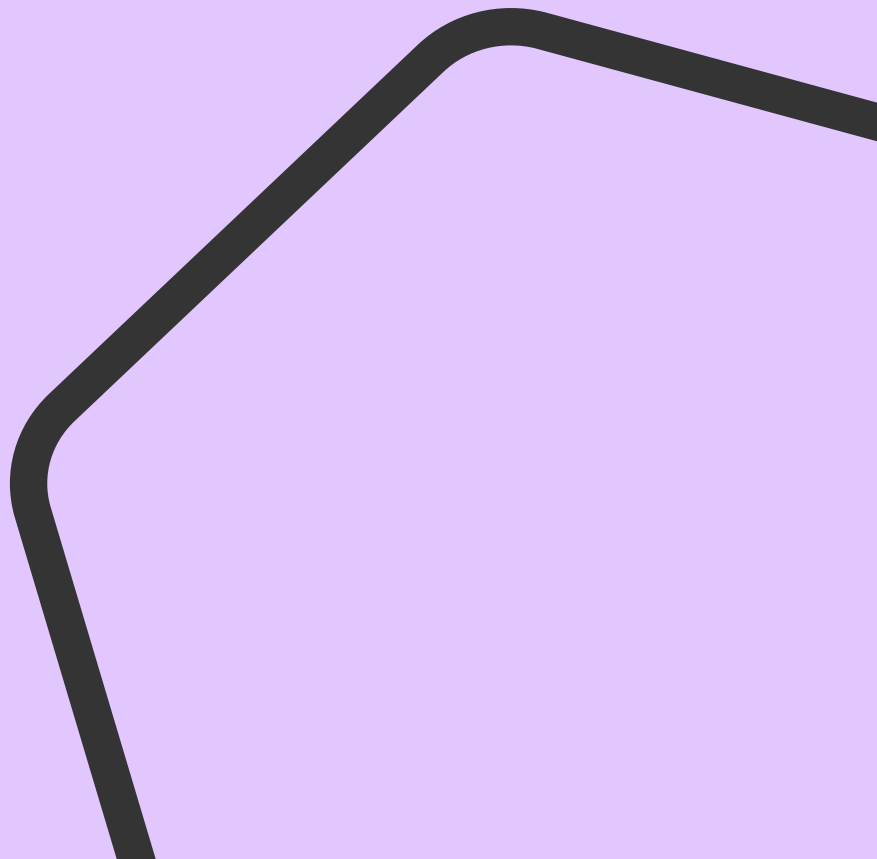




June 2026

# Rapid Ethics Assessment and Learning (REAL) method in policy decision-making

Evidence report



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<sup>1</sup> Antanavičiūtė M and Pykett J (2026) *Rapid Ethics Assessment and Learning (REAL) method in policy decision-making. Evidence report* Nuffield Council on Bioethics, Faculty of Public Health and University of Birmingham. <https://doi.org/10.48352/qumu.bhamx.00001000>

# Executive Summary

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The Rapid Ethics Assessment and Learning (REAL) method is intended to be a pragmatic decision-support which policy professionals and institutions can use to identify and address ethical challenges in a highly time-constrained situation, such as during a crisis.

While there are long-established and institutionalised processes that encourage scrutiny of scientific evidence, the same cannot be said about analysis of ethical tensions. Ethical implications are not always well integrated into the decision-making process, and they can become de-prioritised, particularly in time-pressured and crisis contexts. When uncertainty is high and evidence is incomplete, dealing with fairness, proportionality or trade-offs can be inconsistent. This can lead to inequalities and unintended harms. Examining ethical issues early on and throughout decision-making processes can enhance rigour and support openness and transparency. Development of the REAL method, which seeks to respond to this problem, is presented in this report. It is the result of a collaboration between the [Ethics & Expertise](#) (E&E) research project led by a team at the University of Birmingham, the [Nuffield Council on Bioethics](#) (NCOB), and the [Faculty of Public Health](#) (FPH).

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**“ The REAL method draws upon insights gathered through the NCOB’s engagement and research by the E&E project, which included discussions with government and public bodies to understand how ethics advice to policymakers is organised in different governance contexts.**

The consultation, co-design and testing activities through which we have developed the REAL method involved engagement with more than 170 unique participants, including Australian civil servants, representatives of international organisations and participants from over 30 UK policy or public sector organisations, through six consultations and four testing events.

This report sets out the research that has informed the REAL method and the lessons we have learnt thus far from the co-design process. It provides an evaluation of the strengths of the method including its openness, generalisability, flexibility and support for learning, as well as reflecting on potential limitations in relation to resolving power relations, fulfilling public participation requirements, risks of tokenism, and adhering to a singular ethical framework. The Appendices contain further details on who was involved in consultation and testing. In the accompanying step-by-step guide to using the method, we also provide a glossary of technical terms, and visualisations of how the REAL method could fit into the policy design cycle.

We are now seeking public sector partners to create case studies of how the REAL method can be used within live projects and to encourage embedding the method across different areas of public sector decision-making practices.

# 1 Introduction

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The REAL method was created following evidence that policy professionals need support with making rapid decisions on ethical issues.

In this section we set out these motivations and rationale for creating the REAL method, its methodology and design process in more detail. Throughout this report we will use “REAL method” and “the Assessment” interchangeably to refer to the process of using the REAL assessment tool and engaging in accompanying learning activities.

## Challenges of embedding ethics insight in policy during crises

Evidence from the Ethics and Expertise (E&E) research project shows policy professionals face particular barriers and challenges to using ethics advice and embedding ethical dimensions in their decision-making during time pressured situations, such as crises. The transfer of policy-relevant ethics expertise into real-time policy decision-making is challenging for the following reasons, among others:<sup>2</sup>

- the rapid pace at which policy decisions are made;
- diverging viewpoints on which ethically justifiable decision is most appropriate within a given context;
- the informal and non-systematic nature of existing ethics-advisory structures;
- high levels of uncertainty that routinely shape policy processes.

For instance, during the COVID-19 pandemic, the lack of public engagement and reliance on epidemiological modelling processes sometimes meant that fuller understandings of human experience were not prioritised in policymaking.<sup>3</sup>

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2 Brall C, *et al* (2024) “I think all of us should have [...] much better training in ethics.” Ethical challenges in policy making during the COVID-19 pandemic: Results from an interview study with Swiss policy makers and scientists *BMC medical ethics*, **25**(1): 129; Sommer T, Strassheim H and Wenzel L (2024) Crisis management and ethical expertise: The role of ethics advice during the COVID-19 pandemic in Germany *Risk, Hazards & Crisis in Public Policy* **15**(1): 6-24.

Désy M, *et al* (2025). Public health ethics in times of crisis: the experience of the Quebec public health ethics committee during the COVID-19 pandemic *Canadian Journal of Bioethics* **8**(1): 165-168; Wilson J, *et al* (2024). Providing ethics advice in a pandemic, in theory and in practice: A taxonomy of ethics advice *Bioethics*, **38**(3): 213-222.

3 Millar MR, Gourtsoyannis Y and Jayakumar A (2022) Ethics of vaccination: Should capability measures be used to inform SARS-CoV-2 vaccination strategies? *British Journal of Clinical Pharmacology* **88**(1):47-55.

National ethics committees played an important role in the COVID-19 pandemic, yet the provision of ethics advice in times of crisis was highly contingent on how receptive and co-ordinated governments were in seeking such advice, from whom, and the adoption of particular roles within transient and informal structures.<sup>4</sup> This suggests that strengthening individual capacities and organisational infrastructures can contribute to a more adaptive and diverse advisory environment, and a better understanding of ethical tensions within policy decisions.<sup>5</sup>

During the E&E research, our joint consulting, and testing events that we will detail later in the report, we found that it was necessary to establish basic definitions and to set clear distinctions between applied ethics, research ethics, and professional ethics.

While law provides enforceable rules, it often leaves grey areas where law may not provide clear steer. Often these relate to ethical issues – where different ethical values have to be prioritised, and trade-offs have to be accepted. These decisions require transparent justification and reasons for prioritising certain public or individual goods over others. For example, these might be decisions that prioritise individuals' freedom to move and have control over their health outcomes, over community health outcomes, or vice versa.

While the priority should always be to follow established law and regulation, there may be some decisions where there is no clear legal guidance. Law establishes enforceable rules, while regulation gives more detailed requirements and standards. Ethics insights and assessments can be particularly useful in areas where regulation is not yet developed, and law has not yet caught up with new technological developments, crisis events, or other political factors. Often expert and public discussion of ethical issues can inform new regulation or review of existing laws.

Ethics expertise therefore refers to the ability to identify and discern ethical issues in contexts where regulation and law may be lacking, ambiguous or contested. Ethics experts may uncover implicit ethical assumptions to a more expert level, due to education, skill, and competency.

Yet in some circumstances, ethics experts are not available, and the policy context moves with speed that requires quick decision-making. The REAL method aims to fill this gap by providing decision-making support for policy professionals in areas where regulatory guidance and law do not provide a sufficient steer in relation to the ethical issues raised.

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4 Pykett J, *et al* (2023). Ethical moments and institutional expertise in UK Government COVID-19 pandemic policy responses: where, when and how is ethical advice sought? *Evidence & Policy*, **19(2)**: 236-25; Wilson J, *et al* (2024) Providing ethics advice in a pandemic, in theory and in practice: A taxonomy of ethics advice *Bioethics* **38(3)**: 213-222.

5 Pykett J, Antanavičiūtė M, Ball S, Dippel B, Pearce W, Straßheim H and Ulnicane I (2026) Ethics-policy advisory ecosystems: enhancing operative, discursive and adaptive capacities *Contemporary Social Science* **21(1)**: 2631477.

## Ethics expertise and competencies

The role of ethics expertise and advice to policy professionals was also seen as somewhat less technical and objective than advice from medical experts or other scientists. Ethics advisors who were interviewed tended to highlight that they should not be regarded as moral authorities, but rather their role was to help policy professionals make implicit assumptions explicit.

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**“ I consider my role to be a scrutiny one, not one of me being in a sort of position of wisdom.**

**Interviewee 2**

Ethics advisor, December 2024, UK

Embedding ethics competencies and expertise into policymaking creates opportunities to strengthen governance, anticipatory practices, and crisis management. In practice, urgent conditions often lead decision-making to focus narrowly on technical or operational advice, while ethical and social considerations receive less, if any, attention, and are not routinely embedded into policy practices. This could be because the impacts of embedding ethics are not easily measured or tracked.

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**“ I think what there’s less of is the operationalising of ethical guidance into, you know, how do you actually take those principles? How do you take those frameworks and then implement them in practice?**

**Interviewee 10**

Policy professional, April 2024, UK

Policy learning practices, including learning from multiple disciplines such as the humanities and social sciences, are essential for improving governance during crises, yet are often constrained because of the sidelining of certain forms of expertise under crisis conditions.<sup>6</sup> Ethics assessments designed for use under time pressure can help policy professionals address these challenges by providing practical prompts to support ethical judgment when specialist advice or time for reflection is limited.

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<sup>6</sup> Zaki BL (2024) Practicing policy learning during creeping crises: key principles and considerations from the COVID-19 crisis *Policy Design and Practice* **7(1)**: 87–104; Cairney P (2021) The UK government’s COVID-19 policy: What does “guided by the science” mean in practice? *Frontiers in Political Science* **3**: 624068.

Insights from the E&E research project suggest that the integration of ethics competencies into policymaking could also improve the ability of the public sector to respond to crises and to improve decision-making<sup>7</sup>.

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**“ A lot of decision-making boils down to the least worst option and an opportunity cost.**

**Interviewee 14**

Health security advisor, May 2024, UK

Research suggests that skills such as improvisation, self-reflection, and the ability to make sound normative judgements in the absence of formal ethics advice is essential for robust governance.<sup>8</sup> There is also evidence that existing pandemic preparedness lacks valuable insights from humanities and social science expertise, and meaningful ways to engage with the values and beliefs that shape public practices.<sup>9</sup> Anticipating, rehearsing and discussing probable and potential ethical controversies in advance through different probable scenarios can help to prepare for crisis situations, consider consequences and pre-empt public responses.

## Practical approaches to incorporating ethics into policymaking

Ethical considerations can easily become lost in a sense of urgency, uncertainty and rapidly evolving situations.

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**“ You could take time and really consider the ethics of these things [..] and make sure we’re really getting it right. But in doing so, people could be dying because you’re taking too long to make a decision.**

**Focus group participant**

October 2024, UK

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7 Pykett J, Antanavičiūtė M, Ball S, Dippel B, Pearce W, Straßheim H and Ulnicane I (2026) Ethics-policy advisory ecosystems: enhancing operative, discursive and adaptive capacities *Contemporary Social Science* **21(1)**: 2631477.

8 Ansell C, *et al* (2010) Managing transboundary crises: Identifying the building blocks of an effective response system. *Journal of contingencies and crisis management* **18(4)**: 195-207; Capano G and Toth F (2023) Health policy under the microscope: a micro policy design perspective *Frontiers in Public Health* **11**: 1180836.

9 See Dunlop CA and Radaelli CM (2018) The lessons of policy learning: Types, triggers, hindrances and pathologies. *Policy & Politics*, **46(2)**: 255-272; Leong C and Howlett M (2022) Policy learning, policy failure, and the mitigation of policy risks: Re-thinking the lessons of policy success and failure *Administration & Society* **54(7)**: 1379-1401; Frampton S, *et al* (2024) Pandemic preparedness: why humanities and social sciences matter *Frontiers in Public Health* **12**: 1394569.

Yet integration of these insights can contribute to more robust and resilient public sector decision-making, and, eventually, policy options that can be more consistently defended. The purpose of the REAL method is to ensure that the policy options and advice communicated to decision-makers are robust and informed by analysis of ethical implications and how to respond to them.

From our primary research we note six key issues that the REAL method needs to address when incorporating ethics into fast-paced policy decision-making:

- 1 Timing:** During times of crisis there is not sufficient time for extensive deliberation of ethical tensions. This highlights the need for and value of quick and straightforward guidance that can be easily applied.
- 2 Lack of embracing complexity:** Because of limited time and evolving evidence, there is little space for complexity. As a result, policy professionals may have to fall back on simplified decision-making, be it a command-and-control model, or favouring the least harmful option. Without a structured approach, this creates a risk of missing out significant, but often implicit issues and impacts.
- 3 Value-based questions:** Civil servants and policy professionals are cautious about making decisions on value-based questions, often citing professional standards of impartiality (which is itself a value) or leaving them for ministers to decide without necessarily having laid out the ethical issues related to those decisions.
- 4 Ethical knowledge and skills:** Staff training in ethics capabilities is unlikely to be prioritised without senior management buy-in. Specific skills need to be developed to investigate and clarify value disputes.
- 5 Fragmentation and informal structures:** Our research shows that the ethics advisory landscape in the UK is fragmented. This suggests that there is need for more structured approaches to ethical challenges that would support collaboration rather than push decision-makers into further silos.
- 6 Building ethics infrastructure:** Our data suggest that ethics knowledge and reasoning is not fully embedded in the policy-cycle and is often treated as an add-on or an afterthought. Rather than being integrated throughout decision-making process, ethics insights, including equality impact assessment, is sometimes conducted after the decision has already been made. This is an impediment to institutional learning, transparency and continuity in decision-making.

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**“Every single one of those different patches [policy domains] [...] has different ethics committees, different policy. And none of them talk to each other. And that makes it very, very difficult to progress. And I think as a consequence, we miss out on a lot of opportunities both in terms of good that could be done and in terms of flagging where there may be ethical concerns.**

**Interviewee 22**

Researcher and ethics advisor, September 2024, UK

Existing research evidence positions learning as a key way to develop resilience, attain policy success, and enable better decision-making<sup>10</sup>. Learning in this instance is a reflexive activity that civil servants and wider policy stakeholders do to change and update their beliefs on policy process and content, including on how ethical issues can be addressed within policy cycle. This activity is ongoing, requiring policy professionals to continuously develop their capabilities and knowledge about potential ethical tensions and issues arising not only from evidence but also from previous experiences of addressing similar issues. Drawing on this research, we foreground learning and capabilities development as elements of embedding ethics into policymaking in crisis and other situations where timing is of essence.

Learning is therefore a key feature that sets the REAL method apart from many other support aids: the assessment *can* provide a useful checklist but *only if* prior preparation and continuous learning are well established. This approach calls for pre-emptive efforts to develop ethics capabilities before situations of crisis and urgency arise. We therefore set out to design a decision-making support tool focused on enhancing collaboration and ethics preparedness. It balances speed with prompts aimed at navigating complexity and promoting reflection.

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**“ To be ethically prepared [...] means putting in place some kind of institutional foundation. It means having clear guidelines and protocols that will be robust, transparent and can be used.**

**Interviewee 1**

Academic and ethics advisor, January 2024, UK

Practical tools for policy professionals often need to address ethical challenges in a way that adheres to role remits and maintains political neutrality. Consequently, the REAL method is not intended to prescribe a particular value system beyond political neutrality, nor favour judgements derived from a specific moral perspective. It is instead a procedural, systemic and structured tool aimed at promoting ethical deliberation and assessment. It is intended to support both pace and transparency in policy decision-making.

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<sup>10</sup> Capano G and Toth F (2023) Thinking outside the box, improvisation, and fast learning: Designing policy robustness to deal with what cannot be foreseen *Public Administration* **101(1)**: 90-105.

# 2 Development of the REAL methodology, process, and reflections

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The design of the REAL method draws on existing public health ethics frameworks and governance norms, which are taken as a shared ethical baseline within UK public policy.

Empirical policy and governance research on ethics advice, and our primary research on policy learning and policymaking in times of crisis was applied to inform how these principles can be operationalised in real-world policy-making contexts under conditions of urgency and uncertainty. We take inspiration from grounded theory and pragmatist methodologies to build a practice-oriented approach.<sup>11</sup> These informed the design, structure, and usability of the method, rather than serving to establish substantive ethical thresholds or moral constraints.

The format and content of the REAL method is based on the previous experiences and current practices of policy professionals, and evidence of the ethics advisory system from policy and governance studies.

Given that ethics expertise and advice can be de-prioritised during times of crisis, we were keen to incorporate anticipatory activities in the REAL method. That is, to support policy professionals in preparing for making decisions on ethical challenges, helping them to adopt proactive rather than reactive approaches to ethics assessment. In line with anticipatory governance approaches, we introduced activities in the REAL method that centre continuous learning and capability building. In other words, we

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11 Strübing J (2007) Research as pragmatic problem-solving: The pragmatist roots of empirically-grounded theorizing *The Sage handbook of grounded theory*, 580-602; Pacifico Silva H, Lehoux P, Miller FA and Denis JL (2018) Introducing responsible innovation in health: a policy-oriented framework *Health research policy and systems* **16(1)**: 90

encourage policy professionals to consider that ethics assessment and understanding can be rapid only when prepared and practised continuously and in advance. This led us to centre elements of learning, reflexivity, and flexibility in the REAL method. We set out to create a supporting framework that would be adaptable to different policy teams and their needs.

## Stage 1 Initial development and design

We started development of the REAL method using three sources:

- Empirical research conducted on UK ethics advisory systems for the E&E project, including 20 interviews conducted January – November 2024, and 2 workshops on OneHealth (online, July 2024), and AI ethics in healthcare (London, UK September 2024) involving 10 participants.
- Documentary evidence, including other comparable assessments and ethics frameworks for policy, evidence of cases where ethics insights have been provided and/or integrated by policy advisors. We reviewed over 20 existing tools, guidelines and frameworks that are aimed at embedding ethics in policymaking and specific policy areas.<sup>12</sup>
- Consulting sessions, experiences and input from NCOB Council members and FPH Ethics Committee and Public Health Ethics Special Interest Group members.

The Assessment also builds upon the NCOB's work on an Ethical Compass for Research in Health Emergencies (2020). However, while previous work focused on making decisions on research activity in such crisis contexts, the REAL method seeks to focus on policy decisions.

Drawing from these sources, we developed an Assessment prototype, setting out distinct areas of ethical impact that policy professionals may need to address when assessing the ethical impact of a policy proposal. The REAL method provides an organised framework of categories of ethics impacts, aiming to support ethics impact assessment of policy choices on individuals, social groups and society.

After the initial design of the Assessment, we used two formats for engagement: consultations (referred to as 'CON'), where we sought input to further develop the prototype, and tests ('TESTS'), where we asked participants to use the Assessment in a range of crisis scenarios, and then provide their feedback on its usability and

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<sup>12</sup> The reviewed tools include frameworks used during Covid-19 pandemic, such as the Committee's on Ethical Aspects of Pandemic Influenza (CEAPI) principles, Moral and Ethical Advisory Group's (MEAG) principles, principles developed from NHSX Ethics Advisory Board, NHS's Health Equalities Assessment Tool (HEAT), previous reports by NCOB and the German national ethics council. We also reviewed some Responsible Research and Innovation (RRI) tools aimed at policymakers, such as PLUTO (Public Value Assessment Tool) (2005), the Satori Project's *Outline of Ethics Assessment Framework* (2017), Tool for Ethical, Legal and Social Aspects of Research in Health and Care (ELSI-SAT H&C) (Mehlich, & Woopen, (2025) and others. An in-depth analysis of these tools with full references will be included in an upcoming paper. The working paper by the Ethics & Expertise team is available by request.

function. The next section outlines key feedback we received on the prototype and the changes we subsequently made to it. You can find more details on these sessions in [Appendix 1](#) and [Appendix 2](#).

## Stage 2 Consultations

We ran a total of six consultations between July – October 2025. In the first stage of consultation we shared our thinking with NCOB Council members and the E&E advisory board to test our assumptions about the audience, usability, and purpose of the Assessment. We then consulted external stakeholders, targeting policy professionals, policy knowledge brokers and public health professionals.

### Need and purpose

The policy professionals we consulted highlighted their diverse needs when it comes to embedding ethics into their decision-making. Some stated a preference for rapid assessments and checklists, while others sought more extensive deliberative exercises.

Despite this diversity, most policy stakeholders we asked expressed a lack of certainty about when and how to select or consult the various existing tools, or when to call upon ethics experts to source advice. Few policy professionals were aware of or regularly used tools that support the integration of ethics knowledge or skills into decision-making, even though value-driven policymaking was seen as a priority for governments, public services, and civil servants.

Participants in our second consultation noted that policy professionals may already be engaging in ethical considerations but not explicitly calling it “ethics”. They also noted that given the interdisciplinary nature of bioethics, it is important to have a wide frame of ethics expertise within the tool applicable across sectors.

Our consultations identified a need for a practical tool, good integration with existing systems, and support for learning and development. The REAL method therefore has the following objectives:

- 1 Awareness:** Shape the perceptions of policy professionals about the value of ethics insights and skills in policymaking processes.
- 2 Skills:** Enhance ethical literacy, knowledge, capabilities, and confidence of policy professionals.
- 3 Risk reduction:** Develop a consistent and systematic way of identifying and mitigating potential harms.
- 4 Reflexive knowledge:** Mobilise internal and external knowledge, improving communication of evidence and its limitations.
- 5 Transparency:** Support transparency in justifying ethics-informed decisions, advice or actions.

- 6 **Preparedness:** Support institutional foresight and crisis preparedness infrastructure.
- 7 **Collaboration:** reduce silo-working in policy making and increased integration.

The REAL method does not seek to *guide* policy intervention towards any particular value or outcome but rather it aims to *identify* and *clarify* potential risks, trade-offs, and conflicts. It seeks to help users to develop justifications and make implicit value judgements more transparent. The assessment table and guidance aims to help policy professionals to make more ethics-informed decisions and to clarify justifications for interventions when advising ministers or senior civil servants on policy decisions and appraisals. The key outcome that REAL seeks to bring to crisis policy decision-making is an increase in the capabilities of policy professionals and institutions to address ethical challenges in the policy design process during times of crisis.

Based on our first consultations, it was apparent that in addition to the Assessment needing to support fast decision-making, such as via a table or process map to help navigate complexity, it also needed to assist teams in how they could use the REAL method alongside other existing processes. This led us to highlight within the REAL method how it aligns with existing impact assessment tools and public consultations for planning. Input from our stakeholders cemented the need for inclusion of preparatory activities within the resources that we developed.

## Design

Some policy professionals noted the preference for tools that would support the gathering of **standardised evidence and insights**. Stakeholders suggested that the Assessment should be accompanied by decision-support material, rather than a stand-alone assessment table. This was echoed by participants of testing events, particularly in TEST1, who asked for templates to fill in to improve user experience. We therefore designed the REAL method in the format of a risk assessment that is already familiar to potential users and would lead to action. This led to us developing the REAL method around a table with vertical and horizontal pillars.

The vertical pillars include categories or domains of ethical impact, while the horizontal axis focuses on how those impacts should be assessed (e.g. based on the relevance to the user's policy area, and severity of impact).

During later testing, participants recommended including visuals or flow-charts of the assessment tools. We have developed visual representations of the process that make the REAL method more readily accessible and memorable for users (see [Step-by-Step guide](#)).

## Timing

The overall consensus was that ethics assessment should not be an afterthought but rather integrated into existing decision-making – either at every stage or at the policy appraisal stage, when policy professionals are trying to decide between different policy choices. Overall, participants in consulting sessions suggested that timeframe is very important and for that reason the checklist of questions would be useful, pointing to learnings from Policy Lab's *Policy in 24 hours* tool (CON2, TEST1).

To foster reflexivity and integrate a degree of institutional challenge and feedback into the method, users are prompted to keep coming back to the Assessment table as a working rather than a fixed document. As a result, REAL is an adaptable method in the sense that it requires input from users to be fully responsive to their requirements.

To address the need to design a support aid which could be appropriately embedded within the policy cycle, we therefore developed a summary of the main stages of rapid ethics assessment and learning. This is intended to help policy professionals identify when and how best to integrate the REAL method with existing working practices and systems:

- **Stage 0: Prepare and Anticipate** – This step allows integrating anticipatory activities.
- **Stage 1: Scope** – While teams are likely to conduct this step as regular project planning, it is important to understand policy parameters, such as audience, evidence available, and evidence needed.
- **Stage 2: Identify and Assess** – The main part of the REAL method includes a table that allows assessment of ethics impacts to individuals, social groups and society.
- **Stage 3: Decide** – It was recognised that it is not enough to assess – users need to action that assessment. This stage provides some guidance on options.
- **Stage 4: Learn and Revise** – To ensure individual and institutional learning, as well as knowledge retention, it is important to plan some activities that would prompt users to re-visit and revise the Assessment table once parameters of the project change.

## Ethics domains and impact areas

In terms of the content of the Assessment, consultations revealed a tension between attaining a level of detail which captures complexity and developing something that is quick to use. Given that the Assessment is primarily designed to be used when time is limited, we prioritised streamlining and summarising complex ethics concepts, while acknowledging that the REAL method should not replace extensive ethics assessment covered by other, perhaps sector-specific tools, involvement of ethics advisory experts and committees, and guidance documents.

The ethics impact areas that we categorised into four domains were initially drawn from previous ethics frameworks provided to UK government, public health ethics literature, and other ethics assessment tools, such as the Committee on Ethical Aspects of Pandemic Influenza (CEAPI) principles, Moral and Ethical Advisory Group's (MEAG) principles, principles developed from NHSX Ethics Advisory Board, NHS's Health Equity Assessment Tool (HEAT), among others (see [footnote 12](#)). These domains are:

- **Equal Respect and Dignity**
- **Freedoms and Capabilities**
- **Social and Natural Infrastructure**
- **Relationships and Care**

The four domains are intended as analytical lenses to structure discussion of potential ethical impacts, rather than as exhaustive or definitive criteria for ethical acceptability.

The Assessment domains are also informed by wider public health principles, reflecting the scope and focus of project partners' work. After considering ethical issues often encountered in public health policy, we also included considerations of the impact to health and care staff, as well as potential disruptions to everyday habits that support good health and wellbeing at individual and population levels<sup>13</sup>.

When it comes to impact areas that may raise ethical challenges, we encountered suggestions to include right to health and children / family life, maternal care and others (CON5). There were suggestions, for instance, to group ethical impacts into individual and collective outcomes. Ultimately, following discussion, we opted for domains and impact areas which would enable users to consider diverse social groups throughout rather than in one specific domain.

Another extensively considered question was whether core ethics considerations (such as on the proportionality of policy intervention, trade-offs needed and justification of action) should be part of the assessment itself or should instead inform follow-up action. These questions are more linked to action that needs to be

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13 For example, WHO (2025), [Everyday actions for better health – WHO recommendations](#).

taken after the users have engaged in discussion and have a full view of potential impacts. Making a judgement to proceed with the policy intervention in question includes multiple elements, such as the following:

- identifying potential harms, trade-offs (and associated opportunity costs);
- developing justifications for action; and
- determining if the policy intervention is proportional to the benefits.

Given that assessment informs these actions, we therefore decided to keep them separate from the Assessment table, to be included in user and facilitator guidance.

Finally, there were tensions identified between developing a “one size fits all” type of method, and narrowing it down such that it loses its appeal for a wider policy community. It was important to keep the REAL method short and general, both to be suitable for a quick completion in times of crisis or urgency, and to address the potential for siloed working. To streamline the REAL method, the impact areas are intended to prompt informed discussion, to mitigate the influence of unconscious bias, identify gaps in certainty and evidence and signpost to useful resources. This should ultimately lead to better informed and more transparent decisions. Consequently, the Assessment includes generalist questions and refers to more detailed and targeted guidance if users think this is required.

## **Audience**

We initially set out to support policy professionals working in the UK central government and civil service, focusing on mid-senior level, where we thought decisions relating to tool use and training could be most relevant. At the same time, we were drawing on evidence and experiences of ethics advisory systems in governance contexts elsewhere (Germany, Australia, and international bodies) in which government organisation, regional legislatures and bureaucratic cultures differ.

During our consultations it emerged that a wider group of stakeholders would benefit from a decision-making support, including devolved governments (CON3), local authorities (CON5), and others in the policy-science ecosystem, including regulators and research organisations. Local Authorities, for example, do not necessarily follow a consistent approach to assessing public health ethics or the ethics of emerging technologies. This raises a risk that fragmented practice could exacerbate social and geographical inequalities. Subsequently, the main audience of the REAL method is quite wide and goes beyond a national policy audience: it was designed with both devolved and local governments in mind.

As set out in the previous sections, CON4 identified a need for stakeholder-led roll-out of the REAL method, noting the need for resources if it required additional training. Participants also discussed what would motivate policy professionals to adopt and use REAL in the first place, given time scarcity and lack of resources. As a result, we created scenario-based exercises to enable users to self-train in how to use the Assessment. We will discuss these scenarios later in this report.

We also had to decide if the REAL method addressed generalist or specialist (public health) audiences. While initially we set out to create a decision-making aid with a general purpose, we received a lot of support and interest from public health professionals during our consultation and testing phases. This led us to integrate more considerations linked to public health (for instance, the wellbeing of health and care professionals, and the habits that support wellbeing and health). That being said, while the REAL method is informed by some public health ethics insights, it aims to be sufficiently general to be more widely applicable.

## Language

Our engagement showed that there is strong preference for politically neutral language. So, for example, language concerning the concept of “solidarity” is highly relevant in public health policy as part of other Rapid Ethics Assessments<sup>14</sup>. While we originally included this term in the Assessment, participants deemed the term to be politically contentious. We therefore removed this term based on feedback from policy professionals in CON3. Instead, we have included a focus on the reciprocal relationship between citizens and the state. In addition, we responded to suggestions from participants and added a glossary to ensure consistent understanding of terms used in the Assessment.

## Stage 3 Testing

During the four testing sessions we held during autumn 2025, 115 policymakers from 20 UK public sector organisations were asked to give their feedback on applying the REAL method to mock crisis scenarios (full details of these events can be found in [Appendix 2](#)).

## Development of scenarios to aid in-situ training

In order to ensure the sustainability of this resource and enable users to adapt to using it without too much need for ongoing training support, we developed three mock crisis scenarios that policy professionals could work through in teams. These scenarios are intended to enable collaboration, self-training and internal discussion on how best to use the Assessment table.

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14 For instance, Yeh MJ and Lee PH (2023) argue for solidarity-based assessment. Another tool that centres solidarity is PLUTO (Public Value Assessment Tool) used to assess public value of data use and governance, see El-Sayed S, *et al* (2023) PLUTO – Public Value Assessment Tool, University of Vienna, available at: <https://pluto.univie.ac.at/>

We used the UK National Risk Register to develop three scenarios, all of which focus on potential national risks:<sup>15</sup>

- Extreme temperatures and heat
- Cyber-attack on health and social care facilities
- Major animal disease outbreak

During the testing sessions, we asked participants to consider one of the scenarios and then use the Assessment table. Participants often reflected on how the stripped-down scenario content prompted them to think about what information is needed to make an ethics assessment and how the reality of a crisis situation may mean you do not have all of the information you would like to have. This confirmed input received during our consultations, for example in CON3, policy professionals reflected on previous projects, including making public health decisions during the COVID-19 pandemic. Here they said the REAL method could help them to consider what questions were missed at a time of policy design or delivery.

We organised in-person testing in October 2025 with 5 policy professionals (TEST1). The discussion largely focused on ethics domains and ways to simplify and narrow these down to ensure the Assessment is quick to use. The participants agreed that the best use for the method is in crisis contexts, rather than in longer policy design projects. Participants also noted potential cultural resistance from policy professionals: sometimes they see decision-making as the remit solely of ministers, so framing the method as helping “advisory” roles and helping to “prioritise” could work better to help mitigate reluctance to engage with ethics guidance and tools in general.

## Importance of preparatory activities

In November 2025, we delivered a workshop session at the Civil Service World Conference, where over 100 people working across the public sector worked in teams to trial a shortened version of the Assessment with one scenario. Over the course of an hour, participants were led by a facilitator at each table to discuss the scenario and complete the Assessment table. In a discussion and evaluation survey afterwards, participants reflected that the main benefit of the table was that it provided a structured and systemic way to conduct the Assessment. From the feedback and delivery experience, we concluded that an hour for training in using the Assessment is not enough and that, rather like workplace health and safety, data protection or emergency preparedness training, a longer session will be required to prepare and practice using the Assessment table ahead of crisis situations. This preparatory stage is built into the REAL method.

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15 HM Government (2025) *National Risk Register 2025 edition*, available at: [https://assets.publishing.service.gov.uk/media/67b5f85732b2aab18314bbe4/National\\_Risk\\_Register\\_2025.pdf](https://assets.publishing.service.gov.uk/media/67b5f85732b2aab18314bbe4/National_Risk_Register_2025.pdf)

## Embedding in practice and systems

Another key question that emerged several times was how the Assessment sits with existing statutory duties and legal requirements. There are already plenty of tools and checklists available, yet it is not always clear which ones to use. Indeed, stakeholders expressed a desire for multiple tools which cater to different needs that policy professionals might have.

It is important that the REAL method works practically alongside current practices, while allowing space for change and innovation. Agile tools which allow for flexibility and can be integrated into existing procedures and work stages are often found to be the most useful for organisational purposes.<sup>16</sup> One proposition suggested by policy professionals was to signpost to relevant legislation and guidance to highlight that the REAL method should be treated as guidance and support, distinguishing it from specific legislation or mandatory frameworks on related areas.

Following testing, we therefore include an element of signposting in the Assessment table, including useful guidance and references for each of the ethics impact areas. This also allows teams to integrate local procedures and guidance that are relevant to their work (this is represented as a separate column in a table). It was important to ensure that we signpost to existing tools, and where relevant, adding to other tools, rather than replacing these.

Another recurring theme was learning from existing public consultations and integrating findings from these to inform value-based decisions. A senior policy professional from a regulatory body shared their experience developing in-house ethics tools, noting that sufficient time and resource is needed to do public participation well, so this should be the focus of substantive research rather than quick tools.

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<sup>16</sup> El-Sayed S, *et al* (2023) PLUTO – Public Value Assessment Tool, University of Vienna, available at: <https://pluto.univie.ac.at/>

# 3 Evaluation

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We have gathered together all the feedback we received through consultation and testing sessions and identified key themes. This allows us to identify the strengths and limitations of the REAL method.

## Strengths of the REAL method

### Diverse audiences and generalisability

Our research surfaced a number of perceived shortcomings of existing ethics assessment frameworks and tools<sup>17</sup>. We have sought to create a rapid assessment method that builds on this research and as a result demonstrates a number of strengths. One of the advantages of the REAL method is that it is broad in scope, which we have found encourages users to consider a wide range of ethical dimensions. This supports a more comprehensive reflection on potential impacts and trade-offs. Firstly, it is applicable to diverse audiences, enabling civil servants and policy professionals to engage with ethical questions without requiring prior specialist training. It is thus relevant to those with different professional backgrounds, levels of seniority, whether involved directly in policy design, service delivery, analysis or evaluation, and across policy sectors. Our testing events have demonstrated that through the use of real-world crisis scenarios, training barriers can be reduced, and multidisciplinary teams can be supported to participate in a way that ensures ethical reflection remains practical and responsive to need.

### Openness and flexibility

Another key distinction from other ethics assessments is that the REAL method includes several opportunities for users to integrate their existing local procedures and tools. The REAL method is also highly adaptable, allowing different government departments and public sector teams to tailor it to their specific organisational needs and priorities. It allows policymakers to ‘plug-in’ existing protocols and guidance into the method and adapt its delivery in a way that aligns with existing practices.

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<sup>17</sup> See footnote 12, the evidence will be provided in upcoming publications.

## Supporting learning and ethics preparedness

Finally, the REAL method places a strong emphasis on reflexive learning within policy cycles, and developing ethics preparedness, something often missing from similar tools. By using the REAL method and engaging in learning, we aim to prompt policy professionals to seek out and integrate ethics insights or advice. The Assessment itself does not require prior knowledge of the academic field of ethics or philosophy and is focused on practical impact-focused reflective questions. Instead, it supports the development of ethics capabilities, such as:

- The ability to recognise when a decision had ethical considerations, including tensions between different values and potential harms that may not be explicit at first;
- Familiarity with key ethical concepts (e.g. harm, freedom, equality) and the ability to articulate ethical considerations to others;
- The ability to assess different benefits, harms, and overall values underpinning a policy project, including the ability to develop justifications for policy choices;
- The ability to communicate concerns about harms and implicit ethics impacts to different audiences, and to meaningfully engage them on relevant ethical questions;
- Recognising the diverse impact these ethical considerations may have on different audiences, including the potential for taking moral risks in public sector professions (moral injury).

Building ethics literacy by developing these capabilities helps institutions build the capacity to identify and address ethical issues proactively. It also encourages users to become familiar with the REAL method and its stages in advance of any unfolding or urgent crisis, thus developing *proactive* rather than reactive governance approaches to ethical challenges. It also helps to build understanding over the longer term, rather than reactively when a crisis occurs.

## Limitations of the REAL method

### Diverting attention away from multiple actors and power relations

Despite its strengths, some limitations warrant attention and reflection. First, as one of the E&E advisory board members highlighted, the treatment of the principle of liberty within the REAL method could be seen as overly simplistic. It is important not to underplay the complex dynamics by which people's activities are shaped and constrained. By focusing primarily on direct state action, the Assessment risks underestimating significant constraints that emerge through the more indirect mechanisms and contexts in which public policies are enacted.

An example is the imposition by private providers of conditions of employment, such as mandatory vaccination in privately owned care homes, for instance during Covid. Even without a direct state command to individuals, such requirements can operate

as substantial limits on personal freedom. This blurring of boundaries between policy and private interventions challenges the assumption that these measures represent a “lighter” form of interference and suggests the need for greater nuance in ethical challenges emerging in the implementation phase of policies.

More broadly, the Assessment is not designed to fully account for how power relationships shape policy decisions. Unions, professional bodies, major service providers, and other influential bodies can materially affect both the design and implementation of policy, and therefore the ethical landscape in which decisions are made. While the REAL method acknowledges the importance of collaboration and public consultation, it is not primarily intended to provide guidance on how to navigate these important relationships. However, we encourage the users to carry out public engagement and enable deliberation on ethics questions with other stakeholders where the time and resources allow it, as part of the assessment.

Furthermore, the REAL method questions may be perceived by some as edging toward matters often considered to fall within the remit of ministers and elected officials rather than civil servants. This raises practical questions about how far an operational tool should engage in practices of decision-making, and indeed the basis on which ethics judgements are made. The REAL method is intended to help make visible the implicit value assumptions underpinning such judgements and to provide a framework to document, record and make these forms of ethical reasoning more transparent.

### **Prioritising speed over reflection and public participation**

There is also a risk that the REAL method becomes a procedural “tick-box” exercise rather than a catalyst for meaningful ethical reflection. If treated as a requirement at a single point in the process, ethical considerations may be siloed or tokenistic, rather than embedded across the full policy cycle, from problem definition and option generation to implementation, evaluation, and iteration. This would undermine our intention to embed ethical considerations and ethics insights within routine policymaking, beyond a crisis situation. We aimed to mitigate this by providing both a short rapid assessment tool as well as detailed user guidance and preparatory activities to integrate ethical considerations across specific policy stages ahead of crisis.

A further limitation stems from the drive for speed and usability. To support rapid decision-making, complex ethical considerations are necessarily simplified and structured into concise questions. While this enables timely use under pressure, it can be reductive in contexts where depth, contestation and public participation are essential. In such cases, the Assessment may need to be complemented by slower, deliberative and participatory processes to avoid premature closure on ethically significant issues.

## **Integration with existing statutory guidance**

Another challenge raised during consultations focused on how the REAL method aligns with existing statutory requirements and processes. Several attendees questioned the relationship between the REAL method and tools such as equality impact or environmental assessments, which differ across organisations and jurisdictions within the UK.

This variation created uncertainty about whether the REAL method duplicates, replaces, or conflicts with established legal duties. While we have sought to mitigate this by signposting the REAL method users to relevant statutory obligations, the concern highlights a broader challenge: the REAL method operates as a cross-cutting ethical reflection process, rather than a compliance instrument, and its purpose may be misunderstood without clear guidance. The Assessment is intended to offer a reflective space that helps identify ethical issues more holistically within short timeframes. Nevertheless, users will need to be clear about how the REAL method fits within existing legal and procedural frameworks while implementing and embedding it.

## **Normative framework**

While the REAL method draws from a few important and substantial ethical frameworks, including 'care ethics' and the 'capabilities' approach, it is not anchored in a single ethical framework based on a particular disciplinary or philosophical background. Widely accepted substantive ethical values are utilised, albeit these may be culturally or nationally specific. There is no foundational commitment to specific theoretical conceptions of those values, or precise formulations of ethical principles. This is an intentional methodological choice to position the method as a procedural aid rather than a prescriptive instrument, though we acknowledge that this pragmatism in itself implies an ethical commitment. It does not assume nor replace a particular form of ethics expertise, but instead is aimed at helping policy professionals to identify potential ethical impacts and address them.

The REAL method offers a structured process by which to make an ethics-informed assessment without committing to a particular theory or assuming any formal philosophical training. The development of a novel, pre-determined ethical framework or of establishing consensus on ethical principles were outside the remit of this project. However, the absence of substantive grounding can leave users seeking clearer normative direction and coherence, especially in contested areas where values conflict and where principled guidance (e.g. on proportionality, equity, or rights) would support more consistent judgements.

Whilst the REAL method helps to make visible hidden value assumptions and surface areas of potential bias and conflict, there are several other activities which will complement it. Involving ethics experts, engaging in mechanisms of public participation and involving representatives from diverse worldviews will support the

development of in-depth perspectives and help to navigate the sometimes overlapping demands including for universality and diversity.

This approach has important implications for the kinds of ethical assurance the method aims to provide. Because the REAL method has been designed to support ethical reflection and justification rather than to prescribe permitted or prohibited actions, it would not operate as a safeguard against all forms of ethical violation. Decisions reached through the method remain dependent on the moral judgement and responsibilities of decision-makers and the wider governance frameworks within which they operate.

# 4 Conclusion and next steps

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This report has outlined the evidence and rationale for developing a new Rapid Ethics Assessment and Learning (REAL) method to support policy decision-making.

It has outlined gaps identified within the UK's ethics advisory ecosystem, and summarised persistent barriers to embedding ethics into policymaking practices. We have integrated evidence from empirical social science research, policy consultations, user testing, and expert engagement to design the REAL method and we have set out its strengths and weaknesses. This method is provided as an aid that aims to support ethical assessment and transparent decision-making in conditions of limited time and urgency, emerging evidence, and heightened uncertainty.

Given the rapid nature of the method, some key parts of ethics assessment were out of scope, including more detailed post-assessment steps, guidance on public engagement, managing public trust or navigating clashes with interest groups. These elements often require ongoing resources and longer timeframes. We aim to reflect on these related activities while developing case studies of the REAL method used on live projects.

In the next stage of this project, we are seeking public sector and policy partners to support in using the REAL method in retrospective, current or upcoming real-world situations. Through this process, we seek to observe how the REAL method is applied in real-time and conduct evaluation interviews with its users. Our aim is to develop a number of detailed user case studies demonstrating how the REAL method can be embedded within different teams and adapted to a variety of internal processes, statutory duties, and existing guidance frameworks.

# Appendix 1

## Consultation events

Code	Online Event	Date	Outcome	Number of Participants
CON1	Policy consultation session 1	October 2024	Policy Roundtable was the first consultation to shape early design of the method. The event was principally informed by 5 policy professionals representing Government Office for Science (GoSci), UCL Capabilities in Academic Policy Engagement – Universities Policy Engagement Network (CAPE – UPEN) project, London School of Hygiene and Tropical Medicine, Institute for Government.	5
CON2	Consultation with NCOB Council and Staff	June 2025	The initial Assessment design was presented to the NCOB Council members and staff.	14
CON3	Welsh Government (Strategic Evidence Unit)	June – July 2025	Commissioned consultancy/CPD training (2 x 3 hr workshops) on ethics and One Health for several teams, at invitation of Welsh Government Strategic Evidence Unit.	23
CON4	Policy consultation session 2	July 2025	Input into revisions and refinement of the REAL method, from GoSci, Services Australia, Genomics England, European Network of Research Ethics Committees, Protas (UK Clinical Trials), Government Social Research, UNESCO, UK Office for Statistics Regulation, NSW Premier's Department (Australia), UK Health Security Agency.	11

<b>CON5</b>	<b>FPH Ethics Special interests Group</b>	July 2025	Members of FPH Ethics SiG received a presentation on REAL and provided feedback.	8
<b>CON6</b>	<b>Policy consultation session 3</b>	September 2025	Input on policy tool from NSW Premier's Department, BMJ Ethics Committee, Policy Profession Unit, Birmingham City Council, Protas clinical trials.	7 (2 unique)

**Total:** 20 organisations and 63 unique participants.

# Appendix 2

## Testing events

Code	Event	Date	Outcome	Number of Participants
TEST1	<b>Immersive trial at NCOB (in person)</b>	October 2025	Input on method, application to a scenario, and feedback on its integration in existing institutions, political contexts from 5 policy and public organisations: Faculty of Public Health, Kew Gardens, Tower Hamlets Public Health team, Law Society, Policy Lab.	5 (4 unique)
TEST2	<b>FPH Testing session (1) online</b>	November 2025	Input from FPH Ethics Special Interest Group (SIG) members.	3
TEST3	<b>Civil Service World (in person)</b>	November 2025	Input from civil servants across different government departments and roles in a public sector conference. Participants tested a short version of the Assessment in groups led by facilitators. They provided feedback verbally and via an online survey.	c.100
TEST4	<b>Government Office for Science Foresight team Testing session online</b>	December 2025	Input from Government Office for Science Foresight team.	6 (5 unique)

**Total:** c.113 participants, 7 organisations and over 15 other public sector organisations engaged through conference.



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