



## REACH Equality, Diversity and Inclusion Report 2024

The London REACH (Research, Evaluation and Audit in Child Health) network has been set up as a junior-led research, audit, and service evaluation collaboration across London. We aim to facilitate research opportunities for trainees and clinical fellows working across the London region and to provide training in research through participation in multi-site projects.

The paediatric workforce is diverse and so are the children and young people we look after. By being representative of this diversity, we believe we are better able to address inequalities in child health. We are part of a much wider network of professional bodies who have a responsibility to tackle inequality in all its forms.

Success and innovation in research come from a diverse and supportive academic community that is inclusive of researchers from all backgrounds. Therefore, the REACH network is committed to designing and conducting its work based on principles of diversity, inclusion, collaboration, and equality of opportunities for all its members whether in the central committee or local teams (local leads, project leads and data collectors).

Our PEAR study (<https://www.reachnetworkldn.com/pear>) underscores that more work needs to be done to remove barriers to research opportunities for paediatric trainees in London and address challenges of access. We have realised that some of these challenges are experienced disproportionately by underrepresented groups, eg, female trainees, less than full time trainees and international medical graduates.

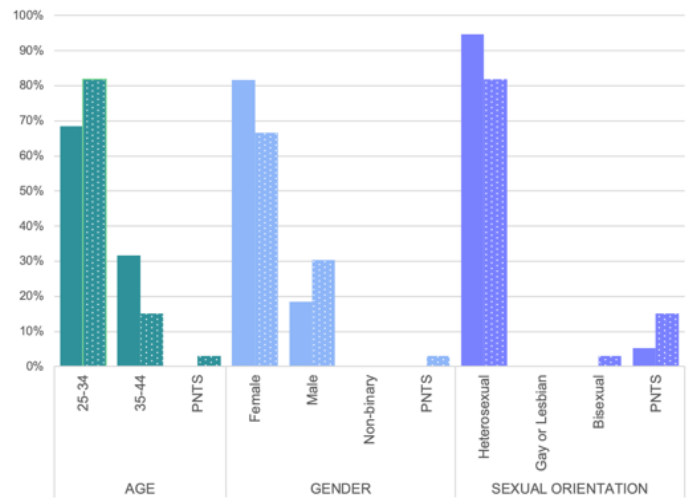
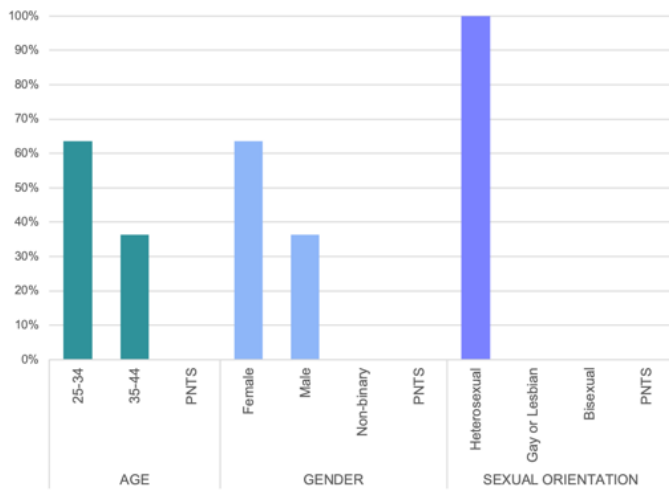
REACH has collected diversity monitoring data of its members, relating to six protected characteristics as defined by the Equality Act 2010: age, gender, disability, ethnicity, religion and sexual orientation. Additionally, we collected data on caring responsibilities, flexible working (full time vs less than full time), training pathway (run-through vs integrated academic training) and country of primary medical qualification (UK vs outside of the UK).

Data from our central committee members was collected from Sep 2022 to March 2023 (n=11), and for local team members data was collected as part of end of rotation surveys in March 2023 (n=38, solid bars) and September 2023 (n=33, spotted bars).

It is not mandatory for any REACH member to take part in equality, diversity and inclusivity (EDI) surveys and only anonymised summary data are made available.

REACH Central Committee

REACH Local Teams



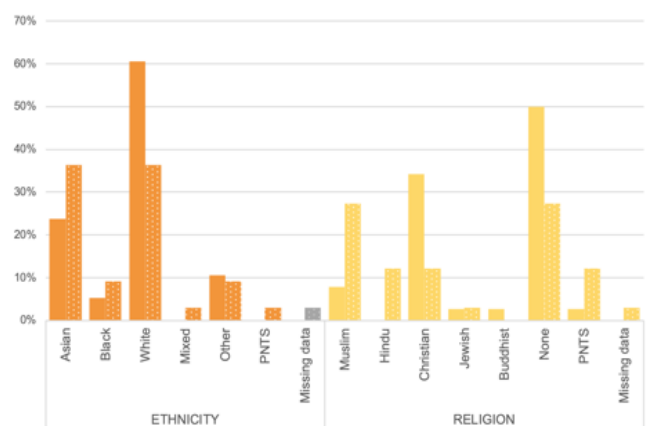
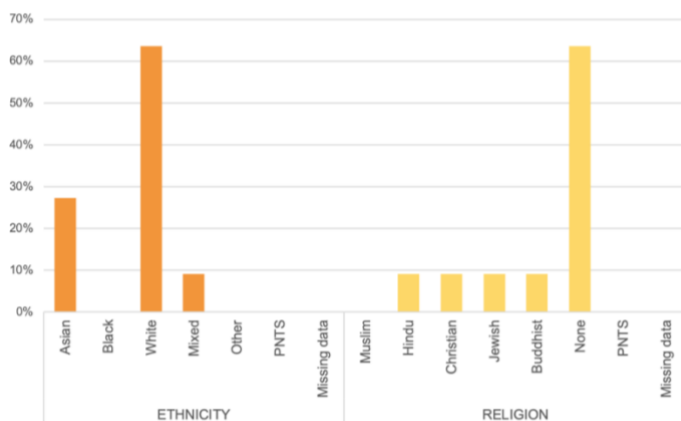
The majority of our central committee members and local teams are female and aged between 25-34 years. This is broadly in line with the data collected for paediatric doctors in training, both nationally and in London (<https://gde.gmc-uk.org/>).

The majority of our local team members and all our central committee members identified themselves as heterosexual.

[PNTS=prefer not to say]

REACH Central Committee

REACH Local Teams

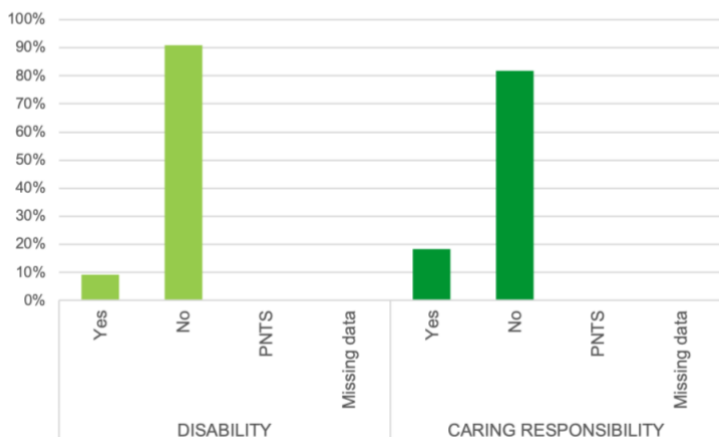


36.3% of our central committee members are of Asian or mixed ethnicity. Trends within our local team recruitment show an increase in proportion of members from Asian, black, mixed and other ethnicity between two successive rotations (39.4% to 63.6%).

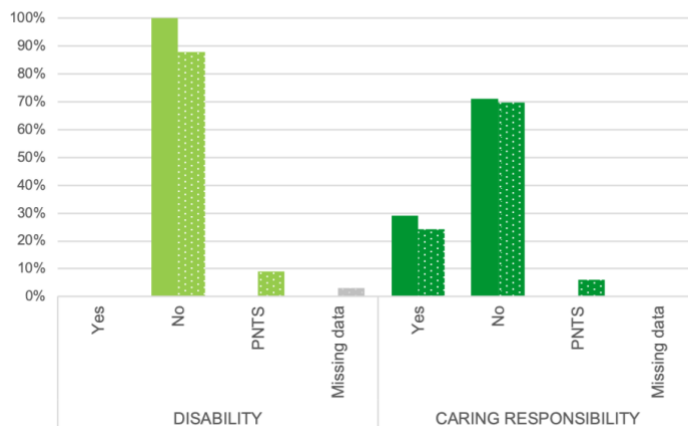
The majority of our central committee members identify themselves as having no religion or strongly held belief. Within our local teams, respondents reported widely distributed religions.

[PNTS = prefer not to say]

REACH Central Committee



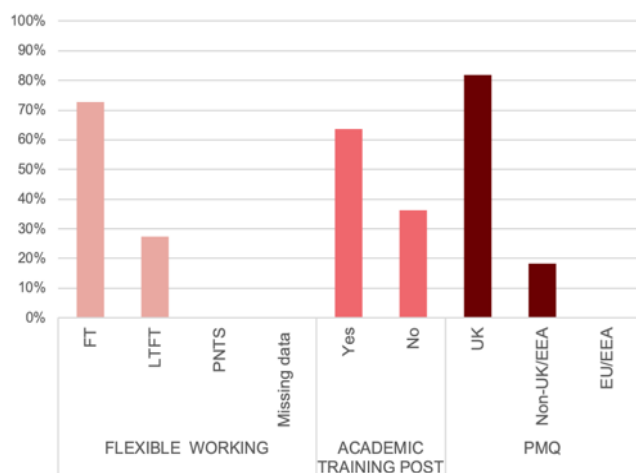
REACH Local Teams



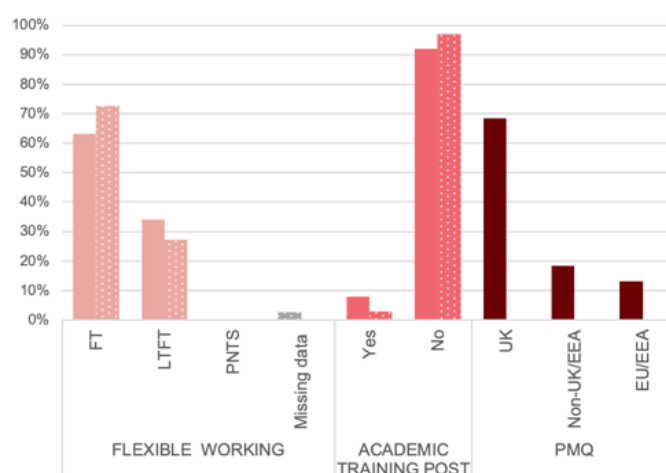
None of our local team members and only one of our central committee members declared a disability. The proportion of central committee and local team members holding caring responsibilities were 18.2% and 28.9% respectively. In the successive rotation, the proportion of local team members with caring responsibilities decreased to 24.2%.

[PNTS = prefer not to say]

REACH Central Committee



REACH Local Teams



The proportion of local team members working less than full time varied between 27.2% to 34.2% whilst 27.3% of our central committee members work less than full time. 48% of trainees in the London School of Paediatrics Survey (<https://londonpaediatrics.co.uk/trainees-committee/survey/>) are less-than full time trainees, while nationally 29.8% of our consultant and SAS doctor workforce work less than full time (<https://www.rcpch.ac.uk/resources/workforce-census-2022-full-report>).

The majority of our local team members (92-96%) are in not in integrated academic training posts, whilst 36.4% of our central committee members are academic trainees.

18.2% of our central committee members are international medical graduates (IMGs) with a primary medical qualification outside of the UK (EEA/non-EEA countries). 31.5% of our local teams are IMGs. In 2023, the proportion of IMGs in paediatric training in London and nationally were 15.1% and 25.2% respectively (<https://gde.gmc-uk.org/>).

[PNTS = prefer not to say; FT=full time; LTFT=less than full time; PMQ=primary medical qualification]

## Conclusions, Limitations and Next Steps

This is the first REACH EDI report. We are establishing our methodology and baseline data and aim to undertake regular cross-sectional data collection to identify trends and see the impact of our EDI intervention.

We have used data from the GMC Data explorer (<https://gde.gmc-uk.org/>), the London School of Paediatrics Annual Survey (<https://londonpaediatrics.co.uk/trainees-committee/survey/>) and Royal College of Paediatrics Workforce Census 2022 (<https://www.rcpch.ac.uk/resources/workforce-census-2022-full-report>) to provide context on how our organisation compares to the diversity of our workforce, nationally and locally.

Overall, gender and age distribution of doctors who participate in REACH activities are reflective of the wider London paediatric trainee population.

We have followed the RCPCH diversity monitoring survey in reporting data on ethnicity and religion to have a benchmark within our workforce. We acknowledge that this could lead to specific ethnic groups or religions being combined and limit the insight we can gather from the data. As our dataset grows, we hope to be able to provide increasingly granular data.

We are, however, limited in having comparators across certain protected characteristics. The RCPCH workforce census has reported on a wider range of protected characteristics, but we believe this cohort is not truly matched to our organisation as it consists of consultants, speciality and specialist (SAS) doctors, and international members, who are outside the remit of REACH. EDI is an evolving piece of work within wider academia and the medical profession. In the future, we hope to have more detailed diversity data to benchmark our work against. We would continue to advocate for more robust EDI data from related professional networks.

It is vital that we share our data to highlight any inequality and, in the future, to allow us to measure the impact of our work in terms of EDI. We aim to be more proactive and courageous in our efforts to be truly inclusive, by supporting inclusion and participation from potentially underrepresented groups within our paediatric community. We will monitor trends in participation to ensure continued commitment to promote equity of access to research opportunities, inclusivity within our network and challenge elements of differential attainment within the paediatric workforce. Our specific past and future action include:

- We amended our constitution in 2023 and re-branded our surveys and recruitment adverts to include paediatric doctors, both in training and non-training posts
- We will be guided by the findings from our PEAR survey towards addressing differential access to research within certain cohort of doctors such as LTFT trainees, IMGs, and female doctors
- We will review our roles and responsibilities including time commitment and meeting times to support participation from doctors working less than full time, doctors with caring responsibilities and those with disabilities
- We will have and will continue to collaborate with IMG organisations (eg Team Soft Landing) to increase engagement from non-UK graduate doctors by, for example, ensuring there is wide awareness of recruitment opportunities
- We will advocate for EDI work within related professional networks (eg London School of Paediatrics (LSP), LSP academic subgroup, and other junior led research networks nationally) and collaborate to address any identified barriers to equality, diversity and inclusion

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