

Equality impact assessment

Consultation on the initial education and training standards for pharmacists

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1. Aims and purpose of the project or policy

This paper

- 1.1. This Equality Impact Analysis (EIA) focuses on the equality and diversity implications of proposed changes to the standards for the initial education and training of pharmacists in order to give effect to the Public Sector Equality Duty under section 149 of the Equality Act 2010. This requires the General pharmaceutical Council (GPhC) to have due regard to each of the statutory objectives, including the need to:
 - eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 1.2. Conducting an analysis of the equality and diversity implications of our proposals also helps to ensure that we are not acting in a way that is incompatible with a Convention right¹.
- 1.3. The EIA aims to help ensure that future standards do not unfairly affect people or groups sharing particular protected characteristics². We aimed to identify any trends or issues that apply to people or groups sharing particular protected characteristics and considered potential negative and positive impacts on them. The EIA focuses on how impacts on people or groups sharing particular protected characteristics have been considered in the standards development process and especially through our stakeholder engagement.
- 1.4. Assessing the equality, diversity and inclusion impact of our policy development work is about being proactive in facilitating opportunities for people with the widest possible range of experiences and perspectives to engage with and influence our values, our culture, our strategy and the work we do. We aim to take an inclusive approach to working with education and training providers, students and trainees, users of pharmacy services, registrants, stakeholders and people affected in any way by our policy decisions.
- 1.5. This EIA includes an overview of the work we have completed to inform our understanding of the equality and diversity dimensions of our proposals; and, to consider the potential impact on people or groups sharing particular protected characteristics. This has been informed by our

¹ The Human Rights Act 1998, Section 6

² The Equality Act 2010 prohibits direct or indirect discrimination, or harassment on the basis of a protected characteristic (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation). There is a fundamental distinction between direct discrimination, on the one hand, and indirect discrimination on the other (Sections 13 and 19). Direct discrimination is where an individual receives less favourable treatment because of a protected characteristic. Indirect discrimination concerns a provision, criterion or practice that puts someone with a protected characteristic at a particular disadvantage, compared with people who do not share the protected characteristic (Section 19). However, a provision, criterion or practice that causes a particular disadvantage is lawful if it is a proportionate means of achieving a legitimate aim.

quantitative and qualitative analysis of responses to the consultation; the available data and / or evidence relating to, and our engagement with, a wide variety of stakeholders.

- 1.6. We have updated the analysis throughout the different stages of the policy development process, including pre-consultation and during the consultation and engagement period.
- 1.7. The analysis is intended to assist Council in considering how we took into consideration equality and diversity in the development of our proposals so far.
- 1.8. We have sought to identify and mitigate any adverse impact on includes future pharmacists, people involved in their education and patients or members of the public interacting with them and using their services. We have also considered how the proposed changes can help make a positive impact on these groups.
- 1.9. In preparing this analysis, we have considered all the statutory objectives under Section 149 of the Equality Act.

Revising the initial education and training of pharmacists

- 1.10. As part of our regulatory work, we are responsible for setting standards and quality assuring the initial education and training of pharmacists to make sure pharmacists develop the knowledge, skills, attitudes and behaviours they need to provide the safe and effective care patients and the public expect from day one.
- 1.11. The pace of change in pharmacy has increased in recent years changing the roles of and expectations placed on pharmacists. We aim to review all our standards regularly and revise the standards for the initial education and training of pharmacists is a key priority for us to ensure that the future standards reflect the changing roles of pharmacists and anticipate future developments.
- 1.12. In order to ensure that future pharmacists are appropriately prepared for their future roles, we are proposing key changes in the following areas:
 - **Learning outcomes:** focused on four themes – person-centred care; professionalism; professional knowledge and skills; and collaboration. The proposed learning outcomes retain the critical importance of science as the underpinning feature of initial education and training for pharmacists, but have a greater focus on applying that scientific knowledge in practice. The learning outcomes are more heavily focused on clinical skills, multi-professional learning, and the importance of communicating effectively with patients and members of the public. We see this increased focus on clinical and communication skills and multi-professional learning as essential to equipping pharmacists with the flexibility they will need in the future. We also believe it will develop the confidence of pharmacists to play a leading role in person-centred care – something which has been raised with us consistently while we have been developing these new standards.
 - **Standards for providers:** we proposed several changes to our standards for course providers. In regard to equality, diversity and fairness, we suggest strengthening our standards by requiring providers to adopt a more proactive approach, conduct annual reviews of student performance and admissions by the protected characteristics as set out in the Equality Act 2010 and use that information in inform the design and delivery of programmes. We will also require evidence of the action taken to examine the reasons for any differences and to address the situations where students are disadvantaged.

- **Integrating the five years of initial education and training:** in order to deliver the learning outcomes with the increased focus on clinical skills, on communicating with patients and on working effectively with other health and care professionals, we believe there must be a much stronger link between the currently separate elements of academic study in the MPharm degree and the practical experience in the pre-registration year. As a result, we proposed setting the learning outcomes to be achieved over five years. That would require universities, employers, health education and training organisations and those responsible for funding to work collaboratively to achieve this. We did not propose specific models stating how this could be achieved. We believe there are likely to be different ways and models both within and across the countries of Great Britain. We will ensure that our accreditation methodology allows for diversity and innovation in delivery.
- **Selection and admission:** we proposed to strengthen the standards by requiring providers to assess the values of prospective students in addition to their academic qualifications. By that we mean their interest in person-centred care, ability to work with other people, professionalism, problem-solving abilities, and numeracy skills. To help achieve this we would require providers to build interactive activities into their admissions processes, for example multiple mini-interviews and group work. As well as contributing to an assessment of professional skills and attributes, this will also allow providers to assess the overall communication skills of prospective students.
- **Experiential learning and inter-professional learning:** we proposed that student pharmacists must have exposure to an appropriate breadth of patients and people in a range of environments (real and simulated) to enable them to develop the skills and the level of competency to achieve the learning outcomes. Our proposed standards also state that student pharmacists must participate in inter-professional learning. Engagement with students from other health and care professions would begin at an early stage, progressing to more complex interactions. This would enable student pharmacists to meet the GPhC learning outcomes.
- **Learning in practice supervision:** as we are proposing to set learning outcomes for five years, it follows there would be no separate set of pre-registration performance standards. The learning in practice components of the course would count towards the registration requirement for 52 weeks of practical learning. We would expect a more rigorous and structured approach to learning in practice with more regular and documented progress meetings.

Policy context

- 1.1. The current standards for the initial education and training of pharmacists (the standards) were published in 2011. Pre-registration requirements were published in a separate document known as the pre-registration manual. The manual covers the knowledge, skills and competences that a pre-registration trainee needs to acquire at the end of the 52-week placement. The performance standards precede the 2011 standards and have not been reviewed after the introduction of the current standards.
- 1.2. An interim review was carried out in 2013 to examine the learning outcomes (knowledge, skills, understanding and professional behaviours a student pharmacist must demonstrate at the end of their initial educational and training before registration with the GPhC). This review was initiated in part because government initiatives to change the structure and funding of

pharmacists' education and training were progressing, including an in-principle decision to move towards a 5-year integrated degree (combining the MPharm and pre-registration year). The GPhC review process included engagement with a range of key stakeholders including the Pharmacy Schools Council. However, no decisions were made by governments across Great Britain and we did not take forward a formal consultation on the newly developed learning outcomes at that stage. During our pre-consultation stakeholder engagement we conducted in advance of this review of the IETP standards, we heard from schools of pharmacy that the learning outcomes drafted in 2013 were a step forward in terms of clinical practice and we will build on them in our review.

- 1.3. Since 2015, the GPhC Council has increased its focus on education and training in general, looking both at pharmacist education and training as well as the wider pharmacy workforce. The review of the standards for the initial education and training of pharmacists is part of a full education review programme covering all our education standards, as stated in our **Strategic Plan 2017-2020**. To date, we have agreed revised standards for the initial education and training of pharmacy technicians and standards for the education and training of pharmacist independent prescribers.
- 1.4. We have considered a wide range of information in developing our proposed changes for the initial educational and training of pharmacist. We commissioned independent research to give us more intelligence on pharmacists' preparedness for practice. We worked with all schools of pharmacy and with many stakeholders involved in the education and training of pharmacists. We also brought together several expert groups to test specific aspects of the initial education and training of pharmacists, namely: prescribing, pre-registration training, and learning outcomes.
- 1.5. Initial pharmacy education and training must be based on principles of equality, diversity and fairness and we are proposing to strengthen our current requirements in this regard. Following pre-consultation engagement, we drafted and consulted on our proposed standards between January and April 2019. There is a much stronger emphasis on equality, diversity and fairness in the proposed standards we consulted on:
 - Course design and delivery will have to ensure that student pharmacists understand and meet their legal responsibilities under equality and human rights legislation; respect diversity and cultural differences; and take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs.
 - We are also proposing that education and training systems and policies must proactively promote the principles and legal requirements of equality, diversity and fairness. Providers will have to carry out every year a review of student performance and admissions using the protected characteristics defined by the Equality Act 2010 and use that information to inform the design and delivery of programmes. We will require evidence from providers showing the action they have taken to examine the reasons for any differences in achievement analysed by protected characteristic and what they have done to address situations where students are disadvantaged.
 - Providers will also have to ensure that all staff involved in the initial education and training of pharmacists are trained to apply principles and legal requirements of equality, diversity and inclusion in their role.

- 1.6. We analysed the consultation responses from survey respondents and from all stakeholders, patients and members of the public who participated in our consultation events in the consultation analysis report. The consultation analysis report (and this EIA) will be presented to the GPhC Council in September 2019.
- 1.7. We will ask the GPhC Council to consider revised standards for selection and admission and equality diversity and fairness in late 2019/early 2020. A further phase of stakeholder engagement needs to take place before standards for the five years of initial education and training can be introduced.

2. Review of available information

Legal framework

- 2.1. Article 4 of Pharmacy Order 2010 captures the principal functions and responsibilities of the Council. One of them is:
 - i. *“to set standards and requirements in respect of the education, training, acquisition of experience and continuing professional development that it is necessary for pharmacists and pharmacy technicians to achieve in order to be entered in the Register or to receive an annotation in the Register and to maintain competence;*
- 2.2. Part 5 of Pharmacy Order 2010 focuses on education, training and acquisition of experience. Article 45(1)(b) state that Council must set:
 - ii. *the standards of education, training and experience that providers of education and training must meet in order to enable a person undertaking such education or training, or acquiring such experience, to achieve the standards referred to in sub-paragraph (a) having regard, in particular, to the outcomes to be achieved, and*
 - iii. *any requirements to be satisfied for admission to, and continued participation in, education and training for prospective pharmacists or prospective pharmacy technicians, which may include requirements as to fitness to practise unimpaired by health”.*
- 2.3. Article 45(6)(b) also stipulates that Council must publish a statement of:
 - a) *“ the criteria by reference to which the standards of education, training and experience referred to in paragraph (1)(b)(i) are set, and*
 - b) *the criteria that will be taken into account in deciding whether to grant approval under paragraph (4), as they exist from time to time”.*
- 2.4. In engaging with stakeholders and developing the standards, we also gave due regard to our statutory objectives under Section 149 of the Equality Act 2010 and we believe that the proposals align with our overarching legal objective which is the protection of the public³.

Developing our evidence base

- 2.5. We have carried out a systematic and evidence-based approach to our policy development, including an assessment of the equality and diversity dimensions of our proposals. We carried out desk-based research, commissioned pieces of research and analysed their findings, and

³ The Pharmacy Order 2010, Article 6(1)

considered intelligence gathered during patient, members of the public and stakeholder engagement.

GPhC register data

- 2.6. The information on our register enables us to understand the demographic make-up of the current pharmacist profession. The below data portrays a snapshot of those professionals on the GPhC register on 30 May 2019.
- 2.7. The information provided in this section has been split into two columns. The left-hand columns provide the equality and diversity data of all the pharmacists on the GPhC register on 30 May 2019 ('All pharmacists'). The right-hand columns provide the protected characteristics of pre-registration trainees undertaking their placement during the 2018/19 academic year ('Pre-registration trainees'). The right-hand columns enable us to understand the demographic make-up of individuals who are in the process of completing their initial education and training.
- 2.8. There were limits to the data we collected on gender reassignment, marriage/civil partnership, pregnancy/maternity, and sexual orientation. As a result, we modified our Equalities monitoring form to collect further protected characteristics data from pharmacists registering with us to address this gap. However, the new form was only introduced in 2016 and we are not able to provide data on all protected characteristics in this section.

Age

- 2.9. The majority of the pharmacists on our register in May 2019 were aged between 25 and 44 years old (66%).
- 2.10. Just above half of the pre-registration trainees in the academic year 2018/19 were under 25 years old (55%). Over one-third of them were aged between 25 and 34 years old (39%).

Age	Pharmacists (number)	Pharmacists (percentage)	Pre- registration trainees (number)	Pre- registration trainees (percentage)
Under 25	920	2%	2061	55%
25-34	21,415	38%	1,476	39%
35-44	15,481	28%	192	5%
45-54	10,048	18%	23	1%
55-64	6,565	12%	5	0%
65 and over	1,640	3%	0	0%
Grand Total	56,069	100%	3,767	100%

Disability

- 2.11. Under half of the pharmacists on our register in May 2019 stated they did not have a disability (43%). However, 56% of pharmacists did not respond to this question.

2.12. The vast majority of 2018/19 pre-registration trainees stated not to have a disability (97%). This percentage is much more reliable as only 2% of them did not respond to this question.

Disability	Pharmacists (number)	Pharmacists (percentage)	Pre-registration trainees (number)	Pre-registration trainees (percentage)
No	24,247	43%	3,662	97%
Yes	228	0%	48	1%
Not recorded	31,597	56%	57	2%
Grand Total	56,069	100%	3,767	100%

Race

2.13. Under half of the pharmacists on our register in May 2019 described themselves as 'White' (43%). The second highest group of pharmacists described themselves as 'Asian' (37%). Other ethnicities listed were significantly smaller with no figure above 10%.

2.14. Just above half of 2018/19 pre-registration trainees described themselves as 'Asian' (53%), whereas a quarter of them defined themselves as 'White' (25%) and 13 % as 'Black'.

Race	Pharmacists (number)	Pharmacists (percentage)	Pre-registration trainees (number)	Pre-registration trainees (percentage)
Asian	20,965	37%	1,997	53%
Black	3,603	6%	479	13%
Mixed	421	1%	57	2%
Other	1,628	3%	238	6%
White	24,228	43%	930	25%
Not recorded	5,224	9%	66	2%
Grand Total	56,069	100%	3,767	100%

Religion or belief

2.15. More than half of the pharmacists on our register in May 2019 did not provide religion-related information (59%). Those who did stated they were Muslim (12%), Christian (12%), or did not have a religion (8%).

2.16. The vast majority of 2018/19 pre-registration trainees provided religion-related information (98%). 36% of them declared to be Muslim, 26% to be Christian and 20% not to have a religion.

Religion	Pharmacists (number)	Pharmacists (percentage)	Pre- registration trainees (number)	Pre- registration trainees (percentage)
Buddhist	583	1%	88	2%
Christian	7,094	13%	985	26%
Hindu	2,729	5%	320	8%
Jewish	64	0%	6	0%
Muslim	6,597	12%	1,358	36%
None	4,392	8%	751	20%
Other	312	1%	25	1%
Sikh	1,168	2%	154	4%
Not recorded	33,130	59%	80	2%
Grand Total	56,069	100%	3,767	100%

Sex

2.17. The majority of both pharmacists on our register in May 2019 and 2018/19 pre-registration trainees were women (62% and 61%)

Sex	Pharmacists (number)	Pharmacists (percentage)	Pre- registration trainees (number)	Pre- registration trainees (percentage)
Female	34,633	62%	2,299	61%
Male	21,436	38%	1,267	34%
Other	0	0%	4	0%
Not recorded	0	0%	197	5%
Grand Total	56,069	100%	3,767	100%

GPhC commissioned surveys and reports

2.18. Over the past years we have commissioned and undertook research on the education and training of members of the pharmacy team including pieces of research focusing on the initial education and training of pharmacists. To inform this EIA, we used data from the following reports:

- The GPhC survey of 2012-2013 pre-registration
- Analysis of trainee dissatisfaction 2012-2013 pre-registration trainees

- The GPhC registrant survey 2013⁴
- Tomorrow’s pharmacy team 2015⁵
- Qualitative research into registration assessment performance among Black-African candidates 2016⁶
- Initial education and training and preparation for practice research 2017

2.19. The above-mentioned pieces of research were considered during the drafting process for the standards and we sought to ensure a broad range of groups were represented throughout our consultation and engagement process.

2.20. We considered the impacts raised by these pieces of research in Section 6 of this EIA (Full impact analysis).

3. Additional information relevant to equality and diversity issues

This table shows if this project or policy has any relevance to the equality and diversity issues below. If it is relevant to any of these issues, a full equality impact analysis will need to be carried out.

Issue	Relevant?	
	Yes	No
Age	✓	
Disability	✓	
Gender reassignment		✓
Marriage or Civil Partnership	✓	
Pregnancy/Maternity	✓	
Race	✓	
Religion or belief	✓	
Sex	✓	
Sexual orientation	✓	
Welsh Language Scheme	✓	
Other identified groups	✓	

⁴ The GPhC Registrant survey 2013

⁵ Tomorrow’s pharmacy team 2015

⁶ Qualitative research into Registration Assessment performance among Black-African candidates – Issues faced by Black-African candidates and preliminary responses 2016

4. Decision on impact

Based on the answers above, does this project or policy require a full impact analysis? This decision takes into account whether this policy or project would result in a substantial change or overall impact for pharmacy.

Yes No

Yes, full EIA required.

- 4.1. We marked 'Yes' against categories in the screening table where we believe there may be impacts on those with protected characteristics.
- 4.2. The potential impact of these changes, from an equality and diversity perspective, has been included in the full impact assessment below.
- 4.3. Please see our analysis of the impact questions included as part of the consultation in section 5 below.

5. Consultation and involvement

Pre-consultation engagement

- 5.1. We undertook a comprehensive phase of stakeholder engagement before we started drafting proposed revised standards. As part of the pre-consultation engagement, we undertook the following activities:
 - We met with all schools of pharmacy (SoPs) and various other education stakeholders from September to November 2018 to develop a better understanding of the needs for pharmacists' education and training.
 - We commissioned research to provide us with intelligence on pharmacists' preparedness for practice and gathered the views of recently registered pharmacists, employers/supervisors of recently registered pharmacists and policy makers.
 - We organised a scoping meeting with the British training commissioning bodies (Health Education England (HEE), NHS Education Scotland (NES), Workforce Education and Development Service (WEDs)/ Health education and improvement Wales (HEIW) and the Wales Centre for Pharmacy Professional Education (WCPPE). The nature of the meeting was to examine our role and their role in pre-registration and explore the possibility of delegating functions.
 - We convened three expert groups to test specific elements of the initial education and training of pharmacists (the learning outcomes, prescribing skills and competences to be incorporated into the initial education and training of pharmacists and pre-registration).
 - We met with accreditation panel members and inspectors to gather their views on the current standards and on revised learning outcomes.
 - We also organised meetings with Nottingham University and the University of East Anglia to discuss their experience of five-year integrated MPharm degrees.

- 5.2. This level of stakeholder engagement prior to drafting revised standards was also intended to provide a degree of external assurance to the GPhC and Council on the suitability of our revised standards.
- 5.3. No specific issues regarding protected characteristics were raised during the pre-consultation period apart from schools of pharmacy and members of the task and finish group on pre-registration explaining that students and trainees can struggle with the concept of inclusivity. It was therefore agreed during the drafting of the standards that there was a need for further emphasis on equality and diversity within the standards and we took into consideration this feedback in our revised proposed requirements (please refer to 1.18).

Formal consultation

Overview

- 5.4. The consultation was open for 12 weeks, beginning on 9 January and ending on 3 April 2019. To make sure we heard from as many individuals and organisations as possible:
- we launched an online survey, which was available for individuals and organisations to complete throughout the consultation period. We also accepted postal and email responses
 - we organised a series of stakeholder events and a webinar aimed at pharmacy professionals, pharmacy service users, organisations and other interested parties
 - we met with a number of key stakeholders across the three countries we regulate
 - we attended a series of stakeholder events, including Local Pharmaceutical Committee (LPC) meetings across England
 - we promoted the consultation through a press release to the pharmacy trade media, via our social media and through our e-bulletin *Regulate*
 - we created a toolkit of materials for organisations to disseminate information about the consultation to their members, including a press release and a presentation
 - we sent several reminders to the consultation before the closing date

Survey

- 5.5. We received a total of 650 written responses to our consultation. 542 of these respondents identified themselves as individuals and 108 responded on behalf of an organisation.
- 5.6. Of these, 621 had responded to the consultation survey. The vast majority of these respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire.
- 5.7. Alongside these, we received 29 responses from individuals and organisations writing more generally about their views.
- 5.8. Data was collected on respondents' protected characteristics, as defined within the Equality Act 2010. The GPhC's equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross section of the population had been included in the

consultation exercise. The full results of the equality monitoring for consultation respondents and focus group participants can be found in Appendix 1 of this document.

Stakeholder events

5.9. The questions in the online survey were also used as a structure for discussion in our stakeholder events, allowing us to capture stakeholders' views, and include them in our consultation analysis.

- We held three stakeholder events in London, Cardiff and Edinburgh, reaching 86 pharmacy stakeholders.
- We spoke at 33 speaking engagements across England, Scotland and Wales, reaching 1,310 stakeholders including pharmacy professionals, educators, employers, students and pre-registration trainees.
- We hosted an online webinar, which 900 stakeholders have viewed.

Patient focus groups

5.10. We organised three patient focus groups, held in London, Cardiff and Glasgow, and attended by 58 members of the public.

5.11. These focus groups provided valuable insights regarding pharmacy users' expectations. They were particularly useful in reaching those groups who were less likely to respond to the consultation via the online form.

5.12. As part of the consultation (survey, stakeholder events and patient focus groups), we asked respondents and participants to share their views on the impact of our proposals on individuals or groups who share any of the protected characteristics and on other groups. Their responses have been analysed in Section 6 of the EIA (Full impact assessment).

6. Full impact analysis

Age

Observed trends Different age groups have distinct healthcare and education needs and concerns. As part of our research and engagement activity, we have sought to assess the impact of our proposals on people of different ages.

6.2. Our qualitative analysis undertaken prior to consultation identified some noticeable trends:

- Just above half of the pre-registration trainees in the academic year 2018/19 were under 25 years old (55%). Over one-third of them were aged between 25 and 34 years old (39%). Only a small number of mature students undertake an MPharm degree.
- The 2013 registrants survey observes that younger pharmacists tend to work in large pharmacy chains (52%) and hospital settings (27%), whereas older pharmacists tend to work in smaller local pharmacies (44%)⁷.

⁷ [The GPhC Registrant survey 2013](#)

Impact of setting standards for the five years of education and training

- 6.3. We heard during the pre-consultation stakeholder engagement phase that our proposal to set standards for the five years of the initial education and training of pharmacists would have a positive impact on younger pharmacists. Stakeholders felt that integrating academic study and practice learning would strengthen students' confidence, leadership skills and understanding of what it means to be a healthcare professional. Pre-consultation research and engagement showed those aspects were sometimes lacking in the performance of newly registered pharmacists. Several schools of pharmacy also mentioned that the concept of professionalism was difficult to understand for younger pharmacy students. Stakeholders agreed that integrating theoretical and practical learning would enable pharmacist students to consider themselves as professionals and raise their confidence from an earlier stage.
- 6.4. Qualitative research undertaken on the registration assessment performance among Black-African candidates showed that age, combined with other factors, had an impact on success during studies⁸. It can be more difficult for mature students to be as successful in their studies as younger students due to additional family commitments and financial responsibilities. These factors can adversely impact on learning, as well as time to complete the additional study required. Mature students are also less likely to form the supportive peer networks that are described as important for success. They are also more likely to choose education and training providers which are closer to where they live, which can have an impact on the quality of their training. The pre-registration survey (2012) found that trainees over 30 years old (19%) were more likely to be dissatisfied with their training or to describe their experience of pre-registration as very poor compared to those under 30 years old (9%).
- 6.5. We heard, during the consultation, that some respondents were concerned that mature students might no longer consider studying for an MPharm degree if they had to self-finance a fifth year of education and training because of having other monetary obligations such as paying a mortgage or supporting their family. Some respondents also mentioned that mature students were more likely to have caring responsibilities and so might be less able to alternate between periods of learning at the university with periods of learning in practice. In that regard, respondents thought that mature students would be more affected by routine changes and less able to relocate for their learning in practice.
- 6.6. However, we also heard during the pre-consultation stakeholder engagement that the integration of theoretical and practical learning could benefit mature students. Stakeholders explained that, as schools' involvement in learning in practice would be more important, the overall quality and consistency of learning in practice would be raised. Stakeholders felt that the increased scrutiny on the transition between education and training, and the fact that courses would be more structured and adapted to students learning needs, would also benefit students. They felt that a greater control over learning in practice placements might be more suited to the learning needs of students, including mature students who are juggling additional commitments.

Impact of our proposed changes for selection and admission

- 6.7. Before the consultation, most schools agreed that admissions should be more than just a test of academic ability and should include an assessment of a person's ability to practise as a healthcare professional. However, many schools of pharmacy explained that it was difficult to assess the professional values of candidates applying to study on an MPharm degree as many of

⁸ [Qualitative research into registration assessment performance among Black-African candidates: Report to the GPhC 2016](#)

them may not be fully mature emotionally when applying to university. During the consultation, a large number of respondents also thought that our proposals could negatively affect young people. In their view, young applicants might find it difficult to display professional attitudes and would struggle to demonstrate that they have the potential to be a professional pharmacist at the age of 17, 18 or 19.

- 6.8. During the consultation, many of the respondents who provided feedback were concerned about the impact of our selection and admission proposals on mature students. They were worried that prescriptive academic requirements may adversely impact mature students who did not achieve the required grades at A-level or had atypical qualifications. For them, raising MPharm entry academic requirements could potentially reduce the number of mature students who choose to study for an MPharm. Other respondents, however, pointed out that assessing applicants' skills and attributes would take into consideration the experience, knowledge and skills mature students have acquired and could benefit them.

Mitigations

- 6.9. We embedded equality, diversity and fairness in the proposed standards. Domain 2, in our proposed requirements for providers, requires course developers and providers to proactively give due consideration to equality, diversity and fairness in course design and delivery. Providers must have systems and policies in place to enable staff to understand the diversity of the student body and its implications for course delivery, student support and development. Domain 2 also requires providers to conduct annual reviews of student performance by protected characteristics and to document actions taken to address differences when they are found.
- 6.10. We are therefore planning a second phase of stakeholder engagement, which will start in the Autumn 2019, to explore ways in which the integration of academic study and practice learning can be funded.
- 6.11. In relation to selection and admission, we want to make sure than any requirements set are justified and proportionate and do not unnecessarily impede prospective students from applying. The proposed set of standards we consulted on at the beginning of the year state that admission processes must include a face-to-face component, in order to assess professional suitability. This can include Skype/Facetime sessions for applicants unable to attend admissions/selections events in person. Our proposed standards also mention that providers must annually analyse the profile, by protected characteristics, of students admitted onto their MPharm degree and take documented actions when admissions processes disadvantage specific groups of students (Domain 1).
- 6.12. We will take into consideration the feedback provided during the consultation when we revise the standards, before presenting new standards for selection and admission and for equality, diversity and fairness to Council in late 2019/early 2020.
- 6.13. After the revised standards are approved, we will develop an evidence framework. This guidance will support and assist course developers and designers as they implement the standards. The evidence framework will also provide further information about how our requirements on equality and diversity must be embedded in course design and delivery.
- 6.14. In monitoring the impact of the standards, our accreditation process will then require schools of pharmacy to provide evidence to demonstrate how they apply and meet our standards.

Disability

Impact of revising our learning outcomes

- 6.15. During the consultation, a few respondents were concerned that some individuals with disabilities might not be able to meet the learning outcomes because of their disabilities (e.g. severe visual impairments) or being less able to communicate and to show empathy. For instance, respondents felt that people with some disabilities may be physically or mentally unable to help or respond in stressful situations and deliver first aid.

Impact of setting standards for the five years of education and training

- 6.16. During the consultation, several respondents were also concerned about the support provided to disabled students while in learning in practice. They explained that the support provided by universities was usually better than training providers. They worried that, in an integrated degree, this lack of support from training providers might negatively impact students who also need reasonable adjustments during their training. For them, there should be early consideration of how adjustments should be organised for students during their periods of learning in practice. In their view, a greater degree of planning around placements should be undertaken to enable training providers to organise the appropriate reasonable adjustments for students with disabilities. A few respondents also indicated that disabled people may need placements closer to home, with a carpark or with a wheelchair access.
- 6.17. Several respondents indicated that having to undertake several shorter learning in practice placements in different organisations might negatively impact students who have physical disabilities as they could find constant relocations challenging. Others mentioned that disabled people could be put off by having to regularly communicate their needs for reasonable adjustments to training providers. Other respondents thought that disabled students might be negatively impacted if they were no longer able to undertake their learning in practice part-time. They explained that there are significant differences in the physical and mental demands of full-time education and full-time work.
- 6.18. A few respondents wondered whether integrated learning would support or hinder neurodiverse students (for example students with dyslexia, or ADHD) and students with mental health problems. A small number of respondents proposed that, if done well, integrating learning may support students who prefer 'action-based learning'. However, others mentioned that integrated learning may equally pose challenges to this student group, especially when splitting the existing pre-registration year to a range of clinical settings (community pharmacy, hospital and GP surgeries). For them, this would be unsettling for some students and not give them enough time to gain a deeper appreciation of a clinical setting which interests them and/or supports their learning style.

Impact of our proposed changes for selection and admission

- 6.19. A number of respondents felt that individuals with particular difficulties in communicating (for example people with autism spectrum disorders) might be negatively impacted by our proposal to assess the skills and attributes of applicants during admission procedures. They felt that if a disability made an individual less able to communicate or show empathy with others it would make it difficult for them to achieve a successful application. Other respondents believed that disabled people generally had lower grades and that setting more prescriptive academic requirements would have an impact on them joining MPharm degrees.

Mitigations

- 6.20. We aim to ensure that the standards we set do not negatively impact people with disabilities. All learning environments are required to comply with the Equality Act 2010 and providers must ensure that there are no barriers to those who require a reasonable adjustment during their education and training.
- 6.21. Education and training providers have to make sure staff are aware of the fact that certain students have more difficulties in adapting to specific teaching or training approach and encourage staff to undertake a more proactive approach to ensure all students benefit from their teaching and training.
- 6.22. Education and training providers will have to ensure reasonable adjustments are organised to enable students to meet the learning outcomes. The learning outcomes are required to ensure pharmacists are appropriately prepared for their future roles and provide safe and effective pharmacy services. To ensure patient safety, some individuals, even after reasonable adjustments, may not be able to meet the outcomes for reasons related to a disability or health condition.
- 6.23. In our proposed standards we also encourage education and training providers to look at ways to improve the feedback they provide (Domain 6) and to get the views of a range of stakeholders and take account of them when designing and delivering initial education and training.
- 6.24. Setting standards for the five years of initial education and training could potentially strengthen the support that students with disabilities receive during their learning in practice as schools of pharmacy will have a greater control over learning in practice. Schools of pharmacy will have greater responsibility to ensure that students requiring reasonable adjustments are appropriately supported during their learning in practice placement.
- 6.25. In our proposed requirements for the initial educational and training of pharmacists, Domain 1 (selection and admission) requires schools of pharmacy to annually analyse the admission profile of students by protected characteristics, as defined in the Equality Act 2010, and to document actions undertaken if the analysis of the admissions process identifies disadvantages to particular groups of students. Domain 1 also requires that selectors' training includes equality and diversity awareness.
- 6.26. In our proposed Domain 7 (Support and development for student pharmacists and people delivering initial education and training) we require from providers to have clear procedures in place for students to raise concerns. Providers will need to demonstrate how they support students in this during accreditation events.
- 6.27. We will take into consideration the feedback provided by stakeholder during the consultation when we revise the standards to ensure their concerns are addressed.
- 6.28. In addition, the evidence framework will provide clarity for providers about how they can meet our standards to ensure providers are aware of their responsibilities in the design and delivery of the initial education and training of pharmacists.

Gender reassignment

- 6.29. We do not envisage, nor have evidence to suggest, any disproportionate impact of the proposals in relation to gender reassignment.

Marriage or Civil Partnership

6.30. Please refer to section on pregnancy and maternity as the issues brought up during the consultation are identical for both protected characteristics.

Pregnancy or maternity

6.31. We heard during the consultation that respondents had diverging views on the impact of our proposals on students who are married, pregnant, on parental leave, or who have caring responsibilities. Some respondents felt that students who are pregnant, on parental leave or with children may be disadvantaged as it might be more difficult for them to temporarily pause their education or training in an integrated programme, or because they will be less flexible to relocate for their placements. These respondents thought that the management of a 5-year course should take into consideration that some students would need to take parental leave or to have part-time provisions possible for students with dependents. Other respondents were of the opinion that having the opportunity to complete learning in practice over a period of five years would benefit anyone requiring parental leave, as they would not be under the same pressure to postpone the pre-registration year in one go. These respondents proposed that students should be able to 'bank' their competencies until they return from parental leave.

Mitigation

6.32. We aim to ensure that the standards we set do not negatively impact people who are who are married, pregnant, on parental leave, or who have caring responsibilities. Providers of initial education and training will have to give due consideration to our requirements for equality, diversity and fairness (Domain 2). We encourage flexibility in the design and mode of delivery to enable students with caring responsibilities/ requiring parental leave to complete their initial education and training. Modes of delivery should be sufficiently flexible to be delivered in such a way that study, family and other commitments can be balanced. Education and training providers will need to consider when and how student pharmacists would be able to go back on programmes or learning in practice after a period of parental leave. We also ask providers to take into consideration the views of a range of stakeholders, including students, when designing and delivering initial education and training.

6.33. We will consider the feedback raised during the consultation when we amend the proposed standards. The evidence framework will provide clarity for providers about how they can meet our standards to ensure providers are aware of their responsibilities in the design and delivery of the initial education and training of pharmacists

Race

Observed trends

- 6.34. Our qualitative analysis undertaken prior to consultation identified some noticeable trends:
- Under half of the pharmacists on our register in May 2019 described themselves as 'White' (43%). The second highest group of pharmacists described themselves as 'Asian' (37%). Other ethnicities listed were significantly smaller with no figure above 10%.
 - Just above half of 2018/19 pre-registration trainees described themselves as 'Asian' (53%), whereas a quarter of them defined themselves as 'White' (25%) and 13 % as 'Black'.

6.35. In 2014, we commissioned research to understand the less successful performance of Black African registration assessment candidates⁹. Many of the persons interviewed as part of this research were mature students having completed their primary and secondary education overseas, many of them studying on an overseas pharmacist assessment programme. The research showed that belonging to specific ethnic groups, combined with other factors, had an impact on success during studies. The research helped us to identify that:

- Students belonging to minority groups can feel isolated and are less likely to benefit from peer network support (trends that are even more important for mature students who are more likely to have to balance studying with family commitments and financial responsibilities).
- Students who have completed their primary and secondary education overseas can struggle to adapt to UK teaching methods, assessment style and have less confidence to ask questions or request feedback from tutors.
- Overseas students who have a poorer command of the English language can feel hindered during their initial education and training.
- A perceived lack of Black-African role models within the pharmacist education and training pathway to guide can impact the motivation of students of a similar background.

Impact of setting standards for the five years of education and training

6.36. During the consultation, several respondents mentioned that race is strongly linked to socio-economic status and education. They explained that a disproportionately large number of Black, Asian and Minority Ethnic (BAME) people live in poverty in the UK. For them, an increase in the cost of pharmacy education and training would deter BAME applicants.

6.37. Several respondents mentioned that international students who wish to obtain a UK MPharm degree, but not undertake their learning in practice in the UK, might be disadvantaged by the integration of academic and practical learning as this might no longer be an option for them.

Impact of our proposed changes for selection and admission

6.38. Many respondents to the consultation survey were concerned that BAME groups and non-British applicants may be disadvantaged during admission procedures. They explained that, if bias was not monitored and controlled during the selection process, these applicants might be negatively impacted by cultural differences. For them, interactive recruitment methods could lead to introducing subjectivity and biases which could negatively impact specific groups if not managed carefully. Several respondents advised that all staff involved in admissions procedures should undertake rigorous cultural training to offset the chance of any unintentional discrimination.

6.39. Other respondents mentioned that raising the academic requirements for entry onto an MPharm degree may negatively impact BAME applicants. Some respondents proposed that all schools of pharmacy should have a minimum intake number for BAME students.

6.40. Other respondents pointed out that English was not the first language of all applicants and students. They were concerned that overseas applicants might be negatively impacted by admission procedures and might struggle with the learning outcomes focusing on

⁹ [Qualitative research into registration assessment performance among Black-African candidates: Report to the GPhC 2016](#)

communication. However, several respondents were of the opinion that overseas students would significantly improve their English while on the MPharm degree.

Mitigation

- 6.41. Overall, we believe that potential inequalities for people with this protected characteristic should be mitigated by the introduction of Domain 2 in our proposed standards for providers. It makes specific the importance of integrating equality and diversity into all aspects of pharmacists' initial education and training and the need to use equality and diversity data to inform course design and delivery, student support and development. These aspects must be taken into account by providers and this is something we focus on in our accreditation and quality assurance processes.
- 6.42. Our proposal to set standards for the five years of the initial education and training of pharmacists could have a positive impact on reducing the feeling of isolation of students belonging to minority groups. Students would be interacting with health and care professionals as well as with patients and members from the public from an earlier stage. This would enable them to understand their role and build networks. They would also be able to enhance their communication skills earlier on.
- 6.43. We agree that the financial burden placed on students would be too great and are planning a second phase of stakeholder engagement, which will start in the Autumn 2019, to explore ways in which the integration of academic study and practice learning can be funded.
- 6.44. In our proposed requirements for the initial educational and training of pharmacists, Domain 1 (selection and admission) requires schools of pharmacy to annually analyse the admission profile of students by protected characteristics, as defined in the Equality Act 2010, and to document actions undertaken if the analysis of the admissions process identifies disadvantages to particular groups of students. Domain 1 also requires that selectors' training includes equality and diversity awareness.
- 6.45. We will consider the feedback raised during the consultation when we amend the proposed standards. After we amend the standards for the initial education and training of pharmacists, and they are approved by the GPhC Council, we will develop an evidence framework to support the implementation. This guide will support and assist education and training providers as they implement the standards.

Religion or belief

Observed trends

- 6.46. Our analysis undertaken prior to consultation identified that of all 2018/19 pre-registration trainees, 36% stated they were Muslim, 26% Christian and 20% stated they did not have a religion.

Taking into consideration the views of patients and members of the public

- 6.47. We reviewed and consulted on our standards for pharmacy professionals and supporting guidance on religion, personal values and beliefs in 2016/17. Respondents to this consultation highlighted that while pharmacy professionals should not impose their own beliefs on a patient, they should not shy away from discussions where it relates to the person's care (for example, advice on taking medicines during periods of fasting). Others commented that some patients are sympathetic to the values and beliefs of their professionals, and prefer to see a professional who

shares their views. A number of respondents said that patient care could be compromised if a professional felt as though they were being asked to provide services against their conscience.

- 6.48. Pharmacy professionals need to be aware of, and sensitive to, the many different needs and perspectives of patients. They need to be aware that individual patient reactions to clinical situations can be influenced by their religion or belief, or the strength of their beliefs, and need to be sensitive to cultural, social, religious or spiritual factors, as well as clinical factors.
- 6.49. A separate equality impact assessment (EIA) was completed for the changes to Standard 1 of the standards for pharmacy professionals. It is important to note that pharmacist students are expected to understand what their responsibilities are once they register as a pharmacy professional. This is reflected into their initial education and training.

Mitigations

- 6.50. In the proposed revised standards, we strengthened person-centred care, following pre-consultation stakeholder engagement feedback. In particular, Domain 1 of the learning outcomes (person-centred care), is based on Standard 1 of the standards for pharmacy professionals. Students will need to learn the required skills to handle requests for medicines or advice sensitively, and ensure their own religion, personal values or beliefs do not compromise care.
- 6.51. Domain 2 of the standards ensures that pharmacist students with protected characteristics are not negatively impacted during their initial education and training. Schools of pharmacy must have systems and policies in place to enable staff to understand the diversity of the student body and its implications for course delivery, student support and development. They must also conduct annual reviews of student performance by protected characteristics and to document actions taken to address differences when they are found. To support this, the evidence framework will also provide further information about how equality and diversity must be embedded in course design and delivery.
- 6.52. In monitoring the impact of the standards, our accreditation, recognition and quality assurance processes requires schools of pharmacy to provide evidence to demonstrate how they apply and meet our standards.

Sex

Observed trends

- 6.53. Our qualitative analysis undertaken prior to consultation identified that:
- From all 2016/17 first year MPharm students 63% were women and 37% men
 - Male pharmacists were more likely to be working in more than one multiple community pharmacy setting¹⁰
 - Male pharmacists were more likely to be working in community pharmacy with four or fewer stores. Women were more likely to be working in a primary care setting or a hospital setting¹¹

¹⁰ [The GPhC Registrant survey 2013](#)

¹¹ [The GPhC Registrant survey 2013](#)

Impact of setting standards for the five years of education and training

- 6.54. The majority of pharmacists are women (62% in May 2019). Please refer to the section on pregnancy and maternity for impacts on people who are pregnant, on parental leave and who have caring responsibilities.

Mitigation

- 6.55. New models of delivery of the initial education and training of pharmacists should not negatively impact students who become pregnant (or parent) during the MPharm degree or learning in practice. Modes of delivery should be sufficiently flexible to be delivered in such a way that study, family and other commitments can be balanced. Education and training providers will need to consider when and how student pharmacists would be able to go back on programmes or learning in practice after a period of parental leave. We have made it clear that our proposed revised standards will support different modes of delivery.
- 6.56. Domain 2 of our proposed standards states that all aspects of pharmacists' initial education and training must be based on principles of equality and diversity and respect all relevant legislation. Providers are required to monitor student performance and admissions by the protected characteristics as set out in the Equality Act 2010, proactively address issues and support equality and diversity.
- 6.57. Our proposed standards also require providers to have systems in place to support students (Domain 7). Education and training providers must be able to demonstrate how they work together to support students in both learning environments.
- 6.58. We will make sure we address consultation feedback when we amend the standards before they are approved by Council. Implementation will also be monitored through our accreditation and quality assurance processes including considering how our requirements for evidence from course providers that demonstrates how students are supported.

Sexual orientation

- 6.59. Several consultation respondents felt that Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning or Asexual (LGBTIQ) people are more likely to face a range of negative health experiences and can suffer from mental health problems. They mentioned that previous negative experiences in healthcare settings can prevent patients from disclosing relevant information about their sexual orientation or gender identity. They mentioned that the increased focus on person-centred care and improved communication in the standards would benefit LGBTIQ people.

Mitigation

- 6.60. In the proposed revised standards, we strengthened person-centred care, following pre-consultation stakeholder engagement feedback. In particular, Domain 1 of the learning outcomes (person-centred care), is based on Standard 1 of the standards for pharmacy professionals. Students will need to learn the required skills to handle requests for medicines or advice sensitively, and ensure their own religion, personal values or beliefs do not compromise care.

Welsh language scheme

- 6.61. A Welsh version of the standards and consultation documents was provided during the consultation to ensure Welsh speaking stakeholders had the opportunity to respond to the consultation.
- 6.62. We will also provide a Welsh version of the finalised standards and guidance.

Other identified groups

Patients and members of the public

- 6.63. Many consultation respondents and event participants were of the view that our proposed changes would be beneficial for patients and members of the public as they would receive a higher standard of care.

Students

- 6.64. A common theme was that our proposed changes would be beneficial for the development of students and would increase the quality of the practice of future pharmacists.
- 6.65. The main concern of respondents focused on the financial impact of our proposals on students. Respondents were concerned that introducing an integrated degree would mean that students would have to pay for a fifth year of education and training and not receive a salary during their learning in practice. Respondents also anticipated that having several shorter learning in practice placements throughout the five years of initial education and training would mean additional accommodation and travel costs for students. Several respondents worried that international students who wish to obtain a UK MPharm degree, but not undertake their learning in practice in the UK, might decide against studying in the UK.

Schools of pharmacy

- 6.66. Schools of pharmacy were concerned about the resource and financial impact of our proposed changes. They explained that integration would require them to undertake significant transitions, which would be time and resource-intensive for them. They also anticipated increased costs to change and run their admission procedures; to secure, organise and quality assure experiential learning and learning in practice placements; to appoint and train staff; and to administratively manage programmes. They considered that in the current funding environment it would be hard for them to implement our proposed changes.

Training providers

- 6.67. Training providers were concerned about the logistics necessary to train students who were at different stages of their initial education and training, at different times and during shorter placements. They were also unsure about how to work with several schools of pharmacy and worried about the impact of our proposed changes on the workflow of pharmacies. Training providers also mentioned the costs associated with training all staff involved in the supervision of students to a higher standard and increased administrative costs.
- 6.68. Training providers also explained that the current length of pre-registration placements enables them to train students to their processes and to assess students' competence before recruiting them. They were concerned that they would no longer be able to do this because of shorter periods of learning in practice.

6.69. Several training providers were also concerned that the introduction of shorter periods of learning in practice would mean that students would look for placements close to where they lived and that this would negatively impact training providers located in less populated and rural areas.

Mitigation

6.70. We acknowledge the financial impacts the integration of academic study and practice learning could have on students, education and training providers. We are currently planning a second phase of stakeholder engagement, which will start in the Autumn 2019, to explore ways in which the integration of academic study and practice learning can be funded. We will also consider the feedback raised during the consultation when we amend the proposed standards.

7. Action needed as a result of the analysis

- 7.1. We will consider the impacts raised by stakeholders, event participants and survey respondents during the consultation when we modify the proposed standards.
- 7.2. We will engage on revised standards for selection and admission and on equality, diversity and fairness in the Autumn 2019 before we present them to Council in late 2019/early 2020.
- 7.3. We will also undertake a phase of stakeholder engagement, which will start in the Autumn 2019, to explore ways in which the integration of academic study and practice learning can be funded.

8. Monitoring and review

- 8.1. This EIA will be presented to Council at the same time than the consultation analysis report.
- 8.2. We will consider all issues brought up in this EIA when we amend the proposed standards.
- 8.3. We will update the EIA when we ask the GPhC Council to approve the finalised standards (in late 2019/early 2020 for the standards on selection and admission and equality, diversity and fairness).
- 8.4. Once the standards are agreed, courses will be written based on the new standards.
- 8.5. Our accreditation and quality assurance processes will then allow us to monitor and assess programmes, to ensure they meet our standards.

Appendix 1: Equality monitoring form – online consultation

Figure 1: Age of respondents

What is your age? Please tick one box							Response Percent	Response Total
1	16-24 years						5.73%	24
2	25-34 years						21.48%	90
3	35-44 years						26.01%	109
4	45-54 years						19.81%	83
5	55-64 years						16.23%	68
6	65+ years						4.53%	19
7	Prefer not to say						6.21%	26
Analysis	Mean:	3.58	Std. Deviation:	1.54	Satisfaction Rate:	42.96	answered	419
	Variance:	2.36	Std. Error:	0.08			skipped	18

Figure 2: Disability of respondents

Do you consider yourself disabled? Please tick one box Disability is defined in the Equality Act 2010 as "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".							Response Percent	Response Total
1	Yes						3.37%	14
2	No						88.22%	367
3	Prefer not to say						8.41%	35
Analysis	Mean:	2.05	Std. Deviation:	0.34	Satisfaction Rate:	52.52	answered	416
	Variance:	0.12	Std. Error:	0.02			skipped	21

Figure 3: Sex of respondents


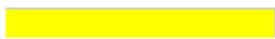


What is your sex? Please tick one box							Response Percent	Response Total
1	Male						39.38%	165
2	Female						54.42%	228
3	Other						0.48%	2
4	Prefer not to say						5.73%	24
Analysis	Mean:	1.73	Std. Deviation:	0.74	Satisfaction Rate:	24.18	answered	419
	Variance:	0.55	Std. Error:	0.04			skipped	18

Figure 4: Sexual orientation of respondents







What is your sexual orientation? Please tick one box							Response Percent	Response Total
1	Heterosexual/straight						85.44%	358
2	Gay woman/lesbian						0.48%	2
3	Gay man						1.67%	7
4	Bisexual						0.72%	3
5	Other						0.24%	1
6	Prefer not to say						11.46%	48
Analysis	Mean:	1.64	Std. Deviation:	1.62	Satisfaction Rate:	12.84	answered	419
	Variance:	2.63	Std. Error:	0.08			skipped	18

Figure 5: Ethnic group of respondents

What is your ethnic group? Choose the appropriate box to indicate your cultural background. Please tick one box.					Response Percent	Response Total
1	British				55.40%	231
2	Irish				1.92%	8
3	Gypsy or Irish traveller				0.00%	0
4	Other white background (please fill in the box at the end of this section)				5.52%	23
5	Caribbean				0.72%	3
6	African				3.36%	14
7	Other black background (please fill in the box at the end of this section)				0.00%	0
8	White and Black Caribbean				0.00%	0
9	White and Black African				0.24%	1
10	White and Asian				1.20%	5
11	Other mixed background (please fill in the box at the end of this section)				0.48%	2
12	Indian				13.91%	58
13	Pakistani				4.32%	18
14	Bangladeshi				0.72%	3
15	Other Asian background (please fill in the box at the end of this section)				0.96%	4
16	Chinese or Chinese British				2.40%	10
17	Arab				0.72%	3
18	Other ethnic group background (please fill in the box at the end of this section)				0.96%	4
19	Prefer not to say				7.19%	30
					Response Percent	Response Total
Analysis	Mean:	8.06	Std. Deviation:	8.21	Satisfaction Rate:	28.25
	Variance:	67.46	Std. Error:	0.4		
					answered	417
					skipped	20

Figure 6: Religion of respondents

What is your religion? Please tick one box							Response Percent	Response Total
1	Buddhist						1.21%	5
2	Christian						45.63%	188
3	Hindu						8.25%	34
4	Jewish						0.73%	3
5	Muslim						8.98%	37
6	Sikh						2.18%	9
7	None						20.63%	85
8	Prefer not to say						9.71%	40
9	Other						2.67%	11
Analysis	Mean:	4.24	Std. Deviation:	2.49	Satisfaction Rate:	40.53	answered	412
	Variance:	6.21	Std. Error:	0.12			skipped	25