

*Equality, diversity and inclusion*  
**Strategic plan 2023/24**

September 2023

# Equality, diversity and inclusion

Making EDI everybody's business

September 2023

## Background

Over the last three years the RCPCH equality, diversity and inclusion (EDI) strategy has focused on the '**removing barriers**' project, as well as the workstreams set out in the '**working for change**' programme. As these actions have naturally come to an end or have been embedded into business as usual across the College, the direction of our EDI work has been reviewed and realigned alongside other College priorities.

In 2020 when the first EDI review took place at the College, the main focus was on making volunteer roles more accessible. We were able to successfully achieve this by amending the essential criteria of most roles, setting up a fund to cover caring costs and reviewing and updating key processes to remove bias and maintain consistency across our volunteering network.

In 2021 we took this work further and introduced the first objectives laid out in our working for change programme, this focused on four main areas: working lives of paediatricians, health outcomes for children and young people (CYP), volunteers and awards and our college. Most of the objectives were achieved by the original delivery date, in some cases the actions have been absorbed into different workstreams throughout the college and for those that haven't been achieved we will incorporate these into this new strategy.

This strategy sets out what we want to achieve in the EDI space over the next 12 months with the intention to embed the majority of EDI activities into business as usual at the end of this period, in line with our overarching objective of making EDI everybody's business at RCPCH.

## Introduction from the CEO



EDI has been a key strategic priority for the College for the last three years and we have been able to implement several different projects that have made our processes and outputs more inclusive. To date these actions have been carried out by the EDI project team as well as a small number of staff representatives and supported by a dedicated EDI Member Reference Group.

A key step forward is now to look at ways for EDI to be embraced by all throughout the College, by reviewing processes and procedures and providing staff and members with the necessary skills and knowledge to feel comfortable in making decisions while taking consideration of EDI issues.

By reviewing the work that has already been completed, what is still outstanding and other areas that are yet to be covered, the following workstreams have been identified as the key priorities for the next 12 months:

- Data
- Guidance for staff
- Advocacy on EDI for paediatrics and child health
- Support for paediatricians

In order for these workstreams to be achieved we have also reviewed the way that the current teams and groups involved in EDI work are managed and operated. This is outlined later in this document in a section on the future of our governance and working groups.

One key aspect in delivering this work is looking at ways to hold more people accountable for EDI, and we are looking at a goal of ensuring all divisional operation plans have an objective(s) relating to EDI from 2024. This will assist in a cultural shift for staff members, removing the responsibility of EDI work away from the strategic projects team or those involved in the staff working group and instead give everyone across the College the skills and confidence to support both College members and each other with EDI-related activity.

A handwritten signature in black ink, appearing to be 'RO'.

**Rob Okunnu**  
CEO, RCPCH

## About our new workstreams

The following section provides background information on why we have chosen each of the identified workstreams as well as an overview of what each workstream will achieve. Each workstream is accompanied by a list of actions that set out how we plan to deliver our commitments, these actions will be regularly reviewed and updated.



### Data

The collection and analysis of data is pivotal to understanding the diversity of both our membership and staff and also in understanding how different characteristics can affect their experiences.

For the last three years we have reported on the protected characteristics of our members, volunteers and senior volunteers and a selection of these characteristics for our staff. However, collection of this data is not enough, and we must now take action to show how we are using this data to shape more inclusive practices and identify any underlying issues.

Through discussions with members and other organisations it has become evident that many people still do not understand why we request this information, how we use it and why it is important. To assist this, we will request the input of a senior college representative to provide commentary on our annual publication of this data. They can outline what improvement can be seen and any areas that highlight further issues. This will help to show senior stakeholder buy-in and the college's commitment to EDI. This will also be supported by more regular communications around EDI data, with input from our members and staff to increase the visibility of this work.

In addition to this, the disclosure rate on certain protected characteristics needs review, for example disability and transgender, where disclosure remains alarmingly low.

Without this data we are unable to know the full depth of representation among our members and staff, this can make it more difficult to implement changes that will have a greater impact. This is already evident in the data that we provide to the General Medical Council (GMC) when looking at differential attainment. Currently we are only able to report on exam outcomes with consideration of gender and location of primary medical qualification (PMQ), which leaves a lot of unknowns about how other characteristics affect performance.

Our actions therefore focus on increasing the disclosure rate across all protected characteristics and updating or amending the current questions to ensure we collect the most relevant and useful information.

Furthermore, we will begin to more comprehensively analyse the data that we do currently hold, to identify trends and inequalities and start building initiatives to address these. This will strengthen the College's position on EDI and actively show our members that this data is important.

### Our actions on data

- Review and update the questions on our member diversity monitoring form, also taking consideration of unprotected characteristics.
- Working with other organisations, research what data they collect and how, and implement similar initiatives to increase our disclosure rates.
- Create and implement a communications plan focused on promotion of our diversity monitoring form, including social media channels, conference and events and word of mouth.
- Review and update the questions on our staff diversity monitoring form, also taking consideration of unprotected characteristics.
- Continue to annually report on diversity data of our members, volunteers, senior volunteers and staff.
- Ensure our diversity data is fully analysed each year and targeted action plans are created to address inequalities.
- Ensure our diversity data is published with supporting statements from a senior college representative.



### Guidance for College staff

Over the last year the EDI team have produced several resources for college staff to assist them in expanding their EDI knowledge and supporting them in their communications. This has included a dedicated EDI intranet page to stay updated on all the work being completed, a language guidance document, produced in collaboration with the staff networks, for guidance on writing and talking about race, gender and disability and more recently an inclusion calendar to raise awareness of the many events that take place throughout the year.

These resources have been well received by members of staff throughout the College and have provided opportunities for others to get involved in EDI discussions outside of the EDI Staff Working Group (SWG). The next step is to empower all staff to feel confident and able to discuss, consider and implement EDI throughout their work.

This will involve better use and management of the EDI intranet page, ensuring it stays up-to-date, and better utilisation of our staff intranet homepage to communicate and promote important news and resources. This will ensure members of staff are able to easily access guidance, such as the 'care cost fund' and reasonable adjustments policy so they can inform members about the support that is available.

Additionally, in the working for change report an action was set to produce equality impact assessments (EqIAs) that could be used by College staff teams as an embedded tool to consider EDI impacts in their work. A volunteer strategy is now being developed which will allow the College to take a more centralised and consistent approach to

volunteer recruitment and management. This provides an opportunity for EqIAs to be introduced again. Following successful implementation of EqIAs in this workstream we can start to explore other areas of College activity where these would be beneficial, such as for events and awards, and all new projects.

**Our actions on guidance for College staff:**

- Regularly review and update the equality, diversity and inclusion information available to staff on the staff intranet
- Incorporate an overview of EDI into all new staff inductions.
- Ensure all staff have completed EDI eLearning and all new staff to have completed this within 2 months of joining.
- Review and update the staff EDI standard operating procedure (SOP) in line with latest guidance and best practice.
- Develop an internal equality impact assessment tool for College projects/activities, taking consideration of how they will be recorded and approved
- Staff training completed on use of equality impact assessments in their work.
- college representative.

**Advocacy on EDI for paediatrics and child health**

In the working for change report, we had a number of actions relating to health outcomes for children and young people (CYP), including undertaking a scoping exercise to look at health outcomes for CYP of different ethnicities and conducting research and data collection to assist in reducing health inequalities. Some of these actions have been absorbed by other workstreams throughout the College and have provided paediatricians with the tools to support CYP, with a focus on advocacy and campaigning.

In collaboration with the work that has already been completed in this area, we are looking to develop a more specific position statement and toolkit focusing on how different aspects of EDI impact health inequalities. This will include insights from CYP as well as paediatricians with first-hand accounts and will allow us to make recommendations to reduce health inequalities in relation to certain characteristics.

As part of this work we hope to develop case study examples of good practice that is already occurring in different areas, trusts, royal colleges, or other medical institutions, to provide paediatricians with best practice examples of initiatives that they may be able to implement. The overall aim of this piece of work is to provide paediatricians with insight into the many ways and areas that health inequalities can affect CYP and also provide them with the tools to be able to reduce some of these.

Similarly, for the RCPCH Conference 2024, we will look to incorporate an EDI focused abstract session, so members can learn, share and understand the different ways that colleagues have experienced and been involved in EDI related matters.

In addition to this, the college will also look to develop a set of statements that outline our commitment to EDI with a focus on different characteristics impacting paediatricians. Previously we have been able to show our support by signing pledges on ending sexism and racism in medicine developed by the British Medical Association (BMA) and communicating about these through various channels. However, to further support our own members we would look to expand to other characteristics and focus more specifically on paediatrics.

To direct this effort, diversity data from the annual reports can be used to identify areas where there is a lack of representation or underreporting and we will listen to feedback from our members so we can ensure we tackle the right areas.

This work will also help us to respond to requests for comments from external organisations, by having a readily available collection of statements that will be held centrally so any member of staff can access them and therefore take ownership of these requests as and when received.

#### **Our actions on advocacy on EDI for paediatrics and child health:**

- Develop a position statement and toolkit for members on EDI in relation to its intersection with health inequalities, in conjunction with the update of our LGBTQ+ principles statement being led by the Policy team.
- Develop a series of best practice case studies on EDI in paediatrics in collaboration with internal and external stakeholders.
- Develop document containing lines in relation to EDI across paediatrics as a speciality and in relation to child health outcomes, so that we are able to comment in a timely manner on new publications that impact our members and/or child health.
- Develop College statements of commitment on different EDI characteristics
- Host an EDI abstract session at RCPCH Conference 2024.



### **Support for paediatricians**

A key focus over the last few years has been how we can make changes that will impact the working lives of paediatricians, whether they are just starting out on their training journey with us or have been long standing members.

The key areas of focus were looking at ways that we could ensure all trainees received a fair and consistent approach to training and examination, this included ensuring volunteers undertaking roles such as question writers, interview panellists and examiners have completed EDI and unconscious bias training and increasing collection of diversity monitoring data and sharing this with external bodies such as the General Medical Council (GMC) and Higher Education England (HEE).

Most of this work has evolved into our action plan for tackling differential attainment (DA), in collaboration with the GMC's target to eradicate DA in medical training by 2031. The RCPCH Education and Training Division are overseeing this work and are required to provide the GMC with regular updates on progress.

However, there are still a number of initiatives where input from a wider EDI perspective is needed, for example our data collection gives us minimal insight into the true extent of DA. Currently we can compare recruitment, exam performance and Annual Review of Competency Progression (ARCP) for UK versus overseas trainees, and by gender and ethnicity. Yet we know that other characteristics such as having a disability can also negatively affect a trainee's experience. This links back to the data workstream, whereby we will look for ways to improve our data collection so we can better understand the impact of protected characteristics on trainees.

Similarly, this also relates to the need for reasonable adjustments to be used and recorded throughout the trainee's educational lifecycle. In some cases, trainees may not know that they can request reasonable adjustments or may be unsure of what adjustments they can request. One action would therefore be to create a process that outlines when and how trainees can request reasonable adjustments and the appropriate steps staff members can take to approve or deny these requests.

In conjunction with this, a project is currently being undertaken looking at improving the College database that is used to record and store member data. We will work with the project team to have reasonable adjustments built into this system to prevent members from having to repeatedly declare them throughout their training lifecycle.

Additionally, we need to ensure that trainers and examiners are aware and able to access these reasonable adjustments and furthermore ensure they support and implement the adjustments as required. To this extent, we will create a handbook that all volunteers will have access to, which will outline our commitment to EDI, any relevant policies and procedures and will include a guide on asking and responding to reasonable adjustments.

This work will be produced in conjunction with the National Council for Voluntary Organisations (NCVO) who are in the process of reviewing our current volunteer activities and will be making recommendations as to how we can make our volunteer experience more inclusive. The NCVO will be undertaking workshops and focus groups to collect feedback and ideas on how volunteering opportunities can be improved and EDI will play a key role in this.

Another area where we have received queries and feedback from our members is relating to neurodiversity and more specifically how this affects the experience of trainees. It is therefore important for us to include this as an objective in this plan, including setting up a working group and looking at how reasonable adjustments can be used for neurodivergent trainees. We also have the opportunity to learn from other Royal Colleges through the EDI staff leads network to share best practice in this area and learn about what others have done to better support these trainees.

The RCPCH [Thrive Paediatrics](#) project has already highlighted reasonable adjustments



and neurodiversity as two of the factors that can impact the wellbeing of paediatricians and have built recommendations into their roadmap to help address this. There are many interlinking issues between EDI and the Thrive Paediatrics work, so we will continue to support and work alongside the team to help deliver these changes.

Representation was a key driver of our original EDI work, outlined in putting ladders down, which focused on increasing the diversity of those undertaking volunteer roles at the College. There were many successes from this programme of work, and we are continuing to monitor the results of this during our annual EDI review. However, there were some areas that were left incomplete that we would like to develop now. These are awards and invited reviewers.

Previously invited reviewers have not fully reflected the diversity of our membership and have been highlighted as an area where an EDI review could benefit. The invited reviewer's recruitment process has recently been updated and the team are working to incorporate EDI considerations into this process to further diversify the pool of reviewers going forward.

Any lessons learned from this work and putting ladders down will be considered when looking at how to improve the processes for awards and nominations. Currently, an annual report is produced to look at the EDI characteristics of those being nominated or given an award, but this data is limited due to small numbers and the risk of identification, therefore we need to look at ways to make the process more inclusive and fairer, rather than focusing on the output.

Another initiative that is currently underway is the RCPCH reciprocal mentoring programme. Following a pilot of this programme that took place in 2022, we have launched a wider programme open to all paediatric trainees and consultants within 5 years of CCT.

We have ten college officers and ten members signed up to take part in the programme. The programme is expected to run until May 2024 and will give the participants an opportunity to expand their knowledge of how protected characteristics and underrepresentation can affect the experiences of others and to share leadership skills.

In order for the reciprocal mentoring programme to be successful we will measure progress through feedback from the participants focusing on how they view inclusiveness at the college and reviewing any objectives or actions they set out to achieve.

### **Our actions on support for paediatricians:**

- Create reasonable adjustment process for use across the whole of RCPCH, which includes appropriate recording of this data in the College-wide member database
- Using lessons learned from putting ladders down, look at how our invited reviewer pool of applicants can be diversified.
- Review the processes for nominating and awarding the James Spence Medal, Honorary Fellowship, and Members' Award, with a view to implement a consistent approach across all awards in future.

- Set up working group to look at ways to better support neurodiverse trainees, with a view to producing appropriate guidance.
- Supporting ongoing group sessions in the reciprocal mentoring programme
- Evaluate effectiveness of reciprocal mentoring programme, before, during and after implementation with a view to sustainability of the programme into the future.
- Produce a handbook to provide volunteers with an overview of our commitment to EDI, including the reasonable adjustment process. Continue to deliver our action plan for tackling differential attainment (DA), in collaboration with the GMC's target to eradicate DA in medical training by 2031.
- Update information for staff and members relating to the care cost fund and assist staff in promoting and supporting members to use it.
- Ensure EDI considerations are embedded into the new volunteer strategy.
- Ensure EDI has an ongoing presence in Thrive Paediatrics.

## **The future of our governance and working groups**

The EDI workstreams have been supported by a number of groups both internally and externally, these are namely the EDI oversight group, consisting of the president, a trustee representative, a staff representative (currently the CEO) and the EDI staff lead; an internal staff working group and a member reference group.

These groups were initially formed in line with our working for change programme as a way to ensure this work was effectively managed and supported through a number of different viewpoints.

As we move into the next phase of our EDI work it is an ideal time to review these groups and realign the way they work with our current priorities.

Staff across the College will continue to play a role in delivering the EDI work and each of these teams has been consulted on an individual basis to ensure they agree with the actions set.

### **Oversight group**

The oversight group provides a good level of support, as well as senior representation for the EDI work within the College. Since its inception, Dr Camilla Kingdon has played a key role in guiding and directing this work, and it has been agreed with the current oversight group that the new president should continue to be a part of this group and have input into EDI work at the College.

In addition to this, the actions set out in the plan above have led us to identify the need for an EDI clinical lead who will be able to increase visibility of this work with our members and provide a sustainable balance between those on the ground and the board of trustees.

The main responsibilities of the EDI clinical lead include:

- Acting as a spokesperson for EDI advocacy, including providing commentary for the annual reports and diversity data, supporting the EDI policy development and representing the college on EDI focused activities
- Delivery of the EDI strategy
- Reporting on progress and/or any obstacles to the board of trustees
- Oversight of the progress and output of the newly formed task and finish groups

Furthermore, a new EDI Trainee Representative was recruited in August 2023. Their main role will be reporting into the Trainee Committee Executive, however there is also scope to include them in the EDI oversight group so feedback from the trainees can be directly incorporated into the EDI work.

### **Member reference group**

The member reference group has provided valuable input over the last few years for a number of our plans and objectives and has provided a central voicebank for us to hear the feedback and insights of our members. They are a passionate and forward-thinking group, many of whom have their own lived experiences and represent at least one of the protected characteristics.

Many of the members joined the group in 2020 when we launched our first EDI report and they have continued to provide guidance, challenge and direction for us over the last three years.

We now have an opportunity to redefine their purpose and utilise their collective skills to enhance our outputs. We will have smaller working groups that will focus more specifically on issues that have been raised with us and that the College has the capacity to address. To this extent the Member Reference Group will convert from one large group to several smaller 'task and finish' groups.

The task and finish groups will be made up of existing members from the member reference group as well as new members which we will recruit through the volunteer opportunities process.

Taking consideration of what we have proposed in this plan and what members have already raised to us as ongoing issues, the first task and finish groups will focus on:

- Support for neurodiverse trainees
- Reasonable adjustments
- Reviewing, updating and promoting the diversity monitoring form
- Developing the position statement and toolkit for health inequalities
- Assisting the development of the College statements of commitment on different EDI characteristics

Members will still have the opportunity to raise additional areas where they think a task and finish group may be needed or where they require more support from an EDI perspective. These will initially be fed through the EDI clinical lead and discussed with the oversight group.

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**Royal College of  
Paediatrics and Child Health**  
*Leading the way in Children's Health*

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