Executive Summary: North West Inclusive Pharmacy Practice (IPP) Toolkit

By Sadie Pinkney
Version 1.0 March 2025

Inclusive teams drive better outcomes – for patients, staff and systems.

This toolkit has been designed by *senior pharmacy leaders, for senior pharmacy leaders*.

Use this toolkit to:

- ✓ Lead with authenticity and drive meaningful, lasting change
- ✓ Create a culture where all pharmacy professionals feel they belong
- ✓ Attract, retain and empower diverse talent
- ✓ Meet national equality, diversity and inclusion (EDI) expectations with confidence

Inclusive pharmacy practice isn't optional – it's essential for credibility, equity, and innovation.

NW IPP Principles

Principle 1 Inclusive Leadership:

We will commit to ensuring all team members are treated equitably, feel a sense of belonging and value, and have the resources and support they need to achieve their full potential. We will also actively recognise and promote a diverse workforce, celebrating the unique perspectives and strengths that each individual brings.

Principle 2 Education & Training:

We commit to providing an environment that reflects diverse backgrounds and guides our workforce to become culturally competent in delivering care. We will also support colleagues from under-represented communities in building the skills, experience and confidence to pursue and attain leadership roles, fostering a diverse pipeline of future leaders.
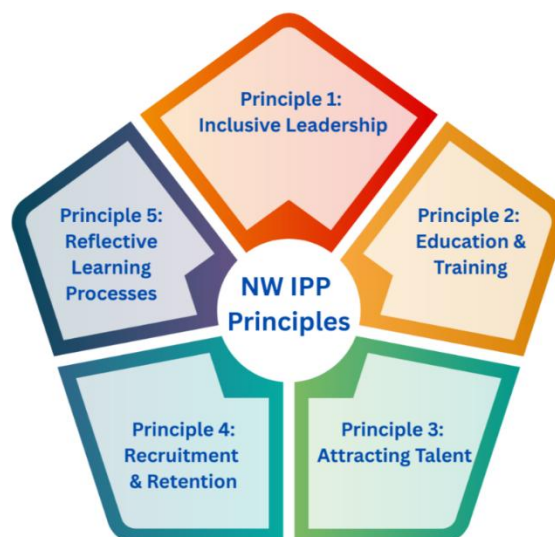
Principle 3 Attracting Talent:

We will ensure that any pre-employment activities carried out have inclusion at the heart and engage with our most under-represented communities to ensure a diverse talent pool at recruitment stage.

Principle 4: Recruitment & Retention

We commit to following best practice in inclusive recruitment and retention to ensure a diverse staff group at each grade, reflective of our wider organisational workforce and population. In addition, we will provide succession planning and mentorship opportunities to support the development of colleagues from under-represented communities.

Principle 5: Reflective Learning Processes

We will ensure that we are in a continuous cycle of learning and improvement from all the data and intelligence we gather around inclusive pharmacy practice.

		Principle 1: Inclusive leadership initiatives
1.1	A	Ensuring staff in senior pharmacy leadership positions have received training in cultural competence, some examples include: - Centre for Pharmacy Postgraduate Education's (CPPE) _Culturally competent communication in person-centred care_ e-learning is free for all registered pharmacy professionals - NHS Leadership Academy offers a free online course for NHS staff. Inclusive Leadership in Health and Care Core Managers: Developing Inclusive Workplaces programme _Cultural Competence and Cultural Safety_ – e-learning for healthcare
1.2	A	Sign and display RPS _Pledge for Inclusion and Wellbeing_
1.3	C	Ensuring that inclusive pharmacy practice is explicitly included as part of any pharmacy strategy document. This should include all aspects of the principles of this toolkit
1.4	B	Commitment to a plan of action, including 'positive action' for talent management/ leadership development
1.5	B	Ensuring key pharmacy senior team meetings will have a standing agenda item around inclusivity, with meaningful discussions around this subject
1.6	B	Baselining data on departmental workforce diversity data to be monitored by the pharmacy leadership team at regular intervals with active actions around identified areas of improvement
1.7	B	Ensuring that pharmacy staff interested in membership of Staff Inclusion Network(s) or in becoming 'EDI Champions' are supported in this and given the appropriate forum within Pharmacy to share learning
1.8	B	Having a noticeboard (physical or virtual) where EDI is celebrated and experiences can be shared
1.9	B	Encouraging use of inclusive language. Including but not limited to the use of pronouns. NHS Digital provides information about inclusive content that is helpful in supporting open discussions around language and inclusion
1.10	A	Share the concept of including pronouns in email signatures as a measure to support an inclusive environment
1.11	A	Encouragement of not referring to age (old or young) unless necessary
1.12	B	Awareness about language that it is appropriate to use when talking to or about persons with disabilities, and encouraging application of the 'people first' language principles, as outlined in the United Nation's _Disability-Inclusive Language Guidelines_ document
1.13	B	Avoidance of any assumptions in relation to gender of individuals or their partners

1.14	B	Having clear mechanisms to cascade EDI concerns – this can be directly to the Chief Pharmacist / Responsible Pharmacist / Superintendent or forums such as Freedom to Speak Up (FTSU)/wider organisation/General Pharmaceutical Council (GPhC)/ Integrated Care Board (ICB)
1.15	C	Pharmacy mentoring programme: Implement a pairing scheme where senior pharmacists or pharmacy technicians (such as band 8a equivalent and above) mentor marginalised pharmacy colleagues with leadership ambitions. This programme aims to facilitate the sharing of knowledge, skills and experiences, thereby fostering growth and diversity in leadership positions within the pharmacy sector
1.16	C	Support your team's work-life balance. Can their working hours be achieved around other commitments, e.g. caring, rather than the traditional approach of doing all work hours in one block?
1.17	B	Follow the Forbes article, 'Five Ways To Become A More Inclusive Leader': 1. Ask questions, be curious about other's experiences in the workplace; a 1:1 conversation can provide a major learning opportunity, helping build towards empathy and situational awareness 2. Invite pharmacy staff from all backgrounds to meetings; don't just include them, engage them. Consider their varied perspectives that may have been gained from different experiences. Consider how you incorporate their ideas and perspectives 3. Consult with people outside your own circle who are different from you 4. Invite members of the pharmacy team shadow you, joining you in meetings and discussions. After the meeting, debrief on what decisions were made and why 5. Purposefully seek perspectives and ideas from people who are not like you to expand your knowledge of different ways of doing things.

		Principle 2: Education and training
2.1	B	Support and encourage pharmacy professionals to complete training on cultural competence e.g. CPPE's _Culturally competent person-centred care learning gateway_
2.2	A	Where appropriate, considering training on other relevant subjects for staff such as unconscious bias, privilege, race equality (i.e. NHS Workforce Race Equality Standard), active bystandership, allyship, neurodivergence (particularly for supervisors); identifying department advocates and champions where appropriate
2.3	A	Display simple infographics such as that of Appendix 4 (refer to the full NW IPP Toolkit document), taken from Disabled by Society, to support understanding of basic EDI terms
2.4	C	Ensuring equity of access to training and development support, regardless of contract type (part time, full time, rotational, fixed term etc.)
2.5	C	Encouraging leadership development training for all staff in management or mentorship positions (ensuring EDI is addressed within the course content), examples include: - CPPE's _CPhO Pharmacy leaders development_ programme - CPPE's _Leading for change_ e-course
2.6	C	Ensuring all managers receive appropriate training in how to respond to racial harassment, bullying complaints or incidents
2.7	C	Ensuring equity of access to relevant and appropriate training and education for all staff groups, including funding, supervision and support, regardless of professional status or banding
2.8	B	For new starters, ensuring the induction programme will include how to access support for mental health and wellbeing. Include inclusion and diversity topics, such as authentic leadership and the importance of cultural awareness to deliver inclusive person-centred care
2.9	B	Embed the Talent Management Resource Tool into appraisal processes. Make talent conversations a core part of appraisals. Train managers to use the tool inclusively and signpost staff to mentoring, leadership, and development programmes aligned with IPP priorities

		Principle 3: Attracting talent
3.1	B	Review language in job advertisements in order to not exclude those from a particular sector of pharmacy or protected characteristics. Advertise jobs through wider networks e.g. specialist groups such as UK Black Pharmacist Association (UKBPA), British Islamic Medical Association (BIMA)
3.2	C	Having an active outreach plan to local schools of pharmacy and training providers with a focus on inclusion, ensuring this is fair and equitable to encourage all to apply. Ensure the full range of pharmacy careers is incorporated into this outreach
3.3	B	Having a digital and social media presence showcasing the inclusion work around the individual integrated care systems (ICSs) for those looking to work in the North West
3.4	C	Demonstrating innovation around where recruitment is advertised
3.5	B	Cultural calendars, such as the Diversity and Inclusion Calendar published by Inclusive Employers, should be utilised to ensure interview dates do not clash with cultural holidays where possible

		Principle 4: Recruitment and retention
4.1	C	Balancing operational needs with a 'flexible working as standard' approach – at all grades and in all roles. It is also important to ensure that those who require flexible working are not disadvantaged in terms of progression, preventing the exclusion of individuals with families or other parental commitments
4.2	B	Ensuring an inclusivity statement is included in all pharmacy job adverts
4.3	C	Retiring gender-marking in job titles, roles and descriptions. For examples of gender-coded language in job titles, see this online resource
4.4	C	Reviewing and implementing a recruitment checklist similar to the checklist developed by the Chief Pharmaceutical Officer (CPhO). The checklist covers best practice in job description/person specification, advertisement, shortlisting and interview
4.5	B	Considering introduction of interview panellists with pronouns
4.6	C	Consider including an EDI-trained representative or Inclusion Champion on interview panels to help ensure a fair and inclusive recruitment process. An Inclusion Champion can support in identifying and addressing potential biases, represent the diversity of the organisation and its community and contribute questions that explore candidates' alignment with the organisation's values and commitment to equity, diversity, and inclusion
4.7	C	Ensuring that all panellists have had the right inclusion training. This could include EDI, active bystander, unconscious bias, hidden disability etc.
4.8	C	Ensuring inclusive interview panels. Here are some attributes of an inclusive interview panel: 1. Encourage Diverse Thinking: Where it is practical and achievable, the interview panel should be as diverse as possible. Panel members should actively bring different perspectives and ideas to the table during the interview process. 2. Challenge Bias: Panel members should feel empowered to challenge decisions they believe may be biased or disregard cultural differences. 3. Focus on EDI Values: Include questions that highlight the organisation's commitment to EDI, ensuring these values are central to the conversation. 4. Explore Candidate's Approach to EDI: Ask candidates about their own understanding and approach to EDI, ensuring they align with the organisation's values.
4.9	B	Embed recruitment processes which are informed by best practices, including those outlined in *The Pharmaceutical Journal*'s article "Ten ways to implement inclusive recruitment in pharmacy"

		Principle 5: Reflective learning processes
5.1	B	Reciprocal mentoring programmes to provide senior leaders in organisations with mentoring from someone in the team with protected characteristics. The programme provides senior leaders with the opportunity to be an active ally and gain greater insight into the lived experience and development needs of colleagues from marginalised groups, as well as providing the opportunity for colleagues from marginalised groups to develop their skills and network through partnership
5.2	C	Ensuring there is a meaningful exit interview process, not just a tick box exercise. Exit interviews should be designed to understand employee views and concerns, and teams should learn from exit interviews via a thematic analysis and action plan. Consider, where possible, a specific question in exit interview questionnaires on inclusivity – with feedback being explicitly actioned
5.3	C	Offer flexibility with exit interviews e.g. who to have the interview with, digital anonymous forms etc
5.4	C	Improving methods of gathering information on how people are feeling. More openness from senior staff upon receipt of feedback e.g. workplace surveys – not to be challenging and defensive, but listen to the issues staff are facing and work with them to find a pathway through
5.5	A	Supporting and promoting the Freedom to Speak Up Guardian (FTSUG) role, with a focus on ensuring staff are aware this includes offering help if they encounter racism, discrimination or bullying
5.6	B	Commit to ensuring FTSUGs complete an annual visit to the department/staff meeting to make their roles more understandable
5.7	B	Encouraging the use of advocates and champions within the department who can support and speak on behalf of colleagues where this is helpful; for example, FTSU champions, wellbeing advocates, mental health first aiders or neurodiversity champions
5.8	C	Establish a committee to ensure learning from any additional data or surveys such as community pharmacy surveys, PWRES reports etc
5.9	C	Collaborate with EDI leads and leverage the existing efforts at local, system and broader levels
5.10	C	Commit to supporting people to feedback, as it is recognised that representativeness of data is impacted by engagement