

Addressing offensive classification practices

embedding equity, diversity, and inclusion in the Royal College of Nursing in-house library classification scheme

Dawn Williams

Collections Development Specialist, Royal College of Nursing

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ABSTRACT

The Royal College of Nursing (RCN) Library and Museum Service undertook a review of its in house classification scheme to address offensive and outdated classification practices and subject headings. Guided by the organisation's Equity, Diversity and Inclusion Strategy, the project drew on inclusive terminology resources and cross country collaboration to update over 200 subject headings and introduce more than 30 new class numbers. The review also prompted changes to working processes to improve representation of contemporary UK nursing practice. The work highlights the need for ongoing review, broader user engagement, and reflective, collaborative decision-making to maintain an inclusive and responsive classification system.

KEYWORDS nursing; classification; subject headings; diversity; inclusion

CONTACT Dawn Williams ✉ dawn.williams@rcn.org.uk 📍 Royal College of Nursing

The Royal College of Nursing Library and Museum Service

First founded in 1916, the Royal College of Nursing (RCN) has provided a library service to its members for over 100 years. Today the library has the largest nursing-specific collection in Europe. The library teams at the London, Cardiff, Edinburgh and Belfast sites provide online and in-person research support and access to resources to members across the nursing and midwifery workforce.

The RCN Library and Museum EDI Mission

The RCN launched its Equity Diversity and Inclusion Strategy in 2024 to build an organisation where inequality, discrimination and racism are eliminated and to give support to a diverse workforce ([Royal College of Nursing, 2024](#)). While the libraries' existing practices reflected many of the strategy's principles, a dedicated Library and Museum EDI group was established to strengthen this work. The group - consisting of members from the Museum, Collections, Customer Services, Information, and E-Systems teams - identified additional projects to support the wider RCN strategy and developed a library and museum mission:

“The RCN Library and Museum EDI mission is to create a welcoming and supportive community for all our users, within nursing staff and beyond. This underpins the Library and Museum mission to support the nursing profession and inspire everyone to explore nursing and its history.” ([Royal College of Nursing, 2024](#))

The service and its collections have expanded significantly over recent decades and with the growth of the museum service, members of the public are now also welcomed, further diversifying the communities represented and supported.

Addressing offensive classification practices

One of the first projects identified by the EDI group was the need to address offensive classification practices and terminology in the in-house scheme. Library staff and users highlighted offensive classification in the print lending collections, particularly around the subjects of learning disabilities, neurodiversity, sex, gender, and identity. This feedback illustrated that outdated cataloguing practices not only affect user experience but also risk reinforcing historic biases.

Although existing in-house cataloguing guidelines reflected elements of the Cataloguing Code of Ethics ([Cataloging Ethics Steering Committee, 2021](#)), it became clear that a closer review of practice was required.

RCN in-house classification scheme background

The RCN's in-house scheme is thought to be based on the Boston Medical Library scheme and consists of approximately 380 unique numbers with accompanying subject headings. For many years, the scheme was regularly updated in collaboration with members of the wider organisation, including nursing subject specialists, and an in-house subject thesaurus was published and sold to other libraries. This thesaurus supported the cataloguing of unique UK nursing resources.

However, over time, the thesaurus fell out of use, and both it and the classification scheme went several years without review. This lapse, largely due to limits on staff time and availability, made it increasingly difficult to describe and accurately reflect evolving UK nursing practices.

The nursing profession responds to public health priorities, workforce needs, technological developments, and the needs of diverse patient communities. As a result, the classification scheme must adapt accordingly. In 2018, the service adopted the RDA cataloguing standard and began using MeSH subject headings alongside a concise group of in-house UK nursing specific terms. These in-house headings remained necessary because UK nursing practice is not always adequately represented in the MeSH thesaurus which is maintained by the United States National Library of Medicine ([National Library of Medicine, 2026](#)). Although the team suggested new headings to MeSH, few were adopted.

Maintaining a classification scheme that accurately reflects contemporary nursing presents an ongoing challenge. While the option of replacing the in-house scheme with a more widely used system was considered, the team ultimately concluded that updating the existing scheme would better support accurate representation of UK nursing practice and maintain its unique value as a special collection.

Methodology and rationale

Transparency and consistency were essential to the review. The methodology focused on identifying offensive and outdated terminology, addressing subject gaps, and ensuring the changes reflected modern nursing. To establish a methodology, the team drew on the experience of the SWIMS Network¹, the London School of Hygiene & Tropical Medicine classification scheme project², and the Research Libraries UK series on Inclusive Collections, Inclusive Libraries³.

Identifying and evaluating offensive terminology

To help mitigate bias, lists of preferred terminology were used to identify offensive subject headings in the scheme. These lists were drawn from various resources including Carissa Chew's *Inclusive Terminology Glossary* ([Cultural Heritage Terminology Network, 2023](#)), *Homosaurus* ([Homosaurus, 2025](#)), *Inclusive language: words to use and avoid when writing about disability* ([Cabinet Office Disability Unit, 2021](#)) and the RCN style guide. The *Inclusive Terminology Glossary*'s inclusion of offensive terminology was a particularly helpful starting point for the project. The classification scheme, along with its accompanying subject headings, was exported to Excel and searched using the offensive terms, allowing the team to systematically highlight areas in the scheme in need of review.

The initial review took two members of staff around four months to complete. Excel was used to track proposed changes and share decisions with the wider teams. As the review progressed, significant subject gaps were revealed particularly in the areas of neurodiversity, sex, gender identity, and prejudice. These omissions were themselves recognised as offensive and required substantial time to address through introducing new, or expanded, class numbers, and relocating topics to entirely new areas.

¹ <https://swimsnetworknhs.uk/>

² See e.g.

Carpenter, E. (2025) *Language as control: Decolonising classification for C21st library collection and data management*. *Aliss Quarterly* 21 (1). pp. 28-32. Available at: <https://researchonline.lshtm.ac.uk/id/eprint/4678060/>

Barnard, C. C. (2024) *A Classification for Medical and Veterinary Libraries*. 3rd rev. edn. LSHTM Press. Available at: <https://doi.org/10.56920/lshtmp-1>

³ <https://www.rluk.ac.uk/icil/>

Finding consensus through collaborative decision-making

To find consensus on preferred terminology, various specialist websites were cross-checked, including NHS Trust websites, the RCN website, Refuge⁴, Mind⁵, and Scope⁶. Although MeSH and other classification schemes were reviewed when proposing new class numbers, this proved challenging and decisions were largely informed by the existing scheme and thoughtful placement of new or updated subjects.

The newly established four-country library cataloguing group (England, Scotland, Wales, and Northern Ireland) reviewed the recommendations. Their contributions were vital, particularly in relation to reaching consensus on nursing terminology used across the UK. The wider library teams were also consulted and provided feedback in small group discussions focused on subject gaps and the proposed new class numbers.

Although the project was prompted by user feedback, users were not consulted at this stage due to time constraints, combined with the scale and specialist nature of the work.

Relabelling and moving stock took approximately two months and had to be reflected across the different library sites. To date over 200 subject headings have been removed or replaced and over 30 new class numbers have been introduced.

Challenges and opportunities

Progress on the project was sometimes delayed due to limited staff time and availability. However, collaborating across the teams proved essential, helping to challenge unconscious bias, broaden perspectives, and provided mutual support when working with emotionally challenging subjects.

The review also revealed other issues with the scheme. Some class number areas were under-used, indicating that subjects were either redundant or required further development. The review also showed that large subject themes were represented by smaller number areas, making browsing the shelves difficult and misrepresenting the breadth and nuance of nursing practice. For example, one class number is used to organise books on both palliative and end of life care. The remainder of the classification scheme will be reviewed and updated to ensure the collections continue to be discoverable. A collections analysis at the end of the project will be essential to assess how effectively each classification area is being used, identify under-represented or over-extended subjects, and ensure the scheme accurately reflects current nursing priorities.

⁴ <https://refuge.org.uk/>

⁵ <https://www.mind.org.uk/>

⁶ <https://www.scope.org.uk/>

Towards the end of 2024 the library service moved to the OCLC WorldShare Management Service (WMS). The move, along with a significant weeding project, delayed progress with the scheme review. However, the transition presented new opportunities. As outlined in the Bristol University article *Problematic subject headings : making our catalogue more equitable, diverse and inclusive at the University of Bristol* ([Cooper and McManus, 2025](#)), OCLC provides a locally preferred subject re-mapping tool. The tool helps libraries address offensive and out-dated subject headings in the discovery layer Library Search. Users can search for topics using their own terminology but are pointed to preferred subject headings. Once the scheme review is complete, the library will use the tool to maintain a list of locally preferred headings.

While library users can already suggest new resources for the collections, we also want to provide opportunities to feedback on the subject headings they encounter. We will explore ways to engage users both in the library space and online to help provide an equitable and inclusive experience.

Conclusion

The review of the RCN's in-house classification scheme has reinforced the importance of maintaining cataloguing practices that are inclusive and responsive. As terminology and nursing practice continues to evolve, the classification scheme will be regularly reviewed, not only to identify and replace outdated or offensive terminology, but also to address gaps in representation that may marginalise users or overlook key areas of nursing.

The project also demonstrated the importance of working collaboratively with colleagues, creating space for reflection, challenging unconscious bias, and sharing the emotional labour involved in reviewing sensitive subjects. Although the project was inspired by library user feedback, further user engagement has been postponed until the OCLC re-mapping tool is used. This delay limits the breadth of perspectives considered and risks perpetuating biases.

Finally, the project has demonstrated that the classification system must be continuously updated. Through regular review and active staff and user engagement, the RCN Library and Museum can ensure its collections remain relevant, inclusive and reflective of evolving nursing practice.

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