

THE BRITISH THORACIC SOCIETY
POLICY ON INCLUSION, DIVERSITY AND EQUALITY

1. INTRODUCTION

1.1 The British Thoracic Society (BTS) is a membership organisation which exists to improve the care and health outcomes of people who have lung disease. We do this by harnessing the experience, knowledge, skills and contributions of our members, supported by a small staff team, and involving people with lung diseases in the development of our advice about service development and clinical management. We will only be successful in pursuit of our objectives and mission if we engage with and use the talents and commitment of the full spectrum of people eligible for BTS membership.

1.2 We aim to attract and retain a membership body that reflects the respiratory community, including the various job roles that exist in respiratory teams, and to encourage all members to consider actively participating in planning and delivering our activities via our network of Committees and Advisory Groups. In this way our members will also serve the broad objectives of the Society and contribute to the development and improvement of our Inclusion, Diversity and Equality (IDE) policy.

1.3 We have, and aim to retain, a talented and diverse staff. We are committed to their continuous professional development and to ensuring that our recruitment, retention and development processes enable us to promote and maintain the diversity of our staff.

2. VALUES/BELIEF STATEMENT

2.1 We believe that it is vital for any organisation working in the public realm, and especially for BTS given our mission, to actively combat discrimination and inequality and create and maintain inclusive environments in which people feel respected, valued, safe, trusted, and have a sense of belonging.

2.2 We believe that when people feel included their diversity adds value; and we are committed to reflecting the diversity of the communities served by our members and other stakeholders in our membership, leadership, and workforce.

2.3 We believe that all who engage with BTS should feel confident that they will be treated equally well, and we expect everyone formally connected to the Society to treat each other with respect.

2.4 We believe that equality and diversity encompasses more than the 9 protected characteristics¹ cited in the 2010 Equality Act, and in consistently striving to be an organisation that treats everyone equally well, through our policies, processes, and practices, we will go beyond mere compliance with the legislation.

¹ The 'protected characteristics' are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

3. PURPOSE

3.1 Our statement of beliefs/values noted above underpins this policy, the purpose of which is to set out our aims, objectives and priorities for inclusion, diversity and equality across our organisation. This will refer to the Society's roles and responsibilities as:

- An employer of paid staff
- A membership organisation
- A leadership organisation working with volunteers (that is those BTS members and other individuals who come forward to join BTS Committees/working groups and other roles)
- A stakeholder organisation which reflects the view of health care professionals.

4. OBJECTIVES

4.1 In order to achieve our aims and support our values, the Society has identified the following objectives:

- To set in place policies and practices that encourage participation from all individuals who make up our membership, especially members from communities not currently actively participating;
- To reflect the diversity (see definitions at appendix 1) of our members at all levels across our membership and workforce, ensuring that we recruit talent from, and promote opportunities to, all sections of society;
- To focus on inclusion (see definitions at appendix 1) to build our culture and reputation as a place that attracts, develops, retains and fully engages all the diverse talent across our organisation
- To create a workplace in which people feel valued and are treated fairly and with dignity and respect at all stages of the employment process from recruitment to termination of employment;
- To ensure the Society complies with all relevant anti-discrimination legislation.

5. RESPONSIBILITIES

5.1 BTS as a registered charity and an employer of paid staff:

The **Board of Trustees** is accountable for ensuring this policy is adhered to and responsible for championing the fundamental principles outlined within it, allocating appropriate resources, providing leadership, and supporting the Senior Management Team to enable this policy to be meaningfully implemented.

The **Senior Management Team** (SMT) is responsible for ensuring the implementation and monitoring of this policy on behalf of the Board of Trustees, for reporting progress on a regular basis, and for reviewing the policy periodically as agreed by Trustees.

All line-managers are responsible for creating inclusive working environments and a culture in which those who report to them feel able to be their best self and do their best work; they are therefore expected to be role models of inclusive behaviour to staff and associates.

All staff are expected to:

- promote equality – treating all their colleagues equally well;
- value the diversity of their colleagues – their culture, ways of thinking, approach to problem solving etc;
- manage inclusion - respecting, valuing and trusting colleagues;
- understand how the policy relates to their role, seeking guidance from their manager as necessary;
- challenge excluding behaviours or perceived unfair treatment - asking how the behaviour aligns with BTS values and beliefs;
- report cases of unlawful discrimination or harassment to their manager (see appendix 1).

5.2 BTS as a membership organisation:

We are aware that a significant proportion of the membership is actively engaged in activities on behalf of the Society. We want to ensure that active engagement extends across our membership, in all aspects of its diversity, including, for example, profession, roles, functions, ethnic origin, sex and age.

In seeking to be a membership body that reflects the respiratory community we may need to be proactive in seeking to increase the number and proportion of our members in Committees/working groups/other Society roles to reflect the diversity of the communities served by our members.

5.3 BTS as a leadership organisation working with volunteers:

We will demonstrate inclusive leadership in our work with volunteers by actively seeking ways for them to fit together and benefit from the differences they each bring. We will provide inclusion, diversity and equality briefing information/sessions/workshops for all volunteers.

We will ask our volunteers, at regular intervals, what we should do in order to help them be their best selves and do their best work and invite and expect feedback regarding our performance as a diverse and inclusive organisation. In response, we will demonstrate any necessary behavioural change, or communicate our reasons for not changing.

We will praise inclusive behaviours publicly and address the issue of excluding behaviours in private.

5.4 BTS as a stakeholder organisation which represents health care professionals:

We will deliberately strive to be a model of good inclusion practice and consciously seek to reflect the diversity of the sector. We will deliberately use our influence to support groups of health care professionals who may, from time to time, seem to be marginalised within the sector and seek ways to challenge practices and processes that although not unlawful may be causing or contributing to exclusion.

6. PRIORITIES FOR ACTION

6.1 Create a comprehensive framework for collecting, analysing and using data regarding the diversity of BTS members and staff.

6.2 Review our processes for attracting and selecting staff, members and others for voluntary roles in order to continue to develop and maintain a diverse inclusive organisation.

6.3 Educate our workforce to improve understanding of barriers faced by particular groups so that all employees can help to remove these barriers. We will ensure that the staff handbook includes appropriate information. We will ensure that inclusion, diversity and equality training is included in Trustee training activities and that those undertaking voluntary roles are provided with briefing information.

6.4 Review our approach to the content and style of our communications including our website and all other regular communications (electronic and printed) for both written content and visual representation of individuals.

7. TIMETABLE

7.1 Following Board approval in June 2021, a 3-year action plan will be put in place to address the priorities listed above.

8. REVIEW AND REPORTING

8. The SMT will regularly review progress against the actions noted above and report on an annual basis to the Board of Trustees.

9. FEEDBACK

9.1 Feedback on the BTS IDE Policy is welcome. Please contact: sally.welham@brit-thoracic.org.uk

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DEFINITIONS

The Equality and Human Rights Commission definition of equality is:

Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents. It is also the belief that no one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability.

At BTS we use the following working definitions:

Inclusion is the sense of belonging, of feeling respected and valued, that allows individuals to make a difference.

Diversity² is valuing differences within and between groups of people

Equality is the framework underpinned by legislation that requires organisations to take action to protect those being discriminated against and provide access for participation to all individuals and groups.

Direct discrimination

Direct discrimination occurs where the reason for a person being treated less favourably than another is a protected characteristic³. This definition is broad enough to cover cases where the less favourable treatment is because of the victim's association with someone who has that characteristic (for example, is disabled), or because the victim is wrongly thought to have it (for example, a particular religious belief).

Direct discrimination is generally unlawful, no matter what the employer's motive or intention. However, it may be lawful in the following circumstances:

- where the protected characteristic is age, and the less favourable treatment can be justified as a proportionate means of achieving a legitimate aim
- in relation to the protected characteristic of disability, where a disabled person is treated more favourably than a non-disabled person
- where the Act provides an express exception which permits directly discriminatory treatment that would otherwise be unlawful

Indirect discrimination

Indirect discrimination occurs when a policy which if applied in the same way for everybody has an effect which disadvantages people with a protected characteristic.

² Our differences include family background; age; ethnic origin; gender; physical abilities and qualities and appearance; nationality; sexual orientation; educational background; marital status; parental status; religious beliefs; life and work and experience; social class; and the other experiences that has touched our lives or influenced our thinking.

³ The 'protected characteristics' are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

For indirect discrimination to take place, four requirements must be met:

- the employer applies (or would apply) the provision, criterion or practice equally to everyone within the relevant group including a particular worker;
- the provision, criterion or practice puts, or would put, people who share the worker's protected characteristic at a particular disadvantage when compared with people who do not have that characteristic;
- the provision, criterion or practice puts, or would put, the worker at that disadvantage; and the employer cannot show that the provision, criterion or practice is a proportionate means of achieving a legitimate aim.

Harassment

There are three types of harassment.

1. The first type, which applies to all the protected characteristics apart from pregnancy and maternity, and marriage and civil partnership, involves unwanted conduct which is related to a relevant characteristic and has the purpose or effect of creating an intimidating, hostile, degrading, humiliating or offensive environment for the complainant or of violating the complainant's dignity.
2. The second type is sexual harassment which is unwanted conduct of a sexual nature where this has the same purpose or effect as the first type of harassment.
3. The third type is treating someone less favourably because he or she has either submitted to or rejected sexual harassment, or harassment related to sex or gender reassignment.

Victimisation

Victimisation is defined in the Act as:

Treating someone badly because they have done a 'protected act' (or because someone believes that a person has done or is going to do a protected act).

A 'protected act' is:

- Making a claim or complaint of discrimination (under the Equality Act).
- Helping someone else to make a claim by giving evidence or information.
- Making an allegation that you or someone else has breached the Act.
- Doing anything else in connection with the Act.

If someone is treated less favourably because they have taken such action then this will be unlawful victimisation. There must be a link between what they did and the treatment of them.