BASHH British Association for Sexual Health and HIV

PURPLE PEN Inclusion for impact

Equity, Equality, Diversity and Inclusion in BASHH: An Independent Review

November 2025

Foreword

As President and CEO of BASHH we are in the privileged position of being able to introduce this report on BASHH's Equity, Equality, Diversity and Inclusion (EEDI) review. The review has opened up challenging but vital conversations, many of which will be ongoing. We want to thank Dr Melvina Woode Owusu and the team at Purple Pen for their thoughtful process and insights and members of the BASHH EEDI Advisory Group who gave their personal time and perspectives. We also thank all BASHH members who contributed through participation in our survey, interviews or events.

Recognising and realising the value of the diversity in our community of practice is fundamental to advancing excellence in genitourinary medicine, sexual health and HIV care. We have a proud history of working with and as part of communities that are too often marginalised, stigmatised and underrepresented in decision-making. We believe that a commitment to equity should be reflected in the way we work together as a professional body as well as how we work and advocate externally.

A strong sense of community linked by common values is why many of us are passionate about sexual health and why members give so much to BASHH, to further and advance the profession and the care we provide. BASHH is driven by volunteer action and it is these volunteers, our members, that are our strength. We can and must do more to extend and develop this network through striving to include and engage wider perspectives in new ways and through new routes. We warmly welcome the review recommendations that will support us to break down barriers and build on our foundations.

This review is the start of a process and has come at a pivotal time for BASHH as we embark on a new chapter in our operating model following the recent appointment of our first CEO. We now have the opportunity to embed actions and principles from this report into our strategic plan and operational framework, and must take steps to use this as a springboard for future review, reflection and adaptation.

Professor Matt Phillips (he/him)
BASHH President

Kat Smithson (she/her)
BASHH CEO

Acknowledgements

This review was conducted independently by Purple Pen Research and Evaluation Consulting on behalf of BASHH. Principal team members included Dr Melvina Woode Owusu, Dr Stephanie Steels, Mike O'Driscoll and Emma Harvey, supported by BASHH Officers at the time: President, Prof Matt Phillips, Chief Executive Officer, Kat Smithson, General Secretary, Dr Cara Saxon and Assistant General Secretary, Dr Clare Wood.

Purple Pen Research and Evaluation Consulting would like to acknowledge the support and input provided by members of BASHH's Equity, Equality, Diversity and Inclusion Review Advisory Group (see page iii) and all those that took part in the review. We recognise that engaging in critical reflection on matters concerning equity, equality, diversity and inclusion and/or legally protected characteristics involves introspection on one's own sociodemographic characteristics, social background, privileges or lack of privileges. We appreciate the openness, and willingness to engage with the review process amongst all those who took part in the survey and interview stages of this review and those who responded to interview calls.

EEDI Review Advisory Group

Vanessa Apea (she/her)
Consultant GUM Physician

Isioma Igweike (she/her)
Resident Doctor

Sally Jewsbury (she/her)
Consultant in Genitourinary Medicine

Richard Kennedy (he/him)
Consultant in Genitourinary Medicine and HIV

Jose Eduardoa de Carvalho Peres (he/they)
Speciality Doctor in Genitourinary and HIV Medicine*

Cara Saxon (she/her)
Consultant Physician in Genitourinary Medicine

Parminder Sekhon (she/her)
Chief Executive Officer, NAZ

Suneeta Soni (she/her)
Consultant Physician

Sara Starkey (she/her)
Clinical Nurse Specialist**

Yasmin Walters (she/her)
HIV/GUM Consultant**

Clare Wood (she/her)
Consultant in Genitourinary Medicine

Dwayne Wilson Hunt (he/him)
Nurse Practitioner and Trainee ACP***

Advisory Group members work across a range of regions and hold a range of roles within BASHH in addition to full and part-time employment, including: BASHH Member, BASHH Assistant General Secretary, BASHH General Secretary, Clinical Effectiveness Group member, Patient Information Leaflet Editor, Co-Chair of the Bacterial SIG, Chair of the Gender and Sexual Minorities SIG, Chair of the National Audit Group, and Chair of the Racially Minoritised Communities (RMC) SIG.

* Also a Gender, Sex, and Relationship Diversity & Psychosex Therapist and Non-Executive Director of TheLoveTank CIC.
** Also known as Sadie Starkey.
*** At the time of the review, Yasmin Walters was an HIV/GUM Registrar.
**** Former Chair of RMC SIG.

Executive Summary

Organisational Overview

The British Association for sexual Health and HIV - BASHH - was formed in 2003 through a merger of the Medical Society for the Study of Venereal Diseases (MSSVD, established 1922) and the Association for Genitourinary Medicine (AGUM, established 1992). BASHH represents the specialty of GUM and exists to:

- promote, encourage and improve the study and practice of diagnosing, treating and managing sexually transmitted infections (STIs), HIV and other sexual health problems
- innovate and deliver excellent tailored education and training to health care professionals, trainers and trainees
- determine, monitor and maintain standards of governance in the provision of sexual health and HIV care
- advance public health in relation to sexually transmitted infections, HIV and other sexual health problems
- champion and promote good sexual health and provide education to the public

BASHH's membership of approximately 1,500 at the time of the review, including 440 fellows are multi-disciplinary, including doctors, nurses, sexual health advisers, scientists in the field of medicine and other healthcare workers currently or formerly working in the speciality or allied fields, such as reproductive health.

Recognising the range of contributors involved in delivering sexual healthcare, BASHH co-published a vision statement with the Royal College of Physicians (RCP) and the British HIV Association (BHIVA).

This statement explicitly commits to:

- Champion sexual health care for marginalised groups that may not be catered for elsewhere, such as young people; people from ethnic, gender or sexual minorities; sex workers; those who are homeless and other inclusion populations.
- End sexual health inequalities by addressing social determinants of health so that benefits in health improvements are seen across the whole population and diverse communities.

Achieving these goals, the statement notes, requires urgent investment in the sexual health workforce. While BASHH introduced an Equality, Diversity and Inclusion (EDI) policy in 2021, this has not been supported by a comprehensive strategy or monitoring framework. In response, BASHH commissioned this independent Equity, Equality, Diversity and Inclusion (EEDI) review in 2024 to explore the experiences of its membership and inform the development of a more inclusive and representative organisation.

Review Approach

This BASHH EEDI Review employed a mixed-methods approach between May 2024 and February 2025. It included two workshops with the EEDI Advisory Group to shape the review scope, refine methodology, and co-interpret findings. An anonymous online survey, independently designed and open to all BASHH members, and completed by 237 people (222 BASHH members, approximately 15% of the BASHH membership at the time), collected demographic data and explored experiences of inclusion, barriers to engagement, and perceptions of the organisation. Twelve in-depth, semi-structured interviews were conducted with members from diverse backgrounds and professional roles to deepen understanding of key themes. A policy and document review assessed the alignment between BASHH's stated EEDI commitments and practice. Additional workshops with BASHH leadership facilitated a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis and strategic discussion on future priorities. Data analysis combined descriptive and inferential statistics, thematic analysis of qualitative data, and triangulation across sources. Stakeholder validation was embedded throughout, ensuring findings were contextually grounded and representative of member experiences and perspectives.

This report shares BASHH members perceptions and experiences of the organisation from a broad EEDI lens and offers a look into some members' experiences of inclusion and belonging.

The reviewers have highlighted examples of good practice and achievements as well as areas where diversity and inclusion can be improved in pursuit of more equitable opportunities and equal outcomes - for professionals working in sexual health and HIV and communities impacted by STIs, HIV and other sexual health problems.

Key Review Findings

This review presents BASHH members' experiences and perceptions through an EEDI lens, highlighting both good practice and areas for improvement.

Notable achievements include greater diversity and accessibility within conference programming, targeted support for early-career professionals and non-consultants, and the establishment of the Racially Minoritised Communities (RMC) Special Interest Group (SIG) (2021). Events such as the President's Plant-Based Breakfast (2024) and more inclusive, behaviour-specific content at the 2025 conference reflect a shift towards more representative and intersectional engagement.

Despite progress, structural barriers to inclusion persist. Members from non-consultant roles, racially minoritised backgrounds, and regions outside London report difficulties in accessing leadership pathways, professional development, and organisational influence. These challenges are compounded by time and financial constraints, limited employer support, and unclear processes for getting involved.

Some also lack the professional networks or socio-cultural capital that ease access to opportunities within BASHH.

While BASHH's direction of travel is positive, sustained structural change is needed to embed equity, increase transparency, and ensure broader participation across all professional groups, geographies, and protected characteristics.

Summary of Recommendations

BASHH has already made significant progress in creating a more diverse, inclusive, and representative organisation. However, this review highlights key areas where further improvements can be made to BASHH's internal structures, policies and culture, as well as ways in which the organisation can work with external stakeholders, such as the Royal College of Nursing, to address system-level barriers affecting engagement and inclusion within BASHH activities.

The following recommendations are offered to support BASHH in addressing the barriers identified in this review, as well as reinforcing emerging good practice and recent achievements:

1. **Embed equity, equality, diversity and inclusion (EEDI)** into the organisation's core structures and governance, moving beyond "quick wins" to drive long-term, systemic change.

2. **Break down structural barriers to engagement**, ensuring equitable participation from all professional groups, including nurses, sexual health advisers, and specialty doctors—particularly those with limited institutional support.

3. **Foster a culture of visibility, mentorship, and intentional inclusion**, moving beyond reliance on informal networks by offering flexible, non-time-bound opportunities to contribute and connecting underrepresented members with visible role models.

4. **Strengthen transparency and organisational clarity**, ensuring all members understand BASHH's remit, roles, and opportunities for engagement, and improving communication around how decisions are made.

5. **Enhance membership trust and satisfaction**, by demonstrating follow-through on feedback, being responsive, and creating a culture of openness and shared accountability.

6. **Make professional development and leadership pathways more accessible and inclusive**, especially for those historically underrepresented or geographically marginalised.

7. **Further expand conference programming and access to be more intersectional**, inclusive of diverse identities, experiences, and professions.

8. **Reduce financial, institutional, and cultural barriers that limit involvement**, including advocating for protected time, supporting local employer engagement, and offering different routes to participation.

9. **Develop a more regionally balanced and professionally diverse leadership**, supporting fairer representation across the UK and professional roles.

This report provides key organisational recommendations for BASHH leaders and outlines practical steps for BASHH members to facilitate measurable and meaningful change:

Figure 1: EEDI goals and key actions for BASHH leaders and members

EEDI goal	Key actions for BASHH leaders	Key actions for all BASHH members*
1. Embed EEDI into core structures and governance	• Support and advocate for inclusive leadership practices • Encourage greater diversity of multi-disciplinary team members within each SIG	• Support and advocate for inclusive leadership practices
2. Break down structural barriers to engagement	• Diversify leadership structures through active expansion of opportunities for nurses, sexual health advisers, and specialty doctors • Expand low-pressure engagement opportunities such as co-hosting sessions, contributing to newsletters, or taster activities	• Take part in low-commitment engagement opportunities such as contributing to newsletters or joining a working group • Welcome and support new members, especially early-career professionals, those working outside NHS settings and those from underrepresented groups
3. Foster a culture of visibility, mentorship, and intentional inclusion	• Share case studies of members' career progression through newsletters and other communication channels • Develop accessible and targeted mentorship and networking programmes for early-career professionals and underrepresented groups	• Engage in mentorship - as mentors and mentees • Share your journey to inspire others • Take part in networking and peer support initiatives • Encourage colleagues to step forward for leadership and mentoring opportunities
4. Strengthen transparency and organisational clarity	• Improve communication about leadership pathways and appointments using accessible formats and platforms • Better publicise BASHH's existing standardised selection processes	• Familiarise yourself with selection processes and encourage others to apply • Advocate for clarity and transparency in leadership and committee processes • Share feedback on communication methods and offer suggestions for improvement
5. Enhance membership trust and satisfaction	• Review and refresh organisational communications to address unintentional exclusion or bias	• Actively participate in monitoring and feedback on diversity and inclusion within BASHH • Participate in evaluating new engagement models and sharing insights

* Including BASHH leaders

EEDI goal	Key actions for BASHH leaders	Key actions for all BASHH members
6. Make professional development and leadership pathways more accessible and inclusive	• Design inclusive development opportunities for a wider range of staff and demographic groups including those from historically marginalised groups • Establish equitable leadership pathways with transparent promotion routes into SIGs and governance roles	• Promote and participate in equitable pathways to SIG and committee leadership
7. Further expand conference programming and access	• ·Expand the conference agenda and increase visibility of intersectional topics • Embed key equity themes across programming and services • Diversify conference speakers and leadership • Maintain inclusive social and networking events • Explore the costs and benefits of broadening access to conference content to enable real-time and/or using asynchronous access to those unable to attend in person	• Mentor and support underrepresented colleagues • Advocate for representation • Contribute to future programming by sharing ideas, feedback, and proposals. • Offer skills and experience where relevant
8. Reduce financial, institutional, and cultural barriers to involvement	• Introduce more flexible engagement models, including asynchronous input and written feedback • Advocate for protected time for all staff groups to promote equitable access to study leave or professional development	• Utilise advocacy materials effectively to request support from employers • Actively support flexible engagement formats such as asynchronous input
9. Develop a more regionally balanced and professionally diverse leadership	• Strengthen regional hubs through joint events with SIGs and improved communication channels • Rotate leadership meetings across UK regions on a demand-led basis to support geographical equity • Ensure regional concerns are actively represented in national discussions and policy work	• Connect with your regional hub and contribute to local events • Host or attend meetings in your region to strengthen local representation • Share local perspectives with committee leads or reps to shape national discussions

Implementing these changes will not only benefit BASHH members but will also contribute to a more equitable and effective sexual health sector. By taking these steps, BASHH can move towards becoming a truly inclusive professional organisation, where all voices are heard, valued, and empowered to contribute meaningfully.

Contents

1. Review Methodology

Terminology

This report adheres to positive, inclusive, and respectful language as recommended by the World Health Organisation (WHO) and the People First Charter.

Key linguistic considerations:

- The acronym “BAME” (Black, Asian, and minority ethnic) is not used in this report, except where it appears in verbatim quotes. This is to acknowledge the heterogeneity of racially minoritised groups and their varied histories and experiences.
- Ethnic groupings are presented only where necessary to highlight race-based disparities and not to suggest homogeneity.
- This report refers to men who identify as gay, bisexual, and/or who have sex with men (GBMSM). The abbreviation "GBMSM" is used for brevity while maintaining inclusivity.
- Interviewee quotes are presented verbatim in “ “ (quotation marks), preserving their speech patterns while ensuring anonymity where needed.

Scope

The EEDI Review Advisory Group agreed that the review should explore the experiences, perceptions, and structural barriers affecting BASHH members through an EEDI lens. Building on previous work, the review aimed to provide a comprehensive evidence base to inform future policy and action. Its scope includes assessing the diversity amongst BASHH’s membership, identifying barriers to inclusion and engagement and experiences of bias, discrimination and microaggressions.

The review sought to understand, if possible, how intersecting characteristics - such as race, gender, disability, sexual orientation, and geography - might impact participation. The review also sought to explore organisational culture, governance structures, and communication practices to support meaningful and lasting improvements in equity and inclusion across BASHH.

Methods

The review used five methods:

1. Two Advisory Group Workshops refined the review scope, methodology, and identified change-ready aspects of BASHH’s culture and structures.

2. Anonymous Online Survey, independently designed and informed by best practice (Royal College of Physicians, EHRC, Stonewall, UK Census), explored eight protected characteristics and additional areas like language, geography, and role. It ran in June–July 2024 via SurveyMonkey and was promoted through email, conference slides, and social media.

3. Twelve Semi-Structured Interviews explored barriers and enablers to involvement in SIGs, Panels, and Working Groups, including amongst current SIG members and non-SIG members. Quotes were anonymised to preserve confidentiality.

4. Policy and Document Review included the BASHH EDI Policy, 2021 Survey Report, Byelaws, and Articles of Association.

5. Workshop with BASHH Leaders explored SWOT and strategic priorities for diversity and inclusion.

Analysis Approach

- **Quantitative**: Descriptive and inferential stats; small cell numbers suppressed for anonymity.
- **Sub-group analyses** explored patterns by demographics, roles, and duration of membership.
- **Qualitative**: Thematic analysis of survey responses, interviews, documents, and workshops.
- **Contextualisation:** Interviews with both engaged and non-engaged members helped interpret mixed findings.
- **Stakeholder Validation:** Advisory Group co-interpreted data; findings shared with BASHH’s Board.
- **Triangulation:** Themes cross-verified across methods to enhance credibility and representation.

Limitations

- There is potential for response bias in the feedback gathered, as respondents may be more engaged with BASHH than non-respondents. This could result in the overrepresentation of more active or invested members, and the underrepresentation of those who may feel disconnected or excluded from the organisation. Conversely, individuals with less positive experiences may have been more inclined to share detailed accounts of challenges.
- Survey reminders could not be limited to non-respondents, risking duplicates.
- Small sub-group sizes limit generalisability.
- Time/resource constraints limited deeper qualitative exploration.

Despite these limitations, the triangulation of data sources, the inclusion of diverse perspectives, and the validation of findings with key stakeholders strengthen the reliability and relevance of this review.

2. Overview of BASHH's membership

Survey respondents

A total of 237 people completed the survey, of whom 222 were BASHH members[1]. This represents approximately 15% of the total membership in June 2024, at the time of conducting the survey.

Membership type and duration

- 66% of respondents had been BASHH members for four or more years.
- 46% had been members for over ten years.

The range of professional groups completing the survey was broadly representative of BASHH's membership which includes 29% Consultants/Associate Specialists including Fellows /Honorary members, 17% nurses, 11% specialty doctors or equivalent, 8% doctors in training, 3% sexual health advisers, 3% retired, 2% GPs, 2% scientists and 7% other professionals. Students were notably less well represented in the survey with less than 5% taking part in the survey, despite making up 13% of BASHH's membership.

Role	Count	Percent
Consultant/Associate specialist	103	46%
General practitioner	<10	<5%
ANP/ACNS	<10	<5%
Specialist or Specialty doctor (SAS Doctor)	23	10%
Doctor in training	11	5%
Other doctor role	<10	<5%
Nurse	28	13%
Sexual Health Adviser	10	5%
Pharmacist	<10	<5%
Health care assistant	<10	<5%
Scientist	<10	<5%
Retired	<10	<5%
Student	<10	<5%
Non-clinical	<10	<5%
Other	16	7%

Participation in BASHH Special Interest Groups (SIGs), Committees, and Leadership Roles

- Only one-third of respondents were members of a SIG, Committee, or Working Group.
- 75% had never held a formal elected or trustee role within BASHH.

Working patterns

- 92% of respondents were in full-time or part-time employment.
- 29% of respondents worked part-time.
- A small number of respondents were retired, studying, or on leave.

Geographical distribution

- Majority of survey respondents work in England, with 8% based in Scotland, Wales, or Northern Ireland.
- Nearly one-third (33%) of respondents worked in London, with an additional 20% based in the Southeast.
- London and the Southeast collectively account for over 50% of respondents.

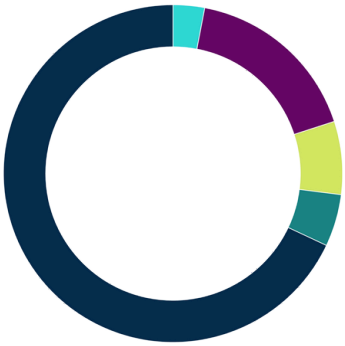
[1] The small sample (compared to the current BASHH membership) was not randomly selected; data presented in this report has been interpreted with care e.g. to avoid deductive disclosure through reviewing combinations of responses from individuals, only aggregate and summary data are presented.

Demographic characteristics

Age, ethnicity and religion

- The age distribution of member was normally distributed, with two-thirds aged 45 and over.
- More than two-thirds of BASHH members identify as White ethnicity.
- Very few Black or mixed ethnicity members participated in the survey.
- Nearly half of all members reported having no religious affiliation.
- One-third identified as Christian, with a small proportion identifying as Muslim, Jewish, Hindu, or Sikh.

Ethnicity



White, **68%**
Asian, **17%**
Black, **7%**
Mixed, **5%**
Other, **3%**

Gender and sexual orientation

- 96% of members identified with the sex they were assigned at birth.
- Over two-thirds identified as heterosexual.
- 29% identified as asexual, bisexual, gay/lesbian, pansexual, or queer.
- 19% identified as gay or lesbian.

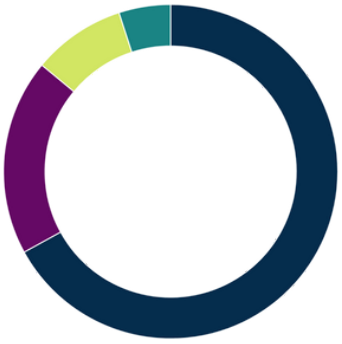
Disability and additional needs

- 30% of BASHH members reported having one or more disabilities, long-standing illnesses, or health conditions.
- 15% of members had a long-term illness such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- More than 20% of members identified as having a neurological condition such as autism, ADHD, dyslexia, or dyspraxia.

Socio-economic background

- 67% of members came from professional backgrounds.
- 19% were from lower socio-economic or working-class backgrounds.
- The data suggest that social mobility barriers persist within medical and academic careers.

Socio-economic background



Professional backgrounds, **67%**
Working class backgrounds, **19%**
Intermediate backgrounds, 9%
Other and prefer not to say, **5%**

Country of birth and language

- 28% of BASHH members were born outside the UK.
- Nearly all foreign-born members had been in the UK for more than 10 years.
- Several respondents flagged the need for translation services, especially in French, Mandarin, and Welsh.

Additional Languages

Urdu, Gujarati, Portuguese, German, Cantonese, Danish, Igbo, Russian, Malayalam, Hindi, Hebrew, Welsh, Croatian, Dutch, Panjabi, Haitian, Akan, Scots, Telugu, Sinhalese, Spanish, Nepali, Swedish, Ukrainian, Creole, Bulgarian, English, Bengali, Arabic, Tamil, Italian, Polish, French, Yoruba, Swahili,

Interviewees

Interviewee demographics

Twelve BASHH members took part in an interview, each representing diverse and intersectional socio-demographic characteristics and including people aged 25-54, three different genders, four different sexual orientations, 2 religions, plus without a religion and people with and without a disability.

Interviewee/professional representation

Interviews were conducted with at least one:

- General member with less than one year's membership
- General member with more than one year's membership
- Executive Committee member
- Officer
- Nurse
- Non-specialist doctor
- Person living and working outside of London

[2] Note, not all BASHH members are eligible for election, nomination or awards.

Participation in BASHH activities

BASHH activity [2]	Percentage of respondents participating
Attended a BASHH webinar or educational meeting	81%
Attended a social event organised by BASHH	58%
Attended a BASHH conference as a delegate	76%
Submitted a poster or abstract	60%
Delivered an oral presentation	25%
Voted in a BASHH election	53%
Stood for an elected role	15%
Nominated for an award	4%
Won a BASHH award	10%

Involvement and participation in BASHH activities was widely recognised as being important for professional development, with members noting:

> "I feel quite passionate about the specialty, and I want to contribute where I can."

> "It's good for professional development as well... I do recognise that."

> "Being on a SIG has been really beneficial··· It's given me professional exposure I wouldn't have had otherwise."

Participation is highest among members based in London and the South East, with members of Asian ethnicities more likely to attend conferences, and those of Black ethnicities least likely to have attended or been invited as a speaker.

One member also observed:

> "There is difficulty in recruiting trans and non-binary representatives, as well as women who have sex with women, resulting in repeated engagement of the same individuals"

BASHH has taken positive steps in recent years to make its events more inclusive and reflective of its membership. These include:

- **Conference programming: ensuring broader representation**

To make conference sessions more inclusive, careful planning has been undertaken to balance the needs of both marginalised topics and speakers with less experience in large presentation settings.

> "I was shocked by how friendly everyone was··· You don't feel like 'just a lab person'—people genuinely wanted to talk and engage."

- **Prioritising underrepresented voices**

Abstracts submitted by students, nurses, and sexual health advisers are closely reviewed and given full consideration to ensure that a broader range of professionals are included in key discussions.

> "When we see an exceptional abstract from a nurse or student, we often move it to the main program to give it the audience it deserves."

- **Diversifying topics and speakers**

The conference program now actively incorporates a broader mix of disciplines and perspectives, ensuring that sessions reflect the multidisciplinary nature of BASHH members and conscious effort has been made to diversity the conference:

> "The program now includes more multidisciplinary sessions, reflecting the varied makeup of our delegates."

> "...you're not just presenting to doctors. So, it shouldn't just be doctors talking about Doctor issues to other doctors. There's lots of nurses there and health Advisers and trainees. So, [we] try and think about program that's going to pitch rightly to lots of different groups..."

[2] Note, not all BASHH members are eligible for election, nomination or awards.

- **Representation of Racially Minoritised Communities (RMC)**

Since its establishment, the RMC SIG has been allocated a dedicated programme session, recognising the importance of addressing racial disparities in sexual health.

- **Expanding Conversations on Gender and Relationship Diversity**

Greater efforts have been made to include discussions on gender diversity, alternative sexual orientations, and non-monogamous relationships within conference programming.

> "This year [2025] will be the first time kink, BDSM, and polyamory are discussed at the conference."

- **Virtual Access to Events**

Access to in-person events can be restrictive, for some more than others depending on mobility:

> "Due to multiple disabilities I am unable to travel so therefore I cannot attend conferences without specialist planning or access at venues and I haven't felt able to or know who to contact for disabled arrangements or the option to have conference recorded for those that cannot attend in person"

Recognising that travel can be a barrier to participation, some events are now available virtually, improving accessibility for those who may not be able to attend in person.

> "It's made learning so much more accessible. People don't have to travel or take extra time off work, so it's easier to attend."

Room for Improvement

To further enhance the inclusivity and accessibility of its activities, BASHH leaders should focus on integrating initiatives across the organisation, for example by taking the following actions:

1. Increase visibility of intersectional topics

2. Expand the conference agenda e.g. give greater prominence to social science, community-based research, and advocacy, alongside clinical content in recognition of the wider determinants of sexual health and multi-disciplinary teams servicing populations accessing GUM care, while maintaining the scientific content that many BASHH members and stakeholders appreciate.

3. Embed key equity themes across programming and services e.g. ensure LGBTQA+ health, disparities related to race, disability and neurodiversity and migrant access to care are consistently prioritised.

4. Diversify conference speakers and leadership. Broaden the pool of speakers and chairs to include more professionals from racially minoritised groups, non-NHS sectors, and underrepresented roles. This may involve allocating funds to support more diverse attendance.

5. Develop Leadership Pathways for Underrepresented Members e.g. Create mentorship, shadowing, or 'taster' roles for emerging leaders from diverse backgrounds.

6. Strengthen Platforming of Marginalised Groups within SIGs, broadening diversity within all SIGs.

7. Maintain inclusive social and networking events such as the President's Plant Based Breakfast.

8. Explore the costs and benefits of broadening access to conference content to enable real-time and/or using asynchronous access to those unable to attend in person.

To help strengthen a culture of inclusion, BASHH members are encouraged to:

1. Mentor and support underrepresented colleagues
Actively offer guidance and encouragement to those navigating professional networks.

2. Advocate for representation
Champion the inclusion of diverse voices in conferences, SIGs, and decision-making spaces.

3. Contribute to future programming
Share ideas, feedback, and proposals through active engagement with SIGs and committees.

4. Offer skills and experience where relevant
Proactively advise or support BASHH structures where opportunities arise to contribute or learn.

By continuing to prioritise inclusivity in professional development, networking, and leadership, BASHH can create a more welcoming and representative environment for all members.

Satisfaction with BASHH policies, practices, culture, and efforts surrounding EEDI

Nearly 63% were either satisfied/very satisfied with BASHH's culture with respect to inclusion, belonging, and openness to diverse perspectives.

Nearly half (49%) were satisfied/very satisfied with BASHH's policies and practices, particularly in relation to promoting diversity, fostering inclusion, and mitigating bias in elections, opportunities, and awards.

Similarly, nearly half (49%) were satisfied/very satisfied with BASHH's efforts to address matters of diversity and inclusion e.g. through training and initiatives aimed at the membership. 14% reported 'don't know/not sure', suggesting many are not able to meaningfully answer as they be unaware of BASHH's efforts to address matters of diversity and inclusion.

Room for improvement

BASHH leaders should:

1. Enhance communication and visibility of existing and planned policies, current opportunities and initiatives, and training related to diversity and inclusion, ensuring members are aware of and engaged with this work.
BASHH should adopt a more proactive and strategic approach to communicating its ongoing and planned work on equity, diversity, and inclusion. This includes clearly promoting policies, initiatives, training opportunities, and success stories across multiple platforms - such as newsletters, email updates, webinars, social media, and the BASHH website.

2. Produce regular updates should highlight progress made, spotlight member contributions, and demonstrate how feedback has informed action.
Tailored messaging may be required for different member groups to ensure relevance and reach. Transparency about the purpose, scope, and expected outcomes of EEDI activities can help build trust and increase engagement.

3. Consider evaluating the effectiveness of communications to ensure members not only receive information but also understand it, find it relevant and useful.

Improving visibility in this way will help close the gap between intention and perception, reinforce BASHH's commitment to inclusion, and support a more informed and engaged membership.

BASHH members can support these endeavours through the following actions:

1. Actively engage with communication channels:

- Regularly check BASHH newsletters, email updates, social media, and the website for announcements related to diversity and inclusion initiatives.
- Participate in webinars or online events where updates on equity, diversity, and inclusion (EEDI) work are discussed.
- Share relevant updates within your professional networks to increase awareness and participation.

2. Provide constructive feedback on communication practices:

- If you find certain information unclear or hard to access, share your feedback with the BASHH communications team.
- Suggest additional ways to improve communication, such as using different platforms or formats to reach diverse audiences.
- Offer insights from your own experience about which communication methods are most effective within your local or professional context.

3. Encourage colleagues to stay informed and involved:

- Motivate peers to subscribe to BASHH updates and actively engage with content.
- Facilitate discussions with colleagues to reflect on recent BASHH communications and how they apply to your practice.
- Advocate for including EEDI updates as a regular agenda item in local BASHH branch meetings.

4. Share personal stories and successes:

- Contribute case studies or testimonials to BASHH that highlight how EEDI initiatives have positively impacted your work or professional development.
- Encourage colleagues who have benefited from BASHH's EEDI initiatives to share their experiences too.
- Use social media or internal forums to amplify positive outcomes and practical applications of EEDI efforts.

5. Participate in evaluation efforts:

- Complete surveys or feedback forms related to BASHH's communications and EEDI initiatives.
- Offer specific examples of what has worked well and where improvements could be made.
- Volunteer to take part in focus groups or interviews aimed at assessing the effectiveness of communication strategies.

By actively engaging with BASHH communications, providing feedback, and encouraging others to do the same, you can help bridge the gap between organisational intent and member experience. These actions not only support the improvement of BASHH's communication strategies but also demonstrate a collective commitment to fostering a more inclusive and engaged community.

3. Factors influencing diversity and inclusion within BASHH

Survey respondents and interviewees highlighted several barriers that limit engagement with BASHH activities, leadership opportunities, and professional development initiatives. The most cited challenges included **time constraints, financial barriers, lack of information, and a perception that contributions from certain groups were undervalued.**

Barrier	Percentage of respondents affected
Lack of time due to work pressures	54%
Lack of time due to home/life pressures	36%
Inadequate information about roles and/or events	21%
Lack of funds	16%
Lack of support from employer/line manager	12%
Feeling that their contribution would not be valued	10%
Lack of interest	5%

The interviews provided an in-depth insight into broader challenges and opportunities, characterised by the following themes:

- Time restrictions and conflicting priorities
- Adequate, transparent information and support in roles
- Financial constraints
- Perceptions of being undervalued
- Leadership, representation, and governance in BASHH
- Racial diversity
- London-centricity
- Prioritisation of key populations
- Inclusive career development and opportunities
- Socio-cultural capital (networking, mentoring, sponsorship)
- Experiences of inclusion and exclusion
- Culture of exclusivity vs. inclusivity
- Bias, discrimination, and microaggressions

Time restrictions and conflicting priorities

A lack of time was the most frequently reported barrier, with over half of survey respondents (54%) stating that workplace pressures made it difficult to participate in BASHH activities. A further 36% cited home and life responsibilities as an additional constraint. Several interviewees specifically mentioned that challenges related to balancing parental and professional responsibilities impacted their ability to engage with BASHH activities.

The impact of time pressures was particularly pronounced among part-time workers, with 52% of those in part-time employment stating that home-life pressures limited their involvement in BASHH. Some described a difficulty in knowing whether to accommodate time for BASHH activities by drawing on their work or home time:

> "You have to fight so hard in medicine. People just assume you're available most of the time, and that, well, you surely would want to do this because it will further your career···Am I allowed to do that in my admin time for my job? Or would it have to be outside that time?"

> "Maybe there's a way of having a bigger group of people looking at a paper that's being developed without having to actually go to London or attend a Zoom meeting at a specific time···I guess it would be a way of contributing that doesn't lead me to feel like I'm letting people down."

> "Until workplace attitudes shift, BASHH inclusion won't fully improve. Managers need to support nurses' CPD like they do for doctors."

> "BASHH could put out guidance on how different people make it work within their trusts. Like, so-and-so in Liverpool has this agreement with their trust, which allows them to attend meetings."

Room for Improvement

It is recommended that BASHH leaders:

1. Introduce more flexible engagement models, offering opportunities for asynchronous input on BASHH activities where possible. This may include the option to provide written feedback on policies instead of mandatory meetings and may need to be supported by additional administrative support.

2. Develop a SIG toolkit, to include advocacy materials and templates for BASHH members to use requesting time or funding to participate in professional development activities, including BASHH activities.

In addition to these recommendations for leaders of the organisation, it is recommended that BASHH members continue to actively support flexible engagement and making use of advocacy materials, members help to embed a culture of inclusivity and accessibility within BASHH. Taking these actions also demonstrates to BASHH leadership that members value and appreciate practical, member-focused initiatives, reinforcing the importance of ongoing improvements.

1. Advocate for flexible engagement options:

- When participating in BASHH activities or meetings, suggest and support the use of flexible formats, such as asynchronous input or written feedback.
- Share your positive experiences of using flexible engagement methods to encourage wider adoption.
- Actively participate when offered asynchronous input opportunities, demonstrating the value of this inclusive approach.

2. Utilise advocacy materials effectively:

- Make use of the advocacy templates and materials provided by BASHH when requesting time or funding from your employer to attend professional development activities.
- Personalise the templates to reflect your specific role and the benefits of participation, making it easier for your manager to understand the value.
- Share successful examples of gaining support or funding with fellow members, helping others to make their own cases effectively.

3. Provide feedback on engagement models:

- Share your experiences and suggestions with BASHH on how flexible engagement models are working in practice.
- Encourage your colleagues to share their thoughts too, as collective feedback can help BASHH understand what works and what needs improvement.
- Offer constructive ideas for making engagement more inclusive, especially if you notice barriers that have not yet been addressed.

Provision of adequate and transparent information about and support in roles

A significant proportion of members (21%) reported that they lacked sufficient information about how to engage with BASHH's committees, Special Interest Groups (SIGs), and leadership structures. Many noted that improved communication—particularly using case studies and practical examples—would help demystify how members can meaningfully contribute to BASHH's work.

The current lack of clarity has led to perceptions that BASHH remains a closed network, with limited visibility of leadership opportunities and unclear processes for appointments. Review participants expressed frustration at this perceived exclusivity:

> "Who actually decides these appointments? It seems like a closed network."

> "Don't know how to join or if SIG are accepting new members. Website seems to indicate that all groups are full and not requiring any new members."

Another highlighted the absence of communication around leadership transitions:

> "It's not even clear why [a previous post-holder] left. It was all very vague. Then suddenly there's someone new in charge, and we [SIG members] weren't really consulted."

This lack of transparency was especially concerning to members outside of consultant roles. nurses, sexual health advisers, and other professionals described feeling that they were invited to participate symbolically, rather than being empowered to influence discussions:

> "We are expected to be there, but not to contribute meaningfully. When we do speak, it's like we're not heard."

> "I joined because I thought it would be a great experience... but I'm realising I'm just there to listen."

The process for selecting SIG chairs and Board representatives was also seen as opaque, often favouring those already within BASHH's leadership networks:

> "There should be a formal system for choosing SIG chairs, not just who knows who."

Even where members took on new leadership responsibilities, support was often lacking:

> "When I started, there was no real handover. I had to figure everything out while managing [BASHH activity/group], and that first year was extremely stressful."

Room for improvement

To address these concerns and ensure that leadership opportunities are inclusive and accessible to all members, the following actions are recommended BASHH leaders:

1. Signpost to further information concerning leadership appointment processes and pathways

2. Review and consider refining nomination and election procedures and ensure that all eligible members can participate and put themselves forward.

3. Proactively advertise opportunities widely across different media/methods and using accessible language

4. Promote all roles (including leadership, officer and committee roles) with clear information on the skills and experience required, what can be gained through the role, and the expected time commitment. Wherever possible, highlight opportunities for role-sharing to encourage applications from those who have the interest and relevant skills but may have limited time or flexibility.

5. Introduce a national call for first-time conference chairs to observe the role in action. Invite expressions of interest specifically for those who have never chaired before, to apply as 'observer chairs'. Pair each observer with an experienced chair to co-facilitate a session, providing mentorship and exposure. Observers would then be supported to chair their own session at the following year's conference, helping to diversify and expand the pool of confident session leads.

6. Use case studies and testimonials to illustrate what leadership roles involve, how members have benefited, and what support is available.

7. Strengthen internal communications regarding leadership changes, upcoming vacancies, and how decisions are to be made.

5. Develop skills and support colleagues: Take advantage of BASHH's leadership training or professional development workshops. Building your own skills sets a positive example and contributes to a culture where members feel empowered to lead.

6. Co-develop handover guidance and offer reflections and advice to support incoming role holders in stepping into their roles confidently and the preservation of organisational knowledge to include role summary, key activities and timelines, key contacts, current priorities, pending actions, relevant context or background to key decisions made, communication channels and links/access to key documentation.

It is recommended that BASHH members support the organisation by taking the following actions:

1. Engage actively in leadership processes: Get involved in discussions about leadership roles and appointments. Share your ideas and experiences during feedback sessions to help shape fair, transparent, and inclusive practices.

2. Advocate for clarity and positive change: If leadership processes feel unclear or inaccessible, raise your concerns with the appropriate committee or leadership team. Providing constructive feedback helps BASHH continuously improve and stay responsive to members' needs.

3. Promote leadership opportunities widely: Share information about leadership or committee roles within your networks. Actively encourage peers - especially those who may not usually apply - to consider getting involved.

4. Share your journey to inspire others: Consider sharing your leadership experiences or career growth stories with BASHH. Personal testimonials help make leadership pathways more visible and encourage others to step forward.

Financial constraints

For some members, financial barriers limit participation in BASHH activities. In the recent survey, 16% of respondents reported that the costs associated with membership, conference attendance, and travel prevented their active involvement. It is worth noting that BASHH subsidises membership fees, with the exception of Fellows' fees.

A few interviewees raised concerns about a perceived two-tier membership system. They noted that some long-standing consultants (including themselves), who have not updated their BASHH membership status over time, may be paying lower fees compared to more recently qualified consultants who pay the current membership rate. While this situation is not necessarily intentional, it has led to a sense of inconsistency among members.

Although not directly caused by BASHH, some respondents also pointed out that variable access to study leave and funded time for professional development may impact how easily certain groups can attend BASHH events compared to others. There was a suggestion that BASHH could play a proactive role in supporting members to advocate for employer backing to attend and participate in BASHH activities.

In addition to personal financial challenges, 12% of respondents shared that their employer or line manager did not support their involvement in BASHH, which posed an additional obstacle to engagement.

Despite these barriers, members consistently expressed high regard for BASHH's conferences and events. However, there remains a concern that these opportunities can feel financially and structurally inaccessible to some groups. One member shared:

> "I wanted to go to the last conference, but between the registration fees, travel, and accommodation, it was just too expensive. It's a huge barrier, especially for people who don't have institutional funding."

A positive development noted by many members has been the introduction of virtual events. This change has made BASHH activities more accessible to those unable to travel, and members have expressed strong support for continuing to invest in inclusive, flexible learning formats.

Room for improvement

It is recommended that BASHH leaders:

1. Improve transparency and clarity around BASHH conference scholarships. Clearly outlining eligibility criteria, the selection process, and what the scholarship covers - especially for those who have already paid for registration or travel. This will support equitable access and build trust in the process.

2. Advocate for protected time for all staff groups to promote equitable access to study leave or professional development time for all staff groups. This might include liaising with key stakeholders such NHS trusts' leadership (e.g. Medical/Clinical Directors, EDI leads, Heads of Education, Learning and Development) or Royal Colleges and Professional Bodies (e.g. Royal College of Nursing, Royal College of Physicians, Faculty of Sexual and Reproductive Healthcare).

3. Continued investment in both in-person events and virtual events to balance valuable opportunities for networking and connection alongside enabling access for those for whom travel presents a barrier to accessing professional engagement and learning.

BASHH leaders should also explore the feasibility, costs and benefits of the following actions:

1. Expand financial support initiatives (e.g. through scholarships and reduced fees) to improve accessibility for underrepresented groups, particularly nurses, sexual health advisers, and specialty doctors and early-career professionals.

2. Promote financial support opportunities more widely through website updates, direct communications, and SIG networks to ensure all members are aware of what is available and how to apply.

Perceptions of being undervalued

Another key theme emerging from the review was the perception that contributions from certain professional groups - particularly non-consultants, early-career members, and those based outside of London and the South East - are not equally valued. Ten per cent of survey respondents indicated that they had refrained from participating in BASHH activities because they felt their input would not be taken seriously.

This sentiment was echoed in qualitative interviews, where many participants described the challenges of engaging in consultant-dominated environments. One participant shared:

> "I don't feel like I have the authority to speak up in meetings..you're in a room full of 10 to 15 GUM consultants, and there's one nurse and one sexual health adviser... you feel like a tick-box... I found myself feeling uneasy, like my opinion wasn't taken seriously."

Another added:

> "Being in a room full of consultants can be intimidating, even if you're confident."

A migrant healthcare professional shared how this dynamic intersects with international experience:

> "Although you are very mature, very experienced, they don't really give you that credit when you end up in a different country... they try to make you feel that you don't know enough."

Room for improvement

To ensure that all members feel valued, heard, and empowered to contribute meaningfully, it is recommended BASHH leaders:

1. Actively acknowledge the expertise of diverse member groups by clearly articulating and promoting the types of contributions and perspectives BASHH seeks across roles and professional backgrounds - including nurses, sexual health advisers, specialty doctors, trainees, and members working outside the NHS.

2. Review and refresh organisational communications starting with a critical review of newsletters, campaigns, and website content to identify and address unintentional exclusion or bias in tone, language, and representation. Ensure communications reflect the breadth of BASHH's membership.

3. Challenge structural and cultural barriers to inclusion by fostering more inclusive leadership models, ensuring equitable opportunities for all members to engage in decision-making, and visibly championing non-consultant professionals across all BASHH platforms and activities.

Leadership, representation, and governance in BASHH

Leadership representation within BASHH was a recurring concern raised in both survey responses and interviews. Many participants expressed the view that the organisation remains heavily consultant-led, with limited involvement of nurses, sexual health advisers, and specialty doctors in governance and decision-making roles. While there have been efforts to increase diversity, the prevailing perception is that BASHH's leadership structures remain hierarchical, opaque, and not fully inclusive of the wider professional workforce.

Interviewees acknowledged that certain professional groups continue to be underrepresented at senior levels within BASHH:

> "Our conferences have historically been consultant-focused. Nurses, health advisers, and trainees don't always feel welcome or visible. Even when we create opportunities, many are hesitant to step forward."

Some structural constraints were noted, such as constitutional requirements for certain leadership roles to be held by Fellows of the Royal College of Physicians. However, members questioned whether such criteria should apply universally:

> "Why does the have to be a consultant? What about the nurses? What about the health Advisers?"

There was particular concern that non-medical professionals are often viewed as peripheral participants in the organisation. One health adviser described the dynamic as follows:

> "BASHH is still very much a society for doctors who have kindly allowed the non-medical workforce to participate."

Another highlighted the consequences of underrepresentation at public events:

> "Getting nurses to stand up and speak at events is a challenge... if we don't have nurses visible at BASHH, they will get forgotten."

While many members acknowledged the importance of consultant input in governance, they also called for a more inclusive leadership model—one that better reflects the diversity of the wider sexual health workforce. Several interviewees noted that, despite public commitments to equity and representation, the practical impact of these efforts is not yet widely experienced across the membership.

Room for improvement

To address current imbalances and strengthen the inclusivity of BASHH's governance, it is recommended BASHH leaders:

1. Improve communication about leadership pathways by clearly publicising leadership roles, eligibility criteria, and engagement opportunities across all professional groups, using accessible formats and platforms to ensure wide reach.

2. Diversify leadership structures through active expansion of opportunities for nurses, sexual health advisers, and specialty doctors to take on leadership and decision-making roles across BASHH committees, SIGs, and governance bodies.

3. Review consultant-only restrictions (examine the necessity and proportionality of consultant-only requirements for specific leadership roles. Where appropriate, revise eligibility criteria to enable broader member participation.)

4. Foster an inclusive leadership culture (ensure non-consultants are meaningfully included in strategic planning and organisational decision-making)

By implementing these changes, BASHH can help dismantle the structural barriers that currently limit engagement, and build a more diverse, inclusive, and representative professional community—one that truly reflects the breadth and richness of the sexual health workforce.

Racial diversity

Beyond professional hierarchies, there were mixed views concerning racial diversity an inclusion within BASHH activities, SIGs, and leadership structures. While a few participants reported positive experiences:

> "I haven't felt any type of censorship from the board; they have been very supportive."

> "I don't have anything negative to say, and particularly when it comes to the racially minority the RMC SIG, I feel like it is a very diverse group···different genders, races, not just doctors, because I feel like with a lot of these type of groups, it tends to doctors kind of predominate, but there's all sorts of different health workers, nurses, so it is nice to see that diversity."

Several survey participants and interviewees suggested that BASHH's efforts with regards to supporting people from racially minoritised communities have been superficial and lacking in meaningful structural change:

> "The RMC session was at the end... it was very rushed... it made me question what's written in statements and what's actually happening in practice...people of colour have worse health outcomes when it comes to STIs... it is important that that is emphasised in national meetings."

While some acknowledged progress in representation, others described a tension between diversifying professional group involvement and diversifying based on demographic characteristics and described difficulties in achieving racial and professional diversity simultaneously:

> "One [BASHH member] chaired a session but later criticised the lack of diversity at the conference... "

> "...and nobody put themselves forward... [we received] feedback...[stating] 'the conference committee is all white'...And I was like, 'I know we keep trying'..."

> "...I sometimes feel like we can't win, because in order to... try and diversify in one way, you['re] then compromising the diversity of a different way, or you do the other way round...and you're sort of lumping all your diversity together... sometimes [it's] quite difficult..."

Room for improvement

It is recommended that BASHH leaders seek to:

1. Improve inclusion within special interest groups (SIGS)
Ensure that all SIGs foster an open and welcoming culture where members from diverse backgrounds - across ethnicity, geography, career stage, and role - feel encouraged and supported to participate. This includes addressing barriers to entry, challenging informal hierarchies, and ensuring that meeting formats and communication styles do not disadvantage any group. SIG Chairs should be supported to lead inclusively and proactively seek out underrepresented voices within their groups.

2. Establish clear progression pathways for marginalised members
Design and implement transparent routes for members from marginalised communities and underrepresented professional groups to progress into SIG leadership and governance roles. This could include leadership development opportunities, mentoring, shadowing, and formal succession planning within SIGs. BASHH should actively support and encourage members who may not see themselves represented in leadership to take on more visible and strategic roles.

3. Integrate racial diversity with professional inclusion efforts
Embed racial diversity and inclusion as a core element of all professional development, governance, and engagement strategies. BASHH should move beyond siloed approaches that

focus on either professional role or racial identity by recognising the importance of intersectionality. This means monitoring and addressing both demographic and professional disparities in representation, participation, and influence, and ensuring that inclusive practices are applied consistently across all areas of the organisation.

London-Centricity

BASHH has a network of regional hubs in place, with elected regional representatives on the CGC and Branch Chairs, providing members outside London and the South East with opportunities to engage locally. To maximise their potential, it is important to strengthen collaboration across these hubs, as well as between branches and SIGs. Building stronger connections between regional hubs, branches, and SIGs can help ensure that activities, events, and professional development opportunities are more consistent and accessible across the country. This approach would further promote knowledge sharing, peer support, and collaboration between members working in similar contexts.

Some members however, raised concern was that BASHH's leadership and governance structures remain highly London-centric. While the annual conference has been held in various UK cities, members outside of London reported feeling overlooked in decision-making processes. One interviewee described the impact of this London-centric focus:

> "We've been dealing with commissioning issues in the North for years, but no one cared. Now that it's happening in London, suddenly there are meetings."

Another described how regional concerns were often deprioritised in favour of issues affecting London-based members:

> "It's not just that it's London-focused. It's that London problems are seen as more urgent."

Room for improvement

To decentralise engagement and facilitate greater participation across the UK, BASHH leaders should:

1. Strengthen regional hubs
One way to enhance this network is to encourage joint events or initiatives between hubs and SIGs, allowing members to benefit from a wider range of perspectives and expertise. Developing clear communication channels between hubs and SIGs will also help to align efforts and create more cohesive professional communities within BASHH.

2. Rotate leadership meetings across UK regions
Hold BASHH Executive and governance meetings in different UK regions on a rotating basis, in line with expressed demand/intentions to attend, to ensure that members across the country have the opportunity to observe or engage with leadership activities. This would demonstrate a clear commitment to geographical equity, enable leadership to better understand regional challenges, and foster a culture of inclusion that goes beyond London-centric structures. Hybrid or in-person attendance options should be supported, where possible.

3. Ensure regional concerns are actively represented in national discussions
Establish mechanisms to capture, elevate and respond to region-specific concerns within national policy work and guidance development. This could include appointing regional representatives, incorporating regional updates into Board agendas, and facilitating structured consultations with providers and professionals from underrepresented areas. National strategies and campaigns should be informed by diverse local experiences and address disparities in service delivery and workforce pressures across all UK nations and regions.

To support efforts, it is recommended that BASHH members:

1. Connect with your regional hub
Attend local events, suggest joint initiatives with SIGs, and help strengthen your regional network.

2. Host or attend meetings convened in your/neighbouring region
Take part when meetings rotate locally - observe, contribute, or help organise to ensure regional voices are heard.

3. Share local perspectives
Proactively raise regional issues with your representatives or committee leads to help shape national priorities and guidance.

Relative prioritisation of several key populations

BASHH has made significant progress in ensuring that the needs of key populations impacted by sexual health issues are addressed, and this work has been widely recognised and appreciated by members.

A positive aspect noted by many respondents was the diversity of materials produced by BASHH, which have been widely used in clinical practice to support patients from different backgrounds:

> "I see the worth of guidance and the guidelines that come out, which is invaluable for governance and patient care in sexual health···the guidelines really do help us nurses [and] non-members and members can access them easily."

Many review participants acknowledged the critical role BASHH plays in advocating for GBMSM (gay, bisexual, and other men who have sex with men), particularly in relation to PrEP access, HIV prevention, and tailored sexual health services, highlighting how BASHH's work in this area has been effective and essential, stating:

> "BASHH has done an excellent job in keeping MSM health on the agenda. This group still has disproportionate sexual health needs, and it's important that we continue to focus on that."

> "invaluable in ensuring that MSM get the sexual health care they need."

However, several members felt that this focus has at times overshadowed the needs of other communities, including women, racially minoritised communities, and trans and non-binary individuals:

> "Almost everything about BASHH is framed within a white, cisgender men's perspective... If they think about diverse communities, their first point of call is gay, white middle-class men."

> "It feels like we are just here to serve MSM sexual health. But there are other populations with urgent needs that are neglected."

> "We were talking about including more representation for women and sexual health, and it was just dismissed. You feel the pushback when you challenge the MSM focus···whenever I mention women's health, the conversation shifts back to MSM. It's like an automatic reflex."

Although guidance and communications were seen as broadly inclusive, members recommended greater focus on Black populations and non-English speakers:

> "BASHH is good about inclusive language in guidelines, but there's a gap when it comes to Black populations."

Requests were also made for translation services and multilingual resources, particularly in French, Chinese, and Welsh, in line with service user demographics and policy developments like the Welsh Language and Education Bill.

Room for improvement

To strengthen its commitment to equity and representation across all communities, BASHH leaders should:

1. Expand translation services and multilingual materials
Enhance the availability of translated and culturally appropriate resources to support equitable access to information and care. Materials should be developed in key languages relevant to service users across the UK, with consideration for regional needs. BASHH should also explore accessible formats for individuals with limited literacy or learning disabilities, ensuring that both clinical and patient-facing content is inclusive and easy to understand.

2. Ensure advocacy efforts reflect the full diversity of sexual health needs
Ensure that advocacy strategies are inclusive of a broad range of experiences and identities,

recognising the intersections of social, structural, and economic factors that shape access to sexual health. BASHH should use evidence and consultation to understand and amplify the needs of underserved and underrepresented communities, embedding equity across all external communications, policy positions, and campaigns.

3. Prioritise health equity based on surveillance data and emerging needs

Align organisational priorities with national surveillance data, stakeholder insights, and member feedback to ensure that BASHH's work reflects real-world trends in service use, access, and outcomes. This includes responding to emerging public health needs while also addressing longstanding disparities in sexual health with evidence-informed approaches.

4. Host dedicated events on underrepresented and emerging topics

Convene regular events, workshops, and conference sessions that focus on underexplored areas of sexual health practice and equity. These should be inclusive, interdisciplinary, and accessible - offering both in-person and virtual participation options where possible. Topics should be informed by member input, service data, and regional and national public health priorities, and actively seek to address gaps in representation and discourse.

Inclusivity of opportunities, professional development and career pathways

There was widespread agreement that Genitourinary Medicine (GUM) is a speciality with multiple entry points and professional roles. However, members expressed concern that career development initiatives remain disproportionately targeted at doctors, with limited visibility or access for other professional groups.

The document review undertaken as part of this evaluation suggested that leadership and mentorship opportunities are largely reserved for consultants and senior clinicians, limiting the development of a broader and more representative leadership pipeline. Numerous members voiced frustration that nurses and allied health professionals are often overlooked in recruitment, training, and development initiatives —despite their central role in the delivery of sexual health services. Respondents described a lack of clarity around progression routes:

> "We need clearer pathways for nurses and health Advisers to take on leadership roles."

A particular area of challenge raised was the perception that the LoveGUM campaign focused primarily on medics. Some nurses and non-medical professionals reported feeling excluded, suggesting that explicitly involving a broader range of roles could more clearly signal BASHH's commitment to inclusion and equity. However, this concern appears to stem less from intentional exclusion and more from BASHH's remit, which includes supporting the training of doctors pursuing a career in GUM - particularly in light of the forecasted shortage of medical trainees in the speciality. The issue therefore seems to reflect a communication gap, highlighting the need to more clearly articulate the campaign's purpose and scope, while also considering how to foster wider engagement across the multidisciplinary workforce.

Outside of the LoveGUM campaign, in addition, respondents reported fewer opportunities for leadership roles, conference presentations, and career progression for specialty doctors and nurses when compared with consultants. Challenges in securing speaking slots were particularly noted:

> "It's always the same people presenting. If you're not already known, you don't get asked."

A significant barrier for many was the lack of protected time or employer support to attend meetings or conferences - particularly for nurses and specialty doctors dealing with demanding workloads and limited flexibility.

While BASHH has taken important steps towards improving inclusion, ensuring balanced representation, strengthening mentorship, and reducing structural barriers to professional development must remain key priorities. By broadening access to leadership pathways, enhancing transparency, and fostering cross-role mentorship networks, BASHH has the opportunity to consolidate its progress and become a truly inclusive and equitable professional society.

Room for improvement

To enhance inclusivity in professional development and leadership, BASHH leaders should:

1. Encourage greater diversity of multi-disciplinary team members within each SIG by actively creating and promoting opportunities for meaningful involvement from all staff groups, including nurses, sexual health advisers, undergraduates, trainees, pharmacists, specialty and specialist doctors.

2. Explore opportunities to share learning and/or collaborate with the Royal College of Nursing (RCN) and relevant professional bodies to better support career development and leadership pathways for nurses, sexual health advisers, and allied health professionals working in sexual health.

3. Ensure professional development initiatives are appropriately promoted to those who may benefit from or be able to meaningfully contribute to the initiative.
Review and revise professional development campaigns and resources to explicitly include all staff groups, ensuring that non-medical professionals are actively represented in messaging, materials, and opportunities.

4. Widen access to speaking and leadership roles
Develop transparent, equitable processes to increase access to speaking engagements, presentation opportunities, and leadership roles at BASHH events - particularly for early-career professionals and those in non-consultant roles. This could include: more open calls for speakers and leaders, sharing a transparent selection process, forming more diverse selection panels that include members from different career stages and roles to ensure a fairer evaluation process, speaker and leadership development courses, abstract clinics and follow-up opportunities for feedback to learn how to better support new and emerging speakers.

5. Promote equitable access to professional development time
Advocate with employers, commissioners, and service leads to support equal access to protected study leave and professional development time across all roles within sexual health services.

Socio-cultural capital achieved through networking, mentorship, and sponsorship opportunities

Review participants who were able to leverage personal and professional connections found it easier to access opportunities within BASHH. They shared that networking and informal career support played a significant role in helping them feel included and supported:

> "Once I got to know people, everything changed. I started getting invited to meetings, and it felt like I was part of something bigger."

The Sexual Health Advisers and Nurses SIG was frequently highlighted as a positive example of a supportive and inclusive professional network. Respondents praised the group's efforts to increase representation at conferences and within BASHH governance structures.

Many participants emphasised the importance of mentorship in shaping their engagement with BASHH. Those who had senior colleagues guide them into SIGs, committees or leadership roles found it significantly easier to contribute and feel confident. Several reflected on the transformative impact of encouragement and sponsorship:

> "I would never have put myself forward for a role if my mentor hadn't encouraged me. Sometimes you just need someone to say, 'You belong here.'"

> "My line manager suggested, 'Why don't you apply?' because it would be a good experience for you, as well as you could give some input."

However, some members - particularly those from lower socio-economic backgrounds - felt disadvantaged due to a lack of 'socio-cultural capital' to navigate professional networks:

> "I only realised how much networking mattered later in my career. If no one teaches you how to do it, you just get left behind."

Members without access to mentorship or sponsorship reported this as a major barrier to fully engaging with BASHH. One participant, who migrated to the UK, described their struggle to participate meaningfully without the benefit of established connections:

> "I didn't have the right connections, so I felt lost. If you don't know someone who can guide you, it's very hard to know where to start."

Efforts to date

Recognising the importance of mentoring, networking and social interaction at professional events, BASHH has introduced a range of initiatives to make these experiences more inclusive.

Mentorship schemes
BASHH has a number of active mentoring programmes, including the STASHH mentorship scheme, which pairs current GU doctors with students/early careers doctors.

Networking for trainees
A dedicated networking event for trainees was introduced to help connect individuals—especially those working in small or rural clinics—with peers and senior colleagues:

> "Trainees often feel isolated, especially those working in small or rural clinics. This event helps them build networks and gain confidence."

Some trainees reported positive early experiences:

> "it was quite a good experience, because I've never done anything like that before, and it did really increase my confidence, ··· it's something that I'd like to do in the future···it's nice that,, people are taking the initiative to get us involved in those type of things"

Alternative social events: plant-based breakfasts
In response to feedback about evening and/or formal events served, BASHH introduced plant-based breakfast events as an alternative.

> "Not everyone wants to attend events centered around alcohol. This breakfast is a more inclusive option for those looking for a quieter social experience."

Deformalising the gala dinner
Efforts have been made to make the gala dinner more accessible and welcoming, such as replacing formal dessert courses with dessert tables to encourage informal socialising:

> "...to mingle and make the event less intimidating."

However, it's important to note that some members expressed a preference for maintaining some formal aspects of the conference, suggesting that a balanced approach would help retain its prestige while making it more inclusive.

Room for improvement

It is recommended that BASHH leaders:

1. Strengthen structured mentorship schemes, pairing senior members with early-career professionals and underrepresented groups
Establish a formal mentorship programme that connects experienced BASHH members with early-career professionals, nurses, sexual health advisers, specialty doctors, and others from underrepresented backgrounds. The scheme should offer support on leadership, conference engagement, and navigating BASHH structures, with a focus on building confidence and encouraging inclusive leadership. Basic training for mentors and periodic reviews should be included.

2. Share case studies of members' career progression through newsletters and other communication channels
Publish short case studies that highlight diverse member journeys into leadership and SIG involvement. These stories should reflect a range of roles and pathways to encourage wider engagement and help demystify how members can contribute meaningfully to BASHH's work.

3. Develop targeted mentorship and networking programmes for early-career professionals and underrepresented groups
Design initiatives tailored to support members who face greater barriers to engagement. These should include informal networking, peer support, shadowing, and confidence-building opportunities that help participants navigate BASHH and expand their professional networks.

All BASHH members are encouraged to:

1. Engage in mentorship - as mentors and mentees
Members are encouraged to actively participate in BASHH's mentorship schemes - either by offering their time and experience as mentors or by signing up as mentees to build confidence, develop professionally, and better understand BASHH's structures. Senior members from all professional groups, including nurses, sexual health advisers, and specialty doctors, are especially encouraged to support the development of future leaders through mentorship.

2. Share your story to inspire others
Contribute to BASHH newsletters or other platforms by sharing your personal journey - whether through leadership roles, SIG involvement, or conference participation. Your experience can help demystify BASHH pathways, celebrate diverse career routes, and encourage wider engagement from members at different stages of their careers.

3. Take part in networking and peer support initiatives
Participate in networking events, shadowing opportunities, or peer support sessions - particularly those aimed at underrepresented groups and early-career professionals. These spaces offer valuable opportunities to connect, build relationships, and support a more inclusive and collaborative BASHH community.

Experiences of inclusion and exclusion

Over 60% of members reported that they felt a sense of belonging and felt respected among BASHH members. Nearly half (49%) felt their unique background and identity were valued by fellow BASHH members [3]. Younger members were more likely to agree with these statements compared with older members. The following trends were observed, suggesting that while BASHH fosters a generally inclusive environment, there are specific groups who may feel less recognised or valued, highlighting areas for further engagement and inclusion efforts:

- Members from Asian and Black ethnic backgrounds were slightly less likely to agree with these statements compared to White members.
- Members working outside London and the Southeast also reported lower agreement levels.
- Members with disabilities or learning/neurological conditions were generally less likely to feel a sense of belonging and value within BASHH. However, they reported similar levels of feeling respected as members who did not report these conditions.

Some participants raised concerns that BASHH's Special Interest Groups (SIGs), while increasingly diverse, are not always inclusive spaces. While nurses, health Advisers, and early-career professionals are often invited to participate, some felt that their roles were tokenistic rather than substantive:

> "You're just a tick box. We need a sexual health advisor, just so we can tick a box to say there was representation··· but then you feel like you don't fit in."

This concern was particularly strong among racially minoritised members, who felt that their inclusion in SIGs did not always lead to meaningful involvement in decision-making: several interviewees from racially minoritised backgrounds described feeling sidelined or overlooked in decision-making processes.

> "Many people, particularly Black women, have stopped engaging because they don't feel heard."

> "We tick a box, but if you look at the majority of chairs and the board, it's still very white, very cis, and very straight."

Room for Improvement

To ensure inclusive participation within BASHH's structures, the following actions are recommended for action by BASHH leaders:

1. Introduce mechanisms for monitoring representation and influence
Track and regularly review the diversity of SIG and committee membership, as well as who holds decision-making and leadership roles. This should include analysis by ethnicity, professional role, geography, and sector (e.g. NHS vs non-NHS) to identify and address patterns of underrepresentation.

2. Establish accountability and feedback loops
Create mechanisms for members to share concerns about tokenism, exclusion, or lack of voice in SIGs. Ensure these are safe, confidential, and lead to constructive feedback, learning, and change. Publicly report on how member feedback is being acted upon.

3. Offer capacity-building opportunities for SIG chairs and leaders
Provide training and support for those in leadership roles to build inclusive meeting facilitation skills, address unconscious bias, and ensure all members feel valued and heard.

4. Establish equitable leadership pathways
Develop and actively promote transparent routes into leadership within SIGs. This should ensure that members from a wide range of professional roles, backgrounds and regions have fair and supported opportunities to progress.

[3] There are no clear differences in levels of agreement/disagreement related to gender, sexual orientation, socio-economic background however, there were some suggestions of different experiences.

5. Create or review meeting ground rules
Introduce or update clear guidelines for SIG and committee meetings to ensure that all members are given the opportunity to contribute, and that contributions are acknowledged, considered, and actioned where appropriate.

While these recommendations are structural, they can contribute to a broader cultural shift in BASHH from representational diversity towards participatory inclusion, ensuring that all members - regardless of role or background - can meaningfully contribute to the organisation's direction and influence.

BASHH members are encouraged to support the above recommendations by taking the following actions:

1. Actively participate in monitoring and feedback:

- Engage with data collection efforts by providing demographic information when requested, ensuring that representation tracking is accurate.
- If you notice patterns of underrepresentation or feel that voices are being overlooked, share your observations through the established feedback channels.
- Encourage your peers to do the same, helping to build a comprehensive understanding of inclusivity within BASHH.

2. Support and advocate for inclusive leadership practices:

- Take part in capacity-building workshops or training sessions to develop your own inclusive facilitation skills.
- If you're already in a leadership position, make a point of using inclusive meeting practices and acknowledging all contributions.
- Encourage leaders to openly discuss how they are working to build more inclusive spaces and offer support where you can.

3. Promote and participate in equitable pathways:

- Share information about leadership opportunities within SIGs and committees with colleagues, especially those who might not typically put themselves forward.
- Offer to mentor or support members from underrepresented groups who express an interest in taking on leadership roles.
- Advocate for clear, transparent information about how to get involved in leadership roles and actively support colleagues navigating these processes.

These actions are important as they encourage BASHH members to actively participate in creating a more inclusive culture rather than leaving it solely to leadership. By being proactive in monitoring representation, supporting inclusive leadership, and promoting equitable pathways, members can also help ensure that BASHH's structures become genuinely reflective of its diverse community.

Culture of Exclusivity vs. Inclusivity

A recurring theme in interviews and in open-ended survey responses was the perception that BASHH can sometimes feel cliquey or exclusive, particularly for new members, non-consultants, and early-career professionals. Several interviewees perceived that there is an "in-club" or "old boys club" culture, where those who are already well-connected and/or socially privileged find it easier to access leadership and engagement opportunities, as they have an inherent knowledge of "how things work."

One trainee reflected on their initial experience at a BASHH event:

> "They seem to be more in it than I was... it was quite difficult to relate."

However, they also described the positive impact of more inclusive engagement opportunities:

> "It did really increase my confidence... it was a good experience."

For others, feelings of exclusion were compounded by imposter syndrome or lack of confidence, particularly among specialty doctors, early-career professionals, and those in non-medical roles. One interviewee noted:

> "I wanted to join a committee, but I felt like I didn't belong. Everyone already seemed to know each other."

Another member described how informal networks appear to shape access to BASHH leaders and leadership roles and that there appears to be a culture of self-promotion.

> "It's not what you know, it's who you know. If you don't have the right connections, you can be in BASHH for years and still feel like an outsider."

> "There appears to have been a change in the ethos ...a shift from people working for BASHH to people working for themselves, and using their involvement in BASHH as a foothold to other things"

A sentiment echoed by several members was the perception that BASHH has become increasingly elitist:

> "stop the elitism! BASHH is v white and an inner circle again."

Some members from non-NHS backgrounds also reported feeling excluded or undervalued. One participant described the perception that private and third-sector services are viewed with suspicion, particularly where consultant-led models are absent:

> "I feel the attitude... there's quite a bit of hostility from BASHH members who work in sexual health... a lot of non-NHS providers are bashed a bit."

> "...they said they only let people who work in the NHS onto the SIG."

These perceptions reflect a recurring theme among respondents, including those who acknowledge benefiting from societal privileges or professional skills. Some noted that being familiar with a culture where networking is a norm and a valued professional skill has allowed them to advance. However, many described this culture as exclusionary to those who lack the knowledge, skills, opportunities, or confidence to network in this way. This can lead to feelings of marginalisation and being overlooked.

Importantly, there was no suggestion that this perceived exclusion is intentional or driven by a deliberate will to exclude. Rather, the concern seems to stem from the perception that the use of informal networks, self-promotion, and the ability to navigate hierarchical structures has, over time, created a culture that can feel elitist. Those who do not have established connections within the organisation, or who are less skilled in navigating professional networks, may experience a sense of being on the outside.

While recognising the experience, skill, hard work, and positive contributions of long-serving members and leaders, it is clear that some respondents feel a cultural shift is needed. Specifically, they suggest

making leadership opportunities and involvement more transparent, inclusive, and accessible to all members—regardless of their existing networks, networking abilities, or professional standing.

Room for Improvement

To address barriers to participation and reduce perceptions of exclusivity, it is recommended that BASHH leaders:

1. Strengthen induction processes
Provide a structured welcome and peer support mechanism for new members - particularly for early-career professionals, non-consultants, and those working outside NHS services.

2. Better publicise BASHH's existing standardised selection processes
This should continue to include role descriptions, eligibility criteria, and named contacts, ensuring that appointments do not depend on informal networks.

3. Rotate meeting formats and timings
Hold SIG and committee meetings in both in-person and virtual formats, at varied and accessible times - including outside of standard working hours to support broader participation.

4. Expand low-pressure engagement opportunities
Create informal routes into leadership and participation, such as co-hosting sessions, contributing to newsletters, or participating in taster activities.

5. Design inclusive development opportunities
Ensure leadership, speaking and recognition opportunities are designed to include nurses, specialty doctors, sexual health advisers, and professionals working in non-NHS contexts.

6. Extend personal invitations to contribute
Actively invite underrepresented members to participate, rather than relying solely on self-nomination or pre-existing networks.

All BASHH members are encouraged to:

1. Welcome and support new members
Take an active role in welcoming new colleagues - especially those early in their careers or working outside traditional NHS settings - by offering informal guidance, sharing helpful resources, or acting as a peer contact during their induction.

2. Familiarise yourself with selection processes and encourage others
Read and share BASHH's standardised role descriptions and eligibility criteria. If you've been through a selection process, share your experience with peers to help demystify the process and encourage broader participation.

3. Be flexible and open to a range of meeting formats
Make the most of both in-person and virtual meeting opportunities, and support more inclusive participation by being open to varied timings and formats that suit diverse working patterns.

4. Try low-commitment engagement opportunities
Get involved in small, informal ways - such as contributing to a newsletter, co-hosting a session, or joining a working group - especially if you're new to BASHH or not yet ready for a formal leadership role.

5. Seek out and nominate diverse voices
When invited to speak, lead, or participate, consider how you can share the spotlight or recommend colleagues - especially from underrepresented groups—who could benefit from visibility and experience.

6. Respond to invitations and encourage others to step forward
When personal invitations are extended, accept where you can - or help identify someone else who could contribute. Encourage peers who may not yet feel confident to get involved by affirming their skills and experience.

Bias, discrimination and microaggressions

BASHH was widely perceived as a welcoming and inclusive organisation. Many members described positive experiences of participation, recognition and belonging:

> "My first conference was very positive... I left the conference with an award..."

> "I felt welcomed. The chair was very nice and always gave me an opportunity to speak... although most members are consultants, I didn't feel treated differently."

> "There's quite a nice mix of medical personnel, scientific personnel... It's a two-way street being on a SIG. I felt like I was learning and contributing - that's a good feeling."

> "The former and current presidents were warm and open... There was a real push to make SAS doctors feel included. It felt good to be heard and part of the conversation."

However, a minority of members reported experiencing bias, discrimination, or microaggressions during their involvement with BASHH. Survey results indicated that:

- 10% of respondents had experienced bias, discrimination or exclusion within BASHH in the past 12 months.
- 6% had witnessed such behaviour affecting others.
- Members based in London reported significantly higher levels of bias and microaggressions than those in the South East and other UK regions ($p = 0.009$).

In qualitative feedback, some participants raised concerns about heteronormative assumptions in professional discussions, initial resistance to establishing the Racially Minoritised Communities Special Interest Group (SIG), sexist comments by men, reluctance to accept suggestions from non-white professionals in a BASHH setting but accepting them offered by a white person. The impact of wider sectoral inequalities on BASHH's internal culture was also discussed.

> "I don't think I was treated as fairly as my colleagues due to my race."

> "Colleagues in the workplace who··· work within BASHH and BHIVA and think it's ok to make racial jokes, personal criticisms based on appearance, and bully so to speak. Yet these people are treated like immortals"

> "<specific> conference. Micro aggressions towards b[l]ack woman presenter from person chairing BASHH side. I don't know if this was based on gender or race, but she was patronised and put on the spot more than the other ppl presenting alongside her."

Another shared their experience of being unable to contribute more actively:

> "I was not supported to be in a special interest group because at the time I was a specialty doctor and not a consultant."

When asked why they had not reported incidents of bias or discrimination, members most cited the following reasons:

- Belief that no action would be taken
- Perception that microaggressions were tolerated in professional culture
- Feeling the issue was not serious enough to raise formally
- Confidence in managing the situation independently
- Issue was resolved through an informal apology

> "Report to whom - when the comment was made by a BASHH Officer?"

> "I didn't feel supported to do so."

> "No one will listen."

> "Was not confident anything would be done about it."

Room for improvement

To ensure BASHH remains a safe, inclusive and equitable environment for all members, the following improvements are recommended for action by BASHH leaders:

1. Strengthen reporting mechanisms
Enhance and promote clear, confidential pathways for reporting incidents of bias or discrimination and clarifypossible outcomes. Members must feel safe, supported and confident that action will be taken.

2. Increase representation in leadership
Actively improve diversity across leadership roles, working groups and SIGs. This includes removing structural barriers to participation and ensuring that underrepresented voices influence decision-making.

3. Improve accessibility at events
Ensure all events and conferences are accessible. This includes offering translation or interpretation services where needed and making appropriate adjustments for disabled members.

4. Address structural inequalities in sexual health
Embed equity as a core theme within BASHH's advocacy agenda, particularly regarding the systemic barriers facing marginalised communities in access to and delivery of sexual health services.

4. BASHH member reflections on BASHH's wider role to support the EEDI agenda

Participants highlighted the important role that BASHH could play in shaping national and sector-wide discussions on sexual health, workforce equity, and service provision. There was a strong sentiment that BASHH should be more proactive in advocating for structural change in sexual health services, particularly in relation to marginalised communities.

Some respondents expressed the view that BASHH's position within the sector gives it unique leverage to drive change but that this potential is not being fully realised:

> "I think BASHH is way ahead of many other medical societies in terms of its diversity and inclusion, but this is not a reason for it to rest on its laurels. The Board is still very white and doctor-heavy. The strength of sexual health is working alongside patients and advocates, and we should push to continue this."

> "Sexual health is unique in its intersectionality; mental health, activism, public health, and medicine are deeply interwoven... I want to cultivate a non-hierarchical approach where we grow together and uplift each other."

This view was echoed by several interviewees who felt that BASHH could take a more prominent role in advocating for policy changes, particularly in areas affecting racially minoritised communities, women, trans and non-binary people, and those living in rural or economically deprived areas.

Many members felt that BASHH has the potential to be a stronger voice in national conversations about sexual health equity, activism and advocacy. Comparisons were drawn with BHIVA, which is regarded as having a stronger tradition of activism and community engagement. Several interviewees highlighted BHIVA's involvement in campaigns such as 'Let Communities Lead', which focused on the role of affected communities in shaping HIV policy and service provision. One participant suggested that BASHH could learn from BHIVA's approach:

> "HIV activism has been very strong in empowering community voices. BHIVA reflects this more than BASHH does. Look at campaigns like 'Let Communities Lead' – that kind of energy should be in sexual health too."

Others pointed out that BASHH has historically been seen as a more medically focused organisation, with less emphasis on patient advocacy and community involvement. While this focus has advantages, there was consensus that BASHH should work to ensure that its policy positions consider the wider social determinants of sexual health.

Room for improvement

While BASHH has made notable progress in advancing equity, diversity and inclusion (EDI) internally, there is a strong appetite among members for the organisation to extend its influence more widely across the sexual health sector. In response to member feedback, and to maximise BASHH's potential as a leader in sexual health equity, the following recommendations are proposed:

1. Adopt clear and visible advocacy positions and publish position statements
BASHH should take stronger, values-driven public positions on national and policy issues related to health equity and/or affecting marginalised communities, including:

- Immigration policy and access to healthcare
- Structural racism and health inequalities
- Barriers experienced by rural, trans, non-binary and economically disadvantaged populations

2. Embed advocacy within SIG functions
BASHH should formalise the role of SIGs in shaping its advocacy agenda. Each SIG should be supported to:

- Identify emerging issues relevant to its area of focus
- Contribute to the organisation's advocacy priorities
- Reflect lived experience and frontline practice

3. Strengthen strategic partnerships
To ensure its policies are relevant and inclusive, BASHH should work in genuine collaboration with:

- Community-led organisations
- Patient advocacy and activist groups
- Charities and third-sector partners

4. Develop a structured advocacy framework
Drawing on the experience of peer organisations such as BHIVA, BASHH should establish a structured advocacy model. This may include:

- Clear responsibilities for officers, SIGs and working groups
- A process for prioritising advocacy issues
- Guidance on inclusive communications and engagement

5. Provide sector-wide leadership on equity
BASHH should use its influence to lead national conversations on sexual health equity. This includes:

- Promoting inclusive models of service delivery
- Addressing structural barriers within the sexual health workforce
- Ensuring professional representation reflects the diversity of the populations served

By implementing these recommendations, BASHH can further its commitment to equity, inclusion and long-term sector-wide change, as per the aims and ambitions stated in its vision statement co-created with the RCP and BHIVA.

5. Concluding reflections – BASHH's commitment to diversity and inclusion

BASHH is broadly viewed as a liberal and socially conscious organisation, committed to supporting marginalised groups:

> "BASHH appears (to me) to be a model of diversity & inclusivity: these qualities have always been celebrated within BASHH - at least over the last 25 years or so. We - the members - are as splendidly diverse ethnically, racially, sexually, sexuality-wise etc as our clientelle. The formation of newer SIGs further enhances this process."

> "seen lots of improvements / awareness in recent years wrt [with regards to] BASHH raising EDI issues which goes a long way in creating a culture of engagement with members from underrepresented and/or marginalised groups and also allyship and a safe space culturally to speak out."

While members acknowledge progress in promoting diversity and inclusion, they agree that further work is needed:

> "I feel things are much better than in past years but sure there is more to actively improve. This piece of work is a positive step forward to embrace change. Look forward to seeing the outputs. I feel there are many people in BASHH who do want positive change"

Efforts to improve transparency and representation are valued, but many believe BASHH should take a stronger role in driving structural change within sexual health services - supporting all professional groups and addressing core issues such as race equity and the prioritisation of underrepresented communities. Financial constraints, both at individual and organisational levels, are seen as key challenges affecting member satisfaction and contributing to interprofessional tensions. Additionally, differing understandings of BASHH's remit and varied expectations across the membership continue to complicate the development of a unified EDI strategy.

BASHH leaders acknowledge that, paradoxically, some members remain resistant to reflecting on the organisation's limitations:

> "We've made strides, but there's always more to do. The key is to keep listening and adapting to ensure that everyone feels included and valued."

> "I think BASHH has made real efforts to be inclusive, but there is a long way to go. We will only benefit from being open and inclusive and reflecting the communities we serve."

Leadership also highlights the constraints imposed by the short, two-year presidential term, which can hinder long-term planning and sustainable change. Nevertheless, there is a demonstrable willingness to reflect critically on both barriers and enablers to engagement. One member encapsulated this reflective approach, when asked what they felt the barriers may be, thoughtfully saying:

> "I don't really know what the barrier is, a lack of understanding from my position? I don't know whether people are just too busy, or we're not asking the right people, or people don't feel like it's a safe space for them, or they don't feel like their voice will be listened. I don't know what it is."

BASHH was widely perceived as a welcoming and inclusive organisation. Many members described positive experiences of participation, recognition and belonging:

> "...ultimately, the goal is to look for where we've got barriers to access and to broaden access and to broaden participation" while noting the inherent challenges of doing so within existing structures that have value and help maintain the prestige and influence of the Association in wider spheres."

A BASHH leader identified:

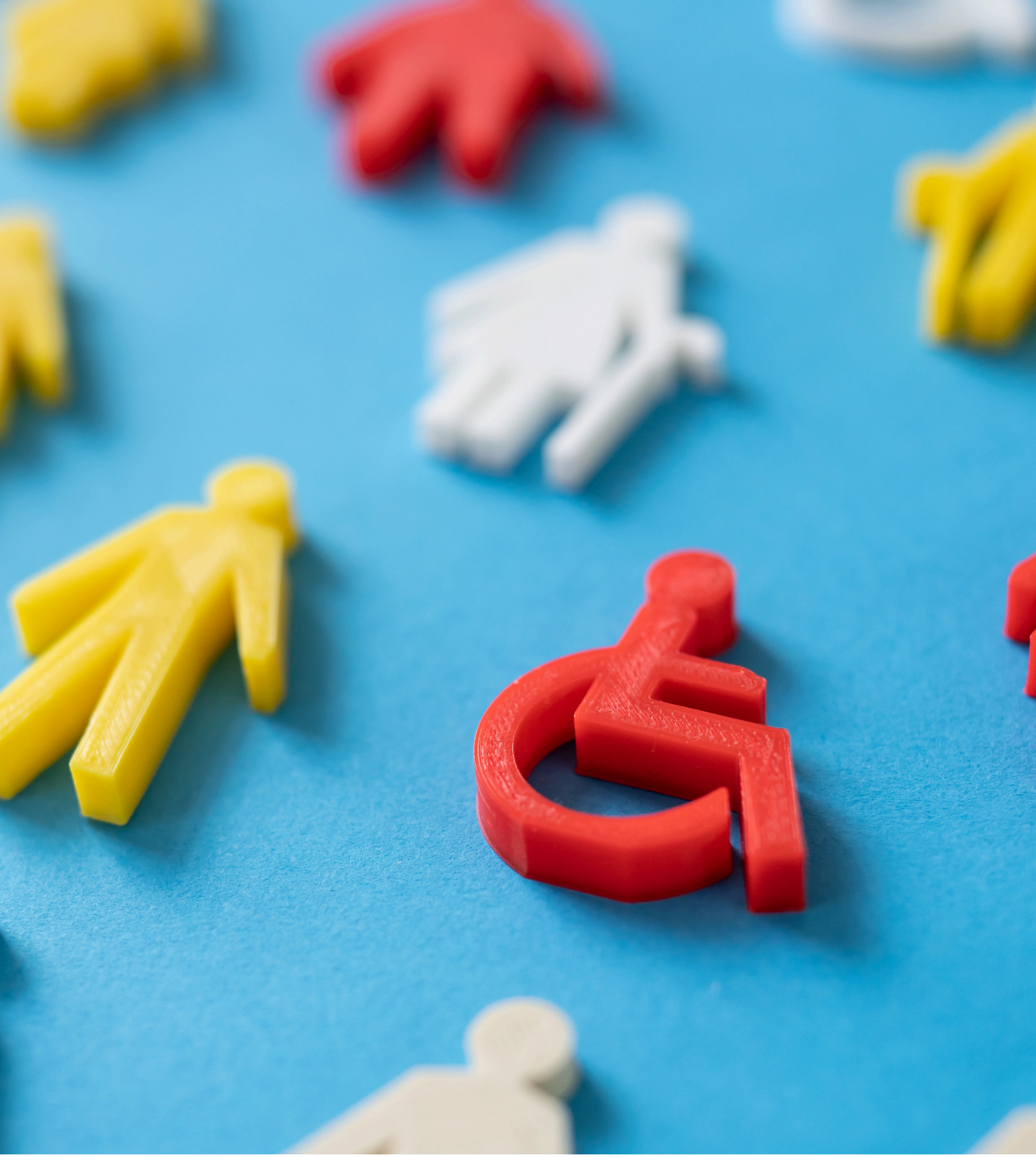
> "People will be offended to understand that they could be doing better, because they will be thinking already that they're doing better."

A very small minority of survey respondents (fewer than 1%) expressed reservations about prioritising the diversity and inclusion agenda. Specifically, two individuals out of more than 200 respondents suggested that BASHH places "too much emphasis on this [EEDI]" and raised concerns about a perceived "risk of groups regarded as over-represented becoming underrepresented."

Importantly, these views were not widely shared and were actively challenged by both the BASHH EEDI Review Advisory Group and the findings of this review. The data indicate that historically well-represented groups continue to be well represented across BASHH's Special Interest Groups and leadership structures. There is clear evidence of both personal and institutional commitment among several BASHH leaders to addressing the challenges associated with diversity and inclusion. The current BASHH President's commitment to this agenda is underpinned by lived experience and demonstrated through visible, active leadership.

> "I'm fully subscribed to diversity, to equity... actually it's something I feel in my bones... [it would] be wonderful to see this [review] pave the way for a place where people are not feeling different or othered or not included, because I want folks to feel as included as they want to be... it's an effort on both sides, but the biggest effort needs to be BASHH."

With continued investment in inclusive leadership, advocacy, and equitable professional development, BASHH is well-placed to evolve into a truly transparent and inclusive organisation - one that reflects the full diversity of the sexual health workforce and the communities it serves.



An independent report by Purple Pen Research and Evaluation Consulting
www.purplepen.co.uk