

**Race Equality Action Plan: An Anti-racist Wales:  
Royal Pharmaceutical Society Consultation Response**

- 1. Does the vision, purpose, values and the imagined future to 2030 reflect what you would like to see achieved by 2030? What may get in the way to realise the vision and values? What may help to realise the vision and values?**

The Royal Pharmaceutical Society welcomes the publication of this draft race equality action plan and is pleased to provide feedback at this stage. We are satisfied that the vision, purpose, values and imagined future to 2030 does indeed reflect what we as the professional body for pharmacists would like to see achieved.

This consultation and the proposed plan is very timely. The disproportionate impact of Covid-19 on Black, Asian and minority ethnic communities in particular has sent out a significant message about the need to re-address racial equality in our society. Tackling and resolving long-standing problems around race will require actions across society. Leadership from the Welsh Government, our public services and beyond will be impetrative in moving this agenda forward positively. It's therefore pleasing to see the pro-active approach taken in the draft plan.

At RPS earlier this year we published our [own anti-racist statement](#) that was accompanied by a series of commitments and actions that aims to make us as an organisation and the wider pharmacy profession truly anti-racist. This was subsequently supported with our [Pledge for Inclusion and Wellbeing](#) that is open to every professional and organisation within pharmacy to sign up for in order to help instigate change. We're therefore particularly pleased to see that an explicitly anti-racist approach has been adopted in the plan. A key pillar of an anti-racist approach is recognising and learning from previous mistakes. We are pleased that the plan recognises that "previous approaches, of equal opportunities, or diversity and inclusion, or a multi-cultural or even a race equality perspective, did not tackle systemic and institutional racism". We agree that a willingness to learn from mistakes and adopting a proactive anti-racist approach will give us the best chance of achieving real change.

- 2. We would like your views on the goals and actions.**

**Leadership and Representation**

The focus on leadership is right. We're in agreement that the role of leaders across public services and wider civil society will be crucial in delivering on the goals. The principle that senior leadership will be 'actively anti-racist' and fully involved in tackling racism and leading from the front' is therefore to be welcomed'.

We're also pleased to see a focus on 'proper representation' in leadership:

*"proper representation of all communities in public, private and third sector organisations at all levels, including in decision making. By reflecting Wales in running Wales, we will make better decisions. And we need all the talent from across our communities at every level of our organisations to become more effective".*

Representative leadership is all important. It's not a case of ticking a box. It's about fairness and will ultimately lead to improved outputs and services. At RPS we have identified a clear lack of diversity in leadership within pharmacy and, as part of our inclusion and diversity activity, are working with the profession to improve representation, visibility and diversity in leadership. We feel that our work and the work of other professional bodies complement the aims and goals discussed. Therefore, we would encourage work that taps into the insight of professional bodies and their members in order to promote better representation and to understand the barriers to representative leadership.

### Health Services & Health Outcomes

We are broadly very supportive of the proposals made around health services and health outcomes and agree with the themes of the five enabling goals. Below are specific comments relating to the actions under each theme.

#### Leadership and Accountability:

- We're particularly pleased to see a commitment to use more levers to embed leadership and accountability for anti-racism. We know from our members working for the NHS that integrated medium term plans are a particularly crucial strategic lever that supports them to instigate changes. We are pleased to note that they will be used to promote the anti-racist agenda in the future.
- The following action is to be welcomed:

*“All NHS Executive Directors, Chairs of NHS Health Boards, Trusts and Special Health Authorities in Wales will be required to demonstrate their personal contribution to meeting the Public Sector Equality Duty as part of their objectives. And ensure every Board member (including themselves) has diversity and inclusion objectives, to include anti-racism, as part of their annual appraisal”.*

However, we would urge this action being extended to a tier below NHS Executive Directors. With the majority of health boards Chief Pharmacists currently at this level, we feel that extending this requirement to a level below executive directors would likely lead to more real, tangible change for our membership. Eventually, we would encourage this action being extended to all managers within the health service. We would also encourage NHS leaders to collaborate with others within third sectors as they deliver their objectives. Furthermore, in the final plan, further information on the accountability senior management will be held accountable in relation to their objectives relating to equality. Reverse mentoring for executive team members would also be a welcomed step.

- Introducing 'Board Executive Quality Champions' is a strong action that we support. We would however sound a note of concern around a possible lack of diversity that currently exist within executive boards. However, hopefully over time and as a result of this plan, diversity on executive boards across NHS Wales will improve, enabling 'champions' to bring their own lived experience into the role.
- Recognition is required that many health services are not directly provided by the NHS but contracted such as community pharmacy services and other primary

care services. We believe that senior NHS leadership must take responsibility for leading on their equality duties when engaging third party health care providers.

- We welcome that the Welsh Government will revise its direction for health boards to establish Black, Asian and Minority Ethnic Networks. We would emphasise the importance that they are not seen as 'tick box' exercises and that senior leaders must actively engage with these networks for them to be effective. It would also provide leaders with an opportunity to listen to the 'lived experiences' of their staff and take appropriate action to address concerns and themes highlighted by staff.

#### Workforce:

- The commitment for Health Education Improvement Wales to work with all NHS organisations and higher education institutions to deliver anti-racist health education and training to all staff and students is a very positive step. We would though welcome confirmation in the final, updated plan, confirmation that this will be extended to other health professionals not directly employed by the NHS but do provide NHS services i.e community pharmacy and general practice staff. As well as anti-racist training, we would advocate that further training to be in place to cover cultural awareness and allyship.
- In relation to the action below, we would encourage collaboration with professional bodies:

*“Health Education and Improvement Wales will work with partners including NHS employers and trade unions to ensure that tools and resources are available to support NHS employers in capturing the experiences and outcomes of ethnic minority staff in the NHS and driving improvement in those areas in line with the seven themes of the 10 year workforce strategy”.*

At the RPS, we feel that we are well placed to support this via our member-led [Action in Belonging, Culture and Diversity Group](#). The group has already developed a microaggressions race document to provide education and support for our membership on how to interpret and tackle situations faced in the workplace.

- We would welcome a greater focus on recruitment and retention policies across the board, but particularly for leadership positions within the health service. Recruitment panels must be diverse and representative with steps taken to eliminate the possibility of any unconscious bias effecting decisions. Furthermore, as part of development and recruitment strategies, more leadership training and mentoring opportunities must be made available to and targeted at ethnic minority groups in order to build their skills.

#### Data and intelligence:

- We agree that data collection and intelligence is an important foundation in tackling differential experience. There is a need to work towards datasets which are timely and complete, with a purpose to identify gaps and target our efforts to closing the gaps. Clear Messaging of how we are using the data to serve our communities is also a vital component.

- We're pleased to see a commitment to working with professional bodies to ensure that staff feel safe to provide ethnicity data.

#### Access to Health Services & Tackling Health Inequalities:

- Again, we're broadly supportive of all the actions included in both these themes. We're particularly pleased to see the focus on palliative care and mental health services. These are areas of care where we know that sensitivity and an understanding of religious and cultural needs are so important to patients and families and members of the public.
- We know that another barrier to accessing health service are language barriers. Working with patients and professionals to establish best practice on how to overcome these barriers will be crucial driver if we are to remove such barriers.
- For us at the Royal Pharmaceutical Society, focus on these themes are particularly timely as we are beginning work on how pharmacy can help tackle health inequalities. We're therefore hopeful that our findings and recommendations can help deliver the goals and actions on these important priorities.
- Pharmacy teams are a key resource in reducing health inequalities. This role needs to be recognised and supported. Services provided in community pharmacies already include:
  - Support to stop smoking
  - Brief interventions to reduce alcohol use
  - Harm reduction for drug use – substitution therapy, health improvement for drug users
  - Weight management
  - Early cancer detection – improving awareness of early detection and signposting
  - Mental health support
  - Women's health services – improving access to contraceptive services, plus support for managing menstrual health and the menopause
  - Vaccination services
  - Hepatitis C services – provision of blood tests and antivirals
  - Prescribing clinics for a host of conditions and ailments

Tackling health inequalities can be embedded in each of these services. Both the expert skills and accessibility of pharmacists to advise on health promotion should be harnessed in this context.

### **3. Are there any goals and actions that you can think of that are missing? Who should deliver on them and what actions would help to deliver them?**

The focus on the public sector is of course right and welcomed. However, we would encourage a widening in the scope of the goals and actions to go be expanded.

From our point of view, we are particularly concerned about organisations and businesses who are contracted to deliver health care services (i.e. community pharmacies and GP practices) and we believe it is imperative that contracted services are fully engaged with. We would welcome clarification in an updated and finalised version that all staff delivering NHS contracted healthcare are integrated into this plan and there is parity in receiving the support and training that their colleagues directly employed by NHS Wales will receive.

4. **What are the key challenges that could stop the goals and actions achieving anti-racism by 2025?**

1. Buy-in from organisations and staff who provide public services. Ongoing conversations and training will be important to continuously emphasise the importance of the actions and goals included in the plan and to tackle institutionalised racism.

2. Closing the implementation gap. The plan does recognise that there have been various plans and strategies in place over recent decades. The role of the Accountability Group will be important in making sure that the mistakes of the past are not repeated. This is discussed below in question 7.

3. Issues around race disappearing from public consciousness. As discussed above, the prominence of the issues around race are particularly prominent due to recent events. As time goes on, this may change. However, there is a clear role for the Welsh Government and other public bodies to provide leadership and ensure that tackling race inequality must stay high on the agenda.

4. Need to ensure that all interventions are authentic and do not appear as tokenistic as this would feel disingenuous and individuals and organisations may lose interest in tackling the problem as they won't feel like anything will actually change.

5. Trust from Black Asian and Minority Ethnic groups in believing this is a genuine statement of support with meaningful actions for change.

6. Achieving diverse leadership. As discussed in question 2, increasing diversity in leadership within the health service is fundamental. However, we recognise that this will not happen over night and will require a sustained, long term effort and resourcing.

5. **What resources (this could include funding, staff time, training, access to support or advocacy services among other things) do you think will be necessary in achieving the goals and actions outlined?**

The resources described above – funding, staff time, training and access to support will all be necessary in achieving the goals and actions outlined.

We would advocate is that resources to support the goals, particularly funding and staff time, should not be assigned into a 'race' or 'diversity' category. Resources to support the implementation of the goals and actions outlined should be made available from within existing budget categories in order to engrain anti-racist principles throughout all aspects of our public services. Consideration should be given to the evidence of positive impact when reviewing courses and training to ensure positive effect and change.

6. **Do you feel the Race Equality Action Plan adequately covers the intersection of race with other protected characteristics, such as religion or belief, disability, age, sexual orientation, gender reassignment, sex, and marriage and civil partnership? If not, how can we improve this?**

We're satisfied that the plan adequately covers the intersection of race with other protected characteristics. In addition to the protected characteristic socioeconomic background should also be considered within intersectionality.

7. **Please see the section on Governance. What suggestions can you provide for measuring success in creating an anti-racist Wales and for strengthening the accountability for implementation?**

The assertion that the "guiding principle of this Plan is that the 'rhetoric' on racial equality should be translated into meaningful action" is particularly welcomed. We support the assertion that closing the implementation gap will be crucial to making the plan a reality.

The role of the proposed Accountability Group in making sure that organisations and institutions are accountable and successfully implement all the actions included in the plan will be all important if we are to translate this guiding principle into reality.

The function of the group described in the document should mean it has enough clout to ensure organisations are implementing actions. However, we hope that this will be monitored carefully. If this is not the case, additional powers should be afforded to the group and, if necessary, alternative compliance mechanism should be explored (e.g the creation of a Race Commissioner and office, along similar lines to the Welsh Language Commissioner).

8. **We would like to know your views on the effects that the draft regulations or the proposal in respect of the revised trading order would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.**

**What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?**

We are very confident that the plan will not have a negative effect on the Welsh language or on the opportunities for people to use the Welsh language in their daily lives. We are in fact confident that the goals and actions on pages 116-119 will only serve to strengthen and increase opportunities for people use and learn Welsh.

9. **Please also explain how you believe the proposed draft regulations or the proposal in respect of the revised trading order could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

No comment.

10. **This plan has been developed in co-construction, and discussions around language and identity have shown that many people do not consider the term 'BAME' to be appropriate. As a result we refer to Black, Asian and Minority Ethnic people or particular ethnic minority people in the Plan. However, we recognise that this term is also problematic and, where possible, being more specific to the particular race or ethnicity an individual or community identifies with is generally preferred. However, there are times where it is necessary to make reference to all those people who share the experience of being subject to racism. We have used the term Black, Asian and Minority Ethnic people for this purpose. What are your views on this term and is there an alternative you would prefer? Welsh speakers may wish to consider suitable terminology in both languages.**

We agree with the sentiments that 'BAME' as an acronym should not be used and are satisfied with the terminology used throughout in both Welsh and English. We also welcome that where possible being more specific to the particular race or ethnicity an individual or community identifies if preferred and should be used.

On another point of language, the inclusion of the terms 'Black Welsh and 'Welsh Asian' in the 2021 census recognises that ethnic minorities in Wales can identify as both Welsh and Asian or Welsh and Black. Welsh Government and the NHS should include 'Black Welsh' and 'Welsh Asian' ethnicity categorisations in all Welsh Public bodies data capture.

### **Acknowledgements**

Thank you to RPS Member Farzana Mohammed for contributing to the content of this response.