



Royal College
of Physicians

Our approach to improving diversity and inclusion

An update on RCP activities 2 years
after the Summerskill report



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Being a member of the Showcasing Diversity Subgroup is important as it has provided an opportunity to create and implement substantial and sustainable long-term change at the RCP. Including everyone from diverse backgrounds and showcasing how much the RCP is evolving, embracing and recognising that change is helping us move forwards as an organisation.'

– Sharmeen Ahmed, RCP committee manager

Foreword

Two years on from the publication of the Summerskill review I've been reflecting on the significant strides we have made, and also on what we still need to do to ensure the RCP is a truly modern membership organisation inclusive of all.

We've had a presidential changeover, saying farewell to Sir Andrew Goddard and welcoming Dr Sarah Clarke to the role last September. Sarah is only the fourth woman to be president of the RCP in our over 500-year history, symbolic in itself as to how times must change.

The landscape of medicine is changing, with more women entering the profession, the number of doctors from ethnic minority backgrounds growing, and people choosing to work differently. I am particularly proud of our work to modernise the RCP fellowship process to make it more accessible and transparent, and of the launch of our first SAS doctor strategy.

Ben Summerskill set out 29 recommendations for us, and it is good to report the progress made on many of them. When we first surveyed our membership on what we need to do better, one of things they told us loud and clear was, 'You can't be what you can't see'. You'll read on these pages how we've placed much emphasis on promoting and showcasing the diversity of our membership through all our communications and publishing. One such way is through our member magazine *Commentary*, for which we were delighted to win an industry award in 2022.

We've also worked hard to better understand our people landscape through diversity data collection for both the membership and RCP workforce. For the first time we published the diversity of our leadership with data on Council members, the senior officer and executive team. Our leadership needs to reflect the membership and medicine more widely. A big drive next year will be collecting that data for our 40,000+ fellows and members.

Equality and diversity have been a driving force in our policy work, particularly with a focus on health inequalities and supporting the widening participation ambition in medicine as a career. This is about the medical workforce reflecting the communities it serves and will be a growing area of work for us. We are strict now too with all conferences and events, so that programme content and speakers reflect a rich diversity of voices.

There is still much to do, and I will continue prioritising this important area of work. We are holding ourselves to account by it being a key focus in the RCP strategy 2022–24. Thank you to everyone who is helping us make change.



Dr Ian Bullock
RCP chief executive officer

Our approach

Ben Summerskill's [2020 report on diversity and inclusion](#) made it clear that to remain aligned to our mission of improving health and healthcare for everyone, and to retain credibility and influence, the RCP must actively commit to addressing bias within our processes and perspectives, reflecting our wider membership and celebrating diversity. The report set out recommendations and challenges which allow us to take a strategic approach to tackle the issues as part of a multi-year process.

Two years down the line we have made progress in many areas and identified how we will make further progress in the years to come. This short report provides an update across the different areas of our work. The ongoing effects of the pandemic during 2021/22 meant there were limited opportunities to meet in person so many actions have been conducted virtually.

Some of the 29 recommendations in the report relate to particular functions and have been integrated into business planning for individual departments. Where recommendations require cross-RCP collaboration, three task and finish groups draw on expertise around the RCP. These groups focus on

- > showcasing diversity
- > data, recruitment and onboarding
- > volunteer roles.

A Diversity and Inclusion Delivery Group (DIDG) is overseeing the achievement of the recommendations. The group includes:

- > staff leading areas such as member engagement, support and committees; communications, events and media; and staff and culture
- > representatives from our membership including fellows, trainee doctors, SAS doctors and physician associates
- > a staff representative and Patient and Carer Network (PCN) representative.

The DIDG met to assess progress, resolve challenges and maintain momentum in achieving the recommendations. It was co-chaired by the RCP president Sir Andrew Goddard and Rachel James, learning and organisational development HR business partner. Following the change of president in September 2022, RCP chief executive Ian Bullock took over co-chairing of the DIDG.

Representatives on the DIDG

Mumtaz Patel Fellow

Debbie Jegede Physician associate

Syed Mukhtar SAS doctor

Puskar Burra Trainee doctor

Mark Farmer Patient and Carer Network

Farhiya Hassan Member of staff

Our This Doctor Can campaign celebrated diversity by featuring the inspiring stories of physicians from a variety of minority ethnic backgrounds

Our people

People are at the heart of the RCP's drive to improve diversity and inclusion – from our membership, college officers, leadership team and staff, to those we nominate for honours.

Our membership

Our 40,000 members and fellows are an incredibly diverse group of doctors and physician associates. From students to experienced consultants, they represent today's modern RCP and NHS workforce. Ensuring that we remain relevant to our existing members and are welcoming to new ones is key to our future.

Over the past year we have fundamentally changed the process through which physicians become fellows of the RCP, making it more inclusive and transparent. Following a review by RCP Council, our updated fellowship election process was launched early in 2022. While RCP fellowship remains a hallmark of achievement and an accolade awarded by peers, we have introduced key changes to the proposal process to ensure our future fellowship truly reflects the physician population and keeps pace with the values and diversity of modern medicine. These changes include ensuring that a proposal is no longer submitted without a candidate's knowledge; the grading process is anonymised; and more recognition and weighting are given to doctors training by

alternative routes to independent practice, in different countries, and in less-than-full-time roles. This key project will help to ensure we can take pride in being a college with a more inclusive fellowship in years to come.

Staff, associate specialist and specialty (SAS) doctors form a significant part of the physician workforce but have historically been poorly represented in the RCP. In February 2022, we launched our first formal SAS doctor strategy to ensure SAS doctors are treated equitably within the RCP; are offered tailored opportunities that recognise their unique contributions to healthcare settings; and are provided with a platform to develop fulfilling careers. The strategy recognises the different training paths that doctors working in the NHS choose to take, and the variety of skills and talent pool that this develops for the physician workforce.

We have been capturing diversity data on our membership following an update to the protected characteristic questions asked. The current response rate is low at around 10% across our 40,000 members, so we know we need to be more proactive in prompting people to complete this exercise. Members are now able to update a form capturing their diversity data online or within the MyRCP membership portal on the RCP website. We encourage all new members to do this during the application process, as well as existing members

We have fundamentally changed the process through which physicians become fellows of the RCP, making it more inclusive and aligned with the values and diversity of modern medicine

when they come to renew their subscription. We're now exploring and progressing additional ways to promote uptake to improve the response rate, including via the RCP census and by focusing on specific membership groups.

We're ensuring the speakers at our events reflect the diversity of our membership and the wider NHS. The six-strong team tasked with building our 'Call the medical registrar' conference programme included four women and three people from an ethnic minority background. Sixteen of the conference's 27 speakers were women, and 12 were from an ethnic minority background. In October 2021, over 40 speakers contributed to our specialty career showcase digital conference; 24 were women, and 15 were from an ethnic minority background. A similar proportion contributed to a published digest of career biographies to inspire trainee doctors making future career decisions.

The Faculty of Physician Associates (FPA) has made significant progress in ensuring members from across the UK are represented. The introduction of devolved nation representatives allows members from England, Northern Ireland, Scotland and Wales to raise what's important to them and have their voices heard. In addition, Debbie Jegede, the physician associate representative on the Diversity and Inclusion Delivery Group and Showcasing Diversity Subgroup, has made a positive impact in several other areas. In October, she led on output relating to Black History Month and helped to encourage PAs to share their stories and what the month meant to them. We are committed to continuing to seek new ways to celebrate and acknowledge different religious and awareness days to ensure all FPA members feel represented and included.

We've made significant progress in growing our international membership, who now make up over 21% of our overall membership. We're also focusing on increasing the diversity of our international advisers (IAs). In the past year, we've had a fourfold

increase in the number of women IAs joining the team and a new Global Women Leaders Programme has also been developed and piloted in Pakistan. Women represent more than 70% of the global healthcare workforce. When they become leaders, they have often expanded the health agenda, strengthening healthcare for all.

The Medical Training Initiative is a mutually beneficial scheme that provides trainee doctors from all over the world with the opportunity to work and train in the UK, while giving hospitals a high-quality, longer-term alternative to using locums to fill rota gaps. The scheme continues to be successful – in 2022 we received applications from international medical graduates representing almost 50 nationalities.

Our leadership team, senior officers and Council

To coincide with the BMA's *Racism in medicine* report, in June 2022 we published the data we hold about [the diversity of our officers, senior roles, Council and senior staff](#). We said that we would increase our efforts over the next year to fill in the blanks so we can monitor the data over time and build up a detailed understanding of our leadership. Our ambition is for it to better reflect the landscape of our full membership. We also said it was clear that Black people are underrepresented in the RCP leadership, as they are in medicine.

The diversity of RCP Council, executive directors and the senior team reflects our ambition to be representative of our membership and RCP workforce. Data are now routinely collected from these groups, allowing us to monitor and make changes where necessary. We are recruiting to vacancies in the Board of Trustees and its subcommittees this year and hope to further strengthen the profile and use this opportunity to increase the diversity of people supporting our governance.

Measurable delivery of diversity and inclusion ambitions is now discussed and captured in the appraisal processes of all senior staff and senior officers and we have agreed standard wording for appraisal documentation. Responsibilities for diversity and inclusion are embedded in the terms of reference of all our committees as they are updated, and in our recruitment material.

We are committed to reporting regularly on diversity and inclusion – both in voluntary and paid workforce and service delivery – as detailed in this annual progress report. We report annually on our [gender pay gap](#) and are committed to addressing the gap to ensure we have fair pay across the organisation.

Our staff and volunteers

Supporting our volunteers

Our voluntary opportunities range from senior college officers and regional representatives to exam and editorial boards, committees and our trustee board. We value and rely on our volunteers, who enhance our work with their vital expertise and perspective.

For consistency and clarity, we've developed standard role descriptions for trustees, officer and clinical adviser roles. The possibility of job sharing is offered for any new or reappointed roles where the time commitment/operational feasibility permits. We advertise all our voluntary roles with clear details of the tenure,

time and expertise required. Adverts now include a prominent diversity and inclusion rubric, diverse listed panel composition, clear timetable and contacts for further information. We also offer the opportunity for virtual interview, where possible. Details of the RCP clinician release supplement (the financial support available to employing NHS trusts, UK universities or other equivalent organisations to support the time required for some clinical leadership posts) are also made available. We're now developing guidance for all staff on recruiting to voluntary roles, which will be published on our intranet.

To regularise the management of volunteers across the RCP we're developing a standard appointment letter for roles that attract a clinician release supplement. We already carry out performance reviews for many clinical officer roles and are sharing this best practice as a first step to consistently rolling out performance reviews across all our voluntary roles. An RCP travel expense policy is in place and applies to all clinical and lay volunteers.

Regarding IT support for those in RCP volunteer roles, we've invested in the Microsoft 365 platform and use Microsoft Teams to provide video and collaboration services for remote and hybrid meetings. Our volunteers can join a meeting remotely using a standard modern web browser or from a client application that can be downloaded for free. Teams-hosted meetings offer attendees a number of accessibility features, including screen magnification, high contrast colours,

We now have diversity and inclusion data for 74% of our staff, up from 35% last year – this will be key in helping us to identify trends and inform actions to address inequality

auto-captioning, selectable backgrounds and meeting recording. Although participation in a Teams meeting usually requires a computing device and an internet connection, we also provide dial-in facilities and freephone options. Our IT team are experienced in both using and supporting Microsoft Teams and provide training or assistance upon request. We've also invested in improving meeting room audio and visual equipment to ensure volunteers attending meetings remotely have a clear visual and audio experience and are able to fully engage.

To support those volunteers who have children or other caring responsibilities, we plan to carry out a feasibility study on the possibility of covering some costs in relation to meeting attendance as soon as we are able.

Our staff

We are currently completing the Disability Confident Committed Employer assessment to ensure we follow best practice and attract the widest talent pool. On our website, the [work at the RCP](#) page clearly links to a [valuing diversity and staff development](#) page, which opens with the statement, 'At the RCP, all of our employees work collectively and individually to promote a constructive and sensitive approach to others from a variety of backgrounds, where the work of all is valued and respected.'

Everyone involved in the recruitment and progression of others needs to be aware of their preferences which may unconsciously create more favourable behaviour/decisions, as well as to question assumptions and behaviour that might be experienced as micro-incivilities. We are currently engaging with providers and stakeholders to trial an unconscious biases course with a view to integrating this with our internal recruitment process early in 2023. We are conscious to ensure a gender and ethnic mix on all our recruitment panels and monitoring of panel composition is planned. We've invested significant efforts in establishing reliable data on RCP employees and now have diversity and inclusion data for 74% of our staff.

This will help us to identify trends and inform actions to address inequality in the system.

To help address our gender pay-gap we held an application process for a cohort of 12 female members of staff to attend a series of Women into Leadership conferences in the autumn of 2022. We recognise that women often experience disadvantage at work and in many aspects of their lives and want to invest in our talent so that our women employees have the confidence and skills to progress.

Participants will receive hands-on advice and coaching on how to develop their career and be encouraged to share learning from these events. We plan to identify action to support RCP business areas, such as to address barriers to development/progression and to establish a women's network. If this model is successful, we may repeat this approach to support the creation of an ethnicity-based staff network, following the commissioning of the ethnicity pay-gap analysis we have commissioned for 2023 that will illuminate any trends based on ethnicity.

Cross-college working groups – drawing expertise from various functions including internal/external communications, archive and museum services and learning and organisational development – have collaborated to deliver internal events, initiatives and resources for celebratory and commemorative events including Black History Month, LGBTQ+ History Month, International Women's Day and South Asian Heritage Month. During these programmes we looked for opportunities to explore intersectionality and cumulative disadvantage. We will continue to engage with staff around key celebration and awareness events to harness ideas and energy and to galvanise interest in targeted development programmes.

Mentoring

To further address inequalities we plan to launch a mentoring programme for staff from groups underrepresented at senior levels utilising internal

talent. Our mentoring approach will draw on the European Mentoring and Coaching Council's mentee-led, 'coaching plus' model. Participants will be trained and the scheme will be evaluated to assess effectiveness and identify successes and improvements. Once the mentor programme is established, we will develop a reverse mentoring programme enabling senior managers to draw on the expertise and experience of staff from underrepresented groups.

In addition to targeted development, we have developed diversity and inclusion renewal training for all staff who have over 9 years' service. We have planned the sessions around operational commitments and promoted them using internal stakeholders and channels such as via managers, our intranet and weekly staff bulletin. The programme of renewal training will continue in its current form until 2025 when it is anticipated all staff will be on a 3-year cycle. It will then become business as usual.

Nominations for honours

The RCP Honours Committee remit is to identify meritorious candidates who can be considered for honours and aims to ensure the lists truly reflect the diversity of the health and care workforce.

They seek nominations, across all levels and particularly for:

- > women
- > people from ethnic minority backgrounds
- > younger people
- > NHS staff working directly with patients
- > those working in areas outside the south-east of England.

The RCP Honours Committee continues to meet biannually and is chaired by the treasurer. The committee membership includes representatives from different regions, ethnicity, gender and age groups. It is currently made up of four women and three men, of which two are Asian British and five are White British.

Due to the nature of the honours process the committee is unable to specify any particular award. However, previous nominations resulted in the award of the following in 2022: one knighthood, two CBEs, three OBEs and two MBEs. These were awarded to two White British men, three Asian British men, one Black British man and two White British women. The age range was from 45–70, giving an average age of 60.

In 2022 the committee considered nominations received which broke down as follows: 10 were men and two were women; nine were White British, two were Asian British and one was Black African.

We've made significant progress in growing our international membership, who now make up over 21% of our overall membership

Our buildings

Our two main buildings RCP at Regent's Park in London and RCP at The Spine in Liverpool give us an opportunity to showcase our work and signal that we embrace a diverse and inclusive future.

Following feedback from participants in the Summerskill review, we have been working to show a more inclusive face throughout our two homes in London and Liverpool. This work also aligns with the RCP strategy for 2022–24, which includes improving diversity and inclusion as a key objective.

New 'We are the RCP' digital and static displays, mounted on walls and scrolling on digital screens at Regent's Park and in The Spine, showcase quotes and pictures from a wide range of the membership. Participants from different career grades and backgrounds talk about what being part of the RCP community means to them.

2022 also saw us hosting SELFLESS, a powerful exhibition by photographer Jessica van der Weert, in both Liverpool and London. SELFLESS documents the experience of diverse health and care teams working at the height of the COVID-19 pandemic in Northumbria and Brent – from doctors to nurses, porters and therapy staff.

Built in the 1960s, the RCP at Regent's Park is a Grade I-listed building and presents some challenges in terms of accessibility and making adaptations. In 2022, we commissioned an accessibility audit of the building through property experts CBRE to identify the key areas in need of addressing and provide recommendations. Costing estimates for priority works are being prepared for submission to 2023 and 2024 capital budgets. During 2023 we also plan to engage with disabled staff based in our London offices to gain their input and insights on the accessibility of the building. Work to upgrade the stairlift in the Seligman Lecture Theatre will be completed in December 2022.

Our archive, heritage library and museum services team continued its focus on uncovering and showcasing stories of a more diverse range of individuals and histories

Education and exams

We want to reflect the medical workforce and ensure that equality, diversity and inclusion are championed in the RCP's education programmes and exams.

We're introducing teaching on diversity and inclusion into all of our education programmes. Following a session on diversity and differential attainment created as part of the RCP/UCL PG Cert in Medical Education in 2020/21, we're developing similar content for our CPD workshops. Differential attainment is the gap between attainment levels of different groups. As part of our popular programme on educational supervision we now discuss the impact of differential attainment and the role supervisors can play in seeking to create equity for trainees. This is also included in the top-up training for educational supervisors. We are working on embedding similar sessions into all our workshops as we develop and update them, and this is a standing item on our regular team meetings in the Education directorate.

We've developed a new programme designed specifically to address the underrepresentation of women in leadership roles within local healthcare settings around the world. The Global Women Leaders Programme was piloted in Pakistan in 2022 and aims to reduce the gender leadership gap globally and inspire women in healthcare to reach their potential.

We have now successfully integrated unconscious bias training into our examiner training. We have further

reviewed and updated the questions we ask on equality, diversity and inclusion and the data we collect from examiners and candidates to mirror current best practice.

Through the Federation of the Royal Colleges of Physicians of the UK we're working to understand and help to address the causes of differential attainment in medical education. The Federation, a collaboration between the RCP, Royal College of Physicians of Edinburgh and Royal College of Physicians and Surgeons of Glasgow, develops and delivers services to support doctors at every stage of their careers. Its work includes continuing professional development (CPD), examinations (Membership of the Royal Colleges of Physicians of the UK – MRCP(UK)) and training (Joint Royal Colleges of Physicians Training Board – JRCPTB).

The Federation has been actively working to meet its statutory equality duty since 2007 and this work is documented in a number of [research papers](#). Recently, the Federation led and produced an inaugural action plan in support of the General Medical Council's (GMC) Fair Training Cultures Programme, and specifically the GMC target to eliminate discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training by 2031. The document sets out plans for all aspects of physician training and assessment from an equality, diversity and inclusion perspective, to be reviewed every 12–24 months. The ultimate goal is to reduce differential attainment in postgraduate assessment and training.

Half of the speakers at our flagship annual conference Medicine 2022 were women, and almost a third were from ethnic minority backgrounds

Showcasing diversity in our communications

We continue to actively showcase the diversity of our membership and the medical profession through all our communications, events, campaigns and policy work, with the ambition of being a welcoming and inclusive organisation for all.

Our This Doctor Can campaign continues to share stories from RCP members, fellows and health professionals from a wide range of backgrounds. Earlier this year, we published several doctors' stories exploring topics such as what it's like to be an immigrant working in the NHS, the importance of transgender healthcare, how to access the right medical training opportunities and mentorship schemes in a crowded and competitive field, and what it's like to be a doctor with a life-threatening illness. During South Asian Heritage Month 2022 we published a piece by our medical director of publishing Professor Anton Emmanuel on his Sri Lankan Tamil heritage, and to mark East and South East Asian Heritage Month 2022, our Student and Foundation Doctor Network representative for London, Brian Wang, contributed a piece reflecting on his Chinese heritage.

The language we use is important. As part of an update to our house style guidelines, we created some guidance to help staff to be mindful when writing (or talking) about gender and identity. We also published a webpage on [using sensitive language](#) to encourage the use of respectful and accurate terms when referring to people and medical conditions, and avoid those that create stereotypes or myths. These resources will help us to ensure that our communications and published materials are inclusive and put people first.

Our archive, heritage library and museum services team continued its focus on uncovering and showcasing stories of a more diverse range of individuals and histories. New research was carried out on a number of topics and individuals and published as blog posts and on social media, while we participated in a range of awareness days and months, including International Women's Day, LGBTQ+ History Month and Black History Month. Examples include published biographies of a Sri Lankan medical couple and stories of LGBTQ+ doctors, as well as other new content reflecting on challenging topics from the history of medicine, such as the prevalence of eugenicist thinking and the pathologising of non-heterosexual sexualities.

We're now highlighting individuals from less well represented backgrounds on the main page of the 'Inspiring Physicians' obituary series, and in February an online event was held to discuss LGBTQ+ people and attitudes to sexual and gender diversity as reflected in the RCP archives.

Work is ongoing to improve the use of language and the acknowledgement of historic bias in the information held about the RCP collections. We've made a large number of updates to the publicly accessible collections database to explain problematic historic terminology and provide additional context to those items and individuals with links to topics such as the slave trade and imperialism.

Our [new events policy](#) launched in October 2021 is guiding the way we increase diversity in our conferences and events programmes. This includes ensuring diversity in the speakers we invite and that all events are as accessible as possible for all protected characteristics. At our flagship annual conference Medicine 2022 we maintained a 50/50 gender split for speakers and the number from ethnic minority backgrounds rose to 31%. The new policy is shaping the way that all RCP events are delivered.

Tackling health inequalities

Ben Summerskill's report was clear that the RCP must be diverse and inclusive if it is to have credibility in its work on health inequality and related issues.

Campaigning

Health inequality continues to be a key influencing priority for the RCP and that will not change in the coming years. This year the advisory group on health inequalities has helped the NHS England health inequalities team to develop metrics for the service, overseen the clinical fellow in health inequality project and supported the RCP in leading the Inequalities in Health Alliance (IHA). We have continued to campaign publicly through the IHA, working with Peter Dowd MP to secure a [parliamentary debate](#), explaining [the impact of the cost of living on health](#) and highlighting [the real-life stories heard by clinicians](#).

Widening participation in medicine

The RCP continues to be a member of the National Medical Schools Widening Participation Forum, sharing information and taking up opportunities to support medicine becoming a more accessible profession for people from a wider range of socio-economic backgrounds. In February 2022, the then RCP president Sir Andrew Goddard and our clinical fellow in health inequality Dr Ash Birtles took part in the Gateway and Foundation Student Medical Conference hosted by the University of Leicester. They delivered a session on 'Bridging the gap: the role of doctors in managing and reducing health inequality', and Ash shared her reflections in the [April 2022 edition of *Commentary*](#).

The September issue of our membership magazine *Commentary* focused on health inequalities and highlighted the importance of the social determinants of health

Next steps

This document summarises our progress over the past year. We know we have far more to do and will continue to focus on achieving the recommendations in the report to ensure the RCP is as diverse and inclusive as our staff, membership and the medical workforce.

We plan to publish a further report summarising our progress at the end of 2023.



We have made a great start in widening the diversity among PAs, but there is still more work to be done. Through the events that I have participated in I hope I have been able to raise more awareness of the profession and inspire more Black women to join.'

– Debbie Jegede, physician associate

Appendix: Our progress at a glance

The numbered recommendations are listed in full below the table.

Recommendations	Lead group/dept	Year 1 / RAG rating	Year 2 / RAG rating	Year 3 / RAG rating	Year 4 / RAG rating
What we know					
1	HR/PRCP/CEO		✓ Green		
2	HR/CEO/PRCP		✓ Green		
3	PRCP/CEO	✓ Completed			
What people see					
4	Showcasing Diversity T&F Group	✓ Completed			
5	HR		✓ Amber		
6	HR		✓ Green		
7					
	Showcasing Diversity T&F Group	✓ Completed			
8	Corporate Services (Property Services)		✓ Amber		
What people think					
9	MSGE	✓ Completed			
10	MSGE		✓ Green		
11	HR		✓ Green		
12	MSGE		✓ Green		
13	HR		✓ Amber		
14	MSGE/CPR			✓ Amber	
15	MSGE		✓ Green		
Keeping the best people					
16	MSGE	✓ Completed			
17	Volunteer Roles T&F Group			✓ Green	
18	Volunteer Roles T&F Group		✓ Red		
19	HR		✓ Green		
20	HR		✓ Amber		
Using data wisely					
21	HR/MSGE/CP&R		✓ Completed		
22	MSGE/HR		✓ Amber		
23	HR		✓ Amber		
24	HR		✓ Amber		
25	HR				✓ Green

Recommendations	Lead group/dept	Year 1 / RAG rating	Year 2 / RAG rating	Year 3 / RAG rating	Year 4 / RAG rating
Ways of working					
26					
	CP&R	✓ Completed			
27	Strategy Executive	✓ Completed			
28					
	Showcasing Diversity T&F Group	✓ Completed			
29	Corporate Services (IT)		✓ Green		

Key

CEO = chief executive officer; PRCP = president of the RCP; HR = Human Resources; MSGE = Membership Support and Global Engagement; CP&R = Communications, Policy and Research; T&F = task and finish

Progress rating (RAG)

Green – on track for implementation in given year

Amber – good progress but may be implemented with a slight delay

Red – behind schedule. To be implemented the next year

The Summerskill diversity and inclusion report's recommendations in full

What we know

- 1** Announce an ambition that by 2030 those in both voluntary and staff roles across the RCP should reflect the diversity of the qualified medical workforce, at all levels including trustees and Council.
- 2** Feature measurable delivery of diversity outcomes in the performance objectives of all senior staff and senior officers, as well as in their role descriptions. Appraisals (and any discretionary part of their remuneration in the case of staff) should be linked to these, as with other key deliverables.
- 3** Task the chief executive with reporting annually on progress on Diversity and Inclusion – both in voluntary and paid workforce and service delivery – to trustees and Council and publishing the data.

What people see

- 4** Review the RCP website at points of entry and furnish it up front with strong examples of senior role models, both members and staff, from a range of backgrounds.
- 5** Include at the beginning of all application packs, for both voluntary and paid roles, a prominent rubric emphasising the RCP's keenness to recruit in the complexion of the wider medical workforce and patient base.
- 6** Update recruitment monitoring forms to use 21st-century language unlikely to deter potential applicants.
- 7** Review visual representation of members, past and present, in reception areas so that they better represent the RCP's ambitions for breadth of membership.
- 8** Execute an access audit for both the RCP's existing London premises and The Spine, with disabled staff and members enabled to contribute to its findings.

What people think

- 9 Part 1:** Advertise all voluntary roles, and include clear details of the expectations of time and expertise necessary. Introduce and advertise a presumption that such roles can be job-shares. Re-advertise such roles after an appropriate, RCP-wide, tenure such as 6 or 8 years.
Part 2: Introduce and advertise a presumption that such roles can be job-shares. Re-advertise such roles after an appropriate, RCP-wide, tenure such as 6 or 8 years.
- 10** Introduce 'observer' opportunities for all members, inviting them to attend committee meetings or examination panels and 'shadow' officers, subject to appropriate protections around confidentiality.
- 11** Adopt an organisational ambition of having a similar number of men and women on interview panels (for both voluntary roles and staff) and a requirement that least one person on all such panels be a woman (or a man) and one from an under-represented group unless unavoidable.
- 12** Review whether any roles currently restricted to fellows might be opened to non-fellows, including SAS members.
- 13** Request that all members of any appointment panel engage in a light-touch training module in unconscious bias provided by the RCP. Require chairs of such panels to have used such a module.
- 14** Engage in a focused communications drive with the NHS and trusts to emphasise the importance of RCP roles for the NHS and the profession.
- 15** Review the objective criteria for appointment as a fellow, and monitor the diversity of appointments annually. Consider how the nomination process might be more transparent, eg by publishing the names of referees.

Keeping the best people

- 16** Extend guidance issued to all committee chairs on appointment to include awareness of Diversity and Inclusion. Require chairs within 6 months of appointment to engage in a light-touch RCP training module in unconscious bias.
- 17** Regularise the management of volunteers across the RCP – including development of volunteer agreements, performance review and the payment of all travel expenses.
- 18** Carry out a feasibility review to consider the possibility of funding child- or other care expenses incurred by those in voluntary roles, both women and men.
- 19** Require that Equality and Diversity training now provided to staff at the point of recruitment is refreshed every 3 years.
- 20** Pilot goal-driven staff network groups for some cohorts of staff (eg women and BAME employees) tasked with supporting RCP business objectives such as closing the gender pay gap and delivering the Workforce Race Equality Standard. Engagement in such network groups should be regarded as an organisational investment, not a cost.

Using data wisely

- 21** Execute and publish annual ‘snapshot’ surveys of the make-up of all volunteer groups – including trustees and Council – and staff, featuring all the current ‘protected’ characteristics and also school background and London/non-London breakdown.
- 22** Introduce a programme of mentoring and ‘reverse mentoring’ to support both staff and members from under-represented backgrounds in developing within the RCP.

- 23** Enter one of the diversity benchmarking exercises for employers, such as Stonewall’s (cost-free) Workplace Equality Index, to test the assumption that the RCP performs well as an employer. Extend the engagement to other benchmarking exercises over time.
- 24** Consider piloting annual publication of data on the ethnicity pay gap in advance of it becoming a legislative requirement.
- 25** Adjust people systems for staff, as they’re renewed, to reflect all diversity strands for purposes of constructive management analysis of progression, disciplinary action and training support etc.

Ways of working

- 26** Make explicit reference in the RCP’s new 4-year strategy to the importance of Diversity and Inclusion in support of its external work in areas such as national and global health inequalities.
- 27** Senior officers, trustees and senior staff should commit to individually promoting Diversity and Inclusion through each of their usual communications vehicles.
- 28** Ensure that all panels at RCP conferences, education and training events comply with recently introduced guidelines to include speakers from a range of backgrounds.
- 29** Invest in appropriate IT infrastructure and training so those in voluntary roles based outside London or with caring responsibilities can much more easily engage fully in meetings.

Ben Summerskill’s report, *A 2020 vision*, and our [1-year progress report](#) are both available to download from the RCP website.

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