

# *Equality, diversity and inclusion*

## **Working for change:** An update on our progress

March 2022

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## Foreword

Thank you for taking the interest in our work, and the continuing endeavour to support paediatricians and improve our insight and actions relating to equality, diversity and inclusion (EDI). I'm pleased to say that this is our report on progress against our [Working for Change actions](#) which was our second step to improve these activities across the college.

As we come out of the pandemic and restore different areas of work, we have still been able to focus on this and have reframed it to make it a two-year programme of activity.

The pressures that our members in paediatrics and child health face at work also affect the capacity of the College to carry out its work across so many different spheres; we have rightly brought in resources to focus on the intense needs of our workforce at the most demanding time in its history. I'm proud that we have made inroads to improving our insight into EDI challenges, and now have a much better understanding of what we need in order to achieve objectives.

As you will see from this report, compiled with the help of many volunteers across the specialty, there continues to be progress on some key areas but there are also areas that need more time and attention.

We have four different workstreams and have tried to be clear in this report about the actions that are needed in each of these areas. Our EDI Oversight Group and Member Reference Group act as vehicles to engage with members, understand their perspectives and needs throughout this process. There is always more we can do to engage but it feels as if we are now able to listen and act on ideas and views in a way that simply wasn't possible two years ago.

As CEO, I've always felt that reporting back on the delivery of the recommendations is essential if we are to be more accountable and ensure that we deliver on what we committed to. We have not yet been able to deliver on all that we set out. The scale of our ambitions, set in recommendations, needed to be substantial but it was impacted by COVID-19 and staff capacity limitations.

However, we have made real progress over the past year, especially in areas of support for members such as the new reciprocal mentoring pilot scheme. We improved EDI across question writers and scenarios and collated improved data for our 2021 snapshot, with information on members, volunteers, awards and staff.

EDI is cornerstone of our three-year strategy so please don't be in any doubt that this is a long-term commitment for the College.

We very much welcome your feedback which you can send in via [edi@rcpch.ac.uk](mailto:edi@rcpch.ac.uk)



**Jo Revill**  
**CEO, RCPCH**

## Reflections from our Equality, Diversity and Inclusion Oversight Group

From the very beginning of our work on equality, diversity and inclusion (EDI), I have been adamant that we should underpin the work with both transparency and accountability. This was never going to be an easy area to work in, but as a College we have been utterly clear that we want this to be a priority and we want to do more than talk about it. The engagement we have from the Member Reference Group is invaluable. They provide us with check and challenge, and they are our critical friends. I love our meetings with them because they are always lively and I find I am frequently challenged to think about things in a different way. Learning from each other and having open and honest conversations is how we will make improvements and I cannot thank the Members enough for their hard work and commitment.

I see EDI as a journey – not a one-off project. There will always be work to do in this area and, as a College, I am determined that we will embrace the challenges and commit to the work for the long term. I commend this report to you as evidence of what we have done thus far, and the challenges that lie ahead.



**Dr Camilla Kingdon,**  
**President and Senior Officer lead for EDI**

I have been very impressed with the energy and commitment of all RCPCH staff and members working on the EDI agenda. Highlights for me this year have included the thought-provoking and lively discussions at the EDI Member Reference Group which help inform strategy and initiatives. I am also delighted that the reciprocal mentoring pilot, led by Dr Segn Nedd, has begun. I hope the learning from the pilot will be used to develop a wider programme that will lead to useful shared learning that will benefit members, officers and trustees of our College and ultimately help the children that we serve.



**Dr Bhanu Williams,**  
**Trustee lead for EDI**

I'm pleased that we continue to make ourselves accountable in our EDI commitments. Doing this means that we can easily see where there's progress as well as where we need to do more. Looking at this year's report, there have been some solid achievements such as a pilot scheme in reciprocal mentoring and a pilot fund for caring-related expenses for our volunteers. We've also tried to improve our data collection and done further work to see how our data on training could be used to its full potential. Of course, there are other actions remaining to achieve across our EDI workstreams and we recognise that there can be no room for complacency. The benefit of having such clearly articulated goals and reporting is that we have real-time feedback on the efficacy of our activities – a barometer that we greatly appreciate.



**Robert Okunnu,**  
**Director of Policy and External Affairs and Senior Management Team lead for EDI**

## Overview

Our work on equality, diversity and inclusion (EDI) is not a finite project and the College is dedicated to working for change. This publication reports against the actions that we committed to implement. It aims to measure and monitor on the progress of our actions in order to ultimately assess the success and impact of the work completed to date.

We aim to use clear and consistent terminology across all protected characteristics and have been informed by government surveys and equality charities at the forefront of this work. We recognise that the language used in this report may not apply to all and people may have different preferences around language. We continue to be in dialogue with members about this sensitive issue and search for best practice around language in this and all aspects of EDI.

In [Working for Change](#) we set out three overarching commitments that encompassed the over 60 actions we had set for ourselves:

### **We will be accountable**

With the number of actions for the College to deliver on EDI it is important that we are accountable to our membership for our achievements and that as a College we are regularly reviewing our progress. In order to do so, we have produced this report to provide a transparent update on our areas of success and where we have not yet achieved our goals. We also committed to share data on a yearly basis to examine representation and in the appendix of this report, you will find the EDI data snapshot on our members, volunteers and staff.

### **We will use our voice for change**

As an organisation with inclusion as one of our core values, it is important that we challenge stakeholders appropriately and seek change where we feel more can be done to further EDI. Delivering on our actions involves working with others, including those organisations that are part of the pipeline for a paediatric workforce such as deaneries and medical schools and we've worked closely with the General Medical Council and Health Education England to progress our work on differential attainment. It also means holding governments and other policymakers to account when advocating for children and young people, as we continuously do so throughout the College's Ambassadors programme, State of Child Health campaigning work and the valuable work of RCPCH &Us.

### **We will continue to engage deeply and widely**

Challenging our own thinking and approaches is key in ensuring that we really are benefitting the widest possible group. Our EDI Oversight Group, Member Reference Group and Staff Working Group continue to bring in the voices of those we aim to support – but we know that there is more we can do to broaden our engagement. We've remained open to feedback and the ideas of others, and some of the projects we've worked on over the last year have been the result of members sharing ideas or highlighting concerns about areas where the College could have a role to play. An example of this is [Dr Zeshan Qureshi's published work](#) on addressing racist parents within a paediatric setting. As a member of the EDI Member Reference Group, the College was able to support Dr Qureshi as this work developed – and we also called for policymakers and other stakeholders to take urgent action to tackle unacceptable behaviour.

# Our progress to date

## What we've achieved

- Launched a reciprocal mentoring pilot scheme.
- Launched a pilot fund for 2021/22 to help cover caring related expenses for our volunteers and are communicating this work to staff.
- Collated improved data for our 2021 snapshot, with information on members, volunteers, awards and staff.
- Ensured that accessibility for members is considered in the development of the new online learning system.
- Explored how our data on training can be shared and streamlined for better reporting.
- Established new data processes to bring the psychometrics team into new projects at an earlier stage.
- Included exam question writers in our volunteer data snapshot.
- Worked to embed and improve EDI in exam question and scenario writing.

## Where we have room for improvement

- Volunteer support across the College continues to be delivered by individual teams focused on subsets of volunteers. We need an overarching approach to volunteers to take forward the actions outstanding in this report.
- Actions to support those involved in Committees from our first piece of EDI work are still in progress. We have not met the deadlines we set ourselves due to internal capacity issues, but we must ensure we deliver these actions as soon as possible.
- Our review of awards across the College needs to be completed and actions taken forward.
- Our internal differential attainment data collection needs to be improved and teams across the College brought together to identify solutions to support our wider work in this area.

## What we will continue to work on

- Address the gap of attainment levels between different groups of trainees.
- Work with Health Education England (HEE) and GMC on data sharing agreements.
- Ensure workforce data collection is joined up with diversity monitoring data collection.
- Improve our data collection by increasing the response rate of members who complete our [diversity monitoring form](#).
- Advocate for children and young people from underrepresented groups.
- Ensure our approach to parameters for health outcomes studies recognises the physiological differences in ethnicity.
- Undertake targeted research and EDI data collection in reducing health inequalities.
- Embed EDI in our lifelong career and development work.
- Review EDI training for our volunteers within education and training, including Advisory Appointments Committee (AAC) panel members.

# Reporting back on the implementation of *Working for change* actions

## Workstream 1: Working lives of paediatricians

The paediatrics community must respond to the challenges related to EDI. Throughout this workstream, we review the implementation of the EDI actions that focus on the working lives of paediatricians. This covers the full breadth of the career journey, the workforce as a whole and current systems of career progression.

### Volunteers and EDI training

The four-nation [Medical Specialty Recruitment 2022 Applicant Handbook](#) states for those involved in the shortlisting process:

*“All shortlisters must be trained in recruitment and selection principles and processes including current equality and diversity legislation within the last 3 years. Recruiters should ensure that they have a copy of the current equality and diversity certification for **all** shortlisters.”*

Similarly, it states the following for those on interview panels:

*“All interview panel members are required to have undertaken Equality and Diversity training in the last 3 years. Recruiters **must** obtain evidence of completion of this training from the interviewers. This would normally be in the form of a certificate to confirm completion of training. Verbal confirmation from the interviewer is not acceptable evidence.”*

Work has begun on a College policy to ensure that all volunteers are suitably trained, and that such training has taken place recently and is regularly updated. Our volunteer forms have been updated and we now ask volunteers to sign a declaration confirming that they have had EDI training within the past three years. As a College we are committed to supporting our volunteers with training needs, and staff are being encouraged to identify those volunteers who may need such training.

Information available to volunteers indicates that where training is required the College will provide it. Currently there is an unconscious bias training course available to members. Although we are moving to a new learning management system, we will ensure unconscious bias training remains available to members. We have created an EDI training category on our customer relationships management database. We will use this to record whether a member has EDI training or needs EDI training and to check whether this is in date.

### Advisory Appointments Committees

Another priority for the College was to add a component on EDI/Unconscious Bias to the syllabus for the 6-monthly Advisory Appointments Committees (AAC) Training Days ensuring that they are applicable to the role of an AAC panel member. There are over 450 College Representatives who participate to some degree in our AAC process, forming part of interview panels and providing external quality assurance (as set out by legislation) to substantive consultant appointments.



To ensure we reach the full pool of representatives and not just those who attend our scenario-focused Training Days, we are looking into contacting all participating representatives and inviting them to complete our unconscious bias eLearning course. We will explore whether this could in time become mandatory in order to serve as a College Representative and how we will track this on the College database.

## **Exams and assessments**

We have also looked at what could be done to improve EDI across question writers and scenario reviewers. Question writers are recorded in CARE (our membership database) and can be reported on to see who is an active question writer and who has retired. This list is used to contact members who've consented to question writing and to create new question writing groups. Senior clinicians in the theory Question Setting Group (QSG) have completed the unconscious bias training course with the College and the learning from this has been implemented into a question writing course.

We have developed a feedback form to be completed after each question writing session, as a check point to ensure EDI is considered. The question writer is asked to reflect on whether questions are clear and concise with appropriate language used throughout. The form also ensures that questions provide equal access and don't disadvantage any clinicians on the grounds of unconscious bias or lack of knowledge and experience that only those living and working in a particular region would have.

This approach is embedded by including question critiquing sessions during each QSG, allowing different groups the opportunity to review and provide feedback on questions written by other groups. This shared feedback helps us provide better questions for our trainees, and we are currently exploring introduction of a similar template for Specialty Trainee Assessment of Readiness for Tenure (START), our assessment for those nearing completion of training, other exam questions, and recruitment scenario questions.

An EDI training category has been added to our member database and we are piloting tracking this for new appointments within the Education and Training division. Although we have decided not to apply this category retrospectively, we hope to use this report to identify those with current training and those who might benefit from additional needs training.

Several members of the EDI Member Reference Group (MRG) joined the START assessment board meeting in December 2021 to discuss how we can factor EDI into scenario writing. This was well received by the START Board and it will be fine-tuned as to what part of the process EDI will be integrated. One option being explored is to rename the Professional Approach domain as Professional Approach and EDI. This would mean assessors are directed towards considering EDI aspects in all scenarios. Further meetings are planned to explore how EDI integrates into the scenario generating process and we will also explore producing a guidance document for question writers that gives tips on writing in plain English as well as avoiding common pitfalls. Once the MRG has inputted into START assessments, and this partnership is explored, we can look at building an EDI input into exam question writing.

## **Data**

The College has committed to publishing an update of its EDI work annually including its progress around data collection. Although data triangulation is possible between ePortfolio and the College contacts database, we need improvement in the collection of diversity monitoring data to highlight any differences between groups of members who share protected characteristics.



We have also established new data processes to bring the Psychometrics team into new projects at an earlier stage.

The College has also entered into a data sharing agreement with HEE and relevant statutory education bodies to formalise the sharing of recruitment and training data for the purposes of training management and recruitment and careers progression. Further work continues to be explored between the College, other Medical Royal Colleges and HEE to develop the existing arrangement and will look at more detailed recruitment data, EDI, and differential attainment data. Due consideration is being given to our public sector duty under section 149 of the Equality Act, and compliance requirements under the GDPR and Data Protection Act in deciding the suitability of holding identifiable data and future work will explore sharing examination data.

Due to other work priorities and commitments the project on data validation frameworks has not been taken forward and therefore the work on the Multisource Feedback (MSF) assessment has not yet been completed. There is still a plan to complete this work and therefore other assessments can still be validated through this framework once this initial evaluation has been completed.

### **Workforce data collection**

We are continuing to look at new ways of collecting information that would allow protected characteristics to be captured that supports all areas of workforce data collection. The Workforce team intend to help increase the response rate to the diversity monitoring form by including a link to the form in the Workforce Census microsite.

Our recent member survey highlighted an interest in gaining more insight into the experiences of our members. We explored how we might use a paediatrician check-in tool to survey members about their wellbeing but GMC data and training surveys already provide similar data. We will continue to review the role for the College within this space.

### **Differential Attainment (DA)**

Another one of our commitments was to continue to improve the collection of equal opportunities data to allow meaningful analysis of education and training data and highlighting any possible differential attainment (DA) and then taking appropriate steps to mitigate those differences where possible.

Collecting data on protected characteristics continues to be a challenge and we have seen a noticeable drop in the sharing of this data since 2018 (which seems to coincide with the introduction of GDPR). A review conducted on data from our 2019 assessments found that we held an average of 32% of data on ethnicity for those that take our assessments. This makes it very difficult for us to monitor any potential DA in our assessments or know if our interventions are having a positive impact. The work on our new diversity monitoring form will help us triangulate this data against our own assessments and improve our response rates, but there is further work to do here.

We recognise the importance of sharing information between organisations involved in medical education and already shared exam information with the GMC through a signed agreement. We have also recently signed a data sharing agreement with HEE and are continuing to work with them on future developments to share EDI data.

There will be further DA work looking at training outcomes and exam results as part of work between the Academy of Medical Royal Colleges and the GMC. The Academy and the GMC have

said there is an expectation that all Colleges and Faculties should produce a specific action plan on DA by September 2022. We are committed to producing this action plan and know this will include much of the work being undertaken through this workstream. We will keep members up to date on our approach and look forward to providing a further update in winter 2022.

We do not view a lack of data as a reason for postponing action to help mitigate, reduce or eliminate any DA. As part of our EDI work we are going to encourage that all clinicians involved in the production of exam questions, START scenarios or recruitment scenarios or AAC panel members have had EDI and/or unconscious bias training and that we have a central record of this.

## Retention, lifelong careers and learning

It is also relevant to ensure that EDI is given due consideration within the work on retention and lifelong careers. The Lifelong Careers Framework has now been developed to support and retain those working in paediatrics and the four pillars of the framework are sufficiently broad to support all our members, regardless of whether they share protected characteristics or not.

The workstreams and interventions outline further how the aims of the lifelong careers framework can be met with a particular educational intervention aimed at supporting specific membership groups including International Medical Graduates (IMGs) and this will make up a part of the submission for a second phase of work to the Dinwoodie Charitable Trust.

There are likely to be three major strands of activities to this later work, comprising of the development of best practice recommendations for sustainable working; wellbeing and innovation networks and their champions; and an adaptive resource hub informed by learning from the first two strands.

The online learning system is still in development and accessibility has been a consideration as this project progresses. The developers will meet AA standard (Web Content Accessibility Guidelines). Our procurement policy for new web-based systems now includes website accessibility standards, and this was recently applied to the tendering of RCPCH ePortfolio.

## Medical Workforce Race Equality Standard (MWRES)

Another one of our commitments was to support initiatives such as the MWRES, and other work on race equality. The RCPCH and other Medical Royal Colleges contributed to the [Medical Workforce Race Equality Standard \(MWRES\) report on indicators for the medical workforce 2020](#), published in July 2021.

An overall update from the Academy of Medical Royal Colleges specified that the response rate to MWRES was low. The report states that, 'The data quality for the membership and council members for most royal colleges was not robust enough to enable a valid analysis.' We continue to engage with inter-collegiate meetings and support the MWRES initiative. Our President Dr Camilla Kingdon met with Dr Partha Kar, WRES Director of Equality, in October 2021.

## Reasonable Adjustments

We have produced a [reasonable adjustments policy](#) for College meetings, courses, events, and assessments. It also signposts to the existing exams reasonable adjustments policy.

Our *Working for Change* report also referenced the impact of COVID-19 on paediatricians,

particularly those with disabilities or long term health conditions and the impact on those in training who have shielded. We are continuing to explore these issues to identify the role for the College within this space.

## International Medical Graduates (IMGs) and Soft Landing

**Soft Landing** is a support network for IMG paediatricians to help them thrive in the UK. In recognising the need to provide more support to IMG members the College has been working closely with the group. We have reviewed and endorsed their one day programme and have begun to explore how we can support their mock interviews for ST3/4 recruitment.

Soft Landing will be co-opted to the Recruitment and Lifelong Careers Board for a pilot period of 12 months. We are also asking Soft Landing for its 'best practice recommendations' so we can consider these too. We plan to involve Soft Landing in our #ChoosePaediatrics work and through the Lifelong Careers work we will see that this group's needs are catered for.

Through this work with Soft Landing, it became apparent that the College was already providing some of this support to its Medical Training Initiative (MTI) doctors who also have similar needs to the wider group of IMG doctors and therefore it should be possible and more efficient to ensure there is the correct synergy between these two groups to share any guidance, resources or training that is developed.

## Heads of School and College Tutors

It was also identified that Heads of School and College Tutors have a crucial role in helping take forward some of the College's work around EDI. Once each annual EDI report is published the College will ensure that it meets with these two groups to update them on progress and to also see where they can provide support in disseminating information. This will also provide an opportunity for them to share ideas and feedback as including their voice in this area of work is critical.

The following table lists the previously published actions that can be found under this workstream alongside a status update.

*Actions with an 'Ongoing' status are those where work has begun without a fixed end point for specific delivery. Actions with an 'In Progress' status are those where work has begun and we hope to report that delivery has been achieved in future reporting. Updated delivery dates have been provided for 'In Progress' or 'Not yet started' actions.*

Action	Status	Delivery date
The College should seek clarity with HEE on what their expectation is with regards to EDI when using clinicians in the recruitment process across all four nations.	Complete	
Sub-specialty clinicians should have up to date EDI and unconscious bias training and this will need to be included as part of the process and logged.	In progress	By July 2022
An audit of written interview questions or an improved sign off process (to check for any terminology that might be more clearly explained) should be introduced to help ensure that candidates from outside of the UK can recognise any terms used.	Complete	

It was recognised by the member reference group that the College does already provide some good EDI training for members in voluntary roles. However, it should explore whether training on EDI should be centralised for all clinician volunteers in E&T for all those involved in delivering exams and assessments and ensure that training is tracked and recorded. Whilst this training in itself will not directly solve issues relating to EDI it is good practice and will increase the understanding of how bias can creep in or how questions or scenarios used might be unintentionally unfair.	<b>In progress</b>	<b>By March 2023</b>
There are question writing group categories on CARE so consideration should be given as to what reporting can be done on them, what further data is needed and what if anything we could do to improve EDI among question writers and scenario reviewers.	<b>Complete</b>	
Continue to use the validation framework for other exams and assessments once the initial work has been completed on the MSF assessment.	<b>In progress</b>	<b>By March 2022 updated to March 2023</b>
Ensure for any new systems projects that the Psychometrics team are involved at the beginning so that data and reporting is a key consideration for building any such system.	<b>Complete</b>	
Continue to explore whether College systems such as ePortfolio that contain data relating to training can be shared or streamlined to allow for better reporting.	<b>Complete</b>	
Once the College has improved its data collection it should commit to publishing this on an annual basis.	<b>Complete</b>	
Continue to improve the collection of equal opportunities data to allow meaningful analysis of education and training data and highlighting any possible DA and then taking appropriate steps to mitigate if applicable. This should also include any analysis of possible regionally and national variations.	<b>Ongoing</b>	
Improve the sharing of information with other stakeholders such as the GMC and HEE that allows for triangulation of data held and supports the drive to reduce possible DA.	<b>Ongoing</b>	
Ensure that EDI is given due consideration as the work on retention and lifelong careers is being formulated.	<b>Complete</b>	
As the College has done through other systems projects, should ensure through the user experience that accessibility is considered for members when developing the new online learning system.	<b>Complete</b>	
To support initiatives such as the WRES, and other work on race equality, we aim to increase member reporting about EDI characteristics.	<b>Ongoing</b>	
Add a component on EDI/Unconscious Bias to syllabus for the 6-monthly AAC Training Days ensuring that it is applicable to the role of an AAC panel member.	<b>In progress</b>	<b>By March 2022 updated to July 2022</b>
Continue to look at new ways of collecting information that would allow protected characteristics to be captured that supports all areas of workforce data collection.	<b>Ongoing</b>	

## Workstream 2: Health outcomes of Children and Young People

If we are to make real progress in improving the health outcomes of children and young people (CYP), we need to work towards achieving equality. In order to ensure meaningful improvements in child health outcomes and to enable us to work towards ending child health inequalities, the EDI actions of this workstream have focused on examining the spectrum of drivers in determining health outcomes, including ethnic background.

### Data collection and analysis

The College's [State of Child Health](#) report examines trends in the health and wellbeing outcomes of children and young people in the UK. It acknowledges that drivers of health inequalities derive from a range of factors and characteristics. To ensure that underrepresented groups and those disproportionately affected in health outcomes are included in the analysis, the College has committed to incorporate a focus on ethnicity and inequalities in the SoCH project. Furthermore, the College acknowledges that the white ethnic group is not homogenous and sections of this community are unequally affected in health outcomes, so will ensure this group is included in ethnic data collection and analysis. This work is currently in progress and being scoped out by the Research and Evidence Team for the 2022 State of Child Health project.

Resources and case examples for healthcare professionals about the wider social determinants of health were published on the RCPCH QI Central website following breakout sessions, such as 'Child Poverty on Trial' chaired by Dr Guddi Singh, at RCPCH 2021 Conference in June. The Children and Young People's Engagement team also worked with external partner organisations to share children and young people's voice from Gypsy and Traveller communities as part of the 'COVID-19 &Us' workstream this year and in a collective review of asthma services.

Furthermore, to support the College's approach to research and EDI data collection on reducing health inequalities, the RCPCH Research and Evidence team, together with Senior Officers, are in discussions around the proposed development of a national School for Child and Adolescent Health Research. Progress is ongoing in this area and any formal announcements will be made in due course.

### Including children and young people's voice

RCPCH &Us continues to engage with and support underrepresented communities. During the pandemic, RCPCH &Us has continued its work by linking with support agencies who in turn engage with diverse groups. For example, collaborating with long-term condition groups to support reviewing the Epilepsy12 audit findings and long-term condition experienced young people taking part in research on asthma care and the impact of COVID.

The RCPCH &Us voice bank includes work with underrepresented communities across the UK and from our own network plus other partner organisations and youth groups on topics linked to inequalities or underrepresentation. One new example is the involvement of young people from different backgrounds across the UK in the child poverty session at the RCPCH 2021 Annual Conference. In 2021, RCPCH &Us also supported raising awareness of child health priorities in the Wales and Scotland elections through their "Our Health Matters" campaign, which provided youth groups and schools with materials to understand the State of Child Health priorities for their nation and to contact candidates in their area to lobby. Insight pieces have also been shared featuring [young people's views on State of Child Health](#) and [RCPCH &Us priorities](#), to help inform advocacy, including the voices and views of underrepresented CYP.



During Winter 21/22, the RCPCH has supported the children's charity Barnardo's on an extension of the Boloh Helpline, which aims to improve access to healthcare for underrepresented Black, Asian or Minority Ethnic communities.

## Empower members to be better advocates for child health equality

The College's Ambassadors are volunteer RCPCH members across England who advocate locally for children and young people's health needs and the workforce that serves them. The College supports Ambassadors in their role with monthly meetings to hear about policy developments, tools to hone their advocacy skills and meet other Ambassadors and stakeholders. The RCPCH Health Policy Team have been building on this work with a wide programme of speakers to empower members to be better advocates for child health equality. For example, the RCPCH &Us team joined a meeting to inform Ambassadors on how they can work with the team to advocate for CYP voices effectively. Dr Max Davie, RCPCH Officer for Health Improvement, was also invited to speak on how Ambassadors can talk about tackling health inequalities in their local areas to influence service policy and practice within their Integrated Care System (ICS). Additionally, the Health Policy Team is working on a health inequalities policy position statement and toolkit which aims to equip members to identify families experiencing health inequalities. This statement establishes the key tools on how to support and advocate for better child health equality locally in the ICS.

An online RCPCH Data Portal was created in early 2021 and has successfully completed a pilot testing phase with external users in July 2021. The platform will enable further data collection and reporting on national standards, which will be led by new data and health informatics role within the Research and Quality Improvement Directorate.

RCPCH &Us utilises the voice bank to provide briefings on what matters to children and young people so that their representative voices can be used by members to inform others in meetings and advocacy discussions. These briefings have been used to inform work such as the [COVID Book Club](#) and [Paediatrics 2040](#).

The following table lists the previously published actions that can be found under this workstream alongside a status update.

*Actions with an 'Ongoing' status are those where work has begun without a fixed end point for specific delivery. Actions with an 'In Progress' status are those where work has begun and we hope to report that delivery has been achieved in future reporting. Updated delivery dates have been provided for 'In Progress' or 'Not yet started' actions.*

Action	Status	Delivery date
Acknowledge that the white ethnic group is not homogenous and sections of the community are underrepresented and disproportionately affected in health outcomes for patients. The College should begin to include this in ethnic data collection and analysis.	In progress	By March 2022 Updated to December 2023
Build on including children and young people's voice from underrepresented communities in College work, such as national audits.	Ongoing	
Empower members to be better advocates for child health equality by building on the Ambassador programme and provide lobbying training and tools to use data and CYP voice effectively.	Ongoing	

Undertake a scoping exercise to look at how the College's approach to parameters for health outcomes studies recognise the physiological differences in ethnicity.	In progress	By March 2023
Explore opportunities to conduct targeted research and EDI data collection in reducing health inequalities across all existing and prospective College work streams and priorities.	In progress	By March 2023
Exploring what further advocacy for underrepresented CYP we push forward with in our SoCH campaigning work.	Ongoing	

## Workstream 3: Volunteer and awards

Representation within volunteer roles was the first step of our recent journey in EDI, set out in [Our Action Plan](#) published in July 2020. Our [One Year On](#) report provided a detailed update on all we had achieved during our first twelve months and was well received by our members. We have continued to work to deliver the actions under this workstream but have not met several of our original dates for delivery.

### Improving how we collect and share data

Improving the data we collect must be central to any ongoing EDI work across both awards and volunteers. Without the full picture of 'what our membership looks like' we cannot identify underrepresentation or know when our actions are affecting change. The volunteer snapshot that we share in Appendix 1 now includes a broader definition of volunteer and we will continue to look at ways to include other groups of volunteers in this annual data.

The data that we collect through the volunteer application process is now being collected in a different way to allow us to analyse data on the different volunteer types – Committee roles, Officer roles and other non-committee volunteer roles. Combined with our Diversity Monitoring form, annual reporting will be possible to provide data on number of roles advertised, time advertised, number of applications, number of appointments with anonymised EDI breakdown. Although we do not have this data available to share in this year's snapshot, we hope to be able to include this in future years.

Data on those that apply for and are successful in obtaining a College award, including ACCEA, has been collated and shared with the Nominations Committee. Although the small number of individuals and incomplete data resulted in an imperfect picture, we were able to share our findings with members at the RCPCH 2021 Annual Conference. We have also shared this data in Appendix 1. The Nominations Committee will review new data on awards in May 2022 and this will feature in future updates.

### Reviewing and improving our processes

The work to review all awards across the College is not yet complete. Although the full review has not taken place, the Nominations Committee have considered equity of access to our awards and decided to create a new award for exceptional members earlier in their career. The Members' Award is created to honour members who have done exceptional work in support of child health, but who might not be eligible for Honorary Fellowship or other awards. Currently nominations for College awards are open for a limited period once a year, but the Nominations Committee are also looking at how this could be a barrier to nominations and considering accepting nominations year-round, with a yearly point of review.



In order to encourage volunteer applications and open up volunteer roles at the College, we have renamed the recruitment process to Volunteering Opportunities. Providing templates and guidance for those advertising volunteer roles at the College has also ensured that there is consistency across the College. Our standard templates now include a statement to actively encourage underrepresented groups to apply and if vacancies remain after three recruitment rounds, the role description is reviewed.

Equality impact assessments (EqIAs) are an important tool to ensure that no groups are disadvantaged by projects or practices. Our vision at the College is that EqIAs will become an embedded tool used by teams to consider EDI in the work that they are doing. Once the guidance and templates have been centrally created and made available to staff, teams responsible for volunteer recruitment will be able to use them as part of the review of volunteer recruitment and volunteer management practices.

The following table lists the previously published actions that can be found under this workstream alongside a status update. Where an action is not yet complete, we have provided an estimated completion date.

*Actions with an 'Ongoing' status are those where work has begun without a fixed end point for specific delivery. Actions with an 'In Progress' status are those where work has begun and we hope to report that delivery has been achieved in future reporting. Updated delivery dates have been provided for 'In Progress' or 'Not yet started' actions.*

Action	Status	Delivery date
Review the awards available across the College, with a view to producing a clear statement or report on EDI monitoring and considerations with all awards.	In progress	By March 2022 <b>Updated to March 2023</b>
Ensure clarity when talking about volunteer data and roles included, and continue to look for ways to improve internal reporting and include more types of College volunteer.	Ongoing	
A commitment to review the data on volunteers and awards on an annual basis, producing an annual report for sharing with Senior Officers and a summary report for sharing with members. Each report must update on progress across relevant actions and address any further work indicated by the data.	In progress	By March 2022 <b>Updated to March 2023</b>
Review the current processes around volunteer recruitment and how Equality Impact Assessments might be used to support the process.	In progress	By March 2023
Review the current processes around volunteer management, how Equality Impact Assessments might be used and how the appraisal system and Code of Conduct for College volunteers might be strengthened to ensure behaviours demonstrated reflect the inclusive values of the College.	In progress	By March 2023
Better monitoring of applications to be a volunteer and the inclusion of statements to actively encourage underrepresented groups to apply.	Complete	

## Workstream 4: Our College

Looking internally at how the College as an employer and organisation approaches EDI is also a priority for the RCPCH. Operational elements within the remit of the College, from the panels at our events to the data we collect on members are important foundations for our wider EDI work. Much of this workstream is delivered by our ongoing People Strategy, but we have continued to progress the actions below.

### Evolving how we think about EDI

As part of the [Working for Change](#) reports, we made a commitment to continuously review the language that we use. After discussions with different staff focus groups, the EDI Staff Working Group and clinicians we developed internal EDI language guidance to serve as reference for staff when they talk and write about protected characteristics. This document intends to provide tools for talking about language, and signpost to additional resources for those that want to 'deeper dive' into the subject. The document is in the final stages of review and will be shared with staff by the summer. During the focus groups, longer term ambitions for the document were highlighted including an idea to share our approach to language with our members more widely and we will continue to explore how our key learnings can be shared.

The launch of our new Diversity Monitoring Form in March 2021 allowed us to improve the language we used when talking about protected characteristics and ensure we were aligned with sector best practice. Language continues to evolve and best practice within EDI is continually developing and new approaches being tested. We will continue to monitor this space, and bring forward changes into our work as needed.

We also recognise that many of our members face barriers beyond protected characteristics and in our Member Survey 2021 we sought the views of our members on adding additional questions into our Diversity Monitoring form. A [study by the University of Bristol](#) looking at discrimination experienced by medical students and trainees included questions on accents and jewellery or clothing that identifies individuals as belonging to a particular religion. We were able to include these suggestions in our member survey to seek views on expanding what we collected. Overall, the responses to this question were mixed; although most respondents were not in favour of increasing the range of questions, some respondents did show an interest in collecting information on pregnancy, social background and marital status. With our Member Reference Group, we will review the outcome of the survey and consider what changes, if any, we might want to make to our Diversity Monitoring form.

### Data collection and reporting

After the launch of our Diversity Monitoring form, we promoted completion through content on the College website, including in email signatures and event confirmations as well as [articles in Milestones](#). Although we have seen rates double over the past year, we have only around 800 total responses, 4% of our total membership. Given the low completion rates, we decided that rather than promote a link to the form in our 2021 member survey, we would replicate the questions and if members consented, align data shared with member records to allow future reporting. This has significantly boosted the data that we hold, and a full snapshot can be seen in the appendix. We have lowered our reporting threshold from 50% given the value of sharing this data with our members, but this data should be seen representative of our total membership. A campaign to further boost completion of the Diversity Monitoring Form is planned for 2022 and we will continue to annually report this data snapshot with our members.

Looking at our internal work on EDI, and how we support staff in living the values of this area we recognise that this is an area for improvement. To build on the good work of our staff networks, employee forum and People Services team, we will be building an EDI hub on our staff intranet and looking at how we can best complement the work of others in this area. Data on our staff has also been shared in the appendix.

Collating data on our media spokespeople and events is a longer-term action, and we look forward to having further updates to share in future reports.

## Improving accessibility

Although we have made some improvements to the accessibility of our online events, we recognised that there is further to go. Our Otter AI license has been used for online events and with MS Teams as our primary hybrid meeting provider, we've also tried to ensure participants can utilise the automated captioning available. Our 2021 Virtual Annual Conference was hosted by a third party, and as a result we were limited to using other captioning software. This resulted in a poorer experience for our members, for which we apologise. We have committed to ensuring that this does not happen for future virtual conferences.

Making improvements to accessibility across the College is an ongoing area of work, and we hope to provide further updates on what we have achieved in the future. As well as considering the events we hold, this work will also consider our online platforms and what accessibility standards we might set for our suppliers and our internally produced websites.

The following table lists the previously published actions that can be found under this workstream alongside a status update. Where an action is not yet complete, we have provided an estimated completion date.

*Actions with an 'Ongoing' status are those where work has begun without a fixed end point for specific delivery. Actions with an 'In Progress' status are those where work has begun and we hope to report that delivery has been achieved in future reporting. Updated delivery dates have been provided for 'In Progress' or 'Not yet started' actions.*

Action	Status	Delivery date
Annually report on aggregated disclosure rates of members across all protected characteristics.	Complete	
Regularly review language used for protected characteristics to ensure it is reflective of best practice and feedback from members.	Ongoing	
Develop range of questions beyond protected characteristics where appropriate.	Ongoing	
Annually report on EDI data and ongoing work for our events, media spokespeople.	In progress	By March 2023
Make improvements to the accessibility of our events.	Ongoing	
Share internal, aggregated data on protected characteristics with staff, and share a highlighted version of this report with members.	Complete	
Review recruitment of Invited Reviewers, with specific consideration for EDI.	Not yet started	By March 2022 Updated to December 2023
Work to encourage staff to share data across protected characteristics.	Ongoing	

# Reporting back on our progress to improve representation within College volunteer roles

In 2019 we commissioned the [Putting Ladders Down](#) report, our first step to improve EDI across all areas of our work. The recommendations from the report were converted into actions delivered across the different College's divisions and our [One Year On](#) report measured the progress of the commitments completed to date. Below we share a further update on what we have achieved and the areas where we haven't met our delivery goals.

## Opening up our volunteer roles

One of our biggest areas of focus over the past year has been mentoring, following a 2019 recommendation to deliver reverse mentoring and review the existing mentoring scheme. After Dr Segn Nedd's proposal for reciprocal mentoring, we developed an EDI reciprocal mentoring pilot scheme and launched this in February 2022. Our scheme aims to identify the College support needed for a larger programme whilst gaining feedback on the system to identify improvements. We also hope to gain a better understanding on what outputs could be reasonably expected from participants.

College Officers have been matched with members of our EDI Member Reference Group to produce 5 partnerships across different subspecialties and regions. The mentoring in the pilot will be relatively light touch, bringing partners together for a meeting once every month. Regular feedback will be collected from the partners on outcomes from these discussions, as well as reviewing the documentation and guidance provided throughout the project. This feedback will feed into development of a wider programme and we will provide further updates on the wider roll out of any EDI focused mentoring scheme.

Another important area of EDI work has been our 'Removing Barriers' project, which aims to help more volunteers engage with the College. The project will be launching internally over the coming months and will provide resources for committee administrators and others that work close with volunteers. As part of this project, we will also launch the pilot fund available to help cover care costs incurred by volunteers undertaking activity for the College. From running the fund as a pilot, we hope to gain valuable information on the affordability of adopting such a policy on an ongoing basis.

Further work is needed to deliver the actions focussed on supporting attendees at meetings. Through guidance and training for chairs we hope to help ensure attendees from all backgrounds and perspectives feel included in meetings. We also want to consider how principles for committees could be drafted and how this might ensure EDI is included as a part of every meeting. Capacity within teams during the year has meant that this work has not yet been completed, we hope that with a further extension of twelve months, we will be able to deliver this action.

Training for our Senior Officers is another area where we have not met our deadlines, although broader discussions about training needs were highlighted throughout the annual appraisal process. Budget to support the costs of this training has been included in the current year, and we hope to progress this action over the coming months. Although the original action focused

on talent spotting, given the risk of unconsciously supporting or attracting those of similar backgrounds, we are aiming to deliver broader training for our Officers.

The following table lists the previously published actions that can be found in Our Action Plan alongside a status update. Where an action is not yet complete, we have provided an estimated completion date.

*Actions with an 'Ongoing' status are those where work has begun without a fixed end point for specific delivery. Actions with an 'In Progress' status are those where work has begun and we hope to report that delivery has been achieved in future reporting. Updated delivery dates have been provided for 'In Progress' or 'Not yet started' actions.*

Action	Status	Delivery date
Data to be collected to ensure all role descriptions have been updated	Complete	
Consider how we can best strengthen our existing mentoring scheme, whilst also looking for ways to incorporate reverse mentoring, possibly by piloting such a scheme	Complete	
Consider the best way to support Senior volunteers in talent spotting and encouraging people to apply for roles. External training of Senior Officers to deliver the tools to support this work will also be considered as part of this review	In progress	Winter 2021 <i>Updated to Autumn 2022</i>
Guidance and training on engaging attendees from all backgrounds and perspectives to be developed and delivered	In progress	Winter 2021 <i>Updated to Winter 2022</i>
Consider how we can best develop an informal culture of considering if diversity has been addressed and if principles for committees should be drafted	In progress	Winter 2021 <i>Updated to Winter 2022</i>

# Acknowledgements

The publication of the workstream reports would not have been possible without the steering of the EDI Oversight Group, valuable input and feedback from the Member Reference Group and the dedication of the EDI Staff Working Group who produced these reports. The names of the key clinicians and College staff involved in the project are listed below.

## EDI Oversight Group

Dr Bhanu Williams  
Dr Camilla Kingdon  
Carlota Navarro Esperse  
Natasha Neill  
Robert Okunnu

## EDI Staff Working Group

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## EDI Member Reference Group

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Rebecca Jenkins  
Dr Satish Rudrappa  
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Dr Oluwasomidotun (Somi) Idowu  
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Dr Susan Ozer  
Dr Toyin Ocholi  
Dr Tsitsi Chawatama  
Dr Uchechukwu Ogunna  
Dr Zedekiah Sibanda  
Dr Zeshan Qureshi

We would also like to share our thanks for those organisations within the health and science space who are undertaking similar work within their own organisations and have helped shape our understanding.

## Appendix

### Demographic data on members and volunteers

The following tables and graphs illustrate the protected characteristics of our members, volunteers and senior volunteers to assess representation within these groups. These data have been shared by using data held by the College, accessed for this analysis in January 2022.

Due to data protection and risk of identifying individuals, we have not shared full data where fewer than five individuals have responded in any particular category and these have been marked with an asterisk. Where breakdowns of grouped data sets have been shown, a double asterisk has been used to mark the areas where a breakdown is not given as it would lead to identifying group sizes of under five individuals.

For illustrative purposes on charts and graphs, ethnic background or groups have been combined as follows:

- Asian: Chinese; Bangladeshi, Indian, Pakistani; Any other Asian background
- Black: African, Caribbean, Any other Black/African/Caribbean background
- White: English/Welsh/Scottish/Northern Irish/British; Gypsy or Irish Traveller; Irish; Any other white background
- Mixed: Asian and White; Black African and White; Black Caribbean and White; Any other mixed background
- Arab: Arab
- Other: Any other ethnic group

Volunteers in this data refers to those individuals identified on our internal membership record system (CARE) as being members of a Committee, acting as an Examiner or being an AAC or AAT or START assessor or a question writer.



## Gender

	2020	2021
All members	98.90%	86.69%
Volunteers	99.40%	87.88%
Senior volunteers	83.72%	88.64%

**Table 1. Percentage of members, volunteers and senior volunteers who have answered a question about gender.**

	2020						2021					
	Members		Volunteers		Senior volunteers		Members		Volunteers		Senior volunteers	
Female	12274	61%	1568	52%	15	35%	11160	47%	1681	47%	9	41%
Male	7637	38%	1427	47%	21	49%	6929	33%	1470	41%	15	48%
Non-binary	N/A	N/A	N/A	N/A	N/A	N/A	4	*	1	*	0	0%
Prefer not to say	N/A	N/A	N/A	N/A	N/A	N/A	5	5%	1	*	0	0%
Prefer to self describe	N/A	N/A	N/A	N/A	N/A	N/A	2	*	0	*	0	0%
Unknown	217	1%	19	1%	7	16%	2778	13%	435	12%	4	11%
<b>Total</b>	<b>20128</b>	<b>100%</b>	<b>3014</b>	<b>100%</b>	<b>43</b>	<b>100%</b>	<b>20878</b>	<b>100%</b>	<b>3588</b>	<b>100%</b>	<b>44</b>	<b>100%</b>

**Table 2. Responses to a question about gender from members, volunteers and senior volunteers for 2020 and 2021.**



**Figure 1. Percentage bar chart showing the gender for members, volunteers and senior volunteers.**

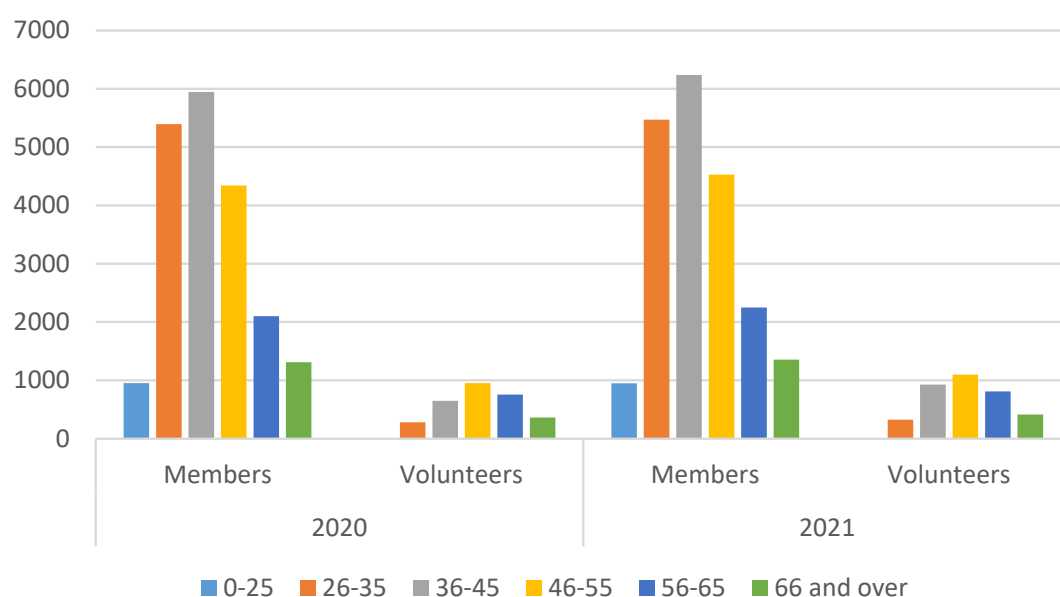
## Age

	2020	2021
Members	99.55%	99.55%
Volunteers	99.73%	99.80%
Senior volunteers	95.35%	97.73%

**Table 3 - Percentage of members, volunteers and senior volunteers who have answered a question about date of birth.**

	2020				2021					
Age bracket	Members		Volunteers		Members		Volunteers		Senior volunteers	
0-25	952	5%	11	0%	949	5%	10	0%	0	0%
26-35	5392	27%	281	9%	5470	26%	324	9%	*	N/A
36-45	5946	30%	647	22%	6238	30%	926	26%	7	17%
46-55	4340	22%	951	32%	4529	22%	1097	31%	21	51%
56-65	2098	10%	754	25%	2248	11%	810	23%	13	32%
66 and over	1309	7%	362	12%	1353	7%	414	12%	*	N/A
<b>Total</b>	<b>20037</b>	<b>100%</b>	<b>3006</b>	<b>100%</b>	<b>20787</b>	<b>100%</b>	<b>3581</b>	<b>100%</b>	<b>41</b>	<b>100%</b>

**Table 4. Ages of members and volunteers, by bracket, for members and volunteers for 2020 and for members, volunteers and senior volunteers for 2021.**



**Figure 2. Bar chart for members and volunteers, showing total number by age bracket. Senior volunteers are not included due to small numbers.**

## Disability

Our questions to members about disability has changed to reflect best practice, therefore a straightforward comparison between the two years cannot be made.

In 2020 our question about disability asked members to state if they had a learning disability or difficulty, longstanding illness, mental health condition, other, physical impairment or sensory impairment. If member disclosed having any of these conditions, we have included them in the disability total in Table 6 and the disclosure rates for 2020.

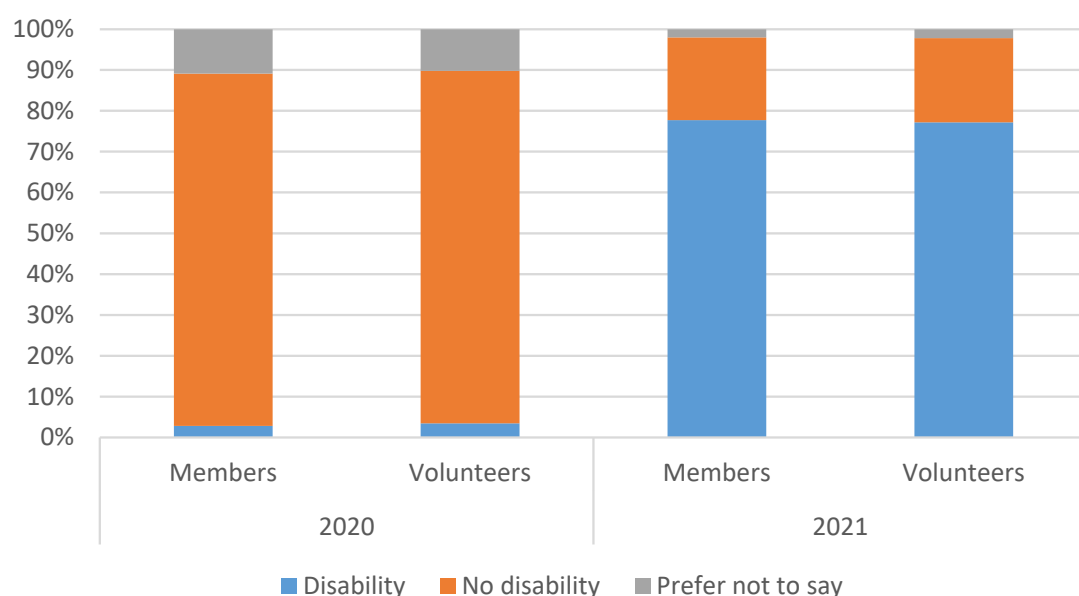
From 2021, our question asks members to state if they have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more (Such as dyslexia, diabetes, arthritis, a heart condition, or a mental health condition). If a member answered yes to this question, we have included them in the disability total in Table 6 and in the disclosure rates for 2021.

	2021	2022
All members	33.50%	4.08%
Volunteers	33.40%	5.13%
Senior volunteers	N/A	61.36%

**Table 5 - Percentage of members, volunteers and senior volunteers who have answered a question about disability.**

	2020				2021					
	Members		Volunteers		Members		Volunteers		Senior Volunteers	
Disability	191	3%	35	3%	663	78%	142	79%	12	46%
No disability	5810	86%	870	86%	173	20%	38	21%	14	54%
Prefer not to say	732	11%	103	10%	17	2%	*	N/A	*	N/A
<b>Total</b>	<b>6733</b>	<b>100%</b>	<b>1008</b>	<b>100%</b>	<b>853</b>	<b>100%</b>	<b>180</b>	<b>100%</b>	<b>26</b>	<b>100%</b>
Disclosure rates	0.95%	N/A	1.16%	N/A	3.18%	N/A	3.96%	N/A	27.27%	N/A

**Table 6. Response responses from members and volunteers to questions on disability in 2020 and members, volunteers and senior volunteers in 2021 including overall disability disclosure rates for all members, volunteers and senior volunteers.**



**Figure 3. Percentage bar chart illustrating the total number of responses from members and volunteers to questions on disability in 2020 and 2021. Senior volunteers are not included due to small numbers.**

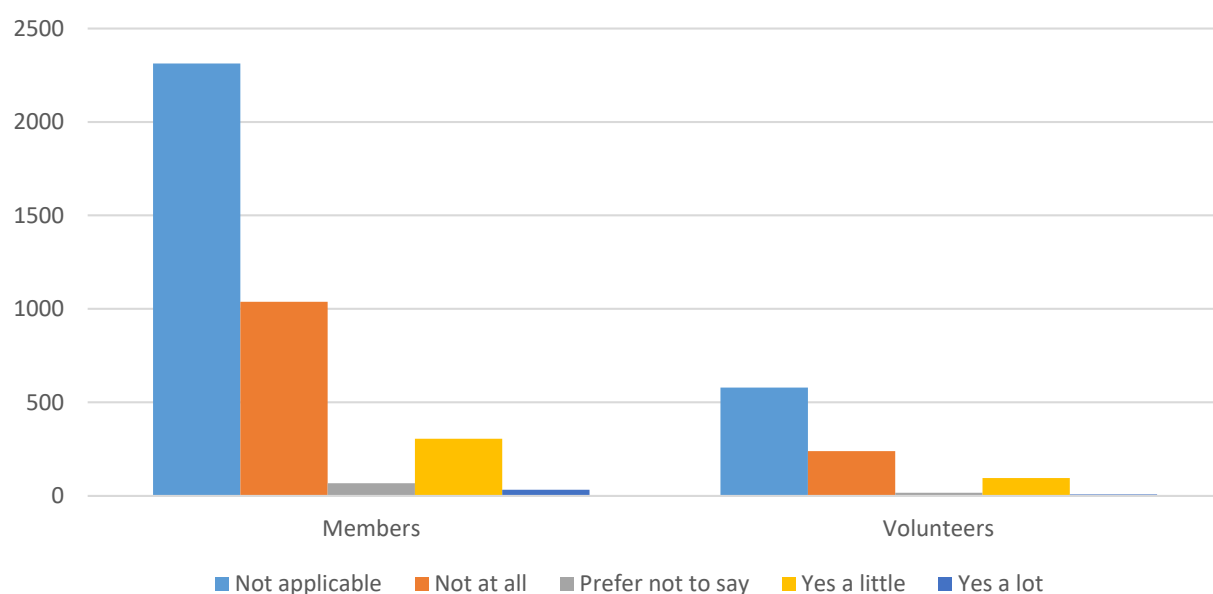
## Experiencing barriers and limitations

	2021
Members	17.99%
Volunteers	26.09%
Senior volunteers	61.36%

**Table 7. Percentage of members, volunteers and senior volunteers that have answered a question about how conditions(s) or illness(es) reduce ability to carry out day to day activities.**

	Members		Volunteers		Senior volunteers	
Not applicable	2313	62%	579	62%	18	100%
Not at all	1038	28%	239	26%	*	N/A
Prefer not to say	67	2%	16	2%	*	N/A
Yes a little	305	8%	95	10%	*	N/A
Yes a lot	32	1%	7	1%	0	0
<b>Total</b>	<b>3755</b>	<b>100%</b>	<b>936</b>	<b>100%</b>	<b>18</b>	<b>100%</b>

**Table 8. Responses from members, volunteers and senior volunteers to a question about reduction in ability to carry out day to day activity due to condition(s) or illness(es) in 2021.**



**Figure 4. Bar chart illustrating member and volunteer responses to the reduction in ability to carry out day to day activity due to their illness(es) and/or condition(s). Senior volunteers are not included due to small numbers.**

## Ethnicity

	2020	2021
Members	64.23%	66.74%
Volunteers	84.24%	86.37%
Senior volunteers	79.07%	97.73%

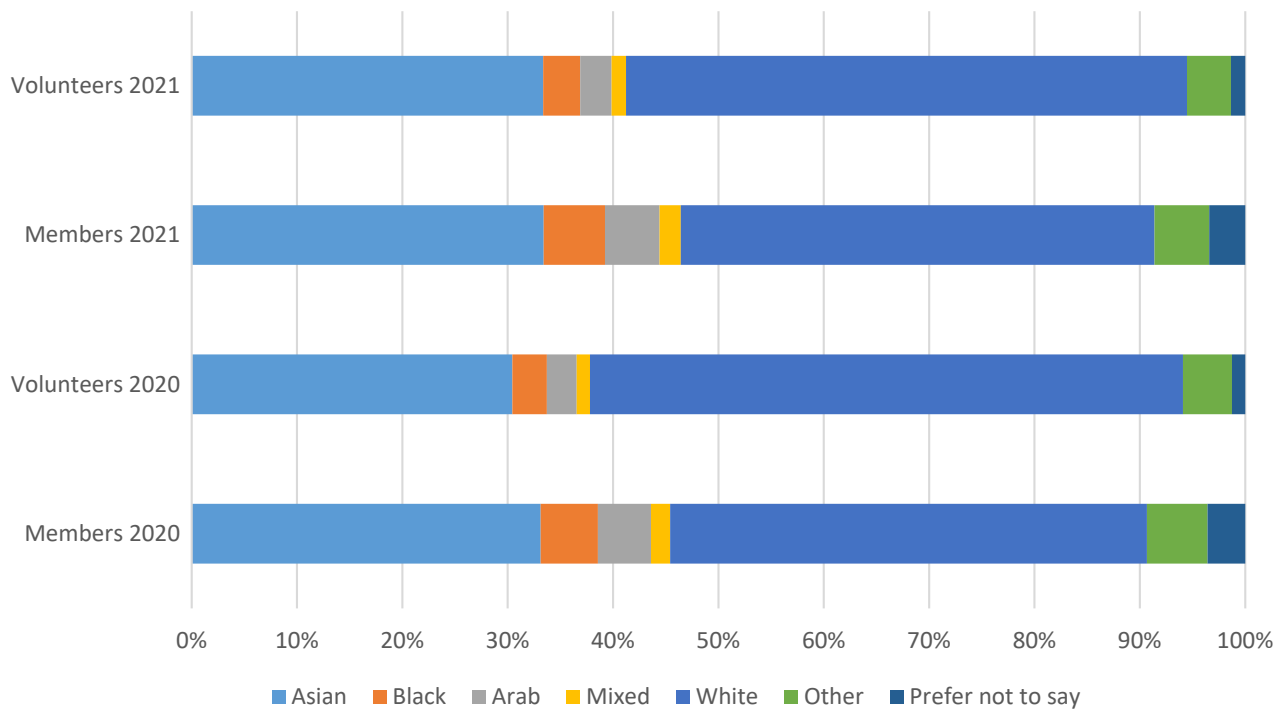
**Table 9. Percentage of members, volunteers and senior volunteers that have answered a question about ethnic group or background.**

Ethnic group or background:	2020				2021					
	Members		Volunteers		Members		Volunteers		Senior volunteers	
Asian	4282	21%	773	26%	4655	22%	1034	29%	14	34%
Black	704	3%	83	3%	812	4%	109	3%	*	N/A
Arab	651	3%	72	2%	722	3%	92	3%	0	0%
Mixed	234	1%	32	1%	279	1%	43	1%	0	0%
White	5850	29%	1429	47%	6265	30%	1650	45%	27	66%
Other	745	4%	118	4%	725	3%	129	4%	0	0%
Prefer not to say	462	2%	32	1%	475	2%	42	1%	0	0%
Unknown	7200	36%	475	16%	6945	33%	489	13%	*	N/A
<b>Total</b>	<b>20128</b>	<b>100%</b>	<b>3014</b>	<b>100%</b>	<b>20878</b>	<b>100%</b>	<b>3588</b>	<b>100%</b>	<b>41</b>	<b>100%</b>

**Table 10. Responses of members and volunteers for 2020 and members, volunteers and senior volunteers for 2021 to a question on ethnic groups or background.**

Ethnic group or background	Members	Volunteers	Senior volunteers
<b>Asian</b>			
Bangladeshi	80	10	**
Indian	2755	731	10
Pakistani	506	82	**
Chinese	746	110	**
Any other Asian background please describe	568	101	**
<b>Black</b>			
African	701	98	**
Caribbean	46	*	**
Any other Black/African/Caribbean background please describe	65	7	**
<b>Arab</b>			
Arab	722	92	0
<b>Mixed</b>			
Asian and White	88	22	0
Black African and White	88	7	0
Black Caribbean and White	15	*	0
Any other mixed background please describe	88	12	0
<b>White</b>			
English/Welsh/Scottish/Northern Irish/British	5275	1427	24
Gypsy or Irish Traveller	5	0	**
Irish	91	17	**
Any other white background, please describe	894	206	**
<b>Other</b>			
Any other ethnic group please describe	725	129	0
<b>Unknown</b>			
Prefer not to say	475	42	0
Unknown	6945	489	*
<b>Total</b>	<b>20878</b>	<b>3588</b>	<b>34</b>

Table 11. Total number of members and volunteers for each ethnic group or background for 2021.



**Figure 5. Percentage bar chart illustrating percentage grouped ethnic group for all volunteers and members for 2020 and 2021. Senior volunteers are not included due to small numbers.**

## Members and volunteers who identify as trans

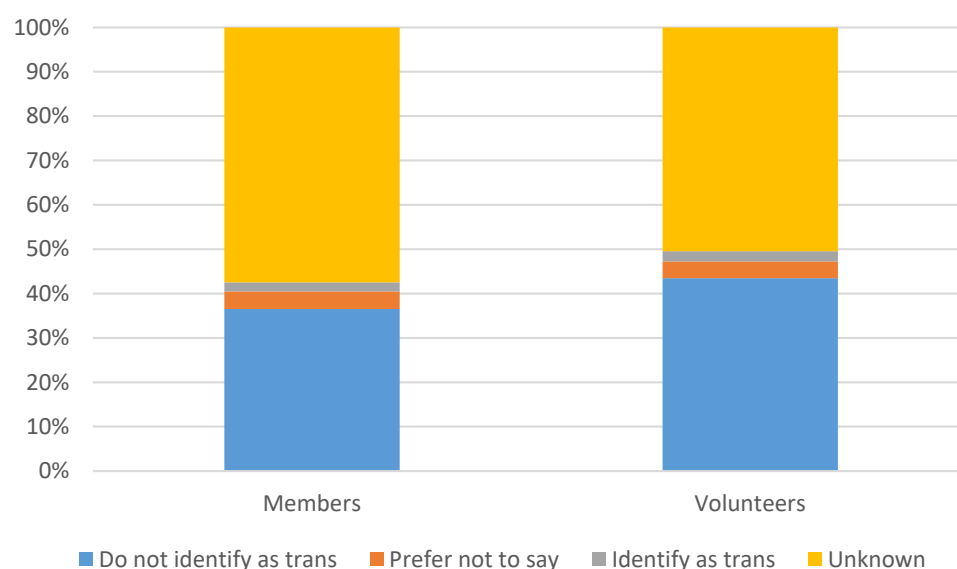
	2021
All members	57.48%
Volunteers	50.47%
Senior volunteers	70.45%

**Table 12 - Percentage of members, volunteers and senior volunteers that have answered a question about trans identity.**

	Members		Volunteers		Senior volunteers	
Do not identify as trans	7625	37%	1559	43%	29	69%
Prefer not to say	827	4%	136	4%	0	0%
Identify as trans	425	2%	82	2%	*	N/A
Unknown	12001	57%	1811	50%	13	31%
<b>Total</b>	<b>20878</b>	<b>100%</b>	<b>3588</b>	<b>100%</b>	<b>42</b>	<b>100%</b>

**Table 13. Responses from members, volunteers and senior volunteers to a question about trans identity in 2021.**





**Figure 6. Percentage bar chart illustrating member and volunteer responses to a question about trans identity for 2021. Senior volunteers are not included due to small numbers.**

## Caring responsibilities

All members	17.99%
Volunteers	26.09%
Senior volunteers	61.36%

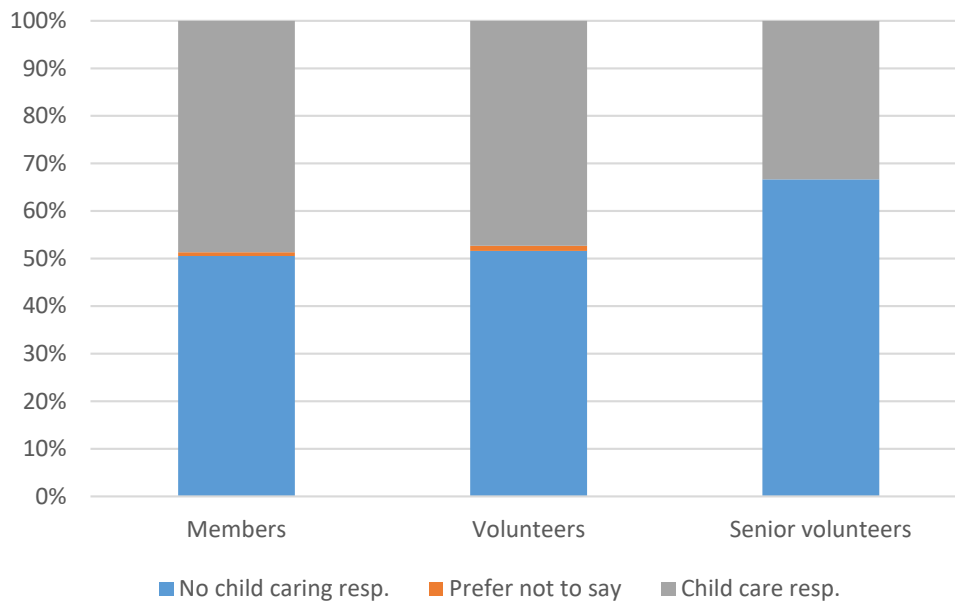
**Table 14. Percentage of members, volunteers and senior volunteers that have answered a question about caring responsibilities for adults and children in 2021.**

	Members		Volunteers		Senior volunteers	
No child caring resp.	1898	51%	483	52%	18	67%
Prefer not to say	29	1%	10	1%	0	0%
Child care resp.	1828	49%	443	47%	9	33%
<b>Total</b>	<b>3755</b>	<b>100%</b>	<b>936</b>	<b>100%</b>	<b>27</b>	<b>100%</b>

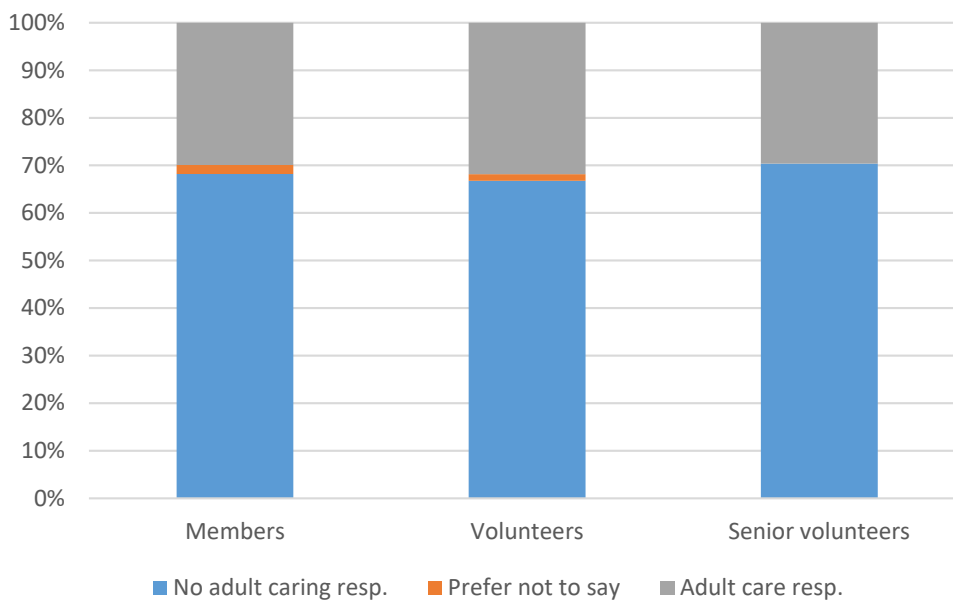
**Table 15. Responses from members, volunteers and senior volunteers that have answered a question about caring responsibilities for children in 2021.**

	Members		Volunteers		Senior volunteers	
No adult caring resp.	2560	68%	625	67%	19	70%
Prefer not to say	72	2%	13	1%	0	0%
Adult care resp.	1123	30%	298	32%	8	30%
<b>Total</b>	<b>3755</b>	<b>100%</b>	<b>936</b>	<b>100%</b>	<b>27</b>	<b>100%</b>

**Table 16. Total number of members, volunteers and senior volunteers that have answered a question about caring responsibilities for adults in 2021**



**Figure 7. Percentage bar chart illustrating number of members, volunteers and senior volunteers that have answered a question about caring responsibilities for children in 2021**



**Figure 8. Percentage bar chart illustrating number of members, volunteers and senior volunteers that have answered a question about caring responsibilities for adults in 2021**

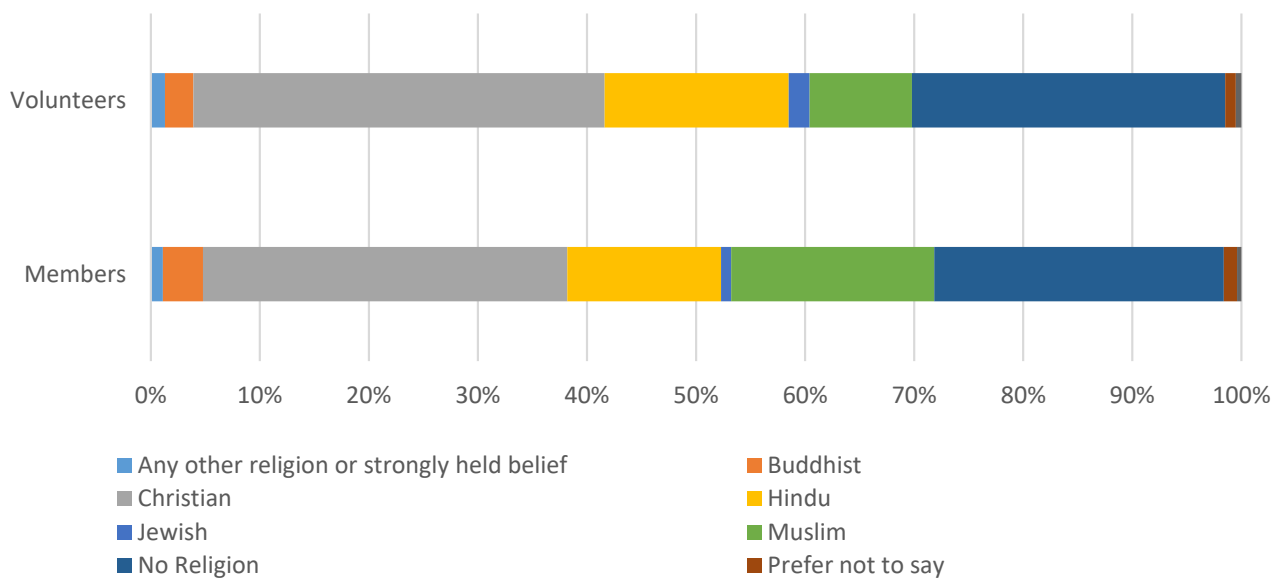
## Religion or strongly held belief

	2021
All members	41.85%
Volunteers	49.08%
Senior volunteers	70.45%

**Table 17. Percentage of members, volunteers and senior volunteers that have answered a question about religion or strongly held belief in 2021.**

Religion/Belief	Members		Volunteers		Senior volunteers	
Any other religion or strongly held belief	97	1%	23	1%	0	0%
Buddhist	322	4%	46	3%	0	0%
Christian	2918	33%	664	38%	12	44%
Hindu	1232	14%	297	17%	6	22%
Jewish	81	1%	34	2%	*	N/A
Muslim	1628	19%	165	9%	*	N/A
No Religion	2320	27%	506	29%	9	33%
Prefer not to say	105	1%	17	1%	*	N/A
Sikh	35	0%	9	1%	0	0%
<b>Total</b>	<b>8738</b>	<b>100%</b>	<b>1761</b>	<b>100%</b>	<b>27</b>	<b>100%</b>

**Table 18. Total number of responses from members, volunteers and senior volunteers to a question about religion or strongly held belief in 2021**



**Figure 9. Percentage bar chart illustrating responses from members and volunteers to a question about religious identify or strongly held belief in 2021. Senior volunteers have not been included due to small numbers.**

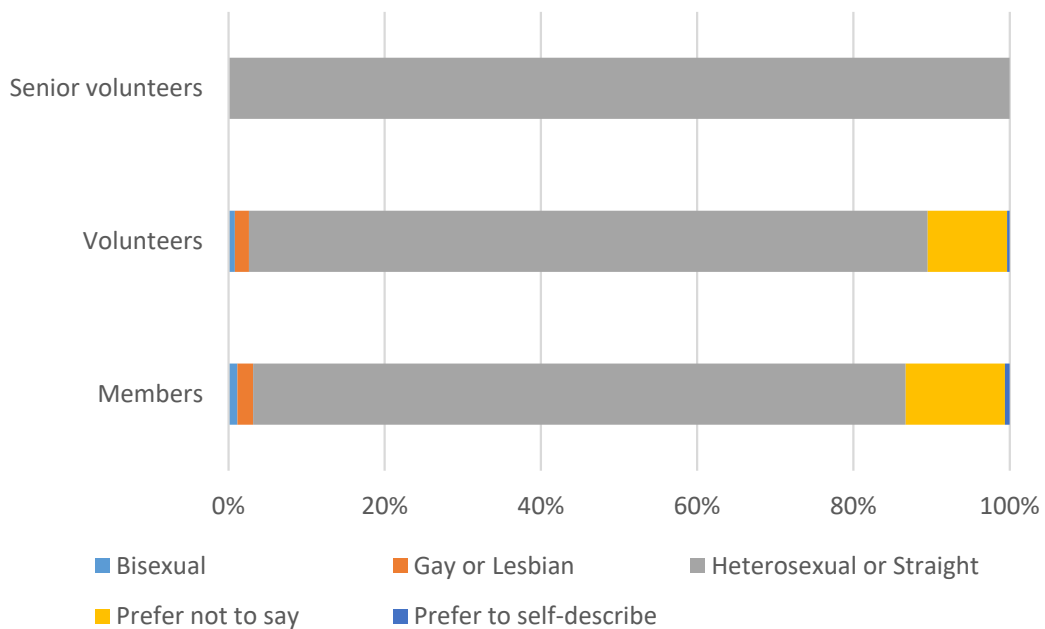
## Sexual orientation

All members	42.84%
Volunteers	49.94%
Senior volunteers	72.72%

**Table 19. Percentage of members, volunteers and senior volunteers that have answered a question about sexual orientation in 2021**

	Members		Volunteers		Senior volunteers	
Bisexual	103	1%	15	1%	0	0%
Gay or Lesbian	180	2%	32	2%	0	0%
Heterosexual or Straight	7471	84%	1557	87%	32	100%
Prefer not to say	1137	13%	182	10%	0	0%
Prefer to self-describe	53	1%	6	0%	0	0%
<b>Total</b>	<b>8944</b>	<b>100%</b>	<b>1792</b>	<b>100%</b>	<b>32</b>	<b>100%</b>

**Table 20. Total number of responses from members, volunteers and senior volunteers to a question about sexual orientation in 2021.**



**Figure 10. Percentage bar chart illustrating responses from members, volunteers and senior volunteers to a question about sexual orientation.**

## Demographic data on College awards

This data is from ACCEA applications from 2020/21 for the 2021 round seeking citations from the individuals themselves.

- We received 136 requests for RCPCH support in the form of a citation which went onto a local ranking committee for review
- 70 of those requests were approved to go onto the National Ranking Committee
- 29 of those then went on to receive citations across bronze, silver, gold and platinum awards.

We are also able to share some data highlights for the James Spence Medal and Honorary Fellowships, although these are nominations made by others, and can include non-College members. From the 2021 round, we only have data for 16 of our 21 nominations.

Due to data protection and risk of identifying individuals, we have not shared full data where fewer than five individuals have responded in any particular category.

For illustrative purposes on tables, charts and graphs, ethnic background or groups have been combined as follows:

- Asian: Asian - Other (Please specify); Asian or Asian British - Bangladeshi; Asian or Asian British - Chinese; Asian or Asian British - Indian; Asian or Asian British - Pakistani;
- Black: Black - Other (Please specify); Black or Black British - African; Black or Black British - Caribbean;
- White: White; White - other (please specify); White-British; White-English; White-Irish; White-Northern Irish; White-Scottish; White-Welsh;
- Mixed: Mixed - Other (Please specify); Mixed - White and Asian; Mixed - White and Black African; Mixed - White and Black Caribbean;
- Other: Middle Eastern; Other;

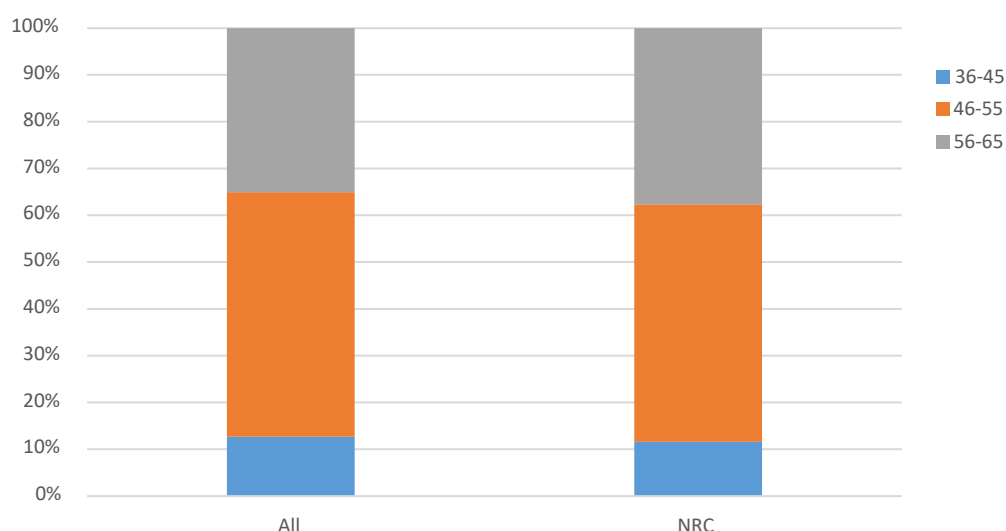
**NB - the data snapshot for our awards was taken prior to our changes to our language used in diversity monitoring.**

## Age

For ACCEA, we have data on the age of 98.46% of our applicants for this round.

	All	NRC	Citation
36-45	17	8	*
46-55	70	35	16
56-65	47	26	9

**Table 21. Age by band for all members who submitted a request for support in the 2021 ACCEA round, those who were approved for the National Ranking Committee and those that received a citation.**



**Figure 11. Percentage bar chart illustrating age by band for all members who submitted a request for support in the 2021 ACCEA round, 2021 ACCEA round and those who were approved for the National Ranking Committee.**

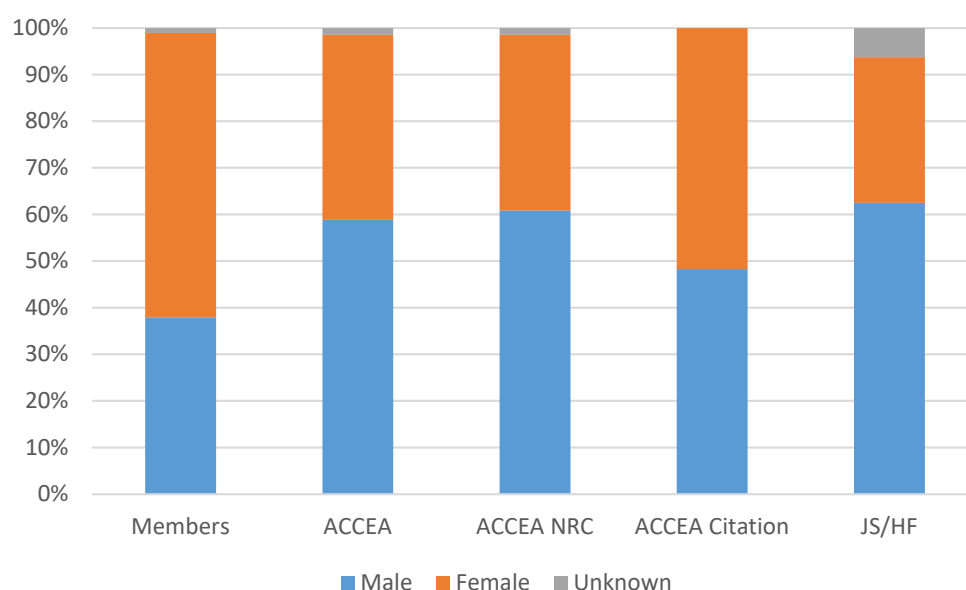
Although we are unable to give a more detailed breakdown of age for those nominated for the James Spence Medal or Honorary Fellowship, we know that for those where we have data, the majority (37.5%) are in the 56-65 age bracket.

## Gender

For ACCEA, we have data on the gender of 98.53% of our applicants for this round and for the James Spence Medal and Honorary Fellowship we have data on the gender for 65.22% of the nominees.

	Members	ACCEA	ACCEA NRC	ACCEA Citation	JS/HF
Male	7637	80	42	14	10
Female	12274	54	26	15	5
Unknown	217	2	1	0	1

**Table 22. Total number of responses to a question about gender for all members who submitted a request for support in the 2021 ACCEA round, those who were approved for the National Ranking Committee, those that received a citation and those that were nominated for a James Spence Medal or Honorary Fellowship in 2021.**



**Figure 12. Percentage bar chart illustrating gender for all members who submitted a request for support in the 2021 ACCEA round, those who were approved for the National Ranking Committee, those that received a citation and those that were nominated for a James Spence Medal or Honorary Fellowship in 2021**

## Disability

During the period in question, only 33% of our members had answered a question about disability, for those that had applied for an ACCEA citation, 32% had answered a question on disability and 31% of those nominated for a James Spence Medal or Honorary Fellowship.

Although we are unable to give a more detailed breakdown of disclosure rates, we can say that they are in line with the overall 0.95% of our total membership that had disclosed a disability.

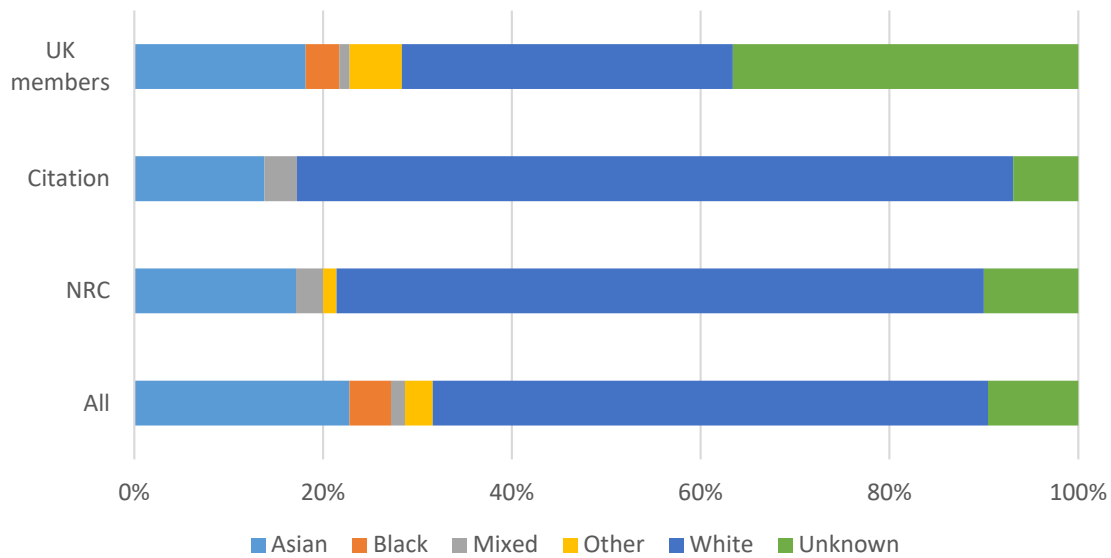
## Ethnicity

For ACCEA, we have data on the ethnicity of 90.44% of our applicants for this round.

	Asian	Black	Mixed	Other	White	Unknown
All	31	6	*	*	80	13
NRC	12	0	*	*	48	7
Citation	*	0	*	0	22	*
UK members	2819	553	171	860	5443	5680

**Table 23. Grouped ethnic group or background for all members who submitted a request for support in the 2021 ACCEA round, those who were approved for the National Ranking Committee and those that received a citation. The breakdown of UK members at the time is also included.**





**Figure 13. Percentage bar chart illustrating grouped ethnic group or background for all members who submitted a request for support in the 2021 ACCEA round, those who were approved for the National Ranking Committee and those that received a citation. The breakdown of UK members at the time is also included.**

Although we are unable to give a more detailed breakdown of ethnicity for those nominated for the James Spence Medal or Honorary Fellowship, we know that for those where we have data, 44% of nominations were within the White ethnic group or background and 38% were within the Asian ethnic group or background.

## Demographic data on RCPCH staff

This data is collected by our People Services team from a data snapshot taken in January 2022 and shared anonymously with the EDI team for the purposes of reporting.

There are some differences in the language used and options available for our internal diversity monitoring and our external monitoring.

### Gender

Gender	Percentage
Female	75%
Male	25%

**Table 24. Percentage of staff that have answered a question about gender**

### Disability

Registered disabled?	Percentage
No	93%
Yes	7%

**Table 25. Percentage of staff that have answered a question about registered disability**

### Ethnicity

Ethnicity	Percentage
Not completed	23%
Arab	*
Asian Bangladeshi	*
Asian British	*
Asian Chinese	*
Asian Indian	6%
Asian Other	*
Black African	3%
Black Caribbean	*
Mixed Race	*
Other	4%
Prefer not to Say	10%
White British	42%
White Irish	*

**Table 26. Percentage of staff responses to a question about ethnicity**

## Sexual orientation

Sexual orientation	Percentage
Not Disclosed/Completed	63%
Bisexual/Gay	*
Heterosexual/Straight	31%
Prefer not to say	*

**Table 27. Percentage of staff that have answered a question about sexual orientation**

# *Equality, diversity and inclusion*

Working for Change:  
An update on our progress  
March 2022

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