## Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>Foreword</td>
</tr>
<tr>
<td>05</td>
<td>Inclusion and Diversity: our strategy for pharmacy 2020 – 2025 summary</td>
</tr>
<tr>
<td>06</td>
<td>Developing the strategy</td>
</tr>
<tr>
<td>07</td>
<td>What matters most to the pharmacy profession</td>
</tr>
<tr>
<td>08</td>
<td>Our pledge</td>
</tr>
<tr>
<td>09</td>
<td>Strategic priority I: Create a culture of belonging</td>
</tr>
<tr>
<td>10</td>
<td>Strategic priority II: Champion inclusive and authentic leadership</td>
</tr>
<tr>
<td>12</td>
<td>Strategic priority III: Challenge inclusion &amp; diversity barriers</td>
</tr>
<tr>
<td>14</td>
<td>Our co-created plan</td>
</tr>
</tbody>
</table>
The moral case for Inclusion and Diversity (I&D) has never been stronger. I&D initiatives are, quite simply, the right thing to do. They are also a business imperative, now that doing the right thing has been clearly linked to bringing commercial benefits to organisations.

Chairing the I&D programme for the Royal Pharmaceutical Society (RPS) has been a tremendous privilege, given the society’s genuine commitment to enacting meaningful change. By engaging members to better understand what matters to them, and by letting the outcomes of the community consultation focus our strategy, we are certain to have a significant impact on the future of the profession.

We have been working hard on laying the foundations for a truly inclusive profession, which is reflective of its diversity. How will we know when we are truly inclusive? When every person in pharmacy feels they genuinely belong. Belonging, after all, is the consequence of true, meaningful inclusion, and is the central theme of our I&D programme.

A sense of belonging unites us as we strive to create a truly inclusive workplace, one that supports collective advancement and continuing success without leaving any individual or group behind, and in which everyone feels they can truly be themselves and thrive.

Our community survey sent a clear message. 83% of respondents felt it was important for RPS to strategically support I&D. It also revealed we were doing better in some areas than others. For example, the survey results flagged disability as the area needing the most support and improvement, followed closely by age and race. Disability was also perceived to be the biggest barrier to working in pharmacy. Other barriers were age, pregnancy and maternity status. 66% of respondents overall felt there were barriers to working in the profession. In response, we have set clear objectives in our plan to address these concerns and overcome these specific obstacles.

Our plan consists of key programmes that support both immediate and long-term changes. We plan to implement steps immediately that foster a culture of inclusion and belonging, and will facilitate longer-term transformation as the programme rolls out. Crucially, we will embed our I&D principles into everything we do from now on.

The outcome of the work we’ve done so far has been very promising and it’s been a privilege to engage with members and learn from them. Their input via surveys, workshops and meetings has been invaluable in guiding a strategy that was built with members, for members. I am certain this work will have a positive and lasting impact on our profession and will inspire others to implement their own I&D programmes. We’ve embarked on a long journey, and I hope you continue to support us along the way, as we won’t stop until we’ve created a true sense of belonging for all in pharmacy.
The pharmacy profession is diverse and we should celebrate that, but there are too many instances where people don’t feel they belong – and that’s not right.

We want to ensure that positive change takes place in our profession – a profession that recognises the value inclusion and diversity can offer and draws strength from those differences. Through diversity we gain the varied perspectives needed to tackle complex problems, come up with innovative solutions and create positive progress for the profession and our patients.

Our inclusion and diversity strategy was built in collaboration with the profession and demonstrates our commitment to bringing about real change to ensure everyone feels a sense of belonging. It’s clear there is much to do to achieve this.

We now need to move beyond words and take immediate meaningful action. There will be some challenges and growing pains that come with the changes, and some mis-steps along the way. That’s all part of the process.

We hope the RPS inclusion and diversity strategy will be welcomed by the profession. It will no doubt evolve over time, but we have heard what our members have told us and recognise the importance of the professional leadership body taking meaningful action in this very important area.

For it to be successful, we need a constant dialogue with you. We welcome your thoughts and ideas. Please contact us at IandD@rpharms.com

Sandra Gidley,
PRESIDENT,
ROYAL PHARMACEUTICAL SOCIETY

Paul Bennett,
CEO,
ROYAL PHARMACEUTICAL SOCIETY
Inclusion and Diversity: our strategy for pharmacy 2020 – 2025 summary

**STRATEGIC PRIORITY I:** CREATE A CULTURE OF BELONGING

- Expand existing pharmacy community groups and set up a fully inclusive action group to enable networking across the profession and delivery of our strategy (2020)
- Regular, network-led events supporting belonging (2021 – 2025)
- Annual I&D in pharmacy event (ongoing from 2021)
- Create with the profession and launch an Inclusive Workplace Pledge for pharmacy (2020)

**Do**

- Regularly report our I&D progress at board and assembly meetings (ongoing)
- Weave I&D into the RPS mentoring programme (2020 and ongoing)
- Set a gold standard for the changes we want to see in the profession at large; annually publish our own ethnicity (2020), gender (2020), disability (2021) pay gaps and action plans
- Working with partners, working groups and our I&D networks to develop guidelines to improve hiring panels and publish and promote family-friendly policies for all employees (by early 2021)
- Launch communications campaign about the importance of diverse leadership (ongoing)
- Forge genuine bonds between communities within pharmacy by increasing visibility and key community and awareness events (ongoing)
- Strive to adopt inclusive language in everything we do (ongoing)

**Influence**

- Work with partners across the profession to develop plans to address Black students’ registration assessment pass rates (ongoing)

**Both**

- Plan and then launch a disability awareness campaign for pharmacy (2023–2022)
- Early Careers Advisory Group launches, with an objective to improve the sense of belonging for all pharmacists (2020)
- Plan then launch a campaign to support parents and carers in pharmacy (2022 – 2023)
Developing the strategy

Since RPS’ foundation in 1841, we’ve always worked to put pharmacy at the forefront of healthcare. Operating with a Royal Charter, we promote the profession in the media and government, lead the way in medicines information, and support pharmacists in their education and development.

Change is always coming. It is up to us to play a leadership role. We must understand the I&D needs of the profession and embrace and celebrate diversity of all types as one of our core strengths. When everyone in our profession can thrive and be their authentic selves, we see better outcomes for service users and society.

This report is borne out of a series of conversations that took place over the last year, in which we strengthened and formalised our commitment to improving I&D within the profession. We formed an internal steering group and appointed an independent chair, Asif Sadiq MBE, to oversee our I&D activities and we undertook a comprehensive survey that pinpointed our strengths and weaknesses as a profession. Asif facilitated workshops with members and other representatives in England, Scotland and Wales, in which we explored areas that are ripe for change, as well as the organisational areas that RPS needs to address to embody the change for which we so strongly advocate.

The report stands as our public commitment to an ambitious I&D programme for the next five years. We’ll detail our activities and how we plan to measure and track success. We hope that in doing so, we’ll spark meaningful conversations and remain leaders in positive change for the profession.
What matters most to the pharmacy profession

In developing the I&D strategy for the pharmacy profession, we undertook a profession-wide survey to understand the opinions of our members and the impact of inclusion and diversity on them personally. We asked about their roles within pharmacy, and how they perceived I&D within the profession as a whole. The survey was undertaken in August and September 2019 and 839 completed responses were received within the fieldwork period.

Areas to improve current support
Disability is the area where most respondents thought more could be done to support I&D in the services the profession provides; this was followed by age and race.

Barriers to working in pharmacy
66% of respondents thought there were barriers to working in pharmacy. Disability was perceived to be the biggest barrier, followed by age, pregnancy and maternity.

Areas to improve current support
Disability is the area where most respondents thought more could be done to support I&D in the services the profession provides; this was followed by age and race.

Areas to improve current support
Disability is the area where most respondents thought more could be done to support I&D in the services the profession provides; this was followed by age and race.

Ways pharmacy is not welcoming
Examples of the pharmacy profession not being welcoming were related to flexible working, disability and representation in senior positions.

Ways pharmacy is welcoming
Evidence to support pharmacy being a welcoming profession was mainly provided in examples of working with people from a diverse range of races and backgrounds and the importance of working as a team.

Pharmacy considered a welcoming profession
Nearly two out of three respondents felt that the pharmacy profession was welcoming. 12% however, did not feel this was the case and a further 25% weren’t sure.

A sense of belonging within the profession
On the whole, the pharmacy profession gave respondents a sense of belonging however over half stated that this was ‘most of the time’, not ‘completely’.

Confidence in authentic self
Three quarters of respondents said they were confident being their authentic selves. However, this level of confidence is directly linked to the number of years working in pharmacy: with experience, comes confidence

Confidence in supporting others
Overall, respondents felt comfortable supporting both team members and service users with I&D. Once again however, experience within pharmacy played a direct role in confidence levels.

Importance for RPS to support I&D
83% of respondents felt it was important for RPS to support I&D within the profession.

What RPS does well for I&D
RPS is recognised for successfully supporting some I&D areas such as LGBT inclusion and efforts within communications to include a wide range of individuals in terms of their race.

What RPS could improve for I&D
The respondents were forthcoming with suggesting ways in which RPS could do more to support I&D. Some ideas were linked directly to protected characteristics and others related to reaching out to pharmacists at different stages of their career.
Our pledge

This plan is for, and by pharmacy. It’s a strategy document and a pledge to do better; it’s a timeline; it’s an open invitation for collaboration.

RPS must embody the qualities we admire in the profession. If we wish to catalyse change, we must first become that change. Transforming established behaviours requires courage, openness and authenticity and we must start with ourselves.

This document details our most recent findings about I&D in pharmacy, and the strategic priorities we have set for ourselves to improve barriers to inclusion. We detail external communications as well as our own plans for accountability and changes to RPS, including inclusion targets in governance and on our boards. We lay out how we’ll work with experts, stakeholder groups and educators. Each strategic priority has attached plans and timelines so that our activities are tangible and measurable, and not just talk.

We recognise that it will take time to create real change, and that we will learn as we do. We are committed to listening, improving, and holding ourselves responsible, even when it doesn’t come easy. In order to track our progress, we’ll report back publicly at regular intervals, sharing lessons learned so that the whole profession can benefit.

Robbie Turner (our Director of Pharmacy and Member Experience) will be leading this work with a small team being recruited to support delivery. We aim to complete all the activities within five years of the publication of this plan.

Read on to find out more about our three strategic priorities and the activities that will underpin our work in these areas. We must create a culture of belonging including a more inclusive profession and inclusive workplaces; we will champion inclusive and authentic leadership; and we’ll challenge barriers to I&D throughout our activities.
Strategic priority I: Create a culture of belonging

Pharmacists work to improve everyone’s health. When we ensure pharmacy is a place for everyone, we create a profession that delivers better health outcomes for service users. It’s that simple.

People who feel they can be their authentic selves in the workplace perform better, are more creative and contribute more. They are more comfortable reporting mistakes and starting important conversations. This ultimately nourishes and sustains a safe working culture. Belonging is not only the right thing to do – it’s crucial to our success.

RPS will create a culture of belonging for individuals and teams by creating an inclusive pharmacy profession and inclusive workplaces. We describe our key activities below.

Inclusive pharmacy

RPS’ Strategic Workshop last November revealed the desire and need for networking events that enable conversations about inclusion, diversity and belonging. Held regularly, these events could provide community cohesion, raise awareness about I&D in all its forms, and enable members to raise issues as they occur.

We will expand our existing pharmacy community groups and actively work with members to set up a fully inclusive action group to enable networking across the profession and delivery of our strategy. This group will capture both individual group needs and ensure intersectionality. With the action group and existing networks, we’ll co-create a yearly calendar of events that support belonging, enable important conversations to take place and promote the importance of being your authentic self in the workplace.

The calendar will be underpinned by an annual I&D in pharmacy event, where we will publish our progress on the overall strategy. Our next event will build on findings from the last Strategic Workshop, where our conversations with expert organisations and members spurred us to develop the current strategy.

Building on our existing event portfolio, we’ll work with the action group to improve events, engage more members and create a greater sense of inclusion and belonging, as well as considering intersectionality.

Inclusive workplaces

The right working environment can bring the best out in everyone and fosters talent, community and innovation. In contrast, a non-inclusive environment is demoralising and alienating. By creating an Inclusive Workplace Pledge for pharmacy, we will help employers and employees feel less isolated at work.

Working with our membership and the wider profession, our pledge will include I&D and workplace harassment policies; guidance on how to speak up around I&D issues; workplace adjustment policies, including access/adaptation within built environments; and practical tips and suggested action points for employers and employees to strengthen their experience of belonging in the profession.

As a membership organisation, we will outline our commitment to creating a culture of belonging and to supporting wellbeing at work. We’ll also commit to not undertake any action without first considering its impact on under-represented groups. We’ll look to nominate senior sponsors across the profession to lead the campaign to sign up to this pledge.

“Every person has a different character and we all work for pharmacy.”

“As a student I think education on the LGBTQ+ experience in the medical field is lacking. Pharmacists need to know how to provide care to all kinds of patients - at the moment I doubt half the students in my course would know how to act appropriately around a transgender patient.”

“I feel I cannot truly express my true image that I wish to present of my true self because of expectations and standards.”

“The fact that most senior pharmacists in hospitals are white makes me feel like I do not belong.”

INCLUSION AND DIVERSITY REPORT 9
Strategic priority II: Champion inclusive and authentic leadership

Leadership in pharmacy needs to be more inclusive. Our profession is diverse, as is the population it serves. The voices and views of our members must be reflected at all levels, and we must challenge barriers to entry, registration and career progression.

RPS will champion authentic, inclusive leadership and will support potential and existing leaders from diverse backgrounds across all levels of pharmacy. How?

We’ll launch a communications campaign with a clear, unified narrative about the importance of diverse leadership. Actions speak louder than words, so we’ll actively develop a new generation of leaders, and while we do so, we’ll hold our existing leaders to account, with an organisational expectation they be actively and positively involved in I&D.

The importance of narrative

To create lasting change, we’ll need to tell a compelling story about diversity and the benefits it brings to workplaces and the public and patients we serve. Our external communications campaign will be pivotal in building inclusivity, diversity and belonging across pharmacy. Using tangible evidence and success stories, we’ll breathe life into the human side of leadership, opening up a space for leaders to share their hopes and challenges with others. Rather than sermonise, we’ll lead with relatable stories that encourage people to be honest about their own experiences in the workplace. We also want to ensure the diversity of the profession is visibly represented, and provide a platform to showcase the diversity in our profession.

We want to forge genuine bonds between communities within pharmacy. We’ll work internally at RPS and with support networks to increase our existing visibility at key community and awareness events such as Pride, International Women’s Day and Black History Month.

We’ll commit to adopting inclusive language in everything we do - from print to meetings. We’ll encourage the wider profession to do so as well. We’re still learning, so we’ll work collaboratively to listen to affected communities and improve when and where we fall short.

Our leaders

Our existing leaders must actively contribute to a greater sense of belonging across pharmacy. We’ll ensure that RPS’ boards and assembly monitor our I&D progress at every meeting. It’ll be considered as part of every public event we put on, and for every other activity we undertake.

Our already successful RPS mentoring programme will be updated with a view to enhance diversity. By weaving I&D into mentorship, we can create a culture of belonging from the ground up and encourage everyone in pharmacy to have a voice. We will publish mentors and mentees’ personal stories and testimonials, showing the myriad ways people can be authentic in the workplace.

Louder than words

Change starts within. As an employer, we have a responsibility to set a gold standard for the changes we want to see in the profession at large. We must promote inclusion at every level of employment. RPS aspires to be an award-winning employer.

We already publish a gender pay gap report and action plan, but we recognise that we should be doing more to close the pay discrepancies between our employees, and will research and publish an ethnicity pay gap report in mid-2020. We’ll spearhead a profession-wide campaign to encourage organisations across pharmacy to publish their gender, ethnicity and disability pay gaps – and we’ll report our own disability pay gap for the first time in 2021.

In order to reduce bias in the recruitment process, we’ll improve our hiring panels and make room for more inclusive thinking. We’ll achieve this by developing guidelines on the most prevalent types of bias in recruitment, and training on how to counter them. We’ll make these guidelines fully accessible to inspire the wider profession to promote inclusion at every level of employment. We’ll also publish and promote family-friendly policies for all employees, and the wider profession.
"You do not see a lot of diversity among the senior staff positions in the NHS and other organisations where pharmacists work. You generally see more diversity in lower ranking positions."

"I have had a number of strong female role models in my career and this has helped me to forge my own path as a leader."

"As a younger female leader you are not always encouraged to strive and aspire for the leadership roles as you are quite often seen as a threat. Also, being from a BME background it is very noticeable there is a lack of diversity amongst national senior leadership teams from a BME and gender perspective. This does not give me a sense of belonging as it makes me feel like I can’t aspire to be in those positions."
Strategic priority III: Challenge inclusion & diversity barriers

While most of the public now recognises how characteristics like ethnicity, religion, gender and sexual orientation can lead to individuals facing potent barriers to inclusion, there is more awareness raising needed when it comes to disability, hidden disability, age and parental status. We know from our survey, feedback from our members and our workshop that these areas particularly affect pharmacy and can’t be ignored.

Using multifaceted campaigns, we’ll challenge the profession to recognise the barriers faced by pregnant women and parents, by carers, and by those with disabilities.

Disability awareness campaign

We must raise awareness about visible and non-visible disability in pharmacy. Our campaign will launch in 2021-2022 and will start a profession-wide conversation. In addition to physical disabilities, we’ll include a specific focus on mental health and long-term conditions, as these were recurrent themes in November’s workshop. Our campaign will also celebrate success stories and will feature videos and podcasts of people talking about their experiences in their own words, giving a voice to common but underrepresented conditions and experiences.

Life-long careers

Pharmacy must retain talented individuals with disabilities and that starts with employers providing them with the right support. Working with partners, we will set up a roundtable equipped with the right expertise to improve retention, recruitment and career progression for those with disabilities.

In addition, the RPS is creating the Early Careers Advisory Group who will integrate I&D into their work and raise the visibility of individuals with protected characteristics in the early stages of their pharmacy career through blogs, podcasts and speaker events. They’ll provide us with crucial advice and guidance, and will develop training, support and onboarding materials to help managers improve the experience of belonging for early-career pharmacists.

After discussion in the November workshop, we decided the advisory group would develop terms of reference that included other countries’ best practices to inform our own.

Working with The General Pharmaceutical Council, British Pharmaceutical Students’ Association, UK Black Pharmacists Association and the Pharmacy Schools Council, we’ll seek to understand any disparity in Black students’ registration assessment pass rates and develop concrete plans to address them. This will include examining the impact of formal and informal structures and ensuring we are providing as much support as possible to students in need.

In addition to this we want to address systemic workplace inequalities and discrimination amongst our BAME community and lobby against these at a national policy level. As RPS continues to support the development of pharmacists, we will ensure that our events, training programmes and assessments have equality and inclusion at their core through the routine use of Equality Impact Assessments in the planning and review stages.

Pregnancy and maternity campaign

Our society’s ingrained culture around pregnancy and maternity slows mothers’ career progression and devalues the time new fathers spend with their children. RPS will enable women to work in a judgment-free environment where they can choose family-friendly working arrangements, and will enable men to feel supported to share leave and work flexibly as they welcome a new family member into their lives.

To achieve this, we’ll examine flexibility practices, and we’ll promote clear guidance and support for flexible working for parents and carers of all genders. We’ll encourage shared parental leave by finding role models within the profession and we’ll be transparent about employment statistics such as the gender pay gap, publishing them so they’re available for scrutiny. We’ll create a ‘working parents’ programme for pharmacy that includes toolkits for managers and returning parents.
“If you are a carer it’s very difficult to get flexible hours. If you are struggling with a medical illness you are judged and employers are not interested in working with you. If you are pregnant and having a complicated pregnancy it is difficult to get employers to understand.”

“Job adverts and job descriptions don’t always mention that modifications to roles can be made.”

“Access and flexibility in hours and working conditions are needed for professionals with a disability. Promotion prospects are not equal for part-time vs full-time professionals.”

“As a single parent, I feel that there wasn’t enough flexibility to keep a healthy work-life balance and I felt I wasn’t given enough support when I was struggling.”
Our co-created plan

We conclude this report by saying that we have a lot of work ahead of us, and are excited to get started. While it won’t be possible to change everything, and we acknowledge it won’t always be easy, we have everything to gain from developing this plan to make pharmacy a place where people can be their authentic selves. Our hope is that by delivering this plan to support the profession, we will be better placed to support the public we serve.

As outlined previously, we’ve set out a clear roadmap on how we intend to achieve change in the areas our research and discussions identified as needing it the most. We have already started to recruit a team to support delivery of this. Internally, we’ve made I&D a recurring discussion point in meeting agendas and have established a monitoring framework that will track how successful we are. We gained many insights from our survey and plan to repeat this in September 2021, as it will help us look for ways to improve on welcoming people into the profession and boosting a sense of belonging in pharmacy. For consistency and robust monitoring, we’ll use the same questions as in the last survey.

In the next five years, we intend to undertake an Equality Impact Assessment for all new education, professional development and assessment activities, so we can ensure all RPS products and services in this area have I&D at their heart. We’ll continue to publish our gender, ethnicity and disability pay gaps with accompanying action plans. Progress will be detailed against targets in our 2021 Annual Review.

We invite partners and members to join us in creating a culture of belonging and more inclusive workplaces and events, where different cultures and communities are celebrated throughout the year; in making changes to their boardrooms and management to champion a new generation of diverse leaders; in setting the stones for career pathways that are flexible and education systems that work for everyone, regardless of ethnicity, gender, disability or home life. We encourage the profession to join us in challenging barriers to I&D, not stopping until we’ve closed pay gaps and understood that disabilities can be invisible to colleagues and employers. For lasting positive change, we must work together as a profession - none of us can or should do it alone.

“The members of the UKBPA will be happy to collaborate with the RPS in future work or projects related to Equality and Inclusion. We are committed to have the voices of black pharmacists and black pharmacy students heard and taken into consideration when planning and making future changes in this important area.”

ELSY GOMEZ, PRESIDENT, THE UK BLACK PHARMACISTS ASSOCIATION (UKBPA)

“It is good to see the RPS is developing a clear strategy for inclusion and diversity within the pharmacy workforce. This supports and improves upon the excellence already provided in particular working to put pharmacy at the forefront in healthcare. I encourage you to join the RPS and work with them to continue to develop the inclusion and diversity strategy together with the all the other benefits of membership.”

RPS MEMBER: LYNN HAYGARTH

“(The report) sends out a clear message that RPS has a strong strategy and commitment in order to move this forward, whilst recognising that there is much work to be done that requires development of relationships and collaborative working.”

RPS MEMBER: PARBIR JAGPAL
Diversity is all around us, and the importance of its recognition and encouragement should not be underestimated. People perform better when their strengths and differences are valued; when they feel welcome and included. Organisations benefit from dedicated and motivated people. This commitment by the RPS recognises the importance it places on inclusion and diversity, and is a very welcome sign of its determination to value and improve the lives of its employees, members and their patients.”

RPS MEMBER: STEVE CHURTON FRPHARMS

Being a culturally-competent practitioner is an essential pharmacist skill, one that directly contributes to improved health and wellbeing. The RPS inclusion and diversity (I&D) report is a useful part of achieving this aim.”

RPS MEMBER: ALISON ASTLES

It is encouraging to see disability feature so prominently in this report and forming part of the strategy moving forward. The planned awareness campaign is crucial in ensuring that the RPS attracts, recruits and retains disabled talent and creates an environment where disabled people can thrive.”

ADRIAN WARD, HEAD OF DISABILITY PARTNERSHIPS, BUSINESS DISABILITY FORUM

The PhSC welcome the RPS I&D report and fully share the values of providing opportunities and support for all, irrespective of background or belief. In particular we want our students and graduates to feel that they are both prepared for and welcomed into the profession and look forward to working with the RPS to this effect.”

PROFESSOR DUNCAN CRAIG, CHAIR OF PHARMACY SCHOOLS COUNCIL

On behalf of the GPhC I would like to say that we welcome the RPS inclusion and diversity programme report. This is a good start and we look forward to working in partnership with you were appropriate to take forward our joint commitment to improving equality, diversity and inclusion in the pharmacy profession and for the wider public who access pharmacy services.”

FRANCESCA OKASI, DIRECTOR OF PEOPLE GENERAL PHARMACEUTICAL COUNCIL (GPHC)

This is a positive piece of work and we look forward to collaborating with the RPS further on this”

REGAN MCCAHILL, PRESIDENT BRITISH PHARMACEUTICAL STUDENTS ASSOCIATION
The RPS and the Chair and members of its Inclusion and Diversity Programme are to be commended for a meaningful and timely strategy which we can all support. I’m grateful for its focus on the need to promote wellbeing at work and address the unacceptable inequality in experience and opportunity some colleagues suffer, as well as the ongoing inequalities in outcomes experienced by some patients. It clearly sets out the actions that we as a profession need to take forward, working in partnership to bring about real and lasting change. I am committed as the head of profession to working with the RPS in its implementation.

KEITH RIDGE, CHIEF PHARMACEUTICAL OFFICER FOR NHS ENGLAND