Equality Screening and Impact Assessment

PART 1: Equality screening

Consultation on quality assurance of pharmacy education and training

1.   Context, and aims and purpose of the policy/proposal

The Pharmacy Order 2010 sets our role in setting standards for the education and training of pharmacists and pharmacy technicians, and that of approving their qualifications and training. We approve education and training provisions that have undergone quality assurance via our approval processes and have met our standards in full. Our quality assurance of pharmacy education and training exists to ensure that future pharmacists joining the register have the knowledge, skills and behaviours needed to provide the safe and effective care that patients and the public expect.

Our processes ensure that all approved education and training provisions meet our standards/ requirements. We also set out recommendations for quality improvement to enhance existing provision. However, we have been using the same quality assurance methodologies since the establishment of the GPhC in 2011. While we have made various incremental changes and improvements to reflect feedback and the way that pharmacy training has evolved, our core approval methodologies have remained largely unchanged.

Our proposal to revise our approach to quality assurance of pharmacy education and training is an important part of our strategic plan 2020-25, particularly in relation to a tailored and intelligence-led approach to approval and quality assurance.

We propose four key changes:

1. Yearly monitoring

Part of our proposal is to introduce a yearly monitoring process that will enhance the current quality assurance of education and training. This process is designed to complement the existing yearly student data returns and it will help us, and the providers, maintain oversight of the quality of the education and training provision. It will contribute to identifying and addressing concerns in a more time-effective manner, and ultimately, continue to give patients and the public the assurance that all pharmacy professionals joining the GPhC register have completed the required education and training to the standards expected.

The process will also allow us to take a more tailored approach to the timing of approval activities to adapt the current 3-yearly event cycle so that timings between events can be adjusted based on the outcome of yearly monitoring. This will allow to take a more intelligence-led approach and make more efficient use of our resources.

2. Intervention, escalation, and decision making

To help us review the information gathered through yearly monitoring, we propose to set criteria for intervention and decision making to guide the quality assurance and approval teams through the review process.

We recognise that every situation can differ and so can the approach to addressing challenges in education and training. Therefore, in order to achieve the most appropriate outcome, we intend to review the yearly monitoring returns on a case-by-case basis and consider the impact and the effect to which found challenges can affect education and training. We wish to take a more proactive approach and offer providers with support and opportunity to address and minimise any challenges that may impact the quality of their education and training by working together.

3. Increased flexibility for approval and intervention

We currently approve courses/ programmes and qualifications for a fixed period of time - normally six or three years (depending on the course/ programme or qualification type) with a reapproval event scheduled to take place before the expiry of the approval period. To improve the clarity of expectations around the approval status of a course of education and training for prospective students, trainees, employers, and others, we are proposing to move away from a fixed interval schedule of approval. This is to allow for the flexibility brought by the proposed yearly monitoring and intervention processes, meaning that as courses of education and training will be continually monitored and the interim/reapproval events variable, the length of the approval status cannot be predetermined.

Our public reporting of approval events would, therefore, move away from a predetermined end date to approval. Instead, a proposed date for the next planned interim/reapproval event will be published. This is because, by default, the timing of the approval events would virtually remain on the same cycles but with adjustments determined by yearly monitoring outcomes.
The proposed changes will bring about flexibility to the approval of education and training and enable us to intervene where concerns are identified by working together with the providers to help address these in a time-effective manner. The initial accreditation and recognition methodologies will not be affected by these proposals.

4. Applying our processes across all pharmacy education and training

In our current arrangements, pharmacy technician and pharmacy support staff qualifications delivered by national awarding organisations as well as Master of Pharmacy (MPharm) degrees delivered by higher education institutions are reapproved on a 6-yearly basis, with an interim event every 3 years. However, pharmacy technician and pharmacy support staff courses delivered by private providers, who are not subject to the same external quality oversight from other bodies, are reapproved on a 3-

yearly basis. The 3-yearly reapproval arrangement also applies to the pharmacist Independent Prescribing programme and the Overseas Pharmacists' Assessment Programme (OSPAP) delivered by higher education institutions.

By introducing yearly monitoring, this will give us greater oversight of all courses of pharmacy education and training, including those delivered by national awarding organisations and private providers. Therefore, we propose to align our quality assurance methodologies, so that the arrangements that apply to national awarding organisations and MPharm providers also apply to private providers and Pharmacist Independent Prescribing providers. In effect, this will result not only in greater scrutiny but an aligned quality assurance approach overall.

By implementing the proposed changes to quality assurance, we expect to:

• maintain a proportionate level of oversight between interim and reapproval events; this would allow a change in the focus of events away from questioning about narrow aspects of compliance with standards to more collaborative discussions on using providers' strengths to address concerns and challenges related to their education and training provision

• improve our ability to identify and address concerns about quality promptly and proportionately

• improve the quality and the extent of evidence that we use at events, and maintain consistency in our approach across providers and awarding organisations

• maintain regular communication with providers to allow us to keep up to date on course/qualification provision and developments

• reduce the amount of evidence needed from providers for interim and reapproval events, and

• make more effective use of resources to focus our education quality assurance activities based on risk

2.   Review of available information/data to support the screening decision

GPhC has committed to deliver equality, improve diversity and foster inclusion through 'Our strategy for change 2021-26'. As recognised in the strategy, the COVID-19 pandemic and Black Lives Matter movement have put the inequalities and discrimination that some minority groups experience at the forefront of global and national agendas. The long-term impact of disadvantaged backgrounds, and of education, training and work environments, means that opportunities, experience and attainment are not equal for everyone. We began to confront such challenges through our standards for the initial education and training of pharmacists 2021. These place a much greater emphasis on EDI in terms of what we expect from pharmacy students, trainees and education providers, in relation to:

• helping combat discrimination and health inequalities, and

• dealing with the deficiencies and differences that we had found during our research into candidate registration assessment performance

Through these standards, we introduced mandatory learning outcomes to ensure that students and trainees:
• treat people as equals, with dignity and respect
• meet their own legal responsibilities under equality and human rights legislation, and
• respect diversity and cultural differences

We have introduced similar requirements for education providers, to ensure that:
• policies and procedures promote the principles and legal requirements of equality, diversity and fairness, and
• institutions are actively identifying and reducing discrimination in their selection and admission processes

Under these requirements, institutions must take specific measures. For example, every year, they must analyse their admissions profile by protected characteristic, and take action if that analysis shows that the admissions process may be disadvantaging students.

At the heart of our Vision 2030 and strategic plan is a commitment to 'making sure that the way we regulate is grounded in equality and diversity, and a good understanding of the systems and cultures professionals and the communities they serve are based in'. To help us transform our approach to EDI, we have identified three key themes. For each theme there is a series of EDI objectives, each of which will be delivered within the strategy period. This allows us to take a 'whole-system' approach to delivering EDI outcomes in all our work as a regulator.

Theme 2 of our EDI strategy is about using our standards to proactively help tackle discrimination and ensure that everyone can access person-centred care, fostering equality of health outcomes. One of the objectives through which this theme will be delivered is:

• continue to make EDI a core part of our revised accreditation and quality assurance framework for pharmacy education and training. We will do this by strengthening our evidence framework and raising awareness of EDI themes through our accreditation reports

Whereas one of its outcomes indicates that:
'There will be a greater emphasis on education providers to demonstrate how they build EDI into their curricula and academic culture'

Equality, diversity and inclusion (EDI) therefore sits at the core of all our education and training standards and requirements, including standards for the initial education and training of pharmacy technicians, for example:

'All aspects of pharmacy technician education and training must be based on principles of equality and diversity and keep to all relevant legislation'

Our proposals on reviewing the quality assurance of education and training build upon these standards and requirements. They are aimed at helping to strengthen our assurance that standards and requirements continue to be met by course providers at all times (such as between reapproval events), enabling for a richer, continual evidence base.

The quality assurance activities that are currently in place between reapproval events for most course types include submissions of a yearly student data return including equality monitoring information.

Although these quantitative student data returns are informative and can provide a certain level of assurance, they are currently limited to the characteristics of age, ethnicity, disability, religion, sexual orientation and sex. They also lack the qualitative element needed to gain continual oversight.

Therefore, to enhance the quality assurance of pharmacy education and training, our proposal is to introduce a yearly monitoring process that will complement and build upon the existing yearly student data returns. This will contribute to identifying and addressing concerns in a more time-effective manner, and ultimately, assure patients and the public that GPhC standards/ requirements for education and training continue to be met.

Yearly monitoring will seek qualitative data that can be linked to various aspects of our standards. By qualitative data we mean that the provider will be asked to comment against a number of topical areas, to provide updates, developments or action plans and let us know of any information deemed relevant to their provision of education and training. One of the topical areas in this initial proposal is around student and trainee admissions and performance (trough the lenses of EDI). This particular topical area will focus on providers' analyses of student and trainee admissions and performance data, and any trends in relation to protected characteristics/EDI where found.

Our equality monitoring data currently tells us that, for example, 69% of those who started their MPharm course in 2020/21 were female and 31% were male, whilst the highest ethnic group was white British at 21% and lowest was white Irish at 1%. However, this data does not tell us whether there is a relation between protected characteristics and performance at course level for instance.

More so, as reported by Council in September 2023, there is a disparity with the registration assessment pass rates based on age, ethnicity and the sector in which training is carried out. Our 2021 IETP standards require education providers to provide a breakdown of performance yearly based on protected characteristics, with documented action to address differences. This forms part of our aim for interventions and identification of support at earlier stages in the five years of education and training leading up to the assessment. This will be achieved through our quality assurance proposals, more specifically the yearly monitoring which includes analyses of such data, enabling us to work with course providers to help action any differences found.

From an engagement perspective, various stakeholder groups have been involved in the development of these proposals. These groups are from a diverse background, for example 43% of those attending a patient and public focus group were male whilst 57% were female, out of which 58% were white British and others were of various ethnicities such as Black African and Indian.

Full breakdown of relevant EDI data is provided in Part 2 of this ESIA.

3. Screening for relevance to equality

Table 1: Relevance to equality issues

Issue	Yes/No	Comments
Age	☒ ☐	The quality assurance proposals build upon the equality, diversity and inclusion requirement of our standards. This is inclusive of the Equality Act 2010, which defines age as a protected characteristic. The quality assurance proposals ought to have positive impact upon students and trainees who share this protected characteristic, which is also reflected through the responses received to the consultation. However, responses received to the consultation also suggest that there may be potential to negatively impact staff involved in pharmacy education and training due to risk of increased workload, which may affect staff with caring responsibilities. Caring responsibilities can mean caring after a person of a certain age (e.g., elderly), where the Equality Act 2010 applies through association.
Disability	☒ ☐	The quality assurance proposals build upon the equality, diversity and inclusion requirement of our standards. This is inclusive of the Equality Act 2010, which defines disability as a protected characteristic. The quality assurance proposals ought to have positive impact upon students and trainees who share this protected characteristic, which is also reflected through the responses received to the consultation. However, responses received to the consultation also suggest that there may be potential to negatively impact staff involved in pharmacy education and training due to risk of increased workload, which may affect staff with caring responsibilities. Caring responsibilities can mean caring after a person with disability (e.g., physical impairment), where the Equality Act 2010 applies through association.
Sex	☒ ☐	The quality assurance proposals build upon the equality, diversity and inclusion requirement of our standards. This is inclusive of the Equality Act 2010, which defines sex as a protected characteristic. The quality assurance proposals ought to have positive impact upon students and trainees who share this

Issue	Yes/No	Comments
		protected characteristic, which is also reflected through the responses received to the consultation.
Gender reassignment	☒ ☐	The quality assurance proposals build upon the equality, diversity and inclusion requirement of our standards. This is inclusive of the Equality Act 2010, which defines gender reassignment as a protected characteristic. The quality assurance proposals ought to have positive impact upon students and trainees who share this protected characteristic, which is also reflected through the responses received to the consultation.
Marriage or Civil Partnership	☒ ☐	The quality assurance proposals build upon the equality, diversity and inclusion requirement of our standards. This is inclusive of the Equality Act 2010, which defines marriage and civil partnership as protected characteristics. The quality assurance proposals ought to have positive impact upon trainees who share these protected characteristics, which is also reflected through the responses received to the consultation.
Pregnancy or maternity	☒ ☐	The quality assurance proposals build upon the equality, diversity and inclusion requirement of our standards. This is inclusive of the Equality Act 2010, which defines pregnancy and maternity as protected characteristics. The quality assurance proposals ought to have positive impact upon students and trainees who share these protected characteristics, which is also reflected through the responses received to the consultation. However, responses received to the consultation also suggest that there may be potential to negatively impact staff involved in pharmacy education and training due to risk of increased workload, which may affect staff who are pregnant.
Race	☒ ☐	The quality assurance proposals build upon the equality, diversity and inclusion requirement of our standards. This is inclusive of the Equality Act 2010, which defines race as a protected characteristic. The quality assurance proposals ought to have positive impact upon students and trainees who share this protected characteristic, which is also

Issue	Yes/No	Comments
		reflected through the responses received to the consultation.
Religion or belief	☒ ☐	The quality assurance proposals build upon the equality, diversity and inclusion requirement of our standards. This is inclusive of the Equality Act 2010, which defines religion or belief as a protected characteristic. The quality assurance proposals ought to have positive impact upon students and trainees who share this protected characteristic, which is also reflected through the responses received to the consultation.
Sexual orientation	☒ ☐	The quality assurance proposals build upon the equality, diversity and inclusion requirement of our standards. This is inclusive of the Equality Act 2010, which defines sexual orientation as a protected characteristic. The quality assurance proposals ought to have positive impact upon students and trainees who share this protected characteristic, which is also reflected through the responses received to the consultation.
Other identified groups or issues	☒ ☐	Socio-economic and education background may also be of relevance as the principles of equality, diversity and fairness must be built into pharmacy education and training selection processes to give all applicants an opportunity to demonstrate their ability and suitability to enter a pharmacy course.

4.   Decision on impact

Based on the answers above, does this policy/proposal require a full impact assessment?

Yes   ☒   **No**   ☐

Table 2: Screening record

Screening completed by:	Screening signed-off by:	Referred to the Senior Leadership group on (if applicable):	Published on:
Alex Lescaian	**Louise Edwards**	Click to input a date	12/12/2024

PART 2: Engagement and assessment

5.   Consultation and stakeholder engagement

As part of the pre-consultation engagement, we undertook the following activities:
•   Focus groups with recently registered professionals and independent prescribers, organisational stakeholders, students and trainees, public and patient groups and the PhSC.
•   Council workshops to consider the proposals.
•   Stakeholder workshops on developing our approach to quality assurance of pharmacy education.
•   Formal engagement – consultation.

Pre-consultation engagement

We identified a need for engagement with different groups of stakeholders to seek views on the way we quality assurance pharmacy education and training providers and inform policy development. The purpose of this engagement was to understand the likely range of views and preferences of different groups of stakeholders, and intended not to give an exhaustive or completely representative indication of the views of all those in each category.

Engagement with stakeholders October-December 2020

Events

In 2020 we held virtual focus groups with recently registered professionals and independent prescribers on 22 October, organisational stakeholders on 28 October, student and trainees on 29 October and public and patient groups on 30 October and 15 December.

We identified the following aims for the focus groups:
•   To understand stakeholders' expectations of our quality assurance of education and training.
•   To gather feedback about what kind of methodology we should use and evidence we should gather to quality assurance education and training.
•   To see what stakeholders thought the strengths and weaknesses of current quality assurance are.
•   How stakeholders thought that quality assurance could address EDI.

Approach

The number of participants varied between 5-21 attendees at each of the virtual focus groups. We sourced attendees at the public focus groups from our online public panel, and we asked them to provide demographic information. We did not collect demographic data for the other focus group attendees.

Following a presentation about the quality assurance review of pharmacy education and training, GPhC staff members provided facilitation at the workshops in breakout rooms. We produced the summary report using the notes of all discussion sessions that GPhC staff produced.

After the initial events, we arranged a further focus group with patients and the public. This was because there was relatively poor attendance at the first focus group, and some attendees found the topic difficult to engage with. We modified our approach to the second event based on the experience of the first.

A Council member was present to observe at each virtual focus group, apart from at the second patient and public event. The role of Council members at stakeholder events is to listen to feedback from delegates, so they can use what they learn through their engagement to validate or constructively challenge the organisation's report of what we heard through external engagement.

Equality, diversity and inclusion key themes

We identified a variety of different themes during these focus group. Attendees at the events told us:
• That in their view, not all providers see EDI as a priority.
• We should help close attainment gaps by looking at causes and helping schools to improve.
• Student sessions at accreditation events do not always hear from students from ethnic minority backgrounds and may not capture their views or needs.
• Accreditation panels should be more diverse and required to undertake EDI training.
• Student welfare (and particularly mental health) should be emphasised in accreditation.

Participant profile at the public focus groups

We asked patients and public who attended the focus groups to provide information about their EDI characteristics. These equality monitoring questions were optional. The information indicates this group included a range of participants with protected characteristics, whose breakdown is summarised below.

Age
• 16-24 years old 7% (n=1)
• 25-34 years old 7% (n=1)
• 35-44 years old 22% (n=3)
• 45-54 years old 7% (n=1)
• 55-64 years old 29% (n=4)
• 65+ years old 29% (n=4)

Disability
• Yes 50% (n=7)
• No 50% (n=7)

Race
• White British 58% (n=8)
• Other white background 7% (n=1)
• Black African 7% (n=1)
• Indian 7% (n=1)
• Bangladeshi 7% (n=1)
• Chinese or Chinese British 7% (n=1)
• Prefer not to say 7% (n=1)

Religion
- Christian 43% (n=6)
- Jewish 7% (n=1)
- Muslim 7% (n=1)
- Hindu 7% (n=1)
- None 29% (n=4)
- Prefer not to say 7% (n=1)

Sex
- Male 43% (n=6)
- Female 57% (n=8)

Sexual orientation
- Heterosexual/straight 93% (n=13)
- Bisexual 7% (n=1)

Engagement with Pharmacy Schools offering accredited MPharm degrees March 2021

Events

With most engagement completed between October – December 2020, there was a short break before engaging with the PhSC in March 2021. The reasons for engaging with the PhSC separately, were twofold. Firstly, it was to allow confirmation of arrangements around the MPharm quality assurance programme in 2020/21 due to the logistical issues of the pandemic, before engaging on future quality assurance. Secondly, the new standards for the initial education and training of pharmacists were being finalised in the latter part of 2020 and early part of 2021. It was important to publish these prior to further engagement on the quality assurance review, as we wanted to engage with the PhSC on how quality assurance and accreditation would need to change in response to the new standards.

On 24 March 2021, we held a virtual focus group with the PhSC. We identified the following aims for the focus groups:
- To understand schools expectations of our quality assurance of education and training.
- To gather feedback about what kind of methodology we should use and evidence we should gather to quality assurance education and training.
- To see what schools thought the strengths and weaknesses of current quality assurance are.
- How schools thought that quality assurance could address EDI.

Approach

In January 2021, we presented our plans for our education quality assurance review at the PhSC's monthly meeting. Following this meeting we wanted to take forward our engagement with the schools on this review, and explore experiences and views about our quality assurance in depth, at a virtual focus group in March.

We addressed a letter to the head of the PhSC asking for nominees from five to ten schools of pharmacy with relevant experience, who could represent a range of views and experiences, while exploring issues

about the future of quality assurance in depth. We received confirmation that the PhSC wanted to be involved in the review, and they sent the names of the nominees which included representatives from each of the countries.

We held the virtual focus group on 24 March 2021 with nine representatives from the PhSC who were from a range of schools.

Following a presentation about the quality assurance review of pharmacy education and training, GPhC staff members provided facilitation at the virtual focus group. We produced the summary report using the notes of the discussion that GPhC staff produced.

A Council member was present at the virtual focus group. The role of Council members at stakeholder events is to listen to feedback from delegates, so they can use what they learn through their engagement to validate or constructively challenge the organisation's report of what we heard through external engagement.

Equality, diversity and inclusion key themes

We identified a variety of different themes during this focus group. Attendees at the event:
•   Understood their obligations and need to address EDI issues but stated the requirements of the new standards could prove challenging to put into practice.
•   Raised that often cohorts represent the local community and that EDI needed to reflect the local circumstances of each provider; it could be difficult to provide experience of (for example) rurality or specific demographic groups in some locations.
•   Understood that differential attainment between groups with varying characteristics is an ongoing issue but explained that they often struggle with how to mitigate against this.
•   Explained the difficulty they have in gathering data in this area, as their parent universities capture this centrally at the admissions stage, and it is not always accessible.

Representatives at the Pharmacy Schools Council engagement event

The PhSC's representatives were from the following schools of pharmacy:
•   Strathclyde University
•   Robert Gordon University
•   University of Manchester
•   University of Hertfordshire
•   Swansea University
•   University of Brighton
•   Bath University
•   Keele University
•   Ulster University

Council workshop

At the April 2021 Council workshop, we spoke about the quality assurance review and presented the findings from the recent stakeholder engagement events. We provided a short presentation and then

broke in to groups.

Equality, diversity and inclusion feedback

During the breakout group discussions Council gave the following feedback relating to EDI:
•   It is important that the quality assurance process makes sure education and training providers understand their obligations to improve EDI.
•   It is important to track student performance from entry on to a MPharm programme through to the registration assessment, in order to understand the differential attainment.

Stakeholder workshop on developing our approach to quality assurance of pharmacy education

Events

Following the feedback received at Council, we identified a need for further engagement. On 21 June 2021 we held a virtual stakeholder workshop to focus on the feedback we have received to date, and to help us develop proposals.

We identified the following areas we wanted to discuss in further detail with the stakeholder workshop:
•   More flexible and responsive quality assurance processes.
•   How to make sure our quality assurance processes are proportionate.
•   Developing our use of evidence and monitoring.
•   Enhancing our engagement with students and trainees around quality assurance.
•   Working with NHS Education for Scotland (NES), Health Education and Improvement Wales (HEI), Health Education England (HEE) and their partners on the quality assurance of the foundation year.

Approach

Attendees at the workshop were a sample of appropriately experienced and expert stakeholders from across the range of accredited courses. The purpose of bringing such a group together was to help us develop our proposals by advising on the design of the new quality assurance methodology.

Following the previous successful engagement with the PhSC, we wanted to further engage with a subset of the focus group attendees. We emailed asking if the PhSC wanted to nominate three or four members that represent countries across the UK to attend the stakeholder workshop, to help us develop our proposals for our revised quality assurance methodology. We received confirmation that the PhSC wanted to be involved in the stakeholder workshop, and they sent the names of the nominees which included representatives from each of the countries.

Twelve participants attended the virtual stakeholder workshop on 21 June. Following a presentation about the quality assurance review of pharmacy education and training, GPhC staff members provided facilitation at the stakeholder workshop. We produced the summary report using the notes of the discussion that GPhC staff made.

Equality, diversity and inclusion key themes

We identified a variety of themes during this stakeholder workshop. Attendees at the events told us:
• It is appropriate that we get more input from trainee pharmacy technicians into our quality assurance.
• Feedback/best practice on what we are looking for around EDI would be helpful.

Representatives at the stakeholder workshop

Representatives were from the following organisations:
• Bolton University
• Pearsons
• Buttercups Ltd
• CIG Healthcare Partnership
• Aston School of Pharmacy accreditor
• National Health Service England (NHSE) accreditor
• General Optical Council (GOC) accreditor
• Association of Pharmacy Technicians UK (APTUK)
• British Pharmaceutical Students' Association (BPSA)
• Two patient and public representatives from the Education Advisory Group (EAG)

The PhSC's representatives were from the following schools of pharmacy:
• Robert Gordon University
• Swansea University
• University of Brighton
• Bath University

Council workshop

At the June 2023 Council workshop, we once again presented the review of the quality assurance approach to education and training. In this session, we outlined the strategic objectives in quality assuring education and training, the current approach, design principles for a new approach and the new approach that was emerging.

The strategic objectives were to provide assurance that providers of pharmacy education and training met GPhC standards and equipped trainees to meet the learning outcomes required for registration; and to drive improvement in the provision of education.

The session explained the difference between accreditation (which applies to individual providers) and recognition (which applies to national qualifications) and explored the strengths and weaknesses of the existing accreditation model.

Design principles for a new model included a basis in risk, more regular collection and analysis of data, consistency and proportionality. There would be a flexible approach, with minimum expectations for frequency, benefitting from additional intelligence gathered through yearly monitoring which would include qualitative data.

It has been suggested that the Quality and Performance Assurance Committee would monitor the implementation of the new model.

Accreditation panel annual review day

Following the Council workshop and the completion of an initial consultation draft, we engaged with 51 members of the accreditation and recognition team, including rapporteurs, to gather views on the respective proposals, particularly:
• granting approval
• aligning the methodologies
• yearly monitoring
• quality assurance interventions and roles
• quality assurance enhancement and improvement that the proposals will bring

The workshop was held virtually, and structured in 7 breakout groups, with a GPhC staff member facilitating each group.

There was overall consensus on the principles of the quality assurance proposals, including the RAG (red, amber, green) approach to yearly monitoring, particularly the concerns-based matrix, as it would help clarify where the focus needs to be rather than concentrating on areas with small impact. The quality assurance proposals have also been seen as opportunity for genuine reflection through which course providers can self-evaluate and facilitate improvement in the education and training for pharmacy professionals, particularly on the basis of feedback gained through student and trainee surveys. Others highlighted that it is important to ensure that there is a feedback loop from the yearly monitoring report back to the providers and that existing internal processes of providers are not repeated, resulting in less paperwork for reapproval submissions. The group agreed that the proposals do not have the potential to cause any negative impact on EDI.

We've run a post-event survey to gather further feedback from stakeholders attending and discussing the quality assurance proposals at this event, from which we've learnt that:

• 78.9% agreed that the quality assurance review workshop session was useful to them as members of the accreditation panel, and that

• 84.2% felt able to voice their views on the proposals

We've also run an optional equality monitoring survey, to help us understand the makeup of the stakeholder group with whom we've engaged, where a full breakdown is provided below.
Age group
• 35-44 years old 22% (n=4)
• 45-54 years old 28% (n=5)
• 55-64 years old 33% (n=6)
• 65+ years old 17% (n=3)

Disability
- Yes 22% (n=4)
- No 78% (n=14)

Sex
- Female 61% (n=11)
- Male 39% (n=7)

Gender identity the same as that sex registered at birth
- Yes 94% (n=17)
- Prefer not to say 6% (n=1)

Ethnic group
- Asian or Asian British – Indian 11% (n=2)
- White – British, English, Northern Irish, Scottish or Welsh 72% (n=13)
- White – Irish 6% (n=1)
- Other white background 11% (n=2)

Religion
- Christian 50% (n=9)
- Hindu 6% (n=1)
- Sikh 6% (n=1)
- No religion or belief 28% (n=5)
- Other 11% (n=2)

Sexual orientation
- Gay or lesbian 6% (n=1)
- Heterosexual or straight 83% (n=15)
- Prefer not to say 11% (n=2)

Formal engagement

Consultation survey

In the consultation on the quality assurance of pharmacy education and training, which was launched on 4 April 2024 for 10 weeks, we dedicated a section asking about the impact of the proposals. There were two areas we explored, the first looked at the impact on each of the nine protected characteristics and the second looked at the impact on particular groups such as students and trainees, or patients and members of the public.

Impact on protected characteristics

A total of 167 respondents completed this section, which was designed to help us understand whether our proposals may have an impact on individuals or groups sharing any of the protected characteristics in the Equality Act 2010. On average, the largest proportion of respondents at 46% (n$\cong$77) said that our proposals will have no impact on each of the protected characteristics, followed by 22% (n$\cong$37) who

said they'll have a positive impact, and 4% (n≅7) who said they'll have a negative impact. The protected characteristics with the highest positive impact are disability and race, both at 26% (n≅44) each, followed by pregnancy and maternity at 24% (n=40). A full breakdown of protected characteristics is provided below.

Age
- Positive impact 20% (n=33)
- Negative impact 6% (n=10)
- Positive and negative impact 10% (n=16)
- No impact 47% (n=78)
- Don't know 18% (n=30)

Disability
- Positive impact 26% (n=44)
- Negative impact 5% (n=8)
- Positive and negative impact 11% (n=18)
- No impact 38% (n=64)
- Don't know 20% (n=33)

Gender reassignment
- Positive impact 20% (n=34)
- Negative impact 4% (n=7)
- Positive and negative impact 7% (n=11)
- No impact 44% (n=73)
- Don't know 25% (n=42)

Marriage and civil partnership
- Positive impact 17% (n=29)
- Negative impact 3% (n=5)
- Positive and negative impact 6% (n=10)
- No impact 53% (n=89)
- Don't know 20% (n=34)

Pregnancy and maternity
- Positive impact 24% (n=40)
- Negative impact 8% (n=14)
- Positive and negative impact 8% (n=13)
- No impact 37% (n=61)
- Don't know 23% (n=39)

Race
- Positive impact 26% (n=43)
- Negative impact 4% (n=6)
- Positive and negative impact 6% (n=10)
- No impact 46% (n=76)
- Don't know 19% (n=32)

Religion or belief
- Positive impact 20% (n=34)
- Negative impact 4% (n=6)
- Positive and negative impact 6% (n=10)
- No impact 49% (n=82)
- Don't know 21% (n=35)

Sex
- Positive impact 21% (n=35)
- Negative impact 4% (n=6)
- Positive and negative impact 7% (n=11)
- No impact 50% (n=84)
- Don't know 19% (n=31)

Sexual orientation
- Positive impact 19% (n=32)
- Negative impact 3% (n=5)
- Positive and negative impact 7% (n=11)
- No impact 50% (n=84)
- Don't know 21% (n=35)

Impact on other groups

A total of 167 respondents completed the second section, which was designed to help us understand whether our proposals may have an impact on other individuals or groups (not related to protected characteristics), specifically: students and trainees, patients and the public, education and training providers and partners, pharmacy staff and employers. On average, the largest proportion of respondents at 45% (n≅75) said that our proposals will have a positive impact on these individuals or groups, followed by 27% (n≅45) who said they'll have both positive and negative impact, and 11% (n≅18) who said they'll have a negative impact. The individuals or groups with the highest positive impact are patients and the public at 62% (n=104), followed by students and trainees at 56% (n=94). A full breakdown of other individuals or groups (not related to protected characteristics) is provided below.

Students and trainees
- Positive impact 56% (n=94)
- Negative impact 8% (n=14)
- Positive and negative impact 22% (n=37)
- No impact 6% (n=10)
- Don't know 7% (n=12)

Patients and the public
- Positive impact 62% (n=104)
- Negative impact 5% (n=8)
- Positive and negative impact 9% (n=15)
- No impact 16% (n=27)

- Don't know 8% (n=13)

Education and training providers and partners
- Positive impact 29% (n=48)
- Negative impact 19% (n=32)
- Positive and negative impact 44% (n=73)
- No impact 2% (n=3)
- Don't know 7% (n=11)

Pharmacy staff
- Positive impact 41% (n=69)
- Negative impact 11% (n=18)
- Positive and negative impact 26% (n=44)
- No impact 10% (n=17)
- Don't know 11% (n=19)

Employers
- Positive impact 35% (n=59)
- Negative impact 10% (n=16)
- Positive and negative impact 35% (n=58)
- No impact 8% (n=13)
- Don't know 13% (n=21)

A follow up question gave respondents the opportunity to provide comments in relation to their answers to the two impact questions. A total of 92 respondents left explanatory comments.
Based on the qualitative data received on the impact questions in the consultation, the proposals may have the potential to impact people sharing protected characteristics both positively and negatively.

Positive impact of the proposals on people sharing protected characteristics

Disability
- Better support for students with individual needs - improved data collection and monitoring can lead to better identification of individual needs and targeted support for students with disabilities.
- Bridging the attainment gap - there is potential for the proposals to help identify and address attainment gaps for students with disabilities, promoting more equitable educational outcomes.

Race
- Bridging the attainment gap: the proposals could help in proactively identifying and addressing racial disparities, such as the attainment gaps experienced by black pharmacy students and trainees.
- Bias awareness: emphasis on addressing conscious and unconscious biases could lead to a more inclusive educational environment.

Age
- Tailored support - different age groups may benefit from more age-appropriate support and resources, a matter which could be identified and addressed through an enhanced quality assurance processes.

Positive impact of the proposals on other groups

•   Improved data utilisation - better data collection can highlight areas needing improvement, potentially leading to more equitable outcomes for people sharing one or more protected characteristics.
•   Confidence in the education and training standards – enhanced quality assurance processes can boost confidence in the quality of education and training, benefiting all stakeholders, including students, staff, patients, and the public.
•   Supportive quality assurance - if implemented collaboratively, the proposals could support education and training providers in overcoming challenges and improving the quality of their provision.

Negative impact of the proposals on people sharing protected characteristics

Disability
•   Increased workload – concerns around generating an administrative burden which could negatively impact staff, potentially detracting from their ability to provide direct support and high-quality teaching.

Gender reassignment, marriage and civil partnership, sexual orientation, and religion or belief
•   Data privacy and accuracy concerns - challenges in accurately collecting and protecting sensitive data may result in underreporting and data misclassification, reducing the effectiveness of the quality assurance measures.
•   Potential for identification - low numbers in some of these categories may risk the identification of individuals, leading to privacy concerns.

Pregnancy and maternity
•   Workload distribution - increased administrative tasks could disproportionately affect staff during pregnancy or maternity leave, potentially leading to missed opportunities for input and added stress.

Negative impact of the proposals on other groups

•   Administrative burden: increased workload on staff due to additional reporting and data collection requirements could detract from time spent on teaching and student support.
•   Resource strain - without additional resources, the increased demands of the proposals could strain existing resources, negatively impacting staff well-being and student experiences.
•   Potential low morale - the added administrative burden and possible stress from increased scrutiny could negatively impact the morale of education and training providers, particularly Schools of Pharmacy.
•   Survey fatigue - additional surveys could lead to fatigue among students, potentially affecting the quality and the response rates.

The proposed quality assurance processes seem to have the potential to significantly improve the identification and support of individuals with protected characteristics, promoting more equitable educational outcomes and increasing confidence in educational standards. However, there are some concerns around the risk of increased administrative burdens, data privacy, and potential negative

impact this may cause on staff workload and morale. Careful implementation of the quality assurance proposals with consideration to resources and ongoing monitoring and evaluation would help maximise the positive impact of the new processes while mitigating any negative impact.

Focus groups

We held three virtual focus groups during the consultation period. Fourteen patients and members of the public attended the first focus group on 7 May 2024, followed by eight pharmacy students and trainees on 14 May 2024, and six pharmacy technician trainees on 22 May 2024. Each focus group was asked to share their thoughts on any potential impact that the quality assurance proposals may have on people sharing protected characteristics.

The common themes from the focus groups are summarised below:

• Data collection and transparency - the groups emphasised the importance of collecting data on protected characteristics with appropriate consent and transparency to help identify and address issues, for example data on performance in the registration assessment.

• Individualised and targeted support - each group highlighted that it is important to consider the provision of tailored support for students and trainees based on individual needs over a one-size-fits-all approach.

• Broad scope of equality, diversity and inclusion issues - there was a shared understanding that addressing inequalities involves multiple stakeholders working together, including educational institutions and professional bodies.

• Educational initiatives - the focus groups agreed on the need for better education and awareness about the roles within the pharmacy profession, such as pharmacy technicians, and the importance of early career guidance.

• Positive experiences and standards - positive experiences with current support systems were shared by some attendees, emphasising the importance of maintaining and possibly expanding these practices to ensure all students and trainees receive adequate support.

Overall, the proposals have the potential to create positive impact by contributing to:

• Enhancing support and awareness for individuals with protected characteristics.
• Identifying and mitigating issues through data collection and analysis.
• Promoting educational initiatives to reduce biases and improve understanding of the pharmacy profession.

However, consideration should be given to:

• Overanalysis of data and the appropriateness of collecting certain information.
• Ensuring informed consent and transparency in data usage.
• Potential unintended consequences if specific needs of disadvantaged groups (e.g., OSPAP

students and immigrants) are not adequately addressed.
- Ensuring proper implementation and collaboration with broader educational institutions.

The GPhC does not hold demographic data on individuals involved in education and training other than students and trainees. However, as staff wellbeing has come strongly through the consultation, this aspect is explored in the following section but in a wider education context due to lack of data. For example, the largest union for education professionals in the United Kingdom, National Education Union, reports that the majority of teaching staff are struggling with their workload (source: https://neu.org.uk/press-releases/state-education-workload-and-wellbeing). This is something we will be mindful of as we carefully implement the quality assurance processes and ensure that the approach is fair and proportionate and that it maximises the positive impact while mitigating any negative impact. For example, yearly monitoring would be a less intensive process than the reapproval or interim events and would provide providers with the opportunity to mitigate concerns before reaching a formal event. Repeated successful yearly monitoring outcomes would also lead to a delay in the next scheduled event. As a result, a less intensive yearly monitoring process is likely to improve the workload balance and demands on providers as it would help reduce peaks created by the work needed to prepare for a formal event every 3 to 6 years as it is currently the case.

6.   Full Equality Impact Assessment

Age

The information provided below is in addition to that provided in Section 5: Consultation and stakeholder engagement.

As part of the quality assurance proposals, one of the topical areas for yearly monitoring will focus on course providers' analyses of student and trainee admissions and performance data, and any trends in relation to their protected characteristics (EDI). The protected characteristics, as defined in the Equality Act 2010, include age.

Our data shows that the most prevalent age group of those enrolled in their first year of an MPharm degree in 2020/21 was 24-year-olds and under, compared to the GPhC register in September 2023 who were 25-34 years old. The data also shows that the least prevalent age group of those enrolled in their first year of an MPharm degree in 2020/21 was 65-year-olds and over, mirroring those on the GPhC register September 2023 who also were 65 years old and over. A full breakdown is provided below.

Year 1 students on an MPharm degree in 2020/21
- under 25 years old 4%
- 25-34 years old 95%
- 35-44 years old 3%
- 45-54 years old 1%
- 55-64 years old 0.2%
- 65+ years old 0.02%

The GPhC register in September 2023
- under 25 years old 4%
- 25-34 years old 37%

- 35-44 years old 28%
- 45-54 years old 18%
- 55-64 years old 11%
- 65+ years old 3%

Office for Students (OfS) reveal in their annual review 2023 that 70% of students below the age of 21 entered higher education in 2021-22. However, 86% of the students who entered education on a part-time basis were mature students, aged 21 or over. More so, mature students tend to have lower continuation rates in every age group, compared with 92.3% for young students. The continuation rates for mature students by age group on entry to higher education (entrants from 2017-18 to 2020-21) are as follows:
- 21 to 25 years – 85.4%
- 26 to 30 years – 83.8%
- 31 to 40 years – 84.6%
- 41 to 50 years – 84.7%
- 51 years and over – 81.4%

Source: https://www.officeforstudents.org.uk/publications/annual-review-2023/a-statistical-overview-of-higher-education-in-england/#_edn57

A literature review on Barriers and Challenges of Female Adult Students Enrolled in Higher Education, published by Lin X. in 2016 has found that ''…the commitments of multiple roles, lower level of self-confidence, and insufficient family and social support for female adult students would generate higher level of stress, anxiety, and others than their male peers as well as traditional counterparts. Furthermore, those stressors may put this population at a higher risk for dropping out of school.''

Source: https://files.eric.ed.gov/fulltext/EJ1101356.pdf

In terms of staff involved in education and training across the United Kingdom in 2022/23, HESA data shows that the most predominant age group was 36-45, which sits at 29% (69,665 out of 240,420). The age groups that constitute minorities were 25 and under at 3% followed by 66 and over at 4%.

Source: https://www.hesa.ac.uk/news/16-01-2024/sb267-higher-education-staff-statistics

The Universities & Colleges Employers Association released guidance to help employers ensure that policies, processes and procedures are free from age bias. This includes dealing with performance management as well as maintaining an effective working relationship with employees of all ages.

Source: https://advance-he.ac.uk/knowledge-hub/age-discrimination-performance-management

According to a study on job satisfaction and workload of teachers and senior leaders, teachers aged 20-29 years are more likely to report that their workload is more manageable than those in their 40s.

Source:
https://www.nfer.ac.uk/media/voqdraxo/schools_responses_to_covid_19_job_satisfaction_and_workload_of_teacher_and_senior_leaders.pdf

A review on teachers working longer has found evidence that occupational health interventions are less likely to be offered to older workers to help them return to work after a period of absence. It has found that older teachers are less likely to report stress related illness than inexperienced teachers. The review also refers to a Teacher Support Network's survey from 2015 which found that most of the education workforce reported having experienced a common mental health condition in the last two years but most attributed their ill health to environmental factors, such as workload and the fast pace of change. The majority blamed excessive workloads for their ill health while over half mentioned the fast pace of change, followed by unreasonable demands from their managers.

Source:
https://assets.publishing.service.gov.uk/media/5f5f3f318fa8f51068e0be05/Working_Longer_Final_-_Annex_A.pdf

In view of the above, part of the scope of the quality assurance proposals (yearly monitoring in particular) is to ensure that course providers take action to identify and reduce inequalities in admissions and performance that may put students and trainees at disadvantage because of their age. This is ought to drive improvement in the education and training of pharmacy professionals and address inequalities, making a positive impact for individuals with protected characteristics who are on their formative journey to becoming a pharmacy professional. They also intend to be flexible, proportionate, fair and effective, and only seek information from education and training providers that is appropriate to help them continue to meet the standards. As a result, for example, the amount of work required from providers in order to prepare for interim and reapproval events and any associated duplication will likely reduce. This would, in turn, enable spreading the work more evenly, avoiding significant peaks when approaching interim or reapproval events. Distributing workload more evenly over a longer period of time can benefit staff wellbeing, such as reducing stress and anxiety (source: https://www.sciencedirect.com/science/article/pii/S2405844020300050). Our standards also require education and training providers to support everyone involved in the delivery of education and training, such as staff.

Action to mitigate potential negative impact (where this has been identified):

Any potential negative impact on individuals sharing this protected characteristic will be mitigated through consideration of proportionality as the quality assurance processes are carefully implemented.

Lead: Alex Lescaian

Completion by: 02/08/2024

Disability

The information provided below is in addition to that provided in Section 5: Consultation and stakeholder engagement.

As part of the quality assurance proposals, one of the topical areas for yearly monitoring will focus on course providers' analyses of student and trainee admissions and performance data, and any trends in relation to their protected characteristics (EDI). The protected characteristics, as defined in the Equality Act 2010, include disability.

Our data shows that 14% of those enrolled in their first year of an MPharm degree in 2020/21 declared themselves as having a disability compared to 1% of those who were on the GPhC register in September 2023. A full breakdown is provided below.

Year 1 students on an MPharm degree in 2020/21
• disabled 14%
• not disabled 86%
• prefer not to say 1%

The GPhC register in September 2023
• disabled 1%
• not disabled 97%
• prefer not to say 1%

This data suggests the proportion of MPharm year 1 students who reported having a disability is 12 times as large compared to those on the register.

Office for Students (OfS) reveal in their annual review 2023 that 16% of students who reported as having a disability entered higher education in 2021-22. The proportions of entrants reporting different types of disability were:
• cognitive or learning difficulties – 5.1%
• mental health conditions – 4.5%
• multiple or other impairments – 2.8%
• sensory, medical or physical impairments – 2.1%
• social or communication impairments – 1%

However, students with no reported disability have a continuation rate of 90.6%, whilst students with reported disabilities have lower continuation rates (with the exception of students with reported cognitive or learning difficulties). The continuation rates for these students (entrants from 2017-18 to 2020-2) by reported disability are as follows:
• cognitive or learning difficulties – 92.1%
• mental health condition – 87.7%
• multiple or other impairments – 89.3%
• sensory, medical or physical impairments – 89.7%
• social or communication impairment – 89.2%

Source: https://www.officeforstudents.org.uk/publications/annual-review-2023/a-statistical-overview-of-higher-education-in-england/#_edn57

The Higher Education Policy Institute (HEPI) reveal that disabled students continue to endure discrimination and worse experiences compared to their peers in higher education. In this context, they suggest that it is crucial for universities to scrutinise the accessibility and inclusivity of their learning and services for disabled students.

Source: https://www.hepi.ac.uk/2023/01/18/its-time-to-make-english-higher-education-institutions-

accessible-disabled-students-representatives-lead-the-way-to-change/

In terms of staff involved in education and training across the United Kingdom in 2022/23, HESA data shows that 6% (15,155 out of 240,420) are known to have a disability.

Source: https://www.hesa.ac.uk/news/16-01-2024/sb267-higher-education-staff-statistics

Advance HE reports that the most common impairment types amongst staff who were having a disability in 2021/22 are:
• long standing illness or health condition – 21%
• specific learning difficulty – 21%
• mental health condition – 15%
• two or more disabilities – 17%

Source: https://www.advance-he.ac.uk/news-and-views/equality-higher-education-statistical-reports-2023

The Equality Challenge Unit and the Higher Education Academy produced guidance on the Disability Discrimination Act in the context of learning and teaching. It includes advice for staff who have a disability, such as in relation to the disability equality duty applicable in the public sector, and further resources.

Source: https://advance-he.ac.uk/knowledge-hub/disability-legislation-practical-guidance-academic-staff-revised

In view of the above, part of the scope of the quality assurance proposals (yearly monitoring in particular) is to ensure that course providers take action to identify and reduce inequalities in admissions and performance that may put students and trainees who consider themselves as having a disability at disadvantage. This is ought to drive improvement in the education and training of pharmacy professionals and address inequalities, making a positive impact for individuals with protected characteristics who are on their formative journey to becoming a pharmacy professional. They also intend to be flexible, proportionate, fair and effective, and only seek information from education and training providers that is appropriate to help them continue to meet the standards. As a result, for example, the amount of work required from providers in order to prepare for interim and reapproval events and any associated duplication will likely reduce. This would, in turn, enable spreading the work more evenly, avoiding significant peaks when approaching interim or reapproval events. Distributing workload more evenly over a longer period of time can benefit staff wellbeing, such as reducing stress and anxiety (source: https://www.sciencedirect.com/science/article/pii/S2405844020300050). Our standards also require education and training providers to support everyone involved in the delivery of education and training, such as staff.

Action to mitigate potential negative impact (where this has been identified):

Any potential negative impact on individuals sharing this protected characteristic will be mitigated through consideration of proportionality as the quality assurance processes are carefully implemented.

Lead: Alex Lescaian

Completion by: 02/08/2024

Sex

The information provided below is in addition to that provided in Section 5: Consultation and stakeholder engagement.

As part of the quality assurance proposals, one of the topical areas for yearly monitoring will focus on course providers' analyses of student and trainee admissions and performance data, and any trends in relation to their protected characteristics (EDI). The protected characteristics, as defined in the Equality Act 2010, include sex.

Our data shows that 69% of those enrolled in their first year of an MPharm degree in 2020/21 were female compared to 63% of those who were on the GPhC register in September 2023. A full breakdown is provided below.

Year 1 students on an MPharm degree in 2020/21
• female 69%
• male 31%

The GPhC register in September 2023
• female 63%
• male 37%

This data suggests that registered female pharmacists are over-represented compared to male pharmacists, a trend which appears to be getting even larger in the student population.

Office for Students (OfS) reveal in their annual review 2023 that the majority students who entered higher education in 2021-22 were female at 55%.The sex of full-time entrants to undergraduate higher education from 2018-19 to 2020-21 was:
• female – 56%
• male – 44%
• other sex – 0.1%

Furthermore, female full-time first degree students had a higher continuation rate than their male counterparts (92% and 89% respectively), a higher completion rate (91% and 86% respectively) and a higher attainment rate (82% and 77% respectively). However, female full-time first degree students have a slightly lower progression rate than male students (72% and 73%% respectively).

Source: https://www.officeforstudents.org.uk/publications/annual-review-2023/a-statistical-overview-of-higher-education-in-england/#_edn57

In 2015, the National Union of Students (NUS) surveyed over 2,000 men and women students about their experiences of lad culture and sexism on campus. The research revealed that one in four students (26%) have suffered unwelcome sexual advances, defined as inappropriate touching and groping, with women more likely to experience it than men.

Source: https://www.hepi.ac.uk/2023/01/18/its-time-to-make-english-higher-education-institutions-accessible-disabled-students-representatives-lead-the-way-to-change/

In terms of staff involved in education and training across the United Kingdom in 2022/23, HESA data shows the majority were males at 51% (123,290 out of 240,420), followed by females at 48%. The minority who was reported as 'other' constitutes 0.1% of staff.

Source: https://www.hesa.ac.uk/news/16-01-2024/sb267-higher-education-staff-statistics

Large numbers of education providers are members of the Athena Swan Charter, which is a framework used across the globe to support and transform gender equality within higher education and research. It follows a robust set of principles, including fostering accountability, transparency and impact regarding gender.

Source: https://www.advance-he.ac.uk/equality-charters/athena-swan-charter/members

In view of the above, part of the scope of the quality assurance proposals (yearly monitoring in particular) is to ensure that course providers take action to identify and reduce inequalities in admissions and performance that may put students and trainees at disadvantage because of their sex. This is ought to drive improvement in the education and training of pharmacy professionals and address inequalities, making a positive impact for individuals with protected characteristics who are on their formative journey to becoming a pharmacy professional. They also intend to be flexible, proportionate, fair and effective, and only seek information from education and training providers that is appropriate to help them continue to meet the standards. As a result, for example, the amount of work required from providers in order to prepare for interim and reapproval events and any associated duplication will likely reduce. This would, in turn, enable spreading the work more evenly, avoiding significant peaks when approaching interim or reapproval events. Distributing workload more evenly over a longer period of time can benefit staff wellbeing, such as reducing stress and anxiety (source: https://www.sciencedirect.com/science/article/pii/S2405844020300050). Our standards also require education and training providers to support everyone involved in the delivery of education and training, such as staff.

Action to mitigate potential negative impact (where this has been identified):

Any potential negative impact on individuals sharing this protected characteristic will be mitigated through consideration of proportionality as the quality assurance processes are carefully implemented.

Lead: Alex Lescaian

Completion by: 02/08/2024

Gender reassignment

The information provided below is in addition to that provided in Section 5: Consultation and stakeholder engagement.

As part of the quality assurance proposals, one of the topical areas for yearly monitoring will focus on

course providers' analyses of student and trainee admissions and performance data, and any trends in relation to their protected characteristics (EDI). The protected characteristics, as defined in the Equality Act 2010, include gender reassignment.

In 2020, the Office for Students (OfS) revealed that in the 2018-19 academic year at least 2,900 trans students and 33,000 LGB+ students entered higher education in England.

Source: https://www.officeforstudents.org.uk/news-blog-and-events/blog/how-the-office-for-students-is-supporting-lgbtplus-students/#:~:text=Differences%20in%20student%20outcomes&text=In%20the%202018%2D19%20academic,sexual%20orientation%20and%20gender%20identity)

In a 2018 survey conducted by Stonewall, 7% of trans students reported being physically attacked by another student or a member of university staff in the last year because of being trans. Furthermore, two in five LGBT students (42%) have hidden their identity at university for fear of discrimination.

Source: https://www.stonewall.org.uk/resources/lgbt-britain-university-report-2018

Stonewall further found that:
•   More than a third of trans students (36%) faced negative comments or conduct from university staff in the last year because they are LGBT.
•   Three in five trans students (60%) have been the target of negative comments or conduct from other students.
•   LGBT disabled students are particularly likely to have been the target of such remarks from other students; almost half of LGBT disabled students (47%) have experienced this.
•   7% of trans students were physically attacked by another student or a member of university staff in the last year because of being trans.
•   One in five trans students (20%) were encouraged by university staff to hide or disguise that they are trans.
•   Two in five trans students (39%) wouldn't feel confident reporting any homophobic, biphobic or transphobic bullying to university staff.
•   More than two in five LGBT students (42%) hid or disguised that they are LGBT at university in the last year because they were afraid of discrimination.
•   One in four non-binary students (24%) and one in six trans students (16%) don't
feel able to wear clothes representing their gender expression at university.
•   One in six trans students (17%) report being unable to use the toilet they feel
comfortable with at university.

Source: https://www.stonewall.org.uk/system/files/lgbt_in_britain_universities_report.pdf

TransEDU also reveal findings from a survey conducted in 2012 in Scotland, that 88% of those who had experienced transphobic bullying believed that it had negatively impacted on their education, whilst 42% of transgender young people who had experienced transphobic bullying had left education as a direct result of transphobia.

Source:
https://www.trans.ac.uk/SupportingStudents/Whatdoweknowaboutschoolexperiencesattainment/tabid/7351/Default.aspx

In terms of staff involved in higher education across the United Kingdom, gender identity data is not yet available as HESA only began collecting data on this characteristic in September 2023.

Source: https://www.york.ac.uk/admin/hr/news/2023/8/18/staff-edi-data/

However, large numbers of education providers are members of the Athena Swan Charter, which is a framework used across the globe to support and transform gender equality within higher education and research. It follows a robust set of principles, including fostering accountability, transparency and impact regarding gender.

Source: https://www.advance-he.ac.uk/equality-charters/athena-swan-charter/members

In view of the above, part of the scope of the quality assurance proposals (yearly monitoring in particular) is to ensure that course providers take action to identify and reduce inequalities in admissions and performance that may put students and trainees who transitioned, are transitioning or plan to transition at disadvantage - for example, trans students performing poorer or leaving the course as a result of transphobic conduct from university staff. The proposals seek to drive improvement in the education and training of pharmacy professionals and address inequalities as such, making a positive impact for individuals with protected characteristics who are on their formative journey to becoming a pharmacy professional. They also intend to be flexible, proportionate, fair and effective, and only seek information from education and training providers that is appropriate to help them continue to meet the standards. As a result, for example, the amount of work required from providers in order to prepare for interim and reapproval events and any associated duplication will likely reduce. This would, in turn, enable spreading the work more evenly, avoiding significant peaks when approaching interim or reapproval events. Distributing workload more evenly over a longer period of time can benefit staff wellbeing, such as reducing stress and anxiety (source: https://www.sciencedirect.com/science/article/pii/S2405844020300050). Our standards also require education and training providers to support everyone involved in the delivery of education and training, such as staff.

Action to mitigate potential negative impact (where this has been identified):

Any potential negative impact on individuals sharing this protected characteristic will be mitigated through consideration of proportionality as the quality assurance processes are carefully implemented.

Lead: Alex Lescaian

Completion by: 20/08/2024

Marriage or Civil Partnership

The information provided below is in addition to that provided in Section 5: Consultation and stakeholder engagement.

As part of the quality assurance proposals, one of the topical areas for yearly monitoring will focus on course providers' analyses of student and trainee admissions and performance data, and any trends in relation to their protected characteristics (EDI). The protected characteristics, as defined in the Equality Act 2010, include marriage and civil partnership.

However, marriage and civil partnership is not a protected characteristic for the purposes of discrimination in further or higher education.

Source: https://www.legislation.gov.uk/ukpga/2010/15/notes/division/3/6?view=plain

This, in turn, includes students on MPharm degrees, OSPAP programmes, and Independent Prescribing programmes classed as higher education. However, pharmacist foundation trainees, pharmacy technician trainees and support staff trainees do not hold a student status, but an employee status. For this reason, trainees who are married or are civil partners are protected against discrimination in the workplace by the Equality Act 2010.

The Equality Act 2010 makes it unlawful to discriminate against any person in the employment relationship for being married or in a civil partnership.

Source: https://lincslaw.co.uk/services/employees/workplace-problems/marriage-and-civil-partnership-discrimination/

Genuine cases of marriage or civil partnership discrimination are reportedly rare.

Source: https://www.frettens.co.uk/site/blog/employment-blog/marital-status-discrimination-a-rare-claim#:~:text=Genuine%20cases%20of%20marriage%20or%20civil%20partnership%20discrimination%20are%20therefore%20incredibly%20rare

However, an example of marriage and civil partnership discrimination at the workplace could be the 'Ms K Bacon v Advanced Fire Solutions Ltd and Mr G Ellis' case in 2018, in which the tribunal found that Ms K Bacon's dismissal was directly caused by the breakdown of her marriage.

Source: https://valla.uk/real-examples/direct-marriage-and-civil-partnership-discrimination-esme

According to the Office for National Statistics (ONS), in 2021 nearly half (46.9%) of adults in England and Wales were married or in a civil partnership (including separated).

Source:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/marriagecohabitationandcivilpartnerships/articles/marriageandcivilpartnershipstatusenglandandwalescensus2021/2023-02-22#:~:text=The%20proportion%20of%20adults%20who,1991%20to%2046.9%25%20in%202021.

The average (median) age at marriage for opposite-sex couples in England and Wales in 2020 was 35.3 years for men and 33.2 for women; for same-sex couples this was higher at 38.1 years for men and 34.6 years for women.

Source:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/marriagecohabitationandcivilpartnerships/bulletins/marriagesinenglandandwalesprovisional/2020

House of Commons Library reveals that 47% of people who started an apprenticeship in 2019/20 were aged 25 and over, whilst 51% were men and 49% were women.

Source: https://researchbriefings.files.parliament.uk/documents/SN06113/SN06113.pdf

On this basis, it can be assumed that the age of nearly half of the people who start an apprenticeship, particularly women, is close to the average at marriage.

In view of the above, part of the scope of the quality assurance proposals (yearly monitoring in particular) is to ensure that course providers/employers take action to identify and reduce inequalities in admissions/ recruitment and performance that may put trainees who are married or are civil partners at disadvantage - for example, progression of female trainees being negatively impacted because they suffered unwanted conduct from their supervisor who believes that married women should stay at home and not work. The proposals seek to drive improvement in the education and training of pharmacy professionals and address inequalities as such, making a positive impact for individuals with protected characteristics who are on their formative journey to becoming a pharmacy professional. They also intend to be flexible, proportionate, fair and effective, and only seek information from education and training providers that is appropriate to help them continue to meet the standards. As a result, for example, the amount of work required from providers in order to prepare for interim and reapproval events and any associated duplication will likely reduce. This would, in turn, enable spreading the work more evenly, avoiding significant peaks when approaching interim or reapproval events. Distributing workload more evenly over a longer period of time can benefit staff wellbeing, such as reducing stress and anxiety (source:
https://www.sciencedirect.com/science/article/pii/S2405844020300050). Our standards also require education and training providers to support everyone involved in the delivery of education and training, such as staff.

Action to mitigate potential negative impact (where this has been identified):

Any potential negative impact on individuals sharing this protected characteristic will be mitigated through consideration of proportionality as the quality assurance processes are carefully implemented.

Lead: Alex Lescaian

Completion by: 20/08/2024

Pregnancy/maternity

The information provided below is in addition to that provided in Section 5: Consultation and stakeholder engagement.

As part of the quality assurance proposals, one of the topical areas for yearly monitoring will focus on course providers' analyses of student and trainee admissions and performance data, and any trends in relation to their protected characteristics (EDI). The protected characteristics, as defined in the Equality Act 2010, include pregnancy and maternity.

Advance HE reveal that 59% of student parent respondents to a 2009 NUS research, who had been pregnant while studying, did not feel supported by their college or university. They further suggest that pregnant students faced several issues, including being forced to withdraw from their course, taking longer out of their course after giving birth than they would like, and being prevented from sitting examinations. More so, 8% of full-time and 36% of part-time English-domiciled students, 8% of full-time and 33% of part-time Welsh-domiciled students, and 8% of all undergraduate Scottish-domiciled students were parents.

Source: https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/ecu/student-pregnancy-and-maternity-implications-for-heis_1578586084.pdf

Advance HE further reveal that although student parents come from a range of backgrounds, the barriers that they experience are similar:
• limited childcare funding available
• complex student support arrangements
• inaccessible teaching practices
• little or no time to take part in wider student life

Source: https://www.advance-he.ac.uk/guidance/equality-diversity-and-inclusion/creating-inclusive-environment/pregnant-students-prospective-and-current-parents

In terms of staff involved in education and training, Times Higher Education suggests that progress to alleviate the stresses and challenges associated with return from parental leave varies still. This calls for opportunity for both employee and employer to plan for the stages of family leave and factor in support before, during and after staff's return. A framework of guidelines was developed for departments to consider when a member of staff is planning to take family leave, including good practice such as the use of mentoring programmes.

Source: https://www.timeshighereducation.com/campus/how-manage-parental-leave-university-staff

Also, large numbers of education providers are members of the Athena Swan Charter, which is a framework used across the globe to support and transform gender equality within higher education and research. This includes matters concerning pregnancy, maternity and parental leave.

Source: https://www.advance-he.ac.uk/equality-charters/athena-swan-charter/members

In view of the above, part of the scope of the quality assurance proposals (yearly monitoring in particular) is to ensure that course providers take action to identify and reduce inequalities in admissions and performance that may put students and trainees who are pregnant at disadvantage. This is ought to drive improvement in the education and training of pharmacy professionals and address inequalities, making a positive impact for individuals with protected characteristics who are on their formative journey to becoming a pharmacy professional. They also intend to be flexible, proportionate, fair and effective, and only seek information from education and training providers that is appropriate to help them continue to meet the standards. As a result, for example, the amount of work required from providers in order to prepare for interim and reapproval events and any associated duplication will likely reduce. This would, in turn, enable spreading the work more evenly, avoiding significant peaks when approaching interim or reapproval events. Distributing workload more evenly over a longer period of time can benefit staff wellbeing, such as reducing stress and anxiety (source: https://www.sciencedirect.com/science/article/pii/S2405844020300050). Our standards also require education and training providers to support everyone involved in the delivery of education and training, such as staff.

Action to mitigate potential negative impact (where this has been identified):

Any potential negative impact on individuals sharing this protected characteristic will be mitigated through consideration of proportionality as the quality assurance processes are carefully implemented.

Lead: Alex Lescaian

Completion by: 02/08/2024

Race

The information provided below is in addition to that provided in Section 5: Consultation and stakeholder engagement.

As part of the quality assurance proposals, one of the topical areas for yearly monitoring will focus on course providers' analyses of student and trainee admissions and performance data, and any trends in relation to their protected characteristics (EDI). The protected characteristics, as defined in the Equality Act 2010, include race.

Our data shows that the majority of those enrolled in their first year of an MPharm degree in 2020/21 were White-British making 21%, majority which was maintained through to the GPhC register in September 2023 making 35%. The smallest ethnic group on an MPharm degree was White-Irish whilst on the GPhC register was Mixed – White and Black Caribbean. A full breakdown is provided below.

Year 1 students on an MPharm degree in 2020/21
- White – British 21%
- Asian or Asian British – Pakistani 17%
- Black or Black British – African 13%
- Asian or Asian British – Indian 10%
- Arab 10%
- Asian or Asian British – Other 8%

- Asian or Asian British – Bangladeshi 4%
- White – Other 4%
- Asian or Asian British – Chinese 4%
- Any other ethnic group 3%
- Prefer not to say 3%
- Mixed – White and Asian 1%
- Mixed – Other 1%
- Black or Black British – Other 1%
- Mixed – White and Black African 0.4%
- Black or Black British – Caribbean 0.3%
- Mixed – White and Black Caribbean 0.2%
- White – Irish 0.1%
- White – Gypsy or Irish Traveller 0%

The GPhC register in September 2023
- White – British 35%
- Asian or Asian British – Pakistani 11%
- Black or Black British – African 8%
- Asian or Asian British – Indian 20%
- Arab 2%
- Asian or Asian British – Other 4%
- Asian or Asian British – Bangladeshi 2%
- White – Other 6%
- Asian or Asian British – Chinese 6%
- Any other ethnic group 2%
- Prefer not to say 1%
- Mixed – White and Asian 1%
- Mixed – Other 1%
- Black or Black British – Other 0.2%
- Mixed – White and Black African 0.2%
- Black or Black British – Caribbean 0.3%
- Mixed – White and Black Caribbean 0.1%
- White – Irish 1%
- White – Gypsy or Irish Traveller 0%

This data suggests that there are proportionally less British White and Indian ethnicities and more Pakistani and British Black/African ethnicities entering MPharm, compared with those on the register.

Universities UK found in 2023 that 24% of students from an ethnic minority had experienced some form of racial harassment in higher education, whereas this figure rises to 45% for Black students. More so, only 4 in 10 students (42%) who experienced racial harassment in the 2021–22 academic year reported it to their university.

Source: https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/tackling-racial-harassment-higher-0#:~:text=24%25%20of%20students%20from%20an,to%2045%25%20for%20Black%20students

According to a research published by the Equality and Human Rights Commission in 2019, the most common type of reported racial harassment of students was 'experiencing derogatory comments and/or behaviours'.

Source: https://www.equalityhumanrights.com/sites/default/files/racial-harassment-inquiry-survey-of-universities.pdf

In terms of staff involved in higher education across the United Kingdom in 2022/23, HESA data shows the majority were White at 70% (167,190 out of 240,420), followed by Asian at 12%. The minority who was reported as 'other' constitutes 3% of staff.

Source: https://www.hesa.ac.uk/news/16-01-2024/sb267-higher-education-staff-statistics

Large numbers of education providers are members of the Race Equality Charter, which is about driving change to organisational culture in higher education and research.

Source: https://www.advance-he.ac.uk/equality-charters/race-equality-charter/members

In view of the above, part of the scope of the quality assurance proposals (yearly monitoring in particular) is to ensure that course providers take action to identify and reduce inequalities in admissions and performance that may put students and trainees at disadvantage because of their race (including colour, nationality, and/or ethnic or national origins) - for example, student and trainee progress being hindered due to experiencing some form of racial harassment from staff involved in their education and training. The proposals seek to drive improvement in the education and training of pharmacy professionals and address inequalities as such, making a positive impact for individuals with protected characteristics who are on their formative journey to becoming a pharmacy professional. They also intend to be flexible, proportionate, fair and effective, and only seek information from education and training providers that is appropriate to help them continue to meet the standards. As a result, for example, the amount of work required from providers in order to prepare for interim and reapproval events and any associated duplication will likely reduce. This would, in turn, enable spreading the work more evenly, avoiding significant peaks when approaching interim or reapproval events. Distributing workload more evenly over a longer period of time can benefit staff wellbeing, such as reducing stress and anxiety (source: https://www.sciencedirect.com/science/article/pii/S2405844020300050). Our standards also require education and training providers to support everyone involved in the delivery of education and training, such as staff.

Action to mitigate potential negative impact (where this has been identified):

Any potential negative impact on individuals sharing this protected characteristic will be mitigated through consideration of proportionality as the quality assurance processes are carefully implemented.

Lead: Alex Lescaian

Completion by: 20/08/2024

Religion or belief

The information provided below is in addition to that provided in Section 5: Consultation and stakeholder engagement.

As part of the quality assurance proposals, one of the topical areas for yearly monitoring will focus on course providers' analyses of student and trainee admissions and performance data, and any trends in relation to their protected characteristics (EDI). The protected characteristics, as defined in the Equality Act 2010, include religion or belief.

Our data shows that the majority of those enrolled in their first year of an MPharm degree in 2020/21 were Muslim making 41%, majority which was maintained through to the GPhC register in September 2023 making 30%. The minority on an MPharm degree were Jewish at 0.1%, which was maintained through to the GPhC register in September 2023 at 0.2%. A full breakdown is provided below.

Year 1 students on an MPharm degree in 2020/21
• Muslim 41%
• Christian 28%
• None 14%
• Prefer not to say 9%
• Hindu 4%
• Sikh 3%
• Buddhist 1%
• Other 1%
• Jewish 0.1%

The GPhC register in September 2023
• Muslim 30%
• Christian 29%
• None 20%
• Prefer not to say 3%
• Hindu 10%
• Sikh 5%
• Buddhist 2%
• Other 1%
• Jewish 0.2%

This data suggests that there are a higher proportion of Muslim students in Year 1 MPharm, compared with those on the register.

According to research published by the Equality Challenge Unit (ECI) in 2011, the majority of respondents reported that they feel valued by their institution and that they had not experienced harassment or discrimination. However, although only 6% felt discriminated against or harassed because of their faith, some patterns emerged from the data in relation to the experiences of particular religion or belief groups, for example the group of students who felt most discriminated against or harassed were Jewish (27%). The research also found that, although procedures are generally in place for reporting incidents of discrimination and harassment, formal reporting of incidents is infrequent.

Source: https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/ecu/religion-and-belief-staff-and-students-in-he-report_1578666558.pdf

Furthermore, according to the Office for Students (OfS), 18% of students who experienced verbal abuse or threats of violence, one in ten attributed it to a prejudice towards their religion or belief, of whom one in three experienced abuse or crime at their institution, and one in five were subjected to verbal abuse in person in 2017. They further add that according to the Institute for Jewish Policy Research, a fifth of 925 Jewish students had been subjected to antisemitism, and a further third witnessed an antisemitic incident on campus.

Source: https://www.officeforstudents.org.uk/media/863dada3-3736-4a34-a020-53c19b3d5b24/coventry-university-tackling-religion-or-belief-related-harassment.pdf

There were also substantial differences in degree attainment by students' religion or belief according to Advance HE, where it has been found that overall 76.3% of students have been awarded a first class or upper second class degree, while only 64.9% of Muslim students received these awards. Potential reasons for this attainment gap include differences in treatment from staff and other students and barriers specifically associated with religious observation, and lack of general student and staff knowledge about Islam in UK Higher Education Institutions.

Source: https://www.advance-he.ac.uk/knowledge-hub/research-insight-religion-and-belief-uk-higher-education#:~:text=There%20were%20substantial%20differences%20in,a%20first%20or%202%3A1.

In terms of staff involved in higher education across the United Kingdom, data on religion or belief is not yet available as HESA only began collecting this data in September 2023.

Source: https://www.york.ac.uk/admin/hr/news/2023/8/18/staff-edi-data/

In view of the above, part of the scope of the quality assurance proposals (yearly monitoring in particular) is to ensure that course providers take action to identify and reduce inequalities in admissions and performance that may put students and trainees at disadvantage because of their religion or belief (or lack of) - for example, students and trainees of certain religions or beliefs achieving less academically compared to their peers due to experiencing differential treatment from staff involved in their education and training. The proposals seek to drive improvement in the education and training of pharmacy professionals and address inequalities as such, making a positive impact for individuals with protected characteristics who are on their formative journey to becoming a pharmacy professional. They also intend to be flexible, proportionate, fair and effective, and only seek information from education and training providers that is appropriate to help them continue to meet the standards. As a result, for example, the amount of work required from providers in order to prepare for interim and reapproval events and any associated duplication will likely reduce. This would, in turn, enable spreading the work more evenly, avoiding significant peaks when approaching interim or reapproval events. Distributing workload more evenly over a longer period of time can benefit staff wellbeing, such as reducing stress and anxiety (source: https://www.sciencedirect.com/science/article/pii/S2405844020300050). Our standards also require education and training providers to support everyone involved in the delivery of education and training, such as staff.

Action to mitigate potential negative impact (where this has been identified):

Any potential negative impact on individuals sharing this protected characteristic will be mitigated through consideration of proportionality as the quality assurance processes are carefully implemented.

Lead: Alex Lescaian

Completion by: 20/08/2024

Sexual orientation

The information provided below is in addition to that provided in Section 5: Consultation and stakeholder engagement.

As part of the quality assurance proposals, one of the topical areas for yearly monitoring will focus on course providers' analyses of student and trainee admissions and performance data, and any trends in relation to their protected characteristics (EDI). The protected characteristics, as defined in the Equality Act 2010, include sexual orientation.

Our data shows that the majority of those enrolled in their first year of an MPharm degree in 2020/21 were heterosexual/straight making 86%, majority which was maintained through to the GPhC register in September 2023 making 92%. The minority on an MPharm degree were gay women/lesbians at 0.3%, whilst the minority on the GPhC register in September 2023 were of other sexual orientation at 0.1%. A full breakdown is provided below.

Year 1 students on an MPharm degree in 2020/21
• Heterosexual/straight 86%
• Prefer not to say 11%
• Other 2%
• Bisexual 1%
• Gay man 1%
• Gay woman/lesbian 0.3%

The GPhC register in September 2023
• Heterosexual/straight 92%
• Prefer not to say 5%
• Other 0.1%
• Bisexual 1%
• Gay man 1%
• Gay woman/lesbian 0.3%

This data suggests that Year 1 MPharm students are more likely to report 'Other' as their sexual orientation, compared to registered pharmacists.

According to research published by the Equality Challenge Unit (ECI) in 2009, 42% of L.G.B. students had been bullied at school. The research also reveals that 90% of L.G.B students are out about their sexuality to their university friends; however, most are more cautious about being out to staff within their

institution, whereas 61% are not out to tutors, 64% are not out to lecturers, and 73% are not out to accommodation staff.

Statistically significant relationships between undergraduate year group and being out, and between student age and being out have been found. First-year students are less likely to be out to their director of studies/tutor, and in students' union societies than other year groups. Mature students are less likely to be out to friends at university and fellow students in tutor groups and lectures but are more likely to be out to their director of studies/tutor. Some have concerns that they may encounter discrimination from staff, albeit in ways that sometimes draw on ageist stereotypes if they were to come out about their sexuality.

Source: https://www.advance-he.ac.uk/knowledge-hub/experience-lesbian-gay-bisexual-and-trans-staff-and-students-higher-education

A Stonewall report published in 2018 reveals that:
•   7% of lesbian, gay and bi students faced negative comments or conduct from university staff in the last year because they are LGBT.
•   More than one in five lesbian, gay and bi students (22%) have been the target of negative comments or conduct from other students.
•   LGBT disabled students are particularly likely to have been the target of such remarks from other students; almost half of LGBT disabled students (47%) have experienced this.
•   More than one in five lesbian, gay and bi students (22%) wouldn't feel confident reporting any homophobic, biphobic or transphobic bullying to university staff.
•   More than two in five LGBT students (42%) hid or disguised that they are LGBT at university in the last year because they were afraid of discrimination.

Source: https://www.stonewall.org.uk/system/files/lgbt_in_britain_universities_report.pdf

In terms of staff involved in higher education across the United Kingdom, data on sexual orientation is not yet available as HESA only began collecting this data in September 2023.

Source: https://www.york.ac.uk/admin/hr/news/2023/8/18/staff-edi-data/

In view of the above, part of the scope of the quality assurance proposals (yearly monitoring in particular) is to ensure that course providers take action to identify and reduce inequalities in admissions and performance that may put students and trainees at disadvantage because of their sexual orientation - for example, progression of gay, lesbian and bi students and trainees being negatively impacted because they suffered unwanted conduct from staff involved in their education and training for being LGBT. The proposals seek to drive improvement in the education and training of pharmacy professionals and address inequalities as such, making a positive impact for individuals with protected characteristics who are on their formative journey to becoming a pharmacy professional. They also intend to be flexible, proportionate, fair and effective, and only seek information from education and training providers that is appropriate to help them continue to meet the standards. As a result, for example, the amount of work required from providers in order to prepare for interim and reapproval events and any associated duplication will likely reduce. This would, in turn, enable spreading the work more evenly, avoiding significant peaks when approaching interim or reapproval events. Distributing

workload more evenly over a longer period of time can benefit staff wellbeing, such as reducing stress and anxiety (source: https://www.sciencedirect.com/science/article/pii/S2405844020300050). Our standards also require education and training providers to support everyone involved in the delivery of education and training, such as staff.

Action to mitigate potential negative impact (where this has been identified):

Any potential negative impact on individuals sharing this protected characteristic will be mitigated through consideration of proportionality as the quality assurance processes are carefully implemented.

Lead: Alex Lescaian

Completion by: 20/08/2024

Other identified groups or issues

The information provided below is in addition to that provided in Section 5: Consultation and stakeholder engagement.

Socio-economic and education background may also be of relevance as the principles of equality, diversity and fairness must be built into education and training selection processes to give all applicants an opportunity to demonstrate their ability and suitability.

Office for Students (OfS) reveal that 23% of entrants to higher education came from the most deprived areas and 20% came from the least deprived areas in England in 2021-22. Furthermore, 50% of entrants had parents working in higher managerial, administrative and professional occupations, 27% had parents working in routine and manual occupations, and 0.7% had parents who had never worked or were long-term unemployed, whilst 19% of entrants were eligible for free school meals at key stage 4 or during the prior six years.

Source: https://www.officeforstudents.org.uk/publications/annual-review-2023/a-statistical-overview-of-higher-education-in-england/#_edn57

The House of Commons Library published in 2023 an article suggesting that pupils who were eligible for free school meals are much less likely to go into higher education compared to their peers, particularly to more prestigious universities. They are also nearly twice as likely to drop out before the start of their second year in higher education, whereas graduates who were eligible for free school meals are slightly less likely to be in employment or further study and they earn around 10% less than other graduates.

The article further suggests that there is a pattern showing students from areas with higher levels of deprivation are more likely to drop out of university. There are also links between deprivation and achievement of first or upper second-class degrees and progression to highly skilled employment or higher study, whereas students from areas with higher deprivation levels have poorer outcomes than those from areas with low deprivation.

Source: https://commonslibrary.parliament.uk/research-briefings/cbp-9195/#:~:text=Socio%2Deconomic%20status,-Pupils%20eligible%20for&text=There%20is%20a%20very%20clear,skilled%20employment%20or%20hig

her%20study

In view of the above, part of the scope of the quality assurance proposals (yearly monitoring in particular) is to ensure that course providers build the principles of equality, diversity and fairness into their selection processes, and give applicants an opportunity to demonstrate their ability and suitability for the course, which takes into account applicants' background (such as protected characteristics and socio economic and education background). This is ought to drive improvement in the education and training of pharmacy professionals and address inequalities, making a positive impact for individuals from disadvantaged groups who wish to embark on their formative journey to becoming a pharmacy professional. They also intend to be flexible, proportionate, fair and effective, and only seek information from education and training providers that is appropriate to help them continue to meet the standards. As a result, for example, the amount of work required from providers in order to prepare for interim and reapproval events and any associated duplication will likely reduce. This would, in turn, enable spreading the work more evenly, avoiding significant peaks when approaching interim or reapproval events. Distributing workload more evenly over a longer period of time can benefit staff wellbeing, such as reducing stress and anxiety (source: https://www.sciencedirect.com/science/article/pii/S2405844020300050). Our standards also require education and training providers to support everyone involved in the delivery of education and training, such as staff.

Action to mitigate potential negative impact (where this has been identified):

Any potential negative impact on other groups will be mitigated through consideration of proportionality as the quality assurance processes are carefully implemented.

Lead: Alex Lescaian

Completion by: 02/08/2024

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7. Monitoring and review

The implementation of the proposal will be monitored by the GPhC and appropriate groups as appointed. Yearly monitoring reports will be provided and include findings and actions to address inequalities amongst students and trainees, as this is one of the topical areas explored. Equally, while we will engage with course providers for the purpose of quality assurance, any measures of intervention will be applied in a proportionate matter.

Insights from the proposal will be used to further develop quality assurance as it is implemented and feed into future reviews.

We should expect the first yearly monitoring return by potentially December 2025 applicable to 2024/25 academic year for MPharm, IP and OSPAP; February 2026 applicable to 2024/25 academic year for Pharmacy Technician and Support Staff; and December 2026 applicable to 2025/26 academic year for FTY. However, in order to monitor adequately, we'll need to see at least one full cohort of students and trainees come through their course of education and training from the point in which the quality assurance proposals are implemented.

8.   Summary of the equality impact assessment

No equality impact identified: no change to the policy/proposal ☐

Equality impact identified: continue the policy/proposal ☒

Equality impacts have been identified. However, the policy is a justified and a proportionate means of achieving a legitimate aim.

Equality impact identified: adjust the proposal and continue ☐

Equality impacts have been identified. However, action can be taken to reduce or mitigate any negative impacts.

Equality impact identified: stop and remove the policy/proposal ☐

The policy, or certain proposals within it, have significant equality implications. It is likely to be challenged as the impact is likely to be negative or disproportionate on different groups of people and cannot be mitigated or justified.

The reasons for this decision are:

Equality impact identified is primarily positive, as iterated in Part 2 of this ESIA. Any potential negative impact will be managed through careful implementation of the new quality assurance processes.

Table 3: Full Equality Impact Assessment record

Full assessment completed by:	Assessment signed-off by:	Referred to the Senior Leadership Group/Council on:	Published on:
Alex Lescaian	**Louise Edwards**	Click to input a date	12/12/2024