

Joint National Plan for **Inclusive Pharmacy Practice in England**

10 March 2021

Introduction

1. This plan is co-produced, building on the work done to collaboratively develop the [Joint National Statement of Principles on Inclusive Pharmacy Professional Practice](#) by the Chief Pharmaceutical Officer's team at NHS England and NHS Improvement, the Royal Pharmaceutical Society (RPS) and the Association of Pharmacy Technicians UK (APTUK), working with partners across the pharmacy sector, which was published on 25 September 2020 following a [national Roundtable event](#).

2. Partners will work to put this joint plan into action by the next national Roundtable in Summer 2021, where we will share our learning and challenges, our examples of best practice and agree further priorities.

3. This work is one part of a wider range of activity to address equality, diversity and inclusion across all parts of healthcare in England, including that already being carried out by the pharmacy professional bodies¹.

4. Through our work to co-design this plan we heard how a great number of pharmacy employers, the NHS, and national organisations already have extensive equality, diversity and inclusion engagement and programmes of work in place, and are already taking steps to deliver improvements in professional practice; while others are in the early stages of the work. We recognise the operational differences between different employers, and it is intended that everyone can tailor the plan and use the framework it provides to help them progress along the route towards cultural competence and inclusive practice, celebrating success and acknowledging challenges as they move forward.

Aim

5. The plan outlines activities to help us all work towards our patient-facing aim:

To work collaboratively to develop and embed inclusive pharmacy professional practice into everyday care for patients and members of the public, to support the prevention of ill-health and address health inequalities within our diverse communities.

Research and evidence

6. We know from [General Pharmaceutical Council data](#) that 44% of pharmacists and 13% of pharmacy technicians are from Black, Asian and Minority Ethnic backgrounds².

¹ Royal Pharmaceutical Society [Inclusion and Diversity Strategy work](#). Association of Pharmacy Technicians UK [Equality, Diversity and Inclusion work](#).

7. This plan is a united response to the two Public Health England (PHE) reports – [Beyond the data](#) and [Disparities in the risk and outcomes of COVID-19](#) – confirming that COVID-19 has had a disproportionate impact on staff and communities from Black, Asian and Minority Ethnic backgrounds. The reports recommend targeted health promotion, access to healthcare resources and addressing social and structural disparities that contribute to health inequalities.

8. The plan initially begins with a Black, Asian and Minority Ethnic focus because across other protected characteristics and factors that shape our identity – age, disability, sex, sexual orientation, pregnancy and maternity, education, career progression and geographical location – there are ethnic and racial disparities. It is also important to note there are differences in experiences and outcomes among people from Black, Asian and Minority Ethnic backgrounds including pharmacy students, trainees and professionals.

9. For the pharmacist profession, the Pharmacy Schools Council has published a position statement on enhanced support for Black, Asian and Minority Ethnic students and colleagues, which acknowledges the need to increase Minority Ethnic representation in decision making at all levels and reduce pharmacy degree awarding gaps between White students and Minority Ethnic groups, in particular Black pharmacy students ([Pharmacy Schools Council 2020](#)). The available data also shows that Black African pre-registration pharmacist trainees are more likely to fail registration exams ([General Pharmaceutical Council 2016](#)). The General Pharmaceutical Council (GPhC) does not currently collect data on any aspects of pre-registration trainee pharmacy technicians, therefore there is no equivalent data available. The GPhC held a consultation on fitness to practise in response to receiving a higher number of concerns about Black, Asian and Minority Ethnic pharmacy professionals compared to their White colleagues ([General Pharmaceutical Council 2020](#)).

10. For patients and the public, in order to further develop the evidence base in the UK, the National Institute of Health Research has since commissioned [six research projects](#) which centre on improving the understanding of the links between COVID-19 and ethnicity and [launched a campaign](#) to increase Black, Asian and Minority Ethnic participation in health research to be more representative. The [NHS Race and Health Observatory](#) has also been set up by NHS England and NHS Improvement to offer analysis and recommendations on how to tackle the specific health challenges facing people from Black, Asian and Minority Ethnic backgrounds.

11. We acknowledge there has been a plethora of outstanding examples of innovative practices used to specifically engage and reach out to Black, Asian and Minority Ethnic communities throughout the pandemic from which we can all learn. These include an Oxford University initiative involving pharmacists working in partnership with [faith](#)

[leaders](#) and [university communities](#) to encourage people of Black, Asian and Minority Ethnic backgrounds to participate in COVID-19 clinical trials.

12. We also know that [leaders valuing diversity and fairness](#) results in support and inclusion for all patients and staff. Fairness and inclusion are key to tackling unfair and avoidable differences in health across the population. Evidence suggests health care teams are generally more innovative when they are comprised of a more diverse set of backgrounds, and well engaged and supported diverse teams improve patient outcomes³.

13. Evidence also shows that strategic [leadership teams that are highly ethnically/culturally diverse are high performing](#) and the greater the representation, the higher the likelihood of performance.

Our approach

14. The learning about how underlying health inequalities are contributing to the disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic communities is directly transferable to developing culturally sensitive health promotion to prevent and manage conditions such as obesity, diabetes, cardiovascular disease, hypertension and asthma that are of higher prevalence in Black, Asian And Minority Ethnic communities. The pandemic provides a renewed impetus to innovate and adapt healthcare delivery to meet the needs of our diverse communities. This requires inclusive leadership to drive and deliver the necessary changes.

15. The [We Are The NHS: People Plan 2020/21](#) sets out how inclusive leadership is needed to create a sense of belonging at all levels. We want inclusive pharmacy professional practice to involve open and honest conversations within teams and organisations that result in tangible and meaningful actions to improve equality, diversity and inclusion in pharmacy and in healthcare service delivery for all communities. [A Model Employer: Increasing Black and Minority Ethnic Representation at Senior Levels Across the NHS](#) sets out the expectation that our profession should look at its leaders and see themselves represented, and patients and the public should experience the same.

16. The [Workforce Race Equality Standard \(WRES\)](#) has been effective in assisting organisations and teams to understand the nature of the challenge of workforce race equality and enabling leaders to recognise that it is their responsibility to lead the necessary changes. We understand that simple, helpful questions can be a catalyst for change in organisations. For instance: *Why has there been no appointment or recruitment of a person from a Black, Asian, and Minority Ethnic background to our board or executive senior leadership team and what should we do next?*

³ <https://raceequalityfoundation.org.uk/wp-content/uploads/2018/02/Health-Briefing-39- Final.pdf>;
<https://www.hee.nhs.uk/sites/default/files/Diverse%20leadership%20teams%20and%20patient%20care.pdf>

17. Equally, small changes by everyone in how we communicate on a daily basis could have a massive impact. We want everyone to feel good about the benefits of this and encouraged to constantly improve and learn.

Our commitment

18. We will work collaboratively to develop and embed inclusive pharmacy professional practice into everyday care for patients and members of the public, to support the prevention of ill-health and address health inequalities within our diverse communities.

19. We have agreed this Phase One plan of activities for collaborative working, under the patient-facing themes which the participants at the first national Roundtable identified, with a key focus on continuing to support the delivery of the COVID-19 Vaccination Programme. We believe these will begin to create the sustainable and positive cultural change that is needed and enable a visible platform to be created which will allow pharmacy professionals to come forward with confidence and assurance to engage with us in this work.

Phase One Plan Activities for Pharmacy Professionals

Theme 1: Leadership and representation

20. As part of our professional responsibilities, pharmacy professionals at all levels and in all care settings should proactively ensure there is no tolerance of racism and racial discrimination in the workplace; and work to improve fairness and equity in recruitment, promotion, leadership diversity, disciplinary and governance practices, in line with [NHS People Plan](#) goals.

21. Pharmacy professional leaders at all levels in all care settings should:

- Where appropriate, embrace authentic [allyship](#) to improve their engagement with equality, diversity and inclusion;
- Develop a better understanding and appreciation of the benefits that ethnically diverse teams can bring to organisations including the better potential to deliver more [culturally competent](#)⁴ and aware healthcare;
- Proactively ensure the voices of colleagues of Black, Asian and Minority Ethnic origin are heard, valued, included as equal and considered when decisions are being taken in meetings, networks, committees and boards, and empower pharmacy team members to participate in inclusive networks and groups

⁴ [Culturally Competent Healthcare in Pharmacy](#)
[Achieving Cultural Competency and Its Role in Pharmacy](#)
[Cultural Competence in COVID-19 Vaccine Rollout](#)
[How UK Pharmacy Schools Can Learn from New Zealand to Grow Culturally Competent Pharmacists](#)

internally and externally e.g. the Royal Pharmaceutical Society's [Action in Belonging, Culture and Diversity group](#).

Action by: All partners and pharmacy professionals, immediately

Theme 2: Professional education and training

22. Health Education England (HEE) and the pharmacy professional leadership bodies, working with partners, will develop and share a 'menu' of current training and resources on culturally competent healthcare delivery with a focus on enabling pharmacy professionals to support delivery of the COVID-19 vaccine and beyond. The resources will also be targeted to supervisors, trainers and educators of the registered and unregistered pharmacy workforce, undergraduates and postgraduates.

Action by: HEE, RPS and APTUK, with partners, to develop the 'menu' by Summer 2021

Useful further reading:

HEE [Cultural Competence](#) e-learning module

[Ramadan: Diabetes and Fasting Toolkit](#)

Theme 3: Healthcare service delivery

23. PHE and the Chief Pharmaceutical Officer's team at NHS England and NHS Improvement, working with partners, will develop a resource pack to support pharmacy to:

- (i) Better understand and interpret local population health data on health inequalities;
- (ii) Better engage and work with diverse communities to design culturally competent and tailored approaches to healthcare delivery.

24. The initial resource pack will include examples of existing practice which show how pharmacy professionals, as part of multi-professional teams, can play a significant role in culturally competent approaches to:

- (i) Continue to promote [uptake of the COVID-19 vaccine in Black, Asian and Minority Ethnic communities](#);
- (ii) Deliver targeted health promotion and messaging to tackle health inequalities through disease prevention and the management of long-term conditions most prevalent in Black, Asian and Minority Ethnic communities, e.g. cardiovascular disease, diabetes, asthma.

25. Through the work we will also seek to identify pharmacy trailblazers and exemplar practice to strengthen the evidence about culturally competent and tailored approaches to healthcare service delivery by pharmacy teams. This may include working with faith communities, local community leaders and groups, voluntary sector organisations and local health champions.

Action by: PHE and the CPhO team, with partners, to develop the resource pack by Summer 2021

Useful further reading:

HEE and E-Learning for Healthcare Resources:
[Population Health and Prevention](#) module
[Population Health Management](#) e-learning programme
[All Our Health Programme](#) e-learning resources
[Public health intelligence](#) e-learning modules

[The COVID-19 Vaccination Communication Handbook](#)

British Islamic Medical Association [COVID-19 Vaccine Hub](#)

NICE [Pharmacist Led Hypertension Review Project in Black \(African or African-Caribbean origin\) Patients](#)

[Green Light Pharmacies](#) (page 9)

[Glasgow Minority Ethnic Long-Term Medicines Service \(MELTS\)](#)
(page 34)

26. If anyone wishes to attend the next Roundtable event which will be held in Summer 2021, please contact: **England.CPhO-Office@nhs.net**.

Annex A: Partners

Association of Independent Multiple Pharmacies	Leyla Hannbeck	Chief Executive	
Association of Pharmacy Technicians UK	Liz Fidler	President	
Company Chemists' Association	Malcolm Harrison	Chief Executive	
General Pharmaceutical Council	Duncan Rudkin	Chief Executive	
Guild of Healthcare Pharmacists	Ewan Maule	Vice President	
Health Education England	Helen Porter Jane Brown Nick Haddington Ros Cheeseman	Pharmacy Deans	
National Pharmacy Association	Mark Lyonette	Chief Executive	
NHS England and NHS Improvement	Dr Keith Ridge	Chief Pharmaceutical Officer	
Primary Care Pharmacy Association	Graham Stretch	President	
The Pharmacists' Defence Association	Alison Jones	Director of Stakeholder Engagement	
Pharmaceutical Services Negotiating Committee	Simon Dukes	Chief Executive	
Public Health England	Gul Root	National Lead, Pharmacy Public Health	
Royal Pharmaceutical Society	Sandra Gidley Paul Bennett	President Chief Executive	
UK Black Pharmacists' Association	Elsy Gomez Campos	President	
UK Clinical Pharmacy Association	Ruth Bednall	Chair	

Additional signatories:

Name	Organisation	Role
Ade Williams	Bedminster Pharmacy, Bristol	Superintendent Pharmacist
Amandeep Doll	Royal Pharmaceutical Society	Head of Professional Belonging
Amita Aggarwal	Health Education England	CPhO Clinical Fellow
Amy Laflin	Association of Pharmacy Technicians UK	National Officer for Foundation Practice
Anisha Soni	NHS England and NHS Improvement	CPhO Clinical Fellow
Anne Joshua	NHS England and NHS Improvement	Head of Pharmacy Integration
Dr Bruce Warner	NHS England and NHS Improvement	Deputy Chief Pharmaceutical Officer
Dalgeet Puaar	Health Education England	Pharmacy Technician Professional Lead
Diane Ashiru-Oredope	Public Health England	Lead Pharmacist, Healthcare Acquired Infections and AMR Division
Duncan Jenkins	Dudley CCG	Specialist in Pharmaceutical Public Health
Gail Hall	Association of Pharmacy Technicians UK	Director
Haifa Lyster	Royal Brompton & Harefield NHS Foundation Trust	Consultant Pharmacist, Transplantation & VADs
Helen Kilminster	Primary Care Pharmacy Association	Vice President
Helga Mangion	National Pharmacy Association	Policy Manager
James Wood	Pharmaceutical Services Negotiating Committee	Director of Contractor and LPC Support
Janaki Chitsabesan	Pharmacy Technicians of Colour Group	Co-founder
Jeannette Howe	Department of Health and Social Care	Head of Pharmacy
Dr Jill Loader	NHS England and NHS Improvement	Deputy Director, Pharmacy Commissioning
Karen O' Brien	NHS England and NHS Improvement	Regional Chief Pharmacist (North West)
Dr Kieran Hand	NHS England and NHS Improvement	AMR National Pharmacy and Prescribing Clinical Lead
Layla Rahman	Pharmaceutical Services Negotiating Committee	Regulations Officer
Lelly Oboh	Specialist Pharmacy Service	Consultant Pharmacist, Older People, Guy's and St Thomas's Hospital
Professor Mahendra Patel	University of Bradford University of Sussex RPS English Pharmacy Board	Honorary Visiting Professor Visiting Professor Member

Professor Mala Rao	NHS England and NHS Improvement Imperial College London	Medical Adviser, Workforce Race Equality Implementation Team Professor, Department of Primary Care and Public Health
Matthew Shaw	Centre for Pharmacy Postgraduate Education	Director
Michele Cossey	NHS England and NHS Improvement	Regional Chief Pharmacist (North East and Yorkshire)
Mohammed Hussain	NHS Digital	Senior Clinical Lead
Natasha Callender	NHS England and NHS Improvement	CPhO Clinical Fellow
Rahul Singal	North East London NHS Foundation Trust	Chief Pharmacist
Raliat Onatade	Barts Health NHS Trust	Group Chief Pharmacist and Clinical Director for Medicines Optimisation
Ravi Sharma	Royal Pharmaceutical Society	Director for England
Richard Cattell	NHS England and NHS Improvement	Deputy Chief Pharmaceutical Officer
Richard Goodman	NHS England and NHS Improvement	Regional Chief Pharmacist (London)
Richard Seal	NHS England and NHS Improvement	Regional Chief Pharmacist (Midlands)
Robbie Turner	Royal Pharmaceutical Society	Director of Pharmacy and Member Experience
Sonia Ramdour	Lancashire and South Cumbria NHS Foundation Trust	Chief Pharmacist and Accountable Officer
Stephen Brown	NHS England and NHS Improvement	Regional Chief Pharmacist (South West)
Sue Ladds	NHS England and NHS Improvement	Regional Chief Pharmacist (South East)
Wasim Baqir	NHS England and NHS Improvement	National Pharmacy Advisor, Pharmacy Integration Programme
William Rial	NHS England and NHS Improvement	Regional Chief Pharmacist (East of England)