

# **Racism in Pharmacy: ‘Accountability Counts’ – Report on the roundtable event**

**10 October 2023**



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## Background

Inequality and exclusion are bad for people's health and that's why our **Delivering equality, improving diversity and fostering inclusion: Our strategy for change** is fundamental to our core purpose as a regulator and our vision for safe and effective pharmacy care at the heart of healthier communities. This includes the public we serve and the professions we regulate.

We've begun to host a **series of virtual equality roundtables**, to help shape our regulatory work, informed by the experiences of our stakeholders. This links directly to the commitments in our EDI strategy to proactively help tackle discrimination within pharmacy and to support pharmacy teams to provide person-centred and inclusive care, reducing health inequalities in the communities they serve.

Last year, we hosted **our first Racism in Pharmacy event**. In that session, we had an open and wide-ranging discussion with people sharing their experiences about how racism impacts on professionals and on patient care. You can read more about that event [here](#).

This is the report of our **follow up roundtable on Racism in Pharmacy** held on 10 October 2023, on the theme of "**Accountability Counts**". The session was designed to dive deeper into the issue of Fitness to Practise (FtP) – an area that we know is so important for both professionals and the public.

We advertised the event externally through our website and social media and it was open to anyone with an interest to attend. Attendees included a wide range of pharmacy stakeholder organisations, patient groups, equality groups, as well as individual pharmacists, pharmacy technicians and pharmacy teams from different sectors and settings.

We also welcomed attendees from outside of pharmacy, including those working in wider health and care settings and organisations in the UK and beyond, policy think tanks and others with an interest in this area. The full list of attendees is at Appendix 1.

## Introductory sessions

**Gisela Abbam, GPhC Chair** opened the session, recognising that the event coincided with **World Mental Health Day**. Gisela discussed the important link between racism and mental health, and how racism in pharmacy continues to be an issue that we need to tackle together and in a sustained way.

Gisela said that these open discussions are helping to shape our regulatory work, informed by the experiences our stakeholders.

Gisela also mentioned the results of the first **Pharmacy Workforce Race Equality Scheme** published by NHS England which showed that, amongst other things, pharmacy professionals from Black, Asian and minority ethnic backgrounds experience more harassment and poorer progression in the workplace than their white counterparts. Gisela noted that the Chief Pharmaceutical Officer has spoken about the important role for NHS and ICB leaders across the system to continue their focus on this issue – and for employers in wider community and GP settings to link with national organisations and take action. We support a co-ordinated effort across the system, in hospital, community and beyond.

**Duncan Rudkin, GPhC Chief Executive**, highlighted that our EDI strategy is about using our standards to proactively tackle discrimination and support pharmacy teams to provide inclusive and person-centred care. There are also important commitments on us as the regulator to make regulatory decisions that are demonstrably fair, lawful, and free from discrimination and bias.

This sessions is looking specifically at Fitness to Practise– what we know about the protected characteristics of professionals involved in our processes and the other work that we are doing to minimise the risk of bias in our own processes and decisions. This includes looking at the differences relating to the concerns we receive as well as concerns that go on to be investigated.

Duncan explained how our Fitness to Practise process is geared towards holding people to account, and how this event was an opportunity for the GPhC to share our work and that of others.

Duncan highlighted that many regulators are working out how best to address the issue of over-representation. For example, the **General Medical Council (GMC) Fair to Refer report** highlights that *“Black, Asian and Minority Ethnic doctors, overseas graduates, older male doctors and some non-specialist doctors are more likely than their counterparts to be referred to the GMC by employers or healthcare providers”* and recommendations in that report centre around the need for support for doctors, engaged and positive leadership across the NHS, and importantly *“creating working environments that focus on learning and accountability rather than blame”*.

Duncan said that one notable difference between us and the GMC is that most of our referrals are received from members of the public, rather than from employers, which is the case with the GMC. This can raise different challenges in how we tackle the issues.

## GPhC updates

**Session 1: Jenny Clapham, Research and Insight Manager and Yoni Carmel, Evaluation and Insight Reporting Manager - ‘Initial analysis of diversity data of professionals involved in the GPhC managing concerns process’**

Jenny and Yoni presented an analysis of diversity data of professionals involved in our managing concerns process in 2021/22, looking specifically at concerns received and investigated, statutory outcomes of closed concerns and progression through the process.

This focused on the protected characteristics of ethnicity, sex, and age, for all concerns received and closed in 2021/22. The analysis found some statistically significant over and under-representation of some groups at different points in the process, although in many cases this is based on small numbers.

Jenny said that the data is limited to pharmacists at this stage due to the very small number of concerns received about pharmacy technicians. We will be continuing to explore how we report and analyse data on pharmacy technicians, as well as the other protected characteristics that we have started to collect more recently.

You can read the headlines of the initial analysis **in our slide pack**.

## **Session 2: Jerome Mallon, Senior Policy and Planning Manager Fitness to Practise – ‘Tackling discrimination and bias: updated GPhC Fitness to Practise hearings and outcomes guidance’**

Jerome highlighted our consultation on proposals to strengthen our guidance to GPhC decision-makers when discrimination features in allegations we are considering, and to reinforce how seriously we take racism and other forms of discrimination.

The consultation sought views on the inclusion of a section on discriminatory behaviour in the guidance and the inclusion of a section covering cultural factors when taking account of insight, remediation, and testimonials.

Key feedback points from respondents included:

- The need for guidance on the seriousness of the discriminatory actions in the workplace/personal settings.
- The need to remove bias, stereotyping and accommodate understanding of underlying differences in showing remorse.
- Requests on information on how this can be applied in practice whilst ensuring panel’s representation and knowledge on cultural backgrounds.
- Differences across cultures and different communication styles should be considered in the guidance.
- Information on how this can be applied to work and that this will help to remove bias.

## **External speakers**

### **Session 1: Christine Braithwaite – Director of Standards and Policy, Professional Standards Authority – ‘No more excuses – tackling inequalities in health and care professional regulation and beyond’**

Christine discussed the Performance Review process and highlighted Standard 3 of the PSA Standards if Good Regulation, specifically:

***‘The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics’.***

Last year, the PSA published the **Safer Care for All report** in September 2022 where it sought to take a broader look at some of the big patient safety issues within the sector to suggest solutions from within professional regulation and beyond, including inequality and discrimination.

The Safer Care for All report considers some of the major challenges affecting the quality and safety of health and social care across the UK and proposes solutions to help address these concerns. There are four main themes included in the report:

- Tackling inequalities
- Regulating for new risks

- Facing up to the workforce crisis
- Accountability, fear, and public safety

Christine discussed how regulators can tackle inequalities and discrimination whilst considering more widely the experiences within healthcare of patients and complainants. Below are a few recommendations suggested:

- Looking at unequal and unfair outcomes for protected groups in professional regulation.
- Addressing barriers to making complaints – who is and who isn't raising concerns.
- Access to and quality of care – disproportionate impact of harm to protected groups.
- Addressing the lack of clarity on the role of health and care professionals in tackling these health inequalities.

To tackle discriminatory behaviours in health and care, there is a requirement for regulators to take a clear and consistent approach to addressing this issue through education and training, standards and FtP processes and sanctions. Monitoring data as such will provide regulators an opportunity to promote consistency in their FtP processes.

The PSA want regulators to ensure there is sufficient and good data on registrants, as this is considered under Standard 3 of the Standards of Good Regulation alongside the introduction of a new EDI Standard for Accredited Regulators. Some of the commitments and actions expected of regulators are listed below.

- Clear and consistent approach to tackling discriminatory behaviour.
- An improved understanding of who is complaining and barriers to care.
- Clarifying the role of professionals in tackling discrimination and health inequalities.
- What is the responsibility of a health care professional to deliver care to a multicultural society.
- Understand the diversity of registrants.
- Work with stakeholders, including employers, to tackle disproportionate referrals to regulators.
- Addressing bias in the regulatory process.

## **Session 2: Sian Hughes, Head of Equality, Diversity and Inclusion Solicitors Regulation Authority – *'Overrepresentation of Black, Asian and minority ethnic solicitors in our enforcement processes'***

Sian discussed details of research commissioned over time by the Solicitors Regulation Authority (SRA) addressing the overrepresentation of Black, Asian and minority ethnic solicitors in their enforcement processes.

The overrepresentation has been present for many years, since before the SRA was set up to regulate the profession in around 2007. Between 2007 and 2014, the SRA commissioned three independent external reviews to explore the issues. These reviews have all focused on what happened to the reports of potential misconduct once received at the SRA, looking at the SRA's approach to Equality, Diversity and Inclusion (EDI), their enforcement policy and decision-making processes. Two of the reviews involved detailed case reviews. None of these reports found evidence of discrimination, but they all had helpful recommendations which the SRA implemented to help make sure its decision making is fair and free from bias.

After taking time to improve its recording of reports data, in 2020 the SRA resumed its annual diversity monitoring and found similar patterns of overrepresentation. Its latest data for 2021/22 shows statistically significant overrepresentation at two stages of the enforcement process – in reports received and at the assessment stage. 19% of practising solicitors are from a Black, Asian or minority ethnic background, but this group made up 24% of individuals reported to the SRA for potential misconduct and 29% of the individuals at the assessment stage whose cases were taken forward for investigation.

In light of this, the SRA commissioned further independent research, taking a new approach by focusing largely on the factors which may be affecting the overrepresentation in reports received. Researchers at York University, working with Lancaster and Cardiff Universities have completed a **literature review**, and are undertaking detailed analysis of a comprehensive set of data covering reports received by the SRA over four years from 2018. This will be supplemented by research into the behaviours of consumers using legal services and the lived experience of solicitors. The universities are also looking at the SRA's assessment processes and talking to their staff to explore the patterns of overrepresentation seen at the assessment stage.

## Roundtable discussion

Attendees at the event were asked to share initial reflections on that they heard and explore ways for the sector to address these challenges collectively.

- Attendees welcomed the open, early and transparent sharing of fitness to practise data and being able to contribute to thinking on next steps.
- Several people expressed the value of understanding data regarding the setting of complaints – for example, pharmacists from certain backgrounds may work predominantly in community settings as opposed to professionals working in other settings, which may be less patient facing.
- Some felt that an understanding of the geographical location of complaints might be useful to help develop the picture.
- One organisation asked whether we need to have a registrant survey to capture better data, as the last one was in 2019, which may provide more information on places and types of work.
- Some people commented that they would like to see intersectionality reflected in the data going forward, which may be useful as the GPhC decides on next steps or any further correlation or analysis of data.
- Some people talked about the limitations of any type of data in this context, specifically that the breakdown of ethnicity does not account for cultural differences.
- Attendees discussed the links between racism and mental health, especially if an allegation is put through the concerns process inappropriately. There was a discussion about the need to make sure that retaliatory referrals or inappropriate referrals are picked up and attendees noted some of the work the GPhC is doing on this area already.

## Closing remarks and next steps

Gisela thanked everyone for their input and support and noted that the discussion demonstrates that this issue is not simply a pharmacy problem, nor a health problem, but it is a much broader system problem.

Duncan thanked everyone for the helpful suggestions, which we will consider as we develop next step.

Duncan also encouraged everyone to maintain conversations and actions in their own organisations and workplaces.

## Appendix 1: Attendees List

First name	Last name	Organisation	Role
Shamma	Baig	APTUK	EDI Lead
<b>Gisela</b>	Abbam	GPhC	Chair
<b>Manuella</b>	Asso	The Pharmacists' Defence Association	BAME Network Coordinator
<b>Rukhiya</b>	Bana	Moorfields Eye Hospital	Data Officer
<b>Christine</b>	Braithwaite	Professional Standards Authority	Director of Standards and Policy
<b>Helen</b>	Chang	Royal Pharmaceutical Society	Head of Professional Development
<b>Rosalyne</b>	Cheeseman	NHSE-WT&E Directorate	Pharmacy Dean (Midlands)
<b>Kalpna</b>	Daya	PTOC	Co-founder of Pharmacy Technician of Colour
<b>Amandeep</b>	Doll	Royal Pharmaceutical Society	Head of Professional Belonging
<b>Betty</b>	Dube	RGU	Lecturer
<b>Komal</b>	George	Female Pharmacy Leaders Network	Co-founder of the Female Pharmacy Leaders Network
<b>Sejal</b>	Gohil	NHS England	Training Programme Director
<b>Elsy</b>	Gomez Campos	UKBPA	Founder of UKBPA
<b>Sian</b>	Hughes	Solicitors Regulation Authority	Head of Equality Diversity and Inclusion
<b>Rana</b>	Mirzai	Manual	Pharmacist
<b>Farzana</b>	Mohammed	Hereford and Worcester	ICS workforce lead
<b>Sherifat</b>	Muhammad Kamal	NHS	Locum Pharmacist
<b>Lana</b>	Nabeel	Grant Thornton	Assistant Manager
<b>Bharat</b>	Nathwani	The Pharmacists' Defence Association	Policy Officer



First name	Last name	Organisation	Role
Deborah	Nyaberi	BPSA	Policy Officer
Mahendra	Patel	Centre for Research Equity	Director
Chris	Pawluczyk	PSA	Scrutiny Officer
Jasmine	Shah	National Pharmacy Association	Head of Advice & Support Services
Sidra	Shakoor	Saffron Apothecaries	Pre-reg. pharmacy technician
Glyn	Walduck	NPA insurance Ltd	Legal Executive
Ojali	Yusuff	Guild Healthcare of Pharmacists	GHP EDI Vice Chair
Rapela	Zaman	British Islamic Medical Association	Policy and Projects Manager
Gisela	Abbam	GPhC	Chair
Omar	Awad	GPhC	Communications Officer
Yoni	Carmel	GPhC	Evaluation and Insight Reporting Manager
Jenny	Clapham	GPhC	Research and Insight Manager
Janet	Collins	GPhC	Senior Governance Manager
Hannah	Fellows	GPhC	Interim Director of Fitness to Practice
Sean	Grand	GPhC	Registration and International Policy Manager
Georgia	Heffernan	GPhC	Evaluation and Insight Reporting Officer
Helen	Jackson	GPhC	Inspector
Jerome	Mallon	GPhC	Senior Policy and Planning Manager
Laura	McClintock	GPhC	Chief of Staff
Stella	Mwangi	GPhC	Executive Assistant
Aileen	OHare	GPhC	Specialist Pharmacy Regulation Manager
My	Phan	GPhC	Head of Data and Insight
Duncan	Rudkin	GPhC	Chief Executive
Taran	Ruprai	GPhC	EDI Policy Manager
Arvind	Sandhu	GPhC	Senior EDI Policy Manager
Karen	Turnham	GPhC	PA to Chief Executive and Chair
Laura	Turton	GPhC	Stakeholder Engagement Manager
Patrycja	Postrzech	GPhC	Research Insight and Evaluation Manager