

Delivering equality, fostering inclusion and improving diversity: our strategy for change

End of Year 2 report (2023/24)



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Background

Equality, diversity and inclusion (EDI) are at the heart of our culture and values as an organisation. Our new strategy provided us with an opportunity to re-set our commitment and recognise our leadership role in the sector.

It also signalled a major change in the way we approach EDI at the GPhC. This included a new agenda to use all our regulatory levers and influence to tackle discrimination and reduce health inequalities, and to be more proactive about speaking out on these issues and starting important conversations.

Following publication of the strategy, we developed new governance arrangements and set up a new cross-organisational EDI Strategic Leadership Group, to help oversee strategy implementation and create annual action plans aligned to our strategic themes and objectives. This group is made up of key internal stakeholders as well as senior managers/leaders, representing different parts of our organisation.

We published our first annual report on Year 1 of our strategy in 2022/23 and we have continued to demonstrate transparency by reporting our progress to Council throughout Year 2, including our six-month interim report in November 2023. This further report provides an update on all key activity and progress made between March 2023 and April 2024), to support the delivery of our strategic themes and objectives.

In parallel, we were also assessed under Standard 3 (EDI) of the PSA's Standards of Good Regulation in 2023/24. This included a robust assessment under the PSA's new EDI evidence matrix and increased expectations on all regulators in this context. We are expecting the formal outcome of the assessment in September 2024.

This year, we have continued to focus on:

- Tackling Bias and Discrimination
- Promoting Inclusive Care
- Reducing Health Inequalities
- Celebrating Diversity
- Health and Wellbeing
- Working with Partners

Below we set out more detail on the work we have carried out under each of our strategic themes in this period.

Executive summary

Our strategy recognises the complex EDI challenges for regulators, the public they serve and the professions they regulate and celebrates a diversity of views and beliefs within our organisation, as in society at large. It is grounded squarely in our vision and strategy for pharmacy regulation, our values and our statutory role and function.

This year, we **revised our risk appetite statement** to align more closely with our developing approach to EDI. The statement now reflects a more nuanced approach to risk in our EDI work, recognising the distinct differences between equality on the one hand and diversity and inclusion on the other. Our new risk appetite statement makes it clear that we are **committed to tackling all forms of racism and discrimination in our work** and we have adopted a positive action approach. We understand that delivering our strategy and tackling these issues could lead to some conflict. We recognise we may not always get things right given the complexity of these challenges and fast-moving external context, but we are committed to tackling issues positively, with the intention of delivering our EDI strategy and doing the right thing.

This has guided our approach to some of the complex and challenging EDI issues we have dealt with in this period, including:

- Maintaining regulatory standards and professionalism in the context of distressing and highly emotive global conflicts and events.
- Investigating concerns about professionalism and freedom of expression in light of external events, including in the online context.
- Minimising risks of bias in our regulatory processes and supporting our decision-makers to make non-discriminatory decisions through bespoke training on different types of prejudice.
- Setting clearer expectations about how Fitness to Practise Committees deal with cases involving discriminatory behaviour and take account of cultural factors in a hearing.
- Supporting pharmacy professionals and teams to provide inclusive care and reduce health inequalities, including in highly challenging and fast-moving policy, political and social contexts.
- Using our influence and raising awareness of EDI and wellbeing challenges with policymakers and hosting cross-sector stakeholder discussions and roundtables on topics such as racism and language barriers.
- Building cultural competence and confidence in the GPhC, supporting people to apply EDI considerations to their regulatory work and support an inclusive culture, aligned to our new ways of working.

Progress under each strategic theme in 2023/24

Theme 1: To make regulatory decisions that are demonstrably fair, lawful and free from discrimination and bias.

In this period, we designed and delivered our **second racism in pharmacy roundtable** on the theme of “**Accountability Counts**”, with a specific focus on Fitness to Practise. This involved speakers from the Professional Standards Authority and the Solicitors Regulation Authority, as well as presentations from GPhC colleagues about our initial analysis of diversity data of professionals involved in the Fitness to Practise process and updates on our wider work on tackling discrimination and bias in this context. The event was very well attended, with representatives from across pharmacy, patient groups, and wider health and policy organisations and think tanks.

After the roundtable, we published our **report of the event** and a summary of the plenary discussions, as well as **our initial analysis of diversity data of professionals involved in our Fitness to Practise**. The analysis looked specifically at concerns received and investigated, statutory outcomes of closed concerns and progression through the process. Later, we published a more **in-depth analysis of the data**, which revealed some statistically significant over and under-representation of some groups at different points in the process (albeit in many cases this is based on small numbers).

We published our second **diversity dataset for our registers** (pharmacists and pharmacy technicians), as well as specific diversity datasets for the three countries that we regulate. The routine publication of this data is designed to support transparency, visibility and intelligence sharing across the sector. We know that other stakeholders are now using this data to inform and develop their own policy and EDI work. Over time, this trend data will help us to benchmark against relevant comparators, as well as supporting us to take an evidence-led approach in developing interventions.

We continued to run our **anonymised decision-making project for Investigating Committee cases**. The project involves anonymising the registrant’s name and any reference to their ethnicity and nationality within the case papers considered by the committee – this is a paper-based process and aims to give increased confidence in the fairness of our decision-making. We extended the length of the project in this period, to gather more data to inform the analysis.

We published new **decision-making guidance for FtP committees**, to take account of **discrimination, bullying and harassment** as well as cultural factors when deciding on an outcome. In this period, we also provided training for our new statutory committee members on the **GPhC EDI Strategy and Unconscious Bias for Decision-Makers**.

We started to **collect diversity data from people raising concerns** in this period, based on the new corporate diversity data policy that we developed and launched in the previous year. To supplement the standard diversity monitoring approach, we also introduced wider and more qualitative questions to improve our understanding of the barriers people experience when raising a concern, and, whether these barriers have an impact on people from specific groups. The feedback will be analysed and used to shape our regulatory approach going forward. This work connects directly to recommendations for all regulators in the PSA’s Safer Care for All report on tackling inequalities.

Theme 2: To use our standards to proactively help tackle discrimination and make sure that everyone can access person-centred care, fostering equality of health outcomes.

Under this theme, we continued to publish **EDI articles, case studies and patient safety spotlights**, to help pharmacy teams meet our standards and deliver inclusive care, reducing health inequalities in their communities.

Following on from our earlier work on **LGBTQI+ inclusion in pharmacy** in Year 1, we continued this theme and published a second article on **gender identity services for children and young people**. This included information about NHS England's clinical policy on puberty suppressing hormones.

We also published an article on providing **pharmacy services to patients and their carers living with dementia**. We looked at how dementia can impact different groups and how pharmacy teams and services play an important role in this context. The article included examples of how pharmacies provide inclusive care, such as collaborating with local medical centres to support patients showing early signs of dementia, steps to create dementia-friendly pharmacy, supporting national campaigns and developing services for other age-related condition.

We published an article to reinforce that **patients of all backgrounds and communities need to feel safe when accessing pharmacy services**, so they can place their trust in pharmacists and pharmacy technicians and receive the care they need. This highlighted that **pharmacy professionals must be able to work in an inclusive environment free from harassment and prejudice**. The article reinforced an important message that our standards need to be met at all times, not only during working hours, **including when online or using chat groups such as Whatsapp**.

We co-produced a **Patient Safety Spotlight: Menopause Awareness Month special** about the risks of prescribing and supplying hormone replacement therapy (HRT) with an external menopause specialist. This included examples where women may have received inappropriate combinations of HRT and highlighted best practice to help pharmacy professionals provide menopause management safely and effectively. This also included **clinical information on common confusions between combination preparations and single constituent preparations for HRT**, information about **relevant serious shortage protocols**, and **patient and pharmacy team education**.

We published an article about the training and **responsibilities of pharmacy staff providing a delivery service and vulnerable people**. This was prompted by our work to identify any themes and learning points from our contact with Coroners, and focused on supporting pharmacy owners across the whole of Great Britain to make sure there are standard operating protocols in place for delivery drivers and to make sure the wider team to know what to do and who to contact if they find that a **patient has had a fall or is at risk in other ways**. We also highlighted ways to **ensure children and vulnerable adults are safeguarded**.

We led the development and co-ordination of two **joint statements on regulatory standards during periods of global or national shortages**, following concerns about **people with Type 2 diabetes experiencing problems** accessing GLP-1 receptor agonists (GLP-1 RAs). This involved drafting the statement, co-ordinating with other regulators including the GMC, NMC, HCPC and PSNI, and liaising with the Department of Health and Social Care to raise awareness of relevant national patient safety alerts.

We published an **Equality Insights Snapshot** for pharmacy teams, to encourage learning and support professionals to provide inclusive care, reducing health inequalities in their communities. This **learning tool** included information from a range of sources about **intersectional health inequalities across four protected characteristics** and highlighted advice for pharmacy teams on how to apply these considerations to the care they provide.

Issues and topics covered in our Equality Insights Snapshot for pharmacy included:

Age

- Older people and poor health literacy.
- Young people and social deprivation across different parts of Great Britain, specifically the established links to outcomes such as increased levels of mental health problems (including anxiety and self-harm), sexual health and substance misuse.

Disability

- The link between disabilities and non-communicable diseases.
- Role of healthy living pharmacies in promoting targeted interventions for different types of disabilities.
- The impact of visual impairment and its prevalence among older people.
- Increases risks of diabetic eye disease in South Asian people and the strategies that pharmacies can use to support patients.

Gender reassignment

- Examples of poorer outcomes and access to care for trans and non-binary people.
- Information about the Scottish Government's NHS gender identity services: strategic action framework 2022-2024 and the work of Healthcare Improvement Scotland to develop national standards for gender identity healthcare services for adults and young people.
- Guidance on contraceptive choices for trans and non-binary people where pregnancy may be a possibility.

Sex

Women's health

- Information about the different women's health strategies across England, Scotland and Wales – including the key pharmacy angles.
- Reminders about the need to ensure women and girls' voices are heard in every interaction with healthcare professionals.
- Evidence of women from ethnic minority backgrounds experiencing stereotyping, discrimination and cultural insensitivity when using maternal and neonatal services.
- Access to contraception, including pilot services in pharmacy.
- The role of pharmacy teams in safe dispensing of sodium valproate.

Men's health

- Prostate cancer and how Black men are more likely to develop this form of cancer than their white counterparts.
- The cultural factors that affect Black men's interaction with prostate cancer screening and health related services.

- The role of pharmacy teams in signposting men who may be concerned about their health and ways to support early identification of symptoms.
- Links to other learning materials and toolkits such as those from the Centre for BME Health.

We designed and delivered a **'Language Barriers and Health Inequalities'** roundtable with attendees from patient, equality and pharmacy groups, and open to anyone with an interest. The event included updates from the GPhC, as well as external presentations from pharmacist Jay Patel on the **'Impact of Language Barriers on Patient Care'** and Rebecca Curtayne (Public Affairs Lead at Healthwatch England) on **'Lost for Words: Healthwatch Evidence on how language barriers contribute to health inequalities'**.

Through the plenary discussion, we also heard from a wide range of stakeholders (including individual pharmacy professionals and technology providers) on important themes such as the diversity of communication challenges, strategies and examples for overcoming barriers and technology and digital services.

We continued our work to accredit universities to the new initial education and training standards and to embed EDI through our registration assessment (for example, by **supporting candidates with adjustments** and other needs, and by **making sure that photographs in the assessment questions reflect different skin tones of patients and are inclusive**).

We **commissioned research to examine registration assessment questions for Differential Item Functioning or DIF** which can be used to **detect if performance in questions is different for different groups, including different ethnic groups**. Preliminary results highlighted a low level of DIF, which suggests that our assessment system is already performing at a high level of fairness, given the diversity of our candidate pool. The findings stated that the limited presence of DIF within demographic variables underscore the dedication to equal opportunity and fairness within the examination process, including integrity and equity of the assessment.

Case study 1

Using our influence to support partners and stakeholders.

Linked to the commitment in our strategy to use all of our levers and influence to tackle health inequalities and discrimination, we continued to work with and support partners over the year.

We continued to support **the Inclusive Pharmacy Practice (IPP) Initiative**, giving presentations at IPP Board meetings on our EDI work and producing two cases studies for the IPP bulletin - one on **mental health in pharmacy** and the other on **tackling differential attainment**.

We attended a roundtable on **workplace wellbeing** hosted by the Royal Pharmaceutical Society and Pharmacist Support and signed a joint statement on 'The impact of pharmacy workforce wellbeing on patient safety'.

We contributed to a new RPS **report 'Chasing equality in pharmacy training - Closing the awarding and attainment gap for Black trainees in pharmacy'**. We actively promoted the RPS Diversity and Inclusion survey through our website and social media.

Our Council Chair gave a presentation at the RPS event on **'Building confidence – key to achieving gender equality in pharmacy'**. This included data on gender equality in GPhC and pharmacy leadership, cultural factors and gender equality in the wider regulatory and healthcare context, with examples of health disparities and issues affecting women and girls.

We met with APTUK and others to discuss **pharmacy technician leadership** and collaborative approaches to the development of pharmacy technicians into Board level roles.

We worked with the Head of the Centre for Research Equity at Oxford University, to explore potential collaborative work on **equitable and inclusive research**. This included facilitating a session with the Chief Executives of the other regulatory bodies, to raise awareness of the Centre, its work and the issue of inclusive research. We also attended in-person workshops to observe and learn from the Centre's partnership with various health and social care organisations in Northern Ireland.

We continued to meet with partners and stakeholders to discuss EDI priorities and build our networks and insights. We met with a wide variety of groups including organisations such as RefuAid, UK Black Pharmacist Association and other equality groups, and we used feedback to shape our strategy and approach.

We facilitated workshop sessions between our Council and groups such as Healthwatch and the patient group INFACT – so Council could hear directly from stakeholders with lived experience of the patient safety issues affecting women and girls – and this is continuing to shape future strategy and thinking.

We provided written and oral evidence to the Health and Social Care Committee's Inquiry into the Future of Pharmacy in England, specifically **raising awareness about wellbeing, racism and discrimination and the direct link with patient care**. This was subsequently included in the Committee's final report of the Inquiry.

Theme 3: To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others.

We continued our **Inclusive Mentoring Programme** for Black, Asian and minority ethnic colleagues as a form of **Positive Action**, under our new strategic approach and guidelines. The programme was designed to support mentees to develop their skills and knowledge to grow in their role and have greater opportunity for professional development. For mentors, the aim was to build confidence in being a more inclusive leader, by providing a greater understanding of the barriers people from different backgrounds can face at work. Mentors and mentees were selected through a formal application process and took part on a range of knowledge sessions and mentoring during this period.

We issued further information to all staff about our new **equality screening and impact assessment guidance**, toolkit and approach launched last year, to reinforce the key messages for any new joiners and to support continuous learning and improvement across teams.

We also delivered training for HR colleagues on how to undertake equality screening and impact assessments, and familiarisation with our approach. This has been valuable in developing their knowledge, skills and understanding when developing people policies and procedures.

In line with our corporate Learning Needs Analysis, we provided bespoke EDI training throughout the year, including **EDI induction sessions for new starters, menopause awareness training, religion and belief in the workplace training, microaggressions training and refresher training for our mental health first aiders**.

We continued our work on **workplace health and wellbeing**. In this period, we held regular meetings with our Mental Health First Aiders to monitor their wellbeing, discuss emerging themes, and explore potential support mechanisms. We also provided workshops and training for staff, including on topics

related to social anxiety and suicide awareness. Our ongoing efforts in managing sickness absence have shown a positive trend, with rates continuing to decrease. This reflects our commitment to improving workplace wellbeing and providing robust support systems for our staff. Following on from the establishment of our menopause group and survey involving colleagues with lived experience, we continued our work in this area.

We also introduced a series of office environment and wellbeing enhancements to promote breaks and positive colleague interaction have been introduced in the office breakout area, taking account of staff feedback.

We continued to implement our **EDI Communications Plan** across the organisation, involving both internal and external communications teams. In this period, we worked with staff with different lived experiences to produce a series of new InfoPoint blogs, articles and learning materials across a range of different protected characteristics and themes.

We organised and facilitated a number of virtual and in-person staff events, linked to our EDI Communications Plan. These publications and events generated a significant number of comments and positive feedback from staff across the organisation, including appreciation of raising awareness and experiences in an open and honest way, to inform and educate colleagues.

Our staff Inclusion Network has supported the strategy in many ways, including helping deliver our EDI communication plan and supporting awareness-raising activities and events.

Case study 2

Other perspectives: statement from the Chair of the Inclusion Network

Our Inclusion Network brings together colleagues from across the organisation so each of our unique perspectives can help the GPhC adopt intersectional and inclusive approaches to all our work. Over the last year the Inclusion Network has continued to grow and develop.

Inclusion Network members contributed to a calendar of equality, diversity, and inclusion awareness days that we wanted to mark and use to raise awareness across the organisation. Inclusion Network members have shared blogs on World Sickle Cell Day, Rosh Hashanah, World Menopause Day, Islamophobia Awareness Month, Diwali, Christmas, Holocaust Memorial Day, Chinese New Year, Nirvana Day, Ramadan, Vaisakhi, International Women's Day, Black History Month and Pride, to name but a few.

Colleagues' blogs can be based on their own lived experience or used to highlight something they have learnt or reflected on and would like to share with the wider organisation so we can all learn together.

We have also hosted several events open to all staff. For Black History Month we learnt about the contributions of black female serving healthcare professionals in the armed forces from external speakers. To celebrate International Women's Day, we hosted an event with our new Chief Officers as guest speakers. They shared their experiences as women in leadership, the women who have inspired them and their views on how to inspire inclusion in the workplace. The event also had an interactive element using virtual breakout rooms to facilitate short discussions on inspiring inclusion and what more individuals and the GPhC can do.

The Inclusion Network will continue to expand and encompass more voices, experiences, and perspectives in the coming year.

Laura Turton, Chair

Under Theme 3, we also continued to present our **workforce data and analyses to our** Workforce Committee throughout the year. This included **trends in relation to protected characteristics** across our workforce. The report also highlighted the key activities being undertaken to improve the diversity of our workforce. In this period, we enhanced our recruitment practices through removal of protected characteristic information from the initial stages of the recruitment cycle.

We appointed our new Councils members for 2024 and 2025. We implemented a **bespoke Diversity Action Plan** for this recruitment process. This covered 9 stages of the end-to-end recruitment process – including planning, development, attraction, selection, criteria, adjustments, candidate packs, interviews etc. We implemented a range of specific actions under each of these 9 stages of the process – for example, we developed new learning and training materials for all selection panel members on how to minimise bias in selection and we dealt specifically with **affinity bias and confirmation bias** (with case study examples), based on external research and good practice. We were also invited to share our approach at the PSA appointments seminar, as an example of good practice.

More widely, diversity continued to be an important area of focus for our Assurance and Appointment Committee (AAC) – the group responsible for overseeing the recruitment and selection of our Appeals, Investigation, and Fitness to Practise Committees. Work included an end-to-end review that takes account of a revised role description and competencies, alongside revised support and induction packages, which could allow for more ‘development’ candidates to be appointed.

We continued to produce our regular EDI Legal Insights Reports, focusing on a range of external cases dealing with different EDI and human rights issues, and identifying learning points relevant to the GPhC and our work. Topics included (but were not limited to) sexual harassment, hidden disabilities, unconscious biases within hearings and the introduction of remote hearings in other sectors, pregnancy discrimination, experience in the care system, racism in the Judicial Appointments Commission process, the legal protection of gender critical beliefs and unfair treatment at work for staff undergoing fertility treatment.

What’s next for Year 3 (2024/2025)?

In Year 3, we will deliver our annual plan EDI priorities and other activity linked to our strategy.

In the first half of 2024/25, we have:

- Published a new case study on the health inequalities associated with **attention-deficit hyperactivity disorder (ADHD)** such as the diagnosis gender gap and the intersectionality with disability, ethnicity and economic and social disadvantage. As part of this, we **collaborated with Henry Shelford, Chief Executive of ADHD UK**, to raise awareness of the unique challenges faced by people living with ADHD and how pharmacy teams can support patients with their medicines and pharmacy services.
- Produced a **new resource** to support pharmacists and pharmacy technicians providing pharmacy services to children and young people relating to gender incongruence or dysphoria. This included a set of **“questions to ask”** to support pharmacy professionals making decisions on supply of medicines in this context. We have also produced communications to help professionals understand recent **legislative changes** in this area.
- Published an article, in conjunction with Pharmacist Support, about **wellbeing in pharmacy** and the range of free and confidential services to help individuals navigate challenges and thrive in their careers.

- Reviewed and updated our operational guidance on dealing with **concerns about antisemitism and Islamophobia** and the use of definitions and resources in our investigations.
- Published our second **report on the Protected Characteristics of Pharmacists involved in the managing concerns process for 2023/24** (see full report at Annex 3).
- Finalised our workplace **Menopause Policy**, designed to raised organisational awareness and support managers to understand common symptoms and be open minded in exploring ways to support colleagues. We also produced **template menopause support plans** for managers to use in discussions with individuals needing support.

Additional priorities for the rest of this year include continuing our **equality roundtables and anti-racism work**; making a policy decision on our position on the **anonymisation of decision making** at Investigating Committee; publishing further **insights and case studies** to support pharmacy teams to deliver inclusive care and reduce health inequalities, and **continuing our programme of stakeholder engagement work**, including our EDI roundtables.

Our full report on Year 3 will be published in 2025.

Laura McClintock, Chief of Staff
Arvind Sandhu, Senior EDI Policy Manager

4 September 2024

