

**Delivering equality, fostering inclusion and
improving diversity: our strategy for change
End of Year 1 report (2022/23)**



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Background

Equality, diversity and inclusion are at the heart of our culture and values as an organisation. Our new strategy provided us with an opportunity to re-set our commitment and recognise our leadership role in the sector.

It also signalled a major change to the way we approach equality diversity and inclusion at the GPhC. This included a new and clear agenda to use all of our regulatory levers and influence to tackle discrimination and support the reduction of health inequalities, and to be more proactive about speaking out on these issues.

Following publication of the strategy, we developed new governance arrangements and set up a new cross-organisational EDI Strategic Leadership Group, to help oversee strategy implementation and create an operational action plan for Year 1 (22/23), aligned to our strategic themes and objectives. This group is made up of key internal stakeholders as well as senior managers/leaders, representing different parts of the organisation. The group met four times over the course of the year and contributed to the development of our action plan and the delivery of our first year of activity.

We continued to demonstrate transparency by reporting our progress to Council throughout the year, including a six-month interim report in November 2022. This further report updates Council on all key activity and progress made over the past 12 months (Year 1), to support the delivery of our strategic themes and objectives.

Implementing our new approach

Year 1 was designed to be about resetting our entire approach to EDI as a regulator and employer, developing improved governance structures, policies and procedures to support us to do that, and to start delivering on our EDI strategic themes and objectives.

Overall, we have delivered the key actions and activity that we said we would in Year 1.

We've also delivered on additional and unplanned work that came up during the year, including work to support other partners and organisations with their EDI initiatives, where appropriate.

The new approach has been supported by everyone at the GPhC, from our governing Council and Committees to our senior leadership team and staff. And, we have seen high levels of positive engagement with the strategy and the action plan from across the organisation.

As we move into Year 2, we want to continue to build on that momentum and we have a clear set of deliverables agreed for 2023/24. These are built into our core annual business plan, with additional detailed activity in our EDI action plan. As previously agreed, Year 2 progress will be reported to Council again after six months and at the end of the strategy year.

Evaluating the impact of our strategy

We have continued to work closely with our Data & Insight team to develop an evaluation framework, to help us understand the impact of our strategy as we progress and become more mature in our approach. Evaluating our strategy will involve collecting and analysing data from different sources to

inform the analysis and we will be working with external evaluators on aspects of this work where appropriate and as we move forward.

The strategy sets out our ambitions over a five-year period and we have already started to collect baseline data linked to our evaluation framework. In addition to progress updates every six and twelve months, we will be producing an interim evaluation report after three years, and a further report at the end of the strategy period.

Ultimately, the evaluation will focus on whether the strategy has made a difference for the public and for pharmacy, affected our reputation as a regulator and made the GPhC a more inclusive place to work – in short, is our strategy working?

A diversity of challenges and issues

As set out in our strategy, we have a commitment to go beyond simply delivering interventions that support those who share particular legally protected characteristics and think more holistically. This means considering broader EDI issues in our work, such as language or communication needs or other topics with relevance to the public, pharmacy or pharmacy regulation.

We have always adopted this approach to equality impact assessments – identifying and considering wider issues as part of assessing the potential impact of policy changes. To give an example, when we carried out our recent equality impact assessment of the changes and improvements to our registration assessment processes, we considered the relevant legally protected characteristics under the Equality Act 2010 as well as wider issues such as access to wellbeing support, stress management, mentoring platforms and employment advice.

Now, we have started to take this approach to our wider work when we can. For example, we supported external work on research equity and widening access to clinical trials – a first for the GPhC. We also hosted an intersectional event for staff, looking specifically at how neurodiversity intersects with age, ethnicity and gender. This helped staff to see how multiple issues and identities – and therefore levels of discrimination – can overlap, and to support people to take a more inclusive approach to their work and the people they interact with.

Through meeting with and discussing our EDI work with stakeholders in the last 12 months, it's very clear to us that **different issues are important to different people for different reasons.**

This year, we have covered a wide range of EDI topics, protected characteristics and other issues in our work. While it has not been possible to cover everything in a single year, we have continued to listen to what matters to our stakeholders and consider how this can help shape our regulatory work.

We know we have much more work to do, and we plan to cover an even wider range of EDI topics and issues as our work on the strategy progresses.

Overleaf is a graphic of the main EDI themes and issues covered in Year 1.

Further in the report we set out the activity that we have completed under each of our strategic themes and objectives.

Figure 1: A snapshot of EDI topics covered in Year 1



Summary of completed actions under each strategic theme

Figure 2: EDI strategic theme 1

1

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

SO1: 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

We produced a new **diversity data policy and principles**, designed to support consistency when collecting, handling and analysing data across the GPhC and to align with external best practice on language and classification. This will be used to support the development of new data collection projects in Year 2 and beyond (including a new initiative to collect diversity data from people raising concerns, to inform our understanding of referrals to the GPhC).

SO2: Routinely publish diversity ‘datasets’ – including diversity data on fitness to practise cases – to support transparency, visibility and intelligence sharing

We developed and published, for the first time, **diversity datasets for our registers** (pharmacists and pharmacy technicians), as well as specific diversity datasets for the three countries that we regulate. At the same time, we published supporting narrative and key messages to recognise and celebrate the diversity of the pharmacy professionals on our registers and the range of benefits that this brings. In Year 2, we will be publishing more detailed data on Fitness to Practise outcomes by protected characteristic.

SO3: 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

We introduced **anonymised decision-making** for new cases considered by the Investigating Committee. This involves anonymising the registrant’s name and any reference to their ethnicity and nationality within the case papers considered by the committee – this is a paper-based process. It aims to give increased confidence in the fairness of our decision-making. An analysis report will be produced once the project has been running for 12 months, in January 2024.

SO4: 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

- We developed and launched a **discussion paper** on new proposals to strengthen decision-making guidance for Fitness to Practise committees, to help eliminate any potential discrimination in the

outcomes of hearings. This guidance makes it clear what we mean by **discrimination, bullying and harassment**, describes how seriously concerns of this nature will be taken and demonstrates how committees take account of **cultural factors when deciding on an outcome**.

- We developed and implemented new **operational guidance on dealing with concerns about antisemitism and Islamophobia** and the use of working definitions and other resources in our investigations. This describes how matters are treated under the criminal law, the definitions and resources that should be considered when investigating concerns or allegations of this nature, and how these resources are used by other relevant bodies such as the Crown Prosecution Service.
- We agreed EDI actions and **'end-to-end' changes to our recruitment processes and post-recruitment support** for statutory committee members, to help improve diversity. These will be embedded into our next statutory committee recruitment programmes for 2023 and 2024 and we will report on progress in future years.

SO5: Take appropriate action when concerns are raised about discriminatory behaviour by pharmacy professionals, or about pharmacy education and training, getting relevant outside expert advice when we need to

We introduced several **new FtP process changes to identify any potential issues around discriminatory behaviour** by those raising concerns and establish if a referral is being used as a retaliatory measure. This included introducing checks on whether the professional named in the concern has been referred to us before by person raising the concern, whether the professional has raised a concern internally in the period prior to being referred to the GPhC and checking for other indications of potential discriminatory behaviour against the professional at our Oversight Review Panel stage.

Figure 3: EDI strategic theme 2

2

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

SO8: Develop comprehensive equality guidance for pharmacy owners, to support them in meet their duties under the Equality Act and the Human Rights Act

- We consulted on and published new **equality guidance for pharmacies**, which was designed to help tackle discrimination and support pharmacy owners to understand and meet the standards for registered pharmacies, specifically in relation to ensuring no one is unlawfully discriminated against, either in the workplace or when providing services to patients and the public.
- Linked to this work, we published a **report of our online public panel survey**. This was designed to give us a better picture of people's **lived experiences when accessing pharmacy and healthcare**. This is an important aspect of our EDI strategy, which sets out our commitment to improve the way we reflect and integrate lived experience and patient voice in our work.

SO9: Support pharmacy technicians, pharmacists and pharmacy teams to provide person centred care that recognises and respects diversity and cultural differences

Over the course of the year, we published a number of **articles, insight pieces and case studies** on a wide range of different topics and issues, linked to our EDI strategy.

- We published a **special EDI focussed edition** of our online newsletter Regulate on “Making changes: our work on equality, diversity and inclusion”. This had an **open rate** of **68,420** and represented one of our most popular editions.
- We **co-wrote an article with PANORAMIC** – a UK-wide clinical study at Oxford University, looking at new antiviral treatments for COVID-19. This focused on **research equity** and the important role that pharmacy can play in supporting greater **recruitment of volunteers from underserved and diverse backgrounds** and communities.
- Following on from previous work, we published a new Regulate article on **sodium valproate highlighting patient safety risks for women and girls**, along with **advice to professionals on how to dispense safely**. Children born to women who take valproate during pregnancy are at significant risk of birth defects and persistent developmental disorders. As such, it is vital that women and girls receive the right information and advice, and that valproate is dispensed safely. We also **investigated pharmacies where valproate has been dispensed in a white box with no safety warnings** or Patient Information Leaflet and followed up with these pharmacies and their superintendents.
- We developed and signed a **Memorandum of Understanding with the new Patient Safety Commissioner for England**, to support collaborative working on patient safety issues (including those relating to women and girls).
- We **co-wrote an article with the LGBT Foundation**, to highlight the crucial role that pharmacy teams play in addressing the **health inequalities faced by LGBTQ+ communities**, including barriers to accessing healthcare, experience of prejudice and discrimination, and poorer health outcomes. This included materials for individual or team-based learning to develop knowledge and **confidence around LGBTQ+ inclusivity in pharmacy**, and how these link to our standards for pharmacy professionals in terms of providing person-centred care.
- We published an article on **‘Gender identity: pharmaceutical care for children and young people’** where we looked at the important issue of inclusive care for **trans and non-binary patients**, specifically **gender identity services for children and young people** who are experiencing **gender incongruence and dysphoria** and the role of pharmacy teams in this context.
- We engaged with key stakeholders and groups including the Cass Review team, leading on the **independent review of Gender Identity Services for Children and Young People**. This helped to inform our communications to the wider pharmacy sector.
- We developed and hosted a roundtable on **racism in pharmacy** with the Chair of the NHS Race and Health Observatory, the President of the UK Black Pharmacist Association and other prominent speakers, looking at **how racism manifests in pharmacy and the resulting impact on patient care**. Attendees included pharmacy students, pharmacy professionals, trade bodies, equality groups and other regulators. We also published a report of the event and associated action plan, with the second event due to take place in Year 2 (23/24)

- We published a new statement on how we **support people with reasonable adjustments** and other needs. This outlines how we take an inclusive approach to engaging with people (including the public and the professions we regulate) and recognises that we are all different and may have different needs. At the same time, we updated and reminded **all GPhC staff** about our expectations on how they should support people and published **top tips on how best to support people and listen to their needs**.

SO10: 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

- We developed and published a **case study** with real examples of what pharmacy teams are doing to **reduce health inequalities and support healthy living initiatives** in their local communities, including interventions targeted at the risk factors associated with cardiovascular disease. This was linked to the relevant Inclusive Pharmacy Practice theme during this period.
- We published a **patient safety spotlight: managing the risks associated with providing community pharmacy clinical services**. This looked at how pharmacy can help tackle health inequalities (including inequalities driven by social deprivation and ethnicity) through the early identification of hypertension. Through the article we raised awareness of our registered pharmacy standards, as well as external research published by the King's Fund highlighting that studies in the UK and across the Indian diaspora (e.g., Europe, Fiji, Singapore, South Africa, USA, and Canada) consistently show a higher incidence, prevalence and mortality from CVD in South Asian groups compared with the white group or national average. This also highlighted that black groups have higher-than-average incidence of and mortality from hypertension and stroke, and they have strokes at a younger age.

Figure 4: Case study

Using our influence to support partners and stakeholders



Linked to the important commitment in our strategy to use all of our levers and influence to tackle health inequalities and discrimination, in the first year, we worked with and supported **other partners and stakeholders** on a range of issues and topics.

We supported our Council Chair, Gisela Abbam, to raise awareness of our EDI strategy and approach as **keynote speaker on 'Building confidence: the key to achieving gender equality in pharmacy'** at the Royal Pharmaceutical Society roundtable. The session covered topics including women on boards, our positive story of gender diversity in the GPhC Council, existing gender differences in pharmacy superintendent roles, gender equality in the wider regulatory and healthcare context, and how organisations can work together to address these challenges.

Our Chair also took part in other engagement events throughout the year on a variety of EDI topics, including events for the **UK Black Pharmacist Association**, the **International Pharmacy Students Federation**, the **British Medical Journal** and the **Global Health Inclusivity Index**.

We continued to **support the joint national Inclusive Pharmacy Practice Plan (IPP)**. Our Chief Executive attended Advisory Board meetings and our Chief of Staff/Associate Director, Corporate Affairs attended meetings of the Improving Practice and Engagement Group. During the year, we also presented to the Board on our strategy and approach to EDI, contributed case studies and engaged with strategic discussions on topics such as EDI in revalidation and differential attainment in education.

We supported the launch of a new **Pride in Practice** resource from the LGBT Foundation **on inclusive care for LGBT+ patients**. Our Chief Executive spoke at the launch event and we shared materials through our social media channels.

Our Chief Executive attended the **British Islamic Medical Association Conference** and took part in a panel session **"Our international NHS family – no time for complacency"**. This focused on what regulators are doing to support international colleagues both as they enter the UK to practice and with their journey post-registration. This provided us with the opportunity to raise awareness of how we support, empower and enable people to demonstrate professionalism, and make sure that environments enable them to do that.

We supported the **Higher Works Hub** to host an event for minority groups on pushing boundaries, breaking barriers and unlocking diversity, with a special focus on pharmacy and healthcare. This included presentations from Patrice Bailey, one of the commissioners on the **UK Race Equality Commission** and other prominent speakers from across the pharmacy sector.

SO11: 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

- We continued our work to ensure that revised and **strengthened equality, diversity and fairness standards** are embedded in the delivery of courses by all education and training providers. We also began a review of our pharmacy technician education and training standards, which will include a focus on equality, diversity and fairness.
- We continued on schedule to reaccredit all MPharm degrees to our new standards for the initial education and training of pharmacists, which include strengthened requirements on equality, diversity and fairness. These standards will be fully implemented by all providers by 2025. All accreditation events to these new standards include a **review of the analyses of student performance (final classifications and progression) and selection and admission data by protected characteristics** as well as review of actions taken by the course provider in consideration of the findings. We will review our processes and the picture across the sector once the academic year is complete.
- We continued to review our **quality assurance activities** and we propose to increase the frequency and breadth of information gathered relating to accreditation courses and recognised qualifications. Equality, diversity and fairness is also included within this work.
- We completed a supplementary **equality impact assessment** of the changes and mitigations introduced for the November 2022 sitting of the registration assessment, including reviewing all feedback received from candidates in relation to reasonable adjustments.
- In collaboration with the Royal Pharmaceutical Society, we wrote to the Higher Education Occupational Practitioners (HEOPS) group, to request updates to their guidance for occupational health professionals working in the UK higher education sector, specifically in the context of pharmacy students and standards of medical fitness to train. We highlighted the importance of **attracting and retaining talented individuals with disabilities** and with societal and technological developments supporting greater inclusivity, the need to ensure that HEOPS guidance does not **create any unnecessary barriers to train**. In response, HEOPS confirmed that the guidance would be updated as part of an ongoing programme and that they would seek our involvement in this work going forward.

SO12: Continue to meet our requirements under the Welsh Language Scheme and fully implement the new Welsh Language Standards when they are introduced

Embracing the Welsh language standards shows our commitment to working across the three countries we regulate and represents an important part of our stakeholder relationships in Wales. It is an opportunity to become more inclusive to those accessing our services in Wales, who have the right to use the Welsh language in their everyday lives.

- We held discussions with the Welsh Government, Welsh Language Commissioner and other healthcare regulators as we prepare for the **Welsh Language Standards**. We also continued to engage with stakeholders in Wales, which included engaging with others on the Welsh Government's **race equality action plan**.

- We **delivered Welsh language awareness training sessions for new starters** joining the GPhC, which included the cultural, historical, political and social importance of communicating through the medium of Welsh.
- We also started work to scope and plan the delivery of an online package for all staff in **collaboration with Y Coleg**.

SO13: 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

- We produced our fourth and fifth editions of our internal **EDI Legal Insights Reports**, to raise organisational **awareness and competence on equalities and human rights issues** happening the external context, and to identify any wider actions or learning points for the organisation. These were shared with the Senior Leadership Group for cascading to their teams.
- We shared learning on topics including **gender and non-binary discrimination, disability discrimination and conduct at work, menopause support and women's health, religion, personal values and beliefs, prevention of sexual harassment in the workplace**, and research on **unconscious bias in Court hearings**, particularly around the **use of oaths and affirmations**.

Figure 5: EDI strategic theme 3



SO14: Carry out a learning needs analysis to spot gaps in the EDI knowledge of our workforce and implement a plan to put these right

Following on from the completion of our organisation-wide EDI Learning Needs Analysis, we developed a co-ordinated EDI training plan for directorates across our organisation. (Mandatory inclusive leadership training was also undertaken by all senior leaders and managers leading up to the first year of the new strategy). Training activity in this period included the following:

- We designed and piloted a new and more comprehensive **introduction to EDI workshop for all new starters**. This is now part of the formal induction process, to support a consistent approach to EDI across the organisation and ensure this is understood from day one. In this period, we provided induction training for **40 new starters**, over three sessions.
- We provided fair selection training for hiring managers, to help ensure that managers have the knowledge, skills and ability carry out inclusive interviews based on best practice. In this period, we provided fair selection training for **39 hiring managers**, over four sessions.
- We provided training on our new **equality screening and impact assessment guidance, toolkit and approach** (see more on this below). This included a full workshop with our Policy Community

of Practice, which is made up of colleagues with responsibility for developing policy across different parts of the GPhC. Further training sessions will be completed in Year 2, to maintain focus and momentum in this important area of our work.

- As a follow on from general training on inclusive leadership last year, we worked with Roger Kline, to develop and run a practical workshop for our Senior Leadership Group (supported by the Chair of Council) on **inclusive leadership - understanding our gaps and challenges and what we can learn from the work of others**. This helped to shape and inform wider work, including significant changes to our resourcing policy and approach, specifically in relation to **reducing affinity and confirmation bias**, as well as the ways of testing for the competencies and the methods that fare best in terms of **prediction and promoting diversity**. The details and implementation of the new approach will be reported in our Year 2 updates.

Additional directorate or team specific training sessions included:

- **Cultural competence**, which included benchmarking levels of understanding using external tools and identifying further training needs on specific topics.
- **Understanding Islam**, which featured a presentation by a local branch of the independent community pharmacy Imaan Healthcare, on their work in local communities and with minority groups.
- **LGBT+ awareness raising** session delivered by the LGBT Foundation, to support people to take an inclusive approach.
- **Jewish culture and heritage**, led by a member of staff who shared lived experience and touched on key aspects such as the Jewish community in the UK, values and beliefs, as well as food and life events.
- **LGBT+ allyship in the workplace**, which included a facilitated discussion with Stonewall and our Inclusion Network, with best practice case studies and examples. The ideas generated from that discussion fed into the development of a new approach to LGBT+ workplace inclusion, which will be completed in Year 2.

SO15: 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

We developed and launched a new and comprehensive **Equality Screening and Impact Assessment (ESIA) toolkit**, template and guidance for all staff across the organisation. This was designed to raise awareness and provide staff with the knowledge and confidence required to undertake effective ESIAs. It was also designed to support staff to take an intersectional approach to impact assessment and to use different sources of data effectively, based on external good practice.

SO16: 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

Figure 6: Statement

Other perspectives: statement from the Chair of the Inclusion Network



“There is the age old saying that you should treat people how you want to be treated. But I disagree. You should treat people how THEY want to be treated. And if you are unsure, then ask beforehand.” - Inclusion Network member

Our Inclusion Network was established in May 2022 and brings together colleagues from across the organisation so each of our unique perspectives can help the GPhC adopt intersectional and inclusive approaches to all our work.

Over the last year the Inclusion Network has contributed to several GPhC projects such as a new Equality Screening and Impact Assessment (ESIA). The Inclusion Network also supported work to make our new office design inclusive, including specifically on the development of wellbeing and multi-faith rooms.

Inclusion Network members have also received updates on our EDI action plan, from our EDI strategic leadership group and from the joint regulators EDI group, helping us to understand what the GPhC and others are working on and sharing our reflections from an intersectional perspective.

Our Inclusion Network agreed a calendar of equality, diversity, and inclusion awareness days that we wanted to mark and use to raise awareness across the organisation. Inclusion Network members have shared blogs on International Day of Older Persons, Diwali, Islamophobia Awareness Month, International Day of Persons with Disabilities, Christmas, Ramadan, Passover, Easter, and Vaisakhi. Colleagues' blogs can be based on their own lived experience or used to highlight something they have learnt or reflected on and would like to share with the wider organisation so we can all learn together.

We have also hosted several events open to all staff including 'In conversation with Gisela Abbam, GPhC Chair,' to mark Black History Month, and heard from guest speaker Reena Anand on intersectionality and neurodiversity (including autism in adults) for International Women's Day.

The Inclusion Network will be building on all this work in the coming year.

Laura Turton, Chair

SO17: Continue to take positive action to improve the opportunities and experiences of underrepresented groups within our staff, Council members, associates and partners, when appropriate

- We delivered a **positive action workshop and training event** for HR and EDI teams, to support the roll out of the new positive action guidance and strategic approach, approved by the Workforce Committee. This included learning through practical case studies and real life examples.
- We scoped and developed, as a form of positive action, a **new six-month inclusive mentoring programme** to ensure staff from ethnic minority backgrounds are supported to reach their full potential. The pilot will start formally in Year 2 and will be reported in more detail in next year's report.
- We **updated our job advertisements** on an individual basis, informed by our positive action guidance. Where recruitment agencies were used, we asked them to **demonstrate specific commitments to diversity and inclusion**, such as targeting diverse candidates and being able to evidence this, or other measurables. Increasing the diversity of our talent pool will be a continued area of focus over the course of the strategy. Our new HR applicant tracking system will also improve the consistency and reliability of our EDI HR data going forward.
- We contributed a second **case study** to the Inclusive Pharmacy Practice (IPP) bulletin about the steps and **actions we have taken to improve diversity on our governing Council**, linked to the IPP focus on ethnicity and gender. The case study highlighted that in 2018/19, just under **43% of GPhC Council members were female and just under 15% were from ethnic minority backgrounds**. Following a dedicated programme of work to improve the diversity of this group, by 2022, just under 65% of Council members were female and 36% from ethnic minority backgrounds. In 2022, we appointed our first female Chair of Council (who is also our first black Council Chair and Council member). This exceeded the UK Government targets for public appointments for 2022.

SO18: 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

- We provided **gender and ethnicity pay gap reports** to our Workforce Committee and to a joint meeting with our Inclusion Network and Employee Representative Group, with discussion on action planning and next steps.
- Over the year, we implemented various steps to narrow the pay gaps, including changes to starting pay processes (part of a strengthened Resourcing Policy), broadening out recruitment shortlists and continued positive action measures. As of May 2023, the gender pay gap decreased from 16% to 12% and the mean ethnicity pay gap (EPG) had crept up from 20% to 22%. A sensitivity analysis of the data showed that for an organisation of the GPhC's size, small fluctuations in turnover and recruitment can have an impact on the pay gap. Nevertheless, this will remain an important area of focus over the strategy period.
- We have also seen progress with more women in higher grades and zones, and that average starting salary, for the first time, is now higher for women than for men since starting pay analysis started three years ago. The average starting salary difference for ethnic minority groups had also

narrowed since last year although we have more work to do. This will also continue to be an important area of focus over the strategy period.

- We revised our pay award matrix so that lower graded staff (who are proportionately more diverse) are rewarded better, helping to accelerate progression and positively impact those who may be more vulnerable to the cost of living crisis.

SO21: 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

- We implemented our new **EDI communications plan** and **published 20 blogs** on our intranet, to support inclusive workplace commitments. This generated positive responses, questions and engagement from staff, with a total read rate of **2367** - an average of **132 views per blog**. Council members have also supported this work, including through sharing personal and lived experiences with our staff.
- We **aligned our external communications** with our EDI communications plan, to showcase our commitment externally and to raise awareness of our EDI work and other initiatives. To give one example, **during Islamophobia Awareness Month**, we encouraged pharmacy professionals to have **open conversations, challenge stereotypes** and **provide inclusive and culturally sensitive care**. This led to positive interactions with the GPhC through social media including comments such as:

Figure 7: Comment on social media

“Excellent idea. Honest and open discussion is always the best way to address and resolve misconceptions, improve cultural harmony and reduce barriers”

“Thank you for acknowledging and raising awareness of this matter. This is indeed an area that needs more attention because this problem is real and prevalent in some areas of the country, unfortunately. I've had personal negative experiences whilst at work”

SO22: 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

- We **met Standard 3 (EDI) of Standards of Good Regulation** in 2021/22. The outcome was published in September 2022, which is why it is reported in this EDI report for 22/23. The results for 2022/23 are not yet available and will be reported in our next annual EDI report.
- We **contributed to ongoing discussions with the PSA and other regulators** about the assessment of how Standard 3 might evolve in the future.
- We carefully **reviewed the PSA Safer Care for All report** in relation to **tackling inequalities** (published in November 2022), to help shape our future work. For example, we had already planned to start collecting demographic data from those raising concerns in Year 2. This aligns

with the PSA's more recent recommendation that regulators record demographic data from complainants, work with other health and care bodies to gain a better understanding of the demographic profile of complainants and reduce barriers to raising complaints for particular groups.

SO24: Assess and agree additional external standards that we will work towards in the future

- We developed and agreed **new criteria for EDI benchmarks and memberships**, to ensure we take a consistent approach to decisions as an organisation.
- We applied for external benchmarking/assessment with **MIND** and achieved **Silver Accreditation in the Workplace Wellbeing Index**. This shows that we are making demonstrable progress in promoting staff mental health and wellbeing, taking action across several key areas, and demonstrating impact over time. The award was based on results of a staff survey and analysis of our existing policies, procedures, management style and wellbeing support available.
- We created a **workplace wellbeing group**, which includes members of our Employee Representative Group with an interest in wellbeing, to develop an action plan for implementing the key recommendations from the Mind report. The actions sit under the three themes of sharing lived experience to build an open and honest culture, improving access to wellbeing support and resources, and building wellbeing awareness, knowledge and skills of managers. We also **promoted our wellbeing benefits**, including new Vitality PMI which has a strong mental health focus and our Employee Assistance Programme, through InfoPoint and virtual presentations.
- We published a **blog about burnout** with essential information for all staff about how to access support from **GPhC Mental Health First Aiders** and our **Employee Assistance Programme** as well as our Workplace Wellbeing information and resources. Staff used the blog to interact and share their own lived experiences and tips, including:

Figure 8: Staff testimonial

"Sometimes just talking about the pressure you're under can help. Even if the person you're talking to cannot share the physical workload with you, talking about it will relieve the mental load at least"

GPhC staff member and Mental Health First Aider

- Our Employee Representative Group and Inclusion Network contributed to the design of our wellbeing rooms in our new office and further initiatives, in line with the action plan will be launched once we have moved. Our Council members also supported us with the design of the **multi-faith and wellbeing spaces** for the new office.

31 May 2023

Laura McClintock, Chief of Staff / Associate Director, Corporate Affairs

Arvind Sandhu, Senior EDI Policy Manger

