



Royal College  
of Physicians

# **Our commitment to equality, diversity and inclusion**

A policy for how we present  
the RCP in communications  
and events



# Introduction

**This policy covers the many ways in which we present the Royal College of Physicians (RCP) and our work to our audiences, whether through our publications, online presence, conferences and events, appearances in the media or at our buildings.**

It is intended to be a useful reference document for staff, fellows and members and all those who work with the RCP, setting out the areas we must consider when embarking on any communications project. It should help to cement good practice and pinpoint ways in which equality, diversity and inclusion can and should be better reflected and articulated, including by setting specific targets or standards.

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 this offers and demands of us. This policy responds to feedback from our fellows, members and stakeholders during the independent [diversity and inclusion review](#) carried out by Ben Summerskill in 2020 and should serve as a driver for future progress.

It by no means provides an exhaustive list of communications activities or considerations, especially given that communications are an important part of all of our work. Many teams are addressing equality, diversity and inclusion with their own policies and procedures, specific to their own areas of work. We must also ensure that we meet any legal requirements to ensure equity of access.

Staff requiring additional guidance or training should speak to their line manager. Links to organisations providing further information and advice are provided at the end of this document.

While the policy provides specific guidance related to the 10 areas listed below, some of the guidance contained in one section may also be applicable in other communications work, for example with regard to use of language, images and video.

1. Our buildings (RCP at Regent's Park in London and RCP at The Spine in Liverpool)
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

# 1. Our buildings

## RCP at Regent's Park in London and RCP at The Spine in Liverpool

**The RCP now has two iconic buildings as its main bases. Many people remember visiting the Regent's Park building, including for events or other reasons unconnected with the RCP's work, and the same will no doubt apply to RCP at The Spine in Liverpool.**

Many organisations would be envious of this opportunity to communicate their work. However, unless we are mindful of how we display and contextualise our paintings and other collections, which reflect a history dominated by white men, we run the risk of undermining the modern impression of the RCP we wish to project. Our challenge is to celebrate the RCP's long history while signalling that we embrace a diverse and inclusive future.

In some cases, concerns run deeper than a simple lack of diversity. Work to address biases in the ways our history and collections have been presented are being prioritised in the light of movements such as Black Lives Matter and Museums Are Not Neutral, and conversations in the heritage sector about repatriation, the colonial roots of museums and lack of representation within the sector.

The RCP has always been an organisation of well-educated, high-status and frequently wealthy individuals who, until the late 19th century, were almost entirely white men. The influences of colonialism, racism, sexism and numerous other problematic ways of thinking from across the RCP's history are therefore embedded in our collections (and not just what is accessible or visible to our visitors). This policy endorses work by the Archive and Museum team to review and update information held about items in the RCP archive, historic library and museum collections to ensure that:

- > any terminology which has a derogatory meaning or which perpetuates colonial prejudices, imperialism, mental and physical health stigma,

racism, religious intolerance, sexual prejudice, and dehumanisation of the patient is removed or contextualised

- > histories of involvement with enslavement as they relate to donors, contributors and sitters to/in the RCP collections are made clear. A key element of this is being transparent about the history of the organisation and its members, and where these profited from the proceeds of exploitation
- > broader contextual material is provided for collections, to make clear the power structures within which items were created, collected, donated and described.

In addition, changes will be made to displays seen by visitors to present a more diverse and inclusive range of imagery, and while we will continue to represent the long history of the RCP, we will do so in a way that provides historical context, amplifies under-represented voices wherever possible and avoids perpetuating social biases.

The Spine in Liverpool presents a very different image of the RCP, even before stepping inside the building. As a new landmark for the city, it will, quite literally, put the RCP on the map and provide a new set of visitors with a memorable experience. While acknowledging that it is not the intention to display large amounts of art, care will need to be taken over what is displayed in RCP at The Spine, even if on a temporary basis, to ensure that it is in line with our commitment to equality, diversity and inclusion.

Both of our buildings will be used as venues for external conferences and events, and as film and TV locations. While we cannot be responsible for the actions of third parties using our buildings, such bookings are reviewed (before being accepted) to ensure that they do not pose a risk to the RCP's reputation or work and values. These considerations must include whether a booking would potentially compromise our commitment to equality, diversity and inclusion.

# 2. Conferences and events

**Speaking at a conference or event is one of the most visible aspects of a healthcare professional's job. As an organiser of these events the RCP has a valuable opportunity to promote equality, diversity and inclusion by ensuring a balanced programme of speakers, presenters and chairs.**

In addition, speaking invitations, particularly at high-profile RCP conferences and events, contribute significantly to a person's profile. By extending more invitations to people from under-represented sections of our medical community, as well as to doctors and other healthcare professionals in the early part of their career, conference and event organisers boost the visibility of speakers.

To ensure a fairer and more balanced programme we will take the following steps. Note, our focus here is on measures designed to achieve a balanced programme of speakers with respect to gender, ethnicity and other protected characteristics.

- We will establish a diverse, informed and balanced organising committee. This committee generally comprises a small number (1–6) of individuals who will make key decisions. A minimum target is that there should be at least two people of different genders among the organisers, and a similar representation from ethnic minority groups.
- We have developed a speaker policy that sets out to achieve equal numbers of men and women or, alternatively, no more than 60% of speakers of any one gender. The policy also seeks to achieve balance and representation with respect to ethnicity, geographical distribution,

level of seniority, scientific approach, and other characteristics. While some fields have a strong gender and ethnicity bias in their audience, the aim should be (if parity is not feasible) to reduce the field-wide bias in the balance of speakers.

- We will announce the speaker policy prominently, for instance, by posting it for everyone to see on the conference or event website. The policy should also be made visible at the time of the planning meeting. All session chairs should be familiar with the policy, and given guidance to promote equality in questioning, thereby preventing senior or dominant figures from monopolising the question sessions. A 'code of conduct' statement can also be added to the conference literature, stating explicitly that inappropriate behaviour will not be tolerated and providing a procedure for the reporting of incidents. Providing a strong chair/moderator who is prepared to shut down aggressive questioners, may be reassuring for some (eg early career) speakers.
- We will compile a database of potential invitees with a broad range of candidates for each role.
- Throughout the process of sending invitations and receiving acceptances, as far as possible we will keep a running total of the diversity (eg gender balance, ethnicity) for speakers, chairs or panellists.
- We will ensure we are family and carer friendly. Women often have primary caring responsibility for children, older relatives or dependants with disabilities or chronic illness, which can limit their ability to travel and to attend conferences. We can offer support for partner travel or pay for childcare for attendees who would otherwise not be able to accept conference/workshop speaking invitations. We also provide a space for breastfeeding parents.

- > Some offers of speaking opportunities will be declined, and invited women may be more likely to decline than men. Likewise, individuals from other minorities may experience high demands on their time as perceived 'representatives' of various groups. In order to maintain a balanced programme, as far as possible, we will select replacement speakers on a like-for-like basis (ie replacing a female speaker with a woman, early-career for early-career etc).
- > We will ensure the speakers and numbers of participants are reported on the conference website and on our social media channels.

# 3. Websites/email bulletins

- > Accessibility is an important consideration when it comes to inclusivity. The main RCP website has been designed to adhere to best practice by following [W3C standards](#). Pages have been built to comply with a minimum standard of [WCAG 2.0](#) single 'A' guidelines. Wherever possible we should aim to extend this to 'AA' and 'AAA' compliance.
- > We should not publish web content that does not include alt text for video and imagery (a description of the media read aloud by screen readers or displayed in a more accessible way for people with visual impairment).
- > We should not publish videos that do not incorporate proper captioning of video (for the same reason as above).
- > We should not use colour combinations which can confuse or impede the experience on the websites for those with colour blindness (eg light-coloured text on light backgrounds).
- > When commissioning content for our websites, such as blogs, we should increase representation of under-represented groups, through the stories that we tell (eg through the This Doctor Can campaign) and the imagery that we use. We should regularly review the balance of content (and ask users to review it) to ensure balance over time.
- > Imagery (and video) used will reflect the standards we set for all our publishing. We must invest in our photographic resources and ensure that the balance of images used online is right, with diversity on the main website homepage and elsewhere.
- > Library images and graphics must be used with care, to avoid stereotyping and be representative of the profession and wider health sector, and to allow us to grab opportunities to provide positive representation of marginalised/under-represented communities.
- > Online forms in which we ask people to submit data about themselves should give a full range of options around race, gender, sexual orientation and other protected characteristics.
- > Language used on websites or in email bulletins should reflect the standards we set for all our publishing while also embracing best practice for writing for the web.
- > Offensive content will not generally be published on RCP websites or in email bulletins but occasionally the Archive and Museum team will feature historical content that some readers may find offensive. A warning will be provided at the beginning of any such content and the most offensive words replaced with asterisks.

# 4. Social media

- We will mark all major religious festivals in a similar way (usually sending good wishes via Twitter to those celebrating).
- While relevant awareness days and weeks are a good way of signalling alertness and buy-in we need to represent diversity consistently and do more than this if we are not to appear to be virtue-signalling or jumping on a bandwagon simply for its PR value. We should not attempt to mention every awareness day or week and should base our selection on relevance to the RCP and our audiences (not chasing public profile or popularity).
- Social media is about amplifying conversations and engaging users, but we need to take care which conversations we do (and don't) amplify and with which users we choose to engage.
- With a large social media audience and a great deal of respect the RCP has a powerful voice but we should use this carefully and generally only to advance our work and objectives or to support our fellows and members and wider healthcare community. Raising awareness is a legitimate purpose but only where relevant to our work (including public health and other campaigning) or to our membership.
- We should continue to give full consideration before endorsing others' campaigns or statements on social media, and generally confine ourselves to areas in which we have knowledge or expertise. We cannot, and should not try to, comment on everything, however worthwhile.
- We should be cautious about criticising others' actions or statements, especially where we may not have all the facts or where we risk becoming part of a social media 'pile-on' targeting an individual.
- If our own officers, staff or members post inappropriate content on social media we must act swiftly to disown or condemn this and take whatever action is necessary to minimise the impact upon those affected, to protect the reputation of the RCP and to avoid a repetition.
- Social media requires informal language and brevity and is often fast moving but this must not be an excuse for using offensive terms or sharing posts by others doing so. We should be mindful that where humour is used it may be funny to one person but offensive to another.
- Care must be taken over terminology used, for example when referring to minorities, especially as what is acceptable may change over time, and we should avoid appropriating elements of marginalised culture.
- Care should be taken to use professional titles or suffixes consistently and equitably, so that male and female doctors are described in the same way and gender or other biases cannot be inferred.
- Care should be taken over the use of images and animations and imagery used, where possible, to improve visibility of under-represented groups. Our policy is generally not to use ready-made GIFs, with very rare exceptions, as these often perpetuate stereotypes.
- Our social media should be representative of the wider work of the RCP and its membership and not simply be used to create an impression of its equality, diversity and inclusion. It should represent the organisation's values, as represented in all its work – not just its work towards improving equality, diversity and inclusion.
- Fear of making a mistake should not be paralysing and if we do get things wrong, we should apologise promptly, promise to learn from our error and do so.

# 5. Traditional media

- > While the president of the day will often be the person we offer for interviews (or who will be requested), we will, especially for pre-planned media work, use other spokespeople to help ensure that the RCP presents a diverse face to the world via the media.
- > In support of the above we will train a range of spokespeople to do interviews and support them in doing media work.
- > RCP interviewees will take care to use language in keeping with other sections of this policy and draw on a wide range of examples or case studies to reflect and support equality, diversity and inclusion.
- > The media team will take care when selecting imagery and case studies for the media that, wherever possible, reflect and support equality, diversity and inclusion.
- > We will keep equality, diversity and inclusion in mind when it comes to the range of subjects we publicise to the media and will recognise the positive part that media coverage can play in showcasing equality, diversity and inclusion.
- > We will ensure that we supply information to a wide range of media and that we welcome and facilitate enquiries from specialist media representing different audiences.



# 6. Publications

**We want to reflect our target audiences in the language that we use and the images we portray in our published materials – from lengthy reports to leaflets, email bulletins and tweets. Our aim is to make sure that equality, diversity and inclusion are considered and championed in everything we publish.**

- > RCP publications should be clear and concise and written in plain English, be appropriate for the target audience to understand, and reflect our diverse target audience in terms of the language and images we use.
- > We will ensure that our publications are accessible in terms of language and design to get our messages across.
- > Our house style rules outline how we write about ethnicity and disability, including words and phrases we use and avoid, and how we describe people with disabilities, from ethnic minorities and different ethnic groups. We will review the guidance regularly to ensure it aligns with organisations such as the NHS and gov.uk and reflects wider societal changes.
- > We will ensure that case studies are mindful of diversity and include people of different ethnicity, age, gender and from the LGBTQ+ community as well as people with disabilities.
- > Materials produced specifically for patients (eg patient reports produced by our audit teams) should pay particular attention to using plain English and use accessible language. The RCP was signed up to the Information Standard, the NHS England certification programme for organisations that produce health and care publications for the public. Although the programme closed in 2019, we continue to apply its principles to our patient-facing publications.
- > The RCP's Patient and Carer Network (PCN) can put forward an expert patient/carer to be a representative on a publication author group to help to plan the content and give ongoing feedback throughout the writing process. This is important to ensure inclusion of the patient perspective.
- > Where appropriate, we should increase the font size on publications to aid readability for those with impaired sight and also take into account people who use assistive technologies such as screen readers.
- > Our photography should champion diversity and reflect the target audience of our published materials. A picture can speak a thousand words, so it is vital that people feel represented and included. Photos used throughout a publication should aim to include people of different ethnicity, age, gender, from the LGBTQ+ community as well as those with disabilities.
- > It is particularly important to consider publication cover images, whether one image or a selection of them.
- > Planning for new photo shoots should take diversity into account.
- > Diversity should also be reflected in our illustrations, icons and figures and we should avoid compounding stereotypes with their use too.

# 7. Image library and photo shoots

## **The photos available on the RCP image library and wider source material should reflect the diversity of healthcare staff and patients.**

We will review and update our resources to ensure that we follow these principles:

- > New photo shoots and images purchased from other libraries should include people with disabilities, of different ethnicities, religion, age and gender. Thought should be given as to how these images are tagged in the photo library to aid search and encourage their more frequent use across all media.
- > We will ensure that we obtain informed consent from people taking part in our photo shoots, being clear about how their photograph (or video) will be used. Where a person is unable to give consent, perhaps for reasons of incapacity, the photograph must not be used without consent from someone entitled to give it. This also applies to photos supplied to us from third parties (other than those from photo libraries where consent has already been received).
- > We will ensure that the imagery of our staff reflects the diversity of the people who work in the RCP – any new photo shoots should be mindful of this.
- > We will draw up a set of agreed photograph tagging terms within set boundaries and apply these terms to relevant existing imagery and any new imagery added to the library.
- > This tagging structure will then be made common across the whole organisation to enable searches across websites, video libraries, online journals etc to help identify imagery that truly reflects the diversity of the sector and the RCP in general.

# 8. Journals and *Commentary* magazine

- > We should ensure that we commission and publish journal content that discusses inequality and representation. Recent examples include [a special issue](#) of the *Future Healthcare Journal* on health inequality, but also standalone content on topics such as [gender balance](#).
- > We will continue to aim for our editorial boards to be diverse and representative in terms of gender, ethnicity, age and, in the case of the *Future Healthcare Journal*, professional background. We have changed the way we publicise vacancies with the aim of broadening our pool of applicants. Posts that require significant time commitment (ie medical director of publishing) are remunerated.
- > We have recruited an international editor with the aim of broadening our accessibility and reach globally.
- > Commissioning of special issues is scrutinised by the editorial board to ensure a diversity of viewpoints.
- > While our peer review process is blinded to avoid bias, we are discussing the possibility of commissioning an audit of whether manuscript acceptance rates are affected by characteristics such as gender and ethnicity.
- > Marketing materials and imagery used on our websites will be reviewed to ensure representation of different groups.
- > As the RCP's membership magazine, *Commentary* seeks to showcase the diversity of the RCP's membership and is commissioned with this in mind. A diversity of authors ensures that our content demonstrates the contributions of all parts of our membership towards the excellence of medicine, while also offering content that reflects the interests of different communities.
- > We will accept pitches for articles, seek and offer commissions to provide content from a variety of authors that reflect the RCP's membership. We will strive for 50% female authorship, and welcome, encourage and request articles from writers from an ethnic minority background.
- > We will be mindful of how content is presented and strive to illustrate the diversity of membership in photography and artwork.
- > The commissioning of the magazine is supported by the RCP's Membership Engagement, Global and Policy teams, who assist the editor-in-chief and content and commissioning editor to meet these aims.
- > We have introduced a larger font size to ensure ease of reading and will aim to make the online version of *Commentary* accessible via screen readers.

# 9. Internal communications

- > We are committed to promoting and informing staff about diversity and inclusion based around an interactive diversity calendar, developed in collaboration with the HR team.
- > We will ensure our internal communications channels offer staff forums to discuss issues of importance to them – for example, currently the community hub on our intranet Parklife offers colleagues a safe space to discuss matters such as Black Lives Matter and International Women’s Day, and Parklife Weekly (the RCP’s weekly staff newsletter) highlights a variety of staff – eg new starters, executive directors, Time to Change champions – and gives them the chance to raise issues that matter to them.
- > We now have a sign language interpreter attending all staff meetings and will ensure an interpreter is included at future meetings. We will build on this at Learning at Work sessions – giving all staff the opportunity to learn about deaf awareness and British Sign Language (BSL) – and by identifying other events at which to have an interpreter.
- > We will highlight that staff may wish to include their preferred pronouns in email signatures.
- > The Media Trust has good resources for best diversity practice in the media, which we will refer to and learn from going forward.

# 10. Involving patients and carers in our work

**The RCP's Patient and Carer Network (PCN) currently brings national, regional and local patient experience to support, influence and improve the work of the RCP and that of its members and fellows, adding significant value to the RCP's vision of 'The best possible health and healthcare for everyone'.**

The PCN is a network of volunteer patients and carers from all over England and Wales. Some members of the network have a breadth of knowledge of the health and care sector, others bring their knowledge relating to specific health and social care experiences, all bring invaluable insights to the membership. The PCN strives to be a diverse membership that encourages involvement from a broad range of individuals and communities.

The RCP's Care Quality Improvement Department aims to put patients and carers at the centre of quality improvement. Two patient and carer panels comprising volunteers with lived experience are embedded into two national clinical audit programmes run by the RCP. These patient panels provide a platform where members can discuss their experiences as a patient or carer, identify areas for improvement and inform a variety of guidance and resources.

- > We will ensure that the reports and outputs we produce from the national clinical audits programmes that we run reflect the voices of patients and carers with lived experience of the pathways and conditions we are reporting on.

- > At quality improvement events, workshops and learning sessions we will involve and work in partnership with patients and carers to ensure that their voice and experience is central to the RCP's work to improve care.
- > We will involve the PCN in our publishing programme with patient representatives as members of our journal editorial boards and through involvement in key policy outputs.
- > Other parts of the RCP should ensure that patient and carer perspectives feature in their communications work and that consideration is given to how patients and carers could be utilised to promote equality, diversity and inclusion messages through all our channels.
- > Where relevant, we will strive to secure patient and carer experience that is not represented from within our own PCN by linking with other patient and carer groups.

# Further information and advice

- > [Media Trust](#)
- > [Royal National Institute of Blind People \(RNIB\)](#)
- > [Scope UK](#)
- > [Royal National Institute of Deaf People \(RNID\)](#)
- > [Mencap](#)
- > [Web Accessibility Initiative](#)
- > [Museums Association](#)
- > [Shape Arts](#)
- > [Autism in Museums](#)
- > [Euan's guide](#)

## **About this policy**

This policy was written by Mike Blakemore, head of Media and Engagement, and Natalie Wilder, head of Corporate Communications and Publishing, with contributions from across the RCP and support from the Showcasing Diversity Task Group, established to help implement recommendations from the Summerskill review.



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