

MHRA Public Sector Equality Duty Report 2025-2026

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Medicines and Healthcare products Regulatory Agency – Public Sector Equality Duty (PSED) Report



Executive Summary

At the Medicines and Healthcare products Regulatory Agency, our mission is simple and profound. We keep patients safe and enable access to high quality, safe and effective medical products.

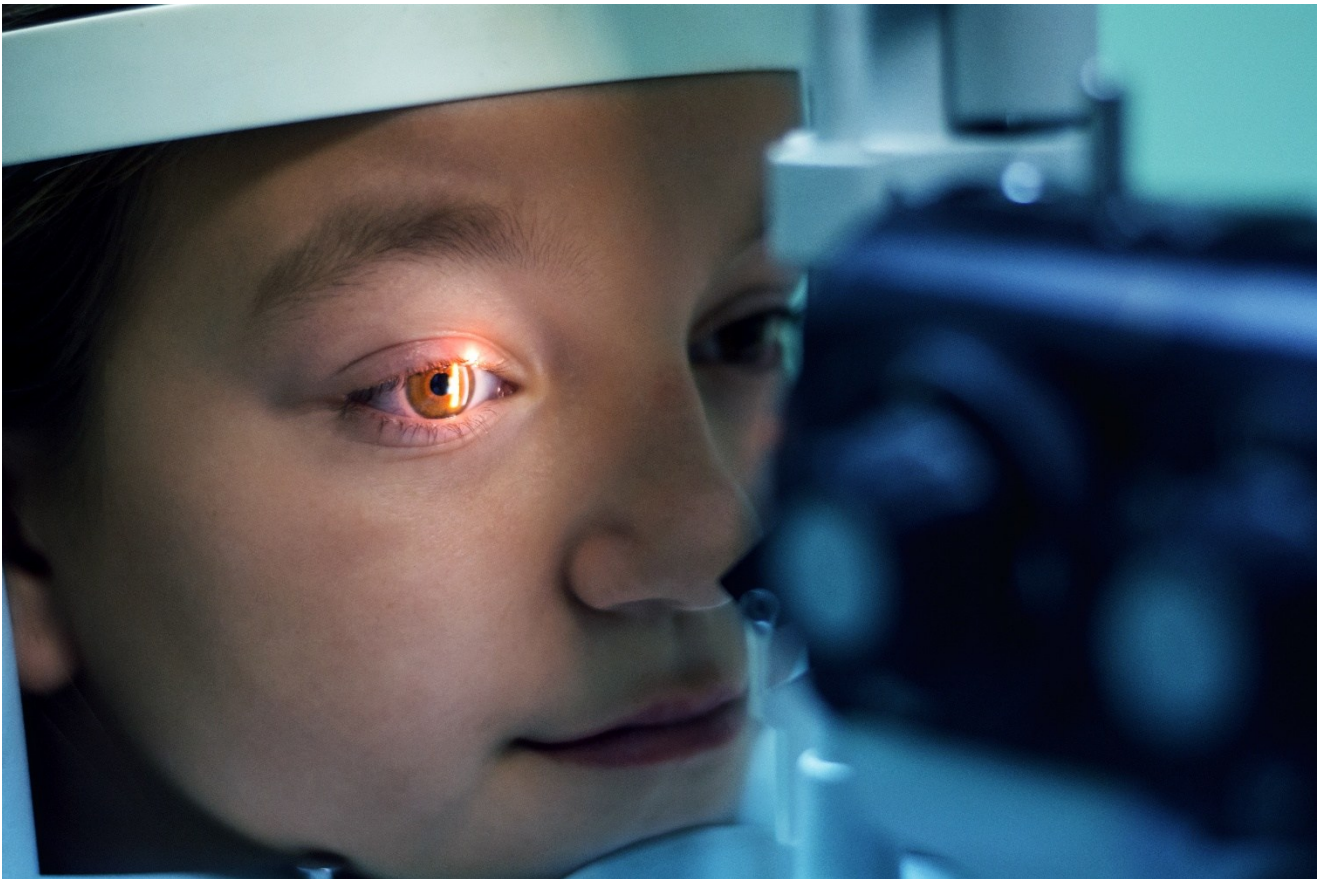
This Public Sector Equality Duty (PSED) Report sets out how that mission has been delivered with due regard to equality, diversity and inclusion across our regulatory work, our engagement with patients and the public, and our role as an employer. Covering activity between January 2025 and January 2026, the report provides evidence of how equality considerations are embedded in decision-making and delivery across the Agency.

There is encouraging evidence that the organisational conditions which support inclusive, high-quality decision-making are strengthening. Our People Survey results show improvements in engagement, inclusion and respect, indicating progress towards a culture

where colleagues from all backgrounds can contribute and thrive. At the same time, the data highlights areas requiring sustained focus, particularly consistency of fair treatment, confidence to challenge upwards, and trust in organisational support for wellbeing.

The report demonstrates how regulatory approvals, policy development and public engagement during this period have advanced equality of opportunity for groups at greater risk of harm or historically underserved. It also sets out our equality objectives, diversity goals and workforce actions, alongside transparent assessment of where further improvement is needed.

Overall, this report shows a regulator increasingly using science, data and lived experience to improve equity for patients and the public, and an organisation committed to strengthening the leadership capability, culture and systems required to meet its PSED responsibilities with confidence and credibility.



1. Purpose of the Report

This report outlines how the Medicines and Healthcare products Regulatory Agency (MHRA) meets our obligations under the Public Sector Equality Duty (PSED), as set out in section 149 of the Equality Act 2010 (the Act). We are committed to promoting equality, diversity, and inclusion in all aspects of work, including the regulation of medicines and medical devices, and the protection of public health. For a full explanation of the PSED and its statutory requirements, see Section 3.

The purpose of this report is to provide evidence on how we have complied with the Act and met its specific requirements. It does not attempt to provide everything undertaken in relation to Equality, Diversity, and Inclusion, but rather highlights some key achievements and milestones across January 2025 to January 2026 as well as noting areas for future focus.

2. Who we are

The MHRA is an executive agency of the Department of Health and Social Care (DHSC). We are responsible for ensuring that medicines, medical devices, and blood components for transfusion meet applicable standards of safety, quality, and efficacy. Employing a diverse workforce across scientific, regulatory, digital, and operational roles, we serve the UK population and work with healthcare professionals, industry, and the public to ensure the safe use of healthcare products.

We put patients first across the lifecycle of the products we regulate. We rigorously use science and data to inform our decisions, enable medical innovation and to make sure that medicines and healthcare products available in the UK are safe and effective.

Our responsibilities are to:

- ensure medicines, medical devices and blood components for transfusion meet applicable standards of safety, quality and efficacy (effectiveness)
- secure safe supply chains for medicines, medical devices and blood components
- promote international standardisation and harmonisation to assure the effectiveness and safety of biological medicines
- educate the public and healthcare professionals about the risks and benefits of medicines, medical devices and blood components, leading to safer and more effective use
- enable innovation and research and development that is beneficial to public health

- collaborate with partners in the UK and internationally to support our mission to enable the earliest access to safe medicines and medical devices and to protect public health.

There are 4 values that make up the foundation of our culture. Providing us with a shared identity that we embody through how we achieve our goals, how we work with each other and the working environment we create.

Our 4 values are:

- we focus on patients and public health
- we work together with respect
- we take responsibility and are accountable
- we create an environment where learning and innovation thrive

3. What is the Public Sector Equality Duty?



The Public Sector Equality Duty (PSED) requires us to take account of equality when shaping policy and delivering services. Policy and decision makers, including Ministers, must have due regard to the following three equality aims set out in the PSED when developing or changing any policies or services that impact people:

- eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between people who share a particular protected characteristic and people who do not share it
- foster good relations between people who share a particular protected characteristic and those who do not share it.

“Eliminating unlawful conduct prohibited by the act” means eliminating discrimination, harassment, victimisation, failure to make reasonable adjustments and any other conduct that is prohibited by or under the act.

“Advancing equality of opportunity” means having due regard, in particular, to the need to:

- remove or minimise disadvantages suffered by people due to their relevant protected characteristics
- take steps to meet the different needs of people who share a relevant protected characteristic
- encourage participation in public life or any other activity by underrepresented groups
- take steps to meet the different needs of disabled persons

“Fostering good relations” means having regard to the need to deal with prejudice and support understanding. For example, some decisions have the power to bring divided groups together and to support their mutual understanding. Other decisions may inadvertently cause people with one protected characteristic to blame people with another for a social problem.

The ‘protected characteristics’ covered by the Act are:

1. age
2. disability
3. gender reassignment
4. pregnancy and maternity status
5. race

6. religion or belief (including lack of belief)
7. sex
8. sexual orientation
9. marriage and civil partnership status (only in respect of eliminating unlawful discrimination).

The PSED is designed to make sure that public authorities think about equality in everything they do. It requires organisations to consider how they could positively contribute to the advancement of equality during the creation of policies and the delivery of services. Organisations that can meet the diverse needs of its service users and employees are likely to achieve their objectives more efficiently. Decisions taken without considering their impact on different groups can result in greater inequality and poor outcomes. Therefore, suitable consideration of equality issues is more likely to result in increased user satisfaction with services that are also more efficient and cost-effective.

Progress on equality objectives is monitored through internal governance structures and reported to DHSC. The MHRA's Executive Committee (ExCo) is accountable for ensuring compliance with the PSED and promoting a culture of inclusion.

4. Our Equality Objectives



The [MHRA set six equality objectives for 2023 to 2027](#) aligned with its strategic goals and the requirements of the PSED. These were published on 5 July 2023 on Gov.UK and we have been working towards them in a range of ways.

Objective 1

We aim to build an inclusive culture which values and respects diversity, where everyone can achieve their potential. As an employer we are also committed to the Civil Service ambition to become the UK’s most inclusive employer.

The People Survey 2025 results indicate a generally positive and improving picture on our inclusive culture.

Question	Positive	Civil Service Benchmark 2025	vs 2024	DHSC
Inclusion and fair treatment	80%	80%	78%	79%
B25. I am treated fairly at work	81%	83%	82%	81%
B26. I am treated with respect by the people I work with	86%	87%	85%	85%

B27. I feel valued for the work I do	72%	71%	69%	71%
B28. I think that my organisation respects individual differences (for example, cultures, working styles, backgrounds, ideas, etc)	81%	79%	77%	77%
B58. My organisation is committed to creating a diverse and inclusive workplace	76%	77%	74%	73%

These scores provide meaningful insights into how we are progressing towards our goal of having an inclusive culture that respects diversity. Overall inclusion is moving in the right direction: the theme is up 2 points from 2024 to 80% matching the Civil Service benchmark. Additionally, our interpersonal climate looks strong and is improving. Respect among colleagues is high at 86% (+1), only 1 point off the benchmark. Feeling valued has risen to 72% (+3) and now sits 1 point above the benchmark. Perceptions that the organisation respects individual differences are 81% (+4), which is 2 points above the benchmark. The outlier is perceived fair treatment at 81%, which dipped 1 point and is 2 points below the benchmark, although it is level with DHSC. This suggests that while day-to-day respect and valuing difference are strengthening, views about consistency and fairness of decisions and processes are lagging. In PSED terms, the pattern evidences progress on dignity, respect and valuing difference, alongside a targeted opportunity to close the small benchmark gap on fair treatment. Addressing that gap is the most likely lever to move the overall theme of Inclusion and Fair Treatment above the Civil Service benchmark.

For our ambition to become the UK's most inclusive employer we have been making good progress.

For detailed workforce demographics, including ethnicity, gender, disability, and LGBT+ representation, please refer to [Section 8: Workforce Data](#).

Concerning grade, across the Civil Service as a whole, the workforce is concentrated at the Executive Officer and Administrative Assistant/Administrative Officer levels, with 26.4% and 25% respectively, followed by 31% at the Senior or Higher Executive Officer level, 16.2% at Grade 6 or Grade 7, and only 1.50% in the Senior Civil Service. MHRA shows a markedly more senior profile: 36.86% of roles are at Senior or Higher Executive Officer, 36.5% at Grade 6 or Grade 7, and 9.92% in the Senior Civil Service, while the Executive Officer and Administrative Assistant/Administrative Officer levels account for 14.16% and 1.67% respectively. In short, compared with the Civil Service overall, MHRA has a higher proportion of staff in senior grades and a much smaller share in the junior grades.

	SCS	G6/G7	SEO/HEO	EO	AA/AO
All Civil Service	1.5%	16.2%	31%	26.4%	25%
MHRA	9.92%	36.5%	36.86%	14.16%	1.67%

Objective 2

We will continue to build and develop our relationships with all stakeholders, patients, and the public, including those that represent groups with protected characteristics, to improve our functions and services.

Progress against Objective 2 has been substantial and has been demonstrated by embedding meaningful involvement and analysis of impacts across key programmes and using lived experience to shape how we regulate. Collectively, these activities strengthen our relationships, amplify protected voices and improve the inclusivity, quality and trustworthiness of our functions and services. Below is a representation of these activities.

Patient and Public Community (PPC)

The Patient and Public Community (PPC) is a key platform for patient and public involvement. It enables the agency to engage with patients and patient organisations to inform regulatory work and policies and helps shape our decision making.

In 2025, we delivered four PPC meetings covering key regulatory and public health areas. We also held dedicated focus groups with PPC members gathering meaningful insight to inform the refresh of key strategies. These activities have helped ensure the patient and public voice is reflected in our work. Engagement from major patient organisations at PPC meetings is strong with 92% of participants reporting positive experiences of the sessions.

ILAP

The Innovative Licensing and Access Pathway (ILAP) is focused on getting the most transformative new medicines to patients in the UK health system more quickly.

In 2025 the Patient, Public and Stakeholder Engagement (PPSE) team recruited a pool of 20 Lay Members (members of the public) to work with the ILAP team over the next 2 years. They bring the public, patient perspective and voice to the assessment and selection of ILAP applications.

To ensure that lay members were able to contribute effectively, they received a comprehensive induction that explained the ILAP process, their role within it and how to

assess applications from a non-scientific perspective. Lay Members are a key part of the ILAP process.

Lay member feedback has provided the ILAP team with crucial insight in how to improve the assessment of applications for future rounds. For example, while lay members are provided with plain English summaries of ILAP applications, they advised the MHRA that these documents did not always contain sufficient detail to support informed assessment. In response, the MHRA has committed to working more closely with developers to improve the quality and usefulness of these summaries. This process of continual improvement will continue going forward.

International Recognition

In the Spring 2023 statement the then Chancellor, announced near-automatic recognition of medicines and medical devices from selected countries. International Recognition of medical devices enables access to medical devices and InVitro Diagnostic (IVD) devices from other countries where the device is approved and proven to be safe for the benefit of patients across the UK. One of the key aims is to ensure that devices that may not have been available to patients through traditional routes to access the UK market can be made available.

In 2025 three meetings were held with patients and patient groups to hear about their lived experiences. This engagement with patients and patient groups influenced and refined the International Recognition policy, particularly in keeping safety of the devices paramount before access into the UK market.

National Commission into the Regulation of AI in Healthcare

The National Commission into the Regulation of AI in Healthcare is an expert, non-statutory advisory body established in 2025 by the MHRA to review existing regulations and provide recommendations for a future regulatory framework for artificial intelligence in healthcare.

The Commission is ensuring its work reflects a broad range of perspectives, and therefore a comprehensive research and engagement programme was established. This includes:

- An open to all call for evidence survey to enable wide participation from members and stakeholders.
- Three full day deliberative sessions held across the UK, with participants selected to reflect the demographics of each host region.
- Three focus groups with targeted seldom heard communities:

- Young people
 - Unpaid carers
 - People with learning difficulties
- An open access public event held in central London.

Rare Disease - Patient Engagement and Involvement

We have set up a Rare Disease Consortium in order to work with a range of rare disease patients and patient representatives and support the development of a patient- focused regulatory framework. The framework will address the unique challenges of rare diseases and support the timely access to innovative therapies.

In 2025 workshops and meetings took place with patients and patient representatives to gain their views on a range of fundamental issues for the development of the framework. Continued patient involvement for this work will be crucial as the patient and rare disease community have the lived experience and expertise to enable the creation of a framework that best meets their needs.

Objective 3

We will improve our understanding of the PSED to make better policy decisions.

This equality objective focuses on supporting workforce understanding of the PSED. To facilitate this, staff are provided access to clear and practical information via the Agency's intranet. This includes an overview of the PSED and guidance on its application in policy and service development. Employees can also access the Agency's Diversity and Inclusion Policy and current equality objectives through searchable resources, enabling ongoing engagement with equality standards and responsibilities. For a full explanation of the PSED and its statutory requirements, [see Section 3](#).

Additionally, all new staff are required to complete the Civil Service Learning training *Civil Service Expectations*, as part of their mandatory onboarding training. The training introduces civil servants to the Civil Service Code and values, relevant legislation including the Act, and the Civil Service Diversity and Inclusion Strategy. The course highlights the importance of inclusive behaviours and provides practical guidance on creating a fair and respectful workplace. This course is required to be retaken every two years by all staff to ensure ongoing understanding.

Objective 4

We will ensure compliance across the agency with the PSED and evidence throughout the policy development process how we have paid due regard to it.

For all new policies and projects, part of the submission and governance process asks the following 2 questions (see [Section 7 for a full explanation of Equality Impact Assessments](#) and their role in policy development):

1. Have I demonstrated, with evidence, that I have considered how this policy/decision eliminates discrimination, advances equality of opportunity, and fosters good relations for all protected characteristics?
2. If appropriate, has an Equality, Diversity and Inclusion Impact Assessment been undertaken?

This helps ensure that all policies are developed to be PSED compliant.

Objective 5

We will increase leaders' understanding of the PSED and their engagement with the PSED. By highlighting and promoting the importance of equalities, leaders will develop confidence to recognise and appropriately respond to inequality issues. (see [Section 6 for details on leadership development and diversity goals](#)).

At present, we have one active diversity champion, focussed on wellbeing. While there is an ambition to expand this model to include other strands, such as Disability, Gender, Race, Age, Faith and Belief, LGBT+, Carers, and Social Mobility, there is still work to be done to achieve this. We will continue to roll out training to senior leaders on what the PSED is and how to embed it appropriately and proportionately across the Agency's business. We will make PSED information and HMG guidance available on our intranet and encourage the Agency to share its learning and best practice across the Agency.

Objective 6

We will strive to make our evidence for decision making as inclusive and representative as possible.

A key initiative in this area has been our Shadow Executive Committee (Shadow ExCo), which in May 2025 launched with its third cohort.

'Shadow' boards and groups are in use in Government departments and arms-length bodies to provide insight from colleagues across the organisation who would not typically be involved, providing a fresh perspective to the board they are shadowing in the role of critical friend. They usually work on similar or parallel terms to the group they are shadowing,

considering the same agenda items at similar times and are therefore able to contribute to the discussion of the main group, which for the MHRA is [the ExCo \(Executive Committee\)](#).

The aim of the Shadow ExCo is to help improve transparency and staff's understanding of ExCo decision-making and agency governance, and to increase the visibility of ExCo to colleagues across the agency. The Shadow ExCo also acts as a 'critical friend' to the ExCo by providing alternative insights and perspectives.

To ensure the group represents the diversity of people working in all areas of the Agency, expressions of interest are invited from delegated grades.

We will also continue to embed systems and checklists to help ensure that PSED considerations have been factored into relevant Agency policies and decisions in advance of, and at, key decision points.

Additionally, alongside formal executive decision-making, the MHRA engages actively through multiple internal forums to shape and strengthen work before it reaches ExCo. Proposals are routinely considered in detail by established sub-committees and governance forums, such as the People and Culture Committee (P&CC), and the People and Public Engagement Committee (PPEC), which provide structured challenge, scrutiny and assurance on equality, inclusion and people impacts. This staged approach helps ensure that a broad range of perspectives are considered, and that issues are tested and refined, before recommendations are escalated to ExCo for final decision.

5. Diversity Goals

In addition to our Equality Objectives, in line with our People Strategy 2023-2026 we committed to achieving a range of diversity goals over multiple areas. The goals and progress against them are as follows.

Goal 1: a 90% completion rate for diversity characteristics (as an average across ethnicity, disability, and sexual orientation)

We are working towards a target of 90% declaration across ethnicity, disability, and sexual orientation. As of January 2026:

- Overall average declaration rate: 74.47%
- Ethnicity: 90.02%
- Disability: 69.83%
- Sexual Orientation: 63.56%
- All three characteristics declared: 50.12%

For a breakdown of declaration rates and workforce representation, see [Section 8: Workforce Data](#).

Goal 2: Representation Compared to London Population (UK Census 2021 Benchmarks)

Characteristic	London Population Census 2021	MHRA Overall	MHRA G7-SCS	MHRA AA – SEO
Female	51.0%	61.59%	59.29%	63.72%
Declared Disability	15.7%	9.8%	9.86%	9.75%
LGBT+	4.2%	3.58%	4.17%	3.06%
Ethnic Minority	46.2%	38.47%	26.9%	49.32%

We are committed to achieving workforce representation that reflects the diversity of the UK population, as outlined in the UK Census 2021.

For full representation statistics and benchmark comparisons, see [Section 8: Workforce Data](#).

Goal 3: Continued reduction in Bullying, Harassment, and Discrimination scores (People Survey), to 5% for bullying and harassment and 4% for discrimination

For bullying and harassment at work, 6% of respondents said ‘Yes while working in my current team’, with the Civil Service benchmark for this question being 8%.

For discriminated at work, 5% of respondents to the People Survey 2025 said ‘Yes while working in my current team’, with the Civil Service benchmark being 7%.

This is a set of encouraging results as both measures are better than the wider Civil Service, and although our internal targets have not yet been met, the remaining gaps to target are achievable if current improvements continue. A focus on local hotspots and sustaining positive trends should be sufficient to close the gap.

Goal 4: Increase in Inclusion Scores to 83%

Colleagues report high levels of inclusion and fair treatment, with 80% positive on the Inclusion and Fair Treatment theme. Although this is 3pp from our target, this has improved by 2pp from 2024, encouragingly moving in the right direction. This sits alongside strong cultural enablers: 76% agree the organisation is committed to creating a diverse and inclusive workplace; 64% feel able to challenge inappropriate behaviour; and 68% say people are encouraged to speak up when identifying serious policy or delivery risks. These

indicators reflect progress towards a culture in which concerns are heard and acted upon, central to our PSED aims.

At the same time, confidence to challenge senior colleagues remains lower: only 51% feel comfortable speaking to those more senior about their actions and impact, and 37% feel confident that a senior colleague would be open to receiving challenge. This highlights a power-dynamics gap that can disproportionately affect under-represented groups and is something we will work to address to ensure equitable voice.

Goal 5: Increased Employee Engagement Index score to 65%

In 2025 our Employee Engagement Index score rose to 65%, up from 59% in 2024, and now level with the Civil Service benchmark, signalling a stronger organisational connection and voice, an important foundation for advancing equality and fairness.

Question	Positive	Civil Service benchmark 2025	vs 2024	DHSC
LOC4 I feel positive about the future of my organisation	54%	45%	42%	38%
B42 I feel that change is managed well in my organisation	28%	33%	21%	22%
B27 I feel valued for the work I do	72%	71%	69%	71%
LGC3 I feel that change is managed well in my area, Directorate or Division	39%	40%	36%	36%
B40 I believe that my organisation's senior leaders have a clear vision for the future of my organisation	50%	52%	40%	41%

The strongest positive drivers are feeling valued at 72% (above the Civil Service and DHSC comparators) and optimism about the organisation's future at 54% (well above benchmark and DHSC). Leadership vision is improving to 50% but sits a touch below the Civil Service benchmark, while perceptions that change is managed well remain the main drag on engagement at 28% for the organisation, slightly below benchmark though above DHSC. From 2024, all key drivers moved up, with the biggest gains in optimism and leadership vision, indicating momentum is coming from clearer direction and improved employee experience. To ensure further progress to the Employee Engagement Index score, this will most likely come by strengthening change management.

Goal 6: Increase in key People Survey themes to meet the 2025 Civil Service benchmarks or better

We remain committed to meeting the Civil Service benchmarks across the nine core themes of the People Survey. The 2025 results show we met or exceeded the benchmark in five of the nine themes, with four themes narrowly below. This represents solid progress and a clear, detailed map of where to focus next to close the remaining gaps.

How we compare (2025 MHRA vs Civil Service benchmark)

Theme	MHRA	Civil Service benchmark	Variance
My Work	83%	80%	+3pp
Organisational objectives & purpose	79%	78%	+1pp
My Manager	75%	77%	-2pp
My Team	80%	81%	-1pp
Learning & development	50%	48%	+2pp
Inclusion & fair treatment	80%	79%	+1pp
Resources & workload	70%	72%	-2pp
Pay & benefits	33%	35%	-2pp
Leadership & managing change	51%	46%	+5pp

- Met/exceeded benchmark in: My Work; Organisational objectives & purpose; Learning & development; Inclusion & fair treatment; Leadership & managing change (strongest outperformance).
- Just below benchmark in: My Manager; My Team; Resources & workload; Pay & benefits, encouragingly each within 1-2 percentage points of the benchmark, indicating achievable opportunities to close the gap.

Goal 7: Continue to drive to achieve the gold standard on our Equality, Diversity and Inclusion Framework, with specific focus on the PSED.

We continue to work towards achieving the Gold Standard of our Equality, Diversity and Inclusion Framework, with a focus on meeting the PSED. This includes ongoing analysis to identify barriers in recruitment and promotion, ensuring equality of opportunity and fostering psychological safety. A key step in this direction was the launch of a new recruitment platform designed to support more inclusive hiring practices.

Goal 8: Review the make-up of internal promotions and external recruitment with the aim to better understand equality of opportunity and any barriers to this, to enable psychological safety in our work environment.

We launched a Recruit to Hire Diversity Dashboard in September 2024 which provides us with demographic data for internal and external recruitment. We are monitoring this data and incorporating it into ongoing activities.

Job Applications from 1 January 2025 – 1 January 2026:

Gender

Applications were received from 15,607 candidates who disclosed gender. Among these, women made up the majority of applicants at 54% (8,671), while men accounted for 43% (6,880). Very small numbers identified as non-binary, another gender, or preferred not to say. A further 56 applicants did not provide gender information. Overall, the gender split shows a stronger female applicant pipeline.

Disability

There is a very high rate of non-disclosure in disability data. Out of over 21,000 applicants, 20,826 did not report their disability status. Only 220 applicants stated they did not have a disability, and 33 applicants reported a disability. This means that disclosed disability information represents roughly 1% of the applicant pool, with 99% remaining undisclosed. The data therefore provides very limited insight into the disability representation of candidates.

Sexual orientation

Sexual orientation was reported by 15,669 applicants, more often than disability but still showing gaps. The majority of applicants identified as heterosexual or straight (13,198, representing 84.2%). Smaller proportions identified as bisexual (622, or 3.9%) and lesbian or gay (450, or 2.8%). Ninety-eight applicants (0.6%) self-described their orientation, while 1,301 (8.1 per cent) preferred not to say. Overall, the data shows that most candidates disclosed their orientation, though a noticeable minority opted not to.

Ethnicity

Between 1 January 2025 and 1 January 2026, the majority of job applications were received from candidates from ethnic minority backgrounds, who together accounted for 72.6% of all applications. This includes applicants identifying as Asian, Black, Mixed or from Other ethnic backgrounds. White applicants made up 27.4% of the applicant pool, and no applicants chose to record their ethnicity as undisclosed during this period.

Temporary promotions

For the period of 1 January 2025 and 1 January 2026 there were 73 temporary promotions. Of these, 48 (65.75%) were female individuals and 25 (34.25%) were male. Out of 73 people, 44 identified as White (60.3%), 26 people identified as from an ethnic minority (35.6%) percent, and 3 people preferred not to say (4.1%). 49 people said they are not disabled (67.1), 4 people reported that they have a disability (5.5%), and 20 responses were blank (27.4%). For sexual orientation, 57 people identified as Heterosexual/Straight (78.1%), 3 people identified as LGBT (5.5%), 1 person (1.4%) selected Prefer not to say,

and 11 responses were blank (15.1%). For the grades of the positions recruited into SEO is the largest group, with 24 people (32.9%) percent of the total, HEO is the next largest group, with 21 people (28.8%), G7 staff make up 12 people, 16.4%, G6 accounts for 9 people, 12.3%, SCS1 includes 6 people (8.2%), and EO is the smallest group with 1 person (1.4%).

Goal 9: Ensure people have the knowledge and confidence to raise concerns on their wellbeing.

To enable staff to feel confident and equipped to raise concerns, we initiated an ongoing stress survey to better understand and address wellbeing challenges across the organisation.

From the People Survey 2025 results the below questions indicate how progress is going with this goal.

Question	Positive	Civil Service benchmark 2025	vs 2024	DHSC
LQ13. I feel confident in supporting the health and wellbeing of the people I manage	82%	89%	80%	85%
W09. My organisation provides good support for employee health, wellbeing and resilience	45%	60%	46%	55%

Manager capability looks reasonably strong but below comparators, suggesting most managers feel able to help, but confidence is not yet at external standards.

Employee confidence in organisational support is unfortunately weak: only 45% agree the organisation provides good support for health, wellbeing and resilience, indicating that trust in and visibility of wider organisational support is low. This gap is likely to limit people’s confidence to raise wellbeing concerns and to seek help early.

A priority for us going forward will be to close the 15-point gap to the Civil Service benchmark will matter most for achieving the goal, while continuing to lift manager confidence will help sustain day-to-day support.

Goal 10: Ensure identified diversity strands, (Race, Disability, Gender, Wellbeing, Age, Faith and Belief, LGBT+, Carers and Social Mobility) have an active ally.

MHRA has one active Diversity Champion, focused on Wellbeing. While there is an ambition to expand to include other strands, further work is needed to fully realise this goal.



6. Equality in our Work

This section highlights a selection of examples of our work, including medical and regulatory developments, that link with the requirements of the PSED. This includes a number of medical and regulatory developments from January 2025 to January 2026 which support progress in Equality, Diversity, and Inclusion. This is not an exhaustive list; however, these examples highlight how the work aligns with the requirements of the PSED.

Our approval process is objective, scientific and agnostic to the characteristics of applicants or patient groups, assessing the benefit–risk balance of a medicine against its intended

indication. Applications are made at the discretion of manufacturers, and the MHRA does not determine which products are submitted for assessment.

Race and Ethnicity

In April 2025, we approved trololastat for prostate cancer imaging, a disease with elevated risk among Black men. Similarly, In May 2025, guselkumab for Crohn’s disease and ulcerative colitis was approved, which have higher prevalence in certain ethnic groups and younger populations.

Age Inclusion and Equity

In March 2025, marketing authorisation was granted for Neoatronic, the first paediatric-strength dopamine hydrochloride infusion. In that same month, the approval of the mRESVIA RSV vaccine for individuals aged 60 and over supported preventive care and age inclusion for older adults at higher risk. In February 2025, MHRA approved Altuvoct (efanesoctocog alfa) for treating and preventing bleeding in patients aged two and above with hemophilia A. Most recently, in July 2025, the agency approved elinzanetant for moderate to severe vasomotor symptoms caused by menopause.



Disability Inclusion and Disease Equity

In January 2025, we approved Italfarmaco's Duvyzat for Duchenne muscular dystrophy, a progressive condition that primarily affects boys and young men, reinforcing gender-specific care and disability inclusion. This was followed in April 2025 by the approval of the first UK treatment for Friedreich's ataxia, a rare neurodegenerative disorder.

In March 2025, the Innovative Licensing and Access Pathway (ILAP) was re-opened with a refreshed framework, aimed at improving transparency and accelerating access to transformative medicines. Following assessment of 16 applications, three investigational products for rare diseases, neonatal onset ornithine transcarbamylase deficiency, (DMD), and a rare neurodegenerative condition, were awarded Innovation Passports. These designations mark a key step in supporting earlier access to treatments for underserved patient groups.

On 2 November 2025, we published a position paper outlining proposed reforms to accelerate approval of rare disease therapies in the UK. Developed with input from the Rare Disease Consortium, the paper signals a commitment to improving regulatory pathways and highlights the need for modernised regulation to better support emerging science and unmet patient needs.

Gender Equity and Reproductive Health

In June 2025, we issued updated guidance on the safe use of popular medicines for weight loss and diabetes, sometimes referred to as "skinny jabs" including medicines such as Ozempic, Mounjaro, Wegovy, Saxenda, and Victoza. The advice highlights the importance of effective contraception while using these medicines and for a period after discontinuation, due to limited safety data in pregnancy.

Mental Health and Digital Inclusion

In July 2025, we reinforced our support for the £43 million Mental Health Mission (MHM), a national programme led by the Mental Health Translational Research Collaboration (MH-TRC), NIHR, and DHSC. This mission aims to position the UK as a global leader in mental health research by accelerating the development of innovative diagnostics and treatments, particularly in underserved regions. We contribute by embedding regulatory expertise within the mission to ensure inclusive, safe, and effective innovation.

In parallel, since November 2021, the MHRA has led a Wellcome-funded project in collaboration with the National Institute for Health and Care Excellence to address regulatory challenges surrounding Digital Mental Health Technologies (DMHTs). This work, which includes public engagement and the development of clinical evaluation standards, seeks to

ensure digital tools are accessible, safe, and relevant, especially for people with lived experience of mental health conditions.



7. Equality in our organisation

This section outlines our approach to workforce equality, including data analysis and initiatives to comply with the requirements of the PSED.

People Strategy – “Enabling People to Flourish”

The People Strategy, “Enabling People to Flourish”, was developed alongside our Corporate Plan for 2023–2026. Placing our people at the centre of everything we do. Our commitment to keeping patients safe and ensuring access to high-quality, effective medical products in the UK is made possible through meaningful investment in our workforce.

The Strategy is structured around five interconnected themes:

- Attracting and retaining the best talent
- Developing exceptional people and leaders

- Valuing diversity and promoting wellbeing and inclusion
- Investing in a healthy culture, and enabling great performance and delivery.

These themes are underpinned by a shared responsibility to foster an inclusive, respectful, and psychologically safe environment where every voice is heard, and every individual can thrive.

The Strategy also outlined expectations for individuals to connect meaningfully, listen actively, and champion inclusion, enabling everyone to bring their best selves to work. The Strategy is reviewed bi-annually by the People and Culture Committee on behalf of ExCo, with updates aligned to the Corporate Plan refresh and business planning cycle. Preparation is underway to develop a new People Plan for , as part of the MHRA 2030 Strategy also in development.

Equality Impact Assessments (EIAs)

Equality Impact Assessments (EIAs) are a vital tool used to evaluate the potential effects of new or significantly changed policies, practices, procedures, functions, or services on equality, diversity, and inclusion and to enable the MHRA to pay due regard to the three equality aims set out in the PSED. These assessments help identify whether proposed changes could disproportionately impact individuals or groups with protected characteristics under the Act.

By conducting EIAs, we can ensure that it does not inadvertently discriminate and instead actively promotes fairness, inclusivity, and equal access. The MHRA aims to ensure that equalities considerations (and where appropriate EIAs) are carried out for all new policies, major projects, and strategic decisions, enabling the MHRA to anticipate and mitigate any negative impacts while embedding equality considerations into its core decision-making processes.

Available to all staff to support them with EIAs are an EIA template, EIA Guidance including a process flowchart, and a PSED screening tool. There is also a selection of recent EIAs available to staff for reference.

Internal Policies Supporting the PSED

The MHRA has developed a range of internal policies that actively support its compliance with the PSED. These policies are designed to foster fairness, inclusivity, and wellbeing across the organisation, ensuring that all employees are treated with dignity and respect. Each policy is regularly reviewed to remain aligned with UK legislation and Civil Service standards.

A policy is the Diversity and Inclusion Policy, approved in August 2023 and scheduled for review in August 2026, sets out our commitment to fostering an inclusive, respectful, and equitable workplace. Aligned with the Equality Act 2010 and the PSED, the policy promotes equality of opportunity across all aspects of employment and service delivery. It outlines responsibilities for employees, managers, and HR, and embeds inclusive practices such as anonymised recruitment, reasonable adjustments, mandatory training, and EIAs. The policy supports a culture where diversity is valued, and all individuals, regardless of background or identity, can thrive.

Other policies of note include but are not limited to Gender Identity and Intersex Policy, Grievance Policy and Procedure, Family Leave (Adoption and Maternity Policy), Mental Health in the Workplace Policy, Recruitment Policy, and Wellbeing Policy.

Mental Health in the Workplace



Mindful Employer

Established in 2004, Mindful Employer is a UK wide initiative run by Devon Partnership NHS Trust. Providing employers with easier access to professional workplace Mental Health training, information and support, the initiative aims to help empower employers to take a lead in supporting the mental wellbeing of their staff.

By signing the 'Charter for Employer Positive About Mental Health', we have made a public statement about our desire to support the mental health of all staff.

Wellbeing Ambassador First Aiders

The Wellbeing Ambassador First Aiders (WAFAs) is an initiative that asks for volunteers to undertake training and be a point of contact for an employee who is experiencing a mental health issue or emotional distress. This interaction could range from having an initial conversation through to supporting the person to get appropriate help. As well as in a crisis, WAFAs are invaluable in providing an early intervention and help for someone who may be developing a mental health issue. WAFAs are not trained therapists or psychiatrists, but they can offer initial support through non-judgemental listening and guidance.

In addition to them directly supporting individual staff members, many of the WAFAs also are members of the Wellbeing Ambassador Champions network and work closely with the Diversity and People Engagement team in creating agency-wide Wellbeing initiatives such as raising awareness about mental health, writing blog contributions to reduce stigma, promoting positive mental health, consulting on matters that affect staff wellbeing, actively working to make it common place for staff to say 'I am struggling' or 'I need support' without fear of negative consequences.

Workplace Stress Survey

Open all year round to all colleagues, the Workplace Stress Survey is based on the Health and Safety Executive model and has been tailored to the MHRA. We understand that there are lots of pressures across the agency and for many colleagues these stresses are not new. The survey helps us to continuously monitor and understand stress levels and triggers and enables us to act.

Race Equality

The MHRA has signed The Race at Work Charter. In becoming a signatory, we are committed to the following key outcomes;

1. Ensuring a champion for race equality sits in diversity and inclusion boards

2. Capturing and publicising ethnicity data in our annual PSED report
3. Ensuring a commitment to zero tolerance on bullying and harassment
4. Ensuring that tackling diversity and inclusion is the responsibility of everyone within the organisation
5. Supporting and measuring the progress of ethnic minority talent in recruitment and progression

There is continuing work to ensure we are meeting these outcomes.

Disability Equality

We are a Disability Confident Employer, which means actively committing to inclusive practices that support disabled people and those with long-term health conditions. We are also a partner of the Business Disability Forum, Business Disability Forum (BDF) membership gives organisations a dedicated Business Partner and access to an expert Advice Service by phone and email, plus a growing set of peer Networks and Taskforces and a programme of events and webinars that offer a safe, confidential space to learn and share what works. Members can use the Disability Smart self-assessment tool, with a diagnostic report, to shape their disability strategy, and draw on a comprehensive Knowledge Hub of resources and toolkits.

Bullying, Harassment and Discrimination (BHD) Management

The MHRA maintains a zero-tolerance stance on bullying and harassment, recognising the serious impact such behaviours can have on individuals and workplace culture. The policies, including the Dignity at Work and Grievance Policies, are designed to ensure that all concerns are addressed promptly, fairly, and consistently, in line with the Civil Service Code and the principles of integrity, honesty, objectivity, and impartiality.

Bullying may manifest as overt hostility or more subtle behaviours such as exclusion, unfair treatment, or undermining someone's contributions. While bullying itself is not unlawful, harassment, defined as unwanted behaviour related to protected characteristics under the Act, is a legal offence. We encourage informal resolution where possible, supported by line managers, People Business Partners, trade union representatives, and the Employee Assistance Programme (EAP). Formal complaints are handled through structured grievance procedures, ensuring confidentiality and respect throughout.

Support is available to all employees, including access to 24-hour confidential counselling. These services provide independent advice on bullying, harassment, and other personal or

work-related challenges. We remain committed to fostering a safe, inclusive, and respectful environment where all staff can thrive free from discrimination or intimidation.

Additionally, we have our group of Fair Treatment Ambassadors. Fair Treatment Ambassadors (FTAs) are a staff-led group of volunteers who have been trained to offer a first point of contact for anyone who is experiencing difficult work-related situations.

They are a first point of contact and provide a way for staff to discuss matters on a confidential and informal basis, acting as a sounding board, provide information, signpost, when appropriate, support and offer the chance to discuss any issues. They are there to provide impartial guidance and support to staff who feel been unfairly treated through bullying, harassment or discrimination.

Workplace Adjustments

The Workplace Adjustments Guide outlines a structured and inclusive approach to supporting employees who require adjustments due to disability, health conditions, or other personal circumstances. Published as a commitment to Diversity and Inclusion, the guide provides clear pathways for both temporary and permanent adjustments, whether or not they fall under the Act. It emphasises timely, consistent, and needs-responsive support, including the use of adjustment passports, referrals to Occupational Health, and access to resources such as WAFAs, the EAP, and the Diversity and Staff Engagement Team. This approach ensures that all staff, regardless of diagnosis or formal status, can access the support they need to thrive at work, aligning with the PSED's aims to eliminate discrimination, advance equality of opportunity, and foster good relations.

Occupational Health

We want to help and support staff to maintain good health and wellbeing. Our Occupational Health (OH) service is provided by PAM Occupational Health (PAM). PAM work with both the employer and the employee to minimise the effect work can have on the health of our staff, whilst trying to ensure that the health of the employee does not adversely affect the work they are employed to do.



Employee Assistance Programme

Champion Health, our wellbeing platform from PAM Wellness provides 24/7 on-the-go access to comprehensive support across the four pillars of wellbeing: mental, physical, financial and social. Through the mobile app and desktop portal employees can access a confidential helpline available 24 hours a day, tailored wellbeing programmes based on their goals, company wellbeing challenges to encourage team participation, and expert-led masterclasses with monthly webinars. They can also explore engaging podcasts and articles, healthy recipes and workout videos, plus discreet support tools with clear signposting to further help.

Learning and Development

As Civil Servants MHRA employees have access to Civil Service Learning, a Learning and Development platform that offers a range of courses on multiple topics, varying from free to with a cost. Subject to the approval of the line manager and local budget holders, some budget is available for staff to access these courses where appropriate to support their development needs.

Civil Service Expectations Course

The *Civil Service Expectations* course is a foundational learning programme designed to embed the principles of equality, diversity, and inclusion across the Civil Service. It introduces civil servants to the Civil Service Code and values, relevant legislation including the Act, and the Civil Service Diversity and Inclusion Strategy. The course highlights the importance of inclusive behaviours and provides practical guidance on creating a fair and respectful workplace.

All new starters are required to complete the course as part of their mandatory training and needs to be renewed every 2 years by all staff.

Key learning outcomes include:

- Understanding the legal and ethical responsibilities under the PSED.
- Recognising inclusive behaviours and supporting a culture of respect and fairness.
- Identifying support mechanisms for addressing discrimination, workplace adjustments, and wellbeing.
- Applying knowledge of diversity and inclusion to policy and service delivery.

The course also includes updated content on the Worker Protection (Amendment of Equality Act 2010) Act 2023, which introduces new employer responsibilities to prevent sexual harassment. This training supports the MHRA's commitment to building an inclusive culture and ensuring compliance with equality legislation across all levels of the organisation.

Other training courses available to employees at no cost via Civil Service Learning include:

Menopause Awareness Course

The course raises awareness of the menopause transition and its impact on individuals, particularly women, as well as Trans and Non-binary colleagues. It aims to normalise menopause as a workplace conversation and reduce stigma through education and open dialogue.

Crossing thresholds

Crossing Thresholds is a 6-month career mentoring programme that allows women to develop their career in a structured and supportive environment. Aimed at women who want the time, space and support to explore the next steps in their career and be clearer about their career goals and how to achieve them.

On average, 76% of participants have either been promoted or moved to a more suitable job within a year of completing the programme. Delivered through five facilitated, themed modules, monthly mentoring sessions and peer support groups, the programme improves the learner's confidence, personal impact and self-awareness.

Continuous encouragement and embedding of the 70-20-10 learning model

This is a more inclusive way of looking at how different people learn and that colleagues can choose whatever mix suits them best to achieve personal and organisational goals:

- 70 (through experience) supports people who learn by doing, experimenting, and problem-solving in real contexts
- 20 (through others) benefits those who thrive through interaction, mentoring, coaching or observation
- 10 (through structured courses and programmes) remains available for all of us to learn topics that are better explained, learnt and understood in a structure way following classroom-type courses

Staff Networks and Employee Resource Groups

MHRA Staff Networks work in line with the Civil Service Staff Network Policy. There have been a number of Staff Networks set up over the years by staff members, with some of these continuing whilst others becoming less active. The primarily active networks currently are:

Spectrum

Spectrum is the agency's lesbian, gay, bisexual and trans (LGBT+) staff network. Spectrum has a network mailing list which is open to any member of staff in the agency regardless of sexuality or gender identity.

Agency Early Careers Network

The MHRA Early Careers Network is designed to support individuals who are new to the MHRA or the Civil Service, whether they are recent graduates, career changers from industry, or early-career professionals. Its purpose is to foster connections, provide development opportunities, and create a supportive space for career growth. Through events, seminars, and networking activities, members can gain insights from senior leaders, enhance their skills, and build relationships across different areas of work.

MHRA Sports and Social Committee

The MHRA Sports & Social Committee is a recently launched staff-led network that brings colleagues together through inclusive sports and social activities to support wellbeing and a

positive workplace culture across the Agency. It's open to all employees and provides the framework and governance for clubs, operating in line with the Civil Service Code and staff-network policy. Early clubs include Running, Football, Walking, Racquet Sports, and Social Sports, with the committee meeting regularly to build momentum and expand the offer.



8. Workforce Data

The MHRA collects and analyses data on workforce demographics, including gender, ethnicity, disability, and age.

The data presented in this report reflects our workforce by protected characteristic, including age, disability, ethnicity, religion or belief, sex, sexual orientation, socio-economic background, and caring responsibilities. Data is collected during onboarding by the People team.

In the interests of anonymity and employee confidentiality, we have grouped grades by delegated grades (Administrative Assistant, Administrative Officer, Executive Officer, Higher Executive Officer, Senior Executive Officer, Grade 7, Grade 6) and Senior Civil Service (SCS) grades.

As of January 2026, there were 1673 people employed by MHRA.

Ethnicity

Table 1 shows the representation of employees by ethnicity and responsibility level.

As of January 2026, there were 1673 people employed by MHRA. Of that, 644 people (38.47%) were of an ethnic minority background, 863 people (51.55%) were White, with 167 people (9.98%) choosing Unknown or Prefer Not to Say.

Grade	People from Ethnic Minority Backgrounds	Not Known/Prefer Not to Say	White	Total
Delegated	611	135	761	1507
SCS	33	31	102	166
Total	644	166	863	1673

Compared with the figures for the whole Civil Service where 18% of the workforce are from an ethnic minority background and for figures for London based ethnic minority civil servants accounting for 39.4% of the workforce, as detailed in the [Statistical bulletin - Civil Service Statistics: 2025 - GOV.UK](#)

Sex

Table 2 shows the representation of employees by sex and responsibility level. As of January 2026, MHRA has 1031 women (61.59%) and 639 men (38.17%) working for it. 3 people chose 'prefer not to say'.

Grade	Female	Male	Total
Delegated	935	569	1504
SCS	96	70	166
Grand Total	1031	639	1670

Sexual Orientation

Table 3 shows the proportion of employees by sexual orientation

As of January 2026, 1004 employees (59.98%) had declared to be heterosexual, 60 as Lesbian, Gay, Bisexual, or Other (LGB0) (3.58%), 465 individuals had left the field blank (27.84%) and 144 individuals had chosen Prefer not to say (8.6%).

In the interests of confidentiality, this table displays figures for the total organisation, not grouped by grade or other potentially identifying factor.

Grade	Heterosexual	LGBO	Prefer Not to Say	(blank)	Grand Total
Grand Total	1004	60	144	465	1673

Grade

Table 4 shows the proportion of employees by grade. The highest proportion of employees is at G7 grade.

Grade	Count	Percentage
AA	7	0.42%
AO	21	1.25%
EO	237	14.16%
HEO	261	15.59%
SEO	356	21.27%
G7	382	22.82%
G6	229	13.68%
SCS	166	9.92%
PhD	14	0.84%
Grand Total	1673	100.00%

Religion

Table 5 shows representation of employees and their religion or belief (including lack of belief) by responsibility level.

In the interests of confidentiality and anonymity, distinct religions have been grouped together.

Table 5: MHRA employment - count and proportion by religion or belief and responsibility level

Grade	Disclosed Religious Affiliation	Prefer not to say	(blank)	No Religion	Not Known	Total
Delegated	731	143	126	485	22	1507
SCS	64	25	24	49	4	166
Total	795	168	150	534	27	1673

Disability

Table 6 shows the proportion of employees by disability status and responsibility level.

Table 6: MHRA employment - count and proportion by disability status and responsibility level

Grade	No	Yes	(blank)	Grand Total
Delegated	906	147	454	1507
SCS	99	17	50	166
Grand Total	1005	164	505	1673

Gender Pay Gap

In 2017, the government introduced world-leading legislation that made it a statutory requirement for organisations with 250 or more employees to report annually on their gender pay gap.

On the 16 December 2025 the Department of Health and Social Care published its [2025 Gender Pay Gap Report](#), which includes the figures for the MHRA.

The figures are below, whilst more information can be found in the specific report itself.

Gender Pay Gap Report

The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate that there may be a number of issues to deal with.

The gender pay gap is different from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

For this report, hourly pay is calculated using base pay, allowances and bonuses paid in the relevant pay period as defined in the regulations.

The 2025 gender pay gap figures are set out below. In all tables, 'Health and social care' refers to the overall figures from DHSC, UKHSA and MHRA.

Pay and bonus gaps

The figures in Tables 1–3 are taken from the DHSC 2025 Gender Pay Gap reporting and use the standard gender pay gap measures. Pay gaps are calculated using average hourly pay (not annual salary). For this reporting, hourly pay is calculated using base pay, allowances and bonuses paid in the relevant pay period, as defined in the regulations.

In Table 1, the mean pay gap shows the percentage difference between the average hourly pay of men and women, and the median pay gap shows the percentage difference between the midpoint hourly pay of men and women. The mean and median bonus gaps are calculated on the same basis for bonus pay. A positive percentage indicates women's pay or bonuses are lower than men's; a negative percentage indicates women's pay or bonuses are higher than men's; and 0% indicates no gap.

Table 1: pay and bonus gaps by reporting organisation

Reporting organisation	Mean pay gap	Median pay gap	Mean bonus gap	Median bonus gap
DHSC	3.6%	1.8%	6.3%	5.6%
MHRA	8.8%	15.3%	7.3%	0.0%
UKHSA	9.4%	6.5%	24.5%	0.0%
Health and social care	7.5%	13.5%	14.1%	14.3%

Table 2: percentage of men and women receiving a bonus by reporting organisation

Reporting organisation	Men	Women
DHSC	73.9%	77.3%
MHRA	45.2%	51.4%
UKHSA	35.5%	45.7%
Health and social care	49.5%	57.1%

Table 3: percentage of women through each pay quartile by reporting organisation

Reporting organisation	Lower	Lower middle	Upper middle	Upper
DHSC	66.0%	67.5%	64.7%	61.7%
MHRA	65.8%	63.3%	62.8%	54.3%
UKHSA	69.6%	67.9%	64.8%	56.0%
Health and social care	67.9%	66.8%	64.9%	57.8%

9. Conclusion

There has been substantial evidence of progress towards our Equality Objectives and how we comply with the PSED. Of course, these tasks are large and complex, and there is much still to do. With the upcoming renewal of our Corporate Strategy, our People Plan and Diversity and Inclusion Policy, amongst other guidance, we are committed to building on the good work that has already been seen.

What changed for patients and the public

Approvals and policy interventions in 2025–26 which paid due regard to equality considerations supported groups at greater risk or historically underserved. These decisions advance equality of opportunity and meet other equality aims by reducing delays to safe, effective interventions for the people most likely to need them.

Through the Patient and Public Community, and ILAP Lay Members there is a strong public voice in decision that are now routinely shaping assessments. Work on AI regulation and rare disease frameworks included targeted engagement with seldom heard communities, improving proportionality and fairness in future regulation.

Policy can be improved by lived experience, and through the patient engagement directly refining the International Recognition policy to keep device safety paramount before market access, this has demonstrated how early, diverse perspectives lead to safer choices and better outcomes.

Inside the MHRA

With our People Survey 2025 results, we have seen gains on a range of critical levers for equitable, high-quality decisions, with the remaining gaps being specific and actionable, presenting us with clear opportunities for our future focus.

For full workforce statistics and survey results, see [Section 8: Workforce Data](#) and [Section 4: Our Equality Objectives](#).

What this means

Collectively, these outcomes show a regulator using science, data and lived experience to improve equity and an employer building the conditions for every colleague to do their best work. They also identify where further, focused effort will have the greatest impact, including but not limited to senior level diversity, disability declaration and support, leader confidence and consistent cross-Agency understanding and application of PSED in policy and decision making, eliminating bullying/harassment and discrimination, and ensuring consistent line management practice.

As we continue delivering the 2023–2027 equality objectives, our focus is on measurable impact right across every component that contributes to us being a fair and inclusive organisation.