



Royal College
of Physicians

Our approach to improving diversity and inclusion

An update on RCP
activities 1 year after the
Summerskill report



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Foreword

Andrew Goddard, RCP president

When we commissioned Ben Summerskill to undertake a review of diversity and inclusion at the RCP, I was more than aware that we had much to do. Although we had begun to take such issues seriously under the previous RCP president Professor Dame Jane Dacre, we had not submitted ourselves to external scrutiny and our progress was undoubtedly slower than it should have been. The feedback received from our members and fellows made it clear that we still made people feel excluded and our actions needed to match our words.

Ben Summerskill's report reinforced what we already knew, but also shone a light on other aspects of diversity which we had not appreciated. His recommendations and challenges were welcome and allowed us to take a more strategic approach to tackle the issues. The timescales he set were all achievable and change was seen as a multi-year process.

A year down the line we have made significant progress in many areas and, just as importantly, have identified how we will make further progress moving forwards. The past year has not been without its challenges. The pandemic has meant that most actions have been conducted virtually and the financial difficulties resulting from a 25% loss of income have perhaps limited what we could otherwise have achieved. Loss of staff and less ability to invest in much-needed IT changes have not helped.

However, as I hope you will see from this update, we have achieved much. We now routinely collect diversity information across almost all of our activities, have ensured a wide diversity of representation on our committees and boards and are developing a formal dashboard to ensure that we monitor diversity and inclusion and can report on it in a meaningful way. The senior officer team and Council are more diverse than they have ever been previously. The 'old white stale male' image of physicians no longer represents the RCP. We promote diversity and inclusion through our conferences, communications and educational products and aim to be a model that others will follow.

One area that still vexes me is the image that the RCP building at Regent's Park presents to those wandering across the Lasdun Hall. It continues to be one of white maleness. The challenge of representing our history while also representing our modern membership is a tough one; I hope the next year will see it resolved. RCP at The Spine in Liverpool provides a new canvas for presenting our modern image to the world and making the RCP more accessible.

I am grateful to all in the RCP, both staff and officers, for working hard to act on the report's recommendations with limited resources. The RCP is its people, and more and more we are representative of all those who are part of our college.

50%

of speakers at our annual conference Medicine 2021 were women

29%

were from an ethnic minority background

Our approach

Welcoming the report and recommendations

Published in 2020, Ben Summerskill's report* on diversity and inclusion at the RCP was enthusiastically embraced by the RCP's trustees, senior leaders and staff. The report marked a pivotal point in our history: we recognised that to remain aligned to our purpose 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.

We welcomed the report's 29 recommendations (listed at the end of this document) which focused on areas where we could achieve measurable outcomes. These recommendations look externally at how we utilise our media presence and physical spaces to demonstrate that we value and engage with diverse perspectives, experiences and communities, as well as internally at how we become more inclusive to attract and support talent among our staff, officers and volunteers to enable everyone's unique contribution to our work.

Organising the work and ensuring accountability

A number of 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 have been established to draw on expertise around the RCP. These groups focus on showcasing diversity (digital presence and physical spaces); data, recruitment and onboarding; and volunteer roles.

A Diversity and Inclusion Delivery Group (DIDG) was established to oversee the achievement of the recommendations. To allow time for effective governance processes to be established, the DIDG agreed that year 1 of implementation would start in January 2021.



The launch of the DIDG [Diversity and Inclusion Delivery] Network was an important step from the RCP towards addressing Summerskill's recommendations. The DIDG Network set out to explore how the RCP, as an organisation, can reflect modern British society which celebrates diversity. For me, the DIDG Network was an opportunity to be part of a change that will work towards creating an inclusive RCP society and organisation, which embraces and celebrates diversity.'

**Syed Mukhtar, SAS doctor
representative, Diversity and Inclusion
Delivery Group**

* Ben Summerskill's report, [A 2020 vision](#), is available to download from the RCP website.

The DIDG includes:

- > Andrew Goddard, RCP president, and Jo Szram, Linacre fellow and registrar senior team representative
- > Ian Bullock, CEO, and staff leading areas such as member engagement, support and committees; communications, events and media; staff and culture; and quality improvement
- > representatives from our membership, including a fellow, physician associate, SAS doctor and trainee*
- > a staff representative* and Patient and Carer Network (PCN) representative

The DIDG is co-chaired by Andrew Goddard, RCP president, and Rachel James, learning and organisational development HR business partner. The group meets quarterly to assess progress, resolve challenges and maintain momentum in achieving the recommendations. The DIDG also champions related work that the RCP is contributing to outside the recommendations and discusses the RCP's response to new research and information, ensuring that we continue to strengthen our understanding, competence and influence in the area of diversity and inclusion.

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 member

Farhiya Hassan staff member

This short report provides an update on progress across different areas of our work.

* To ensure fairness and transparency, member and staff representatives were recruited by responding to an advert that promoted a role profile identifying the skills/experience needed, followed by an interview.

We're publishing
a new diversity in
communications policy
to guide our work

Our people

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

Our membership

We are proud that 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. Ensuring that we remain relevant to all our existing members and are welcoming to new ones is key to our future.

Many of the Summerskill recommendations pertain to the ways we engage with and represent our members inclusively. Work to meet these recommendations is ongoing, and examples of progress so far include:

- > steps to gather protected characteristics of volunteer scorers for Clinical Excellence Awards
- > fellows are offered online training for attending external interview panels for consultant posts (the short course covers diversity and inclusion, and unconscious bias)
- > reviewed and amended panels for diversity and inclusion at regional webinars and conferences
- > balanced interview panels for officer recruitment (including the registrar, global vice president and medical director for invited reviews)
- > establishing and advertising role tenure within standardised role descriptions

- > providing snapshot data – recently used to supply the Medical Workforce Race Equality Standard (MWRES) with details on ethnicity for RCP Council and the wider membership (see 'Our leadership: staff, senior officers and Council' below)
- > setting up a working group to develop objective criteria for election and nomination within the fellowship process.

We know that we need to proactively capture membership diversity data better, especially on ethnicity, and this will begin now that new data categories have been added to our customer relationship management (CRM) database. The RCP submitted data to the recently published Workforce Race Equality Standard (WRES) indicators for the medical workforce 2020.

To ensure consistency, we plan to provide cross-RCP guidance on best practice across all membership-related recommendations. The Volunteer Roles Task and Finish Group will meet to begin that work in the last quarter of 2021.

Our leadership: staff, senior officers and Council

We want to ensure that leadership roles across the RCP, including staff, RCP officers and Council, reflect the diversity of our membership, our staff and the wider medical workforce.

We have made good progress in demonstrating our commitment to ensuring that those in both voluntary and staff roles across the RCP reflect the diversity of the qualified medical workforce, at many levels including Council (recommendation 1 in the Summerskill report). While the diversity profile of RCP Council members and in our leadership team is broad, we have some work to do to ensure that our Board of

Trustees is more diverse and inclusive. We have agreed that data should be collected from all of these groups to provide a baseline measurement for comparison with the diversity profile of the qualified workforce. In this way we will be able to illustrate progress.

Senior officers

The six senior officers of the RCP are either elected or appointed. Currently there is some diversity of role holders for ethnicity and particularly for gender with equal numbers of men and women. The RCP website includes [profiles of the current role holders](#).

Officer group

In addition to the six senior officers, there are 28 officers or senior role holders in a variety of elected and appointed roles. The officers comprise 46 % women, 50 % men, 4 % not declared. The breakdown for ethnicity is: 11 % Asian/Asian British – other, 11 % Asian/Asian British – Indian, 7 % other ethnic group – Arab, 39 % White – English/Welsh/Scottish/Northern Irish, 4 % White – other, 28 % not declared.

RCP Council

Of the 49 members of Council there are currently 51 % men, 43 % women and 6 % not declared.

In terms of ethnicity, 12 % are Asian/Asian British – Indian, 2 % are Black/Black British – African (2 %), 2 % are Chinese/Burmese, 49 % White – English/Welsh/Scottish/Northern Irish, 2 % White – Irish, 6 % White – other (6 %), and 27 % not declared.

The recommendations include the introduction of measurable diversity outcomes in the performance objectives of all senior staff and senior officers, as well as in their role descriptions. We have ensured that diversity and inclusion criteria are taken into consideration through every HR process. We know we need to be proactive in this area and the president

and CEO plan to add inclusion/diversity outcomes into individual appraisal documentation. Gender pay gap reporting will support this.

We are now including and emphasising the importance of diversity and inclusion on the terms of reference of all our committees as they get updated.

We aim to report annually on progress on diversity and inclusion – both in voluntary and paid workforce and service delivery. We have established some data collection tools, with work still to do in all data areas. We are committed to publishing these data from 2022.

We are also committed to senior officers, trustees and senior staff individually promoting diversity and inclusion through their usual communications vehicles. Since the publication of the Summerskill report, we have included an equality, diversity and inclusion focus in our member bulletins from the RCP president, registrar and across all RCP directorates. This will be captured in our annual reporting, and further supported by our data.



Having been a member of the RCP's Patient and Carer Network for a few years, it is great that there is real momentum and leadership at the RCP to address the recommendations in the report. Moving forward, I would like to see a focus on the impact that the RCP has on services delivered to patients and carers so that they are easier to access and are focused on tackling health inequalities.'

Mark Farmer, Patient and Carer Network representative, Diversity and Inclusion Delivery Group

Our staff and volunteers

We want to ensure that we recruit, develop and retain a diverse group of employees and volunteers at the RCP.

To support this, we have convened a Data, Recruitment and Onboarding Task and Finish Group, which is split into three subgroups to enable targeted actions in each of the areas. In responding to some of the actions in the Summerskill report, it became clear that understanding the diversity and inclusion data for our members, stakeholders and staff is central to decision making and addressing actions.

The first MWRES report recently published by NHSE identified a 25% gap in the RCP's ethnicity data. We know a more complete set of data will support us to address many of the recommendations in the coming years, so this will be a key focus of our work (noting that there is no legal requirement for individuals to provide such information).

The Data Subgroup is principally focused on ensuring consistent standardised data collection from our members, staff, stakeholders and volunteers. This is being achieved by engaging key staff from across the RCP who work on data collection to agree a standardised form that aligns with ONS, GMC and workforce censuses' standards. This is being built into our CRM database and our members and stakeholders will be invited to input their data. A communication strategy will target publications, mailings and regional activities to maximise reach. In relation to RCP staff, diversity data collection was successfully added to our HR systems and 35% of staff have added their data so far. Another marketing drive is planned for October. This will enable us to report on diversity data for those engaging with and working at the RCP on an ongoing basis.

The Recruitment Subgroup is tasked with ensuring that recruitment practices are consistent and encourage representation across all groups working with the RCP. These groups range from committees, working parties, secondments, clinical leads and volunteers to staff. We have ensured gender and other diversity on panels as far as possible. We are creating forms that will enable us to capture the diversity of shortlisted applicants to staff roles, with the aim of doing the same for college officer roles. We have successfully aligned our payment structures to ensure fair and equal pay across all paid posts. Our recruitment website will be updated to become a 'working with us' area and will highlight that we welcome diversity in all our roles. It will also demonstrate the RCP values of working collaboratively, caring and learning and include links to flexible working, diversity and professional conduct policies.

Finally, the Onboarding Subgroup is designing a tiered system of induction that delivers bespoke and appropriate content to new RCP staff and officers in a timely and consistent fashion. We have assessed our current processes and identified improvements to be implemented by the group. This will be achieved in collaboration with RCP leads on committees, secondees, clinical leads, officers and volunteers.

Nominations for honours

The remit of the RCP Honours Committee is to identify candidates who can be considered for honours. The committee meets biannually to consider nominations received from specialist societies, regional offices and RCP Council for the Queen's Honours list. Nominations are sought for fellows or members of the RCP who have made an outstanding contribution to health and care at any level from knight/dame to the British Empire Medal (BEM).

The committee aims to ensure that the lists truly reflect the diversity of the health and care workforce and seeks nominations across all levels and particularly for:

- > women
- > people from Black, Asian and minority ethnic backgrounds
- > young people
- > NHS staff in patient-facing roles
- > people working in areas outside the south-east of England.

In addition, the committee actively promotes the nomination of candidates for the British Empire Medal, which is aimed at younger people at an early stage in their career who are making a substantial impact and viewed as going above and beyond their job.

The committee, chaired and overseen by the RCP treasurer, currently includes the RCP president and registrar and four elected members of RCP Council: Professor Ashley Woodcock, Professor Namita Kumar, Dr Olwen Williams and Dr Parijat De.

35%

of staff have completed data on diversity on our HR system – we need this figure to improve

Our buildings

The RCP now has two iconic buildings as its main bases – RCP at Regent’s Park in London and RCP at The Spine in Liverpool. As well as giving us an opportunity to showcase our work and signal that we embrace a diverse and inclusive future, we need to ensure that our buildings are accessible.

Our two main buildings represent opposite ends of the spectrum – while the RCP at Regent’s Park main building dates from the early 1960s and has Grade 1 listed status, RCP at The Spine is brand new and meets or exceeds a number of key building standards.

The ‘old white stale male’ image of physicians presented by the historic paintings in the Lasdun Hall at the RCP at Regent’s Park is unrepresentative of the modern RCP. Celebrating and building on our past for a more inclusive future will be the focus of new display materials by the end of 2021. New materials will be created to better reflect the diversity of the current RCP, and further information will be added to contextualise the homogeneity of the physicians of the past in our existing paintings.

Here are some of the measures we have implemented to improve accessibility at both our main sites.

RCP at Regent’s Park in London

- > We have a disabled hoist serving the external elevation of the main RCP at Regent’s Park building in London which overcomes the issue around step access.
- > We have a dedicated hoist serving the internal elevation from reception to the basement floors.
- > Both disabled hoists provide quick access to two internal passenger lifts. Both passenger lifts were updated in 2018 to better accommodate wheelchair users and those who find it difficult to use stairs.
- > Further access to the lower floor of the main RCP at Regent’s Park building can be gained via the garden door entrances.
- > The Jerwood Centre has a passenger lift that provides full wheelchair access to all floors.
- > The Nash terrace houses are not wheelchair friendly and apart from installing ramps to the entrances, their layout limits usage. Users of those buildings are advised to meet staff and visitors on the ground floor – this is again due to the limitations of RCP at Regent’s Park being Grade 1 listed.
- > Fire exits and signage are backlit to highlight exit routes should the building need to be evacuated.
- > There are no immediate plans to carry out major building modification works due to the listed status of the estate.

RCP at The Spine in Liverpool

- > The building is fully access compliant. It has wheelchair user-friendly call buttons and space allowing easy access and egress to all floors.
- > The fit-out of our seven floors is BREEAM Excellent – a rating taking into account energy efficiency, sustainability and how well it meets user needs – putting it in the top 10% of buildings.
- > It is classed as A++ ESOS-2 energy efficient and is also on track to be awarded the Platinum WELL Standard – an audited standard of ‘wellness’ for buildings, making it one of the healthiest work and events spaces in the UK.
- > Fire exits and signage are backlit to highlight exit routes. There are safe zones on each level.

The RCP at The Spine building in Liverpool is fully accessible and meets key sustainability measures

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 work closely with our members and healthcare professionals to develop and deliver educational services to support doctors throughout their careers. This ranges from examinations for physicians and physician associates through to master's level awards for senior healthcare professionals.

Representing the RCP at one of our exams or events is a visible and important role. As organisers of these events, we have a valuable opportunity to promote equality, diversity and inclusion through the selection of examiners and co-facilitators and we continually challenge ourselves during the invitation process to ensure a balanced representation.

Equally important are the doctors who support us with advice and expertise for new programme design and self-directed learning resources. We aim to ensure a balanced contribution from a variety of physicians and other experts to ensure that the perspective of a range of backgrounds is considered.

We have taken the following steps to ensure our workshops are inclusive and to educate our teams on equality, diversity and inclusion:

- We are currently gathering equality, diversity and inclusion information on our faculty (healthcare professionals who contribute to our educational activities) for us to determine whether there are any areas of underrepresentation
- Whenever we consider the delivery or development of our work, we aim to include representation from a variety of diverse backgrounds.
- We have introduced new programmes such as the Emerging Women Leaders and Springboard to Leadership programmes to provide opportunities for people in underrepresented groups
- We are in the process of creating unconscious bias training materials. These will support examiners in the first instance, with the aim of rolling them out to all faculty and staff involved in education and exams.
- When we recruit new faculty, we actively seek people with the appropriate expertise for a range of educational roles. Alongside this, we are sensitive to the need to recruit people who reflect the diversity of the profession in which we work.

- > We work with professionals from diverse backgrounds to help increase our awareness of the issues and find solutions. This includes the introduction of new sessions on diversity and differential attainment at the PGCert level for the MSc in Medical Education.
- > Diversity and inclusion is a standing item on educationalist team meeting agendas to support the build-up of knowledge and confidence in this area.
- > Our on-site facilities include prayer rooms, contemplation rooms and a nursing room which may be used by both delegates and faculties.
- > Our training facilities are designed to allow access for all.
- > We provide options for dietary requirements whether medical, religious or other.
- > We ensure that reasonable adjustments are fairly and consistently applied to facilitate a level playing field for all assessment candidates.
- > Facilities, equipment and environmental factors are taken into consideration when planning examinations, both written and clinical, to provide an open, fair and supportive assessment process for all candidates.
- > Exam content is developed and quality controlled to ensure that it remains relevant, inclusive and reflective of current practice and environments.
- > We collect a range of data from our candidates and supporting clinicians to allow us to undertake meaningful analysis of differential attainment in our assessments.

Our membership magazine, *Commentary*, now features a greater diversity of voices in articles and interviews

Showcasing diversity in our communications

‘You can’t be what you can’t see’ sits at the heart of the RCP’s approach to implementing many of the Summerskill recommendations. During the review, some respondents expressed their perceptions of the RCP as an unrelatable and inaccessible organisation with a reputation for tradition rather than inclusivity. This approach responds to those perceptions.

Promoting our commitment to being more diverse and inclusive

The Showcasing Diversity Task and Finish Group was created to focus on improvements relating to the ‘what people see’ and ‘ways of working’ recommendations. In particular, the RCP website and the way we present ourselves in our buildings were both highlighted as areas for improvement, as was ensuring diversity throughout all the conferences, events and educational opportunities we run.

As we embarked on this work, we started to think about all the other ways we communicate and engage – through our membership magazine *Commentary*, our journals *Clinical Medicine* and *Future Healthcare Journal*, our media work, social media, campaigns and the many reports and guidance we publish.

This work has resulted in a new overarching diversity in communications policy. This will guide work throughout the RCP to ensure we are being inclusive in all the ways we communicate, engage and present ourselves.

A policy for how we present the RCP in communications

The new policy covers the many ways in which we present the RCP and our work to our membership and other audiences. It is intended to be a useful reference document for all those who work for or on behalf of the RCP, setting out the areas we must consider when embarking on any communications project. We hope it will encourage best practice and highlight ways in which equality, diversity and inclusion can and should be better reflected and articulated.

The intention is not to present an image of the RCP that is unrepresentative of reality, but rather to ensure that the RCP’s communications encourage everyone to think about equality, diversity and inclusion, to take pride in embracing all that it offers and demands of us. The policy draws together points, mainly in the use of language, imagery and representation, that apply across all of the RCP’s communication channels, providing specific guidance relating to:

1. Our buildings (RCP at Regent’s Park in London and RCP at The Spine in Liverpool), exhibitions and collections
2. Conferences and events
3. Websites/email bulletins
4. Social media
5. Traditional media
6. Publications
7. Image library and photo shoots
8. Journals and *Commentary* magazine
9. Internal communications
10. Involving patients and carers in our work

Publishing in October 2021, the policy will be disseminated online, through membership and officer induction. Its development over the past 9 months is already supporting our delivery on the Summerskill recommendations relating to our buildings, digital presence, conferences, events and more. Specific examples include:

- > Celebrating Black History Month, Disability History Month, Intersex Awareness Day, International Women's Day, South Asian Heritage Month, LGBT History Month and Mental Health Awareness Week with stories from a diverse range of our membership through the @ThisDoctorCan web and social media campaign and our Archive and Museum team.
- > More diversity of voice in our membership magazine, Commentary. This includes a special focus on SAS doctors in the July 2021 edition, our younger trainee membership (via their committee) fully curating the September 2021 edition, and ongoing stories from around the globe from our international membership.
- > New diversity guidelines and standards for our conferences and events have led to higher than ever numbers of women and ethnic minority speakers participating. Our flagship conference, Medicine 2021, welcomed the highest number of delegates of any previous RCP event, and recorded 50% of speakers as female and 29% as from an ethnic minority background. This compares favourably with the previous annual conference, Medicine 2019, where 38% of speakers were female and 21% from an ethnic minority background.
- > Diversity considerations are at the heart of work commenced in 2021 for a new website and the way the RCP presents itself at its two homes in London and Liverpool. How we celebrate and build

on our past for a more inclusive future will be the focus of new display materials by the end of the year, when our buildings fully reopen to the public. This also includes a project to contextualise much of our historical archive and collections.

A new RCP strategy for 2022–25

While we originally planned to publish a new 2021–24 strategy for the RCP, COVID-19 affected the organisation profoundly. The early part of 2021 has been spent instead on supporting our membership to navigate this extraordinary time, and a refocusing of our organisational structure.

The latter half of the year is being dedicated to creating a new strategy to cover the period 2022–25. A focus on equality, and creating a more inclusive and diverse culture, will sit at the centre of our plans both organisationally and through the policy and campaigns work we lead.



It is important to implement recommendations from the Summerskill review to ensure best patient care and promote equality and diversity among RCP members. A diverse workforce also helps inspire others to pursue careers in healthcare. A huge step in the right direction has been having representation from the Diversity and Inclusion team in different key working groups within the RCP. I am looking forward to future conferences and events becoming more inclusive.'

Debbie Jegede, physician associate representative, Diversity and Inclusion Delivery Group

Tackling health inequalities

The Summerskill 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.

For many years the RCP has been, and continues to be, a leading voice on health inequalities. Recent initiatives include:

- leading the [Inequalities in Health Alliance](#), calling for a cross-government strategy led by the prime minister
- appointing a [clinical fellow](#) for health inequalities, who will work with RCP members to develop practical resources to help clinicians address health inequality in their practice
- joining the National Medical Schools Widening Participation Forum, following our call to reach out to a wider diversity of young people when [expanding medical school places](#)
- calling for [greater access to clinical research](#), particularly for women and physicians in rural hospitals.

We also highlighted specific instances of disadvantage and the importance of collecting ethnicity data:

- In September 2020, NHS England published the [MWRES indicators for the NHS medical workforce](#). They include the ‘relative likelihood of white applicants being appointed from shortlisting compared to ethnic minority candidates’.
- The indicator is the direct result of RCP work – in 2018 we identified that [new doctors who describe themselves as being of White British ethnicity apply for fewer posts](#), but are more likely to be shortlisted and offered a post. In 2020, after analysing 8 years of data from the same survey, we [found this disadvantage was consistent](#).
- In July 2021 the [first MWRES report](#) was published, showing that doctors from minority ethnic backgrounds report a worse experience at work compared with White doctors across all indicators. It said, ‘The RCP is to be credited for having been at the vanguard of collecting such information on consultant recruitment to give a baseline dataset. We will also explore how we can work with NHS trusts on this indicator.’
- The report also included a challenge for medical royal colleges with regard to membership of their councils. Many did not hold complete ethnicity data for them, including the RCP. We don’t have a record of the ethnicity of 25% of our Council members. This is clearly an area in which we need to improve, and we are already working towards that. While individuals are free not to tell us what their ethnicity is, we can do more to explain why it is important that they choose to do so.

Next steps

We have achieved much in the first year following Ben Summerskill's independent review, but we know we have far more to do.

Over the coming years we will continue to focus on achieving the recommendations in the report to increase inclusion and reflect the rich diversity we see in society, our membership and the medical workforce.

We plan to publish a further report on progress in autumn 2022.

Our *This Doctor Can* social media campaign celebrates diversity by showcasing role models from across the broad spectrum of our membership. Since its launch in 2019, 55% of 65 contributors have been women and 54% from Black, Asian or minority ethnic backgrounds

Appendix:

Our progress at a glance

The numbered recommendations are listed in full below the table.

Recommendations	Lead T&F/ Dept/group	Year 1 / RAG rating	Year 2 / RAG rating	Year 3 / RAG rating	Year 4 / RAG rating
What we know					
1	HR/PRCP/CEO	✓	Amber		
2	HR/CEO/PRCP	✓	Amber		
3	PRCP/CEO	✓	Amber		
What people see					
4	Showcasing Diversity T&F Group	✓	Green		
5	Data and Recruitment/ Onboarding T&F Group	✓	Green		
6	HR	✓	Green		
7	Showcasing Diversity T&F group	✓	Amber		
8	Corporate Services (Property Services)	✓	Red		
What people think					
9 (Part 1)	HR	✓	Green		
9 (Part 2)	Volunteer Roles T&F Group	✓	Amber		
10	MSGE	✓	Red		
11	Data and Recruitment/ Onboarding T&F Group	✓	Green		
12	MSGE			✓	Green
13	Data and Recruitment/ Onboarding T&F Group	✓	Red		
14	MSGE/CP&R			✓	Green
15	MSGE			✓	Green

Recommendations	Lead T&F/ Dept/group	Year 1 / RAG rating	Year 2 / RAG rating	Year 3 / RAG rating	Year 4 / RAG rating
Keeping the best people					
16	Data and Recruitment/ Onboarding T&F Group	✓	Red		
17	Volunteer Roles T&F Group			✓	Green
18	Volunteer Roles T&F Group		✓	Green	
19	HR	✓	Green		
20	HR		✓	Green	
Using data wisely					
21	HR/MSGE/CP&R		✓	Green	
22	MSGE/HR		✓	Green	
23	HR	✓	Red		
24	HR		✓	Green	
25	HR				✓ Green
Ways of working					
26	CP&R	✓	Amber		
27	Strategy Executive	✓	Green		
28	Showcasing Diversity T&F Group	✓	Green		
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 need more time to implement in given year

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](#), is available to download from the RCP website.



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