



We are seeing an increasingle aggressive and regressive attack on rights that have been won be different groups, in more than one countre, and I don't think our eliminate to that in the UK.

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So it s just ama ing reall to come together with people who have a shared passion and those kinds of values.

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Welcome to this Ro al College of Paediatrics and Child Health podcast. M name is Natasha Neill, and I m Chief of Staff at the RCPCH. I m delighted to be speaking with some of the members of our equalit , diversit and inclusion member reference group. This was a group that we formed almost two ears ago to make sure that the voices of members were at the heart of the EDI work of the College. And the group has made huge

contributions to the development of our Working for Change programme. We ll introduc

after me would not have to think and feel the wa that I did as a child, a oung person, a oung adult. So that ver much drove what I ve done. And that was through the Rainbow Badge project, initiall, which has opened up lots of doors to carr on doing that work. For me it was about tring to be the person that ou needed when ou were ounger, so tring to create that space for other people.

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It s, it s such a great question. I will answer ne t, I think. You know, the re reall personal stories, I think that usuall bring ou to this work. But in m case, I grew up in Saudi Arabia, and m mum is English and m dads Arabic. And so m dad was ver Muslim background, and m mum, kind of quite white Christian, sort of English background. And I alwa s felt like it was in the middle of those two. And also, Saudi is a ver strict countr with quite prescribed was to be. And then I came over to the UK, ou know, and I was just so reall grateful that even with all the issues and problems, and obviousl, ou know, around Black Lives Matter, and the setting up of this group, and all the issues with s stemic racism, ou know, the UK is ver far from perfect, but I felt that it was a place - and especiall where I live and work in London - that ou could, ou know, as a teenager, I felt ou could be who ou wanted to be much, much more than kind of the other alternative where I grew up.

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ou know... A&E is super bus and the children and the waiting lists for communit

J. F. 15:57 So I think for me, I am slight I tempered b the fact that it s taken a while in previous

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So I II go for a general one, which is ver similar to what I said earlier, I think prioritising children and oung people, is reall important. And that then I think ties into what I think would be m more specific one, which is, I think, for LGBT+ kids and oung people, and trans and gender-diverse kids and oung people, the world is quite scar, is getting scarier. I think I would like to see the College clear I setting out how we should be supporting those oung people and their families, and how we should be supporting paediatricians. We ve had some reall interesting conversations within the members reference group where people have been able to sa that actuall the don't feel confident to have those discussions within the members reference group of the second of th

So priorities wise, I think, having helped to work on some of the action points from the action plan that we have put in the Putting Down Ladders report, I think its important that we are on our wa to completing the majorit of these goals and targets that we had as a College. But I think its important that we get to - completion is a phase, because its completion and then continuation. But I think its reall important as a College, we can sa, we aim to do something and we complete it, and we do it and we continue to sustain it.

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So priorities immediatel , I d sa is making sure that we re not forgetting what we ve said we re going to do, and making sure that we re accountable to that. And doing that. As I said, I m involved in the reciprocal mentorship programme, kind of creating that and building that up. And I d reall—love to see that kind of continuing nature, because I think it will help to give people that opportunit—to collaborate with senior members of the College, with other members of the membership, to reall—see well, a more kind of direct level, how different e—periences can be affected b—the things that paediatrics in general or child s—health, or just people in general, can affect them. So I think, being completers of what we sa—we re going to do is the priorit—. So we can have lots of ideas, but I think we need to make sure that we re finishing them.

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And for me, I think it s not sh ing awa from things that are reall difficult. So as Nadia mentioned earlier, we had evidence emerging about international medical graduates provided in the recent weeks: reports about racism being s stemic in the NHS, and there s lots of discussion before, and people can give their own opinion but we have data, we have results now. Because it is not sh ing awa. And as I said, that s alwa s going to be one of m most important slants for me. But there will be evidence from other different parameters. And I think it s not sh ing awa from the things that are difficult, that are trick to navigate and sa ing actuall, sometimes we don't know the answers, but we're going t-1.8 (ro-1..6 (expected to the state of t

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