

**General
Pharmaceutical
Council**

Consultation on draft equality guidance for pharmacies

April 2022



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About the GPhC

Who we are

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

What we do

Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.

We set standards for pharmacy professionals and pharmacies to enter and remain on our register.

We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.

We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.

Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Foreword

At the GPhC we have worked hard to establish a culture where transparency, flexibility and working together are built into the way we work. In our regulatory approach we focus on positive outcomes for patients and the public.

We have a legal duty, under the Equality Act, to have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimisation, and to advance equality of opportunity for people from different groups. We must also foster good relations between people from different groups when carrying out all our day-to-day functions and activities as a public body.

This applies to all our work as a regulator and it's about building equality into everything we do. We want to support pharmacy owners to meet their legal and regulatory duties in relation to equality, as well as their duties to provide a service which reflects good practice and is focused on continuous improvement.

Our newly published strategy, ***Delivering equality, improving diversity and fostering inclusion: our strategy for change 2021-26*** represents one of the steps we are taking to achieve this. It sets out our intentions, and commitments. It also says how we are determined to use our standards to help tackle discrimination and to make sure everyone can access person-centred care. In this way we will help foster equality of health outcomes. One of the specific steps we committed to was to develop comprehensive equality guidance for pharmacy owners.



Earlier this year we carried out a consultation on our equality, diversity and inclusion (EDI) strategy, and were encouraged by the positive feedback we received. This included overwhelming support for the creation of equality guidance for pharmacy owners.

We heard about how important it was for pharmacy owners to create open and inclusive environments, and how equality guidance could help support this. We also heard that guidance could help equip pharmacy teams with the knowledge and confidence to tackle discrimination, and that it should provide practical advice and guidance that could be applied in everyday work.

In developing the draft guidance, we have taken account of all this feedback.

We now want to provide an opportunity for you to comment on our draft guidance. It has been created by working with colleagues across the GPhC and in several partner organisations, who commented on the aims, scope and content of the guidance.

We believe that this guidance will be a positive step in our efforts to tackle discrimination and foster equality of health outcomes in pharmacy and beyond. And we look forward to hearing your views.



Gisela Abbam
Chair



Duncan Rudkin
Chief Executive and Registrar

About the consultation

This consultation gives the background to our equality guidance and asks some important questions to help us check our draft and make it even more useful for pharmacy owners and pharmacy teams.

We will send the consultation to a range of stakeholders, including other health profession regulators, patient and professional representative organisations, employers, and education and training providers.

We will also be working with selected patients and service users, as well as with pharmacy professionals and owners of registered pharmacies.

Our consultation will be open for 8 weeks – from 7 April until 6 June 2022.

During this time, we welcome feedback from individuals and organisations. Afterwards, we will publish a report summarising what we heard.

About our equality guidance

Our commitment to produce equality guidance for pharmacies resulted from our EDI strategy. It is an entirely new piece of guidance, which is designed to support pharmacy owners in understanding and meeting the **standards for registered pharmacies**. However, it has relevance for the wider pharmacy team, including pharmacy staff and managers. The guidance does not list the legal duties under the **Equality Act 2010** and the **Human Rights Act 1998**. This is because all pharmacy owners must meet their legal responsibilities as well as meeting our standards.

We realise that those legal requirements, as well as our standards, are already in place and that pharmacy owners should already be aware of their obligations. However, we see this guidance as an important reminder that brings together the various areas they should consider in their work. Importantly, the guidance focuses the owner's attention on their duties towards their own staff, as well as towards patients and service users.

The pharmacy owner is responsible for following the guidance, but we believe that the whole pharmacy team should read the guidance and be familiar with it. We also believe that this guidance will be useful for all employers of pharmacy professionals, whether they are regulated by the GPhC or not. Education and training providers will also find it useful, since students and trainees will then be aware of their responsibilities, right from the start of their pharmacy career.

The equality guidance (please see Appendix 1) is organised along the lines of the five principles in the standards for registered pharmacies:

- **Principle 1:** The governance arrangements safeguard the health, safety and wellbeing of patients and the public.
- **Principle 2:** Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public.
- **Principle 3:** The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public.



- **Principle 4:** The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public.
- **Principle 5:** The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public.

It covers a variety of topics underneath each of the principles and introduces some of the principles of the Equality Act that pharmacy owners must take account of, including:

- **the nine protected characteristics** (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation)
- **the 'duty to make reasonable adjustments'** to the property from which services are provided, to meet the needs of people with disabilities (including patients, service users and employees)
- **the duty to remove discrimination, harassment and victimisation**

We are the regulator of registered pharmacies, and the guidance reminds pharmacy owners of what we expect of them. This includes:

- the need to regularly assess the equality implications of their practices, policies and procedures
- the need to create an open and inclusive culture to allow staff to feel empowered

and able to meet their own professional and legal obligations

- the need to encourage equality of opportunity and respect for diversity
- the need to develop a fair and inclusive approach in their service provision and their relationships with other healthcare professionals and service providers
- the need to create a safe and suitable environment, which accounts for and meets the diverse needs of their local communities

Our equality guidance also includes several examples, taken from the **GPhC Knowledge Hub** and our inspections, which allow pharmacy owners and pharmacy staff to learn from others and continuously improve the services they provide to patients and the public.

Responding to the consultation

How we use your information

We will use your response to help us develop our work. We ask you to give us some background information about you and, if you respond on behalf of an organisation, your organisation. We use this to help us analyse the possible impact of our plans on different groups. We are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties. There is an equality monitoring form at the end of the survey. You do not have to fill it in. But if you do, it will give us useful information to check that this happens.

How we share your information

If you respond as a private individual, we will not use your name or publish your individual response. If you respond on behalf of an organisation, we will list your organisation's name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe the information you have given is confidential.

We may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try to respect it, but we cannot guarantee that confidentiality can be maintained in all circumstances.

If you email a response and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.

Your rights

Under data protection law, you may ask for a copy of your response or other information we hold about you, and you may also ask us to delete your response. For more information about your rights and who to contact please read our privacy policy on our website.

How to respond

You can respond to this consultation by going to pharmacyregulation.org/draft-equality-guidance and filling in the online questionnaire there.

We encourage respondents to use the online questionnaire. However, if you want to send a response by email, please write your response to the consultation questions and send it to us at consultations@pharmacyregulation.org.

Other formats

Please contact us at communications@pharmacyregulation.org if you would like a copy of the consultation survey in another format (for example, in larger type or in a different language).

Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to:

feedback@pharmacyregulation.org

or post them to us at:

**Governance Team
General Pharmaceutical Council
25 Canada Square
London
E14 5LQ**

Please do not send consultation responses to this address.

Let us know your views

We welcome your views on our overall approach to the guidance, and in particular:

- 1. Thinking about the structure and language of the guidance, do you think it is easy to understand?**
- 2. Thinking about the structure and language of the guidance, do you think it is easy to apply?**
- 3. Please give comments explaining your answers to the two questions above.**
- 4. Thinking about the areas covered in the guidance, do you think we have missed out anything important?**
- 5. If 'Yes', please describe the areas we have missed.**

Equality and impact questions

- 6. Do you think our proposals will have a positive or negative impact on: each of the following groups?**
 - Patients and the public
 - Pharmacy staff
 - Pharmacy owners
- 7. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the following protected characteristics (as listed in the Equality Act 2010)?**
 - age
 - disability

- gender reassignment
 - marriage and civil partnership
 - pregnancy and maternity
 - race
 - religion or belief
 - sex
 - sexual orientation
- 8. Please give comments explaining your answers to the two impact questions above. Please describe the individuals or groups concerned and the impact you think our guidance would have.**

Giving your response

We would encourage you to respond to this consultation by going to pharmacyregulation.org/draft-equality-guidance and filling in the online survey there.

But if you need to submit your response by email, please make sure that you:

- provide a response to all eight questions.
- indicate the impact for each group or characteristic listed in questions six and seven - you can respond with 'no impact' or 'don't know', if this reflects your answer.

This will help us to collate your views with those submitted through our online survey.

Appendix 1: draft equality guidance for pharmacies

About this guidance

Our role

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales. As part of our role, we set the standards that pharmacy professionals have to meet throughout their careers, as well as the standards that pharmacy owners are responsible for meeting, to ensure the safe and effective provision of pharmacy services at or from a registered pharmacy.

Our commitment

In our **Vision 2030** and our **strategic plan 2020-25**, we have committed to an 'anticipatory and proportionate' approach to regulation. This means that we will be using data, intelligence and insights that we have, and those we receive from others, to help us get ahead of issues before they happen or become bigger issues.

We have also committed to delivering equality, improving diversity and fostering inclusion in everything we do as a regulator and employer. This commitment to equality, diversity and inclusion (EDI) is explained in our **strategy for change 2021-2026**.

We created our EDI objectives based on information we gathered in a number of ways. These included through our growing understanding of the public we serve and the

pharmacy professions we regulate. We gathered information through:

- the pharmacy practice examples collected by our inspections team, which are on the **GPhC knowledge hub**
- the feedback and concerns we received from members of the public and others, telling us about their experiences of pharmacy
- the comments, reactions and feedback we received in response to our **EDI strategy consultation**
- our earlier **research into registration assessment performance**

As the pharmacy regulator, we have a legal responsibility to promote equality and fight injustice in all aspects of our work, including in pharmacies. The law says we must have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimisation, and to advance equality of opportunity between people from different groups. We must also foster good relations between people from different groups when carrying out all our day-to-day functions and activities as a public body.

The purpose of this guidance

This guidance is designed to help support pharmacy owners in understanding and meeting the **standards for registered pharmacies**. However, it has relevance for the wider pharmacy team, including pharmacy staff

and managers. You should read it alongside the standards for registered pharmacies, which aim to create and maintain the right environment – both organisational and physical – for the safe and effective practice of pharmacy.

We have also included several examples taken from the GPhC Knowledge Hub and our inspections. These show ways in which registered pharmacies are meeting their equality duties. Pharmacy owners and pharmacy staff should use these examples to learn from others and think about how they can continuously improve outcomes for the people using their pharmacy's services.

The guidance does not list the legal duties under the **Equality Act 2010** and the **Human Rights Act 1998**. This is because all pharmacy owners must meet their legal responsibilities as well as meeting our standards. For more information, please see the section 'Other useful sources of information' at the end of this document.

By following this guidance, pharmacy owners will:

- demonstrate that they are meeting our standards
- help protect the rights of individuals
- advance equal opportunity for staff, patients, and the wider public, and
- help improve the experience and healthcare outcomes of patients and members of the public using their pharmacy's services

In this document when we use the term 'staff' this includes:

- employees (registrants and non-registrants)

- agency and contract workers (including pharmacy locums), and
- any third party who helps the pharmacy provide any part of the pharmacy service, and deals on behalf of the pharmacy owner with people who use pharmacy services

Who this guidance is for

The pharmacy owner is responsible for making sure this guidance is followed. In this document, the term 'you' means the pharmacy owner.

If the registered pharmacy is owned by a 'body corporate', the directors have responsibility. People responsible for the overall safe running of the pharmacy need to consider the size and nature of the pharmacy, the range of services provided and, most importantly, the needs of patients and members of the public.

However, everyone in the pharmacy team should read this guidance and be familiar with it, including staff and managers with delegated responsibility. We also believe this guidance will be helpful for other organisations who employ pharmacy professionals or provide pharmacy services, and across a range of settings – whether or not we regulate those settings.

We expect you to follow this guidance. Not following the guidance might mean that you fail to meet one or more of the standards for registered pharmacies. This could result in our taking enforcement action – you can see more information about this in the GPhC's **Registered pharmacies enforcement policy**.

However, we recognise that the nature and scale of a pharmacy business has a significant impact on the resources and systems it can use to meet our standards and guidance. We also recognise that there can be different ways to



meet our standards and achieve the same outcomes for patients – that is, to provide safe and effective treatment, care and services.

If you do not follow this guidance, you should be able to show how your alternative ways of working safeguard patients, identify and manage any risks, and meet both our standards and any legal requirements.

Introduction

What is equality?

The Equality Act came into force in 2010, bringing together more than a hundred separate pieces of legislation into one single Act. It applies to everyone in Great Britain who provides goods, facilities or services to the public. This includes registered pharmacy premises.

Equality is about making sure that people, or groups of people, are not treated less favourably because of their protected characteristic(s). It is also about everyone having an equal opportunity to make the most of their potential. This may mean that, at times, people are not just treated 'the same', but in ways that reflect their individual needs and characteristics, and the inequality they may experience.

The nine protected characteristics

The nine protected characteristics, as defined by the Equality Act 2010 are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

For more information, please see Annex 1.

The role of pharmacy owners

Pharmacy owners are responsible for ensuring the safe and effective provision of pharmacy services from a registered pharmacy. They are accountable for making sure that the standards for registered pharmacies are met, and for creating and supporting an environment in which pharmacy professionals can demonstrate their professionalism and deliver person-centred care.

There is a growing urgency, both in society as a whole and within pharmacy, to tackle all forms of inequality. As a service provider, it is essential that you create an environment where you protect the safety and welfare of both your team and patients, and work within the law.

This includes making sure that no one is unlawfully discriminated against, either in your workplace or when you provide services.

Why is this important?

As well as being a legal and regulatory duty, embedding the principles of equality and human rights in your pharmacy is the right thing to do.

A person-centred approach to care can improve the experience of people using your services, the care they receive, and the health outcomes of the whole community that you serve.

Your efforts to deal with health and workforce inequalities – and to remove the barriers that people face when trying to access health and care services – can also bring benefits to society and the wider economy. This can be measured in several ways, including:

- improved access to services, as some people may be more likely to go for care and support to pharmacies with whom they share some social or cultural characteristics
- lower levels of ill-health among the local population
- higher productivity from staff
- improved staff morale and engagement
- greater staff loyalty and retention
- lower levels of sickness absence and absenteeism

The four main types of discrimination

The four main types of discrimination are:

- **direct discrimination** (that is, treating one person worse than another person because of a protected characteristic)
- **indirect discrimination** (that is, when there is an organisation's policy that applies in the same way for everybody but disadvantages a group of people who share a protected characteristic)
- **harassment** (that is, treating people in a way that violates their dignity, or creates a hostile, degrading, humiliating or offensive environment), and
- **victimisation** (that is, treating people unfairly if they decide to take action under the Equality Act, or if they support someone else who is doing so)

For more information, please go to the [Equality and Human Rights Commission \(EHRC\) website](#).

It can also help to reduce the chance of unnecessary disciplinary and fitness to practise actions being brought against your pharmacy if you encourage greater awareness and understanding of the different protected characteristics, and tackle discrimination and prejudice. Complaints, grievances and employment tribunal claims can be costly and disruptive for your pharmacy.

Pharmacy owners can lessen the risk of this sort of financial and reputational damage by meeting their equality and human rights responsibilities, and by following the standards for registered pharmacies.

Your obligations

Legal obligations

All providers of public services need to meet the Equality Act 2010 sections that relate to service provision and to employment.

As a service provider, you must keep to the law. The law sets out the minimum legal obligations that you must meet to remove the potential for discrimination, harassment and victimisation. Equality law affects everyone responsible for running your business or who might do something on its behalf, including your staff.

The Equality Act 2010 introduces the 'duty to make reasonable adjustments' to the property you provide services from, to meet the needs of people with disabilities (including your employees). This may mean:

- changing the way you deliver services
- providing extra equipment, and
- removing physical barriers

Importantly, you must not pass on the costs of making these adjustments to others.

The duty to make reasonable adjustments is 'anticipatory'. This means that you should think in advance (and from day to day) about what people with a range of impairments might reasonably need. These could include:

- changes to the physical features of your pharmacy (that is, its design, construction, entrance, exit, fixtures, fittings, furnishings and so on)
- adding an 'auxiliary aid' (such as an induction loop for people with hearing difficulties), and
- providing help with, or changes to, how information is provided

What is 'reasonable' will depend on the size and circumstances of your pharmacy. The adjustments you make do not necessarily need to be about costly installations, or introducing permanent features.

This might be unreasonable for the scale of your business, or impossible in the context of your premises. The reasonable adjustments you make should be adequate to the services you provide and the needs of the local population you serve.

As far as your staff are concerned, your duty to make reasonable adjustments for them is not anticipatory. This means that you only have to make adjustments if you are aware that a worker has a disability. For example, this may be someone who is applying for a job at your pharmacy and needs an adjustment to help them through the application process. Or an existing member of your team may develop a disability.

You must then take steps to remove, reduce or prevent the obstacles that person might face in applying for, doing, or keeping their job.

Regulatory obligations

Your regulatory obligations go beyond your legal ones.

We expect you to take whatever steps you need to run your pharmacy in a way that encourages equality of opportunity and respect for diversity. You are responsible for creating and supporting an environment in which pharmacy professionals can:

- demonstrate their professionalism, and
- deliver person-centred care that takes account of the diverse needs and cultural differences in the communities you serve

We expect you to be fair and inclusive in your approach to everything you do, including your interactions with people you meet and deal with through the course of your work. This includes your relationships with patients, other healthcare professionals and service providers, and other people you work with.

As a pharmacy owner, you have an important role to play in carrying out your equality policies and procedures and in achieving fair outcomes. You must act with integrity and honesty, and in a way that is fair, inclusive, and transparent.

When possible, your approach to equality should include everyone, including people who may face disadvantage because of their socio-economic background, their caring responsibilities, language barriers or other challenges.

As a pharmacy owner, you also have a responsibility to encourage diversity at all levels of your workforce.



Equality and the GPhC standards for registered pharmacies

This guidance is set out under each of the five principles used in our standards for registered pharmacies.

Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public.

1.1 Identifying and managing risk

Pharmacy owners have an important responsibility to identify and manage the risks associated with providing pharmacy services.

A targeted risk assessment is a useful way to identify anything in the pharmacy that could prevent patients from accessing pharmacy services, or prevent staff from providing services. You then need to decide what to do to keep this risk as low as reasonably practicable. An example of a risk is when a pharmacy professional's religion, personal values or beliefs might affect their willingness to provide certain services. For more information, please see our **guidance on religion, personal values and beliefs**.

Risk assessments may apply across whole organisations but still need to consider the circumstances of each individual pharmacy. You do not have to carry out a specific, separate, risk assessment at every pharmacy. However, you may become aware of a staff member or patient with a disability, another protected characteristic, or a related issue which may put them at a disadvantage. If so, you may need to review your existing risk assessment and overall governance arrangements to make sure they cover risks that might be present for the person.

The findings of risk assessments should ideally provide clear recommendations, whenever appropriate. These should say how reasonable adjustments are to be made, and the timescales for doing this.

The following example shows how pharmacy owners can meet the requirement to identify and manage risk. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Identifying and managing risk

Context

Acknowledging that people from Black, Asian and Minority Ethnic (BAME) backgrounds, as well as some other groups, are being disproportionately affected by COVID-19, a pharmacy owner took steps to risk assess staff and patients.

Please note: as we say in our EDI strategy, we recognise the recent debates and different perspectives about the use and limitations of the term BAME – specifically that it should not be taken as referring to a single group or identity. We are committed to taking a nuanced approach to issues of race and ethnicity as far as possible. At the same time we will be working with our stakeholders to decide on the terminology to support our approach.

What measures were taken?

The pharmacy owner put appropriate arrangements in place to protect their staff,

trainees, and their patients. Occupational risk assessments helped identify at-risk and vulnerable people within the team, including staff from BAME backgrounds, along with other vulnerable groups, such as those with existing health conditions.

For patients that were exceptionally vulnerable, the owner arranged to deliver the patient's medication to their home, so that they didn't have to come into the pharmacy.

1.2 Reviewing and monitoring the arrangements in place

Pharmacy owners should regularly review and monitor the safety and quality of pharmacy services. You should also do this whenever circumstances change – for example, when significant business or operational changes are made.

Any changes to your governance arrangements, systems or policies could disproportionately disadvantage certain groups or individuals, and therefore need to be carefully monitored. Similarly, if the existing arrangements have been in place for a while, you should make sure they are still fit for purpose and do not adversely affect certain groups or individuals.

Before introducing any new practices, policies, or procedures, you may also want to consider whether to carry out an Equality Impact Assessment (EIA). An EIA is an analysis of a proposed organisational policy, or a change to an existing one. Its aim is to assess whether the policy has a disproportionate impact on people who share one or more of the protected characteristics. EIAs are often carried out by public bodies to help them meet their equality

duties. But they can also be a useful tool for you to use in your pharmacy.

Carrying out an EIA is an example of good equality practice. However, it does not necessarily need to result in a written document or report. You should be able to demonstrate that you have taken equality considerations into account if you have:

- based your decisions on evidence
- thought about any unintended impacts and how to lessen these, and
- kept a record of your decisions

The following example shows how pharmacy owners can meet the requirement to review and monitor arrangements. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Reviewing and monitoring arrangements

Context

A community pharmacy was considering a complete refit of the premises. As part of this, the owner was looking to implement a new process where the dispensing would be highly automated using two robots.

What measures were taken?

The pharmacy owner asked for feedback from a wide range of patients, including people sharing protected characteristics. This was to make sure that any changes would not adversely affect their ability to access pharmacy services. The owner also carried out an equality impact assessment.

The pharmacy developed procedures to make

sure it could adequately identify any issues once the changes had been made.

All services were risk assessed before the changes, and regularly afterwards to make sure that risks were managed.

Improvements have been demonstrated by comparing the new services and technology with the previous arrangements.

1.3 Staff with clearly defined roles and accountability

Pharmacy owners are responsible for making sure that pharmacy services are provided by staff with clearly defined roles and clear lines of accountability. There should be transparency and fairness when it comes to allocating roles or promoting staff, and when applying policies in the pharmacy.

In the spirit of fairness and proportionality, it is good practice to put in place policies and procedures which consider the size and circumstances of your pharmacy.

You should consider developing a clear equality policy for your staff and the people using your services. This is not a legal responsibility, but it demonstrates good equality practice and lets everyone know that this is something you take seriously. It clearly shows your staff, as well as patients and members of the public, that you are committed to equality and diversity in everything you do as an employer and service provider.

Your policy should spell out your commitment to the principles of equality, as well as setting out any legal requirements. A statement of this kind usually defines your workplace culture, and could clearly set out that discrimination and

harassment will not be tolerated in your pharmacy. It should cover every aspect of running a pharmacy, from recruitment through to pay, benefits, training, management, discipline and grievance procedures.

You should make sure that your staff understand their equality obligations by giving them specific training. This training should cover:

- equality law
- the protected characteristics
- a definition of acceptable and unacceptable behaviour
- their personal responsibilities, and
- your equality policy

Staff also need to be aware of the requirement to follow the NHS **Accessible Information Standard**, which aims to make sure that people who have a disability, an impairment or sensory loss are provided with information in an accessible format, and supported to use it.

You should also consider other training that could be useful and appropriate, including training about cultural competence and decision-making. Cultural competence means being able to understand and interact with people in a way that recognises and respects diversity and cultural differences, including values, beliefs and behaviours. This includes:

- a willingness to learn about the cultural practices of other people
- having a positive attitude towards cultural differences, and
- a readiness to accept and respect cultural differences

Cultural competence is especially important when providing services to diverse communities and groups.

Staff who understand their roles and responsibilities in relation to equality can provide a good service, make informed decisions, and feel able to raise concerns if they need to.

The example to the right shows how pharmacy owners can meet the requirement to have staff with clearly defined roles and clear lines of accountability. It may not apply in all situations and there may be other ways to meet this requirement.

1.4 Openness to feedback and action on concerns

Pharmacy owners should be willing to listen to staff and patient feedback and concerns, and take these into account when appropriate. This includes any reports of unfair treatment and discrimination. As an employer, you are legally responsible if your staff carry out acts of discrimination, harassment and victimisation during their work. You can prevent this behaviour if you tell your staff what is expected of them and how equality law applies to what they are doing. Ways to tell them about equality law would include your equality policy, dedicated equality training and their terms of employment. If you use these, you will be able to show that you have taken reasonable steps to prevent unlawful discrimination and harassment.

If someone does complain, you should investigate what has taken place. If appropriate, you may also need to discipline the person who has unlawfully discriminated against or harassed someone else.

Example: Staff with clearly defined roles and accountability

What is the challenge?

Patients have reported that they are not always clear on the roles, qualifications and expertise of pharmacy staff. If patients have an issue or need to ask for advice, they would like to easily identify the correct member of staff.

This is especially true for people with learning disabilities, who benefit from clear, simple, and possibly repeated explanations and instructions.

What measures were taken?

The pharmacy displayed photos of staff responsible for specific services, along with their job titles, to help people using those services. This was particularly helpful for people with learning disabilities.

The owner made sure that staff had received equality training and were able to identify people coming into the pharmacy who might need extra support.

You should have a clear complaints policy, to make sure that you deal with all complaints – including those of discrimination, harassment and victimisation – promptly, fairly, openly and effectively.

1.5 Appropriate indemnity or insurance arrangements

To keep to equality legislation, all organisations providing goods, facilities or services to the public must consider making 'reasonable adjustments' to their practices and the services

they deliver. The duty to make reasonable adjustments aims to make sure that disabled people can experience services to a standard as close as possible to that usually offered to non-disabled people.

A pharmacy could provide reasonable adjustments for older people or disabled patients who need to take medication by giving them 'compliance aids', such as:

- multi-compartment containers, divided into days or parts of days
- 'easy open' containers
- reminder charts or alarms
- dexterity aids, for example to help open jars
- winged or plain bottle caps

However, you shouldn't assume that a patient will necessarily benefit from a particular adjustment. It is important to establish what the need is, the suitability of an adjustment, and the preference of the patient.

Once an adjustment has been made, the pharmacy and the pharmacist are responsible for it. If the adjustment causes harm, this could lead to professional liability and indemnity claims against the pharmacy. Examples of harm include: a reminder chart that the patient is not able to understand, or a monitored dosage system which results in incompatible medicines being given or a deterioration of the medicines.

1.6 Maintaining all necessary records for the safe provision of pharmacy services

You must make sure that you keep and update all pharmacy records required by law – including any that you need to meet your equality obligations. This will demonstrate that

services in your pharmacy are provided safely and effectively.

1.7 Protecting the privacy, dignity and confidentiality of patients and the public

Pharmacy owners should make sure that sensitive information is managed to protect the privacy, dignity and confidentiality of your staff, patients and members of the public who receive pharmacy services.

This is particularly important for EDI information. This information is sensitive personal data and individuals always have a right for it to be kept confidential and protected. For example, if members of the pharmacy team are aware of an individual's medical history or circumstances, they should ask the person for permission before passing this information on to someone else.

You should also take the greatest care with your staff's EDI information. Monitoring the profile of your staff, although you do not need to do this by law, will demonstrate your commitment to equality. It can also help you understand the make-up of your workforce and their different needs, as well as show you areas for improvement.

You should collect only the information that you can use effectively. You should also have a statement which makes it clear to your employees, and any new job applicants, why you are collecting this information. You should have effective procedures in place to control how equality information is collected, stored, and analysed. You must make sure that the information collected is processed fairly and lawfully, and in line with the **Data Protection Act 2018**.

You may decide to collect anonymous information, and this might mean people are more likely to volunteer their data. In any case, you need to reassure them that the information they give will never be used to discriminate against them.

1.8 Safeguarding children and vulnerable adults

You will find that your responsibilities under equality legislation overlap with the need to safeguard vulnerable service users.

You should consider whether you have the right systems and policies in place to handle confidential information and communicate with any relevant agencies. You should also consider whether you provide the right environment where patients and members of the public feel safe to share concerns and disclose personal information.

Safeguarding issues can arise in different circumstances and can affect several groups, including:

- children and older people
- women, who may or may not be pregnant, and
- transgender people

They could also affect people based on their race, religion or sexuality. Being able to spot warning signs and take appropriate action is a key part of your pharmacy providing safe and effective services to patients and the public.

The example to the right shows how pharmacy owners can meet the requirement to protect the privacy, dignity and confidentiality of staff, patients and the public. It may not apply in all

situations and there may be other ways to meet this requirement.

Example: Safeguarding children and vulnerable adults

Context

The pharmacy provided a range of extended services for people with dementia and their families.

There were many patients in the community suffering from dementia of varying degrees. So the pharmacy identified the need for improved local provision and improved knowledge among staff, patients and carers.

What measures were taken?

One of the pharmacists decided to undertake personal training and development, and became involved with other healthcare professionals – including specialists – on a dementia project.

The pharmacist developed a checklist of areas to consider in pharmacies to make them 'dementia friendly', to be used at first in their own pharmacy. This was later developed into a 'toolkit' for all pharmacies to use, which included: training material for pharmacy staff, agencies to refer patients to, and an audit to assess pharmacies' 'dementia friendliness'.

The toolkit was shared with the Royal Pharmaceutical Society, and it was also used by a university and trialled in some local pharmacies.

The pharmacy linked with Alzheimer's Scotland and all staff in the pharmacy were trained by one of their outreach workers.

The pharmacy set up a weekly drop-in clinic for patients, carers and families. This allowed them to get support and access to other services, and was well attended and became very popular.

Local businesses regularly referred their customers to the pharmacy. The pharmacy also won an award for the Best Independent Community Pharmacy for Innovation for their work in dementia care.

Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public.

2.1 Enough suitably qualified and skilled staff

The number of staff and the skill mix needed for the safe and effective provision of services depends on the size, workload, and context of your pharmacy. However, it is important that there is a staffing plan, including any contingency plans. You also need to have regular reviews of the staffing levels and the skills and qualifications needed by staff members. This should include considerations about equal opportunities for candidates to apply for and get different roles or positions, making sure that people are not disadvantaged or discriminated against because of a protected characteristic.

Equality law allows you, as an employer, to take 'positive action'. Positive action is the term used for measures allowed under the Equality Act to put right the disadvantage or under-representation experienced by people who share protected characteristics. These apply in the workplace, and – in specific cases – in the provision of goods, facilities or services. There are also statutory conditions that you must meet before applying positive action measures.

The law also distinguishes between positive action (which is lawful) and positive discrimination (which is unlawful).

An example of positive action would be if the make-up of your team was different to the make-up of the local population and you wanted to encourage more candidates who shared a particular protected characteristic to apply.

We strongly recommend that you read and carefully follow the **advice from the Equality and Human Rights Commission (EHRC) on positive action**, so you can get this right. The guidance includes examples of different forms of positive action and when you might use these.

2.2 Staff with appropriate skills, qualifications and competence for their role and the tasks they carry out

You are responsible for making sure that all staff are properly trained and competent to provide medicines and other pharmacy services safely and effectively. This includes equality training.

As an employer, you must make sure that the opportunities you offer for training and development are free from unlawful discrimination. When deciding on training opportunities, focus on the individual needs of your team members, rather than on their protected characteristics and your assumptions about these. For example, when considering training, do not overlook pregnant women or people on maternity or paternity leave.

Try to be flexible about the training opportunities you provide to your employees. This means making sure that the style, timing or location of the training does not put anyone who shares a protected characteristic at a disadvantage.

The example to right shows how pharmacy owners can meet the requirement that all staff are properly trained and competent to provide medicines and other pharmacy services safely. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Staff with appropriate skills, qualifications and competence for their role

Context

The pharmacy owner made sure that their induction and training programmes reflected their EDI commitments, and supported staff in identifying and achieving their learning goals.

What measures were taken?

A comprehensive induction programme was in place for new members of the team, which covers the pharmacy's equality and diversity, whistleblowing, and complaints policies.

There was a programme in place where newer team members could shadow more experienced colleagues when learning various tasks. The pharmacy had also introduced a 'buddy' system to support colleagues in training roles.

The superintendent pharmacist led regular training sessions with all the team, and pharmacy team members had access to different training modules. Pharmacy team members regularly shared information on healthy living topics and held regular conversations and team meetings.

The pharmacy had 'training request' forms which team members could use if they wanted any specific training or further support. Team members could say if they would benefit from one-to-one learning and if they were able to do extra training outside their contracted hours. This allowed flexibility for employees and catered for people with disabilities, religious commitments or caring responsibilities.



The decision by the pharmacy owner to invest time and effort in staff training meant that staff were well placed to provide safe and effective services to patients and the public, and that they treated everyone with dignity and respect.

2.3 2.4, 2.5 Empowered staff and an open learning culture

As the pharmacy owner, you are responsible for making sure staff can always meet their own professional and legal obligations. They must feel able to provide feedback and raise concerns – including about discrimination – without fear of harassment or victimisation.

The culture in your pharmacy will depend on your leadership. If you demonstrate your commitment to equality and human rights from the start of their employment and make it part of your organisational culture, your staff will feel motivated. You will also be able to attract and keep valuable workers. If treating everyone with dignity and respect is the way of doing things in your pharmacy, you are much less likely to have a case of discrimination, bullying or harassment brought against you and your team.

If you have an open and inclusive culture, free from harassment and prejudice, you will have a committed pharmacy team who apply the principles of equality and human rights in their work.

If a member of your team wants to complain about discrimination, they might raise this with you, or make a claim in an Employment Tribunal. It would be in your interests to avoid the latter, which could be lengthy, costly, and damaging to your pharmacy's reputation. You

could avoid this by making your staff confident that their complaints about discrimination will be taken seriously. They should know how to raise a concern – informally, or by using a set grievance procedure – and know that there would be consequences if someone has discriminated unlawfully. They should also feel able to get advice from within the pharmacy, or from outside (from unions, charities, the GPhC or other bodies), before deciding whether or not to raise a concern.

The following example illustrates how pharmacy owners can meet the requirement to make sure staff can always meet their own professional and legal obligations. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Empowered staff and an open learning culture

Context

A concern was raised by a member of staff about the unprofessional and discriminatory behaviour of one of their pharmacist colleagues. This was based on observation of the pharmacist's attitude towards the complainant and others.

The complainant reported experiencing severe distress and self-harming due to the incessant harassment of the pharmacist in question.

What measures were taken?

The pharmacy owner investigated the complaint by speaking with other members of the team and the registrant in question, observing their behaviour. They then took the steps needed to deal with the concerns raised.

These steps included a refresher on the equality training for all members of staff and a reminder about the different ways of raising a concern, for both employees and members of the public.

The complainant received a formal apology and received support with their mental health.

The pharmacy owner had to decide whether disciplinary action was necessary. They decided that the steps that had already been taken – which included the additional training and the apology – were appropriate in this case.

Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public.

You must make sure that your pharmacy premises are safe and suitable for providing services to patients and members of the public. When planning and reviewing the suitability of your premises, you should take account of the needs of people with different protected characteristics, including those with mobility or comprehension issues.

You must make sure that nobody is unlawfully discriminated against, harassed or victimised when using your premises. This partly depends on the awareness and attitude of your staff. But it is also affected by the environment in your pharmacy, and how it works to protect the privacy, dignity and confidentiality of the people you serve.

You will see examples of what pharmacies have done in this area in the box below. These may not apply in all situations and there may be other ways to make sure you meet this requirement.

Examples: The environment and condition of the premises

- A pharmacy provided private booths for COVID-19 vaccinations. This helped protect people's privacy and dignity if they needed to remove any items of clothing before being vaccinated. This was particularly important for people from the local BAME community.

- Cordless phones were used in one pharmacy to allow staff to hold private conversations away from the public area. This was particularly important for people wanting to discuss sensitive issues, such as:
 - aspects of their long-term condition
 - gender reassignment, or
 - the impact of religious fasting on their health and wellbeing
- The consultation room in a pharmacy was an appropriate size to accommodate people, as well as their carers, parents or chaperones. Its door was wide enough to allow access for people with mobility difficulties. The room was clean, clutter free and well signposted for the convenience of people with cognitive or visual impairments. Its use was routinely promoted by pharmacy team members to people visiting the pharmacy.
- One pharmacy had a number of systems in place to get regular feedback from patients. This included a yearly survey, as well as anonymous feedback from regular 'mystery shoppers'. The pharmacy team reviewed the results from the surveys, and used the feedback to improve the layout and design of the pharmacy. This had recently included:
 - installing an automatic door to improve accessibility
 - a dedicated seating area for people waiting for services
 - installing a suitably sized consultation room, and
 - a separate 'consultation pod'

This allowed the pharmacy to deliver its services in a private and confidential manner.

Principle 4: The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

4.1 Accessible pharmacy services

You are responsible for making sure that your services are accessible to patients and the public. This is not just about the physical accessibility of your premises. It also means your services must be available and provided adequately, at the right time, in the right place, and in the right way.

A thorough and ongoing risk and equality impact assessment will allow you to assess the accessibility of your pharmacy premises, and consider any reasonable adjustments you may need to make.

You may also consider adjustments for people sharing one or more of the protected characteristics – for example, older people visiting your pharmacy, or pregnant members of staff.

You should think about every aspect of your premises, including:

- how people enter and find their way around in the pharmacy
- how people communicate with staff
- any signs and information you provide
- any desks, counters and waiting areas

If you provide some or all of your services over the internet, you also need to think about the accessibility of your virtual 'premises' – your website – and make sure it is free from discrimination. For example, you mustn't allow any discriminatory information or

advertisements to appear on your website, and you must make reasonable adjustments to make sure that your website is accessible to disabled people.

The following example shows how pharmacy owners can meet the requirement to make sure services are accessible to patients and the public. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Safe and accessible pharmacy premises

Context

This shopping centre pharmacy carried out targeted risk assessments and considered the needs and make-up of its local community, to make sure there was easy access to its premises and services.

What measures were taken?

There was good physical access to the pharmacy by a flat entrance which opened onto a flat shopping centre. Wide aisles allowed prams, wheelchairs and people with disabilities to move about easily in the pharmacy.

There was a low reception desk at the end of the dispensary which allowed wheelchair access. This allowed patients to reach a desk to sign prescriptions and receive their medication.

There was a hearing loop system, and staff had strategies to make sure patients with hearing impairments understood how to use their medicines.

Large-print labels and large-print direction

sheets were supplied for people who needed them. Other strategies used to help patients included:

- labelling some eye drops on the bottle and some on the carton so that patients could easily tell them apart
- supplying tablets that were cut in half, and
- repackaging tablets from plastic blisters into bottles with plain tops

All these strategies were risk assessed and the patient medication record (PMR) was noted to make sure medications were always supplied in this way.

Examples: reasonable adjustments

- Providing lifts, wide or automatic doors, handrails or ramps for people with mobility issues
- Parking spaces set aside for people with disabilities
- Providing 'tactile' signage, for example signs with braille or raised print, and printed information in different formats for people with visual impairments
- Providing a hearing loop system for people with hearing impairments
- Making sure the entrance and exit are a different colour from other doors, or easily identifiable in some other way by people entering the pharmacy. This will help visually impaired and partially sighted people, as well as people with learning disabilities

- Making sure there is clear signage in the pharmacy
- Providing clear instructions and individual help for people with learning disabilities, with things such as filling in forms
- Using pictograms to help people with learning difficulties or people who speak other languages
- Using translation services for people whose use of English is limited
- If you have a website, providing text-to-speech software for people with visual impairments. You could make other adjustments to meet the needs of people who cannot use a mouse, and for people with dyslexia and learning difficulties.

4.2 Safe and effective pharmacy services

Having an equality policy in place and making sure that everyone involved in delivering services has had equality training will help avoid unlawful discrimination and promote equality. Members of your team will be aware of the principles of equality and will be able to provide more time, targeted care, or adequate help to people who need it.

You are also responsible for making sure that your pharmacy services are inclusive, and responsive to the diverse needs and cultural differences in the communities you serve. You must be satisfied that:

- people sharing any of the protected characteristics are not disadvantaged, and
- the care they receive is not compromised by gaps in your service provision or by a lack of awareness of their specific needs

You could consider adding clear visual signs, such as inclusivity posters, to make sure that everyone feels welcome in your pharmacy, and to reassure them that they will be treated with dignity and respect.

Pharmacies are in a unique position, compared to other health and care services. They are in the heart of local communities and are best placed to spot and deal with health inequalities among the local population. These unfair and avoidable differences in physical health outcomes, mental wellbeing and life expectancy have been made worse by the COVID-19 pandemic.

You are able to assess the needs of people coming into your pharmacy every day and the issues they are facing. These may be specific to certain socio-economic or ethnic groups.

Your role in tackling health inequalities could involve a targeted and better-informed use of primary care and public health services and prevention initiatives. It could also involve the support of local community and faith leaders and use your staff's own expertise and cultural awareness. For example, their ability to speak languages commonly used in the area can help remove language and communication barriers and deal with varying levels of literacy. Using staff who speak other languages can help make sure that people receiving pharmacy services have the information they need, in an accessible way, about their medication and how to take it.

Something common to pharmacies that provide excellent and outstanding services is how person-centred they are. Staff are willing to listen to people, and to identify and respond to their current and prospective needs. For example, if you become aware that certain

groups of people face a disadvantage, you will demonstrate good practice if you take positive steps to address their needs.

As with everything you do, we expect you to use 'due diligence' and have the right governance arrangements in place to support all your actions.

The example on the right shows how pharmacy owners can meet the requirement to provide safe and effective pharmacy services. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Safe and effective pharmacy services

Context

The pharmacy worked with local and other stakeholders to identify and attempt to overcome the barriers to COVID-19 vaccination among groups within the local Black, Asian and Minority Ethnic (BAME) community.

What measures were taken?

The lead pharmacist worked with local community leaders to identify places that could be used as 'outreach clinics' where people could get vaccinated. As people already trusted their local leaders, they were more likely to use the outreach clinics.

As a result of these conversations, the lead pharmacist worked with NHS England to change their contract so the vaccination could take place in the different sites they had arranged.

The pharmacist also worked with the local media to counter 'fake news' from social media, and deal with historical myths and nervousness among the community. This was to try to increase the uptake among some groups within the local BAME population.

People using the service were provided with a private space for vaccination, which preserved their dignity. They could also choose to be vaccinated by someone of a particular gender. There were pharmacy team members who spoke different languages, so they could explain the process if English was not the person's preferred language.



Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public.

Just like with your pharmacy premises, the equipment and facilities used in your pharmacy must be safe and suitable for providing pharmacy services. This includes any equipment and facilities you use as reasonable adjustments to meet the needs of patients, service users and your staff.

In the case of adjustments made for your staff, whether these are linked to disability or another protected characteristic (for example, pregnancy), it is a good idea to discuss these with the specific member of staff to make sure they are suitable and effective.

Other useful sources of information

Advisory, Conciliation and Arbitration Service (ACAS)

- [acas.org.uk](https://www.acas.org.uk)

Care Quality Commission (CQC)

- [How can a focus on equality and human rights improve the quality of care in times of financial constraint?](#)
- [Declare Your Care: People from black and ethnic minority communities](#)

Commission on Race and Ethnic Disparities

- [The report of the Commission on Race and Ethnic Disparities](#) (2021)

CPPE

- [Culturally competent person-centred care](#)

Diverse Cymru

- diverse.cymru.org.uk

Department of Health and Social Care (DHSC)

- [NHS Staff Management and Health Service Quality, Independent report](#) (2011)

Equality and Human Rights Commission

- [Equality Act guidance](#)
- [Public Sector Equality Duty](#)
- [What are reasonable adjustments?](#)

Equally Ours

- equallyours.org.uk

General Pharmaceutical Council (GPhC)

- [Delivering equality, improving diversity and fostering inclusion: our strategy for change 2021 – 2026](#)
- [GPhC knowledge hub](#)

The Health Foundation

- [Ideas into action: person-centred care in practice](#) (2014)

Health and Safety Executive

- [hse.gov.uk](https://www.hse.gov.uk)

Health Watch

- [COVID-19: What can pharmacists learn from people's experiences of services?](#) (2021)

Legislation.gov.uk

- [Equality Act 2010](#)

LGBT Foundation

- [Hidden Figures: LGBT Health Inequalities in the UK](#) (2020)
- [Good practice guide to monitoring sexual orientation and trans status](#) (2021)
- [Hidden Figures: The impact of the COVID-19 pandemic on LGBT communities in the UK, May 2020, 3rd edition](#) (2020)

National Literacy Trust

- [Adult literacy](#)

NHS England

- [NHS Accessible Information Standard](#)



- **Guidance for Commissioners: Interpreting and Translation Services in Primary Care** (2019)

NHS X

- **NHS Records Management Code of Practice** (2021)

NHS Scotland

- **Interpreting, communication support and translation national policy** (2020)

Nuffield Trust

- **Ethnicity coding in English health service datasets** (2021)

Nursing and Midwifery Council (NMC)

- **The Progress and Outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process** (2017)

Pharmacist Support

- **pharmacistsupport.org**

Pharmacists' Defence Association

- **the-pda.org**

PSNC

- **PSNC Briefing 01/16: Equality Act 2010** (January 2016)

Public Health England

- **Pharmacy and people with learning disabilities: making reasonable adjustments to services** (2017)
- **Language interpreting and translation: migrant health guide** (2017)
- **Reducing health inequalities: system, scale and sustainability** (2017)
- **Pharmacy teams – seizing opportunities for addressing health inequalities**

Royal Pharmaceutical Society

- **Joint National Statement of Principles on Inclusive Pharmacy Professional Practice** (September 2020)
- **Joint National Plan for Inclusive Pharmacy Practice in England** (March 2021)
- **Improving Inclusion and Diversity across our profession: our strategy for pharmacy 2020 – 2025**

The Diversity Trust

- **diversitytrust.org.uk**

The Equality Trust

- **equalitytrust.org.uk**

Welsh Government

- **More than just words: Welsh in the workplace** (2019)

Annex 1: The nine protected characteristics as set out in the Equality Act 2010

Protected characteristic	What this means under the Act	Resources
Age	<p>A person belonging to a particular age, or a range of ages.</p> <p>Age discrimination could be based on someone’s actual or perceived age, or on their connection to someone of a specific age or age group.</p>	<p><u>Age UK</u></p> <p><u>Centre for ageing better</u></p> <p><u>Older people, CPPE</u></p> <p><u>Independent Age</u></p> <p><u>Children’s Rights Alliance for England</u></p>
Disability	<p>A physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative impact on a person’s ability to do normal daily activities.</p> <p>‘Substantial’ means the impairment is more than trivial, while ‘long-term’ means the impairment must have lasted for the last year, or be expected to last for 12 months or more.</p>	<p><u>Access to Work government scheme</u></p> <p><u>Business Disability Forum</u></p> <p><u>Consulting with people with physical disabilities programme, CPPE</u></p> <p><u>Disability Confident scheme</u></p> <p><u>Disability Matters</u></p> <p><u>Disability Rights UK</u></p> <p><u>Enhance the UK</u></p> <p><u>Hidden disabilities UK</u></p> <p><u>Learning disabilities programme, CPPE</u></p> <p><u>MIND</u></p> <p><u>Rethink Mental Illness</u></p> <p><u>NHS Workforce Disability Equality Standard</u></p> <p><u>College of Mental Health Pharmacy</u></p> <p><u>PDA Disabled Pharmacists’ Network (Ability)</u></p> <p><u>SCOPE</u></p>



Protected characteristic	What this means under the Act	Resources
Gender reassignment	<p>The process of moving from one sex to another.</p> <p>Gender reassignment discrimination is when a person is treated differently because they are transsexual. To be protected from gender reassignment discrimination, a person does not need to have had any specific treatment or surgery to change from their birth sex to their preferred gender. They can be at any stage in the process – from proposing to reassign their gender, to going through a process to reassign their gender, or having completed it.</p>	<p><u>Mermaids</u></p> <p><u>National Center for Transgender Equality</u></p> <p><u>Sparkle</u></p> <p><u>Transgender Law Center</u></p> <p><u>Gender Identity Research & Education Society</u></p> <p><u>Transgender healthcare - consulting with dignity and respect, CPPE</u></p>
Marriage and civil partnership	<p>Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as ‘civil partnerships’. Civil partners and same-sex couples must not be treated less favourably than other married couples (except when this is allowed by the Equality Act).</p>	<p><u>Marriage and civil partnership discrimination, Citizens Advice</u></p>
Pregnancy and maternity	<p>Pregnancy is the condition of being pregnant or expecting a baby. Maternity means the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>	<p><u>Maternity Action</u></p> <p><u>MumsAid</u></p> <p><u>Pregnant then Screwed</u></p> <p><u>British Pregnancy Advisory Service (BPAS)</u></p> <p><u>Working Families</u></p> <p><u>Families need Fathers</u></p>

Protected characteristic	What this means under the Act	Resources
<p>Race</p>	<p>Race refers to a group of people defined by their race, colour, and nationality (including citizenship). Race also covers ethnic and racial groups.</p> <p>A racial group can be made up of two or more distinct racial groups, for example black Britons, British Asians, British Sikhs, British Jews, Romany Gypsies and Irish Travellers.</p>	<p><u>Runnymede Trust</u></p> <p><u>Race Equality First</u></p> <p><u>Race Equality Foundation</u></p> <p><u>Race Equality Matters</u></p> <p><u>NHS Race and Health Observatory</u></p> <p><u>NHS Workforce Race Equality Standard</u></p> <p><u>PDA BAME (Black, Asian and Minority Ethnic) Pharmacists' Network</u></p>
<p>Religion or belief</p>	<p>Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect a person's life choices or the way they live for it to be included in the definition.</p>	<p><u>Christian Aid</u></p> <p><u>Christian Medical Fellowship</u></p> <p><u>Hindu Council UK</u></p> <p><u>Islamic Relief</u></p> <p><u>The Jewish Council for Racial Equality</u></p> <p><u>Institute of Jainology</u></p> <p><u>Faith in Older People</u></p> <p><u>Humanists UK</u></p> <p><u>National Secular Society</u></p>



Protected characteristic	What this means under the Act	Resources
Sex	A man or a woman. Sex discrimination could be based on someone's actual or perceived sex, or on their connection to someone of a particular sex.	<u>National Alliance of Women's Organisations (NAWO)</u> <u>The Fawcett Society</u> <u>Womankind</u> <u>UK Feminista</u> <u>Centre for Women's Justice</u> <u>Forward</u> <u>End Violence Against Women</u> <u>Women's Aid</u> <u>Close the Gap</u> <u>ManKind Initiative</u> <u>Men and boys Coalition</u> <u>National Association of Women Pharmacists (NAWP), PDA</u>
Sexual orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. The Equality Act 2010 says people must not be discriminated against because of their actual or perceived sexual orientation, or because of their connection to someone who has a particular sexual orientation.	<u>Stonewall</u> <u>LGBT Foundation</u> <u>The National LGBT Partnership</u> <u>LGBT Youth Scotland</u> <u>MindOut</u> <u>PDA LGBT+ (Lesbian, Gay, Bisexual and Transgender) Pharmacists' Network</u> <u>The Proud Trust</u>



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 [/company/general-pharmaceutical-council](https://www.linkedin.com/company/general-pharmaceutical-council)
www.pharmacyregulation.org