

# Clinical Informatics Diversity Review 2021

## Final report

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1.0	09.03.22	Report presented to FCI Trustee Board and finalised

## 1. Introduction

In 2020, the Trustee Board of the Faculty of Clinical Informatics (FCI) requested a first diversity review to identify areas of the Faculty with low diversity. It had been observed that some FCI groups have low diversity across characteristics such as gender and profession, although this had not yet been formally measured. Low diversity in its membership limits the ability of the FCI to provide accurate, representative views of clinical informaticians as a whole and could also suggest that some groups are not being provided with equal opportunities to join and progress within the organisation and therefore not being as supported through the Faculty's activity as they could be. The FCI Trustee Board wish to ensure a culture of inclusivity within the Faculty and seek recommendations to work towards this goal.

A report of the 2020 review was [published](#) on the FCI website. It was agreed that a review of diversity would be repeated annually, and the working group for the 2020 review included in their recommendations that a review should be repeated in 2021.

This report is the primary output of the 2021 review and will be provided to the FCI Trustee Board outlining the findings and includes the following items:

- Results from the investigation.
- Recommendations for actions/campaigns to address issues identified.

The results of the Diversity Review, including recommendations, will be published on the website in Q2 of 2022 and included in the published Annual Report & Accounts, expected to be issued by the Autumn of 2022.

## 2. Definition

Diversity can be defined as a measure of similarities and differences between people across a variety of characteristics. These characteristics can include axes such as age, cultural background, physical abilities and disabilities, race, religion, gender, and sexual orientation. Throughout this document the use of the term “diversity” refers to all characteristics in which people can differ, unless otherwise specified.

Where the Faculty of Clinical Informatics (FCI) or the “Faculty” and Faculty “membership” are referred to throughout this report, it is intended that this refers to all Fellows, Members and Associates, and includes the membership of the Faculty governing bodies and committees.

## 3. Objectives

The Diversity Review aims to:

- Determine the level of diversity in the FCI membership.
- Compare current FCI diversity with that of the Diversity Review in 2020 and with national data on diversity of staff in health and social care.
- Identify areas with a wide difference between FCI and national levels of diversity.
- Make recommendations for actions to increase diversity in areas where it is low.

## 4. Methods

Diversity data for the Faculty were collated in November-December 2021 and presented to a diverse working group of FCI Fellows, Members and Associates for review and development of recommendations in December 2021-February 2022. Membership of the working group can be found in Appendix B. Data were obtained from FCI member application forms and voluntary completion of an equality and diversity form.

The working group was surveyed prior to viewing the diversity data to capture their pre-existing perceptions of the Faculty’s diversity. Results of this survey can be found in Appendix C.

The full methodology adopted for this review can be found in Appendix A: Project approach.

## 5. Results

*Please note, the key points presented below refer to the analysis of the data available. It should be noted that Equality and Diversity forms have only been completed by 59% of members.*

In the summary points provided below, where possible, comparisons with the data obtained in 2020 have been described.

- The percentage of Asian and Black and mixed ethnic groups in the FCI in the data now available from returned Equality and Diversity monitoring forms is 24%, which is better than NHS informatics workforce in 2021 (14%) and NHS overall in 2019 (20%). However, the Membership, Governance and Representation and Finance standing committees have a higher proportion of its members from a White ethnic origin than the FCI membership as a whole.
- The percentage of Black or Black British members in the FCI of those who returned monitoring forms in 2021 is 6%, an increase by 3% from the previous year. However, people

of Black or Black British ethnic origin are underrepresented across Fellows, governing bodies and standing committees.

- The percentage of women in the FCI membership is reported at 41.2% for all members who returned a form, and they have only slightly improved since 2020 (38.7%). The percentage of women is lowest for Fellows (26.9%). These figures are much lower than within the NHS informatics 2021 workforce (56% women). From the available data, there still are lower proportions of women in each governing body and standing committee.
- FCI membership includes a higher proportion of members aged 30 to 54 than those younger than 30 or over 54 when compared to NHS informatics workforce in 2021.
- The most common age group for Fellows is higher (45-49) than for Members (40-44). The distribution is also much narrower for Fellows than for members and associates, with no Fellows in 16-29 age groups and very few in 30-39 groups also. Younger age groups are less well represented in the Council.
- The vast majority of members are doctors, with the biggest distinction between the number of doctors and other professions amongst Fellows. This has slightly improved since last year.
- The inclusion of observers at Council meetings means that a higher diversity of members attended these meetings, however, due to this being a non-participatory role, it is questionable how much direct impact this may have had. Inviting observers, however, does give those attending an opportunity to experience the nature of FCI Council, and may encourage them to apply to join the Council, which could, in turn, lead to increased diversity of Council membership in future.
- All standing committees have low proportions of HCPC-registered professionals. Membership and Governance & Representation committees have a low percentage of nurse/midwife members.
- Social care professionals are markedly underrepresented across the FCI membership, governing bodies and standing committees.
- The vast majority of members are located in England, and the difference between England and other nations is more pronounced in the FCI when compared to NHS staff in 2017.
- The FCI governing bodies have a large skew towards doctors and being located in England. Northern Ireland is the least represented home nation in governing bodies and standing committees. There is also no overseas representation within the governing bodies.
- The percentage of FCI members who reported a disability in the equality and diversity form (4.5%) is now in line with the NHS informatics workforce (2019) (4%).

## **6. Current efforts in progress to promote diversity**

- Mentoring scheme connects members with senior Faculty members as advisors, which may help to support members to feel able to apply to join governing bodies and standing committees and to apply to upgrade their level of membership when appropriate.
- Shuri network partnership: The Shuri network are the first NHS and care network of women of colour in digital health. They have provided bursaries to cover the cost of membership for BAME women becoming new FCI members in two separate cohorts of recruitment, September 2020 and September 2021.

- Recruitment campaigns for new members targeting under-represented groups, including profiles and videos from current members, links with AHP networks, etc.
- Working to achieve broad representation across all axes when identifying members to form project groups.
- Professional Interest Groups for Nurses/Midwives, AHPs, Digital Medicine, Healthcare Scientists and Primary Healthcare (joint with BCS) help to ensure that views of people with professions within these groups are adequately represented in FCI policies and strategy and to provide peer support and encourage during recruitment.
- Associate Network provides peer support and a voice for Associates.
- Inclusion of discipline specific leads in business plan (nursing, AHP, pharmacy, social care), subject to obtaining HEE funding.
- Early Careers Group aims to represent and support people on their first steps into clinical informatics. This should include supporting these individuals to get involved in groups and events of the FCI.

See also Appendix D for an update report on the 2020 Diversity Review recommendations and actions taken to address these.

## **7. Recommendations**

The recommendations below were developed from discussions of the 2021 Diversity Review working group. In most cases, recommendations made are based on those originally made by the 2020 working group, however, some new recommendations have also been provided.

1. Include non-voting FCI members at Council meetings to achieve a more diverse representation of perspectives, in the first half of 2022. The previous format of including observers did not add value for observers due to a lack of ability to take part in discussions. The format for the involving observers will be improved and the outcome measured in June 2022.
2. Survey current FCI members to determine their interests and what they hope to gain from membership, in the first half of 2022. Base questions around the current FCI Business Plan to identify whether planned activities are in line with member expectations. New Fellow, Member and Associate Member applicants joining the Faculty in subsequent recruitment rounds should be asked questions related to their expectations for membership during their application. i.e. “Why do you want to join the Faculty of Clinical Informatics”. Introductory events for new members should also be organised and used to understand their expectations of membership.

*Focus should be put on surveying existing members, as identifying new informaticians who aren't already members is difficult and hence to survey them is challenging.*

3. Social care is a hugely underrepresented system in the Faculty membership and requires particular focus. Prioritise increasing the number of nursing informatician members, as professionals with a good connection between health and social care. Work with the FCI Nursing and Midwifery Professional Interest Group to identify opportunities to promote FCI to these groups. This may include: 1) campaigning to increase numbers of applications for membership; 2) hold a webinar session promoting FCI to this group specifically.

*The group recognised that many professionals working in informatics roles in social care will not be registered, so would only ever be able to join as Associate Members. It is advised that FCI should focus efforts on increasing membership from the registered social care workforce first, to allow more time to engage with the non-registered workforce.*

4. Identify actions to help increase the number of nurse and midwife members of the Faculty, to include:
  - a. Working with Natasha Phillips and other national digital lead nurses to align efforts with devolved countries' initiatives, i.e. NHSE&I, eg. a Topol-like review specific to digital nursing.
  - b. Membership Standing Committee to review categories of membership and to ensure subscription fees do not make membership inaccessible to some groups of people.

*The group recognised that different subscription fees should not be offered based on profession, as there is much variation within one profession, but that it should be based on income. The Nursing and Midwifery Professional Interest Group should also be consulted to support efforts in this area.*

5. Research existing national PPI groups to identify those which may be suitable to work with on FCI projects. Engage the groups identified to develop working practices. For a suitable piece of upcoming work due to be undertaken by the Faculty, recruit a panel of patient/public representatives to contribute to planning, developing and completing the project. Look for an opportunity to do this, focussed around a specific piece of work, in the next 6-12 months. Review progress within 12 months to determine next steps.
6. Include patient/public representation in the FCI Council. Develop a job description for this role to ensure that the person/people in this role are aware of what is expected of them. While seeking representatives in a general call, also ask for expressions of interest to join FCI Council. At the next Council meeting, ask FCI Council to develop recommendations for how to embed patient representation in its membership.
7. Consider a change to the wording and marketing of the FCI mentoring scheme to be referred to as "peer support", which reflects the current informal format of the scheme and may encourage more members to sign up. Give information about the diversity of types of people who are available as mentors. Ask each of the FCI professional interest groups i.e. nursing, AHP, etc. what their wants and solutions could be for the mentoring scheme. Also encourage a buddying system where members of the professional interest groups join FCI working groups as representatives – a more senior rep can help to guide and support a more junior member and help them to make relevant connections to national organisations.

*The working group highlighted that the wording of the mentoring scheme might have prevented people from signing up, as they do not see themselves as mentors.*

8. Seek bursaries for future recruitment rounds from the Shuri Network for black, Asian and minority ethnic (BAME) women, and from other sources, to enable those underrepresented in the Faculty or on low income to join as members. Ensure bursary holders are supported and engaged throughout their time as Members, encouraging proactive engagement from

the outset at the point of application. Consider how bursary holders can be treated as special groups and initiate networks for these groups to help them feel welcome and supported. The experiences of bursary holders should be collated to inform future plans.

9. Conduct a review of the FCI website to ensure all language is inclusive, avoiding any biases, slang, or expressions that discriminate against or discourage or disengage groups of people based on race, gender, profession, location, age or ability. Complete this review after the FCI website has been upgraded during 2022.
10. Reconvene the Diversity Review working group in Q4 2022, where diversity data are analysed and presented again and timely recommendations can then be made to the Trustee Board, suitable to the situation at that time.
11. Review current criteria for the Fellow and Member levels of FCI membership before Autumn 2022 to ensure applicants from different regions will be assessed equally. The Faculty should make clear how to apply for the different memberships.
12. Encouraging and ensuring diversity of speakers at FCI events and conferences is the responsibility of all organisers, this includes members of the Events Organising Committee, Communications Manager, Marketing Manager, Business Manager and Chairs of FCI Standing Committees. The FCI should make a statement that they believe in and promote diversity at their events. Members should be asked if they are interested in future speaking opportunities during any surveys, so that a diverse database of individuals can be developed and called upon when opportunities arise.
13. During all online FCI events, including webinars and conferences, ensure that invitees are asked if they have any accessibility requirements. Conduct research to determine common needs of people with disabilities to access online tools and identify what the FCI would be able to offer, so they are in the position to provide support at the time that any requests might be made, for example, providing subtitles for live or recorded events.

## **8. Response from FCI Council**

A summary of the methodology of the 2021 diversity review, this report and the recommendations made by the working group were presented to the FCI Council at a meeting on 23 February 2022. Council had received the draft report for review in advance. Council was now asked for feedback and to begin to plan actions for the future.

One Council member suggested that Richard Smith (RS), lead for the FCI mentorship scheme, should have been involved in discussions around mentoring before recommendations related to this were finalised. RS thinks it would be a good idea to change the scheme to 'peer support' to make the programme more open. RS provided a report on the mentoring scheme at the previous Council meeting. There was a suggestion that the FCI should be careful with applying diversity recommendations to activities actively used by our members already. The Council member encouraged Council to now take the recommendation about mentoring/buddying to RS for reviewing, to help make the programme even more inclusive. Chair of Council supported the suggestion to not change a successfully running programme. A confidential advisor was suggested for the mentoring programme.

It was suggested that all council members could pick 1-2 recommendations that they think they can sponsor/support. Council Chair supported individual involvement to have less work done at meetings.

AMC, a Council member and member of the Diversity Review working group, added that the working group was setup to make recommendations, but not to discuss each individual recommendation with specific people (e.g. leads on activities) at the Faculty.

A Council member who is part of the FCI Finance and Remuneration Standing Committee (FARSC) applauded the Diversity group's work and explained that FARSC have discussed how to support members via bursaries and levels for those. FARSC will get back to Council about that. NHS Digital has ideas on how to include nurses.

A member of Council has agreed to be the main representative for overseeing the work for the Diversity Review. Council Chair has used the diversity report to look at Council Terms of Reference.

Council has reviewed this report and confirm approval and will now pick up points that are specific Council business. Trustees will be informed via an update to this report.

## Appendix A

### Project approach

The current document presents an investigative report through the collation and collection of observational data. Membership data will be collected across six axes:

1. Ethnicity
2. Gender identity
3. Age
4. Profession
5. Locality
  - a. Country
  - b. Region
6. Disability

Data for the axes outlined above have been presented below for the following groups:

- Fellows
- Members
- Associates
- Executive
- Council
- Observers at Council
- Trustee Board
- Recruitment assessment panel
- Standing committees
- Mentors

It is assumed that a working group can be compiled for this project from the FCI membership – this requires sufficient interest and investment of time by those involved in order to progress and complete the project successfully. It is hoped that members of the working group for the 2020 Diversity Review may join the group again for this review and that additional members may also volunteer to join. Once volunteers have been sought there should be a check to ensure the group itself have diverse membership across each of the axes being studied.

### Data sources

Characteristic	Source of data
Ethnicity	Equality and diversity forms (voluntary)
Gender	Equality and diversity forms (voluntary)
Age	Equality and diversity forms (voluntary)
Profession	CRM (from registration details)
Location	CRM (from registration details)
Disability	Equality and diversity forms (voluntary)

### Equality and diversity forms

The equality and diversity form is sent to members when they join the FCI. It is currently completed online (surveymonkey.co.uk form) and is voluntarily completed. Respondents are asked to self-select their gender identity, whether their gender identity is the same as the sex they were assigned at birth, their age and ethnicity from a list of options and asked if they consider themselves to have a disability. The options provided on the form were chosen based on the latest national Census.

The first three FCI cohorts recruited (Cohorts 1-3) did not complete an equality and diversity monitoring form when joining the Faculty. Cohorts 4-5 (2019) were asked to complete a voluntary form in a word document format and the form was also re-sent to all members (Cohorts 1-5) in August 2020 to request completion. Cohort 6 (2020) were asked to complete the voluntary form online. The form was updated following the recommendations of the 2020 Diversity Review and a subsequent review of the form for use in Cohorts 7 and 8 (2021).

#### *Total equality and diversity forms provided*

Membership type	Number of individuals in the FCI		Equality and diversity forms provided		Percentage of total for which completed forms were provided	
	2020	2021	2020	2020+2021	2020	2020+2021
Fellow	246	279	53	104	22	37
Member	228	371	133	280	58	75
Associate	163	369	99	221	61	60
<b>Total</b>	<b>637</b>	<b>1019</b>	<b>328</b>	<b>605</b>	<b>Mean: 51</b>	<b>Mean: 59</b>

### National workforce data

In the Discussion section, where possible, comparisons have been made with data for the wider workforce. Data for the 2021 informatics workforce were obtained directly from the Health Education England Digital Readiness Programme, who sourced the data from the NHS Electronic Staff Record in March 2021 – these data, therefore, are not published publicly.

## Appendix B

### Working group membership

Name	Profession	Job title	Representing
Yinka Makinde (Chair)	Pharmacy	Director of Professionalism, NHSX	Shuri Network (BAME)
Kieran Zucker	Doctor	NIHR Clinical Lecturer - University of Leeds. Honorary Clinical Oncology Registrar - LTHT	Early Careers Doctors
Stephen Goundrey-Smith	Pharmacy	Pharmacy Informatics Specialist, SGS PharmaSolutions	Pharmacy
Lesley Holdsworth	AHP	Scottish Government Clinical Lead for Digital Health and Care Assoc. Director NHS Education Scotland	AHP Scotland
Anne Marie Cunningham	GP	Associate Medical Director (Primary Care), Digital Health and Care Wales Vice Chair, FCI Council Chair, FCI Professionalism SC	Wales GPs
Prasad Ranatunga	Doctor	Acting Consultant in Health Informatics Provincial Department of Health Services - NWP, Sri Lanka	International members
Jo Dickson	Nurse	Chief Nurse, NHS Digital	Nursing
Claire Sutton	Nurse	Digital Transformation Lead   National Care Forum	Nursing Social Care
Rafiah Patel	AHP	Chief Digital Ethics & Privacy Officer, Surrey and Borders Partnership NHS Foundation Trust	AHP Shuri Network (BAME)
Aura Frizzati	Clinical Scientist	Clinical Scientist Trainee (Health Informatics)	Associate members Healthcare scientists
Tashfeen Kholasi	Dentist	Chief Clinical Information Officer Joint Hon Secretary, FCI Council	Dentistry
Jonathan Kay	Doctor	Chair, FCI Council FCI Trustee	FCI Trustee Board and Council

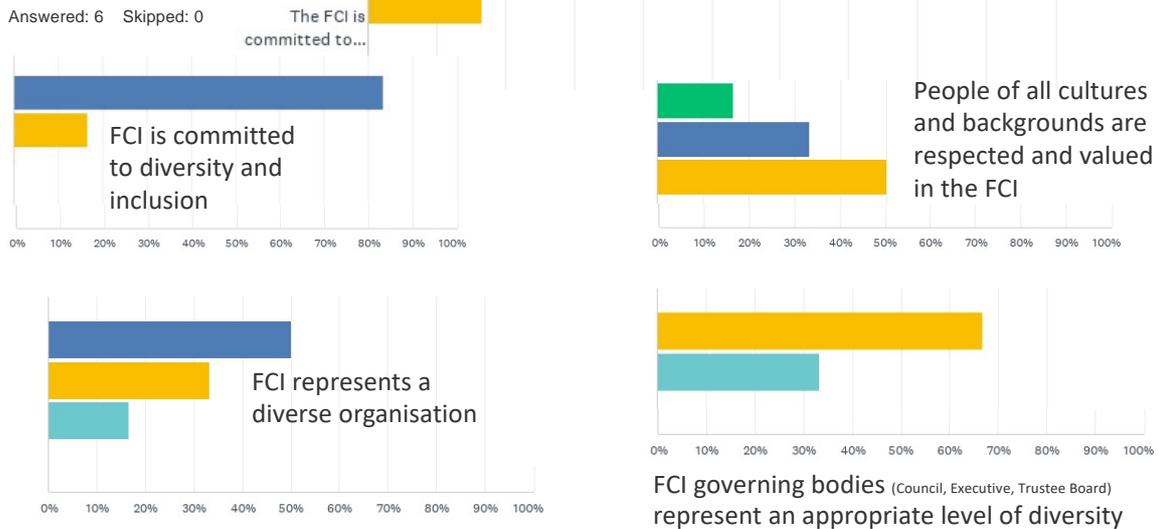
## Appendix C

### Results of preliminary survey of working group

Members of the working group were asked to complete a survey before viewing the FCI diversity data and analysis and attending the first working group meeting. The purpose of this survey was to determine a baseline of their personal opinions on the diversity of the organisation. Of working group members, 6 out of 12 completed the survey. The results are summarised in the slides below:

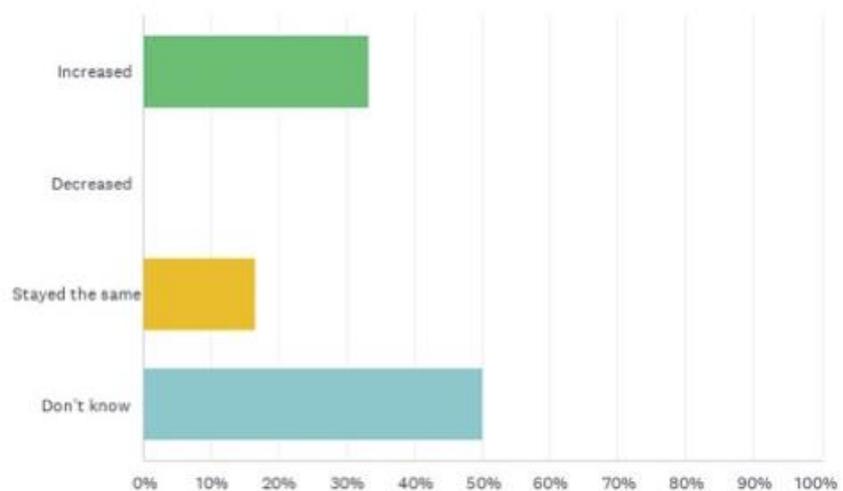
#### Q1: In your opinion have you seen evidence to suggest that:

Answered: 6 Skipped: 0



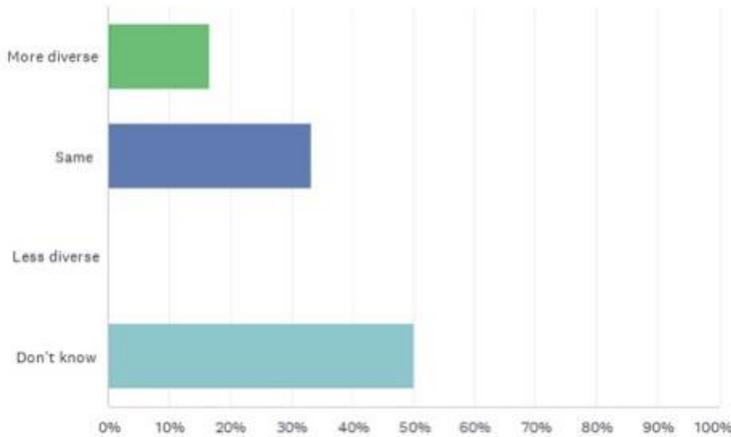
#### Q3: In the past 12 months, do you feel the diversity of the FCI has:

Answered: 6 Skipped: 0



**Q4: How does the diversity of the Faculty compare to the general make up of informaticians across health and social care in the UK?**

Answered: 6 Skipped: 0

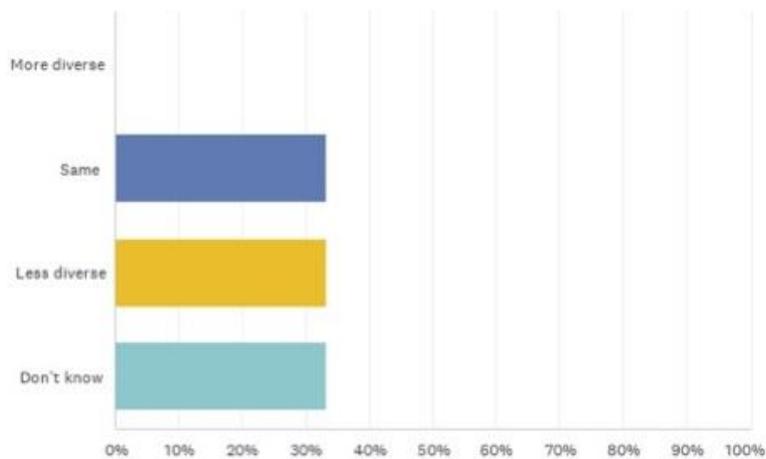


*"It's the same body of informaticians in healthcare who are members of the faculty!"*

*"This is hard to say - would need a review of the demographics of the informatician population as a whole."*

**Q5: How does the diversity of the Faculty compare to the general make up of ALL staff across health and social care in the UK?**

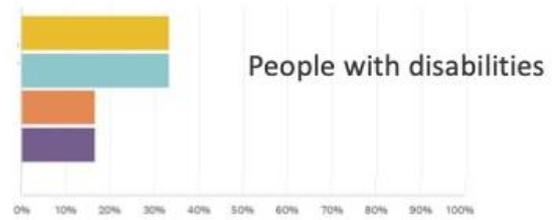
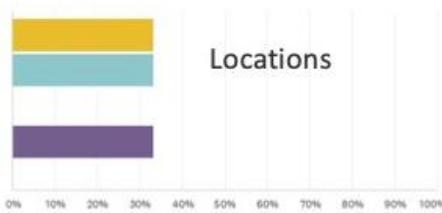
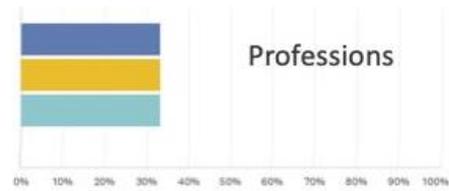
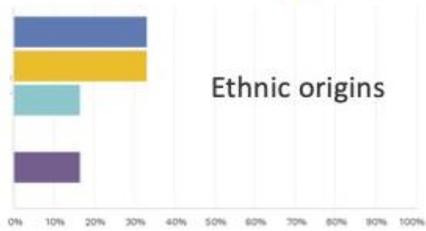
Answered: 6 Skipped: 0



**Q6: In your opinion have you see evidence to suggest that the Faculty represent an appropriate diversity of:**

Answered: 6 Skipped: 0

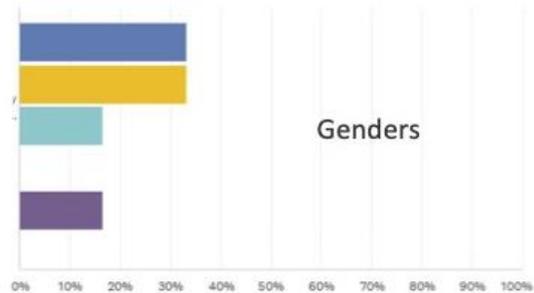
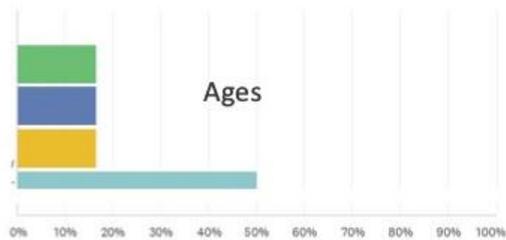
Strongly ag... Agree Neither agr... Disagree  
Strongly dis... Don't know



**Q6: In your opinion have you see evidence to suggest that the Faculty represent an appropriate diversity of:**

Answered: 6 Skipped: 0

Strongly ag... Agree Neither agr... Disagree  
Strongly dis... Don't know



## Appendix D

### Update on progress on recommendations in the FCI Diversity Review 2020 report

**Author:** Lindsay Turner

**Date:** 16.11.21

#### Purpose

This paper describes actions that have been taken following the recommendations that were made by the working group of the FCI Diversity Review 2020. The outcomes of these actions have also been described. Any impact on diversity of members should be assessed by reading this report alongside the report of diversity data for 2021.

Recommendation	Actions taken	Outcome	Actions outstanding
<p>1. Include <b>non-voting FCI members at Council</b> meetings to achieve a more diverse representation of perspectives. These individuals could provide input into council without requiring election. Senior members of FCI would then be better informed of potential issues and prospective Council members would be able to gain more experience and be more encouraged and qualified to apply to join Council in future. In the first instance, provide an open call to all FCI fellows, members and associates and gauge the level of interest for non-voting attendees. Review the diversity of Council, including voting and non-voting members in one year to determine whether there are still gaps in diversity, at which point more pro-active measures could be employed.</p>	<ul style="list-style-type: none"> <li>• Policy developed for including observers at FCI Council meetings, including the ways of working, and approved by FCI Council.</li> <li>• All FCI members invited to observe at Council meetings in June and September as a pilot.</li> <li>• Evaluation forms sent to observers and council members after each meeting.</li> <li>• Report produced after June meeting with results of evaluation and recommendations for action. Some of these were able to be addressed in the September meeting.</li> <li>• Opportunity to observe was advertised through newsletters and via special interest and professional interest groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Report has been produced outlining the results of the evaluation.</li> <li>• Report was reviewed by Exec who recommended it should be shared with all members.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation report to be discussed at Council meeting on 2 December to make decisions on how to involve observers moving forward to have the greatest potential impact on diversity of Council membership.</li> </ul>

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<https://facultyofclinicalinformatics.org.uk/>

<p>2. Diversify what the Faculty are offering. Find out/focus on what clinical informaticians are good at, what they're interested in, and check whether that is reflected in FCI activities and business plans, particularly for those groups where representation is low.</p> <p>Develop a survey for current FCI members to determine their interests and what they hope to gain from membership before end of March 2021. Base questions around the current FCI Business Plan to identify whether planned activities are in line with member expectations. New members joining the Faculty in subsequent recruitment rounds should be asked questions related to their expectations for membership during their application.</p> <p>Also survey potential prospective FCI members to identify what their interests might be and why they would or wouldn't want to join the Faculty, before end of March 2021. This could include, for example, graduates of the Digital Academy, undergraduates undertaking clinical courses and students of other educational establishments who run post-graduate programmes in clinical informatics, such as universities and the National School for Healthcare Science (NSHS) who run courses and apprenticeships for health informaticians.</p>	<ul style="list-style-type: none"> <li>• Membership survey 2021 was conducted and helped to identify current priorities for members. Eg Professional Accreditation.</li> <li>• Latest business plan has incorporated feedback captured in the membership survey.</li> </ul>	<ul style="list-style-type: none"> <li>• Scoping project on Professional Accreditation for Individuals is being planned, to be overseen by the Professionalism SC.</li> <li>• FCI Away Day recognised that emphasising member benefits and making these relevant to member interests was a key priority.</li> </ul>	<ul style="list-style-type: none"> <li>• We did not find a suitable opportunity to conduct a survey of potential prospective (non) members. We did consider the results of the FedIP professionalism survey, however.</li> <li>• 2021 Membership Survey only reached 100 members (~10%) so further efforts to identify member interests would be valuable.</li> <li>• FCI requires further profile raising. Non-members want the same thing as members. They aren't sure the relevance to them of professionalising. Marketing manager can support this when in post.</li> <li>• Suggestions of webinar topics - were sent to Events Committee. Need a lead on webinars from events committee. E&amp;T lead and a potential Events Manager, once appointed, will also have a role.</li> </ul>
<p>3. <b>Social care</b> is a hugely underrepresented system in the Faculty membership and requires particular focus using the approaches outlined above. FCI should collaborate with FEDIP and its associated membership bodies to address this. Nurses have a good connection between health and social care so should be a prioritised group for seeking FCI members. Contact the Chief Nursing Information Officer (CNIO) network and the Digital Nurse Network before end of 2021 to identify opportunities to promote FCI to these groups.</p>	<ul style="list-style-type: none"> <li>• JH emailed Russ Charlesworth (SOCITM) and Mark Nicholas (NHS D) about a joint webinar on social care informatics - use around the CF. Or around innovation sites. Sharing experiences. No result initially.</li> <li>• We asked members to let us know if they interact with social care sector in a newsletter. Received a couple of responses but no results.</li> </ul>	<ul style="list-style-type: none"> <li>• Article published in Institute of Health and Social Care Management to get social care staff to think about how their work involves informatics and how FCI can help.</li> <li>• Planning a webinar in Q1 2022 with Suzy England</li> </ul>	<ul style="list-style-type: none"> <li>• Haven't yet engaged with the Digital Social Care Special Interest Group – ask TRH about this.</li> <li>• There are other opportunities for promotion via the IHSCM eg their conference or breakfast webinar series.</li> </ul>

<p>In the meantime, work with existing nurse members of FCI working in social care, and the nursing rep on Council, to conduct research, perhaps using a survey, to inform meetings which would best take place on a face-to-face basis from September 2021. Continue to liaise with the British Association of Social Workers (BASW), Skills for Care and other organisations, such as the Society for innovation, technology and modernisation (SOCITM) and the Federation for Informatics Professionals (FEDIP) to promote all FCI recruitment rounds to the social care workforce. Within 6-12 months, current FCI members working in social care should convene to design an offer for non-clinical members of the social care workforce via the Digital Social Care Special Interest Group (approx. 300 members).</p>	<ul style="list-style-type: none"> <li>• Held meetings with Claire Sutton, Maggie Lay and Tommy Reay-Henderson (Social Care members) to think of ideas for engagement. Linked with Institute of Health and Social Care Management (IHSCM).</li> <li>• Ongoing efforts to engage social care informaticians during recruitment rounds. Eg via BASW.</li> <li>• Ongoing links with Suzy England (RCOT) and Mark Nicholas about opportunities to collaborate, eg around the CCIO JD, which is promoted to be a role suitable for someone from any professional background and who should work with a multi professional, multi-sector team.</li> </ul>	<p>and Mark Nicholas eg about use of data to inform practice in social care.</p>	<ul style="list-style-type: none"> <li>• Suggestion of a Special Interest Group, perhaps joint with SOCITM, needs to be explored.</li> <li>• FCI Nursing &amp; Midwifery Professional Interest Group is only just getting up and running – will be opportunities to revisit support there for engaging with social care via nurses. Ideas for how to approach CNIO network.</li> <li>• Idea to record a video with social member(s) of Faculty to support recruitment has not yet been actioned.</li> </ul>
<p>4. Ensure that <b>application forms</b> for FCI membership that are reviewed by the assessment panel are anonymous, with no names or details of location or with any other protected characteristics, excluding profession, which will be required in order to assess suitability for membership. A line at the start of the form should state that, although the name and any protected characteristics will be removed, the applicant may be identifiable due to the description of their experience and provision of any listed academic publications. This should be implemented in the next round of recruitment in early 2021.</p>	<ul style="list-style-type: none"> <li>• FCI member application form has been edited to explain the form will be made anonymous but may still be identifiable.</li> <li>• Applications are pseudonymised before they are reviewed by assessment panel.</li> </ul>	<ul style="list-style-type: none"> <li>• Updated application form</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment panel in Autumn 2021 recognised that many applications were not anonymous due to the way that applicants described their experience and have asked whether more could or should be done to encourage applicants to describe their experience and evidence their competence in an anonymous fashion.</li> </ul>
<p>5. Research existing national <b>PPI groups</b> to identify those which may be suitable to work with on FCI projects. Engage the groups identified to develop working practices. For a suitable piece of upcoming work due to be undertaken by the Faculty, recruit a panel of patient/public representatives to contribute</p>			<ul style="list-style-type: none"> <li>• Unable to identify a suitable piece of work.</li> <li>• No progress made yet.</li> </ul>

<p>to planning, developing and completing the project. Look for an opportunity to do this, focussed around a specific piece of work, in the next 6-12 months. In the longer term (the next 1-2 years), consider recruiting a group of patient/public representatives for the FCI who can be called upon to be involved in various activities – joining standing committees, sub committees, project groups and contributing to webinars, blogs, newsletters, etc. This opportunity should be advertised widely, and progress reviewed after 12 months. Moving forward, all individual FCI project plans should include a requirement to consider the relevance of patient involvement.</p>			
<p>6. Include <b>patient/public representation in the FCI Council</b>. Develop a job description for this role to ensure that the person/people in this role are aware of what is expected of them. While seeking representatives in a general call, also ask for expressions of interest to join FCI Council. At the next Council meeting, ask FCI Council to develop recommendations for how to embed patient representation in its membership.</p>	<ul style="list-style-type: none"> <li>• LT sought advice from Sally Lewis (National Clinical Lead for Value-Based and Prudent Healthcare / Honorary Professor at Swansea School of Medicine) who connected us with Dr Sue Goodfellow (Clinical Improvement Lead for Value-Based Healthcare). Sue provided a helpful steer.</li> </ul>	<p>Advice received: Strategy to engage with patients indirectly through other groups that represent them, including:</p> <ol style="list-style-type: none"> <li>1) Disease specific- charities</li> <li>2) Citizen groups (not related to healthcare )</li> <li>3) Social Media</li> </ol> <p>Try to ensure there is a specific ‘ask’ of patients in what you would like them to help with, the time commitment needed, and if it is a simple survey response, or becoming part of a working group (with a longer commitment).</p>	<ul style="list-style-type: none"> <li>• Still need to consider how to increase patient representation in FCI activity.</li> </ul>

<p>7. A review of the existing <b>FCI Equality and Diversity form</b> should be carried out. Completion of the form should be strongly encouraged and delivered in an online format, with the option to leave out questions using a “Prefer not to say” response. Respondents should clearly be made aware how their data will be held and used. The data should be pseudonymised so that names are not held alongside records but so that diversity of membership, governing bodies, working groups or committees can continue to be monitored. Refer to best practice to determine how to communicate with people completing the form around the benefits of taking part and how their data will be held and used.</p>	<ul style="list-style-type: none"> <li>• Review of the existing equality and diversity (E&amp;D) form was conducted with Diversity Review working group and FCI Exec. Research on question format used elsewhere, eg sex and gender.</li> <li>• Form converted to online format.</li> <li>• Clear explanatory notes provided for how the data will be held and used.</li> <li>• E&amp;D form data stored in pseudonymised format and password protected.</li> </ul>	<ul style="list-style-type: none"> <li>• Updated E&amp;D form is online and in use.</li> <li>• Increased proportion of forms returned by members thanks to easier method of completion and return.</li> </ul>	
<p>8. Develop and expand the existing <b>FCI mentoring scheme and Early Careers Groups</b> to include activities to support members to feel able to progress within the Faculty by applying to join governing bodies and standing committees and to upgrade their level of membership, when appropriate. Use the members survey (see recommendation 2) to identify opportunities to pair mentors with mentees. As efforts are made to increase diversity of FCI membership, it is hoped that this will also lead to a natural improvement in the diversity of mentors. This should be reviewed in 12 months and annually, identifying any gaps and seeking mentors in these areas.</p>	<ul style="list-style-type: none"> <li>• Met with Early Careers Group (ECG) to discuss how less experienced members can progress and get more involved within FCI.</li> <li>• Section added to website to advertise opportunities for development in clinical informatics and career development; job roles.</li> <li>• LT met with Richard Smith to discuss how mentors can help to encourage mentees to get involved in Faculty activities through SIGs, PrIGs, SCs, Governing groups, etc.</li> <li>• Text for mentoring on website was updated.</li> <li>• Mentorship scheme advertised through newsletter, social media and when new cohorts joined.</li> <li>• Subject Matter Expertise Survey identified 19 new potential mentors and 9 prospective mentees – they will</li> </ul>	<ul style="list-style-type: none"> <li>• ECG hosted a career pathway webinar on 10 March, with the first ever “FCI Rising Star” prize awarded.</li> <li>• Job Opportunities page is now on website</li> <li>• Mentoring video has been published featured a mentor-mentee relationship and what each member feels they gain from being involved.</li> <li>• Number of mentors and mentees has grown.</li> <li>• Subject Matter Expertise Survey identified 19 new potential mentors and 9 prospective mentees – they will be contacted with information about joining the scheme.</li> </ul>	<ul style="list-style-type: none"> <li>• Diversity of mentors is being analysed as part of 2021 Diversity Review.</li> <li>• A selection of case studies of projects by members early in their careers on the website.</li> </ul>

	be contacted with information about joining the scheme.		
9. Seek bursaries for future recruitment rounds from the <b>Shuri Network</b> for BAME women, and from other sources, to enable those underrepresented in the Faculty or on low income to be able to join as members. Council should identify three top <b>priority groups</b> during each recruitment round, for which bursaries can be sought. Review any members who are provided with a bursary after 12 months to identify retention rates. Another option for supporting minority groups could be to stagger membership fees over a number of years, eg 50% fees in year 1, 75% year 2 and 100% from year 3 onwards, subject to agreement from Trustee Board.	<ul style="list-style-type: none"> <li>Reviewed retention of Shuri Network bursary recipients as members. These members were invited to roundtables and invited to provide feedback via email.</li> <li>Active FCI Members from Shuri Network met throughout the year to consider opportunities to engage bursary winners.</li> <li>Shuri bursary winners engaged well in webinars and SIG/PrIG meetings throughout the year.</li> </ul>	<ul style="list-style-type: none"> <li>“Diversity” theme set for Cohort 8 recruitment (Autumn 2021) - Shuri bursaries awarded again, expanded to student memberships, and focus on engaging all professions.</li> </ul>	<ul style="list-style-type: none"> <li>Still to consider other options to keep bursary winners as members, such as staggered fee options, as described in the recommendation.</li> </ul>
10. Establish other <b>special interest groups</b> , in addition to the group for nursing, midwifery and AHP members, to represent other professions within the Faculty, when each discipline is ready to do so.	<ul style="list-style-type: none"> <li>New SIGs set up and supported with set up of regular meetings.</li> <li>All information about these groups is on FCI website with mechanisms for joining.</li> <li>Monthly SIG updates appeared in some issues of newsletter. Difficulties in getting groups to provide these.</li> <li>Nursing &amp; Midwifery Professional Interest Group revitalised.</li> <li>ECG has appointed new members of leadership group.</li> <li>SIGs and PrIGs have been assigned to each staff member to support administrative tasks.</li> <li>Events role added to business plan which would help to support SIGs and PrIGs too.</li> </ul>	<ul style="list-style-type: none"> <li>AHP, Healthcare Scientist, Digital Medicines, Patient-reported outcome measures (PROM - joint group HDRUK) groups all established.</li> <li>42 applicants for Shuri bursary Autumn 2021.</li> </ul>	<ul style="list-style-type: none"> <li>Updated CRM to streamline process for joining groups and to ease ability to contact members of each group.</li> <li>Revisit idea of having monthly updates from SIGs in newsletter.</li> </ul>
11. Compile data on the <b>regional locations</b> of members within the UK and analyse to identify	<ul style="list-style-type: none"> <li>Regional location data for England is being analysed for 2021 diversity review.</li> </ul>		<ul style="list-style-type: none"> <li>Formulate plans to target any UK locations lacking members</li> </ul>

whether there are any biases towards particular regions.			for recruitment to Cohort 9 (Jan 2022).
12. Conduct a review of the <b>FCI website</b> to ensure all language is inclusive, avoiding any biases, slang, or expressions that discriminate against or discourage or disengage groups of people based on race, gender, profession, location, age or ability. Adopt user testing of the website to form part of this review, involving members and non-members representing diverse groups.	<ul style="list-style-type: none"> <li>FCI staff have reviewed some website content for inaccuracies and made corrections. Further review is awaiting migration of website to a new version of the ODOO website builder.</li> </ul>		<ul style="list-style-type: none"> <li>Review of website for inclusive language is outstanding. Awaiting upgrade of website.</li> </ul>
13. Review the <b>FCI Equality &amp; Diversity Policy</b> and publish on the FCI website.	<ul style="list-style-type: none"> <li>Existing FCI Equality &amp; Diversity Policy published on website.</li> <li>Diversity Review 2021 working group will review the Equality and Diversity policy.</li> </ul>	<ul style="list-style-type: none"> <li>E&amp;D policy on Governance page of website alongside 2021 Diversity Review Report.</li> </ul>	<ul style="list-style-type: none"> <li>Review of E&amp;D policy.</li> </ul>
14. <b>Reconvene the Diversity Review working group</b> annually, where diversity data are analysed and presented again and timely recommendations can then be made to the Trustee Board, suitable to the situation at that time.	<ul style="list-style-type: none"> <li>Diversity Review Working Group assembled. YM to Chair the group again.</li> <li>Project brief developed for 2021 Diversity Review.</li> <li>Diversity data collated and is being analysed and a report formulated for completion by end of Nov 2021.</li> <li>Working Group will review report of diversity data, as well as this update report, and use these to formulate up-to-date recommendations for Trustee Board.</li> </ul>		<ul style="list-style-type: none"> <li>Diversity Review 2021 Working Group will meet first on 10 Dec 2021 and complete their work by March 2022.</li> </ul>