

Racism in pharmacy: report on the roundtable event

1 November 2022



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Background context

On 1 November 2022, we brought together key stakeholders from across the pharmacy sector, to discuss how racism manifests and affects pharmacists and pharmacy technicians, and how this can have a resulting impact on patient care. A mix of stakeholders from different pharmacy and patient organisations were invited to the initial event, recognising that others would have the opportunity to be involved as the work evolves and expands.

The roundtable was led by Gisela Abbam, GPhC Chair, and included presentations from external speakers and GPhC staff as well as a plenary discussion.

In “*[Delivering equality, improving diversity and fostering inclusion: our strategy for change](#)*”, we set out our obligation and opportunity to use all of our regulatory levers and influence to help tackle discrimination and support the reduction of health inequalities.

Inequality and exclusion are bad for people’s health and that’s why our strategy is fundamental to our core purpose as a regulator and our vision for safe and effective pharmacy care at the heart of healthier communities. This includes the public we serve and the professions we regulate. We also want to support people to speak up and challenge discrimination, using our standards and guidance to help them do that.

We have already begun an important and comprehensive programme of work, as set out in our strategy, and this will shape our EDI priorities over the next few years, as a regulator and employer.

Through the roundtable event, we sought to focus more closely on a specific equalities issue - racism in pharmacy. This is something that our stakeholders have told us about and links directly to the commitments in our strategy to help tackle the different types of prejudice and discrimination within pharmacy, to encourage equality of opportunity and respect for diversity, and to support an open and inclusive culture where pharmacy teams are empowered to meet their professional and legal obligations.

Our roundtable focused on racism affecting pharmacy professionals and how we can work collaboratively to tackle that issue, but we also wanted to think about the important and linked patient safety aspect to the discussion. Put simply, evidence shows that fair treatment of staff is linked to a better experience of care for patients (Dawson 2018; West et al 2011). This suggests that tackling inequality and exclusion issues for staff will bring benefits for patients and improve patient care – which goes to the heart of our role as the regulator.

Equally, we believe that it’s the attitudes and behaviours of pharmacy professionals in their day-to-day work which make the most significant contributions to the quality of care. Ultimately, it’s about treating people fairly and with respect, which includes patients, the public and pharmacy colleagues.

This is just one aspect of a series of important equality discussions that we want to have over the strategy period and as our work progresses.

Objectives for the day

At the beginning of the session, we outlined the main objectives for the day, including:

- To hear directly from the sector about racism in pharmacy, to help us ensure that we are continuing to take account of current lived experience and different views, as our programme of work under our EDI strategy moves forward

- To identify any further actions that regulators, employers, professional bodies, trade bodies and education and training providers and others can take to help make sure that we take a co-ordinated approach to this important issue, and
- To seek further insights from the pharmacy sector, to help inform our future EDI work.

We also recognised that many individuals, organisations and researchers are already doing good work to understand and address this important issue, and there are a number of existing initiatives taking place. But, as the independent regulator, we have a unique role, remit and set of levers that we can use to help address these issues – and we want to make sure we’re using those effectively and proactively, taking account of the real and changing issues affecting the sector.

GPhC contributors

Laura McClintock (Chief of Staff/Associate Director of Corporate Affairs) and **Carole Auchterlonie (Director of Fitness to Practise)** updated the group on the GPhC’s new approach to EDI and the work happening under our EDI and Managing Concerns strategies.

Laura discussed how we are taking a more holistic approach to our EDI work at the GPhC, which brings together evidence-led interventions, intersectionality, cultural competence and lived experience. This included examples of work and activity under our strategy to help equip pharmacy teams to provide person-centred care that takes account of the diverse needs and cultural differences of the communities they serve, and in parallel improving our own cultural competence as an organisation.

Carole discussed the disproportionate representation of professionals from Black and ethnic minority backgrounds in fitness to practise processes, across health regulators as well as other sectors. This included highlighting the work we are doing to better understand what may be driving that over-representation in the first instance, through better data to inform action and support transparency. We are also working to make sure we minimise the risk of potential bias in our own decision-making processes, through interventions such as more bespoke training and strengthened guidance.

External contributors

Marie Gabriel CBE, Chair of the NHS Race and Health Observatory, discussed health inequalities in the UK, and explained how the Observatory works towards tackling racial inequalities in healthcare amongst patients, communities, and the NHS workforce. This work is delivered through policy and research, influence, engagement and evidence-based recommendations for change.

Key points included:

- How George Floyd’s murder and the Covid-19 pandemic put a stronger focus on racism and started a new discourse. There has been some level of push back in the media and nationally, but at this point you can’t unknow what has proven to be true or ignore the resulting imperative to act.
- The conversation has moved on from white fragility to leadership accountability, and from Black people sharing stories with lack of action towards equity and anti-racism being necessary for productivity, for making the best use of individual talent and enabling individuals to thrive at work as well as in society.
- There has been a shift of focus from individual and inter-personal racism to structural racism, thinking about both institutional and systemic racism.

- In health, Integrated Care Systems are increasingly declaring themselves as anti-racist, focusing on health inequalities in addition to improving equality for staff well-being across organisations.
- There are many good examples of targeted interventions and best practice to support equality of health outcomes – for example, the rapid research into the efficacy of pulse oximeters on darker skin tones by the Race and Health Observatory and how this led to changes in guidance to clinicians and advice to patients.

Elsy Gomez-Campos, President of the UK Black Pharmacist Association, shared her personal experience of racial discrimination and victimisation as a result of a workplace complaint. That personal and professional challenge led to the set-up of the UK BPA, to support others and raise awareness of these issues. Elsy discussed how she has been working closely with the GPhC, through this roundtable and initiatives focussing on racism in the profession.

Robbie Turner also contributed thoughts on allyship and leadership.

Elsy and Robbie highlighted important points including:

- There are few Black leaders in pharmacy, and more Black professionals need to be encouraged to put themselves forward and become leaders, seeing themselves in these roles.
- Confidence in reporting racism, bullying and harassment is an issue as there are many Black pharmacists who are being pushed out of the profession. Professionals need to feel confident in reporting racism and that robust action will be taken.
- Real change needs to happen, and the GPhC is in an ideal position to lead and push for accountability, so this event is a really important step forward for pharmacy.
- Data speaks for itself, and white people have a responsibility in driving change.
- Tackling racism does improve patient care, but that is a secondary benefit. The primary reason to do to it, is because racism is inhumane and has to be addressed.

Mahendra Patel OBE, Head Centre for Research Equity, shared perspectives from the UK-wide Covid19 PANORAMIC and PRINCIPLE Trials at the University of Oxford and discussed the progress and positive outcomes of being representative of the national diaspora in recruiting people from Black and ethnic minority backgrounds into clinical trials. Highlights included the below points:

- How institutions such as Oxford University are being inclusive in their own appointments of staff contrary to some anecdotal opinions (example being his own appointment with them), and how its Nuffield Department of Primary Care Health Sciences aims to help tackle health inequalities through research and greater community engagement.
- How pharmacy through its UK-wide footprint in the community and across various settings can play an important role in raising awareness about clinical trials and public health in general, and how communities traditionally under-represented in clinical research can be more involved.
- How the GPhC has been proactively focusing on tackling health inequalities and has supported the promotion of the PANORAMIC trial through its own channels to registrants and the public to help in the search for effective early treatments for Covid-19 alongside other stakeholders, such as the UK East African Health Alliance, the British Islamic Medical Association and the British Association of Physicians of Indian origin.

- The level of engagement with the trials across different religious stakeholders and across the four nations has been ground-breaking, with examples of how outreach work can make a significant difference.
- Through engagement and mutual support, progress and positive change is clearly evident and even more so when medical science and faith are involved either singularly or in combination.

Roundtable discussion

Delegates were encouraged to share their thoughts and reflections on the presentations and to identify potential recommendations and areas of coordinated interventions.

There was a strong feeling of positivity and hopefulness in the session, with delegates commenting that the GPhC has a unique opportunity to speak out and tackle racism, because of its regulatory power.

Below are the key points and comments from delegates:

- The importance of recognising the experiences of individuals and groups, and how their lived experiences differ.
- Pharmacy technicians may have different experiences of racism and discrimination compared to pharmacists. It is therefore important to provide them with the support and space they need to raise their voices, share their perspectives, and be part of intelligence gathering and solutions.
- Revalidation/continuing professional development (CPD) may provide an opportunity for further engagement with race equality issues as well as equality, diversity and inclusion more broadly.
- Strengthening EDI through revalidation could have a significant impact across the sector - for example, this could include mandating a specific EDI requirement in the reflective account or peer review.
- Any requirements through revalidation mechanisms need to have purpose and meaning – to enable pharmacy professionals to show how they have changed or improved their practice, or the impact that this has had on colleagues or patients.
- Racist behaviours should not be acceptable in pharmacy and there should be clear messages to the professions about how these will be treated in the context of fitness to practise concerns being made to the GPhC (including in sanctions and decision-making guidance).
- Employers also need to take action when they see racist behaviours by other colleagues, employees, or from patients.
- Anti-racism education and training need to be continuous and consistent for both registrants and employers, as part of their respective roles. Change takes time and consistency would also help tackle micro-aggressions and encourage allyship.
- Racism is not only about the dynamic between the white majority and ethnic minorities - there are also complex issues such as inter-racial discrimination to consider in the context of EDI work.
- The experience of overseas pharmacists also needs attention, including wider intersectional perspectives.

- Tackling discrimination in education should continue to be an important area for the whole pharmacy sector.
- Recognition that different organisations hold different types of EDI data and the importance of intelligence sharing to identify any gaps.
- For example, the GPhC holds less data about pharmacy technician trainees as it does not hold a national registration assessment for this group. Nevertheless, this is an important issue to consider as part of developing new approaches to accreditation and quality assurance of education and training for both professions.
- The importance of different data sources from across the sector – for example the National Educational and Training Survey from HEE which seeks views on whether training placements are inclusive and whether people can raise concerns.
- It's important for everyone to work together to engage those who may see this issue as less of a priority, failing to recognise the impact in both pharmacy education and practice.

Summary of common themes

A few key common themes emerged from the roundtable discussion with the speakers and delegates.

These can be summarised as follows:

- ✓ **The importance of bringing people together on key equality topics**
- ✓ **Nuanced data and intelligence from different sources to provide greater insights and inform actions**
- ✓ **Concrete solutions to bring about tangible and real change**
- ✓ **Accountability for everyone, across the different parts of the system**
- ✓ **Continued learning, engagement and awareness raising**
- ✓ **Partnerships, collaboration and leadership**

Delegates welcomed the opportunity to hold ongoing discussions and collaborate on co-ordinated approaches moving forward.

Related actions and next steps

Below is an overview of the work we are already doing in line with our EDI strategy, or that has been identified from the roundtable discussions.

Table 1: Related actions and next steps

Related work or action	Status
Introduce several FtP process changes, to identify any potential issues around discriminatory behaviour on behalf of the referrer and establish if a referral is being used as a retaliatory measure.	Complete – this was a confirmed action in the EDI strategy
Introduce a check on whether the professional named in the concern has been referred to us before by the referrer (i.e. the person raising the concern) to establish whether there are any potential issues around discriminatory behaviour on behalf of the referrer. This informs any action we will take in relation to the concern.	Complete – this was a confirmed action in the EDI strategy
Introduce a check on whether the professional has raised a concern internally in the period prior to being referred to the GPhC. This helps us to establish whether a referral is being used as a retaliatory measure. This will inform any action we will take in relation to the concern.	Complete – this was a confirmed action in the EDI strategy
Introduce a step at the Oversight Review stage, to check for details of any other indication of potential discriminatory behaviour against the professional. This review is conducted by a senior lawyer who decides, after we have completed initial assessment enquiries, whether the concern should be referred for investigation. The review includes a check for any discrimination in relation to the referral or any underlying discrimination within the concern that requires action.	Complete – this was a confirmed action in the EDI strategy
Begin publication of ethnicity datasets for Fitness to Practise outcomes, to support transparency, visibility and intelligence sharing. (Register diversity datasets, for all three nations, were published for the first time since June 2022, in line with our EDI strategy)	Open - confirmed action in the EDI strategy, due for publication at the beginning of 2023
Launch anonymous decision-making project, linked to our commitment to minimise risk of bias in Fitness to Practise. This project focusses on decision-making at the Investigating Committee stage of our Fitness to Practise process.	Open – confirmed action on the EDI strategy, project commenced in December 2022 and will be ongoing in 2023

Related work or action	Status
Develop and launch discussion paper on new guidance to clarify definitions of discrimination, bullying and harassment and how seriously these concerns will be taken by the GPhC. The guidance also sets out how committee and panel members need to consider cultural sensitivities during a hearing and consequently when making decisions on fitness to practise.	Open – new draft guidance published along with an associated discussion paper on 29 November 2022 (open for comment until 31 January 2023)
Linked to the roundtable feedback, review whether any further guidance or communications to the professions are needed on racism, bullying, or harassment.	Due – options to be considered in 2023
Linked to the roundtable feedback, review how we can strengthen or emphasise EDI through our revalidation processes, and work with others to identify any other collaborative work.	Due – options to be considered in early 2023
Continue to engage with this group as a virtual network and reconvene formally in six months. Identify other groups or individuals who wish to get involved, so that we engage as fully and openly as possible.	Due – another roundtable will be scheduled in May 2022

Appendix 1: Attendees List

Table 2: Attendees list

First name	Last name	Organisation	Role
Amandeep	Doll	Royal Pharmaceutical Society	Head of Professional Belonging
Bharat	Nathwani	PDA – (Pharmacists’ Defence Association)	Policy Officer
Claire	Light	General Medical Council	Head of Equality, Diversity & Inclusion
Danielle	Hunt	Pharmacist Support	Chief Executive
Elsy	Gomez-Campos	UK Black Pharmacist Association	President
Emeka	Onwudiwe	British Pharmaceutical Students Association	East Area Coordinator
Graham	Mockler	Professional Standards Authority	Assistant Director of Scrutiny & Quality (Performance)
Harry	McQuillan	Community Pharmacy Scotland	Chief Executive Officer
Jasmine	Shah	National Pharmacy Association	Head of Advice and Support Services
John	Duncan	General Optical Council	Equality, Diversity and Inclusion Manager
Mahendra	Patel	PANORAMIC and PRINCIPLE Trials University of Oxford	Pharmacy, and Inclusion and Diversity Lead
Marie	Gabriel	NHS Race and Health Observatory	Chair
Matthew	Redford	General Osteopathic Council	Chief Executive and Registrar
Nathan	Burley	Guild of Healthcare Pharmacists	President
Paul	Day	PDA – (Pharmacists’ Defence Association)	Director
Robbie	Turner	Pharmaceutical Service Negotiating Committee	Chief Transformation Officer
Samantha	Quaye	Pharmacy Technicians of Colour	Member and Inclusion Ambassador
Shamma	Baig	Association of Pharmacy Technicians UK	Equality, Diversity and Inclusion Lead

First name	Last name	Organisation	Role
Sherifat	Muhammad-Kamal	PDA BAME Network – (Pharmacists’ Defence Association BAME Network)	Vice President
Archie	Herrick	Professional Standards Authority	Policy Adviser
Leyla	Hannbeck	Association of Independent Multiple Pharmacies	Chief Executive
Richard	Campbell	General Chiropractic Council	Policy and Communications Lead
Satya	Sarkar	Pharmacy Schools Council	Head of School at LJMU – Liverpool John Moores University
Victoria	Steele	Community Pharmacy Patient Safety Group	Chair
Gisela	Abbam	GPhC – (General Pharmaceutical Council)	Chair
Elizabeth	Mailey	GPhC	Council Member
Aamer	Safdar	GPhC	Council Member
Joanne	Kember	GPhC	Council Member
Yousaf	Ahmad	GPhC	Council Member
Arvind	Sandhi	GPhC	Equality, Diversity and Inclusion Policy Manager
Carole	Auchterlonie	GPhC	Director of Fitness to Practise
Duncan	Rudkin	GPhC	Chief Executive and Registrar
Helen	Ireland	GPhC	Chief Pharmaceutical Officer Clinical Fellow & Specialist Inspector
Janet	Collins	GPhC	Senior Governance Manager
Karen	Turnham	GPhC	PA to Chair and CEO
Laura	McClintock	GPhC	Chief of Staff and Associate Director of Corporate Affairs
Laura	Turton	GPhC	Stakeholder Engagement Manager
Liliana	Corrieri	GPhC	Equality, Diversity and Inclusion Business Partner
Michael	Rangi	GPhC	Data and Insight Analyst
Nancy	Acquaah	GPhC	Administrator (Systems Regulation)
Rob	Jones	GPhC	Head of Risk Management & Audit

First name	Last name	Organisation	Role
Rachael	Gould	GPhC	Head of Communications
Stella	Mwangi	GPhC	Executive Assistant, Governance

