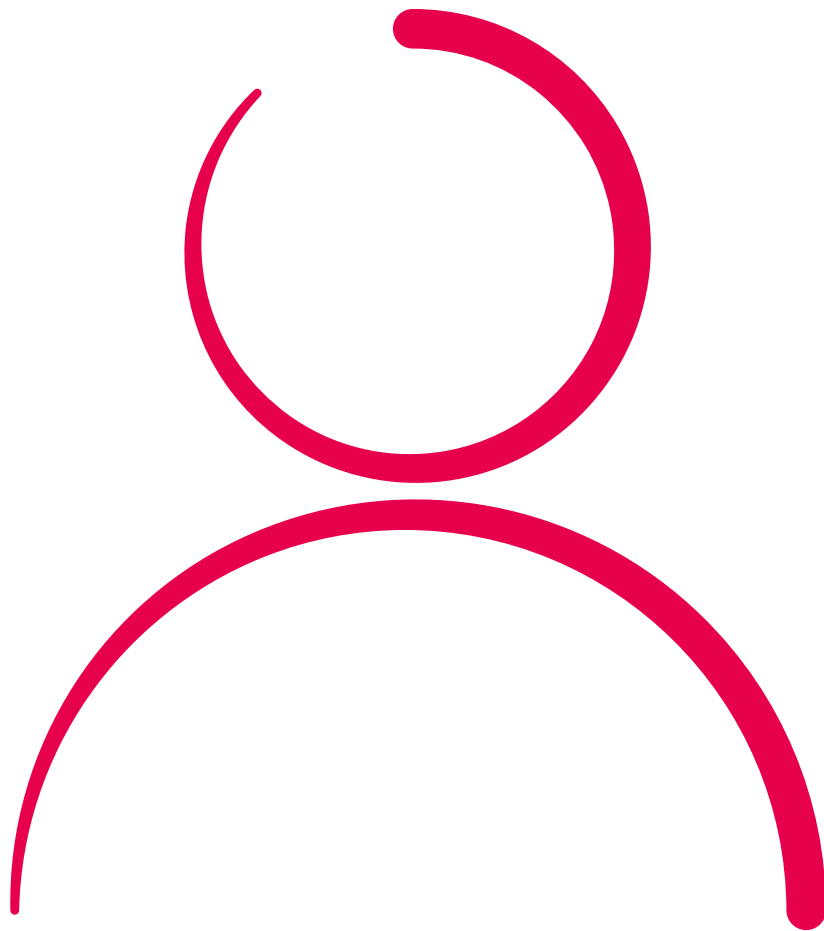


March 2025



# Effective patient and public involvement in the work of the medical royal colleges and faculties

## A practical guide



# Background

Effective engagement with patients and the wider public is not just important, it is essential.

This document offers support for the development of patient and public/lay involvement in the UK and Ireland's 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 experience of promoting and supporting involvement. Therefore, this is to be used as a resource to encourage and enhance good practice and, where useful, for adaptation according to each organisation's needs, experience and resources. In some cases, it will provide a starting point, in others, it may provide useful ideas. It looks at engagement and involvement from both an organisational viewpoint and a patient and public/lay person's perspective, as well as ideas to encourage recruitment.

I am grateful to the Academy Patient and Lay Committee and to Kate Tansley for support with this work.



Ros Levenson  
Chair, Academy Patient and Lay Committee

# Introduction

Patient and public /lay involvement\* (PPI) is a vital route for the Academy, colleges and faculties to hear and take account of the views of their 'beneficiaries'. Colleges and faculties are charities established for the public good – 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.' For organisations working with patients under age 18, there is a [statutory \(UN\) mandate](#) to involve them individually and collectively in decisions that affect them.

Key points regarding the role of patients and public /lay people\*\* in the colleges /faculties:

- Their perspectives should be integral to the organisation's work.
- 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 how organisations develop and maintain high-quality care for patients.
- They provide important checks and balances and can challenge aspects of work so that the patient and public viewpoints are not overlooked.
- Their involvement should begin when policies and activities are being developed and designed. Not after they have been decided by a college /faculty.
- In some colleges and faculties, involvement often takes place via regular committees, with a membership made up of predominantly patient /public /lay people to provide a nonclinical voice to the work of the organisations.
- In some colleges and faculties, engagement also takes place 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.

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\* By involve or involvement, we mean any process that the organisation has for involving patients and the public /lay people in their work.

\*\*The term 'patients and the public /lay people' used in this document includes carers, who frequently fulfil a vital role in enabling patients to access and use healthcare services. It includes people of all ages, including children and young people. It includes lay people as well, who can add a different type of perspective.

# Context

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 colleges and faculties believe that involving patients and the public/lay people in their work improves what they do. The Academy Patient and Lay Committee (APLC) considers that to do this effectively it is vital to have an engagement plan. Therefore, when planning and improving engagement, colleges and faculties should start by considering the following questions:

1. Do you have a patient and public/lay people engagement plan, and aims and objectives?
  - Have they been developed with patients and public /lay members?
  - Is a review process in place that documents how regularly they are reviewed and/or updated?
  - If patients and public /lay members have not been involved, ensure they are when the documents are next reviewed.
2. Are clinician and patient and public/lay members clear about the engagement plan and its aims?
3. Do you engage with a wide range of patients and public/lay people – especially having regard to equality, diversity and inclusion?
4. Are patients and public/lay members given sufficient information and where needed, support (including financial and staff support) and/or training to engage effectively?
5. How do patients and public/lay members receive feedback on how their comments/inputs have been used?
6. What are the 'safer working practices' needed to support patients and public/lay members to be successful in their roles? For example, safeguarding, well-being support, information governance processes training, consent forms, risk assessments, accessibility/inclusion assessments and judgements, financial assistance, age/stage appropriate methods and approaches.

# Engagement plan

An engagement plan should be central to effective PPI. Patient and public/lay involvement should be seen as fundamental to the college or faculty's aims and values in improving healthcare for the benefit of the population.

## **An engagement plan should be:**

- Developed in partnership with patient and public/lay members.
- Tailored to the specific circumstances in which the organisation operates.
- Communicated to all for successful implementation.
- Presented annually to the council or governing body, as good practice.

## **An engagement plan should consider:**

- The purpose of PPI.
- Realistic and manageable objectives and priorities that align with the college/faculty's priorities.
- Guidance for staff/officers on what sort of issues to bring to the patient and public/lay members and when. For example, at the point when papers are still in draft form and able to be influenced.
- How PPI will be promoted across the college/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 PPI (this shouldn't just be employed 'involvement workers' but should be integrated across the whole college or faculty) and should be reflected in role descriptions. It could also be included in staff Key Performance Indicators and appraisal targets.
- A communication plan – how to promote key messages of the patient and public/lay members internally and externally. Work closely with the college/faculty communication team.
- A recruitment plan. How will you develop, sustain and if needed, increase, the diversity and inclusivity of patient/public/lay members?
- How and when PPI is monitored to check objectives and priorities are being met.
- How often and by whom the plan will be reviewed?

# Engagement for colleges and faculties

There is not a 'one size fits all' method of patient and public/lay person involvement (PPI). Different situations may require different approaches to engagement, such as:

- A permanent PPI committee.
- A virtual group with larger numbers and the opportunity to engage with a wider range of people.
- Short life working groups.
- Focus groups and other online or face-to-face engagement activities.
- Awareness-raising campaigns on social media (in line with your college or faculty's policies) to gauge the public's response to issues.
- Consultation and/or partnership work with groups and charities that share your objectives.
- PPI in core college/faculty programmes such as audit, quality improvement, exams.

In practice this means:

- Regular communication between patient and public/lay members and senior staff (including relevant executive directors, the CEO, Officers and the President).
- Regular updates with patients and the public/lay members on key work. Providing the opportunity to comment and raise items for discussion and action.
- Officers and/or senior staff attending PPI meetings (by invitation).
- Co-opting a PPI member to the college/faculty Council (as well as other areas of work).
- Having a dedicated Council member to coordinate liaison with the PPI group.
- Providing a regular report to the Council of PPI activities.
- Being clear about what the college/faculty needs and expects from patients and the public/lay members and what they can expect back.
- Being accountable and evaluating involvement in your college/faculty can help encourage and retain PPI, not to mention enhance the reputation of the organisation. For example, publishing what you do and saying what has changed as a result, or looking at the benefits and challenges – what are the measures of success?

- Learning, sharing and incorporating PPI best practice between colleges and faculties.
- Increasing your knowledge through information sharing, e.g. reading minutes from the APLC or college groups or 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. Showing the value of their involvement and creatively sharing their voice e.g. blogs, events, mentions in reports. As in all areas of life, a thank you goes a long way.

# Engagement for patient and public / lay person committee members

Communication is key for success in implementing the plan. The patient and public perspective needs to be integral to the organisation.

If the college/faculty has a patient public/lay person involvement group or committee, members should:

- Ensure that your influence is targeted and effective.
- Be familiar with the college/faculty objectives and key policy priorities.
- Know whether there is a PPI engagement plan, what its priorities are and how this aligns with the above.
- See how to contribute to and be kept up to date with about the engagement plan and college/faculty priorities and work plans.
- Use your networks. 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 or faculty with more experience in that area?
- Be aware of legislation and system programmes that are relevant to your work e.g. NICE /SIGN guidelines, NHS Constitution, Acts, UN Conventions.
- Plan in advance where possible, go to meetings prepared with key points and suggested solutions.
- Say if there is evidence to support your views – for example, NHS surveys, reports from patient organisations etc.

Chairs/Leaders of the committee or group 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).
- Ensure that members know when any such meetings are and can give suggestions and opinions to the Chair in advance. It is sensible to check with members before meetings, if they have expert knowledge in an area, or input that should be voiced.



# Equality, diversity and inclusion and recruitment

Below is a list of things to consider when recruiting patients and public/lay people in relation to equality, diversity and inclusion (EDI).

- Is there a plan for improving diversity and inclusion?
  - If yes, how do you know it is working?
  - if no, what need to happen to have one?
- Do the patients and members of the public you engage with currently include people of different UK regions/countries, and from different [protected characteristics](#)?
- What engagement methods do you use, to reach as wide an audience as possible, especially with people whose voices are 'seldom heard'? Could you be doing more?
- Survey the diversity of your membership to establish the need for targeted advertising. (the Academy holds a diversity survey which you can adapt if needed)
- Can you direct your materials to specific groups to be more inclusive and diverse? Research with whom and how to best engage.
- All materials you produce should use easy-to-read, person-centred, accessible and use inclusive language.
- Avoid unconscious bias in your language. The NHS Leadership Academy gives [guidance on unconscious bias](#).
- Consider offering multi-media such as video 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 they are not.
- Consider using social media (in line with your college or faculty's policies) to reach a wider audience, such as X, Instagram, LinkedIn and Facebook.
- Consider specialist magazines and charities, organisations and groups that can reach your desired audience. Visiting groups where they are can help you reach a specific audience.
- If you are looking for specific groups of the population, make it clear in any advertising. For example, "we particularly encourage applications from disabled people, as this group is currently under-represented."
- Make suitable adjustments for the age and stage of children and young people (aged 0-25). For more advice on working with this group, please contact the Royal College of Paediatrics and Child Health via [and\\_us@rcpch.ac.uk](mailto:and_us@rcpch.ac.uk)

# Appendix 1

## EDI PPI examples

### Royal College of Anaesthetists

PatientsVoices@RCoA have changed the way they recruit new members to be more inclusive. The application process no longer requires a CV and covering letter. Instead, it now uses a simple online form which asks three questions about why people want to join. This makes the processes more inclusive to those who may not be employed or may not have a CV ready.

In distributing information about vacancies, the PPI manager advertised on the major job boards [guardian, Indeed, third sector jobs etc] and also reached out to patient organisations such as the Patients Association and the Caribbean and African Health Network who agreed to promote our vacancies on their social media channels. The 'interview' process was also relaxed to feel less like a job interview. The result has been a wider range of applicants, with increased diversity particularly across age and ethnic group.

PatientsVoices@RCoA recognises that it is vital to enable patient voices to participate in meetings and has made adjustments to ensure that colleagues with complex disabilities can attend events and meetings, for example, funding accommodation that enables those with limited mobility to attend meetings.

Particular attention has been paid to diversity and inclusion of patient voices on several of the College committees. For example, the Important Ethics Committee includes two patient voices from different cultures and religions. Their valuable contributions are supported and given appropriate weight in discussions such as about assisted dying.

### Royal College of Paediatrics and Child Health

There is much that can be shared from experiences involving children and young people, that works for all ages. The Royal College of Paediatrics and Child Health has been working with diverse groups of children, young people and their families from different ages, locations and experiences across the UK for a number of years, with over 4,000 children and young people aged 5-24 involved in 2024.

Key to offering inclusive and accessible involvement opportunities has been thinking through all aspects of the involvement experience. For example before a meeting:

- Having an inclusive and accessible expenses policy with pre-paid travel and accommodation rather than expecting people to pay and claim back.
- Always having petty cash available and offering food and refreshments.
- Supporting carers or support workers to attend by paying their travel, time and providing food and refreshments.
- Attendees are provided with a travel pack that has the details of all their travel arrangements including passenger assistance bookings in one pdf, with photos of hotels, maps and staff for new attendees or those with visual communication preferences.

When setting up meetings, sessions or events the College asks attendees about communication preferences so that meetings can be tailored to meet their needs and give an opportunity for people to say 'what supports them to have a good meeting or session experience'. This could include having large print documents, plain text materials, visual images, using PECS/Symbols ([Leeds NHS Learning disability service has free downloads](#)), audio descriptions, signers/interpreters, sending out information in advance or other approaches.

For in person sessions, the College has fidget boxes with fidget spinners, play doh or other tactile items that people can use through the session, as well as creating sessions and meetings to have movement so that people can get up and move around if needed, or work from different parts of the room e.g. having cabaret style set ups rather than board room tables.

Online sessions have more breaks, opportunities to be off camera and provide a range of ways to engage including using the chat, sending an email/WhatsApp messages or speaking in sessions.

The College also uses a range of styles in sessions from creative, listening, reflective, group discussion, individual activities to allow everyone to have the opportunity to engage, and always have in session prompts either on a flipchart or using slides, supporting those with different health conditions to be able to follow along without missing out (e.g. absence seizures). The College values staying asset focused, using affirming language for conditions and experiences and checking the language that individuals prefer to use.

There is a clear, co-created 'working well together' agreement for all meetings and sessions that covers how to support each other, remain respectful/kind/fair, safeguarding, information governance, noting different ages/stages in the group and how to have a

good meeting together. The agreement encourages a flexible and supportive approach to volunteering, where 10 minutes is valued just as much as 3-hours, recognising that not everyone can join and stay for a whole meeting, every time.

The College recently ran a successful youth trustee recruitment campaign, with over 50 applicants aged 18-21 applying for two trustee roles. A range of options were developed to share the role information including having a standalone website, video explainers from the President /CEO/Chair /previous Youth Trustee (all captioned) and a BSL video, different versions of the role information pack including plain text English (non-designed following a request from neurodivergent young adults), Welsh, and a colourful designed version in English, offering drop ins before the application deadline to find out more about the role, accepting applications via voice note/video/letter, using social media/networks/ Young Trustee Movement to advertise and providing drop ins for shortlisted candidates to help prep.

To find out more about RCPCH's approach to inclusive and accessible involvement opportunities, please contact [and us@rcpch.ac.uk](mailto:and_us@rcpch.ac.uk).

## Royal College of Psychiatrists

The College recruits patients and carers in an inclusive way by:

- Offering reasonable adjustments throughout the interview process depending on candidates' needs.
- An option for candidates to have the job advert and application form in easy read format.
- Giving candidates the option to have themes of the interview questions ahead of their interview (advanced notice of interview topics document).
- Advertising roles on a range job sites and local community groups to ensure we are maximizing the people who see College roles.

### *Equality, Diversity and Inclusion Projects*

The College ensures that patient and carers sit on project groups to ensure fair representation. Some of the key EDI focused projects which have patient and carer representatives are:

- Tackling racism working group.
- Advancing Mental Health Equality.
- A patient and carer workshop for the Women and Mental Health strategy.

Other ways the College ensures inclusion:

- Being part of the Disability Confident Employer Scheme.
- Sending monthly patient and carer newsletters to keep members up to date with College activities.
- Hosting two patient and carer conferences a year. One online and the other in person to ensure everyone has the opportunity to attend and network.
- Patients and carers are asked to complete mandatory training when they join the College. This involves safeguarding, GDPR and EDI training. The EDI training is continued annually.
- Offering patient and carers access to an Employee Assistance Programme.
- Offering health support meetings to patient and carers to who require further support in their role due to health conditions or disabilities.

**Academy of  
Medical Royal  
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