BUSINESS IN THE COMMUNITY

The Prince's Responsible Business Network

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Business in the Community

EDI REVIEW

November 2021

ASSOCIATION OF BRITISH NEUROLOGISTS

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EXECUTIVE SUMMARY

CONTEXT

The Association of British Neurologists (ABN) commissioned BITC to undertake a review of their approach to equality, diversity, and inclusion (EDI). This included understanding how inclusive they are as a membership organisation and profession.

This report presents the findings of this research, including recommendations to take forwards.

APPROACH

The EDI review was conducted using a three stage, member-centric approach:

1. Review existing infrastructure:

- Stakeholder interviews
- Review of internal documents and data

2. Listen to members

- Focus groups

3. Report with findings

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CONCLUSIONS BASED ON FINDINGS OF THE REVIEW

BITC have identified that the ABN is in a conflicted position with regards to EDI. Though there have been improvements in representation and inclusion in recent years, the organisation still mirrors the issues that currently underlie the neurology sector. Not only does the ABN need to address EDI challenges within the association itself, but it also needs to assess its position within the sector and understand where it has the capacity to drive change. Evidence gathered in our research showed that members were uncertain of the ABN's role, yet still had expectations that the ABN had influence within the wider neurology sector.

There are legacy issues that impact EDI within the ABN, such as its reputation as an "old boys' club"; instances of harassment and discrimination, and a perception of a lack of representation in key governance roles. There is a need for a more inclusive culture, where those from underrepresented backgrounds do not continue to feel deterred from engaging with the association and benefiting from what the association has to offer. This includes attending events, applying for committee positions and generally having a visible voice within the ABN sphere.

Similarly, challenges with representation and inappropriate behaviours occur within the neurology sector. The demanding workloads have been identified as a key challenge that can affect underrepresented groups.

We have outlined ways to address these challenges throughout this report, however this review is the beginning of the journey. There are still many areas which need to be further explored. By building a comprehensive strategy with initiatives that address the pain points outlined in this report, and being communicative with your membership on EDI related work, the ABN will be in a better position to deliver sustained change and progress towards a more diverse and inclusive future.

AN APPRECIATION FOR ACTION

THERE IS A REASON FOR OPTIMISM.

EVIDENCE

Overwhelming support: Focus group participants were impressed by the investment in this formal exercise. The term “pleasantly surprised” was used more than once and they appreciated being able to feed into the work. Many went through considerable effort to participate in the focus groups and fit them into their schedules.

Representation matters: Visible, active and successful members of the ABN from underrepresented or less privileged backgrounds have been celebrated.

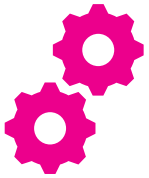
Future optimism: Participants were interested to see the outputs of this exercise and the next steps. There was an indication that many who participated in these exercises would be eager to participate in further EDI initiatives.

NOTE

- BITC is aware that the purpose of the review is to uncover key pain points to build recommendations and solutions. Therefore, by its nature, it is a report that includes negative experiences and areas of critique. However, it is important to note the positive elements coming from both the commissioning of this work and the desire to see more EDI work done.
- Focus group participants came to the sessions with many thoughtful solutions to make the ABN more inclusive for all. BITC have amalgamated these and added suggestions based on our experience of 40 years campaigning and advising on EDI. We are confident that by acting on these, the ABN will see real change.

KEY THEMES AND RECOMMENDATIONS

Research has been encapsulated into eight thematic areas with a priority recommendation for each theme. More details are in the rest of the report.



1. Support for Action:

Develop a holistic EDI strategy to become more diverse and inclusive as an organisation.

2. Role and Reputation:

Provide clarity on the scope of the ABN's role and influence concerning EDI within the neurology sector.

3. Bullying, Harassment and Discrimination:

Establish a zero tolerance policy on bullying, harassment and discrimination.

4. Committees, Councils and Advisory Groups:

Ensure processes for applying for committee positions are clear, transparent and well communicated, with specific encouragement to underrepresented members.

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KEY THEMES AND RECOMMENDATIONS

5. Key ABN Initiatives:

Encourage more diversity and inclusion at events, including developing a formal process for a more diverse speaker roster for events and developing a more inclusive atmosphere.
Enhance current initiatives such as the mentoring programme to address EDI challenges.

6. Staff and membership proposition:

Review membership application process and fee structures.

7. Data and Communications:

Increase member data collection and analysis to examine EDI across all areas of the ABN.

8. Neurology as a sector:

Provide more support to underrepresented groups within the neurology sector and review what EDI challenges can be addressed.

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METHODOLOGY

METHODOLOGY

1. **Review existing infrastructure in our membership.**

First, we formed a baseline assessment of what is currently in place with regards to EDI, which comprised of three parts:

- 45-minutes interviews with six key stakeholders to build an understanding of EDI within the profession and wider membership.
- Review of internal documents relevant to EDI alongside desk-based research to understand challenges within the profession.
- Review of existing data on membership and approach to monitoring data.

This helped contextualise EDI within the context of the ABN and the wider profession, and supported the design of impactful questions for the focus groups.

2. Listen to members.

We conducted six sessions to listen to our members with a total of 36 participants. This included:

- 35 participants across five x 90-minute focus groups:
    - Neurologists from Black, Asian and ethnic minority backgrounds, 9 participants
    - Female neurologists, 15 participants
    - Trainee neurologists, 2 participants
    - Neurologists working flexibly/less than full time (LTFT), 5 participants
    - General neurologists, 4 participants
- One participant across one x 60-minute interview as the participant was not able to attend an existing focus group.

Within the cohort, we also had participants contributing from the perspectives of lower socio-economic backgrounds, LGBTQ+ and disability identities. Though the trainee group had only two participants, there were at least seven trainees throughout the rest of the focus groups.

Engagement numbers were in line with what we experience at other organisations. BITC are confident that the evidence gathered is a strong indicator of the status of EDI at the ABN. The focus group categories were chosen based on existing ABN data and insight. All participants were engaged through the sessions and contributed to the group.

Limitations on methodology:

- Ideally, we would have the data to track whether these demographic breakdowns are reflective of the ABN membership.
- This was a voluntary exercise where all participants who attended were passionate about the subject and supportive of the work. Going forwards, the ABN should consider how to engage the whole membership.
- There was only one Black participant in the Black, Asian and ethnic minority focus group and there was feedback that they felt isolated. We would suggest further engagement here.
- An in-depth analysis on LGBTQ+ and lower socio-economic backgrounds would require more participants (there were no immediate concerns). It was noted that certain members requested a safe space, specifically for disability. This can be considered in further work.

METHODOLOGY

3. Report with Findings

In this report, we have presented the overall challenges that need to be addressed. Analysis of the materials, interviews and focus groups have been encapsulated into eight thematic areas of focus (on the right).

BITC determined these thematic areas via consideration of our knowledge of the drivers and blockers for inclusion and from the evidence we reviewed during this project.

Our recommendations for the ABN against each theme are based on suggestions and evidence from our review and guided by BITC view of best practice.

It is important to note tensions between different viewpoints were apparent during the focus groups. We have based our recommendations on our understanding of best practice, but the solution may not always be clear cut.

There's no particular focus on just a single characteristic for this report. Instead, there are various challenges across different characteristics. We have called these out where relevant. We encourage the ABN to therefore continue their EDI work holistically and intersectionally.

NOTE: Throughout the report "participants" refers to focus group participants and "interviewees" refers to stakeholder interviewees.

Overall Approach:

1. Support for Action

Specific Areas:

2. Role and Reputation
3. Bullying, Harassment and Discrimination
4. Committees, Councils and Advisory Groups
5. Key ABN Initiatives
6. Staff and the ABN Membership Proposition
7. Data and Communications
8. Neurology as a Sector

DATA AND DOCUMENTS: THE IMPORTANCE OF A FORMAL APPROACH

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SUMMARY

Documents and data provided by the ABN

We used the data and documents provided by the ABN to understand an initial gap analysis between best practice and current practice, as well as to cross-reference findings from the focus groups and interviews. Please see a summary below of what was provided :

Document & Data	Role
2020 ABN Neurology Workforce Survey 2018-19	• Provided an analysis of sector demographics (details in “Neurology as a Sector”).
ABN Annual report 2020	• Provided general context.
ABN Articles of Association	• Provided general context.
ABN Annual Meeting 2020	• Provided a demographic breakdown of 2020 annual meeting (details in “Data and Communications”). However, sample cannot be cross-analysed as full membership data is not available.
ABN Committees	• Provided a gender breakdown of committee groups, though other characteristics are missing (details in “Committees, Councils and Advisory groups”).
ABNT Census 2020	• Provided a demographic breakdown on some trainees, however sample is not representative of full population (67 respondents vs 346 trainee members) and therefore conclusions cannot be drawn as there will be a 11% margin of error.

Having a robust and formal data and document approach will allow for a more robust analysis of EDI within the association: a thorough cross-examination of data to track changes, challenge perceptions and understand pain points. We would recommend collecting and creating the following data and documents moving forwards. This meets with best practice, alongside taking a pragmatic approach whilst understanding the size of the ABN team.

Diversity monitoring data and targets (across protected and personal characteristics)

- ABN membership
- Speakers at events
- Attendees to events
- Applications and recipients for fellowships and awards
- Committees, advisory groups and council
- Mentoring scheme
- Staff

Engagement surveys (including specific questions on perception and experience of EDI issues)

- ABN membership
- Committees, advisory groups and council
- Event feedback
- Staff

Policies, procedures and documentation:

- Organisational values
- EDI policies and stances : bullying, harassment and discrimination; whistleblowing; grievance
- EDI committee plans, resources and budgets

DETAILED FINDINGS

1. OVERALL APPROACH

SUPPORT FOR ACTION

Observations

Appreciation for this review

- We would like to highlight that many participants expressed appreciation that efforts were being made to tackle EDI issues by the ABN through exercises such as the focus groups.
- Whilst most of the discussion in the groups focused on what could or should be improved, it was a constructive process with the aim of building and maintaining a thriving and inclusive organisation.

Recommendations

Appreciation for this review

- Consider the organisation's current stage of growth as an opportunity to improve for the future

SUPPORT FOR ACTION

Observations

Optimism for the future

- Participants expressed hope that deep change will occur and that the review wasn't being conducted just to keep up appearances.

Recommendations

Optimism for the future

- Share a version of this report with members to show commitment and drive accountability for change.
- Provide a clear written commitment from the president and CEO to members on DEI ambitions.
- Develop a holistic DEI strategy informed by data, member feedback and DEI expertise (including this report) to become more diverse and inclusive as an organisation:
  - Include both long and short term commitments.
  - Create a measurement framework with targets to review progress and encourage accountability.
  - Share strategy with members and provide regular updates on progress.

2. ROLE AND REPUTATION

ROLE AND REPUTATION

Observations

The ABN's positioning in the neurology sector

- Participants acknowledged that the ABN is inextricably linked to the neurology sector. Therefore, if the sector is not diverse and inclusive, ABN will struggle to be diverse and inclusive.
- Participants believed that the ABN has a crucial role in encouraging the wider neurology sector to become more diverse and inclusive. We have outlined further thoughts on this in "Neurology as a Sector". Participants referenced positive examples of the ABN's success in this arena, such as was the work the ABN did with the Royal College of Physicians (RCP) on addressing issues to do with flexible working when the new training curriculum launches.
- Participants expressed confusion about the purpose of the organisation, demonstrating that there is a lack of clarity of the ABN's scope and influence.
- Interviewees and participants expressed desire for the ABN to be leaders in EDI, especially as other organisations have previously asked the ABN for advice around structural changes.

Recommendations

The ABN's positioning in the neurology sector

- Provide clarity on the scope of the ABN's role and influence concerning EDI within the neurology sector and what is within its remit (please refer to "Neurology as a Sector")
  - Clearly communicate achievable actions within the association and the sector with the membership.
  - Ensure that the ABN's stance and commitment to EDI is embedded in the joining of new members and reiterated frequently.
  - Reflect on whether boundaries can be pushed.
  - Consider working in partnership with relevant authorities to address the wider sector issues.
    - A stakeholder mapping exercise could be helpful on priority issues to understand who to engage.

ROLE AND REPUTATION

Observations

Old boys' club

- In all sessions, participants referred to the ABN as an "old boys' network/club" with corresponding perceptions that the association was "elitist", "exclusive", "old", "white", "hierarchical", "male" , "London-centric" and "Oxford-educated". To many participants, it therefore does not appear to be an open and welcoming organisation.
- It is important to add that some of these perceptions were rooted in early experiences, and as a result hindered wider participation in the ABN.
- Participants noted that the ABN has become more accessible over the years, especially with the introduction of a female president, though there are still improvements to be made.
- Some participants and interviewees believed that despite these perceptions, the ABN can be inclusive and welcoming internally. However, the inclusivity was described as "passive" rather than "active".
- Some participants had concerns about whether the burden for change from a race perspective should fall on those from a Black, Asian and ethnic minority background. However, others believed it is the responsibility of the institution to drive systemic change.

Recommendations

Old boys' club

- Reiterate to the membership the commitment and role of the ABN to drive change within the association.
- Be mindful that past experiences shape the way the ABN is perceived
- Consider acknowledging past behaviours, which may provide an opportunity for people to be convinced about increasing their engagement with the ABN.
- Work towards a more inclusive reputation through implementation of the EDI strategy.
- Consider taking a pulse survey of current perception of inclusion at the ABN. Make this an annual exercise and track progress over time.
- Share success stories of diverse appointments.

ROLE AND REPUTATION

Observations

Excluding language

- Participants noticed that “Association of British Neurologists” is not an inclusive name, as it excludes many neurologists who are from different countries. Additionally, using “Neurologists” instead of “neurology” excludes people who are involved in neurology but not necessarily neurologists themselves.

Recommendations

Excluding language

- Explore how language can be excluding and invite membership to feedback on this, for example the name “Association of British Neurologists” could be made more inclusive to “British Neurology Association”.

3. BULLYING HARASSMENT AND DISCRIMINATION

BULLYING, HARASSMENT AND DISCRIMINATION

Observations

Inappropriate behaviours

- Female participants recalled historic instances of harassment and gender discrimination at the ABN events. This has ranged from inappropriate “jokes” to unsafe situations such as “wandering hands”. The people responsible for this behaviour were said to be known to the ABN but there were no repercussions.
- Participants claimed that there have been other incidents of discrimination at the expense of underrepresented groups. These are just some examples:
  - One anecdote involved an older white neurologist who said “it was better back then” when a member spoke about how the ABN used to be old boys’ club.
  - Someone in the ABN complained about a member not being able to hear as they didn’t realise the member was deaf.
  - One participant discussed how he has historically been excluded, potentially due to his left-learning political beliefs and his geographic roots.
  - Microbehaviours, such as a participant from a Black, Asian or ethnic minority background being asked “where are you from?”

Recommendations

Inappropriate behaviours

- Establish a zero tolerance policy on bullying, harassment and discrimination and release a statement that these behaviours will not be tolerated within the ABN:
  - Provide clarity on what are inappropriate behaviours.
  - Address all characteristics as important considerations.
  - Provide official procedures for reporting incidents and experience of engaging with this process.
  - Clearly communicate these details to members in a digestible format.
  - Consider additional training on the policy including interactive and mandatory sessions.
- Conduct more research on bullying, harassment and discrimination experiences within the ABN membership and track year-on-year changes.
- Look for opportunities to deliver external bullying, harassment and discrimination training to members and consider whether this could be made mandatory to remain a member. The content could include:
  - Inappropriate behaviours
  - Allyship
  - Microbehaviours
  - Bystander support
  - Anecdotal evidence on inappropriate behaviour within the ABN.

BULLYING, HARASSMENT AND DISCRIMINATION

Observations

Fear of discrimination

- Some female participants avoid events in the present day due to historic incidents of harassment and gender discrimination. Some felt nervous putting their head above the parapet on these issues as they were worried about being called “difficult”, “stroppy” or “mouthy”.
- Black, Asian and ethnic minority participants have avoided events to avoid microaggressions and the “old boys’ club”. Participants questioned whether people can be their full selves within the ABN sphere. As a result, they join the ABN but stay below the radar. When they do engage with the ABN, they have to “put on an act” and are not entirely themselves.

Recommendations

Fear of discrimination

- Explore creating more opportunities for those from underrepresented backgrounds to hold regular safe spaces and develop support groups, as requested by some participants.
    - Explore creating protected spaces for those with less privileged identities within these groups, for example, Black neurologists, Trans neurologists.
- Create and promote a feedback mechanism where members can raise EDI concerns anonymously if they wish.
- Encourage a more inclusive atmosphere when promoting future events, for example, encourage people to dress informally or wear traditional outfits; develop more personalised communications, and promote diverse speakers and talks.

4. COMMITTEES, COUNCILS AND ADVISORY GROUPS

COMMITTEES, COUNCILS AND ADVISORY GROUPS

Observations

Lack of representation

- Participants anecdotally believed that the membership is reflective of the profession, yet there is a lack of representation at senior levels of the ABN, particularly from a race perspective. Though there was appreciation for one “trailblazing” Black, Asian and ethnic minority committee member, this did not equate to fair representation.
- There was acknowledgement that the first female president opened the doors and made the committees more accessible.
- Participants believed there is a lack of young female consultants in the ABN positions despite the number of young female consultants in the workforce and considered whether this was related to childcare. Interviewees agreed that childcare was a barrier for women but not for men. Reviewing the data provided in “”ABN Committees and Meeting Data”, gender representation within the ABN groups outperforms the neurology sector (figures taken from “2020 ABN Neurology Workforce Survey 2018-19”), however age hasn’t been recorded. Please see comparisons below:
    - Neurology sector: 29% female
    - Committees: 45% female
    - Council and Executive Committee: 36% female
    - Advisory Groups: 38% female

Recommendations

Lack of representation

- Specifically encourage underrepresented members to apply for ABN positions through communications, and explain why diversity is important to the ABN.
- Communicate the current demographic make up of governance positions to the membership to avoid assumptions. Declare intent to collect further characteristics data.

COMMITTEES, COUNCILS AND ADVISORY GROUPS

Observations

Trainee commitee

- There was mostly positive feedback on the trainee committee:
  - Participants were appreciative of the policy to be geographically inclusive by having a lead from each part of the country to avoid a focus on London.
  - Those from a Black, Asian and ethnic minority background were underrepresented
  - The age demographic was fairly young, and it was explored whether older trainees may feel excluded.
  - There was appreciation of trainee group as fun and social.

Recommendations

Trainee commitee

- Release a statement from the trainee committee to support older candidates and those from a Black, Asian or ethnic minority background.

COMMITTEES, COUNCILS AND ADVISORY GROUPS

Observations

Motivations to apply for positions

- Participants felt there was not enough transparency on pathways to council and committee positions, which can exclude those from underrepresented backgrounds. However, interviewees have stated open calls have been sent out to recruit for these positions with encouragement to members from all backgrounds.
- Participants noted witnessing their peers trying to get involved and persistently failing which discourages them from trying. They believed it was easier to apply if part of the "club". Interviewees also questioned whether it's the same members voting each time, and whether the lack of representation discourages some members from being motivated to vote.
- Both interviewees and participants noticed that members who applied were often heavily encouraged before doing so. Some said this was because of low applicant numbers.
- Participants felt there would be barriers for LTFT members - who are often women – to apply for committee positions. They would have to work harder to get their voice heard. They also felt it would be difficult for LTFT to take on additional roles as they were already adjusting their workload into a tighter workday.
- Participants from Black, Asian and ethnic minority backgrounds expressed feelings of imposter syndrome which has held them back from applying.
- Participants believed a lot of energy would be required to drive meaningful change. This would require a "strong willed person".

Recommendations

Motivations to apply for positions

- Restate to membership how to get more involved in the ABN and ensure processes are clear and transparent, communicated through a channel that can be accessed at any time, for example, the ABN website.
- Evaluate purpose, workload and logistics of ABN positions, and whether they exclude certain groups:
  - Encourage LTFT members to apply with the intent of helping to ensure they are able to participate alongside their workday
  - Review and promote any alternative methods of getting involved in the ABN
- Share personal experiences of how ABN committee members of diverse backgrounds got their positions.
- Provide external training and resources on overcoming imposter syndrome.

COMMITTEES, COUNCILS AND ADVISORY GROUPS

Observations

Inclusion in meetings

- Participants believed the introduction of virtual meetings made the ABN more accessible, particularly to those who are from more remote areas of the UK, where location would have previously been a barrier. However, as meetings have sometimes occurred in the evenings, this has clashed with social hours and bedtime for those with children.
- Within meetings, participants perceived white members to be overrepresented in speaking positions and that there isn't a transparent process for taking on chair positions.
- Female participants recalled being the ones asked to take minutes or run a poll. This is an example of reinforcing gender stereotypes.
- In meetings, EDI issues are not given a space to be discussed.

Recommendations

Inclusion in meetings

- Continue to run virtual meetings and review whether timings can create exclusion.
- Evaluate whether meetings are inclusive and task distributions are fair.
    - Communicate process for taking on chair positions.
- Equip all committee members to lead conversations on EDI through external training and resources.
    - Ensure basic principles of EDI are understood.
    - Create dedicated time in meetings to address EDI challenges
    - Identify EDI champions across all groups.

COMMITTEES, COUNCILS AND ADVISORY GROUPS

Observations

EDI Committee

- Some participants were not aware an EDI committee had been formed.

Recommendations

EDI Committee

- Provide communications on the EDI committee, how it has been formed and commitments moving forwards.

5. KEY ABN INITIATIVES

KEY ABN INITIATIVES

Observations

Events

- Participants have noticed that speakers are mostly white men though there are highly competent people from underrepresented backgrounds. Interviewees admitted abstracts from women plummeted for events that required an overnight stay, possibly due to childcare. The diversity monitoring data provided for speakers in “Annual Meeting 2020” has a high margin of error of 15%, so we are unable to draw satisfactory conclusions.
- Participants felt that men have more time than women to develop their personal brand by attending events – potentially due to having less childcare responsibilities.
- Some participants understand events to be a networking opportunity but are intimidated at the prospect of attending. This was particularly true to those from Black, Asian and ethnic minority backgrounds who feel they have to adapt themselves to fit in. There is a perception that the annual meeting is another form of competition as members use it as an opportunity to boast and compete with each other.
- Participants did not consider conferences accessible due to regional variations and reasonable adjustments not being made for disabled people, including those with hidden disabilities. In one instance, organisers did not realise the technology for deaf members didn’t work until the day of the conference. There was appreciation for recent virtual meetings which are more accessible.
- Female participants recall hearing “lads’ night out” at events which has felt exclusive and unsafe.

Recommendations

Events

- Develop a formal process for a more diverse speaker roster for events.
- Explore creating more social and networking opportunities that are more inclusive (for example, regionally-based activities, alcohol-free groups).
- Understand if support is available for those with additional needs to increase participation for events, for example childcare and those from low socio-economic backgrounds.
- Make reasonable adjustments for all events to ensure they are inclusive to all.
- Consider whether moving to a virtual or hybrid model for future events is feasible.

KEY ABN INITIATIVES

Observations

Fellowships and awards

- There was a general consensus amongst participants that the fellowship is a great and accessible initiative.
- There were concerns around the lack of diversity on the fellowship committee panel and a lack of transparency on how the committee was chosen.
- Interviewees suggested all fellowship applicants come from Oxbridge or London.
- Participants want to see more underrepresented members winning awards.

Recommendations

Fellowships and awards

- Review fellowship processes to understand whether they follow best practices for inclusion:
  - Review whether processes to select the committee panel are fair, ensure there are diverse members and communicate to members how the panel is chosen.
  - Encourage applications from diverse backgrounds across the country.
  - Consider whether a blind application process will eliminate any potential bias.
- Review awards processes to understand where bias may occur.

KEY ABN INITIATIVES

Observations

Mentoring

- Some participants weren't aware of the ABN mentoring programme but expressed desire to see how the programme, and other similar initiatives, could help with EDI challenges. Other participants and interviewees believed initiatives targeted at underrepresented groups could drive perceptions that they lack competency.
- One participant noted that other mentoring programmes receive more requests from white doctors for mentoring than Black, Asian or ethnic minority doctors. There was curiosity about whether this also applies to the ABN.

Recommendations

Mentoring

- Develop the mentoring programme further through the lens of EDI:
  - Include diversity characteristics to allow those from diverse backgrounds to connect with each other as an option.
  - Review uptake of mentors and mentees from diverse backgrounds.
  - Expand mentees to all levels, rather than just trainees.
  - Launch a reciprocal mentoring programme.
  - Publicise the programme well to ensure members are aware of it.

KEY ABN INITIATIVES

Observations

Publications

- Participants wanted to see “Practical Neurology” address EDI challenges and there were concerns around the diversity of editorial board.

Recommendations

Publications

- Address EDI in “Practical Neurology” and develop a process for diversifying editorial board.

6. STAFF AND MEMBERSHIP PROPOSITION

STAFF AND ABN MEMBERSHIP PROPOSITION

Observations

Staff

- Staff interviewees generally feel supported, valued and appreciated for work.
- Interviewees found the ABN staff team diverse with regards to race and religion, however from a gender point of view there are no men. This was acknowledged to somewhat reflect charity sector trends.

Recommendations

Staff

- Review whether there is a process in place for staff to bring up any concerns if they do feel unsafe.
- Provide EDI training and equip staff members to lead conversations on EDI.

STAFF AND THE ABN MEMBERSHIP PROPOSITION

Observations

The ABN Membership

- Participants enquired as to why senior members who are retired do not have to pay for membership, yet students and junior doctors must pay though they may struggle to make ends meet and have student loans.
- Participants found it concerning that an applicant needs a referee to become a member of the ABN, which reinforces perceptions of the association being a “club”.

Recommendations

The ABN Membership

- Review the ABN fee structures and whether changes can be implemented.
- Review membership application process and whether another method can be implemented to verify applicants.

7. DATA AND COMMUNICATIONS

DATA

Observations

Data

Please note that when we are discussing data, BITC is speaking of both quantitative data points on protected and personal characteristics, as well as qualitative elements such as the listening circles that share perceptions and experiences.

- Though positive steps have been made, currently the data collected by the ABN and provided to BITC is limited (details in “Data and Documents”). Therefore, satisfactory observations could only be drawn regarding:
  - The gender breakdown of the committees, council and advisory groups (Please refer to “Committees, Councils and Advisory Groups”).
  - The “2020 ABN Neurology Workforce Survey 2018-2019” (Please refer to “Neurology as a Sector”).
  - The gender, ethnicity, disability and nationality breakdown of attendees to the 2020 Annual Meeting, however without complete membership data it is difficult to analyse and contextualise these figures (Please refer to next slide).
- Most participants stated that they would be comfortable to share their personal characteristics data though was some hesitancy on elements such as disability where people commented that they would feel less comfortable sharing due to a perceived stigma.

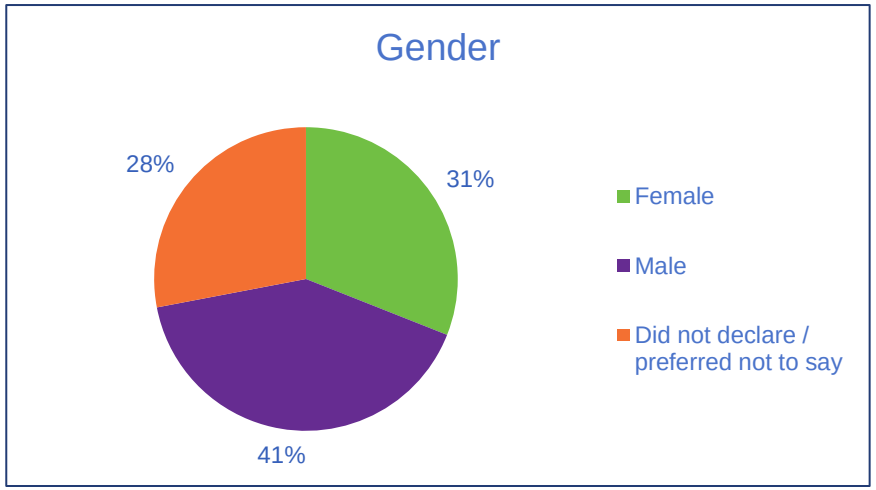
Recommendations

Data

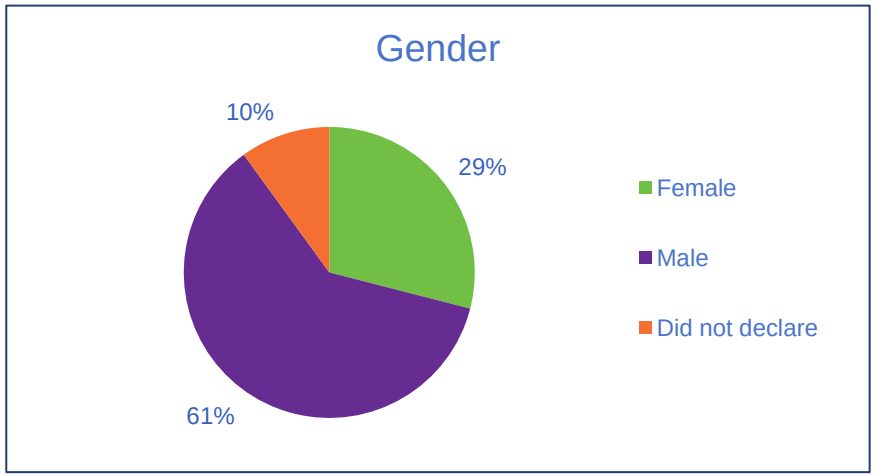
- Conduct regular data studies to examine EDI across all areas of the ABN:
  - Refer to BITC’s Workforce Equality Guide to understand best practice.
  - Explain why data is being collected.
  - Continue to collect qualitative data through member surveys and regular focus groups to understand EDI issues and how they evolve over time.
  - Ensure data analysis is disseminated to membership and key figures are communicated externally.
- Provide characteristics breakdowns to members on the following, as requested by participants and interviewees:
  - ABN membership
  - Speakers at events
  - Applications for and recipients of fellowships and awards
  - Committees, council and advisory groups
  - Wider medical sector and general working population to use as benchmarks

2020 ANNUAL MEETING DATA VS 2020 ABN WORKFORCE SURVEY 2018-19

Annual meeting attendees:



Workforce Survey respondents:



Observations

Cross-analysing the annual meeting and workforce data
Due to the quality of data, the charts on this slide need to be understood through the lens of the potential analysis that can be achieved, rather than being an accurate reflection of whether the annual meeting is diverse enough. Annual meeting attendees include a wide range of members, non-members, trainees and speakers. However, the workforce survey respondents refers to consultant neurologists only, taken from the 2020 ABN Workforce Survey 2018-19 for illustrative purposes.

Therefore, we are unable to compare the data effectively to see if attendance at the annual meeting is reflective of the ABN membership. Instead, we can only make assumptions. If the ABN were able to confidently state that the annual meeting is representative, it would be an opportunity to challenge some of the perceptions around the lack of diversity at ABN events.

It would also be interesting to map out the different experiences of these meetings and whether the format is successful to all, including the social events that take place after (due to the experiences faced in “Bullying, Harassment and Discrimination”).

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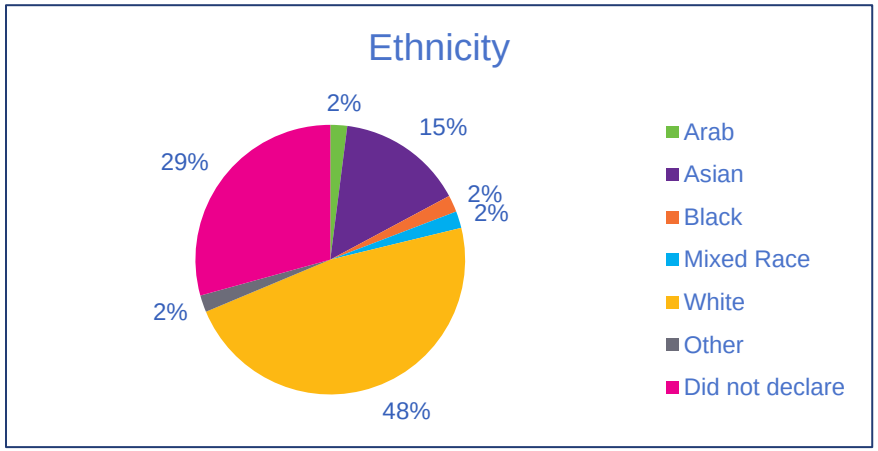
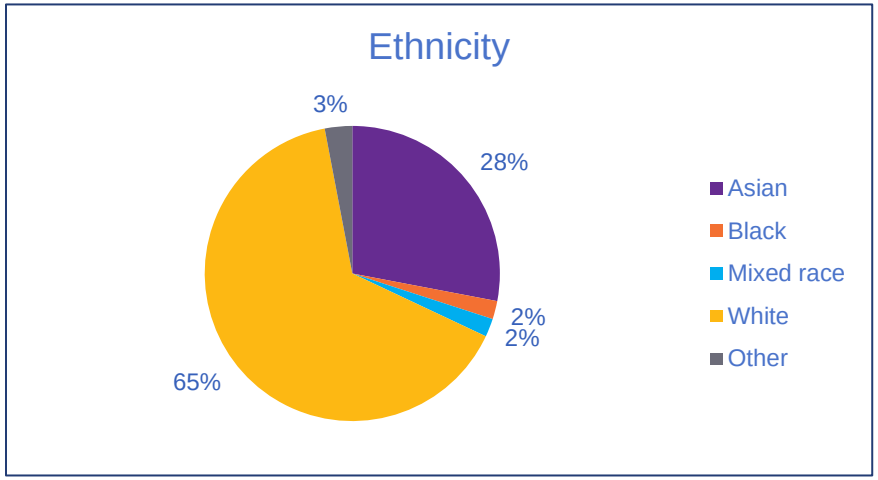
2020 ANNUAL MEETING VS 2020 ABN WORKFORCE SURVEY 2018-19

Annual meeting attendees:



Workforce Survey respondents:



Observations

Cross-analysing the annual meeting and workforce data
The same caveats on data quality mentioned on the previous slide also apply here. It seems that data is not collected consistently and therefore we have struggled to make direct comparisons between the annual meeting and total ABN membership.

Alongside the points mentioned in the previous slide, it would be useful to track participation in ABN programmes. and extent to which participation in exercises such as the focus groups, reflects the membership.

If investment was made in data quality, collection and analysis, it could be a major lever in testing negative perceptions (a key barrier to inclusivity as heard throughout this exercise). To be able to evidence and track the diversity at key events will support key communications around inclusion work. We would expect to see a decline in those choosing “do not declare” over time, allowing for confidence in the data collection activity.

The 2020 Annual meeting disability and nationality data analysis is in the appendix as there were no equivalent comparisons in 2020 ABN Workforce Survey 2018-19.

BUSINESS IN THE COMMUNITY
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COMMUNICATIONS

Observations

Authenticity and transparency of communications

- Participants acknowledged the newsletter has recently become more personal. This was welcomed but they felt it was still too scientific. There was desire to see more representation in the newsletter.
- Participants expressed disappointment on the silence from the ABN on George Floyd's murder and Black Lives Matter. They felt unsupported when an incident of islamophobia was expressed by Donald Trump and the ABN did not come forward with a statement in support of their Muslim members.
- Participants expressed appreciation for the RCP as a point of comparison, who sent out communications during the pandemic to check in with their members.

Recommendations

Authenticity and transparency of communications

- Develop more personal and authentic messaging with communications, including creating a process of response to external events as they arise (for example, Black Lives Matter, Covid-19), showcasing positive diversity stories and including matters related to EDI.
- Consider communications to new members that highlights important processes and addresses the significance of EDI.

8. NEUROLOGY AS A SECTOR

NEUROLOGY AS A SECTOR

BITC is aware that these observations and recommendations may fall outside of the ABN's remit. However, there is an expectation of the ABN from members to support, acknowledge and address these challenges (for example, by collaborating with other organisations to advocate for EDI in the wider sector and share learnings).

Observations

Workloads

- Interviewees acknowledged that neurology is a high-achieving and academic speciality. Participants reflected on the demanding nature of the speciality and believed this could discourage underrepresented students from entering the sector. There is an overarching acceptance of demanding workloads, long working hours and working outside of office hours that may not be present in other industries.
- LTFT participants felt this acutely and shared examples of how other LTFT colleagues have resigned due to pressure. Despite this, participants believe there is a perception that they are "giving less" than everyone else.
    - There was confusion about why LTFT neurologists were given a full-time equivalent national training number which could cause inefficiencies in job distributions.
- Participants felt that neurologists may not declare their disabilities due to potential assumptions and judgements from their superiors who believe they will need additional help and time off.

Recommendations (dependent on remit of the ABN)

Workloads

- Provide support and guidance on job plans for disabled and LTFT neurologists.
- Review whether there are inefficiencies caused by the distribution of training numbers to LTFT neurologists, and if the process can be amended, as requested by participants.
- Consider whether a mandatory question can be added to annual appraisals about the option of LTFT work in the future, to help normalise the role, as requested by a participant.

NEUROLOGY AS A SECTOR

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Observations

Discrimination within neurology (continued on next slide)

- Participants acknowledged that bias can negatively impact underrepresented groups and as neurology is a small speciality, the profession lends itself to cliques. For example, professional opportunities go to friends, and that to make these friends needed in the profession, they would need to "put on an act".
- Participants discussed examples of subtle sexism which impacts both men and women:
    - There has been stigma associated with men who have tried to reduce working hours for childcare reasons. Men are expected to constantly prioritise work (even during out of office hours). This was reinforced by interviewees who have noticed there are expectations that women will leave the profession to have children, whereas men taking paternity leave is seen as a lack of commitment to the role.
    - One participant described an anecdote of a female neurologist who took off her wedding ring before an interview.
    - One participant emailed about the majority of training courses running on a Friday even though many LTFT workers don't work on Fridays, and enquired about whether the Deanery could cover childcare costs.
    - A female participant described her experience as "emotionally draining to 'brace' oneself to have to fight to have a seat at the table, and a voice once there - on a daily basis - within our local organisations, national groups and internationally."

Recommendations (dependent on remit of the ABN)

Discrimination within neurology

- Release statement acknowledging that inappropriate behaviours exist in the sector and where the ABN can assist:
    - Review whether channels can be created to support individuals
    - Consider working with other organisations to address discrimination
    - Work to clarify and communicate across the membership the role of the ABN in this space. This should be tested to see whether it is in line with member expectations.
- Amplify and celebrate stories of men taking on LTFT roles due to childcare reasons, as well as making LTFT generally more prominent and accessible.
- Review when training courses are held and whether there is potential for exclusion of certain neurologists such as those who are LTFT, and whether childcare costs can be expensed.
- Review what mandatory EDI training is currently provided within the sector and what gaps needs to be filled, for example, providing additional external training and resources on EDI and allyship.
- Conduct research on ageism during recruitment processes.

NEUROLOGY AS A SECTOR

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Observations

Discrimination within neurology (continued from previous slide)

- Participants have recalled instances of discrimination related to other characteristics. Below are some examples of this (please note due to the scope of this project, this study isn't a detailed analysis of the sector as a whole):
    - Participants have heard racist "jokes" and stereotypes being made by their superiors. Whilst they acknowledged there wasn't malicious intent, it has still impacted them negatively. They have not felt comfortable calling their superiors out.
    - One participant recalled applying for jobs where they were told they were too old. Interviewees also admitted ageism poses a problem. On the other hand, there is a perception amongst some participants that younger consultants can be bullied whereas older consultants are more equipped to put up barriers.
    - A participant has witnessed transphobic comments made in the workplace.
    - A participant described how during an Specialty Certificate Examination meeting, someone asked for different coloured paper due to a neurodiversity challenge and everyone was annoyed about this.
- Participants felt some of their colleagues were keen to help with EDI challenges but don't seem to know how to start.

Recommendations (dependent on remit of the ABN)

See previous slide.

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NEUROLOGY AS A SECTOR

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Observations

Lack of representation (continued on next slide)

- According to the data provided in "2020 ABN Neurology Workforce Survey 2018-19", there are less female than male neurologists compared to physicians as a whole (29% vs 37%). Interviewees hypothesised this is due to historic reasons where the roles were not suitable to align with childcare. They also explored how other specialities have different gender skews.
- Participants perceived that though there appeared to be many neurologists from Black, Asian and ethnic minority backgrounds in the field, they aren't represented at senior levels. There was concern about the lack of Black doctors in the field and that medicine as a whole is catered for white men. On the other hand, some participants expressed caution around "reverse racism" due to the high number of Black, Asian and ethnic minority neurologists in the field.
- According to the data provided in "2020 ABN Neurology Workforce Survey 2018-19", there are fewer consultant neurologists from Black, Asian and ethnic minority backgrounds compared to physicians as a whole (14.6% vs 35%). Interviewees hypothesised this could be due to language and confidence barriers, especially as neurology is a demanding speciality. They also explored how other specialities have different ethnicity skews.

Recommendations (dependent on remit of the ABN)

Lack of representation

- Review recruitment methods to understand pain points to fair representation and whether outreach can be delivered to underrepresented groups:
  - Understand how to promote neurology more effectively as an inclusive and appealing speciality, for example, work in the education sector to promote neurology to diverse groups.
- Develop projects that emphasise how diversity leads to better outcomes, for example establishing a diversity fund to encourage case studies to prove effectiveness of EDI, as requested by participants.
- Communicate and contextualise demographic breakdowns of sector, alongside clear explanations of the importance of systemic equity to those who have concerns about reverse racism.

NEUROLOGY AS A SECTOR

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Observations

Lack of representation (continued from previous slide)

- Interviewees believed that racial and gender diversity is improving within the sector. The data provided in "2020 ABN Neurology Workforce Survey 2018-19" supports these perceptions: 40% of trainees are female and 33% of trainees are from a Black, Asian or ethnic minority background.
- Participants and interviewees expressed the desire for neurology to be a speciality that is overcoming the disability barrier, especially as those with lived experiences can contribute uniquely to the sector. At the moment, there is a perception that the sector is not representative of the disabled working population and so ABN have to be at the forefront of reducing barriers.
- Interviewees believed that many of the diversity challenges start in education (including medical school). Both interviewees and participants believed the ABN doesn't promote neurology enough to students, in particular to underrepresented groups.
- Due to the endemic nature of inequality in the UK and the many years of strenuous requirements needed to become a neurologist, participants are aware that the role is often not an option for people from lower socio-economic backgrounds. ABN begin engagement at trainee level but to have greater impact their will need to be much earlier intervention and support.

Recommendations (dependent on remit of the ABN)

See previous slide.

NEUROLOGY AS A SECTOR

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Observations

Patient Care

- Communication was explored as important part of patient care by interviewees and participants. Below are some examples of this:
  - There was a desire to see greater empathy from neurologists towards patients.
  - There have been challenges interacting with patients of Black, Asian and ethnic minority backgrounds.
  - Communication could be a barrier if English is not the first language of patients or neurologists, or due to disabilities.
- There are disparities in care between different ethnicity groups.
- Clinical education teaches neurologists to "stereotype" patients which can impact underrepresented members of the profession.
- Participants believed that neurologists with disabilities would help in making patients feel more understood.

Recommendations (dependent on remit of the ABN)

Patient Care

- Provide guidance on cultural competency to improve patient care and aid communication challenges.
- Explore use of interpreters to aid communication challenges.
- Conduct research on why disparities between different specialities may exist to understand pain points for neurology sector.
- Consider working in partnership with local cultural and faith community groups to create further impact in communities, as requested by participants.
- Review how clinical education, which encourages racial discernment, can impact EDI relations in the sector.

NEXT STEPS

ACTION PLAN TEMPLATE

- Use our recommendations to fill in the below action plan template according to feasible timelines

ACTION	WHY?	RESPONSIBILITY	MEASURE OF SUCCESS	TIMEFRAME OR PRIORITY	PROGRESS SO FAR
Insert recommendations here, for example: *Establish a zero tolerance policy on bullying, harassment and discrimination*.	Why this action is important?	Who is responsible?	How do you know you have succeeded in this action?	How long will this take to do?	How far along are you on completing action?

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RESOURCES AND CASE STUDIES

Below are some examples of what other organisations have used and found successful:

BITC Case Study

BITC works with its members to gather both quantitative and qualitative data. We have experience working with organisations to run both inclusion and wellbeing surveys and regularly hold listening circles and focus groups off the back of this data to further explore themes, ensuring that approaches to Inclusion are informed by employees themselves.

BITC Advisory support: Training

BITC has a wide range of training programmes and awareness raising initiatives that can support your whole membership. These can be tailored to specific audiences.

Training and workshop topics include

- Let's Talk about Race
- Intersectionality and Privilege
- Everyday Advocate and Allyship
- Bystander intervention

Your dedicated Adviser/ Project Manager will support you to ensure that impact is measured and monitored across the sessions to ensure that the intended purpose is being met.

BITC Advisory support: Exploring Inclusive Leadership

BITC's Exploring Inclusive Leadership session outlines the business case for inclusive leadership and supports members to embed inclusive leadership within their organisation through practical tips and techniques.

During the session participants will gain

- Increased knowledge of the positive impact of inclusive leadership
- Improved understanding of intersectionality and unconscious bias and their relationship to effective inclusive leadership
- Develop your personal inclusive leadership approach
- Develop inclusive leadership tools to use in your role as a manager

BITC Resource

BITC was commissioned by the GLA to create a comprehensive guide on collecting and analysing workforce data across all protected characteristics.

Workforce data equality guide

BUSINESS IN THE COMMUNITY

The Prince's Responsible Business Network

RESOURCES AND CASE STUDIES

Below are some examples of what other organisations have used and found successful:

BITC Case Study: Home Office

BITC work with the Home Office to support their diversity journey. We recently helped them design and upskill colleagues for the Home Office Mentoring Programme for Black, Asian and Minority Ethnic colleagues. We developed workshops to equip both mentors and mentees to kick start their mentoring journey. This was an action-oriented workshop which supported participants to understand their roles and accountabilities, how to create a productive and impactful mentoring relationship and how to build and maintain trust.

BITC Case Study: Midcounties Co-op

We are currently supporting Mid-Counties Co-op to train 700 Line managers on race fluency. The programme fits in with the Co-op's 5-year inclusion strategy to be representative of the communities they serve. The programme of training engages line managers with respect to race equality and broader inclusion issues and to take this learning back to their teams. The scope of BITC's support includes delivery of 35 workshops, development of workshop materials and follow ups and support with interpreting programme insights and evaluation. We are also supporting management of the programme.

BITC Support: Cross Organisational Mentoring Circles

BITC's Cross Organisational Mentoring Circles programme connects Black, Asian, and ethnic minority mentees with mentors from other organisations. It provides personal development opportunities, expanding their professional networks and encouraging shared learning with peers and leaders from other participating organisations.

Each 'circle' is made up of a mentor, and 8-10 mentees from a range of workplaces and job roles. Many mentees report growing self confidence and self-esteem, and value the opportunity to expand their networks. Mentees bring issues or challenges to the group and work and learn together, act and reflect on outcomes with a focus on personal development.

THANK YOU!