The AHCS & CSO EDI Programme: Steering Towards PSA's EDI Goals
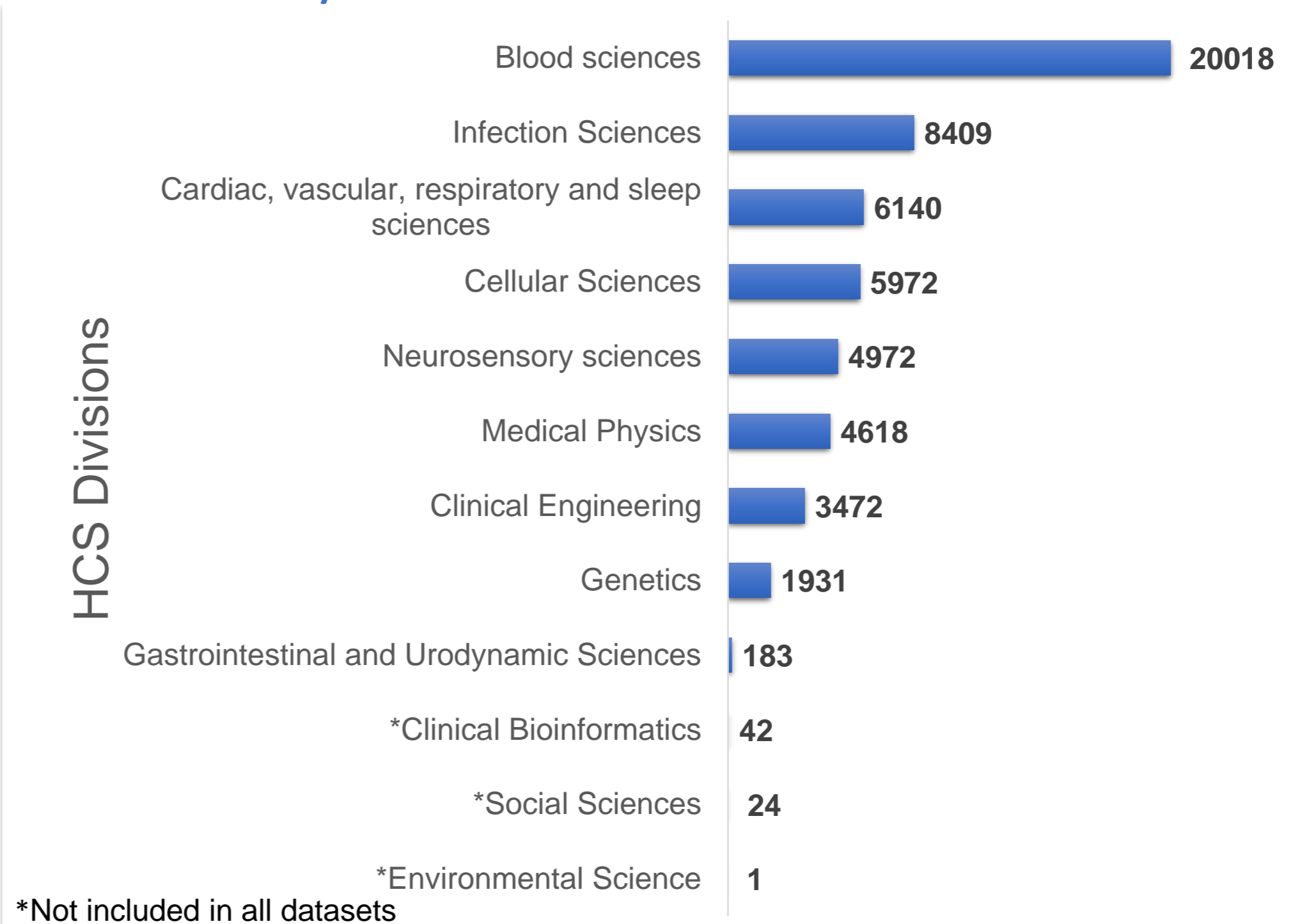
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Healthcare Science (HCS)

- 56,000 distinct staff
- 75 unique Scientific & Technical areas
- 12 umbrella divisions
- both patient and non-patient facing
- 4% of NHS workforce, Involved in 80% of diagnosis
- Blood Sciences division employing the largest proportion of the workforce
- 1 Billion Tests and Examinations Carried Out Each Year
- The Chief Scientific Officer (CSO) for England is the head of HCS profession
- >80 Professional Bodies and Societies
- 1 Overarching Professional Voice – AHCS

Staff headcount by Division

HCS Divisions	Headcount
Blood sciences	20018
Infection Sciences	8409
Cardiac, vascular, respiratory and sleep sciences	6140
Cellular Sciences	5972
Neurosensory sciences	4972
Medical Physics	4618
Clinical Engineering	3472
Genetics	1931
Gastrointestinal and Urodynamic Sciences	183
*Clinical Bioinformatics	42
*Social Sciences	24
*Environmental Science	1

*Not included in all datasets

The Academy's Role

- The single overarching body for the entire UK HCS workforce

- Working alongside the healthcare science professional bodies

- Helping to strengthen the visibility of the contribution of HCS workforce

- Maintains a PSA Accredited Register with many parts and a non-Accredited Register

The Standard 9

The organisation demonstrates its commitment to equality, diversity and inclusion and ensures that its processes are fair and free from unfair discrimination.

a) The register's regulatory functions are underpinned by fairness and equity of access to registrants and service users.

b) The register understands the diversity of its registrants, service users and complainants and has an awareness of issues that may impact those with protected characteristics as defined by the Equality Act 20102

c) The register works to promote and enhance EDI by seeking to understand and act on issues affecting the roles registered and service users.

> ***The register should work with other organisations where necessary to promote EDI and remove any unnecessary barriers for its registrants and their service users.***

1st year assessment against the minimum requirements for Standard 9.

The AHCS & CSO EDI Programme

- 12-month EDI programme

- Joint between the AHCS and the Office of the CSO

  - To increase awareness of EDI among the HCS community & specifically registrants

  - To develop a National HCS EDI Strategy and a dedicated EDI delivery framework

  - To provide practical resources (Toolkit) for frontline staff (registrants) and managers

  - To help the AHCS work though the implications of the Standard 9

Past Research

Healthcare Science Review Key Findings:

- There is some anxiousness amongst the workforce in relation to EDI. Not all our Leaders and staff feel well prepared or comfortable about initiating discussions around equality, diversity and inclusion

- The 2019 NHS ESR data, states 3% of HCS staff did not record their ethnicity, but worryingly 27% and 34% did not declare or record disability and sexual orientation respectively.

- HCS Staff Survey suggests ca.30% of staff do not feel comfortable talking with their line manages/colleagues about their mental health, gender identity, ethnicity, disability, or other protected characteristics,

- BAME make up 20.7% of HCS workforce, when compared to their white counterparts, only 6% and 10.6% BAME HCS staff held bands 8d or 9 positions respectively.

- There is a lack of progression for Healthcare Scientists from protected groups into senior and executive roles.

Current Research Activity

- Professional Bodies Council Survey
- HCS Community – Pool of Contributors
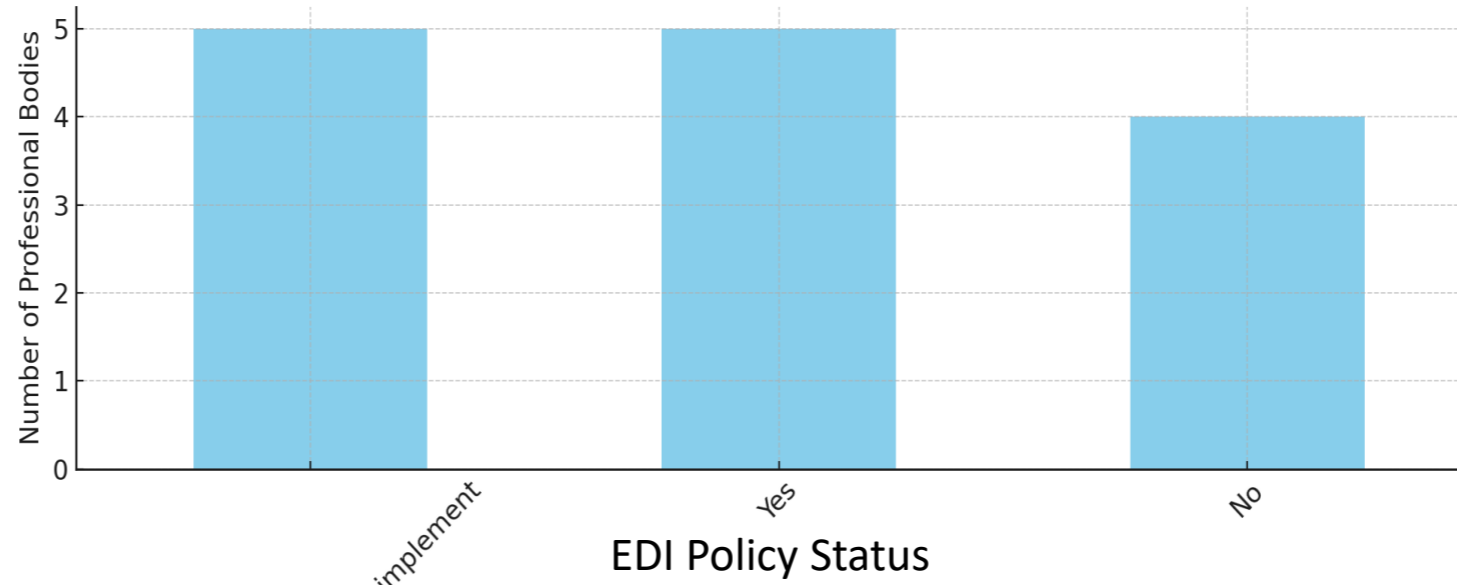- Workshops
- Registrants Survey

Professional Bodies Council Survey

24 Questions

- EDI policy presence
- Individual characteristic data
- Committee diversity data
- Diversity self-assessment & initiatives
- EDI training programs & incident handling
- Leadership diversity efforts & success metrics

8 Themes generated

Policy Development:
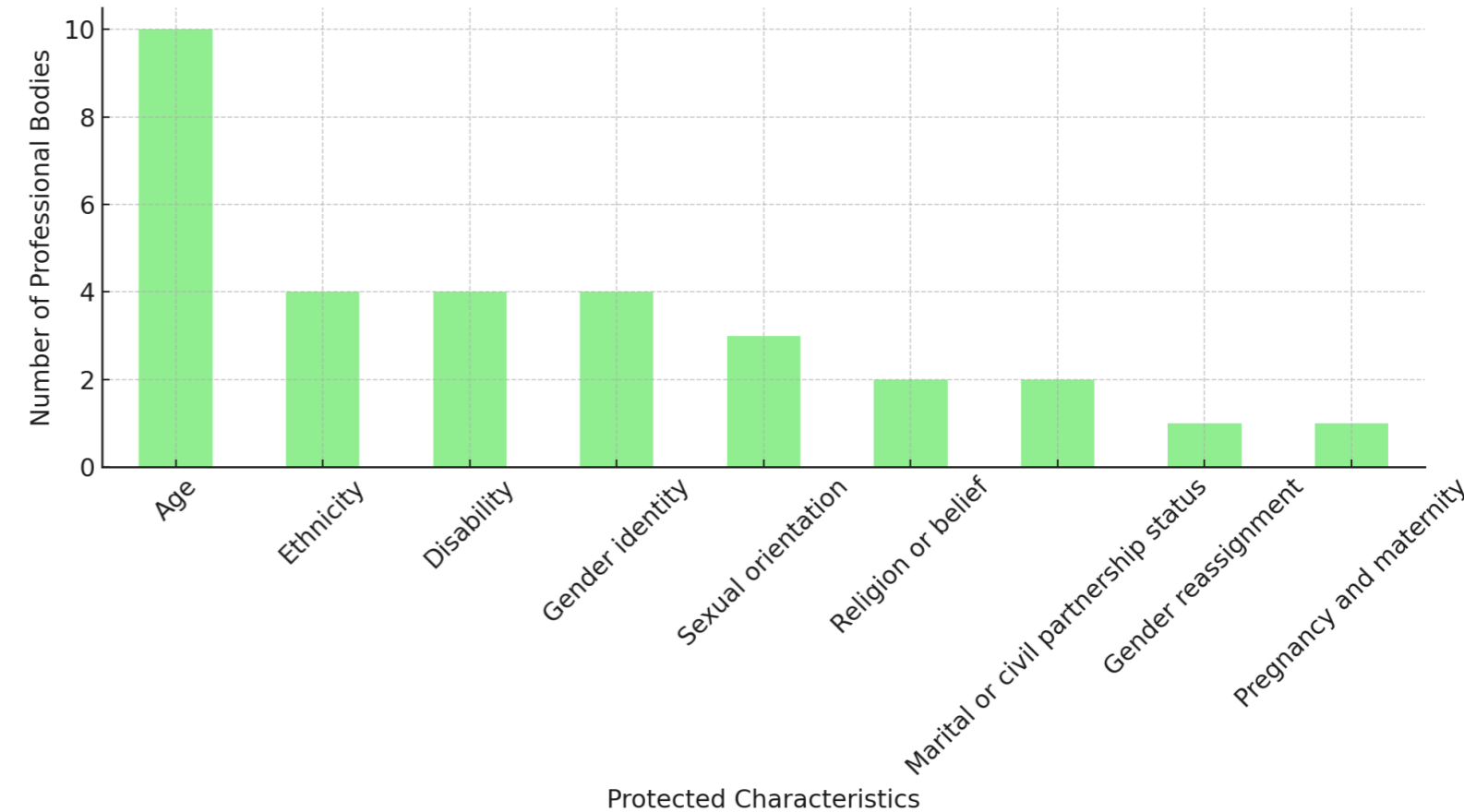- Existence of comprehensive EDI policies and action plans
- Involvement of appointed EDI officers or creation of EDI working groups

Initiatives & Collaboration:
- Existence of mentorship or sponsorship programs
- Collaboration with other organisations to address EDI challenges
- Addressing barriers in attracting and retaining diverse leaders

Conference & Meeting Diversity:
- Consideration of diversity in conference session chairs
- Inclusion of neurodiversity in meetings and training
- Recording of sessions for increased inclusivity

Bar chart: Number of Professional Bodies vs EDI Policy Status (In preparation/planning to implement: 5, Yes: 5, No: 4)

Bar chart: Number of Professional Bodies vs Protected Characteristics (Age: 10, Ethnicity: 4, Disability: 4, Gender identity: 4, Sexual orientation: 3, Religion or belief: 2, Marital or civil partnership status: 2, Gender reassignment: 1, Pregnancy and maternity: 1)

HCS Community – Pool of Contributors

90 Contributors – across the country with a good mix of HCS Specialisms
"why EDI is important to you and what change you would like to see or bring about?"
A total of 5100 words or 11x A4 sheets of rich data is captured

12 Themes generated

Education and Awareness:
• Implementing mandatory training requirements on EDI
• Emphasising neurodiversity and providing relevant training
• Correcting misconceptions and educating staff about potential biases, such as those relating to origin or gender
• Applies to registrants too

Equitable Recruitment and Career Progression:
• Reviewing and improving recruitment processes to ensure fairness
• Addressing the disparities in career progression opportunities based on gender, ethnicity, or other factors
• Applying learning to register

Improving Work Environment and Well-being:
• Fostering a work environment where staff feel valued, respected, and safe
• Addressing staff satisfaction and well-being as essential components of service delivery
• Recognising the challenges faced by employees with disabilities or health conditions and providing necessary support

Workshops

4x Workshops

100+ trainees

- Awareness
- Education – self-reflection & group discussions
- Feedback on content development and format of the HCS EDI Toolkit

Themes and Ideas for an accessible Toolkit:

- Dynamic flowchart-based search function, similar to NHS 111 operation, to find relevant information quickly
- Make information available within 3-clicks
- In-Person or virtual events around EDI topic > text-based training material
- Introduction of World Cafés to better learn about other colleagues and patients inclusive of their protected characteristics
- Series of newsletters for registrants to signpost and advice on use of the Toolkit

"Was expecting it to be quite a bland session but actually was very engaging and allowed discussion of some interesting topics!"

Summary

 The AHCS & CSO EDI Programme not only supports EDI but also connecting AHCS with PSA standards, paving the way for a more inclusive HCS community.

The research carried out in this programme is helping formulate the AHCS and HCS EDI Strategy, Framework, and Toolkit that will contribute towards better HCS staff/registrants and ultimately patient care.

"Diversity can help organisations improve both patient care quality and financial results"[1]

[1]Gomez LE, Bernet P. Diversity improves performance and outcomes. J Natl Med Assoc. 2019 Aug;111(4):383-392. doi: 10.1016/j.jnma.2019.01.006. Epub 2019 Feb 11. PMID: 30765101.

Thanks

Q&A