

# **Protected characteristics of pharmacists involved in managing concerns process for 2023/24**



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## Executive summary

In line with our 'Delivering equality, improving diversity, and fostering inclusion' strategy, we are committed to making regulatory decisions that are demonstrably fair, lawful and free from discrimination and bias, and using all of our regulatory levers and influence to help tackle discrimination, making sure that everyone can access inclusive and person-centred care.

Through our strategy work, we're also committed to publishing more diversity data to support visibility and intelligence sharing across the pharmacy sector, to identify and monitor any disproportionate impacts on different groups, and to take steps to understand and deal with potentially discriminatory outcomes.

This report provides a breakdown of concerns raised about pharmacists by ethnicity, sex and age in 2023/24, looking specifically at concerns received and investigated and statutory outcomes<sup>1</sup> of closed concerns.

This is part of a **series of reports** we produce to monitor the impact of our policies and processes as well as driving anti-discrimination work across our organisation. We will continue to analyse the data we hold to understand and provide further insights into the findings of this report.

## Key findings

- We have demonstrated through this analysis that there are higher proportions of referrals to the GPhC for male pharmacists, older pharmacists and those from ethnic minorities.
- Once a concern has been raised and is being processed by the GPhC, the disparities disappear for ethnicity and for age, however, there is ongoing over-representation of male pharmacists in our investigations and in those receiving the most serious sanctions.

## About these datasets

We have focussed this report on ethnicity, sex and age because those are the most complete datasets we hold in terms of the protected characteristics. Under our EDI strategy we have made a commitment to improve our approach to our data to enable us to have more robust and consistent datasets. This work is currently in progress.

We had a limited dataset for pharmacy technicians, for whom we received a much smaller proportion of concerns in 2023/24, so were not able to include this group in this year's report.

Given the complexity of the data and the range of factors that could influence the reason for a concern being raised, why it goes through to investigation and the outcome, care should be taken in drawing any conclusions based on this data alone.

## Ethnicity

When compared with the register, there was a relationship between ethnicity and concerns received with an under-representation of White pharmacists in concerns received and an over-representation in concerns received about all other ethnicities. There was no statistically significant over or under

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<sup>1</sup> Outcomes outlined in the Pharmacy Order 2010 which set out the role, responsibilities and functions of the independent statutory regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain.

representation of any ethnicity in concerns which went on to be investigated, with the exception of an over-representation of a small group of pharmacists whose ethnicity is not on record. There was also no relationship between ethnicity and statutory outcomes for pharmacists (please see Appendix: Our approach to managing concerns about pharmacy professionals for details).

## Sex

In terms of sex, there was a statistically significant relationship between sex and concerns received, concerns investigated and those receiving a statutory outcome. We found an under-representation of female pharmacists in concerns received and an over-representation in concerns received about males. There was further under-representation of females and over-representation of males in concerns that go on to be investigated. We also found an under-representation of female pharmacists and over-representation of male pharmacists receiving statutory outcomes.

## Age

In terms of breakdown by age, we found a significant relationship between the age of the pharmacist and the number of concerns received. There was an under-representation of pharmacists under the age of 35 and over-representation of each age group for 35 and over in concerns received. There was no statistically significant over or under representation of any age group which went on to be investigated. There was also no relationship between age and statutory outcomes for pharmacists.

## 1. Introduction

This report is divided into a number of sections as detailed below:

In **section two**, we present a brief explanation of how we manage concerns at the GPhC and the terminology we use.

**Section three** explains what data has been used in this report, how it has been categorised and any caveats the reader should be aware of.

**Section four** and **section five** present data on the protected characteristics of pharmacists for:

- Concerns received and investigated in 2023/24
- Concerns closed and statutory outcomes in 2023/24

**In section six**, we provide a summary of the findings grouped by each of the protected characteristics of ethnicity, sex and age. The information is also provided in the **diagram included in Figure 1**.

**In the final section seven** we discuss what our next steps will be and what we plan to do as a result of the findings of this report.

## 2. How we manage concerns at the GPhC

A concern is information that we receive about an issue with a pharmacy professional or an issue with how a pharmacy is operating. A concern can also be about an illegal practice or protection of title issue. A concern can contain information about a pharmacy professional's work or their personal life. It can involve one or multiple pharmacy professionals. It can arise from different settings, such as a pharmacy premise, an online pharmacy, a hospital, a doctors' surgery, a public place or a private residence. It can also be about a pharmacy premise or someone who is not registered with us.

A concern can be closed at different stages after it has been raised with the GPhC, as follows:

- at initial assessment / triage
- after the investigation
- at an investigating committee (IC) meeting
- at a fitness to practise committee (FtPC) hearing.

Many concerns are closed at the first stage, called initial assessment, often with information which advises the pharmacy professional involved what they might learn from the concerns raised.

We will only investigate a concern that might call into question whether a pharmacy professional's fitness to practise (FtP) is impaired. A pharmacy professional is 'fit to practise' where they show that they have the skills, knowledge, character and health to do their job safely and effectively and also maintain the reputation of the profession. A pharmacy professional's fitness to practise can be impaired for a number of reasons, for example misconduct, ill-health or a conviction for a criminal offence.

Following the investigation, we may decide to:

- take no further action
- issue a letter that includes guidance about the professional's future practice

- enter into a voluntary agreement with the professional to manage the concern
- recommend that the evidence is considered by an investigating committee, or
- with the most serious concerns, refer it directly to the fitness to practise committee.

Only the most serious concerns are referred to the investigating committee or reach the fitness to practise committee. The investigating committee (IC), which meets in private, can decide to:

- take no action
- agree 'undertakings' with a registrant
- issue a letter of advice
- issue a warning, or
- refer the case to a fitness to practise committee for a hearing.

The fitness to practise committee (FtPC) is a panel which operates independently of the GPhC, and is usually made up of three members. The FtPC, which usually holds hearings in public, decides if a pharmacy professional is fit to practise. If it finds that they are not fit to practise, it can:

- issue a warning
- set conditions, or undertakings, that place restrictions for a period of up to three years on how the registrant can practise
- suspend them from the register for a period of up to 12 months, or
- remove them from the register.

For a flowchart summarising our managing concerns process, please [see the appendix](#).

### 3. About the data

#### Data on protected characteristics

- We currently collect data on six of the nine protected characteristics.<sup>2</sup> Data on diversity categories for registrants is currently collected at the point of application for initial registration. Pharmacist registrants can update their diversity data when applying for annotations as an independent prescriber or if they apply to voluntarily remove from the register. Data is self-declared and based on how registrants self-identify.
- From June 2018 we have collected diversity data through our online initial registration process on MyGPhC and while it is a requirement to complete the form on MyGPhC, applicants can decline to provide specific information by choosing the 'Prefer not to say' option. For those who registered prior to June 2018, the category of 'Not recorded' is used where the registrant chose not to declare any diversity information or if data on that characteristic was not previously collected.

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<sup>2</sup> Currently, we do not routinely collect data on gender reassignment, marriage and civil partnership, and pregnancy and maternity at initial registration. However, we do collect this data through other surveys and consultation work, where relevant. We use this data to help understand the equality impact of our work, but those datasets would not be appropriate for this type of analysis.

- We have focussed this report on ethnicity, sex and age because those are the most complete diversity datasets we hold. Data on disability status, religion or belief and sexual orientation for a large proportion of the professionals on our register is not recorded as historically there were low completion rates or data was not previously collected. We have not presented data for disability status, religion and sexual orientation characteristics as the small numbers would prevent us from being able to display and compare many findings. This is something we are working on addressing through our EDI strategy, and we will be in a better position to share that data once we have a more complete dataset.
- In our analysis we have compared the protected characteristics of pharmacists going through our managing concerns process with the composition of the register of pharmacists by each protected characteristic. The register data we have used is based on a snapshot of the register taken on the last day of the previous financial year (31 March 2023), so it represents the total number of registrants on the register at the commencement of the given year.<sup>3</sup> More information on the diversity and protected characteristics of the professionals on our register can be found in the diversity data reports, published on our website.

## Data on concerns

- This report focusses on pharmacists only. In 2023/24 there were 62,654 pharmacists on the register. We also regulate pharmacy technicians. In 2023/24 there were 25,315 pharmacy technicians on the register, however, the number of concerns received for this registrant group was significantly lower (95 concerns relating to distinct pharmacy technicians). As the small numbers prevent us from being able to display and compare many findings, we have not presented data for pharmacy technicians.
- It is worth noting that our report has only focussed on concerns where an individual has been identified.<sup>4</sup> In 2023/24 we received a total of 5,477 concerns of which only 1,265 identified a pharmacist. Once we have identified a pharmacy professional, we are then able to link to the diversity data we hold for that individual in our register. For three quarters of the concerns received (over 4,000) a specific pharmacy professional was not identified.
- We may receive more than one concern about the same individual. As this report is about understanding the characteristics of individuals who have been through FtP, we have focussed our analysis on the number of distinct individuals in our FtP in this financial year. Where multiple concerns have been received about the same individual, we have only included them once in our analysis.<sup>5</sup> Of the 1,265 concerns about pharmacists in 2023/24, there were **1,039** distinct individuals which is the total number of **concerns received** on which the following report is based.
- Fitness to practise concerns are not always closed in the same financial year that the concern is first received at the GPhC, so we have separated the report into an analysis of the concerns

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<sup>3</sup> This date was chosen to ensure that any registrants who may have left or been removed from the register during that year are included in the count.

<sup>4</sup> We close many concerns before a registered professional has been identified. This may be because we realise the concern received isn't meant for us, we don't have the power to carry out an investigation or we haven't received sufficient information to identify a specific individual.

<sup>5</sup> Where these concerns were closed at different stages of our FtP process, we have used the concern that progressed furthest for the analysis.

received in the year 2023/24 and analysis of the concerns closed in the same year. As above, we have focussed the analysis on distinct individuals and multiple concerns about the same individual have only been counted once. This gives a total of **1,084 concerns closed** in 2023/24.

- Fitness to practise concerns can be closed at any stage of the process and with a range of possible outcomes. For simplicity we have distinguished between concerns that closed with a statutory outcome (which includes advice and outcomes imposed by the investigating and fitness to practise committees) and those that closed with a non-statutory outcome (which includes all concerns closed with no further action and those that closed before reaching investigation committee).
- The managing concerns data contained in this report was generated on 31 May 2024. Our dataset includes concerns received or closed between 1 April 2023 and 31 March 2024. The data we hold, particularly in relation to more recent concerns, is subject to change as concerns progress and additional evidence is gathered.

## Interpretation of data

- In [section four](#) and [section five](#), in certain cases categories with small numbers have either been removed or combined due to the potential for these small numbers to distort the analysis. It is noted in the report where this has occurred. In the sex category, 'Prefer not to say' and 'Other' was removed from the analysis. In the ethnicity category "Mixed" and "Other" were combined, as were "Prefer not to say" and "Not recorded". In the age category those aged under 25 and 25-34 were combined and similarly those aged 55-64 and 65 and over were combined.
- Percentages have been rounded to the nearest whole number, so aggregate percentages may not add to 100.
- We continually review our data quality and content of our information to include the most accurate data. For improved data, we retrospectively update figures. This means when comparing this data with previously published data, you may see small changes.
- Findings were analysed using the chi-squared test of independence to establish whether there was a statistically significant relationship between the independent variables (age, ethnicity and sex) and dependent variables (concerns received, investigated and statutory outcomes). The finding of significance tells us that a relationship exists and that observed differences are real and not due to chance.<sup>6</sup> It does not tell us anything about the cause of that difference or how big the difference is.
- Confidence intervals (at a 95% confidence level) were used to identify where there was a statistically significant under or over-representation in each individual category. In the report a star★ indicates a significant under or over-representation of a certain group at a certain stage of the managing concerns process.
- There are a wide range of factors that could influence the reason for a concern being raised with the GPhC or a concern progressing through our managing concerns process such as setting, job role, the context of the concern itself, geographical location, and other demographics. Therefore, care should be taken in drawing any conclusions based on this data alone.

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<sup>6</sup> Findings are considered statistically significant where  $p < 0.05$



## 4. Concerns received and investigated

In this section we have presented the data on concerns received in 2023/24. As mentioned earlier, concerns closed without an individual being identified have been excluded from the analysis.

The tables and charts below show how concerns received, and concerns investigated further, compared with the register, by ethnicity, sex and age.

### By ethnicity

Table 1 and chart 1 below show the ethnic breakdown of all pharmacists identified who had concerns raised about them compared with the ethnic breakdown of pharmacists where the concerns proceeded to investigation. This is shown alongside the ethnic breakdown of the pharmacist register in 2023/24.

**Table 1: Count and percentage of register data, concerns received and concerns investigated for pharmacists in 2023/24 broken down by ethnicity**

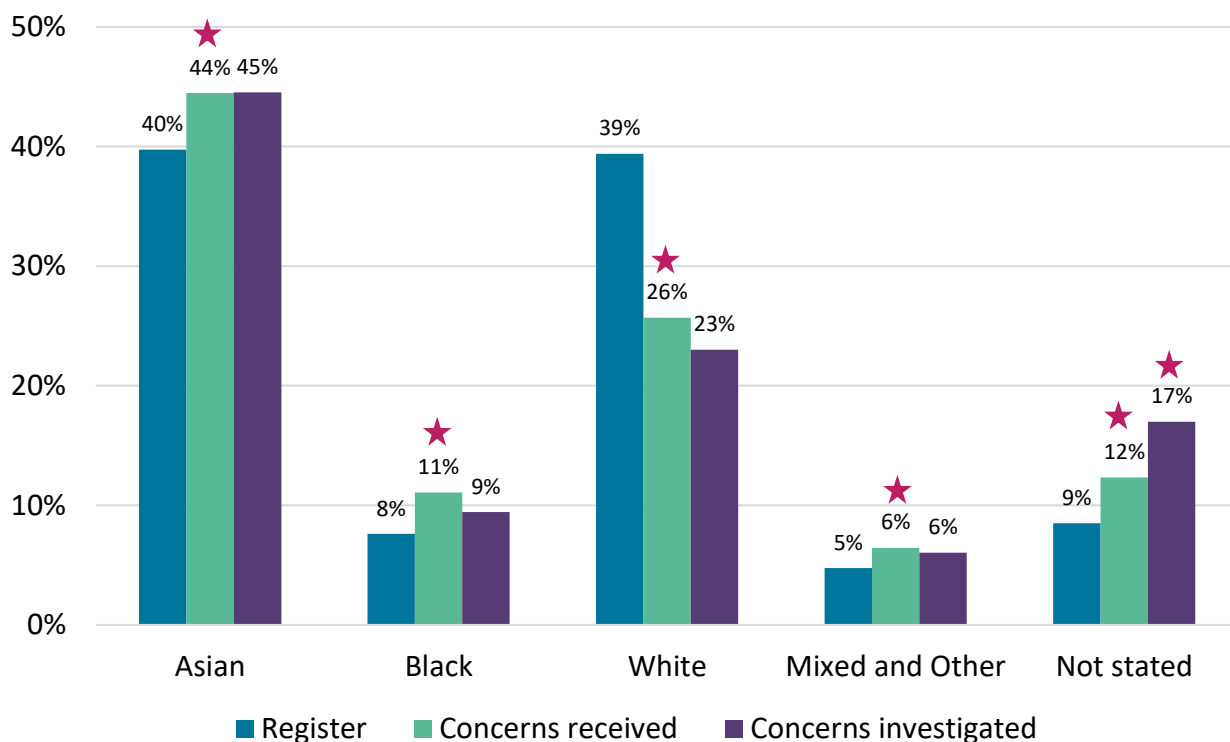
2023/24	Register data	Concerns received	Concerns investigated
Asian	24,898 (40%)	462 (44%) ★	118 (45%)
Black	4,765 (8%)	115 (11%) ★	25 (9%)
White	24,679 (39%)	267 (26%) ★	61 (23%)
Mixed and other <sup>7</sup>	2,985 (5%)	67 (6%) ★	16 (6%)
Not stated <sup>8</sup>	5,327 (9%)	128 (12%) ★	45 (17%) ★
<b>TOTAL</b>	<b>62,654 (100%)</b>	<b>1,039 (100%)</b>	<b>265 (100%)</b>

★ Statistically significant under or over-representation

<sup>7</sup> 'Mixed' and 'Other' categories have been combined due to small numbers

<sup>8</sup> 'Not recorded' and 'prefer not to say' categories have been combined due to small numbers

**Chart 1: Proportion of register data, concerns received and concerns investigated for pharmacists in 2023/24 broken down by ethnicity**



★ *Statistically significant under or over-representation*

There was a statistically **significant relationship between the ethnicity of the pharmacist and the number of concerns received** by the GPhC.<sup>9</sup>

When compared with the register, a **significantly higher proportion of concerns received were about Asian, Black, Mixed and Other ethnicities and those whose ethnicity was not stated**. The largest overrepresentation was for Asian pharmacists (45% of concerns compared with 40% of pharmacists on the register). Conversely there was an **under-representation of White pharmacists for concerns received** compared to the proportion on the register (26% of concerns compared to 39% on the register).

Once a concern was being progressed by the GPhC the differences reduce and no overall relationship was found between the ethnicity of the pharmacist and concerns investigated. The proportions of each ethnic group being investigated is broadly similar to the proportion of concerns received about each group. The only exception was the **'no record' category where there is continued statistically significant overrepresentation in investigations** (17% of concerns investigated compared with 12% of concerns received).

<sup>9</sup>  $p < 0.001$

## By sex

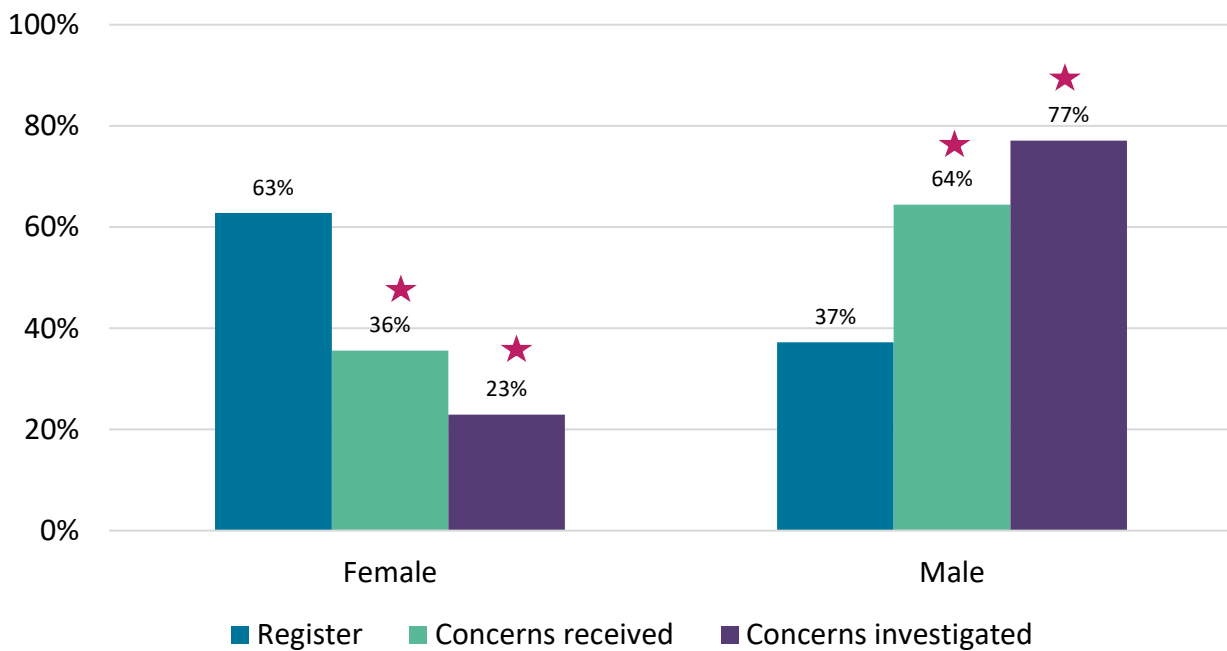
Table 2 and chart 2 below show the sex of all pharmacists identified who had concerns raised about them compared with the sex of pharmacists where the concerns proceeded to investigation. This is shown alongside the sex breakdown of the pharmacist register in 2023/24.

**Table 2: Count and percentage of register data, concerns received and concerns investigated for pharmacists in 2023/24 broken down by sex**

2023/24	Register data	Concerns received	Concerns investigated
Female	39,074 (63%)	366 (36%) ★	60 (23%) ★
Male	23,159 (37%)	663 (64%) ★	202 (77%) ★
<b>TOTAL</b>	<b>62,233 (100%)</b>	<b>1,029 (100%)</b>	<b>262 (100%)</b>

★ Statistically significant under or over-representation

**Chart 2: Proportion of register data, concerns raised and concerns investigated for pharmacists in 2023/24 broken down by sex**



★ Statistically significant under or over-representation

Our analysis found a statistically **significant relationship between sex and concerns received<sup>11</sup> as well as between sex and concerned investigated.<sup>12</sup>**

<sup>10</sup> 'Other' has been removed from the analysis as there were no concerns received. 'Prefer not to say' has also been removed due to very small numbers.

<sup>11</sup>  $p < 0.001$

<sup>12</sup>  $p < 0.001$

When compared with the register, a **significantly higher proportion of concerns received were about male pharmacists** (64% of concerns compared with 37% of professionals on the register). This was accompanied by an equivalent **under-representation of female pharmacists with concerns received**.

Once a concern was being progressed by the GPhC, there is **continued overrepresentation of male pharmacists being subject to an investigation** (77% of concerns investigated compared with 64% of concerns received) and an **under-representation of female pharmacists in investigations** (23% of concerns investigated compared with 36% of concerns received).

## By age

Table 3 and chart 3 below show the age group of all pharmacists identified who had concerns raised about them compared with the age group of pharmacists where the concerns proceeded to investigation.<sup>13</sup> This is shown alongside the age group of the pharmacist register in 2023/24.

**Table 3: Count and percentage of register data, concerns received and concerns investigated for pharmacists in 2023/24 broken down by age**

2023/24	Register data	Concerns received	Concerns investigated
Under 35 <sup>14</sup>	25,417 (41%)	312 (30%) ★	68 (26%)
35-44	17,625 (28%)	331 (32%) ★	100 (38%)
45-54	11,010 (18%)	228 (22%) ★	57 (22%)
55 and over <sup>15</sup>	8,602 (14%)	168 (16%) ★	40 (15%)
<b>TOTAL</b>	<b>62,654 (100%)</b>	<b>1,039 (100%)</b>	<b>265 (100%)</b>

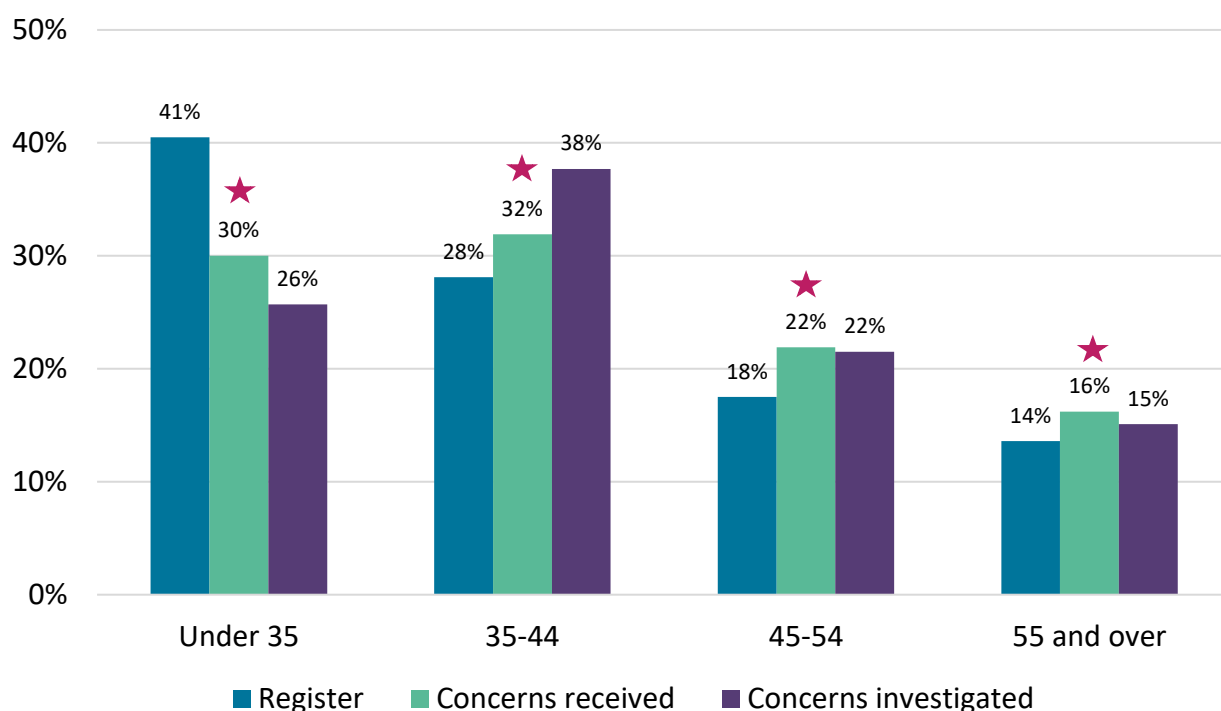
★ Statistically significant under or over-representation

<sup>13</sup> For age, we have used the age of the individual on the date that the concern was received

<sup>14</sup> 'Under 25' and '25-34' categories have been combined due to small numbers

<sup>15</sup> '55-64' and '65 and over' have been combined due to small numbers

**Chart 3: Proportion of register data, concerns raised and concerns investigated for pharmacists in 2023/24 broken down by age**



★ *Statistically significant under or over-representation*

There was a statistically **significant relationship between the age of the pharmacist and the number of concerns received** by the GPhC.<sup>16</sup>

When comparing the proportion of each age group with a concern raised about them to the proportion on the register, it was found that **under 35 year olds were under-represented in concerns received** (41% of the register but only 30% of concerns raised) and **all other age groups were over-represented**.

Once a concern was being processed by the GPhC, there was **no overall relationship between age and concerns investigated**. There continue to be slight differences in the proportions of each age group when comparing concerns received with concerns investigated, the largest difference in the 35-44 category (38% of concerns investigated compared with 32% of concerns received). However, none of these were found to be statistically significant.

## 5. Outcome of concerns closed

In this section we have presented the data and analysis of concerns closed in 2023/24 together with the outcome of those concerns.<sup>17</sup> It is important to note that these are not the same as the concerns received and investigated, as outlined in the previous section, as concerns may not necessarily be closed in the same year that they are received by the GPhC.

<sup>16</sup>  $p < 0.001$

<sup>17</sup> As with the earlier analyses, concerns closed without an individual being identified have been excluded.

For simplicity, we have grouped the outcomes into two categories - statutory outcome (which includes advice and outcomes imposed by the investigating and fitness to practise committees) and non-statutory outcome (which includes all concerns closed with no further action and those that closed before reaching investigation committee). **See appendix.**

The tables and charts below show how concerns closed with a statutory outcome compared with all concerns closed by ethnicity, sex and age.

Please note that caution should be made in drawing any conclusions from this as the number of statutory outcomes for any group is small (see tables 4, 5 and 6).

## By ethnicity

The table and chart below show the ethnicity of pharmacists who had concerns closed in 2023/24 compared with the proportion that received statutory outcomes.

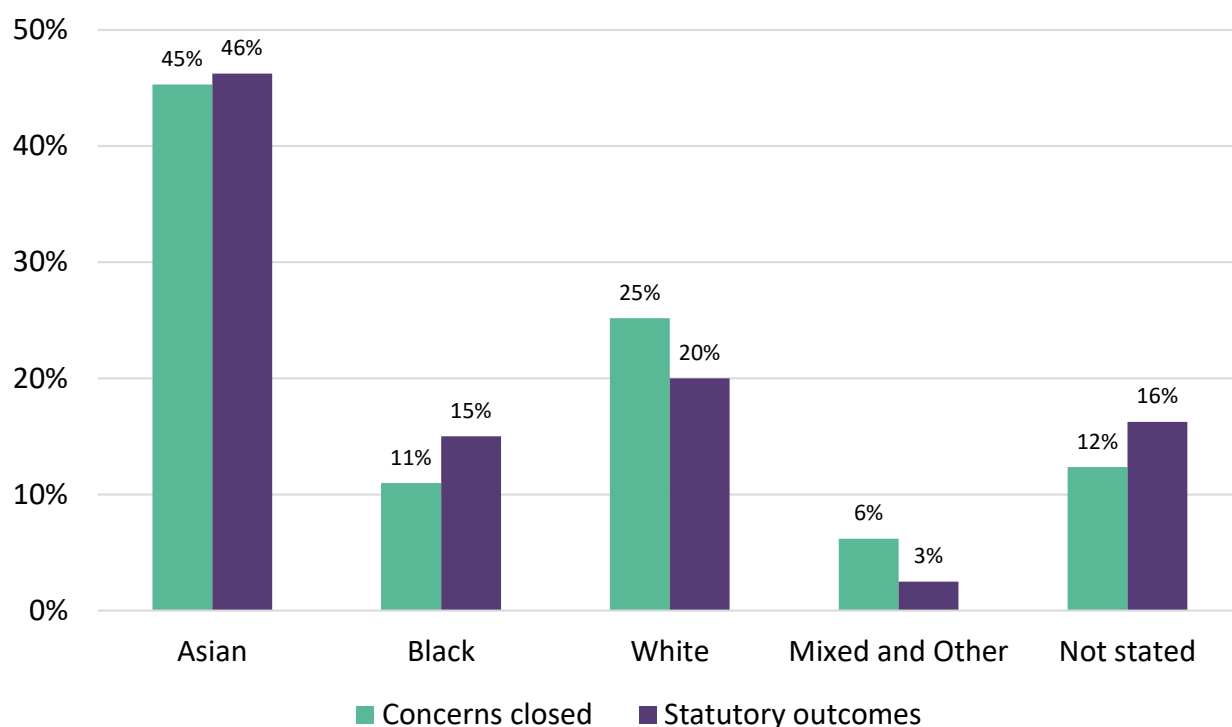
**Table 4: Count and percentage of concerns closed and statutory outcomes for pharmacists in 2023/24 broken down by ethnicity**

2023/24	All closed concerns	Statutory outcomes
Asian	491 (45%)	37 (46%)
Black	119 (11%)	12 (15%)
White	273 (25%)	16 (20%)
Mixed and Other <sup>18</sup>	67 (6%)	2 (3%)
Not stated <sup>19</sup>	134 (12%)	14 (16%)
<b>TOTAL</b>	<b>1,084 (100%)</b>	<b>80 (100%)</b>

<sup>18</sup> 'Mixed' and 'Other' categories have been combined due to small numbers

<sup>19</sup> 'Not recorded' and 'prefer not to say' categories have been combined due to small numbers

**Chart 4: Proportion of concerns closed and statutory outcomes for pharmacists in 2023/24 broken down by ethnicity**



There was **no statistically significant relationship between ethnicity and the outcome of the managing concerns process.**

When comparing the number of statutory outcomes with the total number of concerns closed in 2023/24, there were some differences for each ethnicity. Asian pharmacists, Black pharmacists and those with no ethnicity stated had slightly higher proportions of statutory outcomes whereas White and Mixed and Other had slightly lower. However, none of these were found to be statistically significant.

### By sex

The table and chart below show the sex of pharmacists who had concerns closed in 2023/24 compared with the proportion that received statutory outcomes.<sup>20</sup>

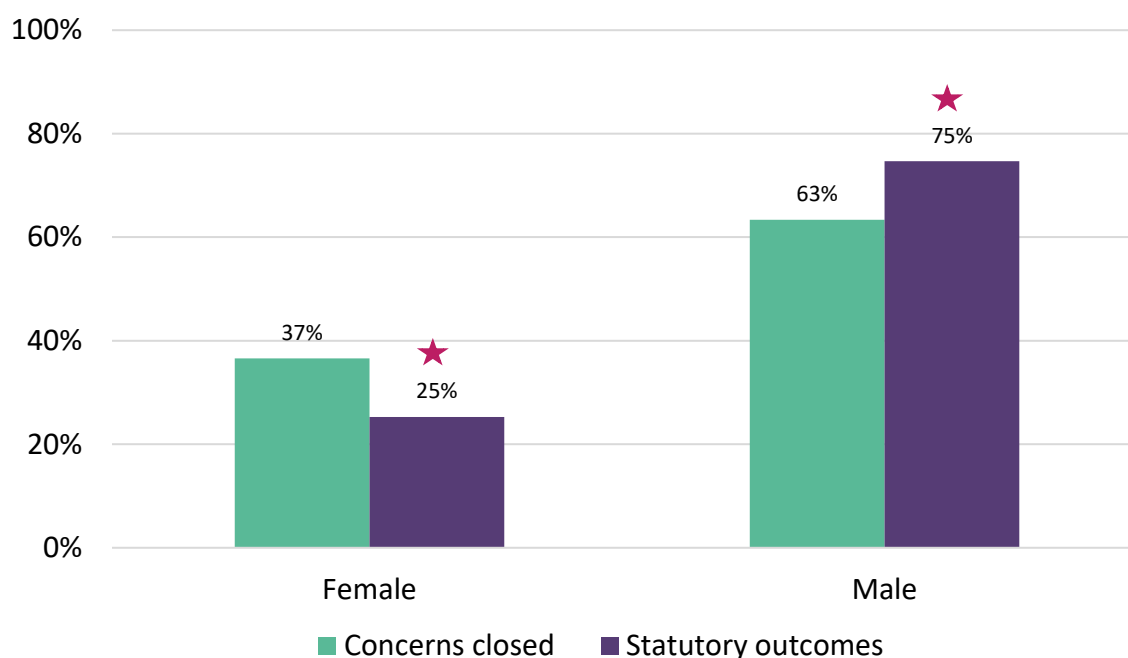
<sup>20</sup> 'Other' has been removed from the analysis as there were no concerns received. 'Prefer not to say' has also been removed due to very small numbers.

**Table 5: Count of pharmacists who had concerns closed in 2023/24 and those that received statutory outcomes broken down by sex**

2023/24	All closed concerns	Statutory outcomes
Female	393 (37%)	20 (25%) ★
Male	682 (63%)	59 (75%) ★
<b>TOTAL</b>	<b>1,075 (100%)</b>	<b>79 (100%)</b>

★ Statistically significant under or over-representation

**Chart 5: Proportion of concerns closed and statutory outcomes for pharmacists in 2023/24 broken down by sex**



★ Statistically significant under or over-representation

Our statistical tests found a **significant relationship between sex and outcome of the managing concerns process.**<sup>21</sup>

When compared with the total number of concerns closed in 2023/24, a considerably **higher proportion of statutory outcomes were for male pharmacists** (75% of statutory outcomes and 63% of concerns closed). It follows that the reverse is true for **female pharmacists who were under-represented when receiving statutory outcomes.**

<sup>21</sup>  $p=0.037$



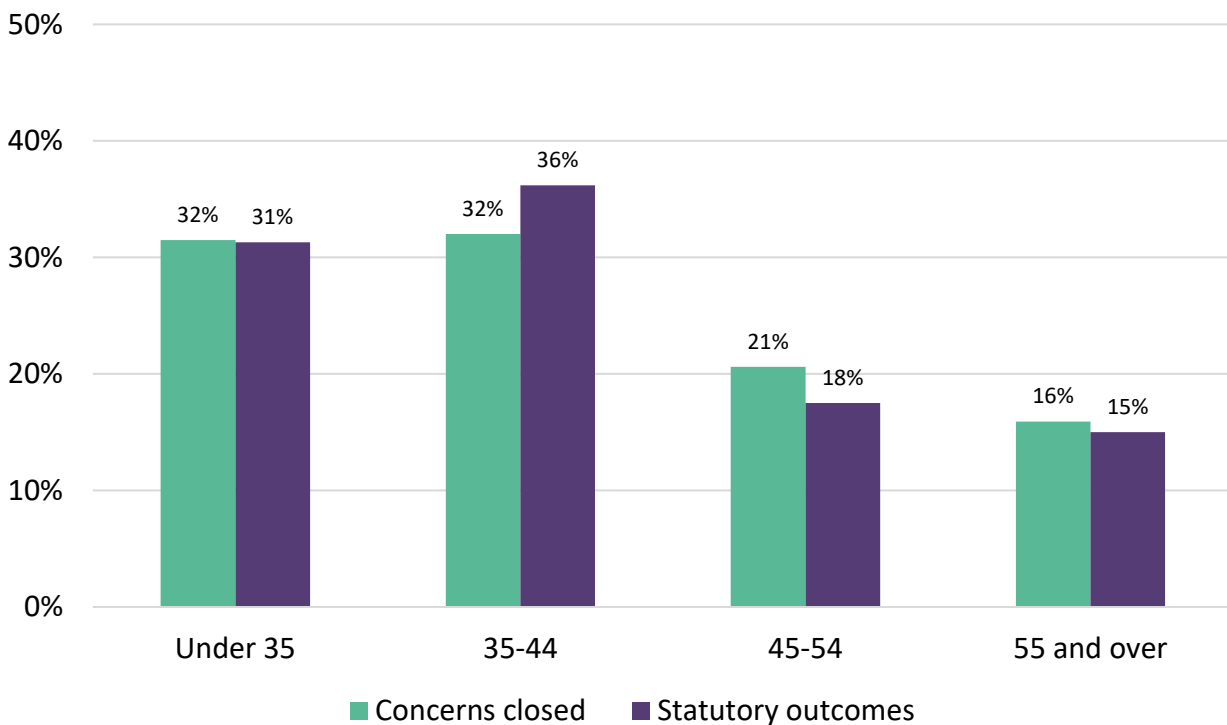
## By age

The table and chart below show the age group of pharmacists who had concerns closed in 2023/24 together with the proportion that received statutory outcomes.<sup>22</sup>

**Table 6: Count and percentage of concerns closed and statutory outcomes for pharmacists in 2023/24 broken down by age**

2023/24	All closed concerns	Statutory outcomes
Under 35 <sup>23</sup>	342 (32%)	25 (31%)
35-44	347 (32%)	29 (36%)
45-54	223 (21%)	14 (18%)
55 and over <sup>24</sup>	172 (16%)	12 (15%)
<b>TOTAL</b>	<b>1,084 (100%)</b>	<b>80 (100%)</b>

**Chart 6: Proportion of concerns closed and statutory outcomes for pharmacists in 2023/24 broken down by age**



Our analysis found there was **no statistically significant relationship between age and the outcome of the managing concerns process.**

<sup>22</sup> For age, we have used the age of the individual on the date that the concern was received.

<sup>23</sup> 'Under 25' and '25-34' categories have been combined due to small numbers

<sup>24</sup> '55-64' and '65 and over' have been combined due to small numbers

When comparing the number of statutory outcomes with the total number of concerns closed, there were small differences for each age group. The largest difference was in the 35-44 category (36% of statutory outcomes compared with 32% of concerns closed). However, none of the observed differences were found to be statistically significant.

## 6. Summary by protected characteristics

Figure 1: Summary of all findings by protected characteristics

	Ethnicity	Sex	Age
Concerns received	<p>Under-representation of white pharmacists in concerns received</p> <p>Over-representation of all other ethnicities in concerns received</p>	<p>Under-representation of female pharmacists in concerns received</p> <p>Over-representation of males in concerns received</p>	<p>Under-representation of those under the age of 35 in concerns received</p> <p>Over-representation of all age groups 36 and over in concerns received</p>
Concerns investigated	<p>No overall relationship between ethnicity and concerns investigated</p> <p>Over-representation of pharmacists with no ethnicity stated in concerns investigated</p>	<p>Under-representation of females in concerns investigated</p> <p>Over-representation of males in concerns investigated</p>	<p>No significant relationship between age and concerns investigated</p>
Statutory outcomes	<p>No significant relationship between ethnicity and statutory outcomes</p>	<p>Under-representation of female pharmacists in statutory outcomes</p> <p>Over-representation of males in statutory outcomes</p>	<p>No significant relationship between age and statutory outcomes</p>

Purple shading = overall relationship found to be statistically significant using chi-squared test of independence

Green shading = no overall relationship found in statistical tests

Yellow shading = no overall relationship found but statistical +/- of certain groups

## 7. Next steps

This analysis has demonstrated that there is some disproportionality in the numbers of pharmacists going through the managing concerns process based on the protected characteristics of ethnicity, sex and age. The statistical tests we have applied have shown where a relationship exists (one that is not just a result of chance) but this does not indicate causality.

We plan to do more to understand the patterns that this report has highlighted, and further exploration of factors that may be involved in determining the likelihood of different individuals going through managing concerns process is required.

Our EDI annual report 2023/24 gives more information about what work is underway and what we plan to do to minimise the possibility of bias in our regulatory activities.

# Appendix: Our approach to managing concerns about pharmacy professionals

Figure 2: Infographic outlining our approach to managing concerns about pharmacy professionals

