PUTTING LADDERS DOWN

Ways to open up voluntary roles

at the RCPCH for the 21st Century

'Picture a group of men dressed in tweeds, all white, in the 1920s at Lake Windermere. They're the founding fathers of the British Paediatric Association. There might have been one woman – a bluestocking in tweed, there usually is'

'Why is our profession so predominantly female, but phenomenally skilled and experienced and capable women feel they can't put themselves forward for these posts?'

'People have never seen themselves as one of those people because they tend to be well-spoken, high achieving people and they don't see themselves as that'

'Now really is a perfect time for the College not to pull ladders up as used to happen, but to put ladders down'

Foreword

Britain's health services have changed beyond measure since James Robertson Justice played imperious Chief Surgeon Sir Lancelot Spratt in the legendary *Doctor in the House* films of the 1950s and 1960s. Patients across the board now look just like the modern Britain that, refreshingly, we've become since then. And the NHS workforce certainly now looks just like, and often comes from, a twenty-first century world too.

However at many of the most senior levels of healthcare management, change has not yet been so transformative. In some areas of Britain's healthcare infrastructure – including our distinguished Royal Colleges – recent progress towards reflecting our patient and workforce communities can be compared, perhaps fairly, to a car with the choke out. It's certainly moving in a forward direction, but often spluttering.

That's why it's refreshing that the leadership of the RCPCH – both its senior officers and executives – have asked in 2020 how progress towards reflecting the nation the College serves might be accelerated across all its own voluntary roles. Some of what follows may feel slightly uncomfortable for the College. We heard from paediatricians of energy and talent who felt that they would not feel confident to put themselves forward for voluntary roles. However, it's hugely welcome that their views have now been sought.

Many of this report's proposals are not poetic, they're managerial. They recognise that progress in the area of Diversity & Inclusion often comes from a small catalogue of incremental changes rather than a longed-for 'silver bullet'. The test of their success will be that in the timeframes outlined for their implementation, they demonstrably help the College 'move the needle'.

The unanimous view of our panel, for avoidance of doubt, is that all appointments should continue to be made solely on merit. However, the College should consider a range of positive actions – exemplified by this report's title – to ensure that in future it mines the entire seam of its available, and considerable, talent.

We're indebted to everyone who made time to be interviewed by us and more than 200 College members who gave us their opinions online. In particular we're very grateful to Harish Bangalore and Shamima Rahman, our co-panellists, who volunteered so much time and energy over many months to support this work. Many thanks also to RCPCH staff Graham Sleight and Enikő Máté for their assiduous help, and sage advice, within a very tight timeframe.

All share our view that a modern, inclusive RCPCH would be strengthened by having paediatricians of every background, including traditionally under-represented ones, sharing a diversity of thought, perspective and experience in its voluntary roles. All share our view too that a modern RCPCH has a critical part to play in making the UK, and the world, better for millions of children.

Ben Summerskill, Bhanu Williams

January 2020

Background

The College currently records information about its Members on its CARE database. In addition to details such as name, email address and category of membership, this can also capture diversity data. Since the adoption of CARE in 2003, members have been asked – but not required – to provide details of

- Gender
- Ethnic Origin
- Whether they consider themselves disabled

Data in other diversity fields now routinely captured elsewhere within the healthcare world – including age, sexual orientation, religion or belief and gender identity – has never been collected, but could be accommodated. (All the data collected by the College in this way is self-reported: the College does not undertake any systematic verification.)

Snapshot data taken on 31 May 2019 – with a total UK and Ireland membership base of 15,069 individuals – revealed the following about the College's current membership:

Women comprise 64.2 per cent of Members, as indicated in Table 1. However, the gender balance is sharply different across membership categories. Student and Junior member categories are 70.4 per cent and 73.0 per cent female respectively, whereas only 40.1 per cent of Fellows are women. (These figures are for members resident in the UK and Ireland only, since almost all College volunteer posts – the subject of this report – are open to members from those territories only.)

	All Members	Student	Junior	Associate	Ordinary	Fellow	Sen Fellow/ Sen Member/ Hon Fellow
F	64.16%	70.36%	73.01%	69.66%	69.93%	40.96%	43.25%
M	35.84%	29.64%	26.99%	30.34%	30.07%	59.04%	56.75%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Table 1: RCPCH Membership by gender at May 2019

Although almost two thirds of College Members are women, only just over 50 per cent of volunteer roles are currently filled by women. In the specific case of Examiners – a role only open to those who are or have been Fellows – the percentage of women drops to 34.2.

The breakdown for ethnicity is shown in Table 2. (The picture is clouded by the fact that almost two in five Members do not currently disclose their ethnicity.) Most striking is the gap between the proportion of Members and College volunteers who are Black or Black British and other groups.

	Asian/ AsianBritish	Black/Black British	Middle Eastern	Mixed	White	Other
Member	28.01%	5.03%	2.44%	1.49%	57.28%	5.74%
Volunteers	27.70%	2.83%	1.82%	1.29%	62.24%	4.12%

Table 2: RCPCH Members in voluntary roles by ethnicity at May 2019

On disability, disclosure rates are extremely low. Of 15,069 College members only 110 (0.73 per cent) disclose a disability of any kind. Although this aligns with the proportion of those in volunteer roles (0.78%), the ONS's most recent Family Resources Survey reports that 21 per cent of all UK citizens identify as having a disability.

1. What isn't measured doesn't matter

It's a truth almost universally acknowledged in the field of Diversity & Inclusion that what isn't measured doesn't matter. It makes it very difficult for any body, whether in the public, private or – in the College's case – charitable sector to monitor progress meaningfully if there's no metric basis for doing so.

Reflecting much of the wider health service, the College's own approach to monitoring at all levels has been historically sparse. As detailed in the Background note, useful data has been limited to gender and ethnicity. What evidence there is across the spectrum of voluntary roles suggests that women and people from black, Asian and minority ethnic backgrounds remain under-represented. Available data on disability – both visible and invisible – is clearly inadequate. That's hardly surprising given that applicants have been required – extraordinarily – until now to put their name at the top of a 'Confidential' monitoring form.

While summarising the make-up of panels or committees on the basis of gender and ethnicity can usually be done visibly, any understanding of whether Members involved have invisible differences (e.g. a non-physical disability or a minority sexual orientation) will, in the absence of measurement, remain a matter of hunch.

> *'I don't really know what the background of the College's people is, as there's no published data'*

> *'We need to be asking better questions, and more questions. I don't think the disability question is as nuanced as it should be. Nothing about sexuality and nothing about gender identity'*

It's also difficult to secure organisational buy-in to moving the needle around diversity if there are no shared ambitions, adopted at the most senior levels, about what 'good' will look like at some point in the future. It's similarly difficult to secure *accountability* for delivering those outcomes if there isn't a transparent expectation that officers and staff have an obligation to help deliver them. While everyone engaged with the College is expected to commit to its Values statement to 'Embrace Diversity', the College's senior officers and Chair don't currently have the delivery of better Diversity & Inclusion *outcomes* in each of their role descriptions. Such outcomes don't feature either in the performance management framework of the College's senior staff.

None of the above is surprising in an organisation which doesn't reference voluntary roles in its Diversity & Inclusion Policy. That doesn't mean for one moment that individuals across the College don't take such issues seriously. Our discussions in recent months have made it very clear that many do. It simply means that making progress isn't embedded in organisational DNA.

Recommendations

- Incorporate voluntary roles into the RCPCH Diversity & Inclusion Policy.

- Announce an ambition that by 2030 those in voluntary roles across the RCPCH will reflect the diversity of its membership.

- Start *confidentially* monitoring the make-up of those applying for, and in, voluntary roles in line with other institutions, across the nine existing 'protected characteristics' and on the basis of social background. Communicate the reasons for doing this.

- Delivery of diversity outcomes should in future feature in the performance management frameworks of all senior staff and the role descriptions of Senior Officers and Trustees.

- The CEO should be tasked to report annually to Trustees and Council on progress.

2. Why should I do it?

The headquarters of *any* national organisation involved in public service delivery can sometimes seem to outsiders rather like an agreeable First World War *château*; full of important people they rarely meet, and many miles behind the front line. For those who work daily in healthcare the formality of committees can sometimes seem daunting. A repeated theme among the hundreds of online responses received from College members was that its voluntary work was for a 'clique', or 'closed', or has a 'club culture'.

'People have never seen themselves as one of those people because they tend to be well-spoken, high achieving people, either women or men. Many don't see themselves as that'

'It's so much a distance organisation that I didn't know what the College did. I was quite nervous about coming to the College for the first few visits'

To describe serving as an Officer, Committee Member or Examiner as 'voluntary' at a College such as the RCPCH is technically correct, as the work involved is almost always unpaid. However the roles involved are complex and important and often require time – in preparation or cross-country travel – well beyond a meeting's nominal length. It was noted that even attendance at a two hour meeting usually requires a day away from a clinical role for someone outside London. And the more junior an employee, the more difficult it may be to negotiate time away from their role.

'The further away you are from London, the more difficult it is to get there for meetings'

'People talk about the College being "London-centric" a lot more than they pick up on other elements of diversity'

One of the most important themes that emerged in a succession of interviews was that the requirement to be a College Fellow for many posts deterred some from applying. While this might be understandable at the most senior levels, it was confusing to many – particularly younger – College members that clinical (or academic) experience or distinction did not seem the most important qualification for many roles. Some articulated the – blunt – concern that they felt they are currently expected to 'pay more' to become a Fellow in order to be 'allowed to volunteer' their time.

'I haven't applied to be a Fellow. I don't like the hierarchy. I think many men like having that list of who they are after their names, but as a woman I'm not that bothered. I wonder if the Fellows thing puts people off'

Recommendations

- Introduce and publicise 'Observer' opportunities for all Members, inviting them to sit in attendance at Committee or other meetings (subject to appropriate protections around confidentiality).

- Review the range of voluntary roles for which Fellowship is an essential qualification, focusing instead on demonstrable experience and expertise.

- Invest in appropriate IT infrastructure and training so those in voluntary roles based outside London or with caring responsibilities can much more easily engage fully in meetings.

- Advertise all voluntary roles, including the most senior, as job shares to make it easier for those who are 'time poor' to engage in them, and succeed.

3. Attracting the very best people

The RCPCH already has a constellation of talented individuals serving in a catalogue of voluntary roles. A welcome feature of our discussions with some of the College's Senior Officers, and its CEO, was their recognition that a galaxy of further talent nevertheless exists among the membership. While some parts of that talent remain under-represented, or under-represented at more senior levels, in an organisational ecology, that organisation will – inevitably – not deliver the very best outcomes that it might.

'There's a job we need to do as senior officers in seeking out candidates who would not have thought about putting themselves forward'

'Women often don't see themselves as having the qualifications, whereas normally they do'

The first step in appointing the best qualified people, to any role, is ensuring that they actually apply. There are many positive actions which can help an organisation diversify the talent pool on which it depends. The most important – and often least resource-intense – is through 'turbo-charging' the way it communicates its enthusiasm to hear from such candidates, reassuring them as individuals that their candidature will be welcome.
One important way to communicate that enthusiasm is by celebrating those people from under-represented backgrounds who are already contributing. That means featuring them in College communications, both internal and external, pictorially as well as editorially.

'There's a children's TV doctor called Dr Ronx. They are black. Their thing is "You cannot be what you do not see". Looking at the senior leadership I don't really see me'

'If on the college webpage there's a link to internal staff LGBT networks, for example, those things are inclusive and provide supportive signals. There's a lot about the imagery we project'

Ensuring that the range of speakers at College conferences, and on panels at seminars, reflects the diversity of the College's membership and their patients gives a signal – often subliminal – that diversity is something an organisation takes seriously. Such events also offer the opportunity to Senior Officers, Trustees and others to identify 'next generation' talent from under-represented groups and pro-actively encourage them to apply for voluntary roles.

Recommendations

- Actively – and sustainedly – publicise the College's newly-adopted ambition to increase the representation of people from under-represented groups in voluntary roles.

- Publicise those 'role models' from under-represented backgrounds among the College's existing volunteers.

- During every recruitment process ask local representatives (Area Officers, Regional Leads and Ambassadors) as a key part of their role to identify appropriate candidates, particularly from under-represented groups, and encourage them to apply.

- Encourage and improve informal 'talent-spotting', particularly at College events and conferences.

4. Appointing the very best people

Applying for any role, voluntary or not, is stressful. Our interviews suggested that the College could be doing more to make the process easier and more welcoming, particularly to those from under-represented backgrounds.

'The College could be much clearer about what a role involves, how much time it takes, how much support you might get in them'

An easy starting point is to ensure that application packs are much more transparent about exactly what commitment an appointment might require in terms of time and travel, and are explicit about ways in which the College might be happy to try to mitigate such challenges e.g. through high quality remote meeting facilities which enable those at a distance to participate fully.
A recurrent theme among those we spoke to was also the make-up of interview panels at all levels. Diverse panels almost inevitably make better decisions. But panels made up of entirely of men, or white people, risk also signalling to interviewees that their own difference might not be welcome.

'However much we think we understand our own unconscious biases, candidates will not perform to the best of their abilities when faced with a panel made up entirely of people with a different demographic to themselves'

'If a panel doesn't look like you, then of course you may not perform as well'

In the wider labour market, particularly in healthcare, diversity of interview panels is often now mandated for the reasons outlined above. In the 2020s, that makes it more dissonant to an applicant if an organisation such as the College fails to take a similar approach.
Sensitivity of approach of recruitment panels and their Chairs to those from under-represented backgrounds, and thus their ability to judge applicants entirely on objective criteria, will always make recruitment outcomes better.

'Boys are very good at talking the talk and saying what they do. Women never do that'

'There's this historic legacy of black and minority ethnic Members of the College not having the opportunities, therefore the seniority and respect, of the white Members'

Recommendations

- Update all role descriptions for voluntary roles making it clear what the role is likely to involve in terms of attendance, and travel for those outside London. Include details of how the College might mitigate the time needed to attend e.g. by remote meeting facilities.

- Adopt an organisational *ambition* of having a similar number of men and women on recruitment panels, and a *requirement* that at least one person on all such panels be a woman (or a man) and one be from an under-represented group unless absolutely unavoidable.

- Carry out a feasibility study on whether it would be practicable for the College to make a contribution towards childcare or other caring costs incurred by women, or men, attending College meetings in a voluntary role.

- Request that all members of any appointment panel engage in a light touch online training module in unconscious bias provided by the College. *Require* Chairs of such panels to have used such a module.

5. Ways of Working

Many elements of delivering better diversity and inclusion are granular, and outcomes can be measured. However, sometimes positive developments can't simply be mandated. They're dependant on organisational 'tone' and a willingness to share background to ways of thinking and guidance on what good might look like.

Committee Chairs are issued on appointment with considerable detail about how Committees are run. This might usefully be updated to both further encourage the participation of *all* members of any Committee or panel, and informally to raise diversity at the beginning and the end of such meetings.

> *'One thing we now do in my part of the NHS is ask at the start of a meeting; "Are we a diverse group today, in a range of ways? Can we say that what we're concluding is applicable to our entire population?"'*

> *'In the same way that we now say that every clinical encounter should be a learning opportunity, perhaps we should use every encounter at the College as a way of engaging other people who might not until now have been part of it?'*

While one of the College's missions may be to 'Embrace Diversity', three in five Member respondents to our online survey said they had never actually heard senior College representatives – Officers or staff – address issues of diversity. Once again this isn't something that can be mandated, but it can be positively encouraged.

Reverse mentoring, where Officers and others have an occasional interaction with someone less experienced and from a different background, now has a demonstrable history both of supporting mentee development, and better informing mentors themselves.

> *'Most foot workers are from black, Asian and minority ethnic backgrounds and representation remains poor on the College Committees'*

Finally, while the remit of this report is the recruitment of those applying for *voluntary* roles with the College, it's important to remember that for many Members themselves – and others – the difference between an Officer of the College and an employee is indistinct. Consequently it's important that any changes made, and ambitions adopted, by the College are aligned with its employment practices as a workplace.

Recommendations

- The College should update guidance and training for Committee Chairs to emphasise the importance of engaging attendees from all backgrounds and perspectives. Guidance should also be provided on how to fully include those attending meetings remotely.

- The College should develop an informal culture of considering, at the beginning and end of meetings, whether diversity – including regional diversity – has been addressed.

- The College's Senior Officers, senior staff and Trustees should commit to individually promoting diversity and inclusion through each of their usual communications vehicles.

- The College should introduce a reverse mentoring programme to enable Senior Officers and others to engage with 'next generation' voluntary leaders and Members.

Action Plan 2020-2023

The Action Plan detailed below summarises the recommendations made within this report – some are strategic, some operational and some cultural.

They're each categorised as 1 or 2 year actions. This doesn't indicate either relative importance or urgency; it simply recognises what's likely to be practicable for the College to deliver within realistic timeframes.

1 ▶

- Incorporate voluntary roles into the RCPCH Diversity & Inclusion Policy. **(1)**

- Announce an ambition that by 2030 those in voluntary roles across the RCPCH will reflect the diversity of its membership. **(1)**

- Start *confidentially* monitoring the make-up of those applying for, and in, voluntary roles in line with other institutions, across the nine existing 'protected characteristics' and on the basis of social background. Communicate the reasons for doing this. **(1)**

- Delivery of diversity outcomes should in future feature in the performance management frameworks of all senior staff and the role descriptions of Senior Officers and Trustees. **(1)**

- The CEO should be tasked to report annually to Trustees and Council on progress. **(1)**

2 ▶

- Introduce and publicise 'Observer' opportunities for all Members, inviting them to sit in attendance at Committee or other meetings (subject to appropriate protections around confidentiality). **(1)**

- Review the range of voluntary roles for which Fellowship is an essential qualification, focusing instead on demonstrable experience and expertise. **(2)**

- Invest in appropriate IT infrastructure and training so those in voluntary roles based outside London or with caring responsibilities can much more easily engage fully in meetings. **(2)**

- Advertise all voluntary roles, including the most senior, as job shares to make it easier for those who are 'time poor' to engage in them, and succeed. **(1)**

3 ▶

- Actively – and sustainedly – publicise the College's newly-adopted ambition to increase the representation of people from under-represented groups in voluntary roles. **(1)**

- Publicise those 'role models' from under-represented backgrounds among the College's existing volunteers. **(1)**

- During every recruitment process ask local representatives (Area Officers, Regional Leads and Ambassadors) as a key part of their role to identify appropriate candidates, particularly from under-represented groups, and encourage them to apply. **(1)**

- Encourage and improve informal 'talent-spotting', particularly at College events and conferences. **(1)**

4 ▶

- Update all role descriptions for voluntary roles making it clear what the role is likely to involve in terms of attendance, and travel for those outside London. Include details of how the College might mitigate the time needed to attend e.g. by remote meeting facilities. **(1)**

- Adopt an organisational *ambition* of having a similar number of men and women on recruitment panels, and a *requirement* that at least one person on all such panels be a woman (or a man) and one be from an under-represented group unless absolutely unavoidable. **(1)**

- Carry out a feasibility study on whether it would be practicable for the College to make a contribution towards childcare or other caring costs incurred by women, or men, attending College meetings in a voluntary role. **(2)**

- Request that all members of any appointment panel engage in a light touch online training module in unconscious bias provided by the College. Require Chairs of such panels to have used such a module. **(1)**

5 ▶

- The College should update guidance and training for Committee Chairs to emphasise the importance of engaging attendees from all backgrounds and perspectives. Guidance should also be provided on how to fully include those attending meetings remotely. **(1)**

- The College should develop an informal culture of considering, at the beginning and end of meetings, whether diversity – including regional diversity – has been addressed. **(1)**

- The College's Senior Officers, senior staff and Trustees should commit to individually promoting diversity and inclusion through each of their usual communications vehicles. **(1)**

- The College should introduce a reverse mentoring programme to enable Senior Officers and others to engage with 'next generation' voluntary leaders and Members. **(1)**

The report

Our brief

a. To assess the RCPCH's current level of performance regarding Equality & Diversity for the various volunteer posts where members or others undertake work for the College. The classes of posts will include, but not be limited to

- Trustees
- Elected College posts (e.g. President, Vice Presidents, and National Officers)
- Appointed College posts (e.g. Committee Members or Examiner posts)

b. To provide a report to Council and the Board of Trustees outlining the findings made under (a)

c. To make recommendations to Council and the Board of Trustees as to any improvements necessary in the RCPCH's Equality & Diversity monitoring and reporting in these areas, and whether the RCPCH needs an explicit Equality & Diversity Policy. Further, to make recommendations as to how the College can improve in areas where the need for development is identified.

The panel

Dr Harish Bangalore is consultant in Paediatric Intensive Care at Great Ormond Street Hospital. He holds a Fellowship in Paediatric Critical Care at Baylor College of Medicine, Houston. He has both trained and worked in India, America and the UK.

Professor Shamima Rahman is Professor of Paediatric Metabolic Medicine at the UCL Great Ormond Street Institute of Child Health and honorary consultant at GOSH. Her research group has discovered several nuclear genes responsible for mitochondrial disease. Shamima has served as lead member of the Equality, Diversity & Inclusion Steering Committee at the UCL GOSH Institute of Child Health for five years. She is a Training Advisor to the RCPCH.

Ben Summerskill (Co-Chair) was CEO of Stonewall from 2003-2014 where he grew its Diversity Champions programme – advising major employers and service providers on good practice – from 35 to 650 member organisations, employing 6m people between them. Previously he worked in Fleet Street, latterly as Assistant Editor and Chief Leader Writer at *The Observer*. Ben is on the Board of ACAS and was previously a Commissioner at the Equality & Human Rights Commission.

Dr Bhanu Williams (Co-Chair) is consultant in Paediatric Infectious Diseases and Director of Medical Education at London Northwest Healthcare University NHS Trust. She trained in infectious diseases at St Mary's and Great Ormond Street and obtained the Diploma of Tropical Medicine and Hygiene from the Liverpool School of Tropical Medicine. As RCPCH International Officer Bhanu leads on strategy, advocacy and programme design with the College's global team.

Interviews

The Panel carried out 12 face-to-face interviews with a range of stakeholders associated with the College, some already involved in voluntary roles and some not. They included people from a range of currently under-represented groups. A further 212 College Members responded to an online survey publicised in the autumn of 2019.

'It's so important that the College is taking a lead in seeking to widen access to its volunteer roles – the College is a landmark for our profession'

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