

Royal Pharmaceutical Society response to the GPhC consultation on the GPhC equality, diversity and inclusion strategy.

Submitted by Jonathan Lloyd Jones, Policy and Engagement Lead Wales on the 12th July

The Royal Pharmaceutical Society (RPS) is committed to making inclusion and diversity (I&D) central to the way we champion the pharmacy profession. Central to this aim is our Inclusion and Diversity Report. Our plan for, and by, pharmacy, has three priorities. They are:

- Create a culture of belonging
- Champion inclusive and authentic leadership
- Challenge barriers to inclusion & diversity.

We welcome the GPhCs 'renewed focus and energy' to deliver progress and the aim of 'looking at everything we do in the light of equality, diversity and inclusion'. Equally the stated intent to work towards becoming a regulator and employer that truly reflects the diversity of the public and the profession is to be commended. We agree that it is absolutely the right thing to do. It is positive to see that the consultation considers broader characteristics, beyond those legally protected, as they have a significant impact on equality, diversity and inclusion.

We would like to thank the GPhC for attending the RPS Action in Belonging, Culture and Diversity (ABCD) meeting on the 16th of June to discuss this strategy. Going forward the RPS would welcome further engagement from the GPhC with our ABCD group on delivering both the GPhC and RPS Inclusion and Diversity strategies.

Importantly we acknowledge that these issues are not unique to pharmacy. For example, across all healthcare professional regulators, the rates at which registrants are referred into the Fitness to Practise processes are higher for Black Asian and Minority Ethnic registrants than they are for White registrants. It is important that organisations, such as the GPhC, work with other organisations facing similar challenges and to learn and adopt best practices. We are reassured that the GPhC is an active part of the inter-regulatory inclusion and diversity forum.

A priority in the RPS Inclusion and Diversity strategy is to strive to adopt inclusive language in everything we do. We welcome the words matter section which provides clarity on what exactly is meant using certain words. The language we use and the words we choose to express ourselves matter and this is helpful.

Theme 1 and its objectives and outcomes

Theme 1 is: 'To make regulatory decisions that are demonstrably fair and lawful, and so free from discrimination and bias'. You can read about the seven objectives and four outcomes that support theme 1 in pages 18-19 of this document

Q1 To what extent do you agree or disagree that theme 1 is appropriate?

We agree that the theme is appropriate.

Q2 Please tell us if you have any views about theme 1.

It is essential that regulatory decisions are 'demonstrably fair and lawful, and so free from discrimination and bias'. We engaged extensively with our membership and stakeholders to form our response to the GPhC consultation: Managing concerns about pharmacy

professional' processes in January 2021. The response highlighted a number of potential barriers identified by our members, many of these focused on ensuring fair and lawful regulation free from discrimination and bias.

We welcome the ambition to better understand why a disproportionately higher number of concerns are raised about Black, Asian and Minority Ethnic professionals than would be statistically expected. These statistics have been known for a number of years. We would like to see action plans for any trends identified to reassure that they are acted on in a timely manner.

We are also aware that there are more referrals relating to the community sector than the hospital sector as well as locums as opposed to employees. Exploration to understand the factors behind these discrepancies should also be prioritised.

Q3 There are seven objectives under theme 1. To what extent do you agree or disagree that the objectives under theme 1 are appropriate?

We agree that the seven objectives are appropriate but suggest some further detail below.

Q4 Please tell us if you have any views about the objectives under theme 1.

Publishing datasets and using diversity data

In our response to the GPhC consultation: Managing concerns about pharmacy professionals we called for further transparency and data from the GPhC to understand how they are working to remove potential barriers. We are pleased to see a commitment to publishing diversity datasets and using this data to identify and monitor any disproportionate impacts on different groups.

We recognise the challenges associated with getting registrants to submit optional data, collected with the aim of achieving fuller datasets. Lessons could be learnt from the work of other organisations who use a third party to collect data to benchmark their current practices against other organisations. Additionally, it is important to highlight that one of the key challenges and perceptions of what the regulator may do with the protected characteristic information. Individuals may be concerned it will impact their registration therefore this additional consideration would need to be considered when collecting datasets. An additional point to consider depending on how the data is collected, if the regulator would like people to be open about their protected characteristics which could impact the individual's registration are the staff going to be adequately trained to handle this appropriately and sensitively.

The data from the GPhC should be made available for external researchers to conduct research and to be able to report on the GPhC's effectiveness and performance. In addition, a consideration could be given to the potential of anonymously sharing the data with the professional leadership body for both organisations to be able to build a more complete dataset.

Training

We welcome the new programme of equalities-related training sessions, including tailored sessions on different types of prejudice and discrimination. We heard from members that the majority of contact points with the GPhC are facilitated by case workers; we have heard anecdotally that there is a high turnover of staff in these roles. Is there any reassurance that these staff, often not directly employed by the GPhC will also have access to this training?

We would like further clarifications on who would be completing the training programmes. Would they be available and completed by GPhC council members, advisory and task and finish groups, interview panels and associated groups?

We have also heard that training is sometimes perceived as a 'get-out clause' resulting in limited change. We would recommend that, to be effective any training should conclude with personal reflection and action planning. We would like to see further detail on how these values and practices will be systematically embedded into practices at the GPhC to allow people within the organisation to do the right think very time.

Getting relevant expert advice

We strongly agree that expert EDI advice is sourced, and that this expert advice is considered and acted on consistently. We have heard some concern that testimony from expert witnesses have not been given appropriate consideration in some cases.

Future research

We welcome the GPhC ambition to work with other organisations facing similar challenges in order to learn and adopt best practices. Other healthcare professions have commissioned independent research to help understand why some groups of professionals are disproportionately referred to fitness to practise process, than others such as the The Fair to refer report. This report included a number of recommendations that could be equally applicable for pharmacy. It is important that we learn from these and consider whether there is a need to commission a similar report for pharmacy.

It would be good to understand what topics of further research are being considered, as there is evidence of disparity and differential attainment across all levels of pharmacy which are yet to be addressed. There is a differential attainment gap for black pre-registration students and anecdotally through our ABCD group we have heard of experiences of pharmacists with neurodivergence managed poorly.

Q5 There are four strategic outcomes under theme 1. To what extent do you agree or disagree that the strategic outcomes under theme 1 are appropriate?

We agree that the four strategic outcomes are appropriate.

Q6 Please tell us if you have any views about the strategic outcomes under theme 1.

Using data to get a better understanding of how policies procedures and practices is a great start but it is critically important that actions plans are made in a timely manner to deal with any problems identified. A timeline of activity to ensure the outcomes are delivered would be beneficial.

Theme 2 and its objectives and outcomes

Theme 2 is: 'To use our standards to proactively help tackle discrimination in all pharmacy settings and to make sure everyone can access person-centred care, fostering equality in health outcomes'. You can read about the six objectives and four outcomes that support theme 2 on pages 20-21of this document

Q7To what extent do you agree or disagree that theme 2 is appropriate?

We agree that the theme is appropriate. Using GPhC standards to proactively help tackle discrimination and support the reduction of health inequalities is a welcome step.

Annual reporting against a yearly action plan is mentioned on page 17. In order to assess the progress and reassure the profession we would strongly encourage that these action plans are to be published and easily accessible. This could be used to hold the GPhC to account but also to celebrate what has been achieved. Detail on what good looks like and how progress would be measured should also be detailed.

Q8 Please tell us if you have any views about theme 2.

Equipping pharmacy teams with the awareness and confidence to be able to provide patient centred services in ways that are culturally sensitive and supporting pharmacy professionals to speak up and challenge discrimination are critically important.

The RPS published the workforce pledge in June 2021 which aims to support teams to identify how they can support an inclusive workplace. We would like to thank the GPhC for supporting this pledge.

There is an element missing with this theme; how are the GPhC standards and guidelines going to embed inclusion and diversity for the profession, including making accessibility and access equal and fair to all that work in the profession a core standard. What actions are going to be taken by the regulator to ensure preventative measures are taken to create a culture of belonging within the profession. What support is going to be provided to organisations and individuals to help them make their working environments accessible and fair for all. This would span across the whole lifetime of a pharmacist for example Pre-registration tutor guidance to professional standards.

Q9 There are six objectives under theme 2. To what extent do you agree or disagree that the objectives under theme 2 are appropriate?

We agree that the six objectives are appropriate, however we would like to see additional objectives with a greater focus on tackling discrimination within the profession.

Examples of objectives discussed at our engagement events have included:

- Using revalidation entries as a recorded CPD /reflection on individual EDI practice. Training in order to support this could be provided by the RPS.
- Support for pharmacy teams to identify and report bad practice, as they may not have a point of reference of what does good look like. Being isolated professionally could mean that you might actually be handling things badly because you don't know what you don't know unless a patient complains or you move somewhere with a bigger team.
- How do you support networking across the profession in particular locums as training for them is so expensive due to HMRC rules?

Q10 Please tell us if you have any views about the objectives under theme 2.

Developing comprehensive equality guidance for pharmacy owners would be hugely beneficial in order for pharmacy teams to review their procedures. This would be beneficial

to extend to other pharmacy departments such as secondary and primary care pharmacy teams.

Many of our members expressed the importance of sharing best practice during engagement events for the GPhC consultation: Managing concerns about pharmacy professionals. Using the knowledge hub to share best practice during the pandemic was helpful to many. Could this be done in a more interactive way such as short videos? To ensure the information is accessible for different needs.

We would welcome the opportunity to work with the GPhC to showcase best practice and notable EDI practice that inspectors have found during inspections.

The standards, revised accreditation and quality assurance frameworks for pharmacy education and training are likely to raise awareness and standards. We would like to see more detail for pharmacy schools such as support for embedding EDI into their IET reforms and embedding it into current curriculum and practice for students and faculty. Cultural competence and awareness training should also extend into independent prescribing courses accredited by the GPhC.

Identifying and reporting on emerging EDI themes is a welcome objective. The issues identified are unlikely to be unique to the GPhC or pharmacy. We welcome the GPhC ambition to work with other organisations facing similar challenges and to learn and adopt best practices. Once identified it is critically important that themes are acted on in a transparent and timely way. Currently the theme is public and patients it would be beneficial to extend this to the profession.

Other healthcare professions have commissioned independent research to help understand why some groups of professionals are discriminated against such as the 'Fair to refer report'. This report included a number of recommendations. It is important that we learn from these and consider whether there is a need to commission one for pharmacy in collaboration with the RPS

Q11 There are four strategic outcomes under theme 2. To what extent do you agree or disagree that the strategic outcomes under theme 2 are appropriate?

We agree that the four strategic outcomes are appropriate but have some concerns that they aren't measurable. How will the GPhC propose to measure this and what success looks like. We would like to see a real commitment to transparency and sharing of data with the RPS and others, in order to have the tangible and measurable impact that we all want to see.

Q12 Please tell us if you have any views about the strategic outcomes under theme 2. Delivering equality, improving diversity and fostering inclusion³¹

We have developed some EDI guidance for pharmacy professions through our inclusion and diversity work which we would be happy to share.

With regards to outcome 4 it would be beneficial for pharmacy professionals to know what good looks like and how they can create accessible and fair working environments through EDI guidance and professional standards in addition to challenging discrimination.

Theme 3 and its objectives and outcomes

Theme 3 is: 'To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others'. You can read about the eleven objectives and five outcomes that support theme 3 on pages 22-23 of this document

Q13 To what extent do you agree or disagree that theme 3 is appropriate?

We agree that the theme is appropriate.

It is critical that the GPhC uses outside resources and a culture of sharing is fostered between all organisations identifying and learning about EDI challenges.

Q14 Please tell us if you have any views about theme 3.

It's critical that those with personal and first-hand experiences help guide this work and are listened and engaged with regularly to inform future work.

Q15 There are eleven objectives under theme 3. To what extent do you agree or disagree that the objectives under theme 3 are appropriate?

We agree that the eleven objectives are appropriate.

Q16 Please tell us if you have any views about the objectives under theme 3.

It would be helpful to get more details about how learning needs analysis to identify and understand gaps in the EDI knowledge of the GPhC workforce are implemented. If this is successful, could it then be shared by other organisations?

Similarly, any new resources and training for GPhC staff has the potential to benefit the wider workforce if shared externally. When considering training for the wider pharmacy workforce it is important to consider that it's not only the registrants who need training and coaching but other employees particularly line managers who are non-registrants as what they do has a huge impact.

There is commitment to update the roles and responsibilities of our equality networks. It would be good to get an understanding how the equality networks are recruited to and which organisations are represented and what pharmacy stakeholder representation there currently is.

There is a commitment to take a proactive approach to recruitment to make sure that the diversity of our organisation reflects wider society. We would like more detail on this and a reassurance that it would include advisory and task and finish groups, interview panels they formulate and other associated roles.

In July 2020 we welcomed the GPhC piloting unbiased investigation committee decisions. We support this system as a step in the right direction to address systemic bias and an approach to create a fairer and more consistent approach to regulation of the profession. With significant evidence that use of names, gender and age on documents can all lead to unconscious and conscious bias, could the GPhC explore the anonymisation of cases files where they are being reviewed, including by GPhC staff for triage?

It is essential that there is a commitment to strive for this diversity at senior leadership posts. We recognise that to achieve this there must be diversity in applications, if this is a barrier it is important to establish the reason that candidates are not applying.

We welcome the objective to assess and agree additional external standards that we will work towards in the future, for example: Race Equality Standards and the Stonewall Workplace Equality Index. We would like to thank the GPhC for actively engaging with the RPS ABCD group and we hope that continues.

Q17 There are five strategic outcomes under theme 3. To what extent do you agree or disagree that the strategic outcomes under theme 3 are appropriate?

We agree that the five strategic outcomes are appropriate but have some concerns that they aren't measurable. How will the GPhC propose to measure this and what success looks like. One way could be to outline the timelines for the inhouse changes such as a commitment to resource the staff equality networks adequately without delay.

We would like to see a real commitment to transparency and sharing of data with the RPS and others, to have the tangible and measurable impact that we all want to see.

Q18 Please tell us if you have any views about the strategic outcomes under theme 3

We welcome the outcomes and the focus on a targeted and evidence-based approach that we hope will be transparent to the profession.

Equality and impact questions We want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. The nine protected characteristics are: •age•disability•gender reassignment•marriage and civil partnership•pregnancy and maternity•race•religion or belief•sex•sexual orientation

Q19 Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics? We also want to know if our proposals will have any other impact on any other individuals or groups (not related to protected characteristics), specifically: patients and the public, pharmacy owners or pharmacy staff.

If the aims of this are achieved the strategy has the potential to have a positive impact on all individuals or groups who share any of the protected characteristics listed.

Q20 Do you think our proposals will have a positive or negative impact on any of these groups?

If the aims of this are achieved the strategy has the potential to have a positive impact on all individuals or groups who share any of the protected characteristics listed.

Q21 Please give comments explaining your answers to the two impact questions above. Please describe the individuals or groups concerned and the impact you think our proposals would have.