FACULTY OF PUBLIC HEALTH

Decolonisation and Anti-racism in FPH

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Introduction

Racism has had longstanding impacts on health and wellbeing and continues to lead to health and social inequities faced by racially minoritised populations.[1] The causative factors are deep-rooted, driven by structural discrimination, which seeps into the functioning of institutions and systems. Discrimination at a structural level leads to disparities in access to resources and opportunities, which in turn cause health inequalities.

UK adults who are from minoritised ethnicities are more likely to experience poorer physical and mental health outcomes, after adjusting for differences in age, sex, and socioeconomic factors including household income and education settings. The legacies of colonisation and the ongoing impact of structural racism produce systemic biases in our health system, leading to worse physical and mental health outcomes throughout the life course.[2,3]There is a critical need for public health professionals to understand and examine the historical impact of racism on the social and structural determinants of health and health of marginalised populations. The education and training of public health professionals is an essential step in building capacity to reduce implicit bias and health inequalities within and between populations. A recent study reviewing postgraduate medical curricula in the UK showed that the terms racism and systemic racism are largely absent.[4]

Racism is a public health threat and there is an imperative for the Faculty of Public Health (FPH) to recognise its role in combating racial inequalities and bias, starting with the public health workforce. As a membership organisation with global outreach, FPH must lead by adopting an explicitly anti-racist approach, ensuring that public health professionals understand how racism impacts health and professional experiences. These inequities are also seen in access, quality and outcomes of public health specialty training.[5]

Recently, FPH recognised racism as a determinant of health and there is a strong intention among leadership, members and colleagues to tackle it. However, the Fair Training data[6] show more needs to be done towards our commitment to taking an anti-racist approach. This report aims to review FPH work to date, review the current curriculum with an anti-racism lens and develop recommendations for FPH committees to ensure continuous progress in dismantling racism in public health.

FPH has taken initial steps to integrate anti-racism into its work, including:

- A public statement in 2020 committing to tackling racism[7]

- Development of an Anti-Racism Framework and action plan[8]

- Establishing a memorandum of understanding on joint work with the NHS Race and Health Observatory in 2023

- Recognition of racism as an overarching determinant of health in the public health curriculum [9]

- The Fair Training initiative, examining inequities in PH recruitment, training and assessment[10]

- EDI in FPH's membership examinations to assess systemic barriers in PH education [11]

- The newly revised EDI committee will provide oversight to all the EDI work of the FPH which includes the delivery and implementation of its anti-racism framework and ensure that equity, diversity and inclusion are embedded in all aspects of work as a core principle [12]

Methods

The development of this report followed a structured and collaborative approach. The process was underpinned by key methodological components:

- The formation of a working group of FPH fellows with interest and experience in this area
- A scoping review of the key papers and reports with implications for FPH's strategy
- Mapping of the public health curriculum to the Lancet racism series anti-racism principles
- Tracking FPH's anti-racism work to the NHS Race and Health Observatory's (RHO) practical steps[13]

Through the insights gained from the working group workshops, a set of actionable recommendations have been developed to propose to FPH committees and to ensure continuous progress.

Findings

Interpersonal, institutional and structural racism continue to shape the landscape of public health. In this section, we explore how racism influences workforce experiences, career trajectories, and professional development opportunities, highlighting how biases in assessment frameworks, training accessibility, and career advancement perpetuate unequal outcomes. We then show how an anti-racism lens can be applied to all the learning outcomes in the public health curriculum to ensure that the public health workforce has the understanding and the capability to tackle the inequalities. And finally, we present an evaluation of FPH's progress by mapping its initiatives to date against the NHS Race and Health Observatory's recommended actions, highlighting achievements and areas for further development.

1. **Impact of institutional racism on Public Health**

Structural racism significantly influences the public health workforce's experience, wellbeing, and performance. This is manifested in access to the public health specialty training, progress through the training (exams and ARCPs), as well as career progress and achievements [Figure 1]. The Fair Training Programme showed that psychometric testing, for example, has been validated primarily on White European populations, reinforcing systemic biases. Another example of structural inequities in PH training is the performance gap among candidates from certain ethnic groups, who have significantly reduced odds of passing the Diplomate and or membership FPH exams[14]. This includes candidates undertaking the Hong Kong sitting, despite this being a long-established training location. These disparities may highlight colonial legacies in education and assessment frameworks, underscoring the need for tailored interventions that acknowledge historical and systemic disadvantages. Addressing these challenges requires interventions at multiple levels.
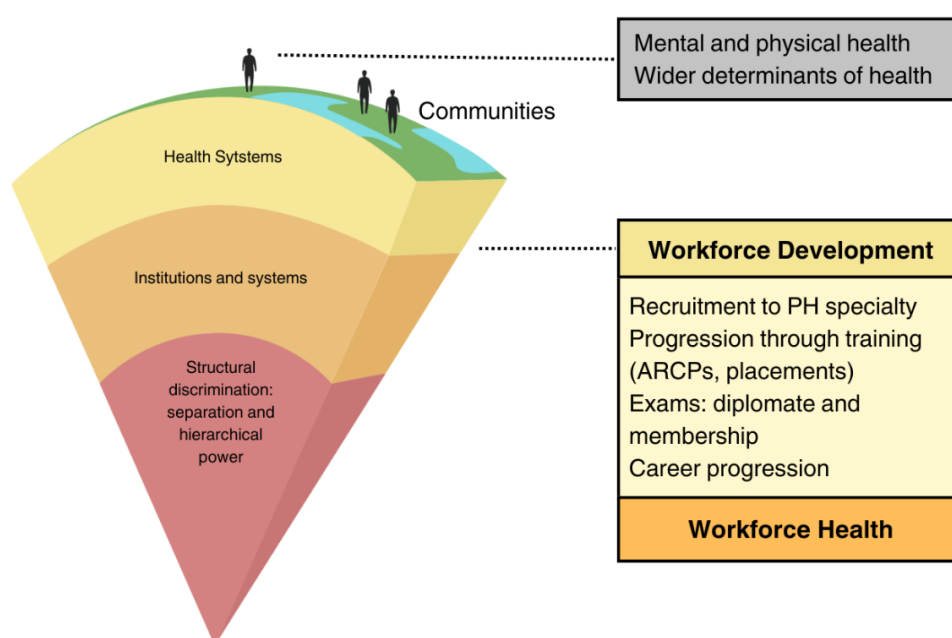
Figure 1. Impact of structural racism on Public Health workforce

Prioritising anti-racism in FPH and the establishment of a memorandum of understanding on joint work with the NHS Race and Health Observatory in 2023 will improve the experiences of members and the populations we serve, as well as creating collective progress towards a fairer society and achieving our mission of better health for all. A crucial first step will be achieved by adopting the following principles[15] in developing our curricula.

2. Adopting key Anti-racism principles in the public health curriculum

Decolonisation: Decolonisation actively recognises, examines, and tries to undo the legacies of colonialism, across all domains of society. This involves challenging the ingrained colonial ideas that persist. Colonial ideas underpin the current social construction of race, ensuring ideas of hierarchy persist. Truly attempting to change these systems and health inequalities will require wealthy societies to rethink existing frameworks of knowledge creation, and structures in global health.

Understanding intersectionality: Intersectionality refers to the ways in which the categorisations of people, such as race, gender, class, and associated systems of oppression, such as White supremacy, patriarchy, and ableism, overlap and interact to create unique dynamics and effects. Interventions should include an understanding of, and account for, the intersections between racism, xenophobia, and related forms of discrimination, and other types of discrimination, such as gender, sex, class, and disability.

Increasing diversity and inclusion: Minoritised communities need to be at the centre of designing interventions and policies to improve their health. Increasing the diversity of voices will help to improve understanding and the quality of interventions. Considering diversity should be supported by active engagement and collaboration with activists, community

groups, non-governmental organisations, and scholars from sectors outside of health. Diversity should be seen as a precursor to an equal society, and not as a final endpoint.

Reparative and transformative justice: Building on our understanding of the colonial roots of the health inequities that minoritised groups face, reparative justice first acknowledges and then helps to repair the harms. It aims to provide affected communities with the resources and support needed to achieve improved health.

Human rights-based approaches: We must use a human rights framework in policy making and monitoring. Many of the human rights treaties are accompanied by monitoring processes that subject countries to international reviews for compliance, including obligations related to the right to health, and equality and non-discrimination rights.

Active promotion of racial equity: An anti-racist approach proactively promotes anti-racist policies across all levels covering interpersonal and structural racism.

2.1. Mapping of the public health competencies to the Lancet anti-racism principles

The public health curriculum has anti-racism as an overarching theme. This was a significant step and demonstrates that this issue is a priority on the agenda; however, it does not require individuals to demonstrate competency or understanding. Table 1 shows the mapping of the current public health competencies to the aforementioned principles, as well as suggestions for knowledge under each key area to demonstrate competency.

Table 1. Mapping of the public health competencies to the Lancet anti-racism principles

Key areas	Knowledge base (suggestions)	Mapped to the principles
KA1. Use of public health intelligence to survey and assess a population's health and wellbeing	Impact of stigma and discrimination on data quality and completeness Data disaggregation to understand health and inequalities e.g. progress plus variables[16]	Understanding intersectionality Increasing diversity and inclusion Active promotion of racial equity
KA2. Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations	Assuring inclusion of key communities by collecting, analysing and reporting data that reflects progress plus variable	Decolonisation Understanding intersectionality Increasing diversity and inclusion Human rights-based approaches Active promotion of racial equity
KA3. Policy and strategy development and implementation	Equity Impact assessments	Decolonisation Understanding intersectionality Increasing diversity and inclusion Reparative and transformative justice Human rights-based approaches Active promotion of racial equity

KA4. Strategic leadership and collaborative working for health	Structural exclusion Tools to support leaders and trainees to understand and overcome barriers faced by individuals and organisations	Decolonisation Understanding intersectionality Increasing diversity and inclusion Reparative and transformative justice Human rights-based approaches Active promotion of racial equity
KA5. Health Improvement, Determinants of Health, and Health Communication	Racism, xenophobia and discrimination as determinants of health Awareness of critical race theory, postcolonial theory and dehumanization Community engagement and co-design of interventions	Decolonisation Understanding intersectionality Increasing diversity and inclusion Reparative and transformative justice Human rights-based approaches Active promotion of racial equity
KA6. Health Protection	Respond to structural factors that leave minoritised groups over-exposed and under-protected from infectious and environmental hazards to health Recognition of stigma of certain groups	Decolonisation Understanding intersectionality Increasing diversity and inclusion Reparative and transformative justice Human rights-based approaches Active promotion of racial equity

KA7. Health and Care Public Health	Recognise and respond to structural racism in the health system- Barriers for access, engagement, evidence-based care and retention in care	Decolonisation Understanding intersectionality Increasing diversity and inclusion Reparative and transformative justice Human rights-based approaches Active promotion of racial equity
KA8. Academic Public Health	Acknowledging Racism as a determinants of health Understand the gaps in the evidence Design studies to address inequity in participation, data collection and analysis, unanswered questions, discoverability of existing research or even knowledge of existing good practice	Decolonisation Understanding intersectionality Increasing diversity and inclusion Reparative and transformative justice Human rights-based approaches Active promotion of racial equity
KA9. Professional personal and ethical development (PPED)	Apply a decolonial anti-racist lens to learning and practice (have concrete examples)- synthesise the learning. 9.7 and 9.8. Trainees need to reflect that they are able to take an anti-racist approach, in working with colleagues, treating them fairly. 9.8 Add anti-racism to EDI.	Decolonisation Understanding intersectionality Increasing diversity and inclusion Reparative and transformative justice Human rights-based approaches Active promotion of racial equity

	Undertake an activity that demonstrates cultural competence and intelligence (worked or shadowed with diverse community leaders, write to governance committee on defunding translation). Demonstrate a synthesis of learning throughout the programme.	
KA.10. Integration and

Application of Competences for Consultant Practice. This area focuses on the ability to integrate and apply public health competencies for consultant practice | Registrars can reflect on how they demonstrated inclusive and anti-racist behaviours

10.10. Demonstrating understanding of intersections of multiple axes of discrimination. | Decolonisation

Understanding intersectionality

Increasing diversity and inclusion

Reparative and transformative justice

Human rights-based approaches

Active promotion of racial equity |

3. Tracking FPH's anti-racism progress

To help address the challenges associated with ethnic and racial inequalities, the FPH developed the antiracism framework [17] with commitments to dismantle racism in public health. The NHS Race and Health Observatory outlines practical steps to foster anti-racism practice, raise awareness, address racial inequities and to support healthcare organisations in their efforts to dismantle racism in healthcare [18]. In this section, we track FPH's work against these steps:

a) Demonstrating Leadership by naming racism and developing an anti-racist curriculum:

Naming racism is a key principle which underpins this work. The FPH has taken several steps to name racism as a public health threat. Anti-racism is an overarching statement in the public health curriculum, however there are no formal mechanisms to ensure that public health registrars understand its implications on population health. To build a comprehensive anti-racist PH curriculum, it is essential to learn from successful models, including:

- WHO global competency frameworks, including examples of best practice from the Essential Public Health Functions, and other institutions with public health functions (for example, NHS Lothian [19] and RCP of Edinburgh) [20]

- ASPHER's curricula models for addressing structural inequalities [21]

Box 1: ASPHER- Diverse social identities and their importance for Public Health[22]

ASPHER's syllabi provide hands-on material for people engaged in public health education on health inequities, social injustices and diversity.
The syllabi enable students to

• identify mechanisms of privilege and oppression related to social identities,
• determine awareness of one's own social identities and their relevance in the public health landscape,
• learn how to determine biases within public health structures (and oneself),
• address and change biases in their practices to ultimately reduce health inequities

The syllabi can potentially strengthen the capacities of future public health professionals to acknowledge the relevance of social identities and how to respond effectively to contribute to health equity.

Recommendation 1: Education committee to undertake a formal curriculum review to integrate anti-racist frameworks and include anti-racism in the leadership competencies

Recommendation 2: Ensure an anti-racist approach is integral to FPH's immediate

improvement priorities for current and future strategies.[23] Equality Impacts Assessments should be conducted in developing new policies and in reviewing existing ones considering potential impact on racialised groups. [EDI committee is already developing an EIA that should be adopted widely by FPH]

b) Understand and acknowledge the impact of interpersonal, structural and institutional racism and ensure clarity where accountability lies for improvement and progress: The Global Health committee organised a session on racism and health, and the majority of the attendees mentioned they would like support and resources to understand the impacts and how best to mitigate.

Recommendation 3: The FPH in collaboration with EDI committee to organise a programme of Induction day/refresher and an Annual training day/webinar on racism and public health underpinned by the Lancet series 6 principles in 'Understanding Racism and Health'. This can be shared with other organisations.

Recommendation 4: The FPH to commission the development of an educator's guide to support anti-racist teaching practices, and a repository of resources to be shared with other organisations (OHID, UKHSAs, etc).[24]

Recommendation 5: Develop an FPH Racism and Health skills/understanding needs assessment to support capability. The survey would aim to capture the needs of public health professionals regarding understanding and our competencies in tackling racism as well as how our profession is currently thinking about racism and FPH can best support members.

c) Meaningfully involve racially minoritised individuals and communities

Recommendations 6: EDI committee to organise a meeting/survey to understand experiences of racially minoritised members and groups as part of an ongoing dialogue.

d) Collect and publish data on race inequity ensuring it informs policy, strategy and improvement: Through the Fair Training programme, FPH is the first specialty to collect and analyse data to understand the extent of inequity in the public health specialty

Recommendation 7: Extend the Fair Training programme throughout the public health career, including consultant roles, pay gap, leadership and executive roles.

e) Apply a race-critical lens to adoption of interventions or improvements to be tested: FPH uses Equality or Integrated Impact Assessment- seeking best practice from the field (e.g. EqIAs)

f) Evaluate and reflect on interventions and collection of data using metrics that recognise the role of racism during public health training and progress

g) Commit to a programme of continuous improvement and re-evaluation in the light of emerging evidence

Recommendation 8: The Board seeks assurance that recommendations 1- 7 are enacted, implemented and reviewed to ensure that FPH registrars, members and fellows are compliant with anti-racism principles in professional practice.

Summary of recommendations

1. Education committee to undertake a formal curriculum review to integrate anti-racist frameworks and include anti-racism in the leadership competencies.

2. Ensure an anti-racist approach is integral to FPH's immediate improvement priorities for current and future strategies. Equality Impacts Assessments should be conducted in developing new policies and in reviewing existing ones considering potential impact on racialised groups. [EDI committee is already developing an EIA that should be adopted widely by FPH]

3. The FPH in collaboration with EDI committee to organise a programme of Induction Day/refresher and an Annual training day/webinar on racism and public health underpinned by the Lancet series 6 principles in 'Understanding Racism and Health'. This can be shared with other organisations.

4. The FPH to commission the development of an educator's guide to support anti-racist teaching practices, and a repository of resources to be shared with other organisations (OHID, UKHSAs, etc).

5. Develop an FPH Racism and Health skills/understanding needs assessment to support capability. The survey would aim to capture the needs of public health professionals regarding understanding and our competencies in tackling racism as well as how our profession is currently thinking about racism and FPH can best support members.

6. EDI committee to organise a meeting/survey to understand experiences of racially minoritised members and groups.

7. Extend the Fair Training programme throughout the public health career, including consultant roles, pay gap, leadership and executive roles.

8. The Board seeks assurance that recommendations 1- 6 are enacted, implemented and reviewed to ensure that FPH registrars, members and fellows are compliant with anti-racism principles in professional practice.

Next steps

- Review the list of recommendations and share the draft with the EDI and Education committees to refine (EDI SIG, SRC?)

- A consultation with the education committee on what would be most useful ahead of the curriculum review.

- A consultation with a reference panel of experts and members/fellows of FPH for a recommendations' validation and prioritisation exercise [EDI to organise as part of their reference group].

Conclusion

Addressing racism in public health training is essential for fostering a workforce capable of tackling health inequalities. By embedding anti-racist principles in curricula, supporting fair training practices, and advocating for systemic change, FPH can contribute to a more equitable and inclusive public health system and fulfill its legal responsibilities for non-discrimination as a public body/ registered charity under equalities legislation. This work must be continuous, informed by research, and driven by collaboration with affected communities and experts in the field. Prioritising anti-racism in FPH will not only improve the experiences of public health professionals but also enhance population health outcomes, ultimately advancing the mission of better health for all.

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