

Delivering equality, improving diversity and fostering inclusion

Our strategy for change
2021–26

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Foreword

This strategy brings a new focus and energy to our efforts to progress how we deliver equality, improve diversity and foster inclusion. It is our framework for how we deliver this work, across our organisation, to support our *Vision 2030* and *Strategic plan 2020-2025*. It builds on the work we are already doing and recognises, and works alongside, other interconnecting strategies such as our fitness to practise strategy.

Equality is – and will continue to be – fundamental to our work and is central to this strategy. This is not just because we have to meet our legal requirements, but because it's absolutely the right thing to do. Alongside this basic principle, our strategy also reflects that diversity and inclusion are at the heart of our organisational culture and the way we want to work.

We know that we operate in a world where deep and ingrained inequalities exist, including within healthcare regulation, but we will not use this as a reason for doing nothing. Our strategy sets out our clear commitment to be more active, across everything we do, in using our regulatory influence and levers. We will use these to help reform the structures and practices that maintain inequality and discrimination within pharmacy and pharmacy regulation.

We know that people experience the GPhC in different ways. We want to better understand these differences, so that we can continue to refine and improve the way we work. We don't see this as an optional extra, or even the responsibility of one single part of our organisation. For this strategy to be effective,

we also need to work with our colleagues and stakeholders across pharmacy.

We recognise the importance of taking an evidence-based approach to our work. One of the key priorities highlighted in this strategy is to improve the way we collect, analyse and use our data and insights. However, we are just as committed to improving how we deliver against all our priorities. So, for this reason, we will not delay in taking forward actions and activities where we can – even while our data and insights are still evolving.

We also need to be realistic and clear-sighted about the challenges ahead, recognising that we still have a lot of work to do. We will often have to face difficult decisions because our resources are limited, and we cannot immediately do everything that we want to.

As an organisation, we have already committed to keeping our *Vision 2030* and strategic plan under close review. This is to make sure we are able to adapt quickly to changes in the wider world, to how pharmacy services are delivered and to changes in the health and social care sector as a whole. We're applying the same approach to this strategy, and we will keep it under review for the same reasons.

There is now much more widespread discussion about disability (both physical and hidden), race and ethnicity, LGBTQ+ rights, and the whole areas of equality, diversity and inclusion. Against this background, and in this context, we are committed to making sure that this strategy remains fit for purpose in today's society.

We also know that significant world events – such as the effects of the COVID-19 pandemic and the Black Lives Matter movement – might cause us to refocus or rethink our priorities in the future. If that happens, we will apply the guiding principles of this strategy to help decide our way forward.

This is a five-year strategy, and we see this as the beginning. We will have much more work to do as we move towards achieving our Vision 2030, and we will look at everything we do in the light of equality, diversity and inclusion. But we see the strategy as a key milestone on our journey to do better as a regulator and an employer.



Nigel Clarke
Chair



Duncan Rudkin
Chief Executive and Registrar

About us

We have an important part to play in making sure people receive safe and effective care when using pharmacy services and that they have trust in pharmacy.

We:

- promote professionalism within pharmacy
- help make sure pharmacy professionals have the appropriate knowledge, attitudes and behaviours
- assure the quality of pharmacy, including its safety
- support the improvement of pharmacy

We do this in a number of ways, including:

- registering and listing publicly the pharmacy professionals and pharmacies that provide care to patients and the public
- setting and promoting the standards needed to enter and stay on our register
- receiving assurances, in a number of ways, that pharmacy professionals and pharmacies continue to uphold our standards – and acting appropriately when they do not
- sharing with others what we learn through our work
- investigating concerns about the people and pharmacies we register, and taking proportionate action to protect the public and promote our standards



Words matter

Language is evolving all the time. The language we use and the words we choose to express ourselves matter. Words can unite and align people, but they can also exclude and divide.

We know that people can sometimes be uncertain about the words they use when talking about equality, and it's vital that we think about the impact our words have on others.

We also know that identity, for example, that how people see themselves is a very personal thing. People have their own particular preferences as to how they would describe themselves and how they would want to be described. We will take account of that through our own work by listening and learning.

We have described below what we mean by some of the key words and phrases that we use throughout our strategy. This is not a complete list and we know there are often different views and opinions about the best way to describe what these words and phrases mean. However, we hope this will act as a starting point to help everyone understand our strategy, and to talk about it and our work.

Black, Asian and minority ethnic (BAME)

We recognise the recent debates and different perspectives about the use and limitations of this term, specifically that it should not be taken as referring to a singular group or identity. We are committed to taking a nuanced approach to issues of race and ethnicity as far as possible, whilst at the same time working with our stakeholders to determine the terminology to support our approach going forward.

Equality

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

Diversity

Diversity is about recognising, respecting and valuing everyone as an individual. Often, this is referred to in terms of acknowledging unique and different perspectives for the added value these bring.

Inclusion

Inclusion is about a sense of belonging and creating an environment where everyone feels welcomed and valued. It is often used to refer to creating a culture of respect and effective communication with people of all backgrounds. For us, 'belonging' includes a workplace culture where there is a feeling of security, support and acceptance for everyone, which helps us to develop positive and significant relationships with others.

Intersectionality

Intersectionality is about recognising that multiple issues and identities – and therefore levels of discrimination – can overlap.

Lived experience

This is about personal knowledge gained through direct, or indirect, involvement or experience in everyday events. When we talk about this in our strategy, we are referring to the way we want the personal and first-hand experiences of our staff, Council members, associates, partners, and stakeholders to help guide and be reflected in our work.

Protected characteristics

The Equality Act 2010 protects individuals from direct and indirect discrimination, harassment and victimisation, because of nine 'protected characteristics'¹. The Act 2010 defines these as: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Protection applies in the workplace, the provision of services and other contexts, and is subject to defined exceptions.

We recognise that the Equality Act gives legal protection only to individuals. However, there are times when we have to refer to people who share a protected characteristic as a group. For example, we would do this when we carry out equality impact assessments.

There is more information about the legal framework in Part 7 below.

¹ In ordinary English, to 'discriminate' simply means to make a distinction. In everyday life we can all discriminate in arriving at almost every decision we make. More recently though, to 'discriminate *against*' has come to mean being unfair to someone or to behave badly towards people. In equality law, there is an important difference between what is described as 'lawful' and 'unlawful' discrimination. Unlawful

discrimination means treating a person unfairly because of their protected characteristics. However, there are also circumstances when certain forms of discrimination are lawful under the Equality Act. When we talk about tackling discrimination through our strategy, we are referring to the type of conduct that is unlawful under the Equality Act and which would be seen as unfair treatment.



The consultation process

We are consulting on our strategy until 12 July 2021. We want to hear your views about the impact of our proposals on patients, the public, pharmacy professionals and employers. We welcome responses from anyone with an interest in equality, diversity and inclusion.

The consultation will run for 12 weeks, and during this time we will be receiving feedback from individuals and organisations. We will send this document to a range of stakeholders, including pharmacy professionals, owners and employers, trade and professional bodies, patients' representative bodies and organisations, members of the public, equality organisations and others with an interest in this area. After the consultation, we will publish a report summarising what we heard.

Our report on this consultation

Once the consultation period ends, we will analyse the responses and consider any changes that are needed. Our Council will then receive the analysis and consider the responses when approving the final strategy.

We will publish our analysis of the responses, and an explanation of the decisions we take, on our website www.pharmacyregulation.org

Why we consult

We have to consult before we set any standards or requirements under the Pharmacy Order 2010. We will also consult, when we need to, to make sure we carry out our statutory functions effectively and proportionately to meet our main objective of protecting the public.

Responding to the consultation

How we use the information we gather

We will use responses to help us develop and finalise our strategy. We ask respondents to give us some background information and tell us whether they are responding as an individual or on behalf of an organisation. We use this information to help us analyse the possible impact of our plans on different groups. There is an equality monitoring form at the end of the survey questionnaire, which we encourage respondents to fill in.

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

We may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try to respect it. But we cannot guarantee that confidentiality can be maintained in all circumstances. If you email a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.

Your rights

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

How to respond

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

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

Other formats

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

Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to: feedback@pharmacyregulation.org, or post them to us at:

EDI policy team
General Pharmaceutical Council
25 Canada Square
London E14 5LQ

Please do not send consultation responses to this address.



Part 1: A diversity of challenges and characteristics

Professional regulators, the public they serve and the professionals they regulate undoubtedly face many complex, important and varied equality, diversity and inclusion challenges.

The COVID-19 pandemic and Black Lives Matter movement have quite rightly put the inequalities and discrimination that some minority groups experience at the forefront of global and national agendas. The long-term impact of disadvantaged backgrounds, and of education, training and work environments, means that opportunities, experience and attainment are not equal for everyone.

We know we have more work to do to fully understand and deal with other issues within pharmacy including:

- how we can better understand the communities and cultures of the people we work with, and the challenges they face, and apply this knowledge to our regulatory work
- how we can better understand why we get a higher number of concerns about black, Asian and minority ethnic (BAME) professionals being raised with us than we ought to expect statistically

- how we can use our regulatory influence and levers to tackle discrimination and support the reduction of health inequalities, and
- how to make sure that diversity (including diversity of 'lived experience') is better reflected both in and through our governance and leadership.

We've already started to confront some of those challenges through setting this strategy for change, as well as through several initiatives that are still ongoing. Our work to develop an effective strategy builds on other work that involves many people and many different types of activity across our organisation.

For example, we launched our new **standards for the initial education and training of pharmacists** in January 2021. In this, we have placed a much greater emphasis on EDI in terms of what we expect from pharmacy students, trainees and education providers, in:

- helping combat discrimination and health inequalities, and
- dealing with the deficiencies and differences that we had found during **our research** into candidate registration assessment performance

We've introduced mandatory learning outcomes to make sure that students and trainees:

- treat people as equals, with dignity and respect
- meet their own legal responsibilities under equality and human rights legislation, and
- respect diversity and cultural differences

We have introduced similar requirements for education providers, to make sure that:

- policies and procedures promote the principles and legal requirements of equality, diversity and fairness, and
- institutions are actively identifying and reducing discrimination in their selection and admission processes

Under the new requirements institutions have to take specific measures. For example, every year they must analyse their admissions profile by protected characteristic, and take action if that analysis shows that the admissions process may be disadvantaging students.

EDI strategies are often centred on the protected characteristics defined in the Equality Act. While this is still fundamental to our work, we want to go beyond simply delivering interventions that support those who share particular legally protected characteristics and think more holistically.

Through the themes and objectives we explain in Part 3 of this strategy, we will consider, when

we can, broader characteristics in our work, such as:

- caring responsibilities
- 'socio-economic' factors such as income, education and work history
- language or communication challenges, and
- people with other, diverse needs

We already do this through our equality impact assessments – where we try to identify and consider wider issues or needs as part of analysing the potential impact of our policy changes. But we want to make sure we apply this approach to our wider work, when we can.

By recognising these broader characteristics and how we might approach these in a meaningful and inclusive way, we can think about the impact of 'intersectionality'. This means recognising that multiple issues and identities – and therefore levels of discrimination – can overlap.

When possible, the activities we deliver through this strategy will support the public we serve, the professions we regulate, and our workforce. However, in some cases we will identify clear reasons to deliver activities that are targeted to help particular groups – both internally and externally. These will usually involve working directly with and consulting our staff, Council members, associates, partners, stakeholders and networks. In other cases, these may arise from equality, diversity or inclusion issues that become significant either in Great Britain or elsewhere.



Part 2: Our strategic approach to EDI

Our *Vision 2030* is for 'safe and effective pharmacy care at the heart of healthier communities'. This helps us to focus on the difference we want to make for patients and the public. It is based on three main ambitions:

- being a good-quality, independent regulator of pharmacy for the public
- practising an anticipatory and proportionate approach to regulation
- operating as a professional and 'lean' organisation

Our strategic aims

Our *Strategic plan 2020-2025* sets out the work we plan to do to help us achieve our *Vision 2030*. To make major progress in delivering our vision over the next five years, we will focus on achieving the five strategic aims set out below. These are to:

- deliver an adaptable standards framework that meets rapidly changing public and professional needs
- deliver effective, consistent and fair regulation
- drive improvements in pharmacy care through by modernising our regulation of education and training
- shift the balance towards more anticipatory, proportionate and tailored approaches to regulating pharmacy
- improve our capabilities and infrastructure to deliver our vision

Our strategic plan brings together in one place our intended level of ambition, how we intend to regulate, and how we will need to operate if we are to successfully deliver our vision.

Each strategic aim is supported by a short narrative for explanatory purposes, the key programmes of work we will be focusing on, and some high-level examples of success. You can [read more about this work here](#).

Our approach to regulation

To help us achieve our Vision and strategic aims, our approach as a regulator is to:

- work **collaboratively** with others
- promote professionalism and **person-centred care**
- focus on what makes a **difference for patients and the public**
- base what we do on **evidence**
- regulate in a way that is effective and **responsive** to developments in the three countries in which we regulate

Our culture and values

Equality, diversity and inclusion are at the heart of our culture and values as an organisation. In particular:

- we hold ourselves to the standards that we expect of others
- we do the right thing
- we know what we have to do and trust others to do it

- we work together to make things better in pharmacy
- we ask the right questions and make the right connections

In the context of this work, we see legal requirements as imperative, but only as a baseline not a ceiling.

These principles guide our approach as a regulator and employer and are built into the way we deliver our work. We expect all our staff, council members, associates and partners to embrace these principles and apply them to their day-to-day work.

In our work, we see meeting our legal duties as essential – but this is only a starting point.

Our EDI strategy

Equality, diversity and inclusion are central to everything we do, both as a regulator and as an employer. They are an important part of our Vision 2030 and Strategic Plan, which set out our roadmap for the future and underpin all of our regulatory activities.

However, we need to do more to **deliver equality, improve diversity and foster inclusion** across the different areas of our work. And we need to make sure that EDI is fully integrated into our work, and that it:

- helps us set our future priorities
- helps us measure our achievements, and
- shows us where we can do better

We give more details below about our work in this area. Overall, this strategy is designed to:

- support us in achieving our Vision 2030 and strategic aims
- set out how we will work together and with others to transform our approach to EDI
- draw together our corporate EDI themes and objectives in one place, to support transparency, monitoring and reporting on our work
- describe how we meet our legal duties under the Equality Act and Human Rights Act, and support us in doing more than just complying with the legal requirements
- help shape everything we do in our day-to-day work, making sure we are continually thinking about the specific needs of the different groups and people that we work with



Part 3: Our EDI themes and objectives

At the heart of our *Vision 2030* and strategic plan is a commitment to ‘making sure that the way we regulate is grounded in equality and diversity, and a good understanding of the systems and cultures professionals and the communities they serve are based in’.

Our strategic intent is to work towards becoming a regulator and employer that truly reflects the diversity of the public we serve and the professions we work with. We believe this will better equip us to tackle discrimination and support equality in health outcomes.

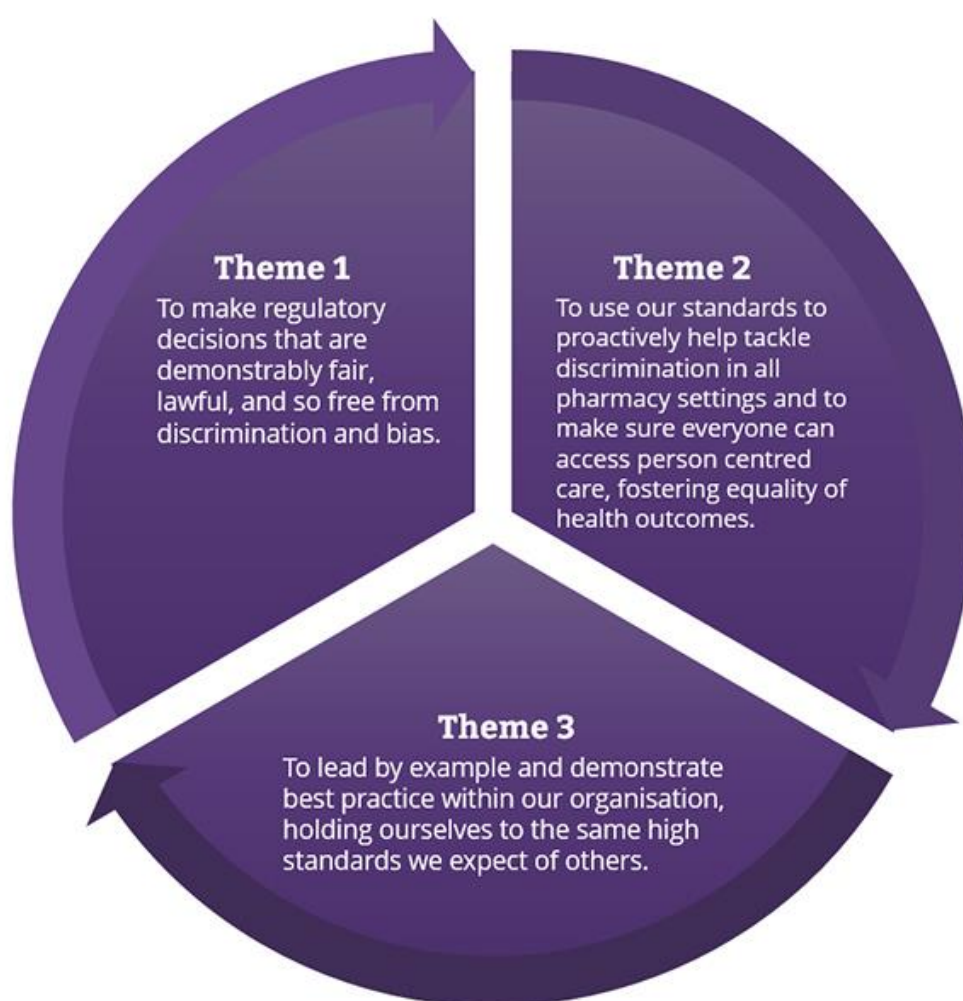
By working with our staff and stakeholders, we have identified **three key themes**, to help us to transform our approach to EDI. For each theme there is a **series of EDI objectives**, each of which will be delivered within the strategy period. To help us evaluate and measure the success of any changes we make, we have identified a **set of strategic outcomes** for each theme. These are described in more detail below.

Our EDI themes and objectives come from our vision and strategic plan and reflect the requirements set out in the Public Sector Equality Duty. Specifically, this means that we have developed a ‘whole-system’ approach to delivering EDI outcomes in all our work. In turn, this will better enable us to develop a culture where equality in health outcomes is key to our efforts to continue to improve our performance in EDI as a regulator and employer.

Over the next five years, our EDI activity will be organised around the following themes, to achieve our vision of 'safe and effective pharmacy care at the heart of healthier communities'.

Figure 1: EDI strategy themes:

Safe and effective pharmacy care at the heart of healthier communities





How we developed our EDI themes and objectives

Our themes and objectives have been developed using an evidence-based approach, and by working with others. We have actively sought and listened to the views of a wide range of diverse internal and external stakeholders. We have carried out a process of extensive engagement, feedback and review – repeating this to help us refine our ideas.

Our objectives reflect an understanding of our existing data about our workforce and the pharmacy professionals we register. We have also considered outside factors – such as COVID-19, the Black Lives Matter movement and the UK's exit from the European Union – and the impact these will have on our work. Ultimately, the themes and objectives represent a renewed resolve to be clear on the real challenges ahead.

How we will report on our progress

This strategy sets out our ambitions for the next five years. We will report on our progress against yearly action plans, and we aim to evaluate the short-term impact of the strategy after three years. Our action plan will also give us the flexibility to adapt our approach, if we need to, to meet our three key themes. This will also help make sure that initiatives are built fully and effectively into our work, our people are engaged, and the impact is clearly measured.

You can read more about this in **Part 4 'Leadership and governance'** and **Part 5 'Assurance'** below

Theme 1

To make regulatory decisions that are demonstrably fair, lawful, and so free from discrimination and bias

There are several parts to this theme, covering:

- how we regulate
- how we make regulatory decisions, and
- how we publish robust and transparent data about our regulatory decisions

A lot of the activity under this theme is similar to the detailed work we are doing under our new fitness to practise strategy. The strategies are interconnected. They each have a clear focus on:

- how we will minimise and deal with the risk of potential biases in our decision-making
- what we will do to better understand why we get a higher number of concerns about BAME pharmacy professionals than we ought to expect statistically, and the context in which these are raised, and
- how we will take a person-centred approach to our work

However, there are other areas of work that we need to take forward if we are to successfully deliver this theme more widely. We know we need to do more to improve the way we collect, use and share diversity data. This will allow us to monitor the impact of any policy or procedural initiatives more effectively and plan anti-discrimination initiatives across our

organisation, internally and externally. To demonstrate the seriousness of our intent to achieve real change, we also need to be as transparent as possible about the data, how it compares to that of other organisations and how we use that data to drive change.


This theme will be delivered through the following objectives²

We will:

- develop a new corporate approach to assess and improve the diversity data we collect from the professionals on our registers, our workforce and others, in line with best practice
- routinely publish diversity 'datasets' – including diversity data on fitness to practise cases – to support transparency, visibility and intelligence sharing
- use our diversity data to identify and monitor any disproportionate impacts on different groups, and to take steps to understand and deal with potentially discriminatory outcomes – for example, through initiatives such as anonymous decision-making pilots
- support people to make non-discriminatory regulatory decisions, across all parts of our organisation, by having a new programme of equalities-related training sessions, including tailored sessions on different types of prejudice and discrimination
- take appropriate action when concerns are raised about discriminatory behaviour by

or actions identified during the consultation on our fitness to practise strategy

² The objectives under this theme may be updated further to reflect any additional work



pharmacy professionals, or about pharmacy education and training, getting relevant outside expert advice when we need to

- identify and take forward appropriate equalities-related topics as part of our future research programmes
- monitor key sources of intelligence (for example, complaints and fitness to practise concerns) for EDI themes and issues, to shape our work, share learning across the organisation and help us to measure progress

The outcomes that we aim to achieve

To help us evaluate and measure the success of any changes we make, we have identified the following strategic outcomes.

This is what we aim to achieve by taking action as a result of this strategy:

Table 1: Outcomes from theme 1

Outcome 1	Outcome 2	Outcome 3	Outcome 4
Our EDI data will be more robust and nuanced, enabling better understanding of any gaps in our data. In turn, this will give us a strategic understanding of where we need to improve and how to deliver continuous improvement	Through better and more regular reporting, our stakeholders will have greater confidence about the transparency and fairness of our decisions	We will have a stronger understanding of the individuals with shared characteristics most adversely affected by our policies, procedures and practices. This in turn will allow us to put these imbalances right, in a way that is proportionate and fair	Our staff and associates will feel confident in and capable of making regulatory decisions which are free from discrimination and bias, and will be able to access the right support and resources

Theme 2

To use our standards to proactively help tackle discrimination in all pharmacy settings *and* to make sure everyone can access person-centred care, fostering equality of health outcomes

The standards that we set for pharmacy students, trainees, pharmacy professionals and registered pharmacies are designed to support the provision of safe and effective person-centred care that recognises and respects diversity and cultural differences.

Through this theme, we want to be clear, for the first time, that we will also use our standards to proactively help tackle discrimination in all pharmacy sectors and settings, and support the reduction of health inequalities.

The actions we plan to take under this theme are designed to:

- tackle the different types of prejudice and discrimination within pharmacy, and
- better equip pharmacy teams to provide person-centred care that takes account of the diverse needs and cultural differences of the communities they serve

We are committed to developing an approach to help equip pharmacy teams with the awareness and confidence to be able to provide services in ways that are culturally sensitive. We also want to support pharmacy professionals to speak up and challenge discrimination, using our standards and guidance to help them do that.

We regulate the three countries of Great Britain and we have specific requirements to meet


around the Welsh language. We remain fully committed to making sure that people who want to communicate with us in Welsh can do so.

Improving our own cultural competence as an organisation is also part of this EDI strategy. Under theme 3, we will be carrying out an EDI learning needs analysis across our organisation. Through this, we will aim to understand what type of training we need to provide in relation to cultural competence, and who should have it. However, this is just the first step. We will continue to build on our progress in this area.

This theme will be delivered through the following objectives

We will:

- develop comprehensive equality guidance for pharmacy owners, to support them in meeting their duties under the Equality Act and the Human Rights Act
- support pharmacy professionals in providing person-centred care that recognises and respects diversity and cultural differences. We will do this by working with key stakeholders, across all three nations, to develop and share best practice examples or communications messages
- use our Knowledge Hub to promote and share examples of notable EDI practice that our inspectors have found during our inspections, to support the pharmacy team in continuous learning and improvement
- continue to make EDI a core part of our revised accreditation and quality assurance framework for pharmacy education and training. We will do this by strengthening



our evidence framework and raising awareness of EDI themes through our accreditation reports

- continue to meet our requirements under the Welsh Language Scheme and fully implement the new Welsh Language Standards when they are introduced
- proactively monitor external data, insights and reports on emerging EDI themes, including information about the experiences of the public and patients when accessing care, and we will improve the way we share these across the organisation to raise awareness and help shape our work

The outcomes that we aim to achieve

To help us evaluate and measure the success of any changes we make, we have identified the following strategic outcomes. This is what we aim to achieve by taking action as a result of this strategy

Table 2: Outcomes from theme 2

Outcome 1	Outcome 2	Outcome 3	Outcome 4
Pharmacy professionals, in all pharmacy settings, will be encouraged and supported to reflect and consider the diversity of wider society (including local communities) in the care and services they provide	The way that we support pharmacy professionals to deliver person-centred care will be better informed by, amongst other things, using what we learn about the experiences of patients and their carers	There will be a greater emphasis on education providers to demonstrate how they build EDI into their curricula and academic culture	Pharmacy professionals will be able to access useful EDI guidance and resources linked to our standards, to help them speak up and challenge discrimination and to support their continuous learning and improvement

Theme 3

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

At the heart of this theme is a commitment to hold ourselves to the same standards we expect from others in everything that we do. We will make sure that we are following EDI best practice in our leadership, management and governance – and in all our policies and procedures. It's essential that we use outside resources and support when we need to, and that we also make the most of sharing best practice and relevant learning across our organisation.

Through this theme, we want to improve the way that we're reflecting 'lived experience' in our work, both internally and externally. Our developing communications and engagement strategy will also help us to achieve this, alongside the objectives outlined here.

Our approach to better integrating patients' and the public's views into our work will also contribute to a more inclusive culture and help us reflect a wider range of voices, and the lived experiences of our stakeholders, in everything we do.

We also want our people to:

- feel confident in considering EDI in their work
- understand why this makes a difference, and
- feel that they have the right training and support, whatever their role

We want to:

- increase confidence within our organisation
- have those 'difficult' conversations that need to happen if we are to transform our approach to EDI, and
- make better decisions

This theme will be delivered through the following objectives

We will:

- carry out a learning needs analysis to spot gaps in the EDI knowledge of our workforce and implement a plan to put these right. This will allow our people to have a better understanding of EDI and its importance for all of us, no matter what our personal characteristics
- update our corporate approach to equality impact assessments, developing new resources and training for our staff, and including lived experience in our assessments when we can
- update the roles and responsibilities of our equality networks, to develop their capability and capacity and to help them contribute to better decision-making, by having a wider range of voices and experiences contributing to discussions
- continue to take positive action to improve the opportunities and experiences of under-represented groups within our staff, Council members, associates and partners, when appropriate. This could be, for example, through our leadership development programme (this work also includes taking a proactive approach to recruitment to make

- sure that the diversity of our organisation reflects wider society)
- continue to publish gender pay gap reports, and introduce ethnicity pay gap reporting. We will use the data to identify improvements in our processes and other action we need to take
- review our HR policies and procedures, and introduce a new HR information system with an applicant tracking capability, capturing equal opportunity data
- take appropriate action if concerns are raised about our employees experiencing discrimination, and use this to identify and share any future learning points for the organisation
- adopt a more strategic approach to celebrating diversity dates, as part of our wider internal communications approach, and using these as a springboard to share interconnected messages about our wider work
- continue to meet Standard 3 of the Standards of Good Regulation set by the Professional Standards Authority (PSA). This sets the standard for all health and social care regulators in relation to equality, diversity and inclusion within regulation
- continue to report every year to the Welsh Language Commissioner on our compliance with the Welsh Language Scheme, and the new Welsh Language Standards when they are introduced
- assess and agree additional external standards that we will work towards in the future, for example: Race Equality Standards and the Stonewall Workplace Equality Index

The outcomes that we aim to achieve

To help us evaluate and measure the success of any changes we make, we have identified the following strategic outcomes. This is what we aim to achieve by taking action as a result of this strategy:

Table 3: Outcomes from theme 3

Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5
Our workforce and stakeholders will see that our culture is diverse and inclusive	Our policies and procedures will be developed in line with best practice, better reflecting the voices and lived experience of our stakeholders and workforce	Our EDI strategy will be understood across our workforce and will be visibly part of all our work in a way that is ingrained in our culture	Positive action, or other improvement action, will be focused and targeted based on evidence	Our staff will be better supported and confident in applying EDI considerations to their work, and our equality networks will be contributing to better decision-making

Part 4: Leadership and governance

Our EDI methodology

Our strategy is structured in a way that makes EDI a key part of all our work across the GPhC, both as a regulator and as an employer.

Our senior leaders recognise the role they must play, and we understand that the successful delivery of our ambitions relies also on the efforts of all staff, Council members, associates and partners. This is something for which we all have a shared responsibility.

At the heart of our approach lie several key principles:

- our leaders and all staff are active role models – they understand why EDI matters and how it relates to all our work
- our approach is evidence led – we will use insights to plan our approaches to continuous improvement, so making sure that we place safe and effective care at the heart of healthier communities
- we will have a proactive approach to co-production, reflecting a diversity of lived experience, including the voices of those from seldom seen and heard communities

Our Council

Our Council is our governing body. It is responsible for the overall control of our organisation, including agreeing this strategy and holding the executive to account for its delivery.

EDI Strategy Leadership Group

The EDI Strategy Leadership Group is made up of senior colleagues from across the organisation, including representation from our equality networks. Its purpose is to provide challenge, and strategic oversight, approval and management of the delivery of the EDI strategy. It acts as a first stage in dealing with any issues that may arise with the implementation and delivery of the strategy.

This group also monitors outside factors that have implications relevant to our EDI strategy and other EDI good practice. This includes a greater focus on equality impact assessments.

The EDI Strategy Leadership Group is chaired by the Chief of Staff and receives administrative and project management support from the EDI team. The EDI Strategy Leadership Group has overall responsibility to:

- make sure that the programme of work stays in line with our Vision and Strategic Plan
- provide challenge, as well as oversight and support
- recommend any projects and implementation activities within the programme of work to the Senior Leadership Group
- approve changes to any existing projects within the programme of work, with input from the Senior Leadership Group
- resolve issues between areas of work

- monitor progress against the work programme timetable and agree any revisions
- identify and manage risks and issues, and make relevant recommendations to the Senior Leadership Group

Directors

Directors have the authority to set the EDI priorities in their business areas. They are also accountable to the Chief Executive for making sure the resources are in place to deliver the EDI strategy. Directors are responsible for providing their teams with the support and understanding they need to deliver EDI through their work.

Senior management and line managers

Senior managers and line managers are responsible for delivering the EDI strategy and for understanding and raising the importance of EDI in their business areas. They must make sure that all staff are aware of and engaged with these priorities, and how these fit in with our approach to EDI in the context of the overall GPhC Vision and Strategic Plan.

All employees, Council members, associates and partners

Everyone is responsible for making sure they:

- meet the equalities and human rights legislation
- keep their training in and understanding of EDI up to date (this includes taking part in training sessions), and
- contribute to an inclusive working culture that celebrates the diversity of their colleagues and the people using our services

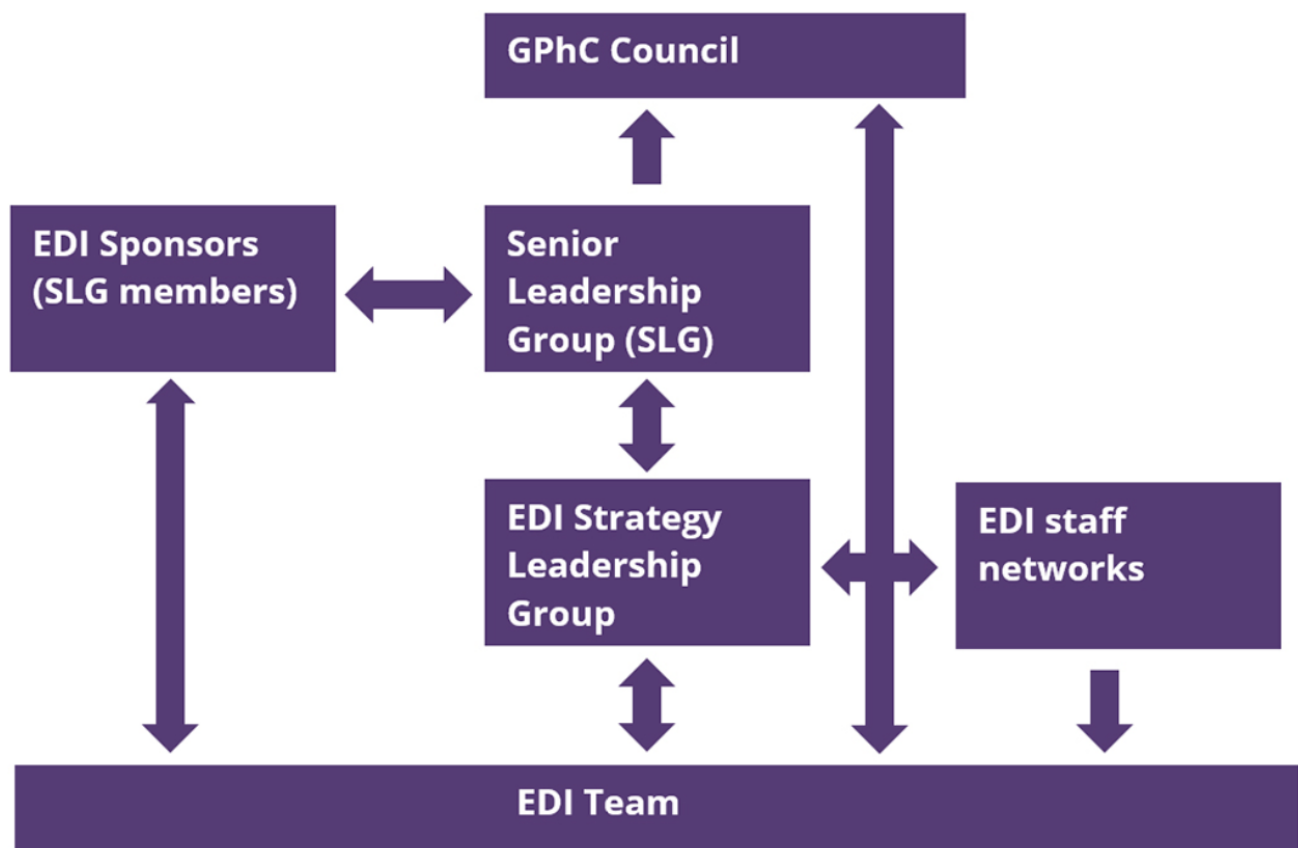
Everyone has a responsibility to 'live' our values and to bring these to life through their work and interactions with other people both inside and outside the organisation.

Governance

The EDI governance structure reflects our approach to making sure there is a clear leadership commitment to support the delivery of our strategy. It further reflects the relationships and collaboration between key stakeholder groups, whose common purpose it is to make sure that EDI is considered in all our work.

The diagram below illustrates our governance structure and the relationships between stakeholders

Figure 2: Our EDI governance structure





Part 5: Assurance

Our approach is to make sure our delivery framework reflects best practice, while allowing us to work together and with others in supporting the delivery of our EDI strategy.

Our approach clearly sets out roles, responsibilities and the relationships between key stakeholders.

Our Council has the overall **responsibility** for making sure we meet our legal duties under the equalities legislation. It holds us to account for how we deliver our strategy, and for the information that we provide.

The EDI Strategy Leadership Group members represent all areas of the organisation. Members are senior leaders who have **responsibility** for delivering specific actions under our strategy.

This group also includes the chairs and co-chairs of our equality networks, who are **responsible** for making sure that the voices and lived experience of our staff and stakeholders are reflected in our work and decisions.

All members are responsible for being EDI Champions within their directorates and across the organisation, and for providing feedback.

It is for the EDI Strategy Leadership Group to report on our progress and to make recommendations to the Senior Leadership Group as appropriate.

Part 6: Monitoring, reviewing and reporting our performance

Our EDI objectives are based on:

- our organisation-wide priorities
- evidence and feedback we collect, and
- an understanding of issues that arise in the wider world

We review our objectives every year, in line with our business planning cycle.

Monitoring our progress

The effective delivery of our objectives depends on our EDI action plan. This will describe the specific activities that belong to each objective.

We regularly monitor our progress against this plan at the meetings of the EDI Strategy Leadership Group, and we report our progress through our annual reports.

Measuring and evaluation

Our EDI action plan will outline success measures, and we monitor our progress against these at the regular meetings of the EDI Strategy Leadership Group.

We also report our progress regularly to our Council and the Senior Leadership Group



Part 7: Our legal obligations

Our commitment is to go above and beyond keeping to the Equality Act 2010 and to follow best practice in all our work in this area. However, it's still essential that we demonstrate how we meet our legal obligations in this context.

Below is a brief summary of our legal duties as a regulator and an employer. The Act specifies nine protected characteristics that are covered in the legislation, namely:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief (including no religion)
- sex
- sexual orientation

Section 149 of the Act sets out what is known as the Public Sector Equality Duty (PSED). Under the Act, we are treated as a public authority and we are bound by the PSED. This means, when we carry out our public functions, we have to have 'due regard' to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people from different groups

- foster good relations between people from different groups

To have 'due regard' means that in making decisions and carrying out our functions and day-to-day activities, we must consciously consider all three of the duties above.

How much regard is 'due' under a particular duty will depend on the circumstances. In particular, it will depend on how relevant a duty is to the decision or function in question, as it applies to any particular group or groups. The greater the relevance and potential impact for any group, the greater the 'regard' we have to have under the duty.

Whenever possible, our approach to demonstrating 'due regard' includes considering 'intersectionality' between the protected characteristics.

Consultation questions

In our strategy there are three key themes. Each of these is supported by several objectives and outcomes to help us to transform our approach to EDI and support our *Vision 2030*.

These objectives and outcomes will guide our work and help us evaluate the impact of the strategy in the future.

We want to hear your views on our strategy to help us improve our approach.

In each section of the survey, we ask you about the three key themes individually, and their corresponding objectives and outcomes.

Theme 1 and its objectives and outcomes

Theme 1 is: 'To make regulatory decisions that are demonstrably fair and lawful, and so free from discrimination and bias'. You can read about the seven objectives and four outcomes that support **theme 1 in pages 18-19 of this document**

- Q1 To what extent do you agree or disagree that theme 1 is appropriate?**
- Q2 Please tell us if you have any views about theme 1.**
- Q3 There are seven objectives under theme 1. To what extent do you agree or disagree that the objectives under theme 1 are appropriate?**
- Q4 Please tell us if you have any views about the objectives under theme 1.**
- Q5 There are four strategic outcomes under theme 1. To what extent do you**

agree or disagree that the strategic outcomes under theme 1 are appropriate?

- Q6 Please tell us if you have any views about the strategic outcomes under theme 1.**

Theme 2 and its objectives and outcomes

Theme 2 is: 'To use our standards to proactively help tackle discrimination in all pharmacy settings *and* to make sure everyone can access person-centred care, fostering equality in health outcomes'. You can read about the six objectives and four outcomes that support **theme 2 on pages 20-21 of this document**

- Q7 To what extent do you agree or disagree that theme 2 is appropriate?**
- Q8 Please tell us if you have any views about theme 2.**
- Q9 There are six objectives under theme 2. To what extent do you agree or disagree that the objectives under theme 2 are appropriate?**
- Q10 Please tell us if you have any views about the objectives under theme 2.**
- Q11 There are four strategic outcomes under theme 2. To what extent do you agree or disagree that the strategic outcomes under theme 2 are appropriate?**
- Q12 Please tell us if you have any views about the strategic outcomes under theme 2.**



Theme 3 and its objectives and outcomes

Theme 3 is: 'To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others'. You can read about the eleven objectives and five outcomes that support **theme 3 on pages 22-23 of this document**

Q13 To what extent do you agree or disagree that theme 3 is appropriate?

Q14 Please tell us if you have any views about theme 3.

Q15 There are eleven objectives under theme 3. To what extent do you agree or disagree that the objectives under theme 3 are appropriate?

Q16 Please tell us if you have any views about the objectives under theme 3.

Q17 There are five strategic outcomes under theme 3. To what extent do you agree or disagree that the strategic outcomes under theme 3 are appropriate?

Q18 Please tell us if you have any views about the strategic outcomes under theme 3

Equality and impact questions

We want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. The nine protected characteristics are:

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

Q19 Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

We also want to know if our proposals will have any other impact on any other individuals or groups (not related to protected characteristics), specifically: patients and the public, pharmacy owners or pharmacy staff.

Q20 Do you think our proposals will have a positive or negative impact on any of these groups?

Q21 Please give comments explaining your answers to the two impact questions above. Please describe the individuals or groups concerned and the impact you think our proposals would have.



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