# A London REACH initiative to promote Equality, Diversity and Inclusion in research access for resident doctors

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The London REACH (Research, Evaluation and Audit in Child Health) network promotes collaborative and multi-site research, audit and service evaluation opportunities for resident doctors in London. Female doctors, international medical graduate (IMG) doctors and doctors working less than full time (LTFT) are more likely to face significant barriers to research opportunities within training [1]. Our EDI (Equality, Diversity and Inclusion) initiative aims to promote inclusivity within our network, reduce differential attainment in research competencies and better address the diverse needs of our patient groups.

## Methods

REACH collects diversity monitoring data from its members, relating to protected characteristics as per the Equality Act 2010: age, gender, disability, ethnicity, religion and sexual orientation, as well as data on caring responsibilities, flexible working (full time vs less than full time) and country of primary medical qualification (UK vs outside of the UK). Data from central committee members and the wider network (local leads and data collectors) were first collected in March 2023, following which we published our EDI report highlighting how our organisation compares to the diversity of our workforce, nationally and locally [2]. Figure 1 shows our specific action points developed to champion participation of potentially underrepresented groups within the paediatric research community. We are collecting this data annually to monitor trends and examine the impact of our EDI initiative, and adapt it.

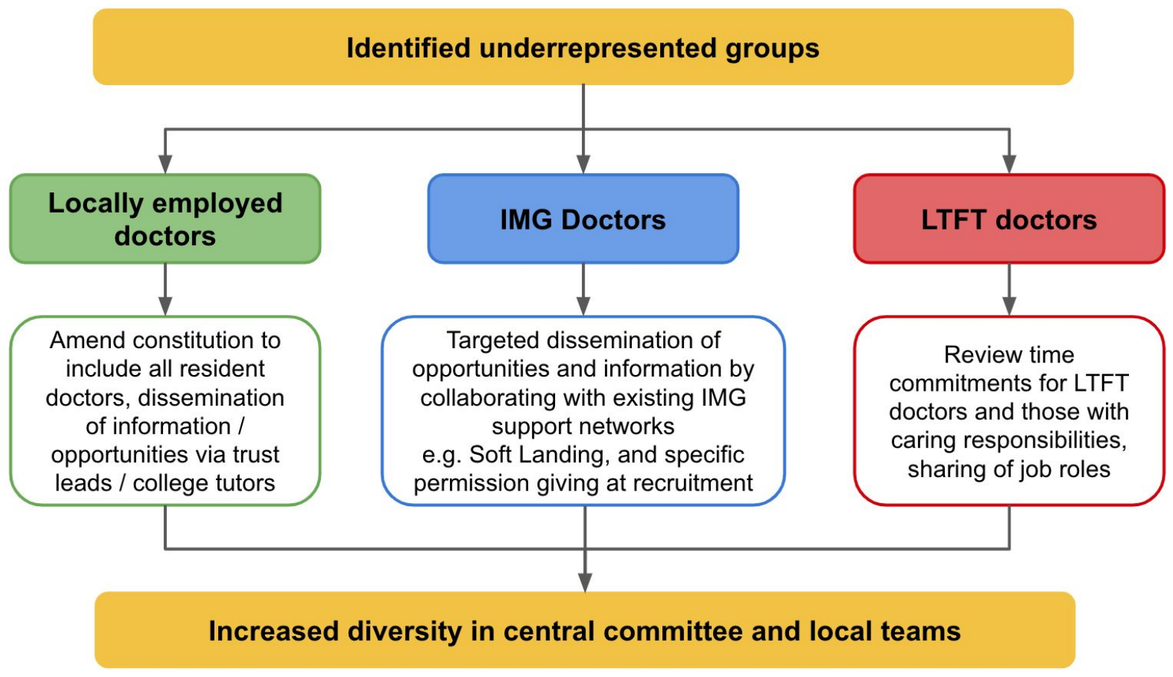


Figure 1: Development of action points to improve equality, diversity and inclusion within the REACH network

## Results

Table 1 shows data collected from central committee members and the wider network. The majority of members are female and aged 25-34 years, comparable to paediatric doctors in training, both nationally and in London [3,4]. Most central committee members are of white ethnicity. Our local team recruitment shows greater diversity and increasing proportion of members from Asian, Black, Mixed and other ethnicity between successive rotations. The majority of our central committee members reported having no religion / strongly held belief; however, we have more varied representation within our local teams.

| | Central Committee | | Wider Network | | Available comparator |
|---|---|---|---|---|---|
| | March 2023 [N=11] | March 2024 [N=8] | March 2023 [N=38] | March 2024 [N=46] | |
| | n % | n % | n % | n % | |
| **Age group** | | | | | |
| 25-34 | 7 63.6% | 6 75.0% | 26 68.4% | 34 73.9% | *74.6% [a]; 55.1% [b]* |
| 35-44 | 4 36.4% | 2 25.0% | 12 31.6% | 11 23.9% | *23.9% [a]; 43.0% [b]* |
| PNTS/missing data | 0 0.0% | 0 0.0% | 0 0.0% | 1 2.2% | |
| **Gender** | | | | | |
| Female | 7 63.6% | 4 50.0% | 31 81.6% | 41 89.1% | *71.8% [a]; 77.4% [b]* |
| Male | 4 36.4% | 4 50.0% | 7 18.7% | 4 8.7% | *27.5% [a]; 22.6% [b]* |
| PNTS | 0 0.0% | 0 0.0% | 0 0.0% | 1 2.2% | |
| **Sexual orientation** | | | | | |
| Heterosexual | 11 100.0% | 8 100.0% | 36 94.7% | 41 89.1% | |
| Bisexual | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | |
| PNTS/missing data | 0 0.0% | 0 0.0% | 2 5.3% | 5 10.9% | |
| **Ethnic group** | | | | | |
| Asian | 3 27.3% | 1 12.5% | 9 23.7% | 12 26.1% | *20.4% [a]* |
| Black | 0 0.0% | 0 0.0% | 2 5.3% | 3 6.5% | *3.5% [a]* |
| White | 7 63.6% | 6 75.0% | 23 60.5% | 22 47.8% | *61.3% [a]* |
| Mixed | 1 9.1% | 1 12.5% | 0 0.0% | 3 6.5% | *9.2% [a]* |
| Oher | 0 0.0% | 0 0.0% | 4 10.5% | 4 8.7% | *3.5% [a]* |
| PNTS/missing data | 0 0.0% | 0 0.0% | 0 0.0% | 2 4.4% | - |
| **Religion** | | | | | |
| Muslim | 0 0.0% | 0 0.0% | 3 7.9% | 10 21.7% | |
| Hindu | 1 9.1% | 1 12.5% | 0 0.0% | 0 0.0% | |
| Christian | 1 9.1% | 0 0.0% | 13 34.2% | 8 17.4% | |
| Jewish | 1 9.1% | 0 0.0% | 1 2.6% | 0 0.0% | |
| Buddhist | 1 9.1% | 0 0.0% | 1 2.6% | 2 4.3% | |
| None/ no strongly held belief | 7 63.6% | 7 87.5% | 19 50.0% | 20 43.5% | |
| PNTS/missing data | 0 0.0% | 0 0.0% | 1 2.6% | 6 13.1% | |
| **Disability** | | | | | |
| Yes | 1 9.1% | 0 0.0% | 0 0.0% | 1 2.2% | |
| No | 10 90.9% | 8 100.0% | 38 100.0% | 42 91.3% | |
| PNTS/missing data | 0 0.0% | 0 0.0% | 0 0.0% | 3 6.5% | |
| **Caring responsibilities** | | | | | |
| Yes | 2 18.2% | 3 37.5% | 11 100.0% | 17 37.0% | |
| No | 9 81.8% | 5 62.5% | 27 71.1% | 28 60.9% | |
| PNTS/missing data | 0 0.0% | 0 0.0% | 0 0.0% | 1 2.2% | |
| **Flexible working** | | | | | |
| FT | 8 72.7% | 4 50.0% | 24 63.2% | 19 41.3% | *52.0% [c]* |
| LTFT | 3 27.3% | 4 50.0% | 13 34.2% | 27 58.7% | *48.0% [c]* |
| PNTS/missing data | 0 0.0% | 0 0.0% | 1 2.6% | 0 0.0% | |
| ***PMQ*** | | | | | |
| UK | 9 81.8% | 7 87.5% | 26 68.4% | 33 71.7% | *88.0%[a]; 84.9% [b]* |
| Non-UK | 2 18.2% | 1 12.5% | 13 31.6% | 13 28.3% | *12.0%[a]; 15.1% [b]* |
| PNTS/missing data | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | |

**Table 1. Demographics, protected characteristics and training status of REACH members.**
Data collected from memberships surveys conducted in March 2023 and March 2024.
PNTS – prefer not to say, FT – full time, LTFT – less than full time, PMQ – Primary medical qualification
Comparator data specific to London resident paediatricians: [a] 2022 REACH PEAR study (n=142) [1]; [b] 2023 GMC data explorer specified for London region trainees (n=981) [3]; [c] 2023 London School of Paediatrics Trainee Survey (n=705) [4]

In our initial data, we had a lower proportion of LTFT doctors in the wider network, compared to London training data [4]. Following our EDI initiative, this has increased alongside an increase in involvement of doctors with caring responsibilities. In successive rotations, we have seen a sustained increase in participation of IMG doctors within our local teams, with our volunteering roles being more accessible for locally-employed doctors.

## Conclusion

**Continued EDI initiative** — We reflect on the difference in diversity between the central committee and the wider network, underscoring the need for more work to impact change within the senior leadership

**Advocacy** — As part of a network of professional bodies with a responsibility to tackle inequality in all its forms, we will continue to advocate for equitable access to research in child health

**Challenge differential attainment** — We recognise the role of resident-doctor led networks in addressing elements of differential attainment within our diverse workforce

**Diverse research network** — Our network would be representative of our diverse patient groups and be better equipped to address health inequalities

## References

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