Public business

Equality Diversity and Inclusion Scheme

Purpose
To propose a Equality Diversity and Inclusion Scheme to the Council.

Action required:

The Council is asked to agree:

i. the report on the responses to the Equality Scheme consultation at Appendix 1

ii. the Equality Diversity and Inclusion Scheme at Appendix 2.

1.0 Introduction

1.1 Promoting equality and diversity is an essential component of good governance. This is especially relevant to the General Pharmaceutical Council (GPhC), which exists to serve the public.

2.0 The Equality Act 2010

2.1 The first part of the new Equality Act 2010 came into force on 1 October and replaces the existing anti-discrimination laws with a single Act. The Act also includes a new public sector equality duty, replacing separate duties on public

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1 The Equality Bill was published on 27 April 2009 and became an Act of Parliament on 8 April 2010. The provisions in the Equality Act 2010 will come into force at different times to allow time for the people and organisations affected by the new laws to prepare for them.
bodies relating to race, disability and sex equality and also covering age, sexual orientation, religion or belief, pregnancy and maternity and gender reassignment and marriage and civil partnerships more fully. The GPhC is regarded as a provider of public services and is therefore required to adhere to new public sector general equality duties which came into force on 6 April.

2.2 Under the Equality Act 2010 the GPhC has statutory duties, as an organisation providing a public service, covering all protected characteristics. We must, in the exercise of our functions, have due regard to the need to:

a. eliminate discrimination, harassment and victimisation
b. advance equality of opportunity between people who share a protected characteristic and those who do not
c. foster good relations between people who share a protected characteristic and those who do not
d. promote positive attitudes towards disabled people
e. encourage the participation of disabled people in public life
f. take account of a disabled person’s disabilities even if this means treating the disabled person more favourably.

3.0 GPhC progress to date

3.1 In September 2010 the Council agreed an interim Scheme subject to Council members’ suggestions being incorporated. The Council also requested an early progress report prioritising the actions over the next one to two years. An update was given as part of the Chief Executive’s report at the December 2010 Council meeting.

3.2 In June 2011 the Council agreed to an updated draft scheme and consultation document. The consultation ran for 12 weeks and closed on 30 September 2011. The responses have been collated in the report at Appendix 1 and have informed the suggested amendments in yellow to the draft scheme in Appendix 2. The scheme has been developed as the first of three phases in implementing, embedding and promoting equality and diversity within the organisation. The equality work plan for year 1 demonstrates our commitment not just to meeting legislative requirements, but also to the active promotion and valuing of diversity.

3.3 This Scheme outlines what we are required to do under the Equality Act 2010 and what further actions we are prepared to take to ensure that we do not discriminate against people unlawfully. The Scheme is a living document that will continually evolve and require regular reviews of the attached action plan.
4.0 Implementing the Scheme

4.1 Priorities for year 1
The priorities for the first stage of implementation are reflected in our action plan:

- consulting widely with relevant stakeholders and the wider equality community;
- training our staff and associates so that they receive information relevant to their roles;
- considering equality implications in all our standards and policies;
- developing equality impact assessment procedures and carrying them out;
- developing equality and diversity action plans across the organisation; and
- identifying the information we need to track and monitor to ensure best practice in all our regulatory operations.

4.2 Action plan
The Equality, diversity and inclusion scheme is supplemented with the first year action plan. This outlines a timetable for key priority areas of work to ensure that the Scheme is implemented under stage 1. We want to make sure that the planning of actions in support of this Scheme is integrated with other aspects of our strategic and business planning, rather than carrying out equality and diversity action planning in a separate parallel process.

We will need to:

- prioritise action on those areas of our work and issues that are most relevant to equality;
- demonstrate that we fully meet duties across all protected characteristics; and
- consider the impact of the duties in respect of all our functions and policies and this includes work we do in partnership with others.

The Equality and Human Rights Commission places great emphasis on action planning and delivery of priorities, as opposed to the development of the Scheme as an end in itself. The eventual development of evidence-based and effective action plans for delivery and change in relation to equality will ultimately be paramount. Further action plans will be developed as they relate to each equality characteristic, across each directorate together with appropriate engagement.
5.0 Engagement

5.1 The development of this draft scheme has been informed by engagement with a range of individuals and groups across the protected characteristics. Whilst there is no longer a specific gender duty requiring public bodies to consult stakeholders, nor a specific disability equality duty which requires us to include a statement of how we have involved disabled people, it is considered appropriate to continue these practices in order to fulfil, and provide evidence of our fulfilment of, our duties under the Act. The involvement obligation requires the ongoing participation of disabled people throughout the process of developing the Scheme and its implementation and the Barking and Dagenham Disability Equality Forum (BDDF) has agreed to support us in the ongoing development and delivery of our Scheme.

6.0 Equality and diversity implications

6.1 This Scheme will be viewed as the General Pharmaceutical Council’s timetabled, evidence-based plan of action for meeting each and all of the general equality duties.

7.0 Communications implications

7.1 Implementation of the scheme will require engagement and ongoing involvement with registrants, staff and those who share a relevant protected characteristic. Communicating the Scheme and related action plans will need to form part of the GPhC’s Communications Strategy. We will follow best practice, utilise a range of different formats and ensure that we make suitable provision for those who do not frequently participate in engagement activities.

8.0 Resource implications

8.1 A commitment to effective equality and diversity has significant resource implications for the GPhC. A separate piece of work as part of the business planning function will be undertaken to ensure that we gain a better understanding of the resource implications as the action plans across the organisation develop.

8.2 The development of the engagement processes mentioned at 7.1 above will require resources both in terms of staff time and financial resources to support focus group, meeting activities etc and expenses. We are confident that expenses will be met within existing budgets.
9.0  **Risk implications**

9.1  Failure to adopt the Scheme incurs the following risks:

- the GPhC may be prosecuted under the Equality Act 2010
- equality and diversity perspectives of persons who share a relevant protected characteristic do not inform the GPhC’s work, and so the Council does not optimise the public benefit of its efforts
- The GPhC does not secure the confidence of the public.

**Recommendations**

The Council is asked to agree:

i.  the report on the responses to the Equality Scheme consultation at Appendix 1

ii. the Equality Diversity and Inclusion Scheme consultation at Appendix 2.

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**19 October 2011**
Report on the responses to the consultation on the Equality Scheme

November 2011
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Executive summary

1. The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacies.

2. The trust that patients and the public place in pharmacists and pharmacy technicians, and in pharmacies, can and should be underpinned by an independent assurance about the safety and standards of the care and services on offer. If we are to achieve this it is vital that we embed equality considerations into our day to day work, so that our services are appropriate and accessible to all.

3. We have developed our equality, diversity and inclusion scheme as the first of three phases – implementing, embedding and promoting equality, diversity and inclusion within our organisation. Our equality work plan demonstrates our commitment not just to meeting legislative requirements, but also to the active promotion and valuing of diversity.

4. The GPhC published a draft scheme for consultation on 30 June 2011 and the consultation closed on 30 September 2011.

5. We are very grateful to all who took the time to respond to the consultation, and very pleased with the qualitative responses received. We have received a number of useful comments and suggestions and have given careful consideration to all the views expressed in developing this report.

6. Overall, the majority of respondents felt that we were right to take a three-staged approach to equality, diversity and inclusion; that our implementation priorities were valid and that we were likely to fulfil our duties under the Equality Act 2010. Respondents supported the development of the equality and diversity and inclusion (EDI) strategy and the remit and membership of both the EDI leadership group and the EDI reference group. The scheme was considered to be a clear framework for the development of EDI at the GPhC.
1. Introduction

Context

1.1 Promoting equality and diversity is an essential component of good governance. This is especially relevant to the General Pharmaceutical Council (GPhC), which exists to serve the public.

1.2 The first part of the new Equality Act 2010 came into force on 1 October and replaces the existing anti-discrimination laws with a single Act. The Act also includes a new public sector equality duty, replacing separate duties on public bodies relating to race, disability and sex equality and also covering age, sexual orientation, religion or belief, pregnancy and maternity and gender reassignment and marriage and civil partnerships more fully. The GPhC is regarded as a provider of public services and is therefore required to adhere to the new public sector general equality duties which came into force on 6 April 2011. However, the GPhC is not listed as a public body and therefore not subject to the 'specific' public sector duties.

1.3 Under the Equality Act 2010 the GPhC has statutory duties, as an organisation providing a public service, covering all protected characteristics. We must, in the exercise of our functions, have due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity between people who share a protected characteristic
- foster good relations between people who share a protected characteristic and those who do not
- promote positive attitudes towards disabled people
- encourage the participation of disabled people in public life
- take account of a disabled person’s disabilities even if this means treating the disabled person more favourably.

Consultation process

1.4 The draft equality consultation was published on 30 June 2011 and the consultation closed on 30 September 2011.

1.5 The consultation covered:

- the three-staged approach to equality and diversity
- the implementation priorities
- the Equality and Diversity and Inclusion Strategy
- the approach to fulfilling the duties under the Equality Act 2010
- the Equality Scheme
1.6 The draft equality scheme was based initially on those of the previous pharmacy regulator. A further draft interim scheme was agreed by council in December 2010. Although there was no longer a specific gender duty requiring public bodies to consult stakeholders, nor a specific equality duty which requires us to include a statement of how we have involved disabled people, it was considered appropriate to continue these practices. The Barking and Dagenham Disability Equality Forum (BDDF) agreed to support the ongoing development of the scheme.

1.7 The consultation document was published on our website and hard copies were made available, together with an easy read version of the document. Focus sessions were held with groups covering the protected characteristics of: age, disability, race, religion or belief, sex and pregnancy and maternity.

1.8 We received 21 full responses to the consultation. Our focussed sessions involved 55 members of the public and GPhC staff. All responses have been reviewed as part of developing this report.

1.9 At the time of writing this report one focus group with a race organisation had yet to be held. We will feed outputs from that meeting into the discussion at council.

1.10 The tables below show the breakdown of the consultation responses:

<table>
<thead>
<tr>
<th>Countries to which respondents’ comments related</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
</tr>
<tr>
<td>Number of responses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of Public</td>
</tr>
<tr>
<td>Pharmacy Professional</td>
</tr>
<tr>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>General Pharmaceutical Council Staff</td>
</tr>
<tr>
<td>Organisation</td>
</tr>
</tbody>
</table>

1.11 The council has reviewed the outcome of the consultation and agreed amendments to the scheme.
2 General Comments (on the scheme as a whole)

What we heard

2.1 The section on religious belief should include non-believers.

2.2 There were several comments about the GPhC being clear that disability was not just about ramps and level access and that we should consider making alternative formats available.

2.3 One organisation congratulated the GPhC on the length of the consultation response time.

2.4 We received several comments that disability should be based on the social model, including the training aspect.

2.5 There was some confusion as to whether our approach applied to us as a regulator, employer or both.

2.6 The GPhC should be mindful about the ‘meat’ content when considering hospitality as Muslims and Seventh Day Adventists and vegetarians do not eat pork.

2.7 One group was concerned about the treatment of overseas pharmacists, as opposed to EU training pharmacists, in relation to the extra qualifications required.

2.8 One respondent felt that the document was a lot to read and digest.

2.9 The GPhC may wish to mention gypsies and travelling community within the scheme.

2.10 One person felt that although the ‘easy read’ document was clearly written we may wish to include an introductory sentence to identify the audience. Also we may wish to ensure that the message is the same between the ‘easy read’ and formal version.

2.11 The staff group felt that there should be separate information about what the GPhC was prepared to do under the protected characteristic of pregnancy and maternity, particularly to include paternity matters. Staff also felt that consideration should be given to developing a staff representative group to consider this area.

2.12 An organisation told us that confronting homophobic language should be part of a wider piece of work on homophobic bullying and recommended that our monitoring procedures should include complainants and witnesses. They also felt that we should consider sexual orientation monitoring.

2.13 A pharmacy student commented: In the draft policy you promise to undertake, wherever possible to retain employees who experience disability, by making reasonable changes to their duties or working environment. They are a disabled student and have completed their MPharm degree. They would appreciate more help and support from the GPhC in finding a part time pre registration place. The GPC could consider their role in supporting disabled people wishing to work in the field.
3 The Equality Scheme

What we proposed

3.1 As a new organisation and, given our starting base, we proposed a three-staged approach of implementing, embedding and finally promoting equality and diversity in all that we do.

What we heard

Q.1 Our three staged approach: Do you agree with our three-staged approach to equality and diversity at the GPhC?

<table>
<thead>
<tr>
<th>Number</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t know</th>
<th>Unanswered</th>
</tr>
</thead>
</table>

3.2 Almost all respondents agreed with the three-staged approached as outlined. However one respondent thought that we should adopt an on-going and continuous process.

3.3 An organisation welcomed the approach but commented that they would caution against creating an artificial separation between these three elements. Similarly, promotion of equality will form part of the implementation process, for example when embedding diversity in recruitment, as soon as data was available and any under-representation identified. Targeted advertising and promotion was likely to be necessary.

3.4 A pharmacist agreed that the three stage process was appropriate but believed that the overall process was too bureaucratic and therefore far too costly and could discourage engagement.

What we proposed

3.5 The first implementation stage involves 6 key themes, as reflected in the action plan: consulting widely with relevant stakeholders and the wider equality community; training our staff so that they receive information relevant to their roles; developing equality impact assessment procedures and carrying them out; developing EDI action plans across the organisation; and identifying the information we need to track and monitor to ensure best practice in all our regulatory operations.
What we heard

Q.2 Our implementation priorities: Do you agree with the implementation priorities outlined in the action plan and section 6 of the Scheme?

<table>
<thead>
<tr>
<th>Priority</th>
<th>Consulting widely with relevant stakeholders and the wider community</th>
<th>Training our staff</th>
<th>Developing impact assessment and carrying them out</th>
<th>Considering equality implications in all our standards and policies</th>
<th>Developing E&amp;D equality plans across the organisation</th>
<th>Identifying information we need to monitor to ensure best practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>21</td>
<td>21</td>
<td>20</td>
<td>21</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unanswered</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

3.6 There was little disagreement about our implementation priorities. However, a pharmacy professional felt that we could carry out some of this work by using electronic monitoring but that we should not develop a full-blown department ‘ticking boxes’ and increasing work unnecessarily.

3.7 An organisation warmly welcomed the commitment and actions to involve staff; external stakeholders; other regulators and people from all Protected Characteristic Groups at all stages of the process and in meaningful, effective ways. However they were concerned that there was no reference to ongoing mechanisms for wider involvement beyond the two equality and diversity groups. They were concerned also that there was no reference to conducting any form of assessment of the knowledge and skills gaps of staff on particular Protected Characteristic Groups. They felt there needed to be a plan developed regarding priorities for Equality Impact Assessments once a tool had been developed and staff had received appropriate training. They also welcomed the commitment to involve stakeholders and would encourage the GPhC to ensure that this included representative organisations for each of the Protected Characteristic Groups. It was felt that there was a priority need to ensure that procedures and practices around procurement were assessed and altered, if necessary, to ensure that all suppliers were promoting equality and diversity in their workplaces and provision of goods and/or services.

3.8 A pharmacist respondent felt that the GPhC might wish to think about its role in relation to assessments, and about a commitment in the scheme to ensuring that assessments reflect best equality and diversity practice. It would be useful to see more about how the GPhC would ensure that there were effective mechanisms for regulated pharmaceutical staff to identity and feed back problems without fear of victimisation. In general, they felt the actions in the scheme were very general and basic, and oriented toward processes rather than outcomes. They acknowledged this might be a reflection of where the GPhC was currently, especially if this was the first scheme developed. But the direction of travel in the new equality duty had been toward a greater focus on outcomes, and it was not always clear what outcomes would result from the actions and how they would demonstrate improvement.

3.9 A further pharmacist felt that staff training did not need to be an enormous project and that the majority of people, were already aware that people should be treated equally and
act appropriately. Similarly, while it was believed that there should be a 'sense check' of procedures, standards and policies against equality legislation it would be overly burdensome to set up a bureaucratic structure simply to look at equality. If such a structure was needed it would suggest something was sadly wrong with the organisation.

**What we proposed**

3.10 In our determination to ensure that equality in diversity is led from the very top of the organisation we committed to the development of an equality, diversity and inclusion (EDI) leadership group to advise on progressing equality and diversity and inclusion within the organisation. In addition we also developed an EDI reference group to build on relationships already being established.

3.11 We also asked respondents to identify any other approaches to accessing independent equality and diversity advice.

**What we heard**

**Q.3** Our equality and diversity and inclusion strategy: Do you agree with the remit/membership of the EDI leadership group; Do you agree with the remit/membership of the reference group?

<table>
<thead>
<tr>
<th>EDI Leadership Group</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t know</th>
<th>Unanswered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remit</td>
<td>20</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Membership</td>
<td>19</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>EDI Reference Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remit</td>
<td>20</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Membership</td>
<td>19</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

3.12 One organisation was pleased that representation on this internal group involved both senior management and staff. They felt that this group could benefit from the direct involvement of a member of Council. Developing links across the three directorates of the GPhC and into the Council at the strategic level would assist in ensuring buy-in, understanding and support for the Scheme and implementation of equality and diversity actions and initiatives across the organisation. They also suggested adding a role at this strategic level for cascading information and advice on equality, diversity and inclusion through all staff at GPhC and to pharmacists, pharmacy technicians and pharmacies throughout the UK. The composition and strategic role of this group was clear and welcome in terms of the leadership and support it should be able to provide for GPhC. However, they felt the Scheme was unclear on how staff ownership, involvement and action would be secured and developed at all levels and for all staff of the organisation, as well as amongst direct service providers. It was felt that providing a role for the EDI Leadership Group in developing these links and ensuring staff are involved and engaged in delivering equality and diversity actions was essential to ensuring that equality and diversity could be fully embedded throughout the organisation.

3.13 The organisation was delighted that the GPhC had included representatives of external equality, diversity and inclusion networks and groups and welcomed the direct input of this group into the work of the EDI Leadership Group. It suggested that this group should include representation of all protected characteristics, as well as mechanisms for staff input, in order to ensure that issues affecting particular characteristics could be easily obtained and incorporated into the work of the GPhC.
3.14 A pharmacist commented that there should be no need for these groups, saying that pharmacy companies did not see the need to have such groups and simply used an equality policy and accompanying information; there should be no need for the GPhC to take a different approach with the attendant bureaucracy and costs.

**Other ways of obtaining independent advice**

3.15 An organisation suggested that it would be imperative to ensure that, in addition to the two important strategic groups, other external equality organisations and those representing people affected by inequality (protected characteristics) are involved in the development and implementation of equality initiatives. They suggested that newsletters, e-bulletins, report update summaries and questionnaires could be useful tools to effectively and simply obtain external input and views, whilst avoiding consultation fatigue and without placing a large administrative burden on GPhC.

3.16 One pharmacist suggested using lay people on these groups.

**What we proposed**

In the consultation document we outlined what we were required to do under the Equality Act 2010, also as a best practice approach, we detailed that we wanted to go beyond the statutory requirements and publish an equality scheme that would apply the same principles to our internal policies on all protected characteristics.

**What we heard**

**Q.4 Our approach to fulfilling our duties under the Act: Do you agree with the approach we are proposing?**

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t know</th>
<th>Unanswered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>20</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

3.17 One organisation was pleased to see the commitment to addressing concerns that affect multiple characteristics and a recognition that people did not necessarily fall under just one Protected Characteristic Group, but also recognising that specific actions needed to be taken to address the priority needs of each group.

3.18 Several respondents were disappointed that sex, gender reassignment and sexual orientation had been grouped together in Section 8 and thought that whilst there were links between sex, sexual orientation and gender reassignment, the discrimination, prejudice and priority issues faced by each group were very distinctive. In both improving policy and practice and in promoting good relations and equality the actions needed to address the issues of these groups were different. To put these issues under one banner, whilst providing separate sections for each of the other protected characteristics not only gave the impression that these areas were less of a focus for the GPhC, but also ran the risk of staff perpetuating misconceptions that these three characteristics were the same and missing priority needs and actions for each of the distinctive groups, especially transgender and sexual orientation. The actions also referenced confronting homophobic attitudes, behaviour and language, but did not reference transphobia or biphobia, which
were distinct discriminatory behaviours that should be included at this point.

3.19 Another organisation felt that some of the priority areas for action listed within one protected characteristic in Section 8 were also priorities for other characteristics, where these did not feature in the list of associated priorities.

3.20 There were also concerns that there appeared to be no proposals to extend monitoring in recruitment, training, retention and promotion across all Protected Characteristics. It was felt that without such monitoring, confidentially held and clearly explained to staff as a method of ensuring that all staff had the same opportunities and were not disadvantaged, it would be impossible to tell if some groups were being disadvantaged or negatively impacted by policies, procedures and practices. EqIAs were thought to be an essential tool, but one that might miss some unintentional consequences of recruitment and human resources procedures.

3.21 A number of organisations commented that accessibility was not merely a matter of disability-related adjustments and community languages, but could extend to inclusive language and considerations for other Protected Characteristic Groups. The GPhC was therefore encouraged to consider the appropriateness of extending this commitment to all Protected Characteristic Groups.

3.22 Several respondents were also disappointed at the use of the terminology ‘people who experience disability’ which implied the medical model of disability whereby disabled people are seen as special cases that need to be ‘cured’, provided with adaptations towards being ‘normal’, or learn to live with issues. The social model of disability, now widely accepted in public policy and practice and designed by disabled people themselves, takes into account the barriers that disabled people face which are imposed by society and societal attitudes, values and failure to adapt to their impairments. This model was empowering for disabled people and moved away from the concept of disabled people being inferior to non-disabled people.

3.23 A pharmacy student asked that the GPhC consider increased help and support for disabled pharmacy graduates seeking part time pre-registration employment. Many qualified pharmacists work part time so the same opportunity should be available for the pre registration training.

3.24 A pharmacist thought that there was a suggestion of positive discrimination in the final point of page 15 about which the GPhC should be extremely cautious.

What we proposed

3.25 In an effort to ensure that our communication methods were clear we asked whether the overall scheme was a clear framework for the development of equality and diversity at the General Pharmaceutical Council

What we heard

| Q.5 Our equality scheme: Do you think that overall this scheme is a clear framework for the development of equality and diversity at the GPhC? |
|---|---|---|---|---|
| Agree | Disagree | Don’t know | Unanswered |
| Number | 20 | 0 | 1 | 0 |
3.26 An organisation told us that although they welcomed the broad coverage of the scheme regarding the aims of the Scheme in Section 4, they were concerned that these aims could be seen by people from other Protected Characteristic Groups to be focusing significantly on race and disability equality and therefore, by implication, the inclusion of other Protected Characteristics was legislatively driven and would receive a lesser focus in implementing the Scheme. It therefore recommended that some of these aims be expanded to cover all Protected Characteristics. This applied in particular to promoting good relations; participation and involvement; and promoting positive attitudes, which have been extended under the Equality Act 2010 to apply to all Protected Characteristics.

3.27 A pharmacy student told us that during the summer they had a series of pre-registration interviews and had been faced with the dilemma of whether or not to tell the interviewers about the dyslexia knowing that they may not offer them the job if they tell them. They decided to be open about the dyslexia but had encountered opposition and ignorance in the profession on the subject.

3.28 A pharmacist said that the commitment to promoting an inclusive culture was a positive and wondered if EDI should explicitly referenced in educational and other regulatory functions as well. They also noted other examples of outdated references to legislation. They noted that it would be important for the council to engage with diverse groups within the regulated profession as well.

4. **Our response on general comments**

4.1 We received a substantial amount of constructive, in-depth qualitative responses to this consultation and we are grateful to everyone who took the time to respond.

4.2 We will ensure that all our documents contain information about the availability of accessible formats and how to access these.

4.3 We will adhere to the social model of disability and ensure that this is reflected in any disability training.

4.4 We recognise the need to separate our approaches to fulfilling our general duties and applying best practice to sex, sexual orientation and gender reassignment to those people who share these characteristics and will revise the scheme to reflect this.

4.5 We welcome the comments relating to the need to ensure that we work equally with representatives of all protected characteristic groups.

4.6 There were a number of comments received warning about the danger of over-bureaucracy and prohibitive costs and we ourselves are very much alive to the risks in these areas. However, whilst the commitment to equality, diversity and inclusion (EDI) may have significant implications, we are confident that this will be achieved within existing budgets.

4.7 Although we will continue to introduce EDI procedures in stages, this will not mean that we will not take opportunities to embed and promote EDI and to seek ongoing mechanisms for wider involvement as they arise and we thank those who commented and agreed with this approach.

4.8 In our view the scheme clearly documents a planned and prioritised approach to which policies and practices should be assessed first.
4.9 We will ensure that EDI monitoring will be confidential and we will fully explain the benefits and outcomes and intended use of any data collected.

4.10 All GPhC tendering documents require providers to give us equality information in relation to: having equalities policies; equality training, compliance under the Equality Act 2010 and whether there have been any unlawful discriminatory findings within the last 5 years.

4.11 We will give consideration to developing a document which supports access to the profession for disabled students. Our current training and education standards include under Standard 3 Equality, diversity and fairness: Initial pharmacy education and training must be based on principles of equality, diversity and fairness. It must meet all the requirement of legislation.

4.12 Our current HR EDI policy and grievance procedures provide effective mechanisms for staff to feedback any problems relating to EDI. In addition we are currently developing guidance on 'raising concerns' for regulated pharmacists and pharmacy technicians.

4.13 We are extremely grateful to staff who took part in a protected characteristic group representing pregnancy and maternity. Many of the recommendations from this group will be considered through our internal HR policy development work. We will ensure that our existing policies are clear about paternity issues and give consideration to the development of a staff working group to look at our existing family policy.

4.14 We believe that our plan clearly identifies our approach to developing and carrying out equality analysis. We will be taking the best practice approach in working with stakeholders to develop an appropriate tool and ensuring that this action benefits from equality data.

4.15 EDI leadership group membership cuts across all levels of staff within the organisation. Membership is not closed and we will continue to recruit and encourage staff to contribute to the leadership and reference group and continually provide a focus for EDI i.e. through the promotion of celebratory events such as carers’ week, Black History Month and International Day of the Disabled.

4.16 We aim to encourage membership from all the protected characteristics on to the EDI leadership and reference groups, notwithstanding the fact that membership is on a voluntary basis.

4.17 We welcome the identification of other approaches we can take to access independent EDI advice and we will be pursing these, including involving representation of people sharing protected characteristics and lay people through updates, e-bulletins etc.

4.18 We will gladly include non-believers under the section on religion and beliefs.

4.19 We have recognised the general area of concern raised by many about the clear distinction to be made between sex, sexual orientation and transgender groups and the discrimination they may suffer. We will readily ensure that in order to fulfil our duties in relation to these protected groups we will give a clear and separate priority to each.

4.20 We will ensure that our approach to fulfilling our duties to all protected characteristic groups will cover all areas of our responsibilities as a regulator, public service provider and employer.
4.21 The requirement to monitor employees and applicants to address any adverse impact of our policies and promote equality is fundamental to the duties of a public body under the Equality Act 2010. The GPhC reiterates its commitment to these duties.

4.23 We will update the scheme to reflect the new legislation in relation to age equality and retirement.

4.24 We will consider updating our equality analysis tool to ensure more detail is provided around engagement and useful examples e.g. data.

4.25 We will be mindful of the need of particular religious groups, as well as vegetarians, in relation to animal products.
**Annex A:**

**Respondents to the consultation**

<table>
<thead>
<tr>
<th>Organisations</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afiya Trust (to be reported in council)</td>
<td>Robin Kenworthy</td>
</tr>
<tr>
<td>Age UK (Redbridge)</td>
<td>Gebru Bayeh</td>
</tr>
<tr>
<td>Awaaz</td>
<td>Alisa Power</td>
</tr>
<tr>
<td>Barking and Dagenham Disability Equality Forum (BDDF)</td>
<td>Stephen Thomas</td>
</tr>
<tr>
<td>Diverse Cymru</td>
<td>Faith Hamilton</td>
</tr>
<tr>
<td>General Pharmaceutical Council staff x 4</td>
<td>Alison Browne</td>
</tr>
<tr>
<td>National Association of Women Pharmacists</td>
<td>Lola Hughes</td>
</tr>
<tr>
<td>Stonewall</td>
<td>Louise</td>
</tr>
<tr>
<td></td>
<td>Mr S Doegar</td>
</tr>
</tbody>
</table>
Appendix 2

Equality Diversity and Inclusion Scheme
THIS DOCUMENT IS AVAILABLE IN THE FOLLOWING FORMATS

- Easy Read
- Large print documents
- Audio

These documents will be obtainable from our website www.pharmacyregulation.org

or by contacting our Communications Team: communications@pharmacyregulation.org
About us

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and pharmacy premises.

It is our job to protect, promote and maintain the health, safety and well being of all members of the public, and in particular those members of the public who use or need the services of pharmacy professionals or the services provided at a registered pharmacy.

Our principal functions include:

- Setting standards for conduct, ethics, and performance, owners and superintendents, education and training and continuing professional development (CPD);
- Establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies;
- Establishing fitness to practise requirements, monitoring pharmacy professionals’ fitness to practise and dealing fairly with complaints;
- Approving qualifications for pharmacists and pharmacy technicians;
- Maintaining a register of pharmacists, pharmacy technicians and pharmacy premises.
- We aim to ensure that regulation is fair and proportionate – that is, in line with the level of risk posed to public health, safety and well being – and not over-burdensome. We want it to be flexible enough to respond to the changing demands made on the profession and to allow for innovation at the same time as maintaining high quality practice.
Contents

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The equality duties

Our approach to fulfilling our duties under the Act

Race equality
Sex equality
Sexual Orientation equality
Disability equality
Religion and belief equality
Age equality

The action plan
The Equality Diversity and Inclusion Scheme

1. INTRODUCTION

What we do

The General Pharmaceutical Council’s purpose is to protect and promote the health and safety of patients and the public by assuring the maintenance and development of safe and effective pharmacy practice in Great Britain. We also contribute to the continued development of trust and confidence in pharmacy by patients and the public and other health professionals.

We secure the confidence of patients, the public and pharmacy professionals by being a healthcare regulator that demonstrates effectiveness and efficiency and supports innovation in delivering its functions. We will ensure that our values are at the heart of everything we do and as a regulator we will:

(a) be focused on improvement
(b) be responsive to change
(c) develop policies that are inclusive
(d) be independent and fair
(e) demonstrate respect for others
(f) ensure that regulation is proportionate.

Further information about the General Pharmaceutical Council and the professions it regulates can be found at Annex 1.

2. OUR COMMITMENT TO EQUALITY AND DIVERSITY

We are committed to promoting equality, valuing diversity and being inclusive in all our work as a healthcare regulator, a public service provider and an employer and ensuring that the equality duties are being met.

Through embedding equality, diversity and inclusion in all that we do, we will improve both our effectiveness and efficiency as a regulator, by ensuring that the resources invested in services actually benefit all those who use or need them.
We will continue to encourage a higher profile for equality and diversity in our role as a regulator, public service provider and employer.

This scheme sets out our commitment to equality, diversity and inclusion by which we mean we will:

- promote an inclusive culture for all our staff, others who work with us, and the people that we serve;
- provide services that are accessible and appropriate for everyone;
- provide organisational capability for continuous improvement, learning and sharing good practice;
- work towards the elimination of all forms of discrimination and harassment;
- positively promote equality through our activity and communications.

Our scheme is designed to be integral to our Business Plan and is a firm statement of our intent in meeting our business aims. We will:

- aim to ensure that our policies and procedures are transparent, free from discrimination and fair to all individuals and groups regardless of their ethnic origin, race, sex, disability, sexual orientation, transgender, religion and belief or age, marriage and civil partnerships, pregnancy and maternity.
- provide the Council members, our staff and those carrying out work on our behalf with appropriate training on our equality scheme and how to put it into practice
- use equality impact assessments to ensure that our policies and procedures are developed in ways that seek to eliminate as far as possible any adverse impact on particular groups
- involve stakeholders in developing our equality scheme and impact assessment procedures
- develop action, communication and engagement plans to support the implementation and monitoring of the scheme
- ensure that breaches of the scheme are dealt with, where appropriate, under the relevant GPhC procedure.
3. VISION AND VALUES

Our equality scheme is designed to be integral to our Vision and Strategy document, which is available to download at: http://www.pharmacyregulation.org/imagesandvideos/visionandstrategy2650.pdf and is a firm statement of both our business aims and our values.

4. AIMS OF THE SCHEME

The scheme aims to help us to:

- ensure that all our services are free from discrimination;
- promote equality of opportunity;
- promote good relations between people across all protected characteristic groups and particularly from different racial groups;
- promote participation from all protected characteristic groups;
- promote positive attitudes towards disabled people;
- take account of disabled persons’ disabilities even if this means treating disabled people more favourably;
- treat members of the public, pharmacy professionals, complainants, current and prospective council members, staff and job applicants solely on the basis of their merit, abilities and potential and relevant legal requirements;
- foster mutual respect and trust; and
- communicate and monitor our scheme effectively.

5. EQUALITY DIVERSITY AND INCLUSION STRATEGY

Diversity is a term that refers to the differences that individuals may chose to identify with such as differences in the values, attitudes, cultural perspective, beliefs, ethnic background, sexuality, age, faith, knowledge and life experiences of each individual in any group of people. The term is used to highlight individual needs and focus on the elimination of barriers.

We are determined to ensure that equality in diversity is led from the very top of this organisation and have therefore committed to the development of an equality, diversity and inclusion (EDI) leadership group to advise on progressing equality and diversity and inclusion within the organisation. We will aim to ensure that membership of this group reflects all the protected characteristics.
EDI leadership group

The equality, diversity and inclusion leadership group will include:
- the chief executive
- a director;
- a management group member;
- a staff member;
- the head of corporate governance; and
- the equality and diversity lead

The role of the EDI group will be to:
- focus GPhC staff leadership on the issue of equality, diversity and inclusion;
- provide an on-going visible focus on the drive for delivery, awareness and training;
- steer the EDI agenda, together with input from staff and an external reference group;
- clear any delays and consider resources and priorities

In addition to the EDI leadership group the GPhC will develop an equality, diversity and inclusion reference group. This group will be built on relationships already being established with wider equality and diversity networks. We will aim to ensure that the membership of the reference group reflects all the protected characteristics.

EDI reference group

The EDI reference group will include:

- representatives from external equality, diversity and inclusion network groups;
- external equality, diversity and inclusion professionals;
- GPhC staff equality, diversity and inclusion champions; and
- the GPhC equality and diversity lead

The role of the EDI reference group will be to:

- provide the GPhC’s standing arrangement for obtaining feedback and well-informed advice;
- provide broadly based advice on current equality and diversity trends and best practice;
- offer guidance and support to the EDI leadership group on how to effectively implement EDI ideas; and
• to comment on draft equality, diversity and inclusion reports and monitor documents for scrutiny by the EDI leadership group

6. HOW WE WILL DEVELOP THE SCHEME

Planning and priorities

As a new regulator this is our first attempt at producing an equality scheme. Our approach to developing equality and diversity within the organisation will be staged to reflect our starting base and the need to ensure that the scheme is well implemented prior to moving on to embedding and finally promoting equality and diversity in all that we do. The first stage of implementation involves 6 key themes that are reflected in our action plan:

• consulting widely with relevant stakeholders and the wider equality community;

• training our staff so that they receive information relevant to their roles;

• considering equality implications in all our standards and policies

• developing equality impact assessment procedures and carrying them out;

• developing E&D action plans across the organisation; and

• identifying the information we need to track and monitor to ensure best practise in all our regulatory operations.

The scheme will be updated with practical examples and aggregated data as we improve our data collection methods. In producing the new GPhC rules, equality impact assessments were carried out and published. Emerging themes related to: capturing and analysing data in relation to the equality groups, in each area of our work; reviewing Council policies to ensure that they include our commitment to fairness and inclusivity for the nine protected characteristics (see 7 below); reviewing GPhC documentation to ensure that they are produced in different formats, particularly large print; and, rolling out equality and diversity training. These themes are currently reflected in priorities for action planning. The Action Plan for year 1 can be found on page 39 of this document.

Currently all papers going before the Council members for discussion are required to consider equality and diversity implications.
Involvement and engagement

To ensure that the scheme is developed in conjunction with our stakeholders we have started to plan involvement opportunities. We are developing an EDI leadership group and EDI reference group (as outlined above) to help us to develop as a fair and equitable regulator.

We need to work hard to be inclusive, particularly with those traditionally perceived as ‘hard to reach’. Working with communities we will do our utmost to make sure that people who can attend meetings have their say. If people are unable to attend meetings we will do our best to make sure their views are heard.

We will pay particular attention to identifying and engaging groups and individuals who in the past have been under-represented in the health care agenda. We will do this by working/partnering with advocacy organisations and seek their guidance about best practice.

7. THE EQUALITY DUTIES

Under the Equality Act 2010 the GPhC has statutory duties, as an organisation providing a public service, covering all protected characteristics:

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

We must, in the exercise of our functions, have due regard to the need to:

a. eliminate discrimination, harassment and victimisation

b. advance equality of opportunity between people who share a protected characteristic and those who do not

c. foster good relations between people who share a protected characteristic and those who do not
d. promote positive attitudes towards disabled people

e. encourage the participation of disabled people in public life

f. take account of a disabled person’s disabilities even if this means treating the disabled person more favourably.

8. OUR APPROACH TO FULFILLING OUR DUTIES UNDER THE ACT

As a best practice approach we are going beyond the statutory requirements outlined above, to publish an equality scheme and apply the same principles to our internal policies on all protected characteristics (see 7 above).

This scheme outlines what we are required to do under the Equality Act 2010 and also describes the steps we have taken and will take in order to ensure that we do not discriminate against people unlawfully. The scheme encompasses policy statements in relation to various groups but is a single scheme, as many of the steps we might take to avoid or mitigate any adverse impact would be relevant to some or all of these groups. Our scheme shows how we are working to achieve this. The requirement to monitor employees and applicants to address any adverse impact of our policies and promote equality is fundamental to the duties of a public body under the Equality Act 2010. The GPhC reiterates its commitment to these duties.

Race Equality

As an approach to best practice and fulfilling our general duty as a regulator, public service provider and an employer, we will:

- review our functions and policies and consider whether they have implications for race equality;
- give priority where the need for action is greatest and to those functions and policies of ours which have the greatest potential to affect different racial groups;
- work with representatives of racial and ethnic groups to help ensure that our services meet their needs and to improve access to those services;
- maintain systems to allow us to monitor the effects of our policies and any changes made to them, on different racial groups; and
- promote access to information and services, where appropriate, through the use of translation and interpretation services.

As an employer we will:
• welcome and encourage job applications from people with ethnic minority backgrounds;
• monitor our employees and job applicants by ethnicity so as to identify and address any adverse impact of our policies on the promotion of equality amongst different racial groups; and
• ensure that any allegations of racial discriminations or harassment are investigated thoroughly, speedily and sensitively.

**Sex Equality**

As an approach to best practice and fulfilling our general duty as a regulator, public service provider and an employer, we will:

• seek to ensure that our services and guidance are non-discriminatory and do not make unnecessary assumptions about people based on sex;
• work with representatives of gender groups to help ensure that our services meet their needs and to improve access to those services;
• ensure that our pay and rewards system is fair and transparent and that any equal pay issues are resolved effectively;
• ensure that flexible working policies apply equally to men and women and that personnel policies apply to staff regardless of sex;
• ensure that any allegations of discrimination or harassment on the grounds of sex, are investigated thoroughly, speedily and sensitively.

**Sexual Orientation Equality**

As an approach to best practice and fulfilling our general duty as a regulator, public service provider and an employer, we will:

• seek to ensure that our services and guidance are non-discriminatory and do not make unnecessary assumptions about people based on sexual orientation;
• work with representatives of sexual orientation groups to help to ensure that our services meet their needs and to improve access to those services;
• confront homophobic, and biphobic attitudes, behaviour and language and encourage understanding of individual attributes and rights;
• ensure that flexible working policies apply equally to men and women and that personnel policies apply to staff regardless of sexual orientation;
• monitor our employees and job applicants by sexual orientation so as to identify and address any adverse impacts on particular groups;
• ensure that any allegations of discrimination or harassment on the grounds of gender reassignment or sexual orientation are investigated thoroughly, speedily and sensitively.

Gender Reassignment Equality

As an approach to best practice and fulfilling our general duty as a regulator, public service provider and an employer, we will:

• seek to ensure that our services and guidance are non-discriminatory and do not make unnecessary assumptions about people based on transgender;
• confront transphobic attitudes, behaviour and language and encourage understanding of individual attributes and rights;
• work with representatives of transgender groups to help ensure that our services meet their needs and to improve access to those services;
• ensure that flexible working policies apply equally to transgender people and that personnel policies apply to staff regardless of gender;
• ensure that any allegations of discrimination or harassment on the grounds of transgender, are investigated thoroughly, speedily and sensitively.

Disability Equality

As an approach to best practice and fulfilling our general duty as a regulator, service provider and employer we will adhere to the social model of disability. The social model of disability, now widely accepted in public policy and practice and designed by disabled people themselves, takes into account the barriers that disabled people face which are imposed by society and societal attitudes, values and failure to adapt to their impairments. This model is empowering for disabled people and moves away from the concept of disabled people being inferior to non-disabled people.

In order to promote equality of opportunity for disabled people, we will:

• look at the extent to which our functions and services take account of the needs of disabled people;
• consider the effect of our policies and practices on the opportunities for disabled people;
• work with representatives of disabled people and relevant groups to help ensure that our services meet their needs and to improve access to those services;
gather information in relation to recruitment, development and retention of disabled employees;
• promote access to information and services;
• ensure that GPhC events are held in premises with appropriate facilities for disabled people;
• welcome job applications from disabled people;
• undertake, wherever possible to retain employees who experience disability, by making reasonable changes to their duties or working environment; and
• ensure that any allegations of discrimination or harassment on the grounds of disability are investigated thoroughly, speedily and with sensitivity.

Religion or Belief Equality

In order to promote equality between people from different faith groups, as well as those who do not believe, as a regulator, public service provider and employer we will:

• where reasonably practicable, ensure that meetings, hearings and events do not coincide with cultural or religious festivals or holidays where this would prevent people from attending;
• ensure that leave is not withheld unreasonably from employees who wish to celebrate cultural or religious festivals or holiday;
• work with representatives of people of different faiths, including non-believers, to help to ensure that our services meet their needs and to improve access to those services;
• not impose dress restriction on employees which may be discriminatory unless such restrictions can be justified objectively in terms of meeting a legitimate health and safety or business aim;
• seek to ensure that food provided at meetings and events will meet the needs of those attending;
• where reasonably practicable, ensure that the needs of those who require a place for prayer are appropriately met; and
• ensure that any allegations of discrimination or harassment on the grounds of religion or belief are investigated thoroughly, speedily and sensitively.

Age Equality

As an approach to best practice and to fulfil our general duty as a regulator, public service organisation and employer we will:
• seek to identify and meet the needs of different age groups, particularly older people and children when we provide services;
• welcome job applications from older and younger people;
• gather information in relation to recruitment and development of employees of all ages;
• where circumstances permit support employees who wish to work beyond the mandatory retirement age of 65, so as to retain their knowledge and skills in a manner that benefits both parties; and
• ensure that any allegations of discrimination or harassment on the grounds of age are investigated thoroughly, speedily and sensitively.
1. COUNCIL, COMMITTEES AND STAFFING

The Council

The role of the Council is to oversee the provision of regulation that ensures public protection and keeps pace with change and to set standards within the profession, targeting those areas of greatest need. The 14-strong Council is composed of equal numbers of pharmacy professionals and lay people. Lay people bring in knowledge from outside the profession and help to ensure public focus, openness and transparency.

To reinforce independence, and to ensure transparency in decision-making, our Council is appointed rather than elected. Members are appointed by the Appointments Commission on behalf of the Privy Council to ensure a balance of qualities, skills and experience, and to reflect the diversity of the public and of the pharmacy profession.

We cover England, Scotland and Wales. In order to reflect differences in health service delivery, the Council includes at least one person who lives or works in each of the three participating countries.

The Committees

There are three statutory committees established under the Pharmacy Order 2010: the Investigating, Fitness to Practise and Appeals Committees.

Directorates

We are committed to creating a work environment free from unlawful discrimination, harassment and bullying, where everyone is treated with dignity and respect. No employee or potential employee will receive less favourable treatment or consideration due to belonging to any of the protected characteristic groups. Our internal Equality and Diversity Policy specifically sets out our approach to managing bullying and harassment and dealing with complaints of discrimination from our staff.
We employ approximately 126 staff most of whom are based in Central London with 29 members of inspectorate staff based throughout England, Scotland and Wales. The General Pharmaceutical Council is divided into directorates each led by a member of the Executive Team:

- The Regulatory Services Directorate incorporates: education and quality assurance; registration, statutory committee secretariat, fitness to practise and the inspectorate.

- The Policy and Communications Directorate incorporates: communications, policy, standards, the standards advisory team, stakeholder engagement, and patient and public engagement.

- The Resources and Corporate Development Directorate incorporates: finance, human resources, information technology, procurement, governance, and the Council secretariat.

**Those who work on our behalf**

13 groups work on our behalf and have responsibilities under the Equality Act 2010 but are not employees. They are generally known as General Pharmaceutical Council associates:

- Fitness to Practise Committee members
- Investigating Committee members
- Appeals Committee members
- Statutory committees’ legal advisers
- Statutory committees’ clinical advisers
- Medical assessors
- CPD reviewers
- Assessors (examiners)
- Adjustments group
- Evaluators (pharmacy technician applications
- Overseas applications panel
- Visitors (accreditors)
- Question writers

**2. CHARACTERISTICS OF THE PROFESSION**

There are approximately 48,000 pharmacists and 16,000 pharmacy technicians on the GPhC Register (October 2011). A survey undertaken by the RPSGB in 2009 showed that overall the numbers of male and female registrants are fairly
equal. However, among registered pharmacists, 57% are female. Almost half of the pharmacists on the Register are aged under 40 years. Female pharmacists as a group are younger than males – 55.2% are aged under 40 years, compared with 40.7% of males. Of all registered pharmacists and pharmacy technicians 63% are White, 17% Asian, 3% Black and just under 3% were of Chinese origin. 10% of registrants were recorded as “ethnic origin unknown”.

**Overseas Registrants**

The current register shows that approximately 5,044 3,000 (11.7%) of registered pharmacists qualified overseas. The survey undertaken by RPSGB in 2009 also indicated that pharmacists who entered the register via an overseas route were on average younger than home pharmacists (38.8 years versus 42.6 years). The majority (95.2%) from Europe are of white origin, as were a large proportion (78.1%) of those who had entered via the reciprocal route. 38% of those who entered through the adjudication route (required to complete a period of study, followed by pre-registration training and examination) were of black ethnic origin.
General Pharmaceutical Council
Equality and Diversity Scheme Year 1 Action Plan

### Objective 1: Revise interim scheme

<table>
<thead>
<tr>
<th>Actions</th>
<th>Milestones</th>
<th>Outcomes</th>
<th>Protected Characteristics</th>
<th>Responsible Officer(s)</th>
<th>Target Date/Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain feedback on interim Scheme from Council members</td>
<td>Members’ views incorporated</td>
<td>Scheme ready for final internal staff input and external consultation</td>
<td>All</td>
<td>Equality, diversity and inclusion lead</td>
<td>Members’ views received To Council December/January 2011 Final Scheme to Council June 2011</td>
</tr>
<tr>
<td>Develop Scheme Action Plan</td>
<td>Scheme update reported to Council</td>
<td>Final Scheme adopted by GPhC</td>
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<tr>
<td>Update Scheme</td>
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</tbody>
</table>

### Objective 2: Conduct Consultation/Engagement

<table>
<thead>
<tr>
<th>Action</th>
<th>Milestones</th>
<th>Outcomes</th>
<th>Protected Characteristics</th>
<th>Responsible Officer(s)</th>
<th>Target Date/Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain views on Scheme from staff</td>
<td>Engage with staff across directorates and functions to identify key areas that require attention and that are critical to meeting our statutory duties</td>
<td>Staff engaged in E&amp;D</td>
<td>All</td>
<td>Equality, diversity and inclusion lead</td>
<td>Staff views January - June 2011 External views June – October 2011 Views from disabled people June – October 2011 Barking and Dagenham Disability Equality Forum agreed to engage with GPhC</td>
</tr>
<tr>
<td>Obtain views on the Scheme from: external stakeholders - members of the public, registrants, health and community/voluntary sector organisations, other regulators, educators, employers - across the nine protected characteristics</td>
<td>Set out an updated scheme and thinking following internal work</td>
<td>E&amp;D Scheme reflects the views of staff</td>
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<tr>
<td></td>
<td>Seek ‘public’ view on</td>
<td>E&amp;D Scheme reflects the views of registrants and the public</td>
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<td></td>
<td></td>
<td>Staff focus, responsibility and ongoing involvement</td>
<td>Disability</td>
<td></td>
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</tbody>
</table>
### Work with others in health professions regulation on E&D

**Develop on-going mechanisms for continuous engagement**
- the themes identified to support the development of the Scheme and how the public wish to engage
- Regularly attend regulators’ E&D Forum

**Objective 3: Training Provision**

<table>
<thead>
<tr>
<th>Action</th>
<th>Milestones</th>
<th>Outcomes</th>
<th>Protected Characteristics</th>
<th>Responsible Officer(s)</th>
<th>Target Date/Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide equality and diversity training across the organisation</td>
<td>Relevant training identified</td>
<td>Council Members are confident in respect of their responsibilities under the Equality Act 2010</td>
<td>All</td>
<td>Procurement Manager Head of HR Equality, diversity and inclusion lead</td>
<td>Discussion with HR on form of training late May</td>
</tr>
<tr>
<td>Specific disability training to relate to the social model of disability.</td>
<td>Identify and appoint training provider</td>
<td>Staff trained in E&amp;D, and enabled to carry out impact assessments and action planning and review</td>
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<tr>
<td></td>
<td>Council members receive updated training</td>
<td>Associates receive specific relevant E&amp;D training i.e. appeal committee</td>
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<td></td>
<td>Staff receive overall E&amp;D training with review i.e. web-based</td>
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<tr>
<td></td>
<td>Associates' training needs assessed</td>
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</tbody>
</table>

GPhC complies with statutory duty to develop on-going engagement with disabled people

GPhC develops best practice in line with other regulators

All and provide feedback on interim Scheme – 6.12.10

Work with others ongoing
Training in place for new staff members; FtP committee members; Staff and associates are able to put E&D Scheme into practice

### Objective 4: Equality Impact assessments (EqIAs)

<table>
<thead>
<tr>
<th>Action</th>
<th>Milestones</th>
<th>Outcomes</th>
<th>Protected Characteristics</th>
<th>Responsible Officer(s)</th>
<th>Target Date/Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry out Equality Impact Assessments</td>
<td>Research available tools</td>
<td>EqIAs conducted on existing and new policy, service, function or project. Outcomes prioritised and identified in action plans</td>
<td>All</td>
<td>All staff</td>
<td>Start 2011</td>
</tr>
<tr>
<td>Involve stakeholders in developing our impact assessment procedures</td>
<td>Consult stakeholders on EqIAs</td>
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<td></td>
<td>Adopt an EqIA tool</td>
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<td></td>
<td>Roll out impact tool to staff following appropriate training</td>
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<tr>
<td></td>
<td>EqIAs regularly reviewed</td>
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<td></td>
<td>EqIAs should benefit from equality data</td>
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</tbody>
</table>

### Objective 5: Action Planning

<table>
<thead>
<tr>
<th>Action</th>
<th>Milestones</th>
<th>Outcomes</th>
<th>Protected Characteristics</th>
<th>Responsible Officer</th>
<th>Target Date/Updates</th>
</tr>
</thead>
</table>
All Directorates to develop action plans for key work areas across protected characteristics (pc)

All Directorates to develop mechanisms to ensure plans monitored and updated

Staff and teams supported to develop methods of joined-up work to identify common issues

<table>
<thead>
<tr>
<th>All Directorates to develop action plans for key work areas across protected characteristics (pc)</th>
<th>Staff groups engaged on developing action plans</th>
<th>Relevant action plans developed and added to E&amp;D Scheme</th>
<th>All</th>
<th>All staff</th>
<th>Start in January</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorates to develop mechanisms to ensure plans monitored and updated</td>
<td>Develop internal Equality and Diversity Leads/Champions</td>
<td>Action plan outcome targets regularly monitored</td>
<td>Equality, diversity and inclusion leadership group</td>
<td>Head of HR</td>
<td>Pilot carried out with Standards Advisory Service in December 2010 – action plan to June 2011 completed.</td>
</tr>
<tr>
<td>Staff and teams supported to develop methods of joined-up work to identify common issues</td>
<td></td>
<td>Outcomes added to E&amp;D annual report and updated for next Scheme</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Diversity Champions appointed to report on directorate equality activities</td>
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</tbody>
</table>

**Objective 6: Monitoring**

<table>
<thead>
<tr>
<th>Action</th>
<th>Milestones</th>
<th>Outcomes</th>
<th>Protected Characteristics</th>
<th>Responsible Officer</th>
<th>Target Date/Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop methods for data collection</td>
<td>Review scope for capturing data in relation to the protected characteristics (pc) in each area of our work</td>
<td>The Scheme is updated with practical examples and aggregated data as required for ‘best practice’</td>
<td>All</td>
<td>All staff</td>
<td>Start in January</td>
</tr>
<tr>
<td>Develop criteria for monitoring information</td>
<td>Analyse data in relation to each pc in all areas of our work</td>
<td>Appropriate evidence is gained for action planning decisions</td>
<td></td>
<td></td>
<td>Initial meeting held with HR and Governance – Dec 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Begin to look at criteria for monitoring information at EDI reference group in May 2011</td>
</tr>
</tbody>
</table>
where possible

An informal leadership group that advises on progressing E&D and inclusion within the organisation is developed

Emerging themes are identified and prioritised in action planning process

Targets detailed in this plan are monitored in the GPhC’s Business Plan

E&D is mainstreamed within the work of the GPhC

Equality, diversity and leadership group

Outlined in Business Plan by end June 2011

Equality Diversity and Inclusion leadership group developed – first meeting May 2011

Executive team discuss identification of E&D leads for each project – March 2011

Executive team agreed a methodology for embedding E&D within project scope – March 2011

Discussions to take place within the org. i.e. FtP, registration, to implement monitoring as criteria develop