disproportionate deaths of BAME healthcare workers, despite the overwhelming number of deaths among these groups.[53]

5.8 The BMA believes PPE shortages, unequal distribution of PPE, and delays in undertaking risk assessments likely played a part in this tragedy. We are continuing to call on the government to ensure the provision of PPE considers diversity of need, particularly by ethnicity, faith, and gender.

5.9 We are concerned that structural inequalities in the workforce may have placed some BAME doctors at greater risk. For groups that have historically faced discrimination or feel like outsiders in UK workplaces[54], it can be particularly hard for them to raise concerns about safety or seek help. A BMA all-member survey in 2018 found that BAME doctors were twice as likely as white doctors to say they would not feel confident about raising safety concerns, as well as highlighting other differences around bullying, fear and lack of respect for diversity and inclusion. The BMA's COVID-19 tracker surveys have also consistently found that BAME doctors were much more likely than white doctors to say they felt pressured to see patients without adequate PPE. For example, our April survey[55] found 64% of BAME staff in high risk settings feeling pressured compared to 33% of White staff.

5.10 We welcome the UK-REACH research[56] investigating the risk of Covid-19 to healthcare workers from BAME backgrounds and urge the government to act swiftly on the findings when published.

6. How could inequalities in the health outcomes of people in different ethnic groups be addressed by government, public bodies, the private sector, and communities? (Q7.)

6.1 The Government, public bodies, the private sector and communities all have a role to play in challenging systemic inequalities and improving health outcomes among people in different ethnic groups.

6.2 In the long-term the Government must take coordinated action across departments to tackle ethnic disparities. This should include adopting a "health in all policies" approach to policy development across Government. A key priority must be to improve access to and experiences of health and social services by people from BAME backgrounds.

6.3 The BMA wholeheartedly supports PHE's recommendation[57], that the Government must: "Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long-term sustainable change. Fully funded, sustained and meaningful approaches to tackle ethnic inequalities must be prioritised." This is necessary to ensure health inequalities so starkly exposed by the pandemic are addressed in the long-term to prevent such a situation in the future.

6.4 Improving engagement with BAME communities

The BMA has repeatedly called for the government's COVID-19 response to engage with and gain the trust and confidence of BAME communities. It is essential that the government works with ethnic minority

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[53] BMA press release (June 2020) Medical organisations unite to call for urgent Government action to protect BAME colleagues on Covid-19 frontline

[54] E.g. see GMC Fair to Refer report which identifies overseas-qualified doctors, locums and SAS doctors, all of whom are mainly BAME as being most likely to be 'outsiders' and lacking support at work and the BMA's findings from its survey of disabled doctors and medical students referenced below.

[55] BMA (April 2020) BAME doctors hit worse by lack of PPE

[56] UK REACH

[57] ibid