates from certain backgrounds were described as 'too assertive,' or women were told they 'talked too much.' Without an independent voice in the room, those judgments go unchallenged. The data doesn't tell us exactly where bias enters the system—but it does tell us that something is going wrong."

Part of the challenge, Emmanuel argued, was that the problem felt too large and too distributed across agencies—with NHSE, royal colleges, deaneries, and local panels all playing a role.

"But that's exactly why we need to start somewhere," he said. "You change a system by changing its parts. If we improve even one element—assessor selection, question design, independent oversight—the whole picture begins to shift."

## Cultural challenges

Many non-white applicants find that cultural challenges in the recruitment process can disadvantage them.

Speaking to *The BMJ*, a black trauma and orthopaedics consultant, who asked not to be named, described this as "an unwritten curriculum" where some applicants may have had very different life experiences from others and find it harder to build the relationships that help them through the process and provide mentoring.

Black applicants in particular feel "the burden of excellence" and the need to do more than what is requested, the consultant said. "If you were meant to have 80 workplace assessments, I would always do 100," they added, suggesting that the variation between specialties may be due to different personalities being drawn to certain specialties.

Emmanuel said that the data did not support the argument that international graduates tend to be "good on paper and then found out at interview." What the numbers showed was inequity by ethnicity, not by nationality, he said. "And until we address that directly, we will keep reproducing the same patterns."

## Non-UK graduates

Cunliffe's report focuses on the issue of racism in selection for medical specialty training. Her report acknowledges the limitations of the available dataset, including that it does not allow adjustment for confounding factors such as whether a doctor is UK trained or an international medical graduate, their gender, or whether they have a disability.

Aneez Esmail, professor of general practice at Manchester University, who cowrote an influential paper on discrimination in doctors' recruitment in 1993, said that NHSE data on equality and diversity recruitment for international medical graduates[3]—which were not part of the dataset analysed in Cunliffe's report—suggested that where a doctor trained was also a key factor affecting access to specialist training. However, intersectional analysis would be required to unpick what lies behind the numbers.

The report comes as the latest NHS staff survey showed that reports of racism remained rife in the health service.[4] In a bid to tackle this the government has launched new NHS staff standards to tackle racism, violence, and sexual harassment, with results published in league tables.[5]


1 Cunliffe S. The first cut: an evaluation of racism in selection for medical specialty training—interim report. Citou Consulting. Jul 2026. www.citou.com/research-and-resources

2 The BMJ. Racism in medicine. https://www.bmj.com/racism-in-medicine

3 NHS England. Equality and diversity 2024 recruitment data. https://medical.hee.nhs.uk/binaries/content/documents/medical/components/national/downloads-card/medical-specialty-training/equality-and-diversity-data/2024/equality-and-diversity-data-2024/equality-and-diversity-data-2024/hee%3AfileLinks/hee%3Afile?forceDownload=true (Spreadsheet)

4 Mahase E. NHS staff survey: Nearly one in six resident doctors physically attacked at work last year. *BMJ* 2026;392:. pmid: 41819593. doi: 10.1136/bmj.s486

5 Department of Health and Social Care, NHS England, Smyth K. NHS sets first-ever staff standards to tackle racism and violence. 6 Jul 2026. https://www.gov.uk/government/news/nhs-sets-first-ever-staff-standards-to-tackle-racism-and-violence