**Transcript: Talk In Equality episode with Matt Westmore**

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**Anusree Biswas** 0:06   
Welcome to our new podcast series, Talk In Equalities, where we are looking at how we can try and address inequalities in health and social care research with a specific focus on minoritised ethnic groups in the UK.

 **Lillian Ndawula** 0:38  
I am Lillian Ndawula.

 **Anusree Biswas** 0:40  
And I am in Anusree Biswas Sasidharan. We are speaking to community organisations, leaders within research and researchers.  
The health inequalities experienced by minoritised ethnic groups have been well documented. In this series we explore the role that can be played by health and social care research to help address these inequalities, and perhaps looking to increase representation in participation and involvement. We will discuss the importance of engagement and what funders are doing to address the lack of representation from minoritised ethnic communities in research, in participation and involvement

*Music fades in and out*

In today's episode, Lillian and I will be speaking to Matt Westmore.   
Matt joined the Health Research Authority as chief executive in February 2021. He had a background in research funding, policy and practise and was previously director at the Wessex Institute at the University of Southampton and Professor of Enterprise with a focus on improving the relevance, transparency and quality of research.  
Matt has held roles within the National Institute for Health Research, NIHR, including as executive director of the evaluation Trials and Studies Coordinating Centre.  
He was also interim director of INVOLVE and as a member of HR, a research (1:40) Transparency Strategy group. He supported the development of the organisations ‘make it a public’ strategy for research transparency. As chief executive, Matt takes the need to role model inclusive practises and active allyship very seriously. He's visible leadership ensures that fair treatment of everyone is woven throughout our strategy sorry, your strategy, engagement practises and continuous improvement so very welcome to our podcast Matt.

 **Matt Westmore** 2:47  
Thank you very much. It's great to be here.

 **Lillian Ndawula** 2:53  
So Matt, could you please tell us more about the health research authority?

 **Matt Westmore** 2:59  
Yeah, I'd love to. So the health Research Authority is one of the UK's regulators of health and social care research. So broadly if anyone wants to do research with or in the NHS with patients or people who use adult social care either directly working with them or using their data or tissues, then we'll review that research to ensure that its ethical, legal and fair.  
Above all, the key thing we do is to ensure that the rights and interests of people are at the centre of research, so that that research that's being done today is high quality, but also of course, so that it could improve everyone's health and wellbeing in the future. In order to achieve that, we believe that it should be as easy as possible to do research that people can trust and trust is really the kind of guiding principle for us in all our work.

 **Anusree Biswas** 3:56  
that is super interesting actually I just had a question to add on to that so you know you said you did sort of you looked at ethics and fairness when you're reviewing research, do you also have an element around looking at equality strands and like a equality impact assessment or something like that?

 **Matt Westmore** 4:16  
Yes, so not explicitly through the mechanism of something like an equality impact assessment, but the ensuring that research is being done with and for the communities that is intended to serve as an important part of the process. So we'll ask questions about how have researchers and how do they intend to work with kind of communities relevant to the research at the point at which we decide whether or not it's ethical, fair and it's an important part of the ethics review process.  
We're probably getting to some of this a bit later on, my guess is that it's something we've always done, but it is also quite a rapidly changing way of looking at research as well. There's lots of work going on where we're trying to get better at asking those sorts of questions.

 **Anusree Biswas** 5:01  
Ohh. Lovely. Thank you. That was really interesting. Um I was gonna ask what would funders that you know such as NIHR and I don't know do you, you don't do the funding yourself but what do you think they can do to reduce health inequalities and actually what could you do to assist them as a health research authority to tackle that minoritised ethnic sort of inner health inequalities.

 **Matt Westmore** 5:27  
Yeah, so we're not a funder of research you’re right? Um, but we do work closely with funders of research across the spectrum, so that in the UK research funding is delivered broadly by sort of three different categories. There's the public funders research of which the National Institute of Health and Care Research, which also mentioned, and I used to work for as well. So know for a bit about them. But there are other public funders of research. There's a lot of research gets funded by industry. So pharmaceutical companies.  
Uh.  
Medical device Companies fund a lot of research in the UK and the final group is through charities. We have a really fantastic medical research charity sector in the UK and it's not quiet, but it's roughly about 1/3 of research is funded by each of those kind of groups in some way or another.  
 **Matt Westmore** 6:33  
And so in terms of NIHR specifically, because I know, you know, probably a lot of people listening to this are working in NIHR. NIHR does really, really good job in this regard. And I've worked with funders around the world and NIHR is up there with the best. So for those who are listening, who are working with NIHR are kind of very short messaged it’s just keep doing it, keep going, keep pushing, keep challenging yourselves, but you're on the right path.  
You're setting the pace, you're setting the lead and I think we should be really, really proud of that work.  
More broadly, for the other funders? Well, the first thing to realise is, I think that the causes of health inequalities are obviously complex and many and sort of deep rooted in wider social, economic and demographic inequality. But what I also find quite, you know, that's a really challenging sort of set of problems. But what's really inspiring is I think for once there is actually a simple thing we can do if we all did one thing actually, we would make the world a much, much better place. And that's just to stop overlooking the overlooked that, I think this is true of all organisations, whether it's the health Research Authority or funders in that, we know that communities that who are overlooked by research who aren't involved in research have no power in the research process.  
Have the worst, often have the worst health outcomes.  
And that's not a weird coincidence. Uh, it's causal. There's a causal link then. That's a complicated picture. And it's a complex picture, but it is definitely as because of it. So the best way all of us and funders in particular, the best thing we could do to improve everything would be to make sure that we work with the right communities in terms of who has influenced, can take parting actually do research and just kind of be part of the process of designing, delivering and disseminating research. So to work with all communities that we should be working with in order to benefit research.

 **Anusree Biswas** 8:47  
I was just gonna ask about the brokerage of those cause sometimes it's really difficult for researchers to access private groups and I wondered if you had a suggestion about how they could do that.

 **Matt Westmore** 8:56  
Yeah. So you know, if you think about within the world of kind of people who try to improve patient public involvement in general, particularly minorities, communities, there are some sort of really real kind of true heroes and warriors are out there who have kind of really carved a path to make research more inclusive.  
And it, you know, we should be quick to celebrate them, but we all should be quick to ask ourselves, why do we need heroes and warriors? Why does it have to be so hard? And I think your question kind of hints at the fact that it is difficult to do. It's difficult for people to get in the door. It's difficult for people to influence research and therefore it feels from the researcher’s side as if it's difficult to engage in those communities. But I think the first thing I would say is to make sure we're looking at it from the right side of the door here. The problem is with the institutions.  
Is with the researchers being difficult to work with. It is not with individuals or communities who are, you know, sort of difficult to reach or anything or any of that sort of language. But that's the first thing I'd say is just to make sure we realise where the problem lies here and it's with us first and foremost, but there's a lot of support out there. The fact we have this conversation today, you know, this is a support, this is gonna be a really helpful podcast series I'm sure. There's lots of research groups out there who have made real inroads into improving their own kind of inclusivity in order to be able to work with wider communities. So it's about learning from each other. There's lots of guidance out there. So one of the things we do at the health research authorities produce kind of considered guidance working with the community to say, look, you know, we haven't got all the answers, but we think these are these are the ways to think and approach things um and so NIHR has produced a lot in this area as well, so there's an awful lot of support out there for people that take that first step and realise that this something's gotta change in the way in which we consider and deliver research within our institutions.

 **Lillian Ndawula** 11:01  
Thank you very much. I think you've touched a bit on our next question around greater engagement with people from minorities groups as we want to also look at how your organisation can help with the groups or with the with the, you've talked about the funders but is then where you can help with the groups and also maybe thinking about not so much the research organisations, but also down to the grassroots. What can you do as health research authority to help that process of greater engagement, meaningful engagement with these communities.

 **Matt Westmore** 11:51  
It's two, two things I wanted to focus on here. The first is about how we're trying to change the health research authorities and organisation as a group of.  
Um, actually one thing probably worth noting is the health Research Authority, we're an arm’s length body of from the Department of Health and Social Care. We have a team who are employed, but a lot of the work is done by either people who are outright volunteers. So they give their time completely freely or at the very least, people give their time very generously compared to what we might kind of pay them. And so a lot of when we talked earlier about considering the ethics or the fairness or the legality of research, that's done by committees of volunteers. So when we think about the health Research Authority as an organisation, we're constantly thinking about, yes, ourselves in terms of our staff team, the people employed like myself and my colleagues, but also this volunteer community that we work with. So the first thing I was gonna highlight was clearly, we gotta think about who we are ourselves. Now there's two reasons for that. One is quite rightly, if we are pushing the wider sector to think about these things, then it's an easy challenge back to us to say, well you know, are you any better than the rest of us? So there's something about just making sure we got our own house in order. But actually if you think about the single biggest thing we can all do is to make sure we are working with different communities. That's what drives change and that's really important to us as well.  
So one of the things that I wanted to highlight was we’re doing a lot of work within the organisation as to making the kind of concepts of equality, diversity, inclusion, particularly inclusion, really connect with why we exist as an organisation so that we don't fall into that trap of just having a kind of a series of initiatives.  
Or, you know, projects or, you know, outputs or whatever it might be that something that really connects with why do we think we exist? And so we talk a lot about how do we make it easy to do research that people can trust. The trust is really kind of important concept there. And there are two things that we try to do in the world. One is we want to make it easier to do research. We want to accelerate the setup and delivery of research.  
But that is so that it can be relevant to people today. And the second thing we talk a lot about is inclusion, which is making sure that everything we do in the research community does is done with and for the communities that it's meant to be serving. And that's literally it. That's all we ever talk about in the outside world. Those two things. And so to really kind of bring it into this is why we exist. It's the reason we then end up with an initiative here project there or a programme there. But actually it's more that it means that all of us should be thinking at every opportunity. Is there something I can do to make my work more inclusive?  
Even if it's outside of a kind of a shiny programme of work.  
So that's the first thing that we've done is to try and connect it to our kind of real reasonable being. So what's one of the more kind of tangible things. So one of the things we've done is to, the NHS used to have a programme. I think it was called Stepping Up to Leadership, which was specifically aimed at supporting people from Black, Asian or minority ethnic communities in order to be encouraged to get experience of management and leadership. Given that it was the system was sort of stacked against them advancing in their careers and it kind of failed to the wayside over Covid like many, many things did, and so given the kind of organisation we are. We thought, well, it may come back and that be brilliant, but in the mean time and actually probably for the better, we'll do it ourselves. So we created our own internal programme.  
Called Stepping Into Leadership and again it was developed with a staff interest group.  
Around Black, Asian and minority ethnic communities and we kind of designed a programme specifically aimed at supporting talent progression, development of leadership, behaviours and opportunities in those communities and it's working really, really well in terms of giving people voice in the way in which we run the organisation and how we think about leadership as well as their own personal development. We've just done one cohort of that programme. But it's getting really really positive feedback.  
And then the second kind of example class of examples I’ll give to this question is about the broader system. So one of the challenges we face is that the research system in the UK is a system. It's not one organisation that does everything can have everything in control. It's a set of environments and organisations that have to work together in order for the whole thing to work, whether that's researchers working with their communities, working with funders, working with regulators, working with the publishing industry, working with the health and social care kind of delivery sector all of this has to kind of gear together to get the outcomes we want. And so a lot of our work is spent working at that system level in order to stay the same thing, set the same standards, reinforce the same ideas. So the kind of things we're doing are we work with NIHR, for example. But now 16 other agencies making the same expectations around public and patient involvement in research, which obviously includes kind of minoritised communities, we working with another regulator called the MHRA on establishing guidance for diversity plans, inclusion, diversity plans and research so that when each of those agencies see those proposed research, we've both said to the research community, this is what we expect to see in you're a diversity and inclusion plans. We've tried to align those with what the FDA for example, which is a somewhat equivalent organisation in the US because a lot of research is global. So we're saying the same thing time and time again. So lots of work where we're kind of trying to set out across the whole sector.  
That we all think that these sorts of topics are, you know, they're always important. They're always necessary to think about these issues and it's always possible to do something, even though sometimes these are really kind of quite difficult, intractable problems.

 **Lillian Ndawula** 18:12  
Thank you very much.

 **Anusree Biswas** 18:16  
I was going to ask going back to thinking about things like community organisations, because they can often support access to minoritised ethnic groups and with that in mind, I mean one thing that we found from our Reaching Out project that we did in the South East was the lack of trust between community organisations and the world of research. And really, we're looking at how are you working to build that trust and how do you think you can build that trust?

 **Matt Westmore** 18:47  
Yeah, it's really good. And I made the point earlier that, you know for us trust is the most fundamental kind of concept in everything we do because without trust, people won't wanna get involved in research either in the ways in which you've talked about or even just participate in.  
You know, in a trial of a of a new treatment or drug, whatever, they certainly won't if don't trust the research, they won't want to pay attention to the findings, even if it's ends up being good research. So for us, trust is, it's kind of more it's often referred to as the sort of golden thread. It's more important than that. It's the loom on which, the rich tapestry of research, is woven.  
It's really difficult. It's gotta be earnt. It can't be demanded or expected. It can't. People can't sit there, which I think we have done in the past and say, look, we're good people, we're doing the right thing. People should just trust us. That's not the way it works. It has to be earnt. It has to be built. It's got to be invested in, in meaningful and real ways over time. So that's all that in the broad base we've looked at it.  
There's some really practical things. So in certainly what we hear for some communities that you know what's really required is just an openness and transparency. Patience, time in order to kind of work with people to earn and build trust. So we did some work, for example, wasn't focused on a particular community, but we were asking.  
We were working with a group of patients who deliberately chosen, who had not worked with us before or really engaged in research, to try to get an understanding of what would be their thinking on some of the topics. And they started with us in a very somewhat kind of untrustworthy.  
Perhaps a bit cynical, certainly wary of us, and the research community. And because we spent time working with them, explaining how research worked, explaining what our role was, being very honest about what you know was positive and not so positive in our world, that built trust and by the end of that process.  
Those people were, you know, were very trusting of us, and were talking very positively about the role of research. There's something sometimes it's just about kind of being open and having the time in the patience. Sometimes it's about working through trust brokers. So people who are who are somewhat trusted by both sides, if you like, if that's the right way. It's not the right way to put it, but I think you understand what I mean in terms of roots into some communities. Sometimes that's entirely the wrong thing to do. People say no talk to me directly, don't go through my sort of my so-called representative. But sometimes that's a really important way into starting to build that relationship with us

 **Lillian Ndawula** 21:19  
Yeah.

 **Matt Westmore** 21:28  
And the final thing I would say is to we gotta invest in this. This is not an easy or quick thing to do.  
And that includes for example, I think one of the problems we have in, in working with Community groups in, in this context or in wider context is that we often go as if it's a a privilege for them to work with us, and therefore we don't have to pay them and therefore we don't have to kind of worry about their time or their resources and often they, you know, they're very small groups, volunteer run themselves and it's difficult to, you know, for to pay sometimes, and there's all kinds of complicated financial rules as to when you can and can't. Those sorts of things. But we've got to find some way of making it affordable to engage with us in some of these areas, and often we don't do that. And often that's the biggest barrier that people either individuals can't afford to work with us or community groups or small charities you know can't afford to do that sort of work. And that's on us to fix.

 **Anusree Biswas** 22:34  
And I was going to ask leading on from that talking about money because it is a significant matter cause I know often you have it for participants. So you have a fee or a reward or however you wish to frame it and I wondered if there were thoughts around you know within research where it's built in that you have co-applicants who are community development organisations who are quite established who also have that particular expertise of working with people and perhaps framing the question because we also found from the research that we conducted that often the questions were not right and it might have been helpful to have those conversations earlier with, you know, people who work in the community and have that particular expertise

and I wondered if you had any thoughts around, you know framing, you know, when it's about a community, you know that that idea, nothing about us without us and applying it also to minoritised ethnic people.

 **Matt Westmore** 23:50  
Yeah.  
Absolute   
So the the HRAS (18:41) position is that the communities, the people who the research is intended to support should be involved in every stage of the research so in an ideal world, and you know in some communities and some research groups we are in this ideal world where before someone's even had a thought, wouldn't it be interesting to do a piece of research in this area? There is already community or patient or public involvement just embedded within the way people are even thinking about what research is all the way through to when researches how research is designed, how it's delivered disseminated and it's something we learn.  
It really looks quite stark, which in the pandemic, so when we looked at the broader category of what we would call public involvement, which is, which would include minoritised communities, but is a much broader kind of concept. The studies that came to us in the early days of the pandemic, the numbers of studies that said to us, we've involved members of the kind of appropriate kind of communities or patient communities dropped from about 80% of studies we see down to about 20%. Yeah. So overnight. On one hand, you kind of think, well it's difficult times and everyone was working hard to get really important research up and running all that sort of stuff and that completely understand that.  
But what it really told us was that it wasn't truly embedded in research because we had no researchers come to us and say I'm really sorry I didn't have time to talk to a statistician or I'm really sorry I didn't have time to talk to a trial manager or another research clinician or something like that. But we had that drop off where people said they didn't have time to engage in a patient public community. So that tells me the reason they never said it about statisticians or trial management because they are so embedded in the way we even think about research, it would be impossible for you not to put in a research proposal where a statistician or trial manager hadn't been as part of the team cause it's just the way we do research, but that's not true for patient public and community engagement yet.   
It is for some for some research teams, but not for all, and so one of the things we did off the back of that was and the problem we get is when you're looking at it from a health research authority or even a funder, you see those proposals quite late in the day. You see them when it's way too late to say you really should involve patients in the public in designing or study because it's already designed and it's ready to go. And if you just give us the money or just gives the approvals, we're off and it's important research and it's good research for all the other reasons that sort of play into good research.  
That's very difficult at that stage to say no, no, no, you've got this wrong. You should have involved community sort of six months, nine months ago. So what we've done is we've created, we set up with NIHR this shared commitment on public involvement where we for the first time the whole sector said that research is that public involvement is always important and expected so that there was no misunderstandings. So by the time it got to the funder or it got to the HRI or whoever there was no kind of, well I didn't think that was important or that's not the way we think about research the whole system said no no you've got to think about it from the outset. So we would completely agree with that, now do about it is very difficult in terms of changing a system and changing a culture but there's plenty of examples of where it's done really, really well that I think we can all learn from. But first and foremost, yes, absolutely should work for communities. And then the second point, which you quite rightly raise, is about payment. We should pay.

 **Lillian Ndawula** 27:47  
Ohh.

 **Matt Westmore** 27:56  
You know, uh, actually, one thing you said, which we don't tend to do is we don't tend to pay for people to participate in research. So with some kind of very clear examples, exceptions, if you are a participant in a clinical trial. In other words, it you're recruited in your receiver, a treatment or a comparative you don't tend to be paid because there’s certain ethical challenges if that's the reason why people involving research, what we should do though, is pay for people to be involved in research. And that means people who are in the on the research team.  
Example or advising the research team then then we think that on the whole those people should receive some sort of financial recommends apart from anything else because I said earlier it then puts a barrier that says if you can afford to get involved in research because we can't pay you. Then you can get involved in research and that is not a very inclusive offer in our mind. It is difficult for organisations to roll that out. It's a lot of money involved and they're all kinds of other things that come into play. So we know it's a journey that we're on and we wouldn't today demand it if you like and say, look, it's terrible practice if you don't, but we would expect everyone in the research community to be thinking about how do I get to get myself into that position.

 **Lillian Ndawula** 29:18  
I just also wanted to pick up on that issue of payment, because I do remember during the Covid pandemic there was some research that was going on and they didn't have lots of people from BME communities and one of the people who was involved in that research said that she was able to participate in that research, but she could see why many people were not, because it took a lot of her time. And if people are working and they have to give up their time to come and get involved in that research, they will not be in that research. So it's kind of lives research to be for those who are able, who can afford it. So how can we then, I know there's ethical issues that you raised.

 **Matt Westmore** 29:54  
Yeah.  
Exactly.

 **Lillian Ndawula** 30:20  
How can we do it? That the research can be, people can get involved in research even though they don't have the financial help.

 **Matt Westmore** 30:29  
Yeah. So I think that there's a really important distinction between people who are involved in research. So, for example, might be on advisory committees, might help the research team.  
You know, you know, as we said earlier, sort of design the research questions or design the research methodologies or help with writing the kind of information, the consent information or sit on kind of advisory committees, while the research is being done or even being involved in the dissemination research, I would call that involvement and those are the people where it's for me, it's unequivocal. It is difficult. The system isn't funded currently to pay all of those people across the whole of the system and therefore.  
We have to think slightly carefully about insisting on that because that is a barrier to some of those types of research happening. And so I think we gotta be a little bit patient, but for me the concept is those people should be being paid.  
Participants in research, as in people who see their doctor for treatment and their doctor says, look, there's this research trial going on that you might wanna get involved with and you know, so the classic would be a clinical trial of testing out a new drug versus an existing drug in that circumstances then

 **Lillian Ndawula** 32:02  
Hmm.

 **Matt Westmore** 32:02  
people shouldn't be paid.

 **Lillian Ndawula** 32:04  
Yet.

 **Matt Westmore** 32:05  
And the reason for that is that if research is ethical, there has to be true uncertainty over whether or not the thing that's being tested is any better or any worse than the thing that you're comparing against? Because if there's not uncertainty, then it's unethical research.

The thing we've got to really focus on as research community, which I think is where there is a really important point of tour question is that when we ask a lot of additional effort from

 **Lillian Ndawula** 32:55  
Yeah.

 **Matt Westmore** 33:08  
patients in order to participate in, say for example if clinical trial compared to just going to their doctor and receiving a treatment.  
Then suddenly we're into that space of are we putting barriers in people's ways but the thing we should be doing about it is to make it easier to get involved in research, so we shouldn't be asking lots of data collection that we don't really need. We shouldn't be asking for lots of invasive tests, which we don't really need in order to answer the research community. We should be relying on routine data as much as we can. We should be relying on decentralised trials, which is where patients don't necessarily have to come to.

**Matt Westmore** 33:47  
You know, a big hospital or a university many many miles away from their home. It should be something that could happen in their community or even in their own homes

 **Lillian Ndawula** 33:57  
Ohh.  
Hmm.  
Picking up again on the that trust issue that we're talking about as part of the Reaching Out project, one of the things that came out was around the fact that people do get involved in research or communities, get involved in the research, but there is no feedback.  
That comes back to them.

**Lillian Ndawula** 34:57  
So how can we, you know, as a regulator, how can your organisation work to make sure that that happens? Because it's really disillusioning to communities.

 **Matt Westmore** 35:05  
Yeah.  
Yeah, absolutely agree. And there's 2 broad things we think about. First of all, it's just a matter of respect.  
The sort of things we talk about where people have, you know, expended effort or allowed their data or tissue samples to be used or there's been additional burden to not then go back and say and actually during the study like this is how it's going. This is the stage we're at. This is what we're doing and including at the end where you saying this is what we found one way or another just is for us as a matter of respect and relatively accountability but it is also a shooting yourself in the foot because you can bet that the first best way of discouraging someone to get involved in the next research study is if they have, if they feel like they've been poorly treated in this one, isn't it because they, it reinforces some of those areas of lack of trust. So we completely agree with that.

 **Lillian Ndawula** 36:04  
Ohh.

 **Matt Westmore** 36:11  
One of the things that the HRA (26:58) a leads on is for research transparency and within research transparency, which is all about how research is more open. There's a number of things that we think that you should do.  
One of them is that you should be back to everyone that's been involved in research. If they choose to receive that feedback, and obviously there needs to be mechanisms in place to make sure that if people choose not to be ever contacted again about this research study and some people, the research can be really quite difficult because of the subject matter, then absolutely there has to be that right to say no, happy to be involved but I don't want to be contacted again. On the whole, most people want to know. The last time we looked, it's a funny subset, of a subset of research, but the numbers we were looking at in that only something like 20 to 25% of research studies that we looked at had actually fed back the results of participants.  
So, you know, 75% hadn't at the point at which we are and obviously you know these things can happen overtime, but it’s certainly nowhere near 100% So what do we do about that? So we first of all is we identify it as a problem, the 2nd is, what do we do about it? The way we see all of our regulatory work is as a pyramid. So the first layer is we have to make it easy to do the thing that we want people to do. And sometimes it is difficult to do some of these things, feeding back to participants. This probably what's difficult about that when it's probably about making sure that the funding's in place to have the resources available to do it at the right time, that you're maintaining databases according to a kind of our rules and data protection and the light so that you can contact people. So there's a few things in there and then probably the hardest thing is ways in which to communicate with participants that would be accessible and meaningful to them, given the nature of some of this research, of course, the best way of figuring that out is to work with them. So there's something about making it easy. Then we would seek to put into place some mechanisms that make it normal to do. It's one thing it being easy and the second point is we want to make it so that most people do do it at that level, and that's probably about celebrating and sharing good practice

Then the next stage is to make it expected. So first of all, we've been quite supportive and gentle with the community. And now we've said, look, you know, it's easy. Most people do it. If you're not doing it, you've gotta know that you're breaching an expectation we have of you. And the final piece, right, the very top is for those that just flatly refuse, then we could take action as a regulator.  
And so by building that pyramid, hopefully you never, ever use that final.

 **Lillian Ndawula** 39:30  
Ohh.

 **Matt Westmore** 39:30  
Kind of piece of the of the of the toolbox if you like, because everyone is doing it, but every now again you could pull out the big stick as it were.

 **Lillian Ndawula** 39:39  
Ohh okay we would like to also explore this perception that's out there, that research work is currently interested in equality, diversity and exclusion because it's a work thing or a buzzword. And the thing that maybe it will fall off the agenda at some time. So what is it that we can do? You can tell us that you can convince people that this won't happen and that we can avoid it being a tick box exercise in the future.  
Ohh.

 **Matt Westmore** 40:36  
The first thing to say is personally I don’t pay much attention to people that say that sort of thing. I think it’s a, it reminds me of a sort of proverb that the person saying something shouldn’t be done, shouldn’t get in the way of the person doing it. I think there’s something about just kind of, if that’s peoples opinion then that’s fine, I wouldn’t pay too much attention to it.

But more directly to answer the question is, well, there is something that people have been working on for decades, isn't it? And we might have a certain language that we use at the moment around these issues.

 **Lillian Ndawula** 41:03  
The.

 **Matt Westmore** 41:08  
But the push for social justice and for research to improve the health and wellbeing of all of society, and even just the broader kind of push for social justice for minoritised communities is something which in some sense people have been striving for, for many, many decades. There are things like the kind of sort of sexual Discrimination Act 1975, Race Relations Act 76.

 **Lillian Ndawula** 41:21  
Mmm.

 **Matt Westmore** 41:36   
Of course they were great milestones because of all of the work that had been done in in these areas beforehand. So if we just zoomed out a bit, then I think we'd realise that this agenda is not flat in the plan, it's not something that's going to kind of go away quickly.

That's not to say that you know it's not perfect and we haven't got a lot to learn. Like I said, I think there's a lot of things that which we don't do well.

Having these kind of conversations, but have them we must. It's kind of the worst thing we could do is to stop talking about this stuff, even though it can be difficult, even though it bumps into wider kind of societal discourse, which isn't really about what we do but has an impact

 **Matt Westmore** 43:34  
Um, so in terms of advice to people to convince them is that is to say, you know, this is not short term. Yeah, maybe the language we use at any particular time, a short lived and we'll move on to other ways of describing this in the future. But the core intent will be the same.

 **Lillian Ndawula** 43:50  
Hmm.

 **Matt Westmore** 43:53  
And you know, this is an agenda that that many people have fought for, for many, many years. And you know, and we should pay respect to that, that we have an easier life of working in it on these agendas today, even though it's not as easy as we might think we want it to be.

 **Lillian Ndawula** 44:14  
Yes.

 **Anusree Biswas** 44:18  
Thank you. So coming to our final question.  
If the goal is to reduce health inequalities within minoritised ethnic groups, what is the one thing that you would change in the world of research to help us reach that goal?

 **Matt Westmore** 44:36  
The thing that I would really like to see change is about having diversity in the ways in which people can influence research.  
So that we are not in a situation where we are saying to people you have to be more like them in order to get involved in research. That for me is goes completely against the ideas of why diversity is so important, diversity for me is about embracing difference, not erasing it. So I don't think a utopian world for me is you just look into a kind of a university department or a hospital, whatever, and you just see a perfectly kind of diverse mix of people doing the work. Because I think we've probably erased diversity in that sort of sense, we just made everyone the same as what the people were before, what we should be doing is embracing diversity. And part of the way in which to do that.  
Is to have many many different ways in which people can engage and influence research.

 **Anusree Biswas** 46:33  
Thank you very much Matt and thank you so much for your time and you know you're really busy person and thank you so much for taking part in our podcast. It's really brilliant. Thank you so much.

 **Matt Westmore** 46:46, it's lovely to meet you both.

 **Lillian Ndawula** 46:48  
Thank you very much, Matt.

*Music fades in and out*