Unpacking barriers to and facilitators for research leadership for Black primary care researchers:

a qualitative study

Rupinder Kaur Bajwa, Manpreet Bains, Christian D Mallen, Joe Kai, Adwoa F Agyemang-Benneh and Ralph K Akyea

Abstract

Background

Individuals of Black heritage comprise 6.2% of the general practice workforce in the UK. Representation is even lower in primary care research. The understanding of why this misrepresentation exists is limited.

Aim

To explore representation of researchers of Black heritage at various career stages within primary care, alongside factors influencing retention and career advancement.

Design and setting

Qualitative study with 18 researchers of Black heritage and seven primary care senior academic leaders (current or former heads of primary care departments in UK universities).

Method

Online, one-to-one, semi-structured interviews. Interviews were digitally audio-recorded, transcribed, and analysed using thematic analysis.

Results

Participants recognised significant underrepresentation of researchers of Black heritage in primary care research. Key barriers to career progression and retention included systemic and structural inequities, racism, and exclusionary academic culture. Facilitators included proactive leadership, tailored training and support for researchers (including international scholars), mentorship, sponsorship, and safe networking spaces. Participants offered recommendations to improve representation and career progression: training for leaders to recognise bias, discrimination, and inequity; leadership development opportunities; tailored career support for researchers of Black heritage; and targeted assistance for international researchers navigating UK academic systems. Visibility of Black role models in academic primary care was seen as essential to attracting and inspiring future researchers.

Conclusion

These findings highlight key areas for change to foster a more inclusive and equitable research environment in primary care.

Keywords

Black heritage; primary health care; racism; leadership; workforce; professional development.

Introduction

The UK has achieved incremental advances in ethnic diversity across higher education and the health sector; however, representation of people of Black heritage (defined as Black African, Black Caribbean, or Other Black background) remains disproportionately low, especially at senior academic and leadership levels. Individuals of Black heritage comprise 6.2% of the general practice workforce in the UK.[1] According to Advance HE's 2024 *Equality in Higher Education: Staff Statistical Report*, Black, Asian, and minority ethnic staff comprised about 20% of UK university employees in 2022–2023.[2] Yet, despite these gains, Black academics remain among the most underrepresented in the professoriate. When examining seniority, the figures are stark, with only about 1% of professors in UK higher education identifying as Black (that is, 210 Black professors out of >23 500 total professors).[3,4]

Although structural barriers to Black academics' progression are increasingly recognised and new schemes have been introduced by major leading institutions to bridge this gap,[5–7] there is a lack of evidence specifically focused on academic primary care. Given primary care's large workforce, strategic role in the UK Government's *Fit for the Future: 10 Year Health Plan for England*,[8] and the diverse populations it serves, addressing this gap is especially important. Understanding the lived

How this fits in

Researchers of Black heritage are underrepresented in primary care research leadership, and there is limited evidence on their lived experiences of why this underrepresentation exists. This study addresses this evidence gap and highlights how systemic inequities, racism, and inequitable academic practices contribute to this lack of representation. This study also presents practical enablers to improve progression and retention, such as proactive leadership, tailored career support, and increasing visibility of Black role models in academic primary care. These findings emphasise the need to foster inclusive research environments that strengthen the diversity and relevance of primary care evidence.

experiences of Black researchers in primary care is, therefore, essential to identifying the barriers to and facilitators for career advancement and informing practical strategies for change.[4,9,10]

This study addresses the evidence gaps by exploring the perspectives of Black researchers at different career stages within UK primary care research. It examines their experiences of progression, maps the structural and institutional factors that shape opportunities for advancement, and offers recommendations to improve equity and representation at the various levels of academic primary care.

Method

Design

Qualitative semi-structured interviews were conducted with primary care researchers of Black heritage at different career stages and with senior academic leaders. The semi-structured approach was most appropriate as this enabled participant-led discussions with ample opportunity for the researcher to explore participants' responses further. This approach is particularly useful in areas with limited prior research.[11]

Recruitment and sampling

We purposefully invited individuals who identified as being of Black heritage and were involved in UK primary care research across all academic levels. We also recruited senior academic leaders (that is, individuals identified as directors, research group leads, or heads of departments or units) delivering academic primary care research within UK institutions. These individuals are usually responsible for leading core research, organisational strategies, and guiding their team on achieving collective goals. They may or may not be involved in recruitment processes.

Recruitment ran from October 2024 to April 2025. We initiated contact via different methods: signposting to primary care researchers of Black heritage, adverts in emails, the newsletters of the National Institute for Health and Care Research School for Primary Care Research, the Royal College of General Practitioners newsletter, the Society for Academic Primary Care, X (formerly Twitter), LinkedIn, and snowball sampling.

Individuals interested in participating contacted the researcher directly and received a participant information sheet via email. Participants had at least 48h to consider participation; if they were happy to proceed, an interview was arranged.

Data collection and procedure

The topics of discussion for researchers of Black heritage included:

- current role and career journey;
- views on representation;
- barriers to and facilitators for progression;
- institutional equality, diversity, and inclusion processes; and
- future aspirations.

For the senior academic leaders, topics included:

- views on representation of researchers of Black heritage in primary care research;
- barriers to and facilitators for progression; and
- institutional equality, diversity, and inclusion processes.

Written informed consent was obtained digitally before interviews. Interviews were conducted one-to-one online via Microsoft Teams by the first author. Participants were offered a £30 retail gift voucher as a reward for participating in the study.

Data analysis

Audio-recordings were transcribed verbatim by a specialist transcription service, which were checked by the first author for accuracy and personal identifiers were removed. The first author led analysis and coded data following the steps of thematic analysis[12] supported by NVivo (version 15) for data management. Data were coded both deductively (based on aims and discussion topics) and inductively. Initial readings of the transcripts facilitated familiarisation and led to the generation of initial codes. Data from both groups of participants were coded together. Further reading and immersion resulted in more substantive themes and sub-themes, resulting in the generation of a thematic framework. Following this, a subsample of data were also double coded by the second author to ensure the validity of interpretations.[13] Where discrepancies in coding or interpretation arose, these were addressed through iterative analytic discussions between the first author, second author, and the two joint senior authors until consensus on meaning or approach was reached.[14]

RK Bajwa (ORCID: 0000-0002-9551-2409), MSc, PhD, Research Fellow; **M Bains** (ORCID: 0000-0002-1990-5948), MSc, PhD, associate professor in qualitative and mixed methods health research; **J Kai** (ORCID: 0000-0001-9040-9384), MD, FRCGP, GP and professor in primary care; **RK Akyea** (ORCID: 0000-0003-4529-8237), MBChB, PhD, MPH, senior research fellow, Lifespan and Population Health Unit, Centre for Academic Primary Care, School of Medicine, University of Nottingham, Nottingham, UK. **CD Mallen** (ORCID: 0000-0002-2677-1028), MMedSci, MPhil, PhD, FRCGP, FFCI, FFPH, professor of general practice and public health, Faculty of Medicine and Health Sciences, Keele University, Keele, UK. **AF Agyemang-Benneh** (ORCID: 0000-0003-4524-364X), BDS, MSc, PhD, MPH, global south fellow, Centre for Primary Care and Health Services Research, School of Health Sciences, University of Manchester, Manchester, UK.

CORRESPONDENCE

Rupinder Kaur Bajwa
Lifespan and Population Health Unit, Centre for Academic Primary Care, School of Medicine, University of Nottingham, Nottingham NG7 2UH, UK.
Email: rupinder.bajwa@nottingham.ac.uk

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Data were then organised according to the framework and subsequently charted to facilitate synthesis and reporting.[15]

Results

Participant recruitment and characteristics

Study leads (the second author and the two joint senior authors) identified 39 researchers of Black heritage through searches of university staff lists in the first instance. The interviewer (the first author) contacted these researchers, inviting them to participate in the study. Group emails, newsletter, and social media advertisements and snowballing recruited three further researchers. Senior academic leaders ($n = 7$) were identified through existing leader networks (the third and fourth authors). The interviewer had no prior contact or connections with participants.

Eighteen researchers of Black heritage ($n = 8$ men, $n = 10$ women) across different career stages (see Table 1 for the number of participants from different career stages) and seven senior academic leaders ($n = 2$ men, $n = 5$ women) in primary care participated in interviews. Interviews lasted on average 49 min (ranging from 30 to 69). Ten researchers were non-clinical academics, which means their role was research only. Eight researchers were international researchers, meaning they required a visa to work in the UK, and 10 researchers were UK-based (either born or raised in the UK). Eight researchers were clinical academics; this means their role included both research and clinical practice. Three senior academic leaders had a non-clinical academic research background and four senior academic leaders had a clinical academic research background. Participants were recruited from institutions with primary care departments or units from across England and Wales (see Table 2 for regions where institutions are based).

Thematic framework

Five overarching themes were generated, with corresponding sub-themes as shown in Box 1. The results are presented by theme with quotes (where researcher refers to researchers, all of whom were of Black heritage; international is used for researchers who required a visa to work in the UK; and UK indicates UK-born or settled. Lead refers to a senior academic leader).

Current representation of researchers of Black heritage in academic primary care across career stages

Despite the varied experiences in career progression, representation of researchers of Black heritage in academic primary care was widely perceived as low, particularly at senior and leadership levels:

'Based on where I work, I would say that it's not enough. In terms of, let me see how many I can count off [the top of my] *head, just about two or three, we are a department of 80 or 90 staff.'* (P012, researcher, international)

Where representation did exist, it was mostly limited to junior levels, mainly doctoral students or research associates or fellows, leaving some Black researchers questioning their sense of belonging and prospects:

'I would say, if I'm being very honest, that they're not really very represented in primary care research. I do work with researchers of Black heritage, but they have all tended to be kind of research/ associate research fellow level.' (P023, lead)

'When I look in my previous department, everyone was male, White, middle class, went to private school. So, then you think, "Where do I fit in that picture? How am I represented in that?" and if you see that no one at the senior level holds those roles, you kind of think, "maybe this place isn't for me".' (P016, researcher, UK)

Several participants noted that, although Black representation appeared in other areas of primary care, it was largely absent in academic settings, with many struggling to identify more than a few Black colleagues:

'I think all that I can really comment on when it comes to that is my experience of when I've been to SAPC, I don't remember what it stands for, Senior Academic Primary Care Conference [Society for Academic Primary Care]*, it's something like that and I was really struck by a presentation that I still remember now, I think it was from 2 years ago now and I feel like you could also see it in the room but I was really struck by how diverse a workforce, this is what the presentation was saying, how diverse of a workforce primary care is but it's not represented within academic primary care.'* (P019, researcher, UK)

Despite this, responders emphasised the importance of diversity, with some leaders viewing it as essential to effective research teams.

Concerns around recruitment processes

Researchers highlighted a lack of diversity on interview panels and issues with limited applications from junior researchers of Black heritage, with a need for greater equity in the interview process for early-career researchers:

'So it's really hard, we do try with our interview panels to have diversity and I mean diversity across gender, across different racial backgrounds, across grades, across as many things as we can do but we actually have a real issue with trying to get men on panels, and we have a real problem with trying to get people who are non-White on panels because there just aren't enough people, and it becomes this issue where you don't want people just because of their ethnic background to end up having to do all the work. It seems really unfair.' (P015, lead)

Conversely, researchers expressed concerns about hiring for 'quota' and not merit, and concerns around positive discrimination:

'I suppose it's a bit of a difficult one, because you don't want to have that kind of positive discrimination that means therefore that the quality you get is probably not the best, or the same, but at the same time there are some disadvantages that need to be addressed and it's definitely there in terms of how much people have to take on to get to the same level.' (P011, researcher, international)

Career progression experiences

Researchers described career progression challenges, including being overlooked for opportunities, and limited access to funding and training hindered career growth:

Table 1. Career stage as self-identified by participants

Career stage, self-identified	*n* (%)[a]
Researchers[b]	
Early-career researcher	10 (56)
Mid-career researcher	5 (28)
Senior-career researcher	3 (17)
Senior academic leaders	7
Total	25

[a]Per cent of the 18 researchers who participated at each career stage. [b]Early-career researchers included doctoral (PhD) students, research assistants or associates, and research fellows. Mid-career researchers were the equivalent of assistant professors, lecturers, senior researcher fellows, and associate professors. For senior-career researchers, the career descriptions are not provided, as this could potentially make the participants identifiable. Senior academic leaders included directors, research group leads, and heads of departments or units.

Table 2. Geographical regions within the UK where participants' institutions are based

Region	Researchers, *n*	Senior academic leaders, *n*
London	2	2
North East and East of England	2	1
North West and Midlands	4	1
South	5	1
South West	3	2
Wales	2	0
Total	18	7

Box 1. Thematic framework

Theme	Sub-theme
Current representation of researchers of Black heritage in academic primary care across career stages	
Concerns around recruitment processes	
Career progression experiences	
Barriers to career progression for researchers of Black heritage in academic primary care	• Wider structural and systemic barriers
	• Racism and discrimination
	• Academic structure, systems, and culture
	• Personal and psychological factors
Facilitators for career progression for researchers of Black heritage in academic primary care	• Tailored training programmes, funding schemes, and support
	• Proactive leadership
	• Networking, mentorship, and coaching
	• Learning from other disciplines and institutions
	• Strategies to improve representation

'I think that's really sad because I have worked with some fantastic colleagues from Black backgrounds specifically and again, it's sort of them being overlooked because if I can see the potential in them but no one around them, then you think, it is sort of an issue, so yes I have seen about two colleagues who sort of haven't been able to progress and have just ... fallen away, I guess.' (P016, researcher, UK)

'I think there's something about also the development opportunities as well because I think within that specific role, there wasn't a real commitment also to my development.' (P019, researcher, UK)

Although targeted programmes for Black researchers were noted, researchers stressed progression should be based on skill, not ethnicity:

'One of the people — not a supervisor but someone senior that I've spoken with before, mentioned about some of the ... I know Wellcome now does some short-term funding for people of Black heritage, and that started relatively recently. I think there is that. I've got mixed views about it if I'm honest, and I feel conflicted. I think it is a good thing because this is clearly something, they've clearly identified that the people of Black heritage are not progressing beyond a certain level, so I think this is good. I'm conflicted because I don't want to progress ... I'm trying to articulate it. I don't want to progress in my career and be positively advantaged based on my ethnicity. I want to progress not because I'm Black or I'm male, I want to progress because I am a good candidate, or I am one of the best candidates that have applied.' (P07, researcher, UK)

Barriers to career progression for researchers of Black heritage in academic primary care

Wider structural and systemic barriers. Participants highlighted structural and systemic barriers facing UK-born and settled communities, noting how historical mistreatment has fostered mistrust in institutions, including higher education:

'I mean if you think about the challenges we had with COVID and vaccines and

things like that which are stemming back to history and interactions between Black communities and research and researchers, there is a lot of loaded history there. I don't know if that has any impact, it certainly has an impact on research participation, whether it has an impact on people taking that on as a career, I don't know. I just think if your parents are very sceptical of research in general because of their experience, would they be encouraging you in going down that route?' (P011, researcher, international)

'Then the systemic ones, these ones are probably a little more problematic because if you have to go back further down, I think about getting ethnic minorities into higher education to start with, so address those barriers and those are many, and think about now all the practical challenges of the visa system for example, the partnerships that universities for example, in the Global North, the UK for example, even for primary care the partnerships that we are forming with people in the Global South, how do we relate it? What happens after the grant ends, is that it?' (P010, researcher, international)

Intersectionality between ethnicity and socioeconomic disadvantage was cited as an obstacle, with inequities in access limiting uptake of higher education for students from Black communities in the UK:

'But equally there are issues increasingly around whether people can afford to make the choice to come into higher education. If you're from a family that isn't middle class and that doesn't have security of income, then it's a very big decision for a family and for a schoolchild to decide to take on a university loan and the choice might not be there. The choice is either to go and start doing low-paid work or it's to try and do higher education alongside also doing low-paid work and all the challenges that come with that and that's completely different to you having the security of a family where you've got either one or both parents in stable employment, etcetera.' (P020, lead)

International researchers, including medical graduates, described visa-related challenges that hindered their career progression. Despite being qualified, they struggled to secure opportunities and felt behind peers who began their careers in the UK. The complexity, cost, and stress of the visa system were significant barriers, with one case illustrating how these pressures led a colleague to leave academia entirely:

'The visa system, yes. So, before I even go to the cost of the visa and the NHS surcharge, because then those are very prohibitive as well because it's a lot of money. If you've got family, if you've got kids like I do you're paying per child and the rest of it, so all of those things can sort of stop you from pursuing research. I actually do know somebody who finished her PhD just before me, and she's actually doing care work in the UK with a PhD from the London School, just because if you get into that level of work, the care sector, if it sponsors your visa then you don't need to pay for the NHS surcharge and all of those things.' (P010, researcher, international)

Racism and discrimination. Participants identified racism and discrimination as contributing to the underrepresentation of researchers of Black heritage in academic primary care:

'I think there's multiple factors, first of all I think, I hate to use the word. Again, when I use the word "racism", I don't mean racism in terms of people discriminating. It's pretty much the fact that I think generally when you're starting from the basic level, Black people don't get equal opportunity anyway in terms of education. If you look at the profile of academics, I might be wrong here but people who tend to go into academia tend to be people who to an extent are high achievers in some way. I would say a lot of Black people, I can even say from Africa, Black Africans, they're really bright people, really bright but they don't get the same opportunity to go to the kind of institutions where they're encouraged to go into academia. People just want to go into jobs that can pay them well enough to take care of their families, so I think from a very systemic or societal level, there's not much encouragement and there's not much representation already.' (P018, researcher, UK)

Examples included micro-aggressions, stereotypes about Black women, and colourism. Researchers shared experiences of being overlooked for opportunities and how racism, stereotypes, and misconceptions about Black people were contributing factors:

'We can't ignore colourism, even within ethnic minority, we're different shades and those that maybe lighter skinned, people may say they may not be accepting towards someone like me, for example, than someone who's darker skinned with an African sounding last name, people might be intimidated by that or maybe less intimidated by me because my name sounds French, do you know what I mean? All these biases people have that play into the decisions they make, that then have wider repercussions that they don't really think about. So, colourism is important.' (P016, researcher, UK)

'I think what's not going to help is prejudices that gatekeepers might have towards Black people. I'd like to think that the gatekeepers to academic careers are quite open-minded people, and I've managed to find a pathway to academia, but I'm aware that there are people who hold negative stereotypes about Black people, and some of those people who hold negative stereotypes are in high places and are quite influential people. I only have to think about my academic field, and there are some views that get kicked around about Black people that are not very conducive to them being seen as viable prospects for an academic career, if you catch my drift.' (P017, researcher, UK)

Researchers pondered potential hesitancy in reporting racism because of fear of repercussions, with one researcher now feeling able to speak out because of his seniority, unlike early-career staff on fixed-term contracts:

'Today that's not my attitude because I'm older and wiser but when you're a younger member of staff, you're conscious of "I can't be seen to be arguing with somebody, even if they're a racist" because it makes you look as if you're a troublemaker. Whereas now, I'd have no qualms about absolutely blasting somebody out in that situation,

but you get that with age and confidence. If you're on a short-term contract, you're less likely to be doing that and you don't want things to distract you away from your work as well.' (P09, researcher, UK)

Participants called for improved processes for investigating incidents of racism, along with mechanisms for independent reviews and accountability from leaders and organisations:

'I think so and maybe even the independence has to be independent from the university because I think the problems have been going on for so long that clearly, the individual organisations can't sort it out themselves. I think actually it needs to be an outside body, actually somebody needs to be pulled in who's outside the university, has got nothing to do with it and actually, at least gets to the roots of what the problem actually is, even if that person hasn't got any power to hire and fire, they still have the power to write a report about what they think and if that report is circulated, then everybody can see what that external person has said.' (P09, researcher, UK)

Academic structure, systems, and culture. UK-based researchers (that is, either born or raised in the UK) noted that perceptions of academia as a White-dominated space may deter people from UK-born and UK-settled Black communities from pursuing academic careers:

'I think there's multiple levels to it. I think the idea of going to university in itself, even as a student, wasn't very big in the Black community until more recently, and I think until more recently it's been a little bit more accepted. So that's one thing, just going to university. But then the idea of actually being a lecturer, I think again no one really talks about it. I think people look at a lot of universities as a White man's establishment, I think especially because of like how in time they are how, like they've been here for years, you know, we're talking about establishments that have been here for decades, maybe even centuries, things like that.' (P06, researcher, UK)

'I don't think we see many Black role — Black people in academia, they don't seem to be very — I guess it's just that — if I was to think of a stereotypical academic, they wouldn't be Black. If I was to think of a stereotypical Black person as portrayed in the media, they wouldn't be an academic if you see what I mean. So I think it's still something that's, you know — academia just isn't something that seems to be associated with Black people.' (P017, researcher, UK)

Academia was seen by both UK-based and international researchers as highly competitive and governed by unwritten rules around networking and visibility, with little formal guidance on navigating a hierarchical 'who you know' culture:

'The other thing is the social aspect, because we have very, very different lifestyles and imagine, I've got a lot of other roles and responsibilities and other competing things that vie for my time, so socialising maybe could have helped but I just don't have that opportunity because the focus is get the work done and then how do you go and focus on all the other things? I didn't have time to watch news or go to the bar with people so it's really difficult to crack those unwritten rules and it's still difficult, I must say.' (P04, researcher, UK)

Short, fixed-term contracts and funding-dependent roles further limited entry for Black researchers, especially for international scholars requiring visas and those from disadvantaged backgrounds:

'It impedes progression in the sense that it impedes progression because sometimes if because your job is attached to a visa, and then maybe your contract is coming to an end, if I'm maybe applying for a senior research fellow position and maybe at that time there is no senior research fellow positions which is available at that time, so you may just go for any one which is available, because you need to get the visa because — so it affects your career progression. Somebody who doesn't have a need for a visa may take their time and then wait for the right opportunity, the one which is more suitable to their position to apply for it ... ' (P01, researcher, international)

'If you're not a clinical researcher, you often come through on short-term contracts, so you're going from short-term contract to short-term contract. I know that I did about 14 years on short-term contracts than more like fixed-term contracts, and it is a much more perilous way of living, and I think it does discourage certain people.' (P023, lead)

International researchers highlighted the added challenges of adapting to UK academic culture and UK life, often without adequate support or signposting.

Personal and psychological factors. Researchers described how imposter syndrome, self-limiting beliefs, and low confidence contributed to a lack of representation and hindered career progression:

'But things like, I think anything around confidence building, because if you have a population that don't seem to make it ahead then perhaps there needs to be additional in-house training to help people get that confidence to speak up and to go for things that maybe they might feel are out of their reach.' (P03, researcher, UK)

'[Regarding self-confidence] *Well probably terrible to be honest. It's funny, this comes on the back of — I gave a talk for Black History Month a couple of weeks ago about my journey and everything, and I think the key thing that I said is that I probably had a lot of imposter syndrome going into research and then doing research, because in the nicest way, every room that I sat in, everyone around me was White. And so, you kind of ask yourself, should I really be here?'* (P06, researcher, UK)

'Well, I guess the rest of it will probably be, I don't know, imposter syndrome? "I mean should I be in this room I'm in at this time?" Then I suppose depending on where ... I guess for me I'm not just ... I keep saying there's more as yes, I'm an ethnic minority but one who is also, if you like, an immigrant in the sense that for me it's about you arrive at a country and you've not been here more than five years, so you're fairly new in the space.' (P10, researcher, international)

Researchers also shared how feelings of being overwhelmed when things are not going well, slow progression, or feeling stagnant in their career were also barriers to progression.

Facilitators for career progression for researchers of Black heritage in academic primary care

Tailored training programmes, funding schemes, and support. Participants proposed a learning and development pathway to support UK-born and settled Black communities into higher education, medicine, and primary care:

'For example, if you have a Black heritage early career researcher, you want to have a training development stream for them, something like that, so they get to know what is there. Often I just, I stumble into, I don't even know how, I stumble into them, I never knew a lot of things and I'm one person that I kind of find out things intentionally but this is where working from home can have its disadvantages, there's only so much you can stumble onto online, you have to be in-person to have conversations.' (P05, researcher, international)

Pre-interview support for early-career researchers of Black heritage could help to build equity in the recruitment process. International researchers and medical graduates felt they would have benefitted from tailored guidance and support to navigate UK academic careers. Better signposting to support and initiatives for researchers from minority ethnic groups was also recommended.

For Black heritage researchers in academic primary care, tailored training and funding schemes to support career growth and leadership development were emphasised:

'Okay, so there can be more training in terms of training opportunities to help for example, with what funders are looking for in the area of when you are putting the proposal for grant applications and all that. Then also things that they look for in promotion, like citizenship and the things that you have to do to achieve those things. I think that can also be done to help improve.' (P01, researcher, international)

'I think that it's about having a structured training plan in place, so especially if, I think it's slightly different, so you know when somebody comes into the role, there are things in place, it's clear, you're doing induction, you're doing the training that you need, kind of really setting you up for, "There you go, you can start it." But what I think there is as a gap, and I think maybe because you're already doing the role by the time you're getting promoted, is that even that transition, there isn't a gap to say, "OK, you're a leader now", as an example. "Let's just spend the next three months, go for the leadership courses, do this and do this and do this." No, no, no. You get promoted and, as you're trying to incorporate those courses in, you're already doing the job that you're trying to figure out how to do. I think that is the challenge. Even just saying it out loud now, I realise that is the challenge.' (P013, researcher, UK)

Suggested approaches included shadowing leaders for practical experience, targeted training on applying for promotions, and dedicated funding calls for researchers of Black heritage to build equity in the system:

'More practical experience, okay, so get someone, "Come and sit on the board, come and shadow, come with me, sit on the board," and then an opportunity to ask questions afterwards and say — maybe for instance if there's a board meeting, you get someone of lower cadre, they attend but there's also that informal conversation afterwards, because most likely they're going to be quiet all through the meeting. They're shadowing, it's their first experience but there has to [be] *some form of informal conversations, maybe on the way home, to say, "How did you find that?" and in a very free atmosphere that you feel that you're not judged, you're not being measured at that point in time, it's just really an honest feedback, an honest understanding of the system and what it means, that kind of thing. For me, that would be really, really more helpful. An insight into daily lives and daily activities and the roles, the responsibilities that are being undertaken as part of being in a leadership role. People coming behind, people of Black heritage, need to have an understanding and an insight into those roles.'* (P04, researcher, UK)

Participants suggested training leaders on racism, discrimination, and systemic inequities to create a more inclusive environment:

'I think this maybe more than just Black researchers, but I think it's important that leadership or people in higher positions understand the inequities and inequalities that exist. If it's maybe for Black women or Black men or South Asian communities or just underrepresented communities in general, just recognising that our challenges are different, because sometimes you're going through all these things and no one can relate to your experience, so that's one key thing.' (P02, researcher, international)

Proactive leadership. Participants emphasised the importance of strong leadership in advancing representation and career progression for Black researchers in academic primary care. Effective leaders were seen as proactive role models who created or signposted opportunities for junior staff:

'Yes, I think one thing that I can say has helped, or is helping, it's having a supportive line manager, I think, yeah. Yeah, I can call him a very collaborating leader who is trying his best, I think, to see that — give me the necessary support to be able to do my job the right way.' (P021, researcher, international)

'I think it was fine because I think — and I'm not praising myself here — I think people always know that I try and listen, and I try and lead with kindness. I certainly hope they know that. I was going in being open about my awareness of my own limitations and my expertise and saying, "Actually my voice, even though I'm head of department, is not the most important voice here. Actually, the most important voice here is your voice, because you're the ones that are more affected by it, and that's the voice I want to take through." That was my responsibility. It's not about my personal opinion in those settings.' (P022, lead)

'Luckily my faculty have been quite supportive of me, so I think they've laid on training, they've laid on support. My

managers are supportive. I don't get mucked about as much I've seen people in other departments get mucked about. And that's not because I'm like an intimidating person or anything, but I think they are genuinely quite decent people where I work. But I'm not sure that that is the case elsewhere even in my institution, let alone in other institutions.' (P017, researcher, UK)

Sponsorship, characterised by active advocacy and use of influence to enhance visibility, was another key feature of good leadership and instrumental to supporting minoritised researchers:

'The other thing as well is, the other support as well I would say is sponsorship as opposed to mentorship and I think I would describe the role that brought me into this department as a form of sponsorship. "I've seen this opportunity, I think you would really be good at it and don't get put off by the fact that they say they want a PhD holder, you have the equivalent PhD experience, it's just about writing that appropriately in your application." Then other, I think for me I've been fortunate that there are key people in my life who, like I say, one of my mentors, Dr S, when she was asked to coedit a special collection, she brought me on as well. That's also an example of sponsorship, she didn't have to do it, say if she didn't suggest it, she brought it forward as opposed to maybe what would be a bit maybe a mentor saying, "This is how you go about coediting a special collection," that's why I try to differentiate between mentoring and sponsorship because she actually opens up opportunities for me.' (P019, researcher, UK)

Mid- and senior-career researchers reflected on the early stages of the career journeys and the important role of proactive supervisors, managers, and leaders in creating opportunities, investing in the development and progression of researchers.

Networking, mentorship, and coaching. Networking with both senior colleagues and peers was seen as vital for career progression in primary care research. Although challenging, researchers valued the connections they built, especially with other researchers of Black heritage and minoritised backgrounds, finding support in shared identity and experiences:

'So, I think mentorship it's been helpful, not easy to find, but yeah, it has been helpful and perhaps that is the unhelpful part is that building a network and finding a mentor that is able to relate with your challenges, is a difficulty. Because at the time when I started that transition, I'd completed it, the number of people that you could speak to about your deeper experiences and expect them to understand, wasn't a lot. So, you almost have to blend in and forget what you're experiencing and try to fit in, if you want.' (P011, researcher, international)

'Yeah, I think something about setting up a group, maybe it could be a group set up by the NIHR [National Institute for Health and Care Research] *or something that actually encourages or creates a network of people of colour, as a kind of network group of researchers so that they can see each other, meet each other from all up and down the country, even if it's something like an annual conference or an annual meeting or even if it's online but just to be aware that there's other people doing different things, and starting to connect people I think would be really good.'* (P09, researcher, UK)

'I think having appropriate mentors, and also appropriate people to aspire to in terms of, "I want your job in the future," is good, and that's something at the minute we don't offer because we don't have that ... we have one prof from an Asian heritage, but the rest are all White. We have no Black figures to look up to, and there's very few around the university, there's one or two, but very few.' (P024, lead)

Mid- and senior-career researchers talked about the importance of networking and learning its value early on, and how learning to do this effectively could have supported their progression. Coaching and mentoring were highly regarded by researchers, although concerns were raised about overburdening minoritised researchers who mentored junior colleagues:

'I think practical things like mentoring and coaching that isn't tokenistic. I mean sometimes I think you can have these things where they say, "We'll provide the coaching," but it sounds as though it's something that there's some check box somewhere that someone, "Oh, I have fulfilled that requirement." But that's deliberate and I recognise that actually these people that are being coached there's a lot that is probably limiting them in achieving their potential.' (P010, researcher, international)

Some mid- and senior-career researchers discussed how mentoring and coaching helped them in finding opportunities or pondered how having access to mentors and coaches would have benefitted their journeys. Participants stressed mentoring schemes must avoid tokenism and acknowledge the need for mentors who understood their challenges. Those who secured mentorship highlighted its importance in navigating academia, accessing opportunities, and advancing their careers.

Learning from other disciplines and institutions. Leaders in academic primary care noted that other regions and disciplines such as undergraduate medicine and nursing show stronger representation of Black heritage and other minority ethnic researchers, with recent gains at leadership levels:

'Yes, so I worked in Birmingham for two years and I was also their external examiner for their medical degree, that's very different, that's got a lot of Black, that had a lot of Black students, what I would identify as Black heritage, it's much more mixed and I just wonder whether you get more there — not just of Asian students but Black students, you can see they're of Black heritage. It was a much more mixed course, it was much more balanced across different groups, as far as you could tell and because when you're an external examiner, you meet a small cohort but I was always very impressed by the diversity of experience and the diversity of heritage, of those people, just as far as you can see. So, I always thought they were much more mixed than we seem to be at London.' (P015, lead)

'I think certainly, and we might come on to this, my sense is that academic nursing has been doing a better job and that there appears to me that there are more people of Black heritage, African origin in senior positions in academic nursing where of course there may or may not be some overlap with primary care but still not huge numbers. But I suspect it's possible that there are some lessons to be learned there from academic nursing … ' (P020, lead)

Researchers highlighted institutional efforts to support career progressions through funding and leadership programmes, citing the Wellcome Trust funding scheme for Black, Pakistani, and Bangladeshi researchers as an example:

'Like I said, Wellcome I can see have got funding. I don't know if there are any others out there that do a similar sort of funding to try and support researchers of Black heritage, but I think those types of conversations, purely having those conversations is important rather than just trying to bury it, having those difficult conversations is important.' (P07, researcher, UK)

Participants suggested similar approaches could help improve representation in academic primary care:

'Then if you go up, maybe in research funding, you could have representation, a Black heritage project that must have a Black heritage Co-I [co-investigator] *at least, something like that. It may seem like you're segregating them, but it would be intentional, that if you're doing stuff like that, have one of those.'* (P05, researcher, international)

Strategies to improve representation. Leaders highlighted low representation upstream in the talent pool contributed to low representation in academic primary care:

'Well, I mean, the—yes, one would need to be careful not to over-generalise but I suspect the principal reason is that the potential pool to draw in is too low to start off with and until you've addressed that, you aren't going to improve the greater uptake later down the line. And clearly there's loads that could be done—as you know, all universities now have some kind of widening participation programme and you could ask, "Well, to what extent is that successful at attracting more people from Black backgrounds?", and whether there are ways of enhancing that. I've already mentioned about lack of role models because then people aren't in a position to be able to identify what they could be and then you can see why it becomes a much more abstract thing.' (P020, lead)

Leaders acknowledged universities now have programmes to widen participation, but their effectiveness warrants review. All participants highlighted the need for visible Black role models to attract researchers of Black heritage, with success stories and examples of overcoming challenges seen as powerful motivators for junior researchers:

'So, unless I think the person that's—to have someone there, there has to be support maybe, the system supports that inclusivity and then someone is there maybe like that serving as a trailblazer or a role model for others. Then it's, "Oh, okay, there's somewhere I can be," you understand? Just to digress a little, just in the UK politics now for example, Rachel Reeves being the first female chancellor, you know, then females can say, "Okay, this is something I can also be there sometimes," but if they don't see them people they think, "Oh, I can never be there," then they will turn around and think… Even though, I'm not sure, if there's any evidence preventing people from being there, but from not seeing anyone there, then they will think, "Oh, it's a no-go area, I shouldn't waste my time, I shall go to other areas.' (P021, researcher, international)

'Having said that seeing people of Black heritage in those higher roles, how they've got there I think is really inspiring. Having role models, having people to say, "Look, this is how I've navigated it, this is how I've done it. These are some of the challenges, these are some of the things that have helped me," I think that might help get people in. If you get people into research and they enjoy it and they're successful, then they probably are going to stick it out.' (P07, researcher, UK)

Recommendations to address underrepresentation, retention, and progression for researchers of Black heritage in academic primary care

Participants called for targeted actions around training, support, networking, mentorship and sponsorship, visibility, and education equity to improve representation and career progression for researchers of Black heritage across all levels, including leadership (see Figure 1).

Discussion

Summary

This study explored the perspectives and career experiences of researchers of Black heritage, both UK born or settled and international, across different career stages within the field of academic primary care, and barriers to and facilitators for career progression. Over half of the researchers included in this study were early-career researchers, with smaller numbers of researchers of Black heritage at mid- and senior-career levels. Participants identified systemic and structural barriers, including historical mistreatment and mistrust, socioeconomic inequities, disparities in access to higher education, and a complicated UK visa system, as key obstacles to academic progression. Experiences of racism, microaggressions, stereotyping, and colourism, and concerns around reporting and potential repercussions further hindered retention and advancement, compounded by psychological challenges such as imposter syndrome and low confidence. To address these issues, participants emphasised the importance of tailored training, targeted funding, mentorship, coaching, and increased visibility of successful Black researchers to inspire and support career development.

Strengths and limitations

To our knowledge, this study represents a novel contribution as the first to examine the career experiences of Black heritage researchers within academic primary care. Although focused on this field, participants consistently emphasised that the barriers identified were pervasive across the wider academic landscape, underscoring the transferability of these findings beyond academic primary care. A key limitation of this study lies in the recruitment and sampling strategy, which was shaped by the overall low representation of Black heritage researchers in academic

🎓 Training

- Equip primary care leaders with skills to address inequities and bias.
- Provide leadership development opportunities for Black heritage researchers at all career stages.

🛠️ Support

- Offer tailored support for international researchers, including visa guidance, cultural orientation, and navigating UK systems.
- Deliver personalised career development support for progression, promotion, and leadership in academia.

🤝 Networking, mentorship, and sponsorship

- Create safe, inclusive spaces for Black heritage and other minoritised researchers to connect, share experiences, and build peer support.
- Design and implement mentorship and sponsorship programmes to enhance career progression and attract new talent into academic primary care.

📚 Education equity

- Launch initiatives to address systemic barriers from primary to postgraduate education.
- Promote primary care research careers early, targeting school leavers and undergraduates.

🌟 Visibility and representation

- Showcase success stories of Black heritage academics and leaders in primary care research to inspire and increase visibility.

Figure 1 Participants' recommendations to improve underrepresentation, retention, and career progression for Black researchers in academic primary care

primary care. The sample comprised 18 researchers of Black heritage concentrated at early-career stages, with notably fewer individuals at mid-career and senior levels. This is reflective of broader structural disparities in representation beyond academic primary care, with a diminishing number of Black academics the higher one progresses in academia. These small numbers also limited the detail that could be provided about the sample to maintain anonymity.

Comparison with existing literature

Unsurprisingly, participants reported that representation of researchers of Black heritage in academic primary care was poor, especially at more senior levels. Our recruitment numbers support this observation. To address this, participants recommended sharing stories of successful Black researchers as a way of increasing visibility and inspiring junior researchers. This lack of representation is not unique to academic primary care but is reflective of a wider problem across levels including leadership and academia, clinical research, and health care.[16,17] Representation is highly important to making academic primary care an attractive career prospect for researchers of Black heritage. When people do not see themselves represented in

an organisation or structure, it often leads them to assume it may not be attainable for them.[18] A recent study found that minority representation among academic staff significantly increased progression of minority students.[19] Representation has wide ranging benefits for the individuals, workforce, institutions, research quality, health outcomes, and health inequities.[20]

Our findings show that academic primary care is not immune to racism and its implications for individuals. Participants highlighted examples of structural, systemic, and interpersonal racism they or their peers have experienced pursuing and progressing in their primary care research career. It is important to note that this is not unique to academic primary care, as across the wider higher education landscape, clinical research, and the healthcare service professionals of Black heritage continue to face racism and discrimination through the systems and structures, and more subtle microaggressions through interpersonal interactions.[21,22] Researchers of Black heritage highlighted their hesitancy to raise issues because of concerns around potential repercussions for their career, impartiality, and lack of appropriate processes in place to formally investigate complaints. Our findings align with the Equality and Human Rights Commission report on racial harassment,[23] where staff reported fear of negative consequences, retaliation, and lack of faith in reporting processes. Addressing the issue of racism is much more complex and requires collaborative, systematic efforts by leaders across disciplines and institutions, including academic primary care.[22]

The intersectionality framework hypothesises that different identities intersect to exacerbate experiences of disadvantage or inequity, or, conversely, experiences of advantage. UK-born or settled researchers of Black heritage across different career stages and leaders discussed how intersectionality of race and socioeconomic disadvantage contributed to poor representation through inequitable access upstream in the education system (at school and undergraduate-level education). It is well evidenced that Black communities in the UK's experiences of inequitable educational attainment and access to higher education, both key foundational requirements for academic primary care careers,[24,25] is rooted in historical mistreatment and socioeconomic disadvantage. Female researchers of Black heritage and female leaders further reflected on how racialised and gendered stereotypes constrain opportunities, development, and progression, echoing wider evidence that minority ethnic women carry greater workloads, work harder for recognition, and experience race- and gender-based discrimination embedded within institutional power structures.[26–29]

The findings highlighted unique barriers to career progression for international researchers of Black heritage that were not reported by UK-born or settled researchers of Black heritage. International researchers of Black heritage working in primary care spend considerable time and resources navigating complex, expensive, and contract-dependent immigration processes that pose major hurdles for building a career in academic primary care. These difficulties are intensified by frequent policy changes and job insecurity, leading some to pursue alternative career paths for greater stability. The Royal Society highlights that UK visa fees are among the highest for scientists in leading nations, and the global talent visa, although a premier route, still carries a significant immigration health surcharge alongside application fees, making its total cost higher than average compared to other science-leading nations.[30] International Black researchers would benefit from consistent support and guidance, including financial aid, to successfully manage this system.

Although participants highlighted clear recommendations for developing tailored training, funding, and networking interventions, implementation and resourcing of such initiatives are increasingly shaped by wider political and institutional shifts. Internationally, most notably in the US, there has been growing political and institutional resistance to equality, diversity, and inclusion (EDI) since 2023.[31] COVID-19 and post-COVID-19 investments in EDI through mentoring, inclusive recruitment, and leadership development that created momentum in addressing structural disadvantage have been rolled back.[32] This has important implications for the UK context, where progression is heavily reliant on competitive funding and linear trajectories. The global shift in EDI discourse has coincided with the changing UK research environment. Since this study was conducted, the UK research funding landscape has undergone significant changes with funding pauses and reductions from major bodies, including UK Research and Innovation and the Medical Research Council.[33] However, performance metrics relating to external grant capture, which directly influence career progression, have not factored in these funding changes. Although this funding instability has an impact on all researchers, structural inequities highlighted by participants in this study and widely evidenced across academia, in the UK and internationally, show these changes disproportionately have an impact on researchers from minoritised backgrounds.[34] Researchers from minority ethnic, migrant, disabled, and other underrepresented groups are more likely to be employed on fixed-term or precarious contracts, have non-linear career paths, and work in institutions with limited internal bridging support, which has an impact on progression and increases the likelihood of exiting academia.[33–35] This is likely to have downstream consequences for attracting minoritised researchers to pursue careers in academic primary care. Academic primary care leaders suggested learning from other fields such as undergraduate medicine, academic nursing, and NHS management, who appear to be developing and implementing strategies to improve representation and career progression of Black students and professionals.[36,37] This is an important insight as these fields are likely to feed into the academic primary care talent pipeline. Current evidence shows academic nursing and medicine leadership has a persisting problem of representation;[38] however, at the student level, more work is being done to better understand and address these challenges.[39–41] Further work is needed to improve the availability and quality of ethnicity data within academic primary care, a limitation that significantly constrained this study and continues to hinder efforts to

understand representation and career progression for Black researchers in the UK. Academic primary care leaders must work with other disciplines, including those that feed into primary care, to learn best practices and collaborate on developing and implementing strategies for equitable career progression.[42]

Implications for research and practice

This study highlights the persistent underrepresentation of researchers of Black heritage across academic primary care. Key barriers to career progression include structural and systemic barriers, discrimination, and exclusionary academic structures and practices. The present analysis identified the presence of intersectional disadvantage; however, further work is needed to examine how institutional practices, cultural norms, and power structures give rise to these inequalities across recruitment, retention, leadership representation, and progression. Future efforts must focus on developing targeted, informed solutions, such as creating a learning development pathway for Black communities to promote education equity and strengthen the pipeline for academic primary care, that move beyond single-axis approaches and address the structural and institutional conditions that limit change. Improving the availability and quality of ethnicity data within academic primary care is also essential to enable robust analysis and support the development of evidence-based strategies to advance inclusion and career progression.

Participants highlighted the need for comprehensive support for minoritised researchers, focusing on three areas: training, funding, and networking. Training was identified at three levels: general development for all researchers; onboarding for international researchers to ease transition into UK academia and culture; and leadership training to address inequities and bias. Targeted funding streams were recommended, with examples from other disciplines (such as Wellcome's accelerator awards[5]) offering potential models. Networking, mentorship, and sponsorship were also emphasised, including creating safe, inclusive spaces for Black researchers and implementing structured mentorship programmes to support retention, career progression and attract new talent. However, what tailored training, funding, and networking schemes should look like in academic primary care remains unclear. Future work should employ codesign approaches that integrate lived experience, build trust, and develop interventions aligned with career aspirations. Longitudinal studies are needed to evaluate the impact on retention, advancement, and equity, while comparative research across disciplines may identify transferable strategies. Further work should also identify the essential components of training and support packages, including pre-interview preparation, promotion application guidance, leadership development, and training for leaders to address racism, discrimination, and bias. Collectively, these efforts can inform sustainable, evidence-based interventions that advance inclusion and career progression. Sustained, collaborative efforts will be required to build inclusive structures and create equitable opportunities across academic primary care.

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Ethical approval

This study was approved by the University of Nottingham Faculty of Medicine and Health Sciences Research Ethics Committee (reference number: FMHS 218-0624).

Data

The data relied on in this study are available on reasonable request to the corresponding author.

Provenance

Freely submitted; externally peer reviewed.

Competing interests

Adwoa F Agyemang-Benneh is a postdoctoral research associate whose PhD was funded by the NIHR School for Primary Care Research (SPCR). Joe Kai is a professor of primary care and a member of the Board of NIHR SPCR. Christian D Mallen is an NIHR professor of general practice and the Director of the NIHR SPCR. He is funded by the NIHR SPCR and NIHR Applied Research Collaboration West Midlands. Ralph K Akyea is a postdoctoral fellow funded by the Health Data Research UK Big Data for Complex Disease Driver Programme. He has received funding through the NIHR SPCR PhD studentship (2018–2022) and postdoctoral fellowship (2022–2024; reference: C041). Adwoa F Agyemang-Benneh and Ralph K Akyea are primary care researchers who identify as being of Black heritage. The other authors have declared no competing interests.

Contributors

Adwoa F Agyemang-Benneh and Ralph K Akyea contributed equally.

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