



# RCPSych Equality Action Plan

2021-23

The background of the cover features a stylized globe with a rainbow color palette. The top half shows the Americas, and the bottom half shows Africa and Europe. The globe is set against a solid teal background.



Dr Adrian James, President



Paul Rees, Chief Executive

## Foreword by the RCPsych Equality Taskforce Co-Chairs

The tragic killing of George Floyd by Minneapolis police in May 2020 showed just how deeply embedded prejudice and discrimination are in modern society. It was a clarion call to many around the world that urgent action was needed, to promote equality in our organisations, in our nations and across the world.

Adrian made clear that equality and diversity would be top priorities for him, when he stood in the election to become the RCPsych President at the end of 2019. And he announced that he would set up a working group on race and equality – which became known as the Equality Taskforce – on the day he took up office, on 1 July. He also appointed Dr Shubulade Smith and Dr Rajesh Mohan as his Presidential Leads for Race Equality.

Working closely with former President Wendy Burn, and the rest of the Officer team, Paul led on the introduction of the College values of Courage, Innovation, Respect, Collaboration, Learning and Excellence (C.I.R.C.L.E), through which the College has prioritised the importance

of diversity and inclusion – and has celebrated Pride, Black History Month, International Women’s Day, World Mental Day and Mental Health Awareness Week. Paul also led on the introduction of our South Asian History Month celebrations, which took place in July 2020.

It was partially due to the roll out of the College values, that the RCPsych went on to be named Charity of the Year in the European Diversity Awards 2019.

We are both opposed to all forms of prejudice and believe that everyone should be treated fairly regardless of sex, race, disability, sexual orientation, gender re-assignment, marriage and civil partnership, pregnancy and maternity, religion and belief, or age. Discrimination and prejudice, based on any of the protected characteristics, is inherently wrong and can lead to profound distress and unhappiness, which negatively affects mental wellbeing.

To promote equality, we need to implement a process and a system that puts these goals centre-stage at every turn. We need clear actions that help us achieve traction and momentum. An organisation that celebrates diversity, and delivers equality, ensures fairness and allows everyone to give of their best.

By taking a pro-equality stance, we can promote the best and fairest outcomes for College members; College staff; psychiatrists, and other workers in mental health services; as well as for patients and carers. As a College, we must be clear, at all times, that there can be no quality without equality.

Through this Equality Action Plan, we will put measures in place that keep the issue of Equality centre stage, and ensure the College becomes a proactive anti-discrimination organisation in perpetuity.

As one member of the Equality Taskforce said, when speaking about how we must make sure that Equality is always a priority for the RCPsych: *“The main thing will be to keep the main thing, the main thing.”*

**Dr Adrian James, President**  
**Paul Rees, Chief Executive**



Our Presidential Leads for Race Equality Dr Shubulade Smith and Dr Rajesh Mohan

## The case for an RCPsych Equality Action Plan

When Dr Adrian James took up the post of RCPsych President in July 2020, he pledged to make good on his election campaign promise to make equality and diversity a College priority.

Much work had already been done to ensure the College's value of 'respect' is central to our work and we were named as the Charity of the Year in the European Diversity Awards in 2019. However, it was clear that there should be no room for complacency.

The independent review of the Mental Health Act 1983, led by former RCPsych President Professor Sir Simon Wessely, published in 2018, found that profound inequalities exist for Black, Asian and Minority Ethnic people in access to treatment, experiences of care and outcomes.

The review heard that there was a consistent over-representation of Black African and Caribbean people in detention and that this was symptomatic of systematic failures to respond to the needs of these communities.

The review was also told that Black African and Caribbean people are 40% more likely than white British people to come into contact with mental health services through the criminal justice system, rather than being referred from GPs or talking therapies.

In addition, the review heard that Black adults are more likely than adults in other ethnic groups to have been detained under a section of the Mental Health Act.

It heard that people of Black African and Caribbean heritage:

- Are disproportionately subjected to use of section 136
- Have longer average lengths of stay in hospital
- Have higher rates of repeat admissions
- Have higher rates of seclusion
- Are up to eight times more likely to be placed on Community Treatment Orders
- Are less likely to be offered psychological therapies, and
- Have higher drop-out rates from cognitive behavioural therapy for psychosis.

As Professor Sir Wessely said: "Too often and in too many areas the experiences of those of Black African and Caribbean heritage is one of either being excluded or detained.

"So, we have to accept the painful reality of the impact of that combination of unconscious bias, structural and institutional racism, which is visible across society, also applies in mental health care. I know that many people will be made to feel uncomfortable by these terms; and indeed I was one of them."

In addition to the issues raised by the Wessely Review, there are several other reasons why it is critical for the College to produce an Equality Action Plan now:

- Women experience inequality in many areas of life; disabled people, particularly those with intellectual disability are discriminated against and this has an impact on their life expectancy, LGBTQ+ individuals have higher risk of suicidality yet experience discrimination when accessing healthcare.
- Many Black, Asian and Minority Ethnic psychiatrists, as well as those who are female, those who are LGBTQ+, and those with disabilities continue to face discrimination while working in mental health services.
- During the first wave of the COVID-19 pandemic, in spring 2020, it emerged that Black, Asian and Minority Ethnic healthcare staff were more liable to die from contracting the virus than other staff.
- As in all postgraduate medical examinations, there is a well-recognised difference in attainment between UK-educated trainee doctors and International Medical Graduates in the MRCPsych exam. Much work has been undertaken to understand this and close the gap. However, it is also the case that there is a less well understood differential attainment rate between White UK-educated doctors and Black, Asian and Minority Ethnic UK-educated doctors in postgraduate medical exams.
- Feedback from some Black, Asian and Minority Ethnic RCPsych members, as well as female and LGBTQ+ members, is that the RCPsych has not always felt, to them, like an inclusive and welcoming institution.
- Patients and carers, as well as healthcare workers, and College members and staff, affected by inequalities, are likely to be harder hit if they possess more than one characteristic that can lead to under-representation or under-privilege, for instance being Black, Asian and Minority Ethnic, female, LGBTQ+

or disabled. This phenomenon, which is known as intersectionality, means that people can experience a multiplier effect as a result of the mix of their characteristics. As Professor Kimberlé Crenshaw, who developed the theory of intersectionality, says: "Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LGBTQ problem there. Many times that framework erases what happens to people who are subject to all of these things."

- While 6% of UK College members are Black, just 2% of those involved in College committees are Black.
- 47% of UK members are female, however only 43% of members involved in College committees are female.
- Just 12% of female members become Fellows of the College, compared to 26% of male members who become Fellows.
- Only 10% of Black members become Fellows of the College, compared with 24% of White members.
- In addition, the 2020 gender pay audit, among RCPsych staff, found that the median pay gap between men and women at the College was 13.9%.

On top of these factors, there has been a reported rise in other forms of discrimination – such as Islamophobia and Anti-Semitism – in UK society over recent years, which was an issue raised with us when we held our Equality Roundtable discussions in autumn 2020.

It is clear that inequalities and discrimination exist widely in society, and have an adverse impact on both patients and on staff colleagues.

We believe it is unacceptable not to address the challenge outlined by the stark statistics. Behind every statistic are people. We cannot uphold the College value of 'respect', as an organisation, unless we ensure equality and diversity is front and centre of all we do.

For this reason, we are publishing our Equality Action Plan and pledge to hold ourselves to account in effecting change.



Our President Dr Adrian James, who has made equality and diversity one of his priorities

## Our commitment to equality, diversity and inclusion

The RCPsych is a diverse organisation.

Since we were established in 1971, we have had four female Presidents, one Jewish President and a President who was South Asian and openly gay.

Among our 19,000 members, 45% of people are female, while 55% are male.

Fifty-three per cent of our members are White and 8% of our members are of an unknown ethnicity.

Thirty-nine per cent of our members are Black, Asian, and Minority Ethnic – with 27% of members being Asian, 6% Black, 2% mixed heritage and 4% other.

Our first two Chief Executives were women and our third and current Chief Executive is a black man.

Our employee team is just over 200 strong.

Among them, 73% are female and 27% are male.

Twenty per cent of our employees are Black, Asian and Minority Ethnic.

Having embedded our College values of Courage, Innovation, Respect, Collaboration, Learning and Excellence – which promote respect for diversity – we are committed to promoting equality and equitable outcomes, and remain opposed to all forms of discrimination.

We will deliver equality for all our staff; and equality of opportunity for our members – ensuring that all doctors and students, of all backgrounds, are encouraged and supported to become members. We will also promote equality of access, experience and outcomes for mental health patients and carers.

Within the devolved nations, there are regulations and legislation in place that are unique and specific to individual nations. This differs across Scotland, Northern Ireland and Wales, but may involve provisions around language, religion, or other protected characteristics, dependent upon the individual nation. The College's adherence to these regulations and legislation can be found on the respective devolved nation pages on the RCPsych website, or through clarification with our respective RCPsych devolved nation offices.

## Our 2021-23 Equality Action Plan

During 2021-23, we will promote equality and equitable outcomes, and remain opposed to all forms of discrimination. We will deliver equality for all our staff; and equality of opportunity for our members – ensuring that all doctors and students, of all backgrounds, are encouraged and supported to become members. We will also promote equality of access, experience and outcomes for mental health patients and carers.

We will achieve this by doing the following:

### Enhancing equality for College members and College staff

- Agreeing organisational competencies for the RCPsych to support delivery of more equitable outcomes for College staff and members. *(YEAR TWO)*
- Ensuring annual consultations are carried out to understand the needs of members of all characteristics and backgrounds – including International Medical Graduates (IMG) and psychiatrists who have come to the UK from EU nations – and the needs of staff. *(YEAR ONE)*
- Utilising Equality Impact Assessments at the College, to inform key decisions, where appropriate. *(YEAR TWO)*
- Increasing resource in HR to allow the team to effectively carry out Equality Impact Assessments. *(YEAR TWO)*
- Ensuring that a designated member of the Trustee Board is responsible and accountable for the delivery of the College Equality Action Plan. *(YEAR ONE)*
- Seeking to change the College byelaws and regulations to make the President, Honorary Officers and Chief Executive responsible, and accountable to the Board of Trustees, for the College proactively promoting equality and diversity. *(YEAR THREE)*
- Providing training around equality and unconscious bias, including how unconscious bias influences decision-making, to Board members, officers, members in senior leadership positions and College staff. *(YEAR THREE)*
- Seeking to secure the external funding to create a fellowship scheme for medical students and foundation doctors from disadvantaged backgrounds. *(YEAR TWO)*
- Reviewing the College's office spaces, conference venues, frameworks which govern College publications and practice guidelines to ensure diversity is reflected in every way and accessibility is improved. *(YEAR ONE)*
- Collating demographic data, including data on protected characteristics of members and College staff, and reviewing at SMT and Board level to identify areas of inequality and appropriate actions to remedy these. *(YEAR ONE)*
- Publishing demographic data via the College website on protected characteristics and backgrounds of members – including IMG status and EU background – and of College staff. *(YEAR ONE)*
- Publishing an updated RCPsych equal opportunities policy. *(YEAR ONE)*
- Ensuring that equality issues are considered as part of the periodic review of HR policies, in consultation with College staff representing a broad range of people with protected characteristics. *(YEAR ONE)*
- Sharing resources on good practice for promoting equality on the College website. *(YEAR ONE)*
- Developing a mentoring programme for College staff including reverse mentoring. *(YEAR TWO)*
- Supporting young people from disadvantaged backgrounds by introducing a school work-placement scheme and considering implementing a paid student internship programme. We will consider how this could contribute to increased diversity in the College workforce and promote interest in psychiatry as a career. *(YEAR TWO)*
- Joining Stonewall's Workplace Equality Index programme, and working with other external organisations to promote understanding of mental health needs of LGBTQ+ people and promote initiatives to improve equality. *(YEAR ONE)*
- Ensuring the Race and Equality Manager leads on joint working between all areas of the College including working closely with the Transcultural SIG, the Rainbow SIG and the Women and Mental Health SIG, Presidential Leads for Race Equality, and the responsible Trustee, to promote equality across the College membership. *(YEAR ONE)*

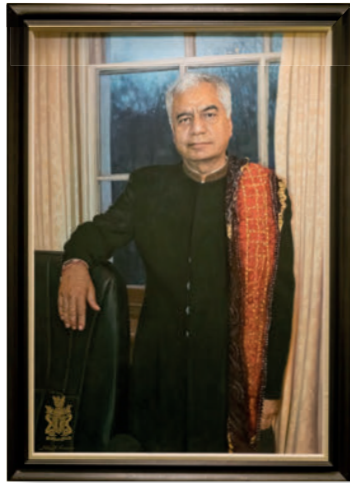
## Enhancing equality in training

- Reviewing the core and higher training curricula to ensure they adequately reflect the knowledge and skills required to deliver clinical care that is equitable for all, including understanding the impact of structural inequalities and power differentials within mental health. *(YEAR THREE)*
- Pilot and evaluate training, support and engagement activities to inform further initiatives to tackle differential attainment. *(YEAR TWO)*

## Enhancing equality for healthcare staff and patients in mental health services

- Promoting equality for all psychiatrists in their places of work, by assessing data on the experience and outcomes of different groups of doctors – for instance SAS doctors – in career progression, appointments, leadership roles and referrals to regulators, and by engaging with members to understand their experiences, and developing guidance to support employers to stamp out discrimination. *(YEAR THREE)*
- Campaigning to persuade other healthcare provider organisations to ensure that training around equality, equity, the impact of unconscious bias on decision making, structural inequalities, and power differentials in mental health are mandated for all mental health staff. *(YEAR THREE)*
- Actively contributing to and supporting the work of the NHS Race and Health Observatory, and supporting the work of other organisations that campaign for equality in healthcare in the devolved nations. *(YEAR ONE)*

- Setting up a Quality Improvement (QI) Collaborative to promote the implementation of the Advancing Mental Health Equality (AMHE) resource methodology, across mental health services in England and consider equivalent actions for all the devolved nations. *(YEAR ONE)*
- Championing and supporting the implementation of NHS England and Improvement's Patient and Carer Race Equality Framework (PCREF) and equivalent initiatives across the devolved nations. *(YEAR ONE)*
- Reviewing CCQI's Core Standards for mental health services to ensure that they promote equitable access, experience and outcomes for patients and carers, and are delivered across the UK. *(YEAR ONE)*
- Supporting the regulatory bodies for mental health services, such as CQC for England and equivalent bodies for devolved nations, to ensure routine inspections include measures of equality and equitable outcomes. *(YEAR TWO)*
- Lobbying the DHSC to ensure recommendations related to reducing racial disparity in the Mental Health Act review are fully reflected in the Mental Health Act Whitepaper, and the subsequent legislation and implementation plans. Engage with and support equivalent actions for Mental Health Act legislation in devolved nations. *(YEAR TWO)*
- Supporting and encouraging all health bodies and providers to make better use of mental health service datasets including the number of detentions, the frequency of detentions, the length of stay, age, sex, ethnicity, and other protected characteristics to underpin equitable outcomes in service delivery. *(YEAR THREE)*



Professor Dinesh Bhugra



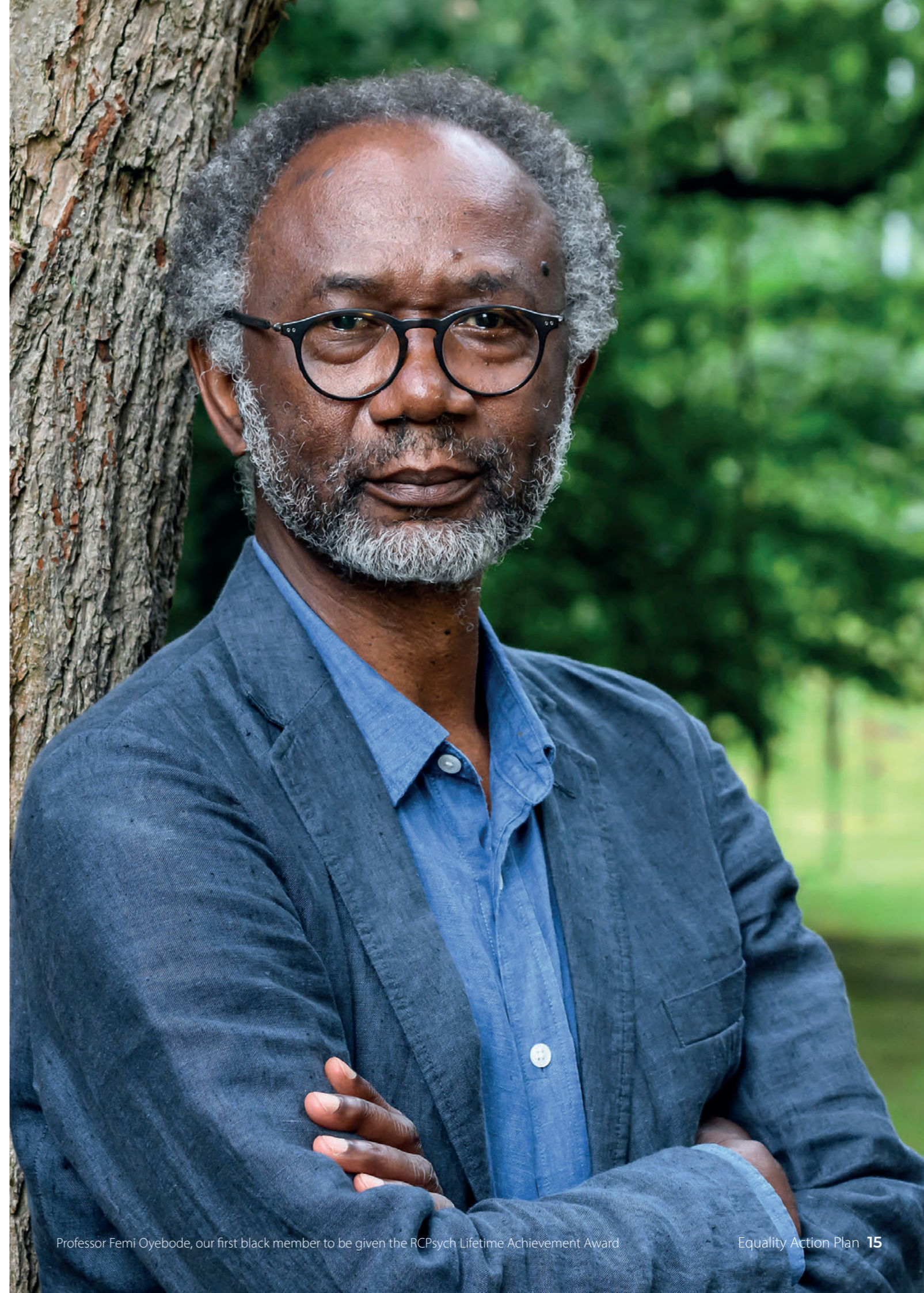
Dame Fiona Caldicott



Baroness Sheila Hollins

## Some highlights of our journey towards equality, diversity and inclusion

- **1971:** The RCPsych is established, with Professor Martin Roth, a Jewish psychiatrist, taking up the role of its first ever President
- **1971:** Natalie Cobbing is the College's first ever Secretary/Chief Executive.
- **1984:** Vanessa Cameron becomes the second female Secretary/Chief Executive of the Royal College of Psychiatrists
- **1988:** Dr Ann Gath becomes our first female Registrar
- **1992:** The College's Transcultural Special Interest Group (SIG) is established
- **1993:** Dame Fiona Caldicott becomes our first female President, having served as Dean between 1988-91
- **1995:** Dr Pearl Hettiaratchy becomes the first South Asian Honorary Officer of the College, when she takes up office as Vice-President
- **1995:** College publishes the report of the *Working Party to review psychiatric practice and training in a multi-ethnic society*
- **1995:** The College's Women and Mental Health Special Interest Group (then known as the Women in Psychiatry SIG) is established
- **1999:** Dr Fiona Subotsky becomes our first and only female Treasurer
- **2000:** College publishes the *Race Equality Scheme*



Professor Femi Oyeboode, our first black member to be given the RCPsych Lifetime Achievement Award



- **2001:** The College's Rainbow Special Interest Group (then known as the Gay and Lesbian Mental Health SIG) is established
- **2002:** College publishes the *Race Equality Statement of Intent*
- **2005:** Baroness Sheila Hollins becomes our second female President, having served as Vice-President between 2002-3
- **2008:** Professor Dinesh Bhugra takes up the role of RCPsych President, and becomes one of the first South Asian and openly gay presidents of any medical royal college, having served as Dean between 2003-8
- **2008:** Dame Denise Coia becomes our third female Vice-President
- **2011:** Professor Dame Sue Bailey becomes our third female President, having served as Registrar between 2005-9
- **2016:** Dr Kate Lovett becomes the third female Dean
- **2016:** We appoint Paul Rees as our new Chief Executive, making him the first black CEO of any medical royal college
- **2016:** Professor Femi Oyeboode is the first black member of the College to be presented with the RCPsych Lifetime Achievement Award
- **2017:** Professor Wendy Burn becomes our fourth female President, having served as Dean between 2011-16
- **2018:** The RCPsych becomes the first medical royal college to issue a position statement about the need to combat institutional and structural racism and acknowledge the fact that racism can lead to mental ill health when it publishes *Racism and mental health*
- **2018:** Publication of the College Position paper *Supporting transgender and gender-diverse people*
- **2018:** Publication of the College paper *Suffering in silence: age inequality in older people's mental health care*
- **2018:** The College launches its values of Courage, Innovation, Respect, Collaboration, Learning and Excellence, which – among other things – promote diversity and inclusion
- **2018:** The College introduces its Speaker Diversity Policy, which requires all College committees to strive for diversity among speakers at their events.

- **2018:** The College rolls out a zero-tolerance approach towards bullying among its staff
- **2018:** The Sexuality, Gender Equality and Inclusion Forum is set up for College staff
- **2019:** The College celebrates Pride and Black History Month for the first time
- **2019:** The African and Caribbean Forum is set up for College staff
- **2019:** The College publishes the guidance document called *Advancing Mental Health Equalities (AMHE)*
- **2019:** In his election campaign to become the next RCPsych President, Dr Adrian James announces that equality and diversity will be one of his four priorities
- **2019:** The College wins the award for the Charity of the Year in the European Diversity Awards
- **2020:** The College celebrates International Women's Day and South Asian History Month for the first time
- **2020:** The College publishes its *Gender Equality Action Plan*
- **2020:** The College publishes *Impact of COVID-19 on Black, Asian & Minority Ethnic staff in mental health settings*
- **2020:** The College publishes *Ending racial inequalities exposed by the COVID-19 pandemic for mental health staff; Recommendations from Task and Finish group for RCPsych 2020*
- **2020:** Dr Trudi Seneviratne becomes the third College Honorary Officer of Black, Asian and Ethnic Minority background
- **2020:** The College becomes the first medical royal college to issue a statement condemning the killing of George Floyd by Minneapolis police and condemning all forms of racism
- **2020:** Our Chief Executive writes a blog for College members and staff about his personal experiences of racism
- **2020:** Dr Aggrey Burke, who is widely believed to have been the first UK black psychiatrist, is awarded the President's Medal by Professor Wendy Burn
- **2020:** President Dr Adrian James appoints Dr Shubulade Smith and Dr Rajesh Mohan as his Presidential Leads for Race Equality.



New College members at one of our ceremonies

## College members

Among our 19,000 members, 45% of people are female, while 55% are male.

Fifty-three per cent of our members are White and 8% of our members are of an unknown ethnicity.

Meanwhile, 39% of our members are Black, Asian, and Minority Ethnic – with 27% of members being Asian, 6% Black, 2% mixed heritage and 4% other.

We are a global and internationalist organisation, with 40% of members born overseas.

Among our UK membership, around 1,880 were born in India; approximately 600 were born in Pakistan; and about 500 were born in Nigeria. Many other UK members were born in other nations outside the UK.

Around 1,000 members are involved in College committees.

Just over 57% of those involved in our committees are male, while 42.7% of those involved in our committees are female.

Among those, 59% of committee members are White – this compares with the fact that 53% of our members are White, and 86% of the UK population is White.

Meanwhile, 31% of committee members are Asian – this compares with the fact that 26% of our UK members are Asian, and 8% of the UK population is Asian.

In addition, 2% of committee members are Black – this compares with the fact that 6% of our UK members are Black, and 3% of the UK population is Black.

The most senior form of membership at the College is Fellowship. While 26% of male members become Fellows, 12% of female members become Fellows.

Meanwhile, 22% of White members become Fellows; 13% of mixed heritage members become Fellows; 12% of Asian members become Fellows and 11% of Black members become Fellows.

Among our College committees, the Women and Mental Health Special Interest Group exists to represent issues of interest to female members.

The Rainbow Special Interest Group exists to represent LGBTQ+ issues.

And the Transcultural Special Interest Group exists to represent members with an interest in cultural issues.

In 2018, we introduced our Speaker Diversity Policy, which requires all College committees to strive for diversity among speakers at their events.



College staff overseeing our first ever digital exam, run in response to the pandemic

## College exam

Over the years there have been concerns raised about the fact that International Medical Graduates consistently achieve lower pass rates in our MRCPsych examination than UK graduates.

According to the General Medical Council (GMC) differential attainment is the gap between attainment levels of different groups of doctors. It occurs across many professions.

It exists in both undergraduate and postgraduate contexts, across exam pass rates, recruitment and Annual Review of Competence Progression outcomes and can be an indicator that training and medical education may not be fair.

Differentials that exist because of ability are expected and appropriate.

Differentials connected solely to age, gender or ethnicity of a particular group are unfair.

GMC standards require training pathways to be fair for everyone.

Under the public sector equality duty, the GMC and royal college must have 'due regard' to the need to:

- Eliminate unlawful discrimination
- Advance equality of opportunity, and
- Foster good relations.

Variation in attainment can be observed across groups when split by a number of protected characteristics, including age, gender and race. As there is no single agreed cause of these variations this can make it difficult to identify a single factor or specific area that should be targeted with an intervention.

The College monitors differential attainment after each MRCPsych examination.

The College Psychometrician presents statistical analysis of examination performance by candidate groups to the Examinations Sub Committee for their consideration.

Exam question items are meticulously reviewed and discussed for fairness, reliability and validity. It is regular practice to scrutinise question items and CASC station performance.

Performance of examination items are evaluated by demographic group, to include but not limited to UK primary medical qualification candidates and International Medical Graduate candidates, to monitor fairness.

The Examinations Unit submit examination outcomes, of all GMC registered doctors taking the MRCPsych exams, to the GMC. The Progression Reports for postgraduate Specialty Examinations are made publicly available.

The College commissioned an external review of Fairness in the MRCPsych Examination in 2015 and did not find bias in terms of the exam's content or delivery.

However, since then, we have taken expert advice and made several changes to the exam so that candidates continue to be protected against any bias, conscious or unconscious, on the part of the exam structure or examiner.

- We have a meticulous CASC Examiner recruitment process, which involves training and an assessment. Appointment into the post of an examiner is dependent upon passing of the assessment. Following this, all new examiners are required to shadow an experienced examiner before assessing candidates.
- We analyse and review each examiners performance after each CASC examination. Examiners are also provided with feedback on their performance in the examination.
- We provide compulsory Equality and Diversity training with a focus on unconscious bias, and Examiner Refresher training every two years for all examiners who assess in the CASC.
- We ensure there is diversity amongst our examiners, our exam panels and our simulated patients. We monitor protected characteristics and have engaged in several recruitment initiatives to ensure that the composition of the CASC Examiner body and simulated patients are reflective of the diversity in candidature.

- We use experienced and professional role players.
- We have reduced the use of local dialects in the CASC scenarios and ensure that there is diversity in our CASC scenarios.
- We have made questions in the theory papers and the CASC easier to read, for example by simplifying the language and grammatical constructions used.
- We have increased reading time in the CASC and reduced the number of questions in both theory papers from 200 to 150, so there is more time to answer each question.

In addition, we have delivered:

- Training the trainer sessions around having difficult conversations with trainees around cultural experiences, differences and progression.
- A GMC module around induction into the UK.
- Ongoing discussions with the GMC, deaneries and Health Education England around issues and potential interventions to tackle differential attainment.
- Raising the profile of the issues facing IMGs and the causes of differential attainment throughout educational networks and College committees.
- Masterclasses for borderline IMG candidates.
- CASC diets in which stations used are regularly quality assured to ensure that any possibility for a potential bias is addressed.
- Contributions to discussions around the development/review of curricula through an IMG lens.

We are currently working to provide support for other cohorts, in particular Black, Asian and Minority Ethnic trainees holding a UK primary medical qualification.



We have a diverse workforce

## College employees

Our employee team is just over 200 strong.

Among them, 73% are female and 27% are male.

Twenty per cent of our employees are Black, Asian and Minority Ethnic.

On our Senior Management Team, there are five male employees, and three female employees. Six of our SMT are white and two are Black, Asian and Minority Ethnic employees.

The College is an equal opportunities employer and acts in line with, and beyond, its legal obligations as set out in the Equality Act 2010.

The law explicitly prohibits any form of discrimination based on any of the nine protected characteristics.

The College also puts its values of Courage, Innovation, Respect, Collaboration, Learning and Excellence at the heart of all its key decisions.

In line with its values, it has introduced a zero-tolerance approach towards the bullying of any members of its employees.

It has also approved the setting up of a staff-side Sexuality, Gender Equality and Inclusion Forum and an African and Caribbean Forum. These two groups are run in parallel with the Staff Representative Committee.

In line with its values, the RCPsych is the only medical royal college to have carried out gender pay reviews in 2019 and 2020.

While at least 50% of employers decided not to carry out gender pay audits in 2020, following the Government's decision that it would be discretionary to carry out pay reviews, due to COVID-19, the College decided that carrying out a gender pay review was crucial if it was to uphold its values.

The RCPsych 2020 gender pay review revealed that while 73% of the College workforce are women:

- 60% of people in the upper pay quartile are women
- 79% of people in the upper middle pay quartile are women
- 76% of people in the lower middle pay quartile are women and
- 76% of people in the lower pay quartile are women.

It also showed that 84% of people who have been promoted at the RCPsych over the last three years are women.

The gender pay audit also showed that the median pay gap between men and women at RCPsych was 13.9%, compared to the national average median pay gap in 2019 of 17.3%.

In 2019, the College median pay gap was 17%.

The gender pay review also showed that the mean pay gap at the RCPsych was 16.35%, down from 19% in 2019.

Following the completion of our 2020 gender pay review, we published a gender equality action plan for College staff.

Through this, we committed to:

- Adhering to equal opportunities best practice in recruitment – based on a competency (for all staff) and values-based (for pay band 4 and above) approach – ensuring that all appointments and internal promotions are made solely on the basis of merit.
- Following an open and transparent approach regarding pay, with clear staff pay bands, a job evaluation process, regular benchmarking with similar employers, and pay awards that are made following a clear and transparent process.
- Enhancing support delivered around career development, with the aim of assisting all individuals to achieve their potential – regardless of gender, ethnicity and other demographic variables.
- Offering a competitive total staff benefits package, including a comprehensive flexi-scheme, and flexible working opportunities available to all employees.
- Ensuring a competitive rate of maternity pay.
- Extending maternity pay to cover adoptive parents.
- Providing mandatory training in equality and diversity, including in unconscious bias, for all managers and staff.
- Ensuring the College has a designated SMT Equality, Diversity and Inclusion Lead.
- Supporting the work of the internal staff-facing Sexuality, Gender Equality and Inclusion Forum.
- Ensuring equality and diversity is a regular item on SMT and Heads Group meeting agendas.
- Monitoring the perception of staff – through our staff survey – of our effectiveness as a good employer, when it comes to promoting equality, diversity, and inclusion in the workplace.
- Continuing to show a sense of urgency on the issue of equality and diversity (for instance, by carrying out a gender pay audit and reviewing the gender equality plan, annually) and by guaranteeing that we will not become complacent.
- Continually reviewing our performance so as to ensure that we are a truly inclusive employer with equal opportunities for all.
- Analysing the reasons why we have a gender pay gap at the College, on an annual basis.
- Taking a zero-tolerance approach towards bullying.
- Aspiring to ensure that all recruitment panels are diverse, with no single gender panels where possible.
- Monitoring promotions made within the College on an annual basis, to assess the level of equality of opportunity.
- Underpinning the College's commitment to equality of opportunity, through up-to-date HR policies that align with equal opportunities best practice.



Simon Rose (right) is one of our patient representatives

## College patient and carer representatives

The RCPsych works with more than 100 patient and carer representatives.

We engage with patients and carers to ensure that its policy, quality, standards and accreditation work takes on the patient and carer perspective.

As a result, patient and carer representatives sit on College committees, speak at events, and attend visits by different parts of the College to mental health services.

In 2019, the College launched a new model for the way it engages with patient and carer representatives called *Working Together*, which promotes the concept of co-production – through which patients and carers are treated as equal partners.

Under the *Working Together* model, 137 patient and carer representatives are employed by the College as workers.

Of these, 69.34% are female, 29.20% are male and 1.46% have not disclosed a gender.

In terms of the ethnicity of our patient and carer representatives, 65.7% are White; 3.65% are Asian, 4.38% are Black, and 2.92 are mixed heritage. The other 23.35% have not disclosed their ethnicity.

Under the new *Working Together* model, the College gives patient and carer representatives proper inductions, training and support – and regularly reviews how its work with patient and carer representatives is progressing.

It also employs patient and carer representatives as workers, and has increased the basic day rate by 40%.

## Inequalities for staff in mental health services

The fact that staff with various characteristics and backgrounds, suffer from discrimination within healthcare provider organisations has been highlighted by various reports.

For instance, Stonewall research published in 2012, showed that a significant proportion of LGBTQ+ NHS staff experience discrimination because of their sexual orientation. According to the Stonewall research, LGBTQ+ staff in the NHS often experience hostility and discrimination at work, which makes it harder for them to perform well in their jobs. As a result, many hide who they are from their colleagues for fear of being bullied or not getting promoted.

In its report, *Sexual Orientation: a guide for the NHS*, Stonewall said that many lesbian, gay and bisexual NHS employees are bullied and harassed by their colleagues or managers, simply for being gay. Stonewall said that LGBTQ+ staff can find themselves on the receiving end of 'jokes' and 'banter', as well as being excluded from team activities or being outed to colleagues.

Female healthcare staff also often suffer from discrimination in the NHS, with the British Medical Association (BMA) saying that women doctors can be overlooked and underpaid, patronised and judged on their appearance. The first Medical Women's Federation and BMA joint conference, in December 2019, heard that gender inequalities are still prevalent across many parts of medicine.

Many female doctors also suffer from inequalities as a result of their decision to work within the NHS less than full-time.

According to an estimate by the College, 27% of consultants and Specialty and Associate Specialist (SAS) doctors working in psychiatry, in 2019, worked less than full-time, with 17% of the consultant and SAS psychiatric workforce being women who work less than full time and 10% of the consultant and SAS psychiatric workforce being men who work less than full-time.

There are many reasons why some doctors choose to work less than full-time. One reason is to look after children. Another reason is to care for an ill or disabled partner, relative or other dependent. Alternatively, a doctor may simply want to ensure a good work-life balance.

Although working less than full-time has many benefits, it can also be a challenge. Recent research carried out by the Medical Women's Federation has shown that those working less than full-time feel they are often taken less seriously than their full-time colleagues and it is often difficult to attend training and to demonstrate commitment through working longer hours.

The less favourable treatment suffered by many women can also be seen in academia, with the discrimination seen across the sector being highlighted in a report entitled *Implicit bias in academia: A challenge to the meritocratic principle and to women's careers – And what to do about it*, published in 2018.

This paper says it is well known, and amply documented, that in Europe and elsewhere, a significantly larger number of women than men do not reach the higher echelons and leadership positions in academia when compared to the number of entrants into the profession. Reviewing available evidence, the paper shows how implicit bias plays a role in processes where important career impacting decisions are made – in academic recruitment, retention and advancement, as well as in the allocation of research funding.

Healthcare staff with disabilities also face discrimination. The *NHS Disability Equality Standard Annual Report 2019* said: "The evidence... makes clear, too often our disabled staff face inequality in the workplace across a range of key areas when compared to non-disabled staff." It goes on to say: "Research commissioned by the Kings Fund highlighted that the level of reported discrimination for disabled people working in the NHS is higher than for any other protected characteristic group."

The report also says that disabled staff are more likely to experience harassment, bullying and abuse; disabled staff are 7.4% less likely to believe that their trust provides equal opportunities for career progression or promotion, compared to non-disabled staff; and disabled staff are 10.7% less likely to say that they feel their organisation values their work when compared to non-disabled staff.

Doctors in specialty and associate specialist (SAS) roles, who are a very diverse group, are particularly exposed to poor treatment across the NHS.

GMC research published in early 2020 showed that many SAS doctors and those employed in 'locally employed' (LE) roles – doctors who have completed their foundation training, plan to return to formal training, and have a range of contracts and job titles – experience rudeness, incivility, belittling, and humiliation in the workplace.



Almost a third of SAS doctors and nearly a quarter of LE doctors told the GMC that they had been bullied, undermined, or harassed at work in the past year, either by colleagues or by patients and their families.

Race was the most commonly cited factor in responses where bullying related to protected characteristics (as defined by the Equality Act 2010) was reported.

The GMC said, "Doctors in SAS and LE roles are a hugely diverse group, and for many it is a positive career choice. It is unacceptable that they, or anyone, should have to experience this type of behaviour. That many of these doctors, who are so crucial to UK healthcare, are being treated this way is shocking. It must change."

The issue of inequalities among healthcare staff came to the fore again, as a result of the COVID-19 pandemic, when it became clear that a disproportionate number of Black, Asian and Minority Ethnic healthcare staff died during the first wave in spring 2020.

During that wave, around two thirds of UK healthcare staff who died were from a Black, Asian and Minority Ethnic background – despite the fact they make up just 20% of the overall workforce.

In response to this shocking issue, the College set up a Task and Finish Group to make recommendations as to how to safeguard Black, Asian and Minority Ethnic staff in mental health services.

The group found the shocking death rate was driven at least in part by discrimination – with the disproportionately high death rates in Black, Asian and Minority Ethnic staff only partially being explained by age, gender, socio-demographic features and underlying health conditions.

The group said that attention needs to be given to the potential contribution of other known inequalities, including racism experienced by health workers of Black, Asian and Minority Ethnic origin; adding that the full extent of disadvantage needs to be better researched and understood.

The group reported that the disproportionate death rate among healthcare workers is also reflected in the general population in the UK where it has been found that after taking into account age, measures of self-reported health and disability, and other socio-demographic characteristics, Black, Asian and Minority Ethnic people were still up to twice as likely as White people to die a COVID-19-related death.

The group said the Public Health England review on disparities in the risk and outcomes of COVID-19 found that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had about twice the risk

of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, other Asian, Caribbean and other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.

The group found there are strong signals that existing inequalities and inequities experienced by Black, Asian and Minority Ethnic healthcare staff are being amplified by the crisis.

Citing already existing research, the group said that Black, Asian and Minority Ethnic healthcare staff in the NHS are:

- More likely to report personal experience of discrimination
- Less likely to raise concerns
- Less likely to report unacceptable, discriminatory behaviours.
- Less likely to request redeployment
- More likely to experience formal disciplinary processes
- More likely to fear being reported or warned for raising concerns
- More likely to experience bullying and harassment from staff
- Less likely to call out inappropriate practice
- More likely to experience bullying and harassment from patients and relatives
- Less likely to feel understood or taken seriously
- More likely to suffer from reduced pay progression and promotion
- Likely to have fewer opportunities for non-mandatory training
- Likely to have a reduced perception of opportunities for career progression
- Less likely to receive constructive feedback
- Likely to receive inadequate induction and support
- Likely to suffer from a reduced exposure to learning experiences, senior mentors or resource

- Likely to suffer from increased anxiety, stress, isolation, less confidence to ask questions, call out unacceptable behaviours, express opinions
- Less likely to be engaged, having a limited voice in the organisation, reduced input into safe rotas, redeployment, working from home
- More likely to accept what is offered, for instance risky placements, unsafe rotas, lack of remote working equipment or opportunities, and
- More likely to suffer from bias and stereotyping.

The Task and Finish Group published two College reports, in 2020: *Impact of Covid-19 on Black, Asian & Minority Ethnic staff in mental health settings and Ending racial inequalities exposed by the COVID19 pandemic for mental health staff; Recommendations from Task and Finish group for RCPsych 2020.*

According to an RCPsych member survey carried out in 2020, 58.4% of Black, Asian and Minority Ethnic psychiatrists said they had experienced 'overt or covert racism' at the workplace.

In order to improve outcomes for Black, Asian and Minority Ethnic staff working within the NHS, in 2015 NHS England introduced the Workforce Race Equality Standard (WRES).

NHS England says the purpose of the WRES is: "To hold a mirror up to the NHS and spur action to close gaps in workplace inequalities between our black and minority ethnic (BME) and white staff."

The latest WRES data, from 2019, published in 2020, shows some improvements but also the continuation of challenges.

- In 2019, 19.7% of staff working for NHS trusts and clinical commissioning groups (CCGs) in England were from a Black, Asian and Minority Ethnic background; a figure that has been increasing over time.
- The total number of Black, Asian and Minority Ethnic staff at very senior manager pay band had increased by 21, from 122 in 2018 to 143 in 2019, up by 30% since 2016.
- There was a growing number of Black, Asian and Minority Ethnic people on NHS trust boards with 8.4% of board members being from a Black, Asian and Minority Ethnic background; an improvement from 7.4% in 2018 and 7.0% in 2017.

- White applicants were 1.46 times more likely to be appointed from shortlisting compared to Black, Asian and Minority Ethnic applicants; a similar figure to that reported in 2018, and an improvement on the 1.60 times gap in 2017 and 2016.
- Whereas 15.3% of Black, Asian and Minority Ethnic staff personally experienced discrimination at work from a manager or team leader or other colleagues, this figure fell to just 6.4% for White staff.

There is a concern among many doctors from underrepresented groups that the Clinical Excellence Awards, in England and Wales, which recognise and reward those clinicians who perform at the highest level, with national impact, may not be awarded on a consistently fair basis.

The Advisory Committee on Clinical Excellence Awards (ACCEA) – which oversees the awards – produced a study in 2018, which analysed how diverse the 2017 awards were.

The paper showed that, in 2017, 259 awards were given to men while only 59 were given to women.

However, the study went on to say that when female consultants do apply, their percentage success rate is 'broadly' comparable to the success rates of their male colleagues. In 2017, 30.3% of male applicants received new awards, compared to 26.8% of female applicants.

ACCEA said that the key challenge was the number of women applying. It said: "This is a long-standing issue and despite much formal encouragement through the royal colleges and the Medical Women's Federation, applications from female consultants still lag behind those of their male colleagues."

ACCEA added that in terms of ethnicity, consultants from Black, Asian and Minority Ethnic backgrounds applying for new awards received 20.1% of the awards, whilst they represented 22.6% of the applications. It went on to say that: "Although there is some variation by different award level, the overall success rates are consistent with application levels."

ACCEA said while it believed its marking systems are free from bias, there is no room for complacency on the issue of diversity.

We believe it is fundamentally important that ACCEA and each medical royal college do all they can to encourage a diverse group of doctors in each specialty to apply for Clinical Excellence Awards every year.

## Inequalities for patients in mental health services

In 2018, the RCPsych published a position statement about racism and its impact on health.

More recently, the disproportionate impact of Covid-19 on people from ethnic minority groups and the appalling death of George Floyd have highlighted the injustice and inequity that exists in society.

Apart from racial inequalities, it is well known that women experience inequality in most areas of life; disabled people, particularly those with intellectual disability are discriminated against and this impacts their life expectancy, LGBTQ+ individuals have higher risk of suicidality yet experience discrimination when accessing healthcare.

- People from ethnic minority groups are at increased risk of involuntary psychiatric detention.
- People of Black Caribbean and Black African heritage are all significantly more likely to be compulsorily admitted than White ethnic groups. Those from Black Caribbean backgrounds were also significantly more likely to be readmitted.
- South Asian and East Asian people are also significantly more likely to be compulsorily admitted than people from White British backgrounds.
- Migrants from all backgrounds are also significantly more likely to be compulsorily admitted.
- There is a growing body of research to suggest that those exposed to racism may be more likely to experience mental health problems such as psychosis and depression.
- Young African-Caribbean men are more likely to access mental healthcare in crisis and to be admitted via criminal justice routes.

- Adults from South Asia are least likely to be referred to specialist services, despite being frequent consulters of primary care. Research suggests this may be related to a lack of culturally appropriate services.
- Recovery rates following psychological therapies are higher among White British people compared to people of all other ethnicities.
- People who are transgender can experience very specific stigma when it comes to accessing mental health care and support and nearly half of trans people under the age of 26 report that they have attempted suicide.
- Among LGBTQ+ young people, 7 out of 10 girls and 6 out of 10 boys described having suicidal thoughts. They were around three times more likely than others to have made a suicide attempt at some point in their life.
- Bisexual people are consistently reported to suffer poorer mental health than people with any other sexual orientation.
- About 40% of adults with a learning disability also have a mental health problem, more than double that of the general population.
- People with learning disabilities have multiple health challenges which are inadequately addressed and have significant premature mortality as a result.

Mental illness may result in disability and severe forms of mental illness can lead to a reduction in a person's life span by as much as 20 years.

It is now clear that experience of discrimination and inequality can increase the risk of developing mental illness.

People who are subject to inequality go through life with higher levels of stress and mental distress, which places them at higher risk of attempted suicide and self-harm.

Psychiatry as a profession has a responsibility and a role to alleviate this distress and harm.

## The role of an equity-led approach in mental health services

As a result of the discussions at the Equality Taskforce and Roundtable meetings, we came to the conclusion that, due to the inherent power imbalance between providers and patients, it is vital that mental health services adopt an equity-informed approach if they are to advance more equitable outcomes.

Within mental health services, the root causes of health inequity are usually not understood or addressed through routine health inequality assessments – meaning there is minimal change.

Cultural safety is about acknowledging the barriers to clinical effectiveness arising from the inherent power imbalance between provider and patient. An equity-informed assessment takes systemic causes of inequality and the power differential into account.

Equity-informed assessments go beyond the usual equality impact assessments because:

- They require discussion between providers and patients, so that there is good understanding of the needs of different groups of individuals.
- They involve meaningful mapping of the needs of those with protected characteristics within the patient population being served.
- They require competencies and actions aimed at achieving equitable outcomes for patients, regardless of their protected characteristics.
- They require delineation/description of competencies and clear actions for the support that needs to be provided to achieve equitable outcomes.
- They require timescales for implementing the action.

- They require targets to confirm that the actions instituted are achieving the desired outcome, and
- They require review (at least annually) and oversight to ensure that the targets are being met.

An equity-led approach can help drive mental health system changes to fulfil the recommendations from the past 25 years.

This approach we are suggesting chimes with that of the Institute for Healthcare Improvement (IHI) which has described and tested a framework for pursuing equity in healthcare, described in the Framework for Improving Health Equality.

In their work, they describe five components:

- Making health equity a strategic priority
- Building infrastructure to support health equity
- Addressing the multiple determinants of health
- Eliminating racism and other forms of oppression, and
- Partnering with the community.



Provider organisations should be encouraged to adopt competency frameworks to deliver equitable outcomes in patient care

## Competency frameworks to improve patient care in mental health services

As a result of the discussions held at the Taskforce and Roundtable meetings, we came to the conclusion that provider organisations should be encouraged to adopt competency frameworks in order to deliver more equitable outcomes in patient care.

Examples of this approach can be found in the NHS England/Improvement Advancing Mental Health Equality (AHME) resource and the Patient and Carer Race Equality Framework (PCREF) recommended by the Independent Mental Health Act Review.

Both of these frameworks support organisational transformation within mental health services based on the co-production model, with decisions being co-designed by those with protected characteristics from the outset – prior to decisions being made about processes, policies, services and the way they are delivered.

We believe that these approaches should be tailored to meet the needs of services in the devolved nations.

In practice, the steps in a competency-based framework for mental health services include:

- Engaging key stakeholders in mental health services in a way that suits them.
- Identifying the issues highlighted by those with protected characteristics.
- Understanding the barriers that interfere with appropriate progression and achievement for those individuals with potential.
- Using data, existing resources and non-traditional sources such as information from focus groups, case reports or exit interviews to support an evidence-based identification of inequality and inequity.
- Identifying where gaps exist in data, knowledge, available supports for delivering equity.
- Determining the desired outcomes based on consultation with stakeholders.
- Together with relevant stakeholder groups, establishing the key performance indicators and metrics to measure the desired outcomes (to include an overarching satisfaction measure).
- Developing organisational competencies to support mental health staff to embed sustainable and equitable systems (first 6-12 months) – for the different stakeholder groups through the engagement process, and
- Agreeing governance and accountability processes.

## Equality Taskforce process

The Race Equality Taskforce and Equality Taskforce were jointly chaired by President Dr Adrian James and Chief Executive Paul Rees. Over the course of the project, the two taskforces merged into one overarching taskforce.

Throughout the process, Adrian and Paul were supported by Presidential Leads for Race Equality Dr Shubulade Smith and Dr Rajesh Mohan, Race and Equality Manager Mie Oestergaard and Race and Equality Collaborative Manager Dominique Gardner.

The College appointed a patient representative, Michelle Joseph, and a carer representative, Mark Farmer to be part of the project team.

The College made a decision to focus on actions needed to achieve equality and more equitable outcomes and to utilise previous reports and recommendations to inform the development process. The Taskforce decided to focus on race, sex, disability and sexuality because these are key areas that have been associated with inequalities within mental health services. The Taskforce was particularly concerned about racial disparities in the mental health system and therefore two of the four Roundtables focused on race. All protected characteristics are included within the Equality Action Plan.

The College was seeking to develop an Equality Action Plan that covered (1) the College as an organisation, including staff, all types of members and trainees and (2) all mental health services, including patients and carers.

### Review of recommendations

A total of 29 previous reports published by the College and other organisations were fully assessed. The reports ranged from 1995 to 2020 in terms of publication year. Of these reports, 10 had been published by RCPsych and the remaining 19 were published by external agencies, all with specific relevance to mental health services. The recommendations from all 29 reports were collated into a spreadsheet.

Review of recommendations	Number
Total reports reviewed	29
RCPsych reports with recommendations	10
External reports relevant to RCPsych work	19
Total number of recommendations identified	229

The recommendations were reviewed and categorised into themes based on their impact areas. The categories of themes are described and listed as below.

Theme	Definition
Access	Improving equality of access to services and care, and equality of access to the NHS workforce
Experience	Improving experience of care and care pathways
Outcomes	Promoting parity in outcomes
Policy	Developing, changing, implementing and influencing policy
Training	Staff training, managerial training, curricula and education
Research	Research participation, design and conduct, promoting equity in research
Leadership	Accountability

### Roundtable meetings

The Equality Taskforce organised four Roundtable meetings to discuss and develop the Equality Action Plan.

Panellists were chosen from representative diverse groups from people with lived experience (patients and carers), members of the College, representatives from national charities and individuals with expertise on working to reduce inequalities and College staff.

All Roundtable meetings were held virtually via Zoom, and members and other stakeholders were able to watch proceedings live online.

Date	Roundtable topic	Chair	Number of Panellists	Number of Attendees
18/09/20	Race Equality at the College	Rajesh Mohan	17	88
24/09/20	Race Equality in Mental Health Services	Shubulade Smith	16	133
01/10/20	Equality and Equity at the College	Maire Cooney	18	77
07/10/20	Equality and Equity in Mental Health Services	Beena Rajkumar and Ruth Reed	19	90

## RCPsych Equality Taskforce members

<b>Senior Associate Director of NCCMH</b>	Tom Ayers
<b>Associate Dean for Trainee Support</b>	Dr Israel Adebekun
<b>Presidential Lead for International Affairs</b>	Prof Mohammed al-Uzri
<b>Chair, Rainbow Special Interest Group</b>	Dr Maire Cooney
<b>RCPsych in NI Representative</b>	Dr David Coyle
<b>Director of HR</b>	Marcia Cummings
<b>Chair, RCPsych Task and Finish Group for Impact of COVID-19 on BAME NHS Staff</b>	Dr Ananta Dave
<b>Carer Representative</b>	Mark Farmer
<b>Policy Engagement Manager</b>	Rosanna Flury
<b>Race and Equality Collaborative Manager</b>	Dominique Gardner
<b>Psychiatric Trainee Committee Representative</b>	Dr Kabir Garg
<b>RCPsych Historian in Residence</b>	Dr Claire Hilton
<b>President</b>	Dr Adrian James
<b>Patient Representative</b>	Michelle Joseph
<b>Chair, Transcultural Special Interest Group</b>	Dr Shahid Latif
<b>Dean</b>	Dr Kate Lovett
<b>Director of Finance and Operations</b>	Calum Mercer
<b>Presidential Lead for Race Equality</b>	Dr Rajesh Mohan
<b>Race and Equality Manager</b>	Mie Oestergaard
<b>Chair, Women and Mental Health Special Interest Group</b>	Dr Beena Rajkumar
<b>Chief Executive</b>	Paul Rees
<b>Chair, Women and Mental Health Special Interest Group</b>	Dr Ruth Reed
<b>Chair, African and Caribbean Staff Forum</b>	Diandra Roberts
<b>SAS Representative</b>	Dr Monique Schelhase
<b>Registrar</b>	Dr Trudi Seneviratne
<b>Presidential Lead for Race Equality</b>	Dr Shubulade Smith
<b>Chair, Sexuality, Gender Equality and Inclusion Staff Forum</b>	Clare Taylor

## Roundtable meeting panellists

### Race Equality at the College – 18/09/20

<b>Presidential Lead for Race Equality</b>	Dr Rajesh Mohan (Chair)
<b>Executive Committee Member, Transcultural SIG</b>	Dr Hasanen Al-Taiar
<b>Carer Representative</b>	Rachel Bannister
<b>Chair, RCPsych Task and Finish Group for Impact of COVID-19 on BAME NHS Staff</b>	Dr Ananta Dave
<b>Chief Executive, Health Education England</b>	Dr Navina Evans
<b>Race and Equality Collaborative Manager</b>	Dominique Gardner
<b>Psychiatric Trainee Committee Representative</b>	Dr Kabir Garg
<b>President</b>	Dr Adrian James
<b>Associate Registrar for Member Engagement</b>	Dr Santosh Mudholkar
<b>Deputy Chair, African and Caribbean Staff Forum</b>	Annie Muyang
<b>Race and Equality Manager</b>	Mie Oestergaard
<b>Associate Registrar for Policy Support</b>	Dr Tim Ojo
<b>Chief Executive</b>	Paul Rees
<b>Chair, African and Caribbean Staff Forum</b>	Diandra Roberts
<b>Patient Representative</b>	Simon Rose
<b>Presidential Lead for Race Equality</b>	Dr Shubulade Smith
<b>SAS Representative</b>	Dr Deepak Swamy

### Race Equality in mental health services – 24/09/20

<b>Presidential Lead for Race Equality</b>	Dr Shubulade Smith (Chair)
<b>Editor in Chief, British Journal of Psychiatry</b>	Prof Kam Bhui
<b>Medical Director, Change Grow Live</b>	Dr Prun Bijral
<b>Former Associate Dean for Trainee Support</b>	Dr Subodh Dave
<b>Independent Health and Social Care Consultant</b>	Dr Jacqui Dyer
<b>Carer Representative</b>	Mark Farmer
<b>Professional Lead for Mental Health, Royal College of Nursing</b>	Catherine Gamble
<b>Race and Equality Collaborative Manager</b>	Dominique Gardner
<b>President</b>	Dr Adrian James
<b>Patient Representative</b>	Michelle Joseph
<b>Presidential Lead for Race Equality</b>	Dr Rajesh Mohan
<b>NHS Race and Health Observatory Representative</b>	Dr Habib Naqvi
<b>Race and Equality Manager</b>	Mie Oestergaard
<b>Honorary Professor of Psychiatry and Consultant Psychiatrist</b>	Prof Femi Oyeboode
<b>Chief Executive</b>	Paul Rees
<b>Consultant Child and Adolescent Psychiatrist</b>	Dr Sami Timimi

## Roundtable meeting panellists

### Equality at the College – 01/10/20

<b>Chair, Rainbow Special Interest Group</b>	Dr Maire Cooney (Chair)
<b>Lead Researcher and Developer, NCCMH</b>	Laura-Louise Arundell
<b>Chair, General Adult Faculty</b>	Dr Billy Boland
<b>Carer Representative</b>	Mark Farmer
<b>Race and Equality Collaborative Manager</b>	Dominique Gardner
<b>Psychiatric Trainee Committee Representative</b>	Dr Kabir Garg
<b>Chair, Spirituality Special Interest Group</b>	Dr Alison Gray
<b>Chief Examiner</b>	Dr Ian Hall
<b>President</b>	Dr Adrian James
<b>Presidential Lead for Race Equality</b>	Dr Rajesh Mohan
<b>Race and Equality Manager</b>	Mie Oestergaard
<b>Chair, Women and Mental Health Special Interest Group</b>	Dr Beena Rajkumar
<b>SAS Representative</b>	Dr Nicoleta Read
<b>Chair, Women and Mental Health Special Interest Group</b>	Dr Ruth Reed
<b>Chief Executive</b>	Paul Rees
<b>Patient Representative</b>	Simon Rose
<b>Presidential Lead for Race Equality</b>	Dr Shubulade Smith
<b>Chair, Sexuality, Gender Equality and Inclusion Staff Forum</b>	Clare Taylor

## Roundtable meeting panellists

### Equality in mental health services – 07/10/20

<b>Chair, Women and Mental Health Special Interest Group</b>	Dr Beena Rajkumar (Co-Chair)
<b>Chair, Women and Mental Health Special Interest Group</b>	Dr Ruth Reed (Co-Chair)
<b>Author and Journalist</b>	Yasmin Alibhai-Brown
<b>Lead Researcher and Developer, NCCMH</b>	Laura-Louise Arundell
<b>Director, Foundation for People with Learning Disabilities</b>	Christine Burke
<b>Chair, Rainbow Special Interest Group</b>	Dr Maire Cooney
<b>Chair, RCPsych Task and Finish Group for Impact of COVID-19 on BAME NHS Staff</b>	Dr Ananta Dave
<b>Carer Representative</b>	Mark Farmer
<b>Race and Equality Collaborative Manager</b>	Dominique Gardner
<b>Chief Medical Officer, East London Foundation Trust</b>	Dr Paul Gilluley
<b>President</b>	Dr Adrian James
<b>Patient Representative</b>	Michelle Joseph
<b>Senior Associate, Equality and Human Rights Commission</b>	Claire Lesko
<b>Presidential Lead for Race Equality</b>	Dr Rajesh Mohan
<b>Race and Equality Manager</b>	Mie Oestergaard
<b>Chief Executive</b>	Paul Rees
<b>Presidential Lead for Race Equality</b>	Dr Shubulade Smith
<b>Head of Policy and Research, Stonewall</b>	Eloise Stonborough
<b>Head of Workplace, Stonewall</b>	Kate Williams





## Our values

- C**OURAGE
- I**NNOVATION
- R**ESPECT
- C**OLLABORATION
- L**EARNING
- E**XCELLENCE

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