



Demographic Data: Frequently Asked Questions

Why do you want demographic data?

Equality is a core value of the College, and we take our commitment to addressing all forms of inequality and inequity very seriously. Our vision is to be a catalyst to ensure the speciality of Emergency Medicine is inclusive, fair, and equitable, where all social groups are recognised and can develop to their full potential.

Although we know anecdotally that the specialty of Emergency Medicine is diverse, we are unable to fully evidence the extent of this diversity. The data on protected characteristics of our Emergency Medicine clinicians is not available through the GMC or the NHS.

We want this data to better understand our membership and the Emergency Medicine workforce. If we do not know who we are, we cannot advocate for everyone or be confident that we are representing all our Members and Fellows.

As a Charity, we also have a number of legal obligations to meet including ensuring we achieve our public duty under the Equality Act (2010) and confirm we are abiding by the Charity Governance Code. This has recently been updated to include an equality, diversity and inclusion (EDI) principle.

What are protected characteristics?

Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. The 'protection' relates to protection from discrimination. There are nine protected characteristics:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sex
- Sexual Orientation

What demographic data are you trying to capture?

We would like data on all the protected characteristics outlined above. Additionally, we would like to know more about:

- Your first language
- Your gender identity
- The types of leave you may be on
- Your social background
- Your working patterns

Although social background is not a protected characteristic, we know that people from deprived backgrounds are underrepresented in the medical profession.

Will you share my data with anyone?

The data you provide us with is anonymous.

We will only use data on protected characteristics in an aggregated form for statistical purposes. We will never publish the data in a way that allows individuals to be identified.

The data will be held in accordance with the RCEM's Privacy Policy in line with existing laws on UK General Data Protection Regulation (GDPR), tailored by the Data Protection Act 2018. Access to this data will be restricted to staff who are involved with processing and monitoring the data. Disaggregated data will not be seen or handled by anyone within decision-making processes.

What will you gain from understanding the data?

The data will allow us to:

- Understand the breakdown of different groups of people across all levels of our membership.
- Help us to understand and improve the experiences of our membership throughout their careers.
- Identify systematic bias in recruitment, retention, progress and attrition rates in the specialty.
- Evaluate whether our College committees and structures truly represent our membership and allow us to take action to improve representation.

The data will help you and help us to hold ourselves to account on EDI matters.

How will you use this data?

We will regularly report aggregated data pertaining to membership demographics to our Trustees, Council, Corporate Governance Committee, EDI Committee and Women in Emergency Medicine Special Interest Group. This will help us to ensure:

- we are holding ourselves to account as a College as well as holding the GMC, Government, and Academy of Medical Royal Colleges to account on your behalf.
- we are identifying and taking action on disparities that emerge
- we are ensuring we improve the coverage of this data

We will also use this data in aggregate form as part of our communications, research, and policy work to advocate on your behalf with bodies including the GMC, Government, and Academy of Medical Royal Colleges.

How will I benefit from this?

Monitoring data is an important component of identifying inequality and ensuring it is acted upon. It will help us help you by:

- Allowing us to better understand who you are – by doing this we can take targeted action to respond to your needs.
- Provide a better and more tailored service to you.
- Establishing an evidence base for our workstreams, activities, and policies. It is important we base this on evidence rather than assumptions.
- Assessing whether our policies and practices are equitable and fair.
- Helping us to develop a deep understanding of any barriers you may face.
- You can hold us to account on EDI matters.

Can you give me an example of how you've used this data so far?

In 2019 we carried out an analysis of the gender breakdown of our membership. We identified gender disparities in different membership categories, and along with feedback

received from members in our Annual Scientific Conference, we established the Women in Emergency Medicine Special Interest Group. In 2020, we asked for demographic data through two COVID19 surveys we carried out. We identified ethnic disparities in access to appropriate PPE. We published this report and secured media coverage and influenced the PPE agenda on a wider scale.

I provide my demographic data at every event I attend and exam I sit, why are you asking for this data multiple times?

We acknowledge that we ask for this information at multiple points, therefore you may have already filled in some standard demographic data for exams and events etc. That information has been captured and will already be populated in the form and is used by the GMC for monitoring purposes. However, we have begun capturing additional information, as outlined above, and it is this data that will need updating even if you have already filled out your profile before.

Why are there so many questions about my circumstances before medical school?

These questions help us capture the socioeconomic background of our members. Although socioeconomic background is not a protected characteristic in a legal sense, we know that class discrimination exists and only 4% of doctors come from 'working class' backgrounds (Social Mobility Foundation, 2016). It is therefore important for the College to collate this data. The measures we have used are recommended by the Civil Service for use by employers. They capture schooling, parental education, parental occupation, and eligibility for financial hardship.

Why are you collecting so much information?

We understand that we are collating a lot of information. We carried out extensive research, and as part of this we examined what forms of data were collected by other organisations. By doing this, we concluded that our proposed questions encapsulated as many identities and backgrounds as we could. We want to ensure that we are collecting information that reflects the diversity of our global membership. We think the questions are thorough and allow us to ensure that everybody is represented.

Do I have to share my data?

No, not at all. We have provided a 'prefer not to say' option for each question. If you do not want to share your information, please select this option. This way your profile will be marked as complete, but you will not have to share any information that you do not want to. You can change your data at any point on your profile.

If you have any questions, comments, or feedback, please contact policy@rcem.ac.uk