

## Response to General Pharmaceutical Council consultation on draft equalities guidance for pharmacies

June 2022

### 1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)
- 1.2 As part of our work we:
- Oversee the ten health and care professional regulators and report annually to Parliament on their performance
  - Accredit registers of healthcare practitioners working in occupations not regulated by law through the Accredited Registers programme
  - Conduct research and advise the four UK governments on improvements in regulation
  - Promote right-touch regulation and publish papers on regulatory policy and practice.

### 2. General comments

- 2.1 We welcome the opportunity to comment on the General Pharmaceutical Council's draft equalities guidance for pharmacies.
- 2.2 The development of the guidance is a positive step, and we particularly welcome the practical examples of how to apply the guidance. We are also pleased to see that it encourages employers to take positive action to promote equality, diversity and inclusion.
- 2.3 In general the guidance seems clear and easy to navigate. We have provided some comments on potential additions or amends to improve clarity or accessibility of the guidance.

### 3. Detailed comments

**Question 1 - Thinking about the structure and language of the guidance, do you think it is easy to understand?**

- 3.1 Yes.

**Question 2 - Thinking about the structure and language of the guidance, do you think it is easy to apply?**

- 3.2 Don't know.
- 3.3 We support the use of practical examples. However, overall, we cannot comment on how easy the guidance would be to put into practice.

**Question 3 - Please give comments explaining your answers to the two questions above.**

- 3.4 See further comments below with suggestions to improve clarity and accessibility of the guidance.

**Question 4 - Thinking about the areas covered in the guidance, do you think we have missed out anything important?**

- 3.5 Yes.

**Question 5 - If 'Yes', please describe the areas we have missed.**

- 3.6 Our comments cover both areas to consider including in the guidance and suggestions to improve the clarity or accessibility of the guidance.
- 3.7 The section of the guidance on Principle 5 (page 31) is noticeably briefer than the other sections. It would be useful to have a practical example for this principle, as provided for the other principles.
- 3.8 On page 15, the first bullet point on the list of measurable benefits arising from efforts to deal with health and workforce inequalities and to remove the barriers that people face when trying to access health and care services refers to: 'improved access to services, as some people may be more likely to go for care and support to pharmacies with whom they share some social or cultural characteristics.' We suggest that it would be beneficial to add to the end of the sentence 'or where they know their social or cultural characteristics will be respected and catered for' or similar.
- 3.9 Also on the list of measurable benefits on page 15, we suggest it might be clearer to split out benefits to wider society/ the economy and direct benefits to staff.
- 3.10 In our view, the guidance should address scenarios where there might be a perceived or actual conflict between rights for those with protected characteristics. For example this may include considering the religious beliefs of staff when dealing with requests associated with the protected characteristics of patients for example, access to emergency contraception. We note that this is touched on briefly in section 1.1 and a link to the separate guidance on religion, personal values and beliefs provided. However, it would be helpful for this scenario to be acknowledged more clearly in this guidance.
- 3.11 The caveat acknowledging the limitations of language on page 17 (in this case in relation to the term BAME) is helpful. It may also be worth considering a wider caveat around language.

- 3.12 The heading for section 1.5 on page 20-21 does not seem to fully reflect what is in that section, which relates to adjustments to service provision for disabled people. This may need amending for clarity.
- 3.13 Also, in relation to the final paragraph of section 1.5, as phrased it could be read to imply that adjustments that cause harm may lead to liability claims and therefore discourage making adjustments. It may be helpful to clarify that the pharmacy may be liable for harm to a patient anyway, if adjustments are not made or not suitable therefore – they should always try to minimise the risk of harm occurring by providing appropriate support and adjustments.
- 3.14 On page 29 the reference to the role that pharmacies can play in helping to tackle wider health inequalities is welcome, however it might be helpful to reference or signpost further guidance as this is a complex area. The guidance could provide some basic information about how health inequalities work, to support professionals to make informed judgements in this area, and take appropriate practical steps. We note the link in the appendix to the Public Health England briefing *Pharmacy teams – seizing opportunities for addressing health inequalities*, however, this currently does not link to the correct briefing document.
- 3.15 In general, it might be helpful for the guidance to differentiate a little more clearly between actions to tackle/eliminate direct discrimination, indirect discrimination, harassment and victimisation and action to address wider health inequalities. Both are important but it may be helpful to be clearer on what pharmacy owners should have regard to in terms of their legal obligations and what may be more part of the wider obligations of being a health professional.
- 3.16 It could also help with clarity of the guidance if it there were clearer delineation between actions intended to benefit patients, and those that would benefit staff.

**Question 6 - Do you think our proposals will have a positive or negative impact on: each of the following groups?**

- **Patients and the public**
  - **Pharmacy staff**
  - **Pharmacy owners**
- 3.17 We think that the guidance should have a positive impact on all of these groups if it is effectively utilised.

**Question 7 - Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the following protected characteristics (as listed in the Equality Act 2010)?**

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

3.18 We think that the guidance should have a positive impact on all groups with these protected characteristics.

**Question 8 - 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 guidance would have.**

3.19 The guidance should support registered pharmacies to better understand their equalities obligations to all those with protected characteristics and provide practical support in ensuring that equality and diversity is promoted, and discrimination is avoided.

3.20 These benefits will be increased if the guidance is well promoted and publicised and if the GPhC is able to ensure their expectations are embedded as core considerations as part of pharmacy practice.

3.21 It would be useful to know practically how the GPhC plans to use the guidance during inspections and how it will measure the impact of the guidance.

#### **4. Further information**

4.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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