

EDI Report for EBMT Board Meeting 16th January 2021

(1) BACKGROUND

It was agreed at the 2019 Hamburg Board & Scientific Council that EBMT would actively start to address the organisation's gender imbalance at senior levels as well as broader Equality, Diversity & Inclusion (EDI) issues. Subsequently, a Working Group was convened and met regularly during summer/autumn 2020 with – latterly – the support of a UK-based consultant, Ben Summerskill.

At its meeting on 16th October 2020 the Board adopted a mandate that the EBMT *aims* to have 25% female representation among its Officers and Working Parties within three years (by the end of 2023).

It was agreed that the EDI Working Group would:

- a. Carry out a qualitative survey of EBMT Members about engagement in voluntary roles to inform its work
- b. Carry out a quantitative diversity survey of EBMT Members and Staff to inform its work
- c. Report back to the January EBMT Board Meeting

(2) QUALITATIVE SURVEY

An independently-hosted qualitative survey was posted online from 15 November until 29 December 2020. 143 Members, 39 staff and 9 close external supporters (Patient Advocate, Delegate etc.) replied.

The response level from a wider membership – approaching 3% of 5,000 total – is typical for this type of survey when executed for the first time. The response level from staff – four in ten – is relatively high.

When such surveys are repeated over time, and are recognised as useful and listened to by an organisation, response rates almost always rise.

(a) Appetite for engagement

Asked – Are you happy that the EBMT is paying more attention to equality, diversity and inclusion in order to widen the range of people in its volunteer and staff roles? If so, why? - there was a significant level of enthusiasm for the proposed work programme.

'Knowing that you respect diversity is important to me'

'This is to be expected in a modern, developing organisation'

'We should be promoters of change not mere observers'

'Of course. EBMT governance platforms should represent the wider society we are serving'

'Diversity means richness'

'Currently I don't fit in. EBMT feels like a "gentlemen's club"'

'It's a testosterone-fuelled organisation'

'This is urgently needed'

There was a clear understanding articulated by many respondents that the value of such work doesn't lie solely in better practice around employment of *people*, in both voluntary and paid roles. It also offers the opportunity to enhance the EBMT's organisational and clinical effectiveness.

'The best talent can only be recruited from the largest pool'

'Diversity always leads to more creativity, improved productivity and higher impact'

'This work will help include underserved populations in reports or clinical trials and this will help mitigate disparity in clinical outcomes'

'Diversity will create more loyalty to EBMT, adding confidence and trust in its approaches'

'In this way we can better serve our patients'

A small number of respondents expressed objections to the proposed engagement.

'In an ideal situation time could be wasted on this. It seems to me a cosmetic exercise of no relevance'

*'EBMT should **not** follow fashion'*

'I really don't care'

It's important that these members felt able to engage and similarly important that their voice is acknowledged. However such voices were outnumbered (by some 14 to 1) by those supporting the proposed approach.

(b) View of the current diversity of EBMT

Asked about current perceptions – What's your view of the current diversity of those in voluntary and staff roles at the EBMT? – there was a significant sense that the disparities acknowledged by the EBMT Board are shared by others too.

'Senior roles are mostly male. Women are underrepresented'

'The Board does not include the excellent female professors in the field. In general lower income countries are not represented'

'It's mainly white men in the powerful positions'

'Mostly white men. It feels like a private club. Very difficult to access'

'Everyone I work with with one exception is caucasian. This lack of diversity is reflected in the different Working Parties'

'EBMT needs to be inclusive to a new generation of staff and physicians'

'We don't look like the population that we want to serve'

Once again, there was a small cohort of respondents with a slightly different view.

'The Board reflects medicine beyond the EBMT. Men appear as directors and leaders'

'There is a white male predominance which is understandable for clinicians given the group from which they are recruited'

Several Members noted that absence of diversity in voluntary roles was not just based on individual personal characteristics, but geographic too. This is an important issue for an international organisation.

'The current Board has a majority of South and West European males'

'Smaller or Eastern regions are not represented'

'We should include Members from outside Europe (Turkey, India, Brazil for example)'

'In the nurses' groups we have a majority of women but not all countries that are EBMT members are represented'

It was observed by a number of respondents that the EBMT staff cohort was more diverse than that at Board or Working Party level. The quantitative data now gathered, see below, evidences this.

However, a number of staff themselves noted that most of their managers are white. Staff also noted that they have very few (openly) disabled colleagues.

(c) Barriers to entry and success

Further questions were asked about willingness to apply for both voluntary and staff roles, the likelihood of success and how the EBMT might facilitate both applications, and successful applications, from under-represented groups in the future. Responses will be carefully considered in drafting the proposed Action Plan.

'It appears to be a boys' club that encourages similar types of people to apply'

'It's not good enough simply to advertise the roles. EBMT should actively seek and encourage people from under-represented groups'

'I don't think I've ever seen an EBMT staff role advertised'

'Senior figures should encourage others to participate'

'Positions are divided among senior members without inclusion of new members'

'When I applied, there was no feedback. This encouraged me not to apply in future'

'Elitist aura and language'

Two recurring themes among a number of Members on this subject were their existing workloads and that voluntary roles are unpaid.

'I'm too involved in taking care of patients to actively contribute'

'Heavy workload in main place of work'

'Time commitments [discourage people] particularly where employers are not supportive'

This is a commonplace issue in professional medical organisations, and indeed in professional organisations more widely. Given resource implications it's recognised that any Action Plan will almost certainly have to focus on non-economic draws. (Although, of course, appropriate reimbursement of expenses is current EBMT policy and should be sustained.)

Similarly, some staff raised the issue of better pay as a motivator for applying to work for EBMT. This is similarly commonplace in any sort of employee survey (and rational employee behaviour!) but also may not be something that can be addressed in this context. Others did express enthusiasm for their employer too.

'The EBMT is an amazing organisation to work for'

(3) QUANTITATIVE SURVEY

An independently-hosted quantitative survey was posted online from 29 November until 29 December 2020. 245 Members and 34 staff replied.

Once again the response level from a wider membership – approaching 5% of 5,000 total – is typical for this type of survey when executed for the first time. The response level from staff – more than three in ten – is also relatively typical. Key findings from the replies are below.

(a) Sex

64% of Members are female, 36% are male and 0.4% non-binary
79% of Staff are female, 21% are male and 0% non-binary

(b) Gender identity

100% of both Members and Staff have the gender identity they were assigned at birth

(c) Ethnicity

89% of Members and 90% of Staff are white

(d) Age

20% of Members and 53% of Staff are under 40

(e) Disability

3% of Members and 0% of Staff are disabled

(f) Sexual Orientation

8% of Members and 10% of Staff are non-heterosexual

These outline findings suggest that the Staff of the EBMT largely reflect the personal demographic of the Membership. It is likely that any future surveys (in a culture where they are thought to be organisationally helpful) will deliver higher response rates and greater accuracy.

What's reasonably clear is that – on the basis of 'visible' evidence, specifically – the EBMT Board and Working Groups are not, currently, particularly representative of the wider membership.

(4) POSITIVE DISCRIMINATION/QUOTAS

A small number of respondents to the Qualitative survey rehearsed a concern expressed at the last Board meeting about the possible use of positive discrimination in delivering useful outcomes at EBMT.

'This [work] should not be approached by quota or positive discrimination'

For the avoidance of doubt, it is highly unlikely that either quotas or positive discrimination will feature in any final EBMT recommendations. There is an important

distinction between an *ambition* (a target that can be the basis for success analysis) and a *quota* (a mandated outcome).

It has been the firm view of the Working Group that its own ambition should be to source and develop the rich seams of the very considerable talent which already exists in the EBMT membership and elsewhere, rather than compromise on the quality of any appointment. (This is an important distinction between positive discrimination and positive action.)

(5) NEXT STEPS

It's proposed that, on the basis of its work so far, the Working Group now produces a light touch organisational Action Plan (with realistic suggested timeframes for implementation of, for example, 12, 24 and 36 months) and reports this to the Board meeting on 13th March.

'Improving EDI will help us build a more powerful organisation more aligned with our values in order to better serve our patients'

'The EBMT should be like the world, with many faces'

ends