Effective patient and public involvement in the work of the medical royal colleges and faculties: A practical guide
Effective engagement with patients and the wider public is not just important, it is essential. This is especially the case as the NHS seeks to restore services during the COVID-19 pandemic.

The following offers support for the development of patient and public / lay involvement in the UK and Ireland’s 23 medical royal colleges and faculties to ensure that their views are heard and acted upon by the medical profession.

Each college and faculty member of the Academy of Medical Royal Colleges (the Academy) has a different history and different experiences of promoting and supporting involvement. Therefore, this is to be used a resource to encourage and enhance good practice discussion and where useful, for adaptation according to each organisation’s own needs, experience and resources. In some cases, it will provide a starting point for groups, in others it may provide useful ideas. It looks at engagement and involvement from an organisational view point, a patient and public / lay person’s perspective as well as ideas to encourage recruitment.

This has come out of extensive discussions at the Academy’s Patient and Lay Committee (APLC) and was drafted with the help of a working group made up of APLC members.

I am grateful to them and in particular to Kate Tansley for their support with this work.

Ros Levenson
Chair, Academy Patient and Lay Committee
"All NHS bodies have a [legal duty to involve and consult the public about the running of local health services]" and although colleges and faculties are not NHS bodies, it is common sense and good practice to involve the very people that are affected by our work. Colleges and faculties are, however, charities and being accountable is central to their work priorities and charitable objectives. [UK Government Guidance for charity trustees] states that the charity must be accountable to those with an interest and that it is "[important to take account of what your members, beneficiaries, supporters and funders say]." Without engaging with patients and the public, it may be difficult to determine whether those objectives are being met.

Patient and public / lay involvement* is an important route for the Academy, colleges and faculties to hear and take account of the views of their ‘beneficiaries’. They provide a valuable and significant resource, actively contributing their experience, skills and knowledge as members of the public, patients, patient advocates, carers or lay people to the overall effectiveness of the how our organisations are run. For the most part involvement takes place via committees, that meet regularly, with a membership made up of predominately patient and public / lay people to provide a non-clinical voice to the work of the organisations. In some colleges and faculties engagement also happens through involvement in other organisational committees and working groups, wider virtual stakeholder groups, responding to surveys/consultations, developing patient facing materials, having lay trustees and through meeting patients and the public in their own locations.

* By involve or involvement, we mean any process that the organisation has for involving patients and the public / lay people in their work.
The methods of engaging patients and the public / lay people may vary according to the focus and capacity of the college or faculty, but the principle remains the same. If the organisation aims to benefit the public, the public should be engaged.

All medical Royal Colleges and Faculties believe that involving patients and the public / lay people in their work improves what they do. The APLC considers that to do this effectively it is vital to have an engagement plan. We therefore consider that colleges and faculties should address the following five questions when planning and improving engagement:

1. Have your patient and public / lay people Engagement plan, Aims and Objectives been developed with patients and public / lay members?
2. Are clinician and patient and public / lay members clear about the engagement plan and its aims?
3. Have you considered how to engage with a wide range of patients and public / lay people?
4. Are patients and public / lay members given sufficient information and where needed, support [including financial and staff support] and/or training, in order to engage effectively?
5. How do patients and public / lay members receive feedback on how their comments have been used?
Engagement for colleges and faculties

There is no one perfect method of patient and public / lay person involvement [PPI]. Different situations may require different approaches and there can be various methods which can contribute successfully.

You might consider:

— A permanent patient and public / lay person involvement committee, perhaps supplemented by a virtual group
— Short life working groups
— Focus groups and other online or face-to-face engagement activities
— Social media awareness raising campaigns to gauge the public’s response to a particular issue
— Consultation / partnership work with groups and charities that share your objectives.

In practice this means:

— Regular communication with patient and public / lay members by senior staff and/or officers including the relevant executive directors, the CEO and the President
— Regular updates with patients and the public / lay members on key work. Providing them with the opportunity to comment as well as raise their own items for discussion and action
— Officers and/or senior staff attending PPI meetings
— Co-opting a PPI member to the college/faculty Council [as well as other areas of work]
— Having a dedicated Council member liaising with the PPI group
— Providing a regular report to the Council of PPI activities
— Being clear what you need and expect from patients and the public / lay members and what they can expect from you

— Being accountable and evaluating involvement in your organisation. Publish what you do. Say what has changed as a result of it. The benefits, the challenges. What are the measures of success? This can help encourage and retain involvement, not to mention enhance the reputation of the organisation

— Sharing best PPI practice from other colleges / faculties and incorporate that in your practices

— Increasing your knowledge banks by sharing information, from the simple act of reading minutes from the Academy Patient and Lay Committee or college groups to inviting patient and public / lay members to shadow college work for a more in-depth understanding

— Patient and public / lay members are volunteers. Recognising and rewarding their contributions. Show the value that you place on their involvement and be creative in ways to share their voice, blogs, events, mentions in reports. As in all areas of life, a thank you goes a long way.
At the heart of any effective PPI activity there should be an engagement plan. This can be tailored to the specific circumstances in which the organisation operates and should be seen as a fundamental part of the organisation’s aims and values in improving healthcare for the benefit of the population. It is good practice to present this annually to the council or governing body. Colleges and faculties should work with their patient and public / lay members to develop an engagement plan.

The plan should consider:

— The purpose of PPI (work with patient and public / lay members to establish this)
— Realistic and manageable objectives and priorities that align to the college or faculty’s priorities
— How PPI will be promoted across the college or faculty
— Support and resources [not just financial] needed for PPI, such as upskilling and dedicating staff to the work and providing them with information / CPD / training in understanding PPI
— Who has responsibility for patient and public / lay member involvement (this shouldn’t just be employed ‘involvement workers’ but should ideally be integrated across the whole college or faculty) and should be reflected in role descriptions. It could also be included on staff Key Performance Indicators and appraisal targets
— A communications plan – how to promote key messages of the PPI group internally and externally. It is always important to work closely with the college or faculties communications’ leads
— A recruitment plan. How will you develop, sustain and if necessary, increase, the diversity and inclusivity of patient and public / lay members?
— How often and by who the PPI plan will be reviewed?
— How and when PPI is monitored to check objectives and priorities are being met.
Communication is key for success in implementing the plan. The patient and public / lay person perspective needs to be integral to the organisation.

**Ensure your influence is targeted and effective**

- Know what your college / faculty does and prioritises. Familiarise yourself with the objectives and key policy priorities
- Know what the PPI plan and priorities are
- See how you can contribute to and be kept up to date with both the PPI and college / faculty priorities and work plans
- Get your name on distribution lists
- Often it is the lead or Chair of the group who will have the greatest involvement with college / faculty staff. The Chair should have regular meetings and updates with the relevant executive directors, the CEO and the President. (If you are a new Chair, make sure such meetings are part of your induction)
  - Plan in advance. Go to meetings prepared with key points and strategies
  - Chairs should check with members before meetings, do they have expert knowledge in an area, do they have input that should be voiced?
  - Members should know when these meetings are and feed in opinions to the Chair
- Say if points you raise are shared by others [i.e. patient and public / lay members or other bodies and organisations]
- Say if there is evidence to support your views, for example NHS surveys, reports from patient organisations etc
- Use your networks. The Academy Patient Lay Committee brings all the colleges and faculties together. Utilise this unique position and share information. If another college or faculty is doing something well, see how you can incorporate it in your own activity. If you need engagement from specific groups can you work in partnership with a college with more experience in that area?
Recruiting members who reflect the wider community

Recruiting members is not an easy task. If possible, you should:

— Align your recruitment process to that of your host college or faculty’s HR department where relevant

— Confirm your selection panel – who will decide who you short list and appoint?
  • What criteria will they judge applicants against [usually based on the role description and considering diversity and inclusion [see below]
  • Who will interview prospective applicants, check references and confirm appointment? How will this be done?

— Put together a Recruitment pack. This should include,
  • Role description and person specification [see Annex 1]
  • Terms of reference and office
  • The PPI group priorities as well as the college /faculty policy priorities
  • Expenses policy
  • Letter from the PPI Chair [and college / faculty President]
  • Be clear about what is expected of the applicant in terms of time and work

— Advertise the position. Make sure that you have a thorough role description that clearly defines what the job is and the skills it requires without any unconscious bias. Include the application deadline and recruitment timeline
  • Survey the diversity of your membership to establish the need for targeted advertising and if so, where [the Academy holds a diversity survey which you can adapt if needed]

— Where should you advertise:
  • Your college / faculty and the Academy can advertise on their websites, but the reach may be small
  • Use magazines and organisations relevant to your specialty as well as a range of national newspapers
• Consider using social media to reach a wider audience, such as Twitter, LinkedIn, and Facebook.

• You may also want to target specific members of the population to increase your diversity and inclusion, consider specialist magazines and groups that can reach your desired audience.

• If you are looking for specific members of the population, make it clear. For example, we particularly encourage applications from disabled people and people from black, Asian, and minority ethnic backgrounds, as these groups are currently under-represented.

The recruitment points above will also apply to Chairs of PPI committees/groups – except where the committee elects a chair from its members.
Diversity and inclusion

Every person could be a patient at some time in their life and your patient and public / lay membership should aim to be as inclusive and diverse as possible. Does your membership currently include people of different UK regions/countries, upbringing, age, disability, gender identity or gender expression, race, ethnicity, religion or belief, sex, sexual orientation or any other equality characteristic?

What can you do to make your PPI group more diverse and inclusive? Consider:

- Do you have a diversity target? How does your membership meet it?
- Can you direct your materials to specific groups to be more inclusive and diverse? Research with who and how to best engage
- All materials you produce should use easy-to-read, person-centered, accessible and inclusive language
- Avoid unconscious bias in your language. For example, avoid using gender bias such as he/she
- You might want to consider offering multi-media such as videos or audio presentations alongside written material to help reach a wider cross-section of the population
- Ensure that venues for meetings are accessible and appropriate alternatives are provided where not

For any of these points if you require further assistance please contact the Academy who will be happy to provide advice.
# Annex 1

## Patient and public / lay person Committee member role description

A *Microsoft Word version of this generic template* can be downloaded from the Academy website.

<table>
<thead>
<tr>
<th>Role</th>
<th>Patient and public / lay member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee</td>
<td>Insert Committee name (e.g. Patient and Lay Committee)</td>
</tr>
<tr>
<td>Purpose and remit</td>
<td>- The Committee’s principal role is to ensure that it can have the greatest impact possible on improving patient care</td>
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<tr>
<td></td>
<td>- Patient and public / lay members are a valued and significant resource, contributing their experience, skills and knowledge as members of the public, patients, patient advocates, carers, or lay people to the overall effectiveness of the [insert organisation name]</td>
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<tr>
<td></td>
<td>- Committee work will be properly aligned with the College/Faculty’s [delete as appropriate] purpose, strategy, work plan and priorities. It will do this by ensuring clinicians are aware of patient experiences and their impact on the quality of care</td>
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<td></td>
<td>- As with the College/Faculty [delete as appropriate], there is flexibility for the Committee to respond to new or urgent issues as they arise</td>
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<tr>
<td></td>
<td>- Committee members are positively encouraged to view their role as both, a representative from the organisation bringing to and feeding back issues and also to consider patient care and the improvement of health outcomes in the widest possible context</td>
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<td></td>
<td>- The Committee and College/Faculty [delete as appropriate] Council will work towards an approach which will involve co-production of work</td>
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<td></td>
<td>- The Committee will review its work annually, contributed to by members</td>
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<td></td>
<td>- Committee members will be offered the opportunity to join other College/Faculty [delete as appropriate] committees. If this proves not to be possible, the Stakeholder Reference Group will provide the base for such recruitment [delete if a reference group does not exist]</td>
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<td></td>
<td>- Committee members should be responsible for identifying any learning needs to enable them to fulfil their work with the College/Faculty [delete as appropriate]</td>
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<td></td>
<td>- Committee members will have a written and personal induction regarding the College’s/Faculty’s [delete as appropriate] role and the importance of their individual contribution.</td>
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<tr>
<td>Responsibilities</td>
<td>Details</td>
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<tr>
<td>1. Patient and Lay Committee meetings</td>
<td>To attend and contribute actively to all the formal [insert Committee name] Committee meetings at the College/Faculty [delete as appropriate]. Contribute to Committee business between meetings via email exchanges and/or telephone consultations with other committee members. To contribute to ad hoc working groups and consultations if possible. To attend and contribute at a relevant annual event. [delete if not applicable]</td>
</tr>
<tr>
<td>2. Working with other College/Faculty [delete as appropriate] committees and working groups</td>
<td>Where possible, to consider joining one or more College/Faculty [delete as appropriate] committee, board or working group, attending their meetings to ensure that a patient/lay perspective is provided appropriately. The main areas of work are: education and professional development, quality and policy [amend as appropriate]. Vacancies and role descriptions will be shared with Committee members as they arise. To report back, in both written and oral format, so that other members of the Committee are kept up to date.</td>
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<tr>
<td>3. Provision of patient and public views and perspective</td>
<td>To review and comment, using the appropriate documentation, on the following:</td>
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<tr>
<td>4. College/Faculty [delete as appropriate] Patient and Public / lay Engagement development</td>
<td>To contribute to strategic development of, and practical activities related to growing the College/Faculty [delete as appropriate] Patient and Public / lay Engagement</td>
</tr>
<tr>
<td>5. Represent the Committee</td>
<td>On occasion Committee members may be invited to attend national meetings and events (a) to represent the Committee and (b) to report back to Committee members on emerging national policies and issues relevant to the work of the College/Faculty [delete as appropriate] and the Committee.</td>
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<tr>
<td>Commitment of members</td>
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<tr>
<td>— There are [insert number] Committee meetings per year, held on a weekday, that members are expected to attend</td>
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<tr>
<td>— There may also be other College/Faculty [delete as appropriate] committees at which the member will represent the Committee. This is not compulsory and will be as agreed as appropriate with individual</td>
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<tr>
<th>Tenure of membership</th>
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<tr>
<td>Members of the Committee would normally serve a [insert number] year term with potential for renewal of a further [insert number] term. This matches with the College/Faculty [delete as appropriate] standard policy for committee membership.</td>
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<tr>
<th>What members can expect from the College/Faculty [delete as appropriate]:</th>
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<tr>
<td>— Expenses: Membership of the Committee is voluntary. Expenses incurred will be paid to members in accordance with the College/ Faculty [delete as appropriate expenses policy]</td>
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<tr>
<td>If members attend other College/Faculty [delete as appropriate] Committees, expenses incurred may be paid if agreed in advance with the relevant College/Faculty [delete as appropriate staff member]</td>
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<tr>
<td>— Members will be kept updated on College policy and priorities</td>
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<tr>
<td>— Members will be given an induction and ongoing support</td>
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<tr>
<td>— Members will be given regular opportunities to meaningfully contribute to College/Faculty [delete as appropriate] policy and practice.</td>
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