

# **North West Inclusive Pharmacy Practice (IPP) Toolkit**

Author Sadie Pinkney, Chief Pharmaceutical Officer Clinical  
Fellow, CPPE

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## Why use this Toolkit?

**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.**

## Background

In March 2021, following a national roundtable event, NHS England, Royal Pharmaceutical Society (RPS), Association of Pharmacy Technicians UK (APTUK) and 13 other partner organisations across the pharmacy sectors published a *Joint National Plan for Inclusive Pharmacy Practice (IPP) in England* (see [Appendix 1](#)).<sup>1</sup>

This document primarily focuses on embedding inclusive practices within the workplace for pharmacy professionals, with senior leadership that reflects our workforce and diverse communities. This toolkit promotes open conversations and meaningful actions to ensure that pharmacy professionals are supported in an inclusive environment, with leadership that mirrors the diverse communities within the sector. Additionally, it underscores the importance of improving the overall experience of both patients and pharmacy professionals.

## Introduction

The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms

— *NHS People Plan 2020*

The *NHS People Plan 2020/21* stresses the importance of inclusive leadership at all levels to foster a culture of belonging.<sup>2</sup> Inclusive leadership involves creating open and honest conversations within pharmacy teams and organisations, resulting in actionable steps that promote EDI across the pharmacy profession and healthcare service delivery.

The *Marmot Review* has highlighted that patterns of discrimination and inequality continue to shape life chances, health outcomes and employment opportunities, with protected characteristics such as ethnicity and social class playing a particularly significant role.<sup>3</sup> These factors influence the recruitment, progression, treatment and retention of staff within the NHS. The *Marmot 10-Year Follow-Up Report* further underscores growing concerns that health inequalities are worsening rather than improving.<sup>3</sup> It emphasises how systemic barriers persist, particularly affecting ethnic minority communities. In the context of pharmacy practice, these disparities can be observed not only in the delivery of services but also in the experiences of pharmacy professionals themselves.

As highlighted in the *NHS People Plan*, delivering the highest standard of care for patients requires a workforce that is diverse, compassionate and inclusive.<sup>2</sup> Diverse teams bring varied perspectives and innovative problem-solving skills, leading to better decision-making and outcomes.<sup>2</sup> Inclusive environments enhance employee satisfaction and retention, and organisations known for their commitment to inclusion are more likely to attract a diverse talent pool.<sup>2</sup> Furthermore, evidence shows that strategically diverse leadership teams, particularly those with strong ethnic and cultural representation, are often the highest performing, demonstrating the crucial link between inclusive leadership and improved organisational performance.<sup>2</sup>

## Purpose of the North West IPP Toolkit

The purpose of this toolkit is to support senior pharmacy leaders across the North West in the practical implementation of inclusive pharmacy practice principles. This plan provides a framework for pharmacy leaders and their teams to understand and adopt the benefits of diverse teams and culturally competent healthcare service delivery.

**Aim:** The aim of this toolkit is to promote collaboration across the region to integrate inclusive pharmacy practices into everyday operations and nurture a culture of belonging within pharmacy teams. This document primarily focuses on embedding inclusive practices in the workplace for pharmacy professionals, with an emphasis on ensuring senior leadership reflects the diversity of our workforce and the communities we serve.

Creating the right working environment is fundamental in unlocking the potential of all team members. A supportive, inclusive environment fosters talent, community and innovation, while a non-inclusive environment can be demoralising and alienating. When pharmacy is a place where everyone feels valued and included, it leads to better health outcomes for service users. Simple as it may sound, when people are allowed to be their authentic selves, they perform better, contribute more creatively and foster an environment where open discussions are encouraged. This ultimately builds a safer, more productive work culture. Belonging is not only the right thing to do – it is essential to our collective success.

This toolkit acknowledges the operational differences between employers and encourages flexibility in applying the toolkit, allowing organisations to adapt the framework to meet their specific needs. The toolkit is designed to guide all employers towards achieving cultural competence and inclusive practices, while recognising and celebrating successes and tackling challenges along the way.

This toolkit aligns with the NHS EDI improvement plan<sup>4</sup>, the *North West BAME Assembly Anti-racist Framework*<sup>5</sup>, Royal Pharmaceutical Society (RPS) inclusion initiatives<sup>6</sup> and the *PDA Anti-Racist Pharmacy Toolkit*<sup>7</sup>.

## Acknowledging the Limitations of the Term BAME

The term BAME (Black, Asian and Minority Ethnic) has been widely used to identify and analyse patterns of discrimination, though we recognise it is not universally accepted. Some prefer alternative terms like 'Global Majority', which better reflects historically underrepresented populations. Despite the shortcomings of these terms, for the purposes of this toolkit, we will continue to use BAME due to its widespread use in workforce data and analysis. However, we remain open to using alternative terms and will strive to be mindful and respectful. Our focus remains on fostering an inclusive, fair and equitable environment for all, with particular attention to addressing and eliminating racial inequalities.

## Alignment with the North West BAME Antiracism Framework Principles

This *North West IPP Toolkit* is dedicated to fostering inclusion for all individuals within pharmacy practice, while recognising that addressing the specific challenges faced by ethnic minority groups requires focused and sustained action. In alignment with the *North West BAME Assembly Anti-racist Framework*, we prioritise antiracism as a core principle, understanding that it is essential for creating an equitable and inclusive environment.

While our commitment is to inclusion for all, we acknowledge the need to actively dismantle systemic racism. By prioritising antiracism, we aim to break down barriers and ensure that BAME individuals have the opportunity to thrive in all aspects of their professional lives. This approach supports the key principles of the *North West BAME Assembly Anti-racist Framework*:<sup>5</sup>

By aligning our efforts with the *North West BAME Assembly Anti-racist Framework*, we strive to create a more inclusive, fair and equitable environment for everyone, with a particular focus on addressing and eliminating racism in all its forms.

### The 5 anti-racist principles - Reflection questions



## Recommendations

The recommendations in this NW IPP toolkit will help employers:<sup>8</sup>

### Create a Culture of Belonging:

Ensuring that staff feel valued, heard and able to be their best selves at work.

### Develop Compassionate, Inclusive Leaders:

Leaders who demonstrate inclusivity in all aspects of their work.

### Recruit, Develop, and Retain a Diverse Workforce:

Ensuring equitable representation within the pharmacy profession.

### Support the Creation of Diverse Leadership in Pharmacy:

Creating leadership structures that reflect the diversity of our workforce and the populations we serve.

### Improve Staff Experience Across All Protected Characteristics:

Creating a work environment where everyone feels they belong, ensuring the North West becomes the best place to work for all

By following the outlined principles and recommendations, we aim to build an inclusive and supportive environment that improves patient care, strengthens the pharmacy workforce and ensures that the North West is a place where everyone thrives.

## Regional Context

The national data for 2023/2024 from the *Pharmacy Workforce Race Equality Standard (PWRES) report* highlights the distribution of ethnicity and gender across Agenda for Change (AfC) pay bands.<sup>9</sup> A concerning trend of underrepresentation of BAME pharmacists is evident in senior AfC Band 8a and above roles, with their representation decreasing from 38% at Band 8a to just 20% at Band 9.<sup>9</sup> This stark disparity contrasts with the overall BAME representation within the pharmacy workforce, which stands at 43.3%, according to the General Pharmaceutical Council (GPhC) survey in 2023.<sup>10</sup> This gap not only highlights the challenges BAME pharmacists face in progressing within their careers but also underscores the need for targeted initiatives to address barriers such as bias, lack of mentorship and limited opportunities for career development at senior levels.

The PWRES 2023/2024 data shows underrepresentation of BAME pharmacists is particularly pronounced among women.<sup>9</sup> While BAME women make up 32% of the pharmacy workforce overall, they account for just 24% of those in AfC Band 8a and above.<sup>9</sup> This disparity is even more stark at the individual band level, with representation falling significantly from 28% at Band 8a to just 6% at Band 9.<sup>9</sup> This highlights intersectionality, where the combined effects of race and gender create compounded barriers to career progression. Rather than simply experiencing racial or gender bias separately, BAME women face unique challenges that result from the intersection of these identities, contributing to their disproportionate underrepresentation in senior roles.

Figures 1 to 12 below compare the national data with local data for the North West region, sourced from NHS England's *Workforce Intelligence Portal*.<sup>11</sup> The *Workforce Intelligence Portal* provides detailed workforce data sourced from the *Electronic Staff Record (ESR)* and is therefore only representative of the sectors included in the ESR.<sup>11</sup> Other areas of pharmacy – such as Health and Justice, general practice and community pharmacy – are not fully represented in these responses.

Additional workforce data sources include the *NHS Staff Survey* and local data collection surveys.<sup>12</sup> While the *NHS Staff Survey* covers data across all protected characteristics, the PWRES primarily focuses on ethnicity and gender. By utilising the available data, comparisons can be made specifically with the pharmacy workforce, particularly in respect of ethnicity.



Figure 1: National Gender Distribution of Pharmacists 2024

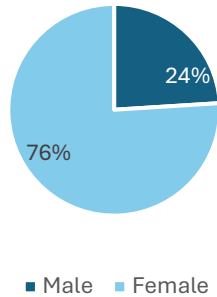


Figure 2: North West Gender Distribution of Pharmacists 2024

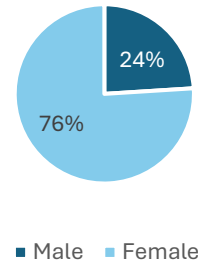


Figure 3: National Distribution of Pharmacists Split by AfC Band and Gender 2024

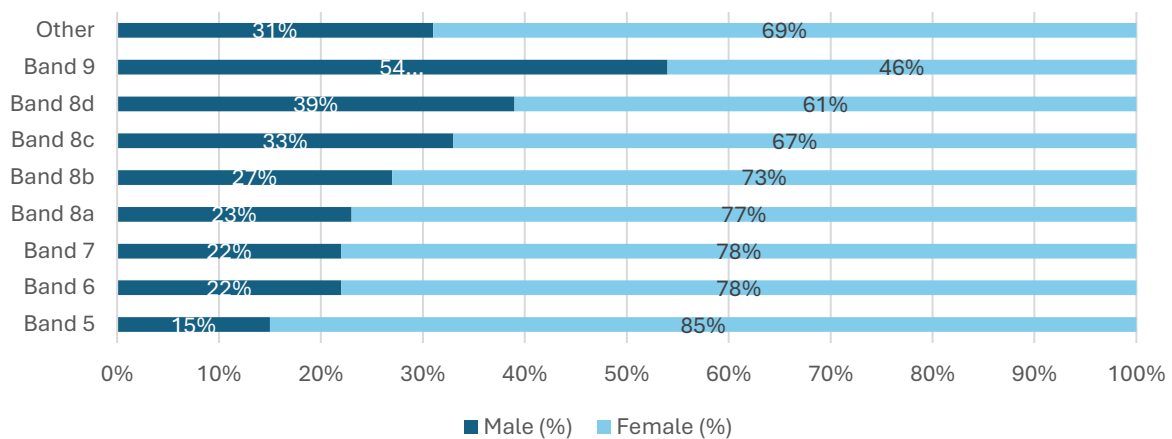


Figure 4: North West Distribution of Pharmacists Split by AfC Band and Gender 2024

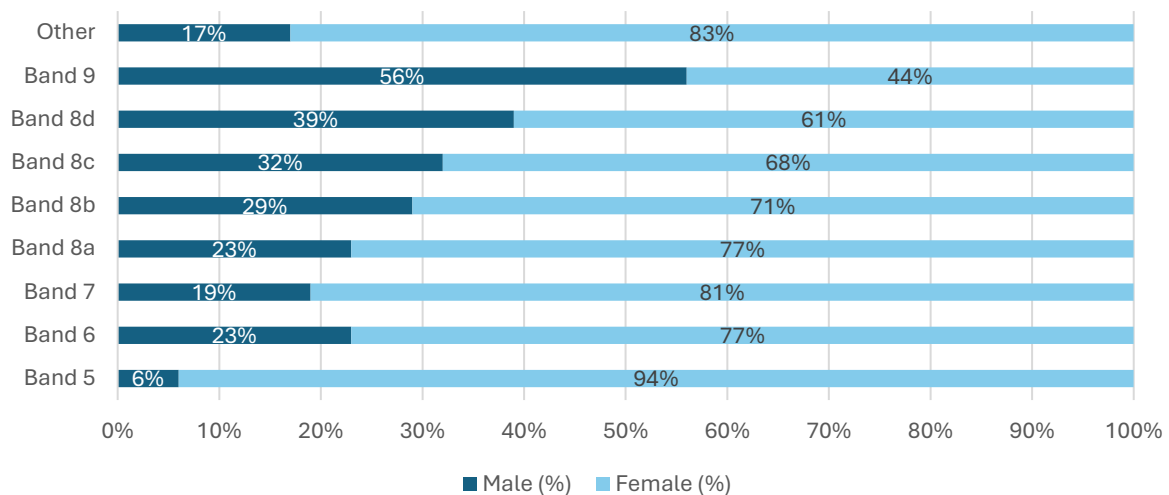


Figure 5: National Gender Distributions of Pharmacy Technicians 2024

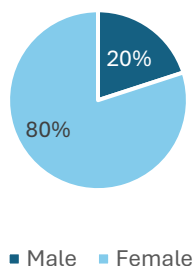


Figure 6: North West Gender Distributions of Pharmacy Technicians 2024

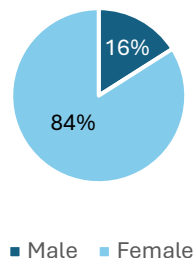


Figure 7: National Distribution of Pharmacy Technicians Split by AfC Band and Gender 2024

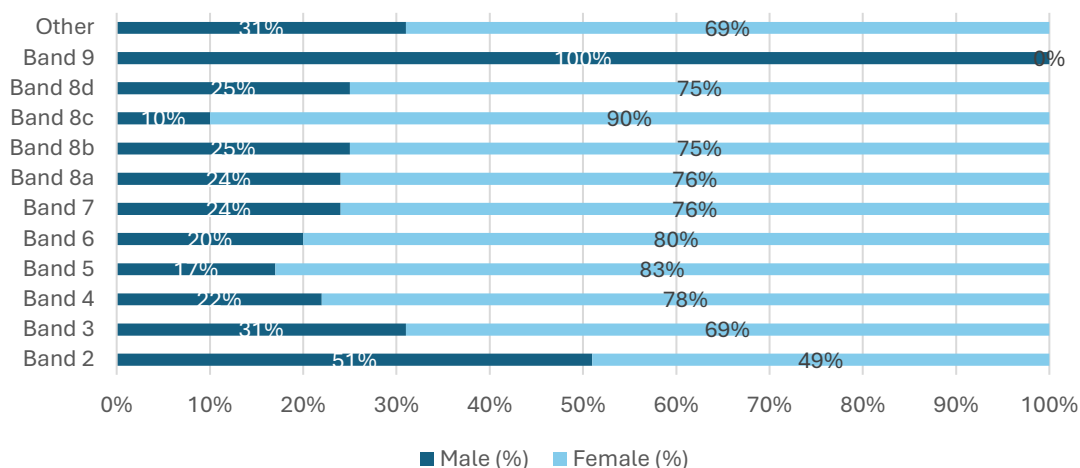


Figure 8: North West Distribution of Pharmacy Technicians Split by AfC Band and Gender 2024

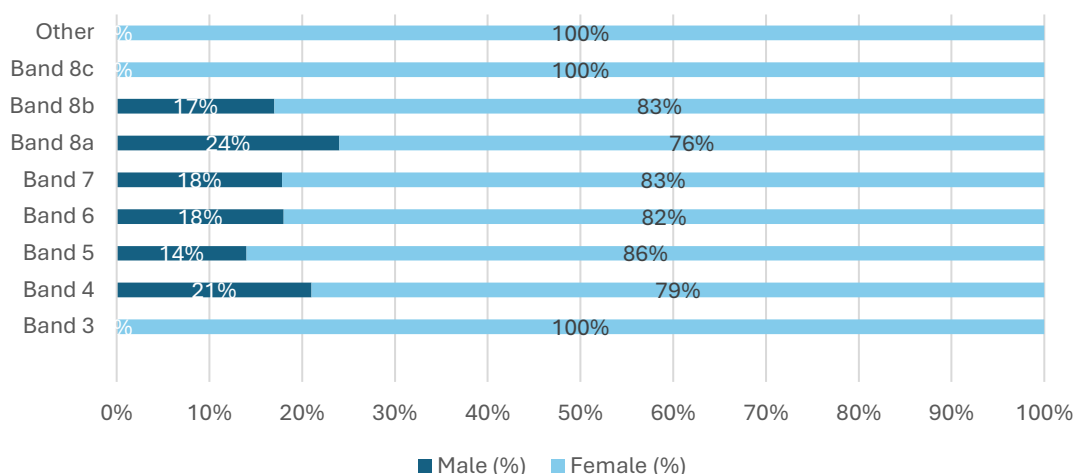


Figure 9: North West Distribution of Pharmacists by Ethnicity

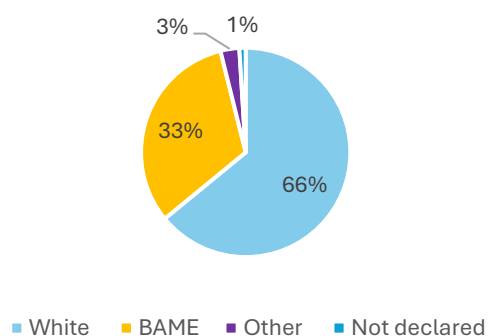


Figure 10: North West Distribution of Pharmacists Split by AfC and Ethnicity 2024

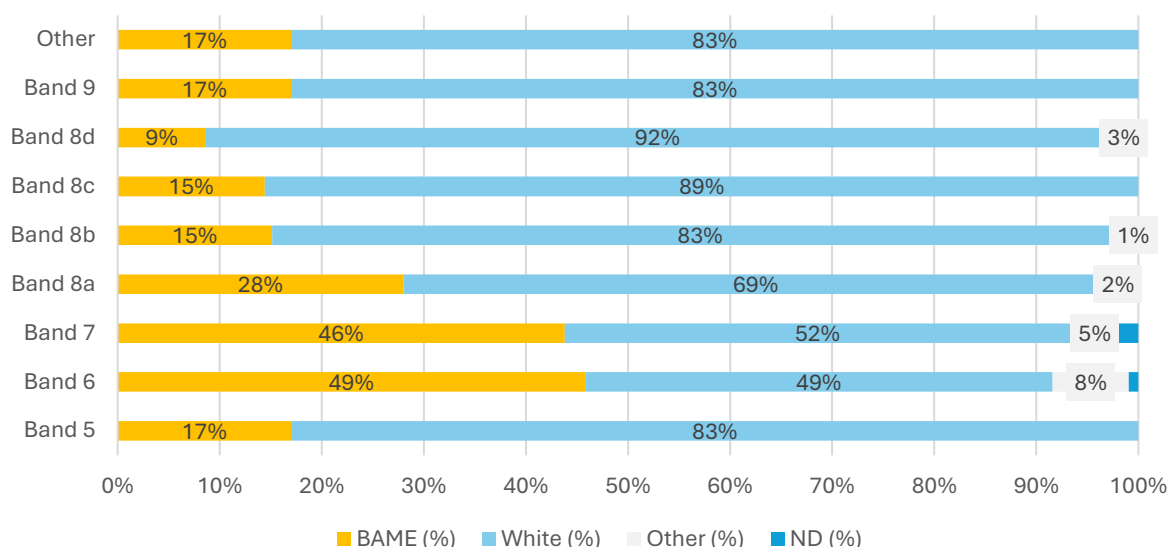


Figure 11: North West Distribution of Pharmacy Technicians by Ethnicity

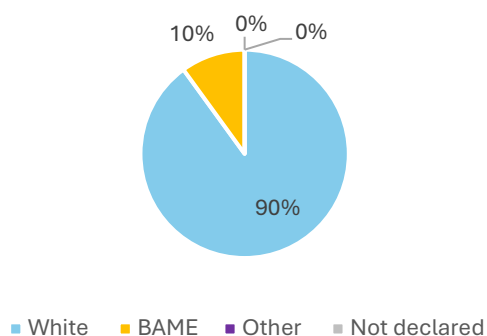
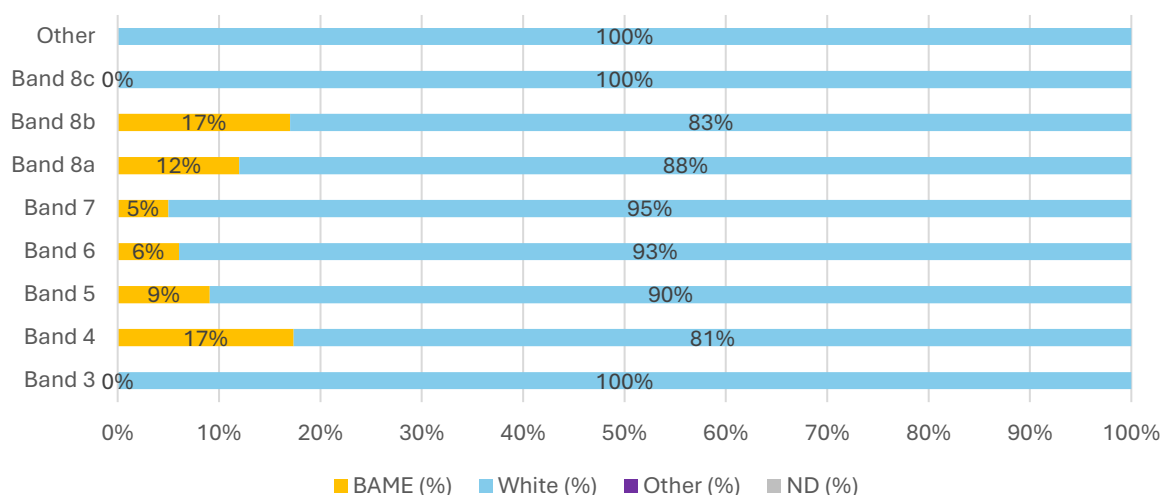


Figure 12: North West Distribution of Pharmacy Technicians Split by AfC and Ethnicity 2024

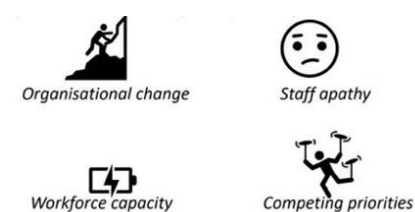


## Overcoming Barriers

Achieving cultural competence and fully inclusive pharmacy practices is an ongoing, evolving journey. This document acknowledges that while some initiatives may not bring immediate, overnight changes; the act of taking the first step is crucial in starting a cohesive movement. For example, displaying the Royal Pharmaceutical Society (RPS) *Pledge for Inclusion and Wellbeing*.<sup>13</sup> While it may not inspire everyone at every moment, it will undoubtedly spark action in some individuals, encouraging them to adopt more inclusive practices in their daily work. Similarly, the concept of belonging can take root in small but significant ways, ultimately fostering a more inclusive environment for all.

One key aspect of overcoming barriers is education and training. Often, attitudes towards diversity and inclusion are shaped by lack of understanding. However, these attitudes can be changed through continued targeted education and training to reflect that culture continues to evolve. When pharmacy professionals are equipped with the right knowledge and tools, they can begin to shift their perspectives and adopt more inclusive behaviours. The small, everyday actions we take in communication – whether in person, on email or within team interactions – can have a profound impact. By changing the way we communicate, we influence the culture around us, contributing to a more inclusive environment.

A survey was sent in 2023 to NHS Trust pharmacy departments to gather information about EDI initiatives.<sup>14</sup> According to the survey, 14% of respondents reported having no EDI initiatives in place within their pharmacy teams.<sup>14</sup> Many organisations identified several barriers to implementing IPP and other EDI initiatives.<sup>14</sup> These barriers included time constraints, competing priorities, organisational changes and staff apathy. Despite these challenges, the importance of persistence in the face of these barriers cannot be understated.



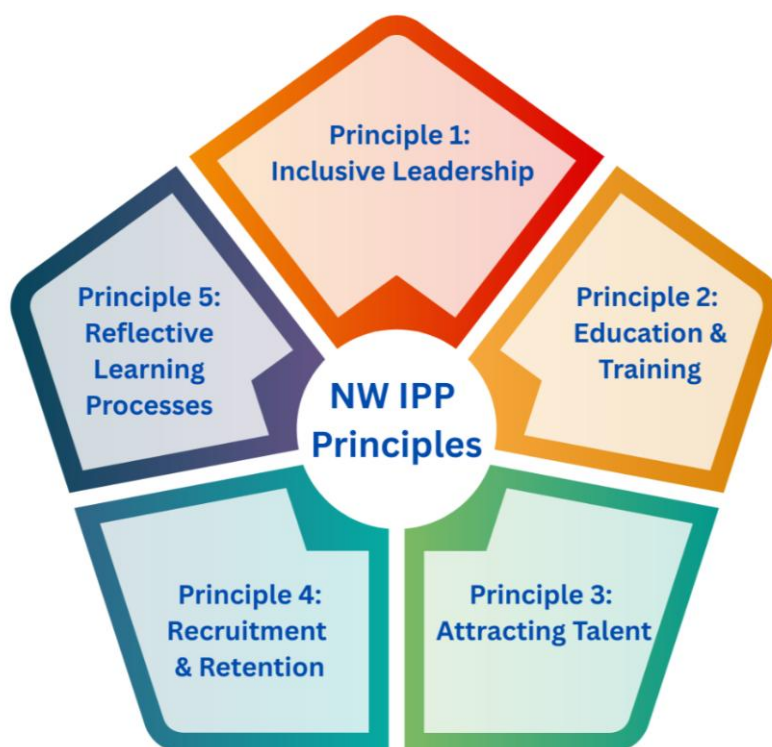
While overcoming these barriers may not be quick or easy, it is essential to begin the process of change. Even small, incremental steps can drive significant progress. This commitment not only supports the professional growth of pharmacy teams but also contributes to the reduction of health inequalities within our communities. By promoting diverse representation in decision-making roles and improving cultural competence across teams, the toolkit ensures that pharmacy services are better aligned with the needs of the populations they serve. A more inclusive pharmacy workforce is more likely to understand and address the unique challenges faced by underrepresented communities, ultimately improving access, experience, and outcomes in care. Inclusion should not be seen as a ‘nice to have’ – it must be a central part of everything we do and every decision we make.

## Principles of this NW IPP Toolkit

These principles have been developed to support North West pharmacy employers with fostering a culturally sensitive environment which attracts and develops a representative and diverse workforce. Pharmacy leaders are encouraged to commit to the principles and invited to implement those recommendations that would enhance and improve current local practices.

The principles within this toolkit can and should be applied to all protected characteristics. Pharmacy leaders should strive to understand which areas are most relevant to their teams and the populations they serve and implement the recommendations accordingly.

To help organisations prepare, each initiative within the principles has been assigned a suggested timeline: A for short-term (0–6 months), B for mid-term (6–12 months) and C for long-term (12–24 months). Although each organisation may wish to change these timelines and set their own deadlines.



## NW IPP Principles

### **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. Building a culture of inclusion isn't like turning on a light switch. It takes deliberate actions, starting with demonstrating inclusive leadership behaviours.

### **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.

### **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.

### **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, helping them build the skills and experience necessary for leadership roles and long-term career growth.

### **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: <ul style="list-style-type: none"> <li>- Centre for Pharmacy Postgraduate Education's (CPPE) <a href="#">Culturally competent communication in person-centred care e-learning</a> is free for all registered pharmacy professionals</li> <li>- NHS Leadership Academy offers a free online course for NHS staff. Inclusive Leadership in Health and Care Core Managers: Developing Inclusive Workplaces programme <a href="#">Cultural Competence and Cultural Safety – e-learning for healthcare</a></li> </ul>
1.2	A	Sign and display RPS <a href="#">Pledge for Inclusion and Wellbeing</a>
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 <a href="#">information about inclusive content</a> 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 <a href="#">Disability-Inclusive Language Guidelines document</a>
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	<p>Implement a pharmacy mentoring programme where senior pharmacists or pharmacy technicians mentor marginalised pharmacy colleagues with leadership ambitions. With the aim to facilitate the sharing of knowledge, skills and experiences, thereby fostering growth and diversity in leadership positions within the pharmacy sector</p> <p>Other mentoring schemes can be found on the <a href="#">Talent Management Resource Tool</a> such as the <a href="#">ENIGMA mentoring programme</a>, designed to empower female pharmacy professionals from ethnically diverse backgrounds to advance into leadership roles.</p>
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	<p>Follow the Forbes article, '<a href="#">Five Ways To Become A More Inclusive Leader</a>'</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. Consult with people outside your own circle who are different from you</li> <li>4. Invite pharmacy team to shadow you, have them join you in meetings and discussions. After the meeting, debrief on what decisions were made and why</li> <li>5. Purposefully seek perspectives and ideas from people who are not like you to expand your knowledge of different ways of doing things.</li> </ol>

Principle 2: Education and training		
2.1	B	Support and encourage pharmacy professionals to complete training on cultural competence e.g. CPPE's <a href="#">Culturally competent person-centred care learning gateway</a>
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 <a href="#">Appendix 4</a> , taken from <a href="#">Disabled by Society</a> , 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: <ul style="list-style-type: none"> <li>- <a href="#">CPPE CPhO Pharmacy Leaders Development Programme</a></li> <li>- <a href="#">CPPE Leading for Change</a></li> </ul>
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 <a href="#">Talent Management Resource Tool</a> 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 <a href="#">Diversity and Inclusion Calendar</a> 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 <a href="#">this online resource</a>
4.4	C	<p>Reviewing and implementing a recruitment checklist similar to <a href="#">the checklist developed by the Chief Pharmaceutical Officer</a> (CPhO).</p> <p>The checklist covers best practice in job description/person specification, advertisement, shortlisting and interview</p>
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	<p>Ensuring inclusive interview panels. Here are some attributes of an inclusive interview panel:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Challenge Bias: Panel members should feel empowered to challenge decisions they believe may be biased or disregard cultural differences.</li> <li>3. Focus on EDI Values: Include questions that highlight the organisation's commitment to EDI, ensuring these values are central to the conversation.</li> <li>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.</li> </ol>
4.9	B	Embed recruitment processes which are informed by best practices, including those outlined in <i>The Pharmaceutical Journal's</i> article <a href="#">"Ten ways to implement inclusive recruitment in pharmacy"</a>

<b>Principle 5: Reflective learning processes</b>		
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 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 we 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 ensure FTSUGs do 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 we learn 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

## Examples of Inclusive Initiatives in the North West

We will share case studies across all sectors of pharmacy within the region to allow others to see the opportunities and programmes that can be adopted to make the profession more inclusive for all.

“At NCA, we have a *Cultural Ambassadors Programme*, designed to ensure that our recruitment, disciplinary, and grievance processes are free from bias. This initiative aims to improve fairness and enhance the experience of both colleagues and candidates.

Recruiting managers are encouraged to have a Cultural Ambassador present on interview panels for posts at Agenda for Change Band 8a and above. Similarly, disciplinary panel chairs are advised to include a Cultural Ambassador when the potential outcome may involve dismissal. Cultural Ambassadors play a vital role as 'critical friends' to the organisation, raising any concerns of bias before decisions or outcomes are finalised.”

Northern Care Alliance NHS Foundation Trust

“We hold a Health & Well-Being meeting in Pharmacy where we focus on recognising and celebrating cultural events. The Equality, Diversity & Inclusion events calendar offers a selection of key dates, awareness-raising days, and events that reflect the diverse backgrounds of our staff and service users.”

Northern Care Alliance NHS Foundation Trust

“We conducted a Disability Confident scheme audit to assess our compliance with the standard of offering an interview to all candidates with a disability who meet the essential criteria for a role. The audit revealed that there’s work to be done on job descriptions, to make our shortlisting and selection process more inclusive.

The Chief Pharmacy Officers’ IPP recruitment checklist includes helpful guidance on terms and language to use in both adverts and job descriptions to promote inclusivity. We are working with our resourcing and operation leads to create a Job Library, which will involve reviewing job descriptions to limit essential criteria, include a personalised statement on our commitment to inclusion, and ensure descriptions are gender-neutral.”

The Christie NHS Foundation Trust

“We have established a People Committee within the pharmacy department to foster an open, inclusive, and supportive culture. With representation from across the department and a focus on staff-led discussions, the committee ensures all voices are heard. Inclusion is a standing agenda item, and members include a Freedom to Speak Up (FTSU) champion and a Samaritan volunteer, bringing valuable perspectives on wellbeing. Recent initiatives include setting up a prayer room within pharmacy for easier access and conducting a staff survey to explore flexible working options during Ramadan and Eid. This committee empowers staff to drive meaningful change, shaping a more inclusive and supportive workplace.”

East Lancashire Hospitals NHS Trust

“At WHH, our Pharmacy Workforce and EDI group is driving inclusion and equity. We celebrate key EDI events, deliver training on diverse patient needs, and promote tailored care—such as managing medications during Ramadan and improving access to interpreters. We’re enhancing leadership inclusivity through cultural competence training and supporting staff with learning needs using staff passports. Our collaboration with the library strengthens health literacy, while culture champions and Trust network representation ensure pharmacy contributes to broader EDI efforts. As a Trust, we embed EDI into our annual appraisals by setting a dedicated objective. This includes themes of belonging, supporting patients, service users, and families, promoting cultural awareness, conducting equality analysis, ensuring accountability, and identifying opportunities to reduce health inequalities. This approach keeps EDI at the heart of our practice.”

Warrington and Halton Teaching Hospitals NHS Foundation Trust

“We’re focusing on upstream activities to promote The Christie as a place to work, particularly with colleagues and communities from underrepresented groups. We’re working closely with our resourcing lead to link up with local housing groups, schools, and colleges on entry-level roles. Recently, we created a digital recruitment brochure for our department that highlights our EDI activities and showcases the diversity within our team.”

The Christie NHS Foundation Trust

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### Further resources include

- Ali U. [\*Exploring racial equality, diversity and inclusion initiatives in the London pharmacy workforce\*](#). Pharmacy London, Workforce, Training and Education Directorate – NHS England. 2023.
- NHS – East of England. [\*If your face fits: exploring common mistakes to addressing equality and equity in recruitment\*](#). 2021.
- NHS – East of England. [\*No more tick boxes: a review on the evidence on how to make recruitment and career progression fairer\*](#). 2021.



# Appendix 1

## Organisations signed up to the National Inclusive Pharmacy Practice (IPP) Plan

- Association of Pharmacy Technicians UK
- Community Pharmacy England
- Company Chemists' Association
- General Pharmaceutical Council
- Guild of Healthcare Pharmacists
- Independent Pharmacies Association
- National Pharmacy Association
- NHS England
- NHSE Workforce Training and Education formerly Health Education England (HEE)
- Office for Health and Improvement and Disparities
- Pharmacy Defence Association
- Pharmacy Schools Council
- Primary Care Pharmacy Association
- Royal Pharmaceutical Society
- UK Black Pharmacists' Association
- UK Clinical Pharmacy Association

## Appendix 2

### Acknowledgements and Development of this Toolkit

This toolkit was co-produced through a collaborative process involving a wide range of pharmacy professionals across the North West region. We would like to extend our heartfelt thanks to the North West Trust Directors of Pharmacy and the members of the Inclusive Pharmacy Practice (IPP) Steering Group, including:

Name	Role	Organisation
Sadie Pinkney	Clinical Fellow – Chief Pharmaceutical Officer's Clinical Fellow Scheme 24/25	CPPE and Chief Pharmaceutical Officer's office, NHS England
Dr Devina Halsall	Deputy Chief Pharmacist NW (Controlled Drugs Accountable Officer) Chair Strategic Advisory group on Race Equality NW Clinical Advisor Innovation Agency NWC Medicines Safety	NHS England
Karen Adams	Director of Pharmacy and Medicines Optimisation Controlled Drugs Accountable Officer	Countess of Chester Hospital
Steven Simpson	Chief Pharmacist	East Lancashire Hospitals NHS Trust

Additionally, the following individuals played a key role in the co-production of this toolkit:

- Richard Cattell, Deputy Chief Pharmaceutical Officer, NHS England
- Jay Patel, Pharmacy Project Manager at University Hospitals of Liverpool and Regional Facilitator, Early Career Pharmacist Practice (NW), NHS England
- Stephen Riley, NW Deputy Regional Chief Pharmacist, NHS England
- Karen O'Brien, NW Regional Chief Pharmacist, NHS England
- Sneha Varia, EDI Lead and Regional Manager, CPPE

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We also appreciate the contributions from CPPE's editing team, whose support ensured the toolkit's clarity, consistency and accessibility.

## Appendix 3

### Glossary of terms

The glossary contains abbreviations and definitions used in this report.

Abbreviation	Meaning	What it is
APTUK	Association of Pharmacy Technicians UK	The national professional leadership body for pharmacy technicians working in all pharmacy sectors across all countries in the UK.
BAME	Black, Asian and Minority Ethnic	An umbrella term used to describe non-white ethnic minority / world majority communities.
EDI	Equality, Diversity and Inclusion	Equality means offering the same rights and opportunities to all people. Diversity is understanding that each person is unique. Inclusion extends quality and diversity.
EHIAs	Equality and Health Impact Assessments	EHIA is the systematic identification and evaluation of the potential health impacts of proposed projects, plans, policies or actions on specific groups or communities.
FTSU	Freedom to Speak Up	Policy and guidance for the NHS encouraging staff to speak up about anything that gets in the way of the care of people using our service or affects staff members working life.
GPhC	General Pharmaceutical Council	The regulator for pharmacists, pharmacy technicians and pharmacies in Great Britain.
GM	Global Majority	The group of people in the world who do not consider themselves or are not considered to be white. This includes people from black, Asian, mixed, and other ethnic groups who are often racialised as 'ethnic minorities'.
HEIs	Higher Education Institutions	Post-secondary education institutions such as colleges and universities.
HR	Human Resources	A team responsible for recruitment, training and development of employees, as well as processing staff wages and other benefits.
ICB	Integrated Care Board	NHS organisations responsible for planning health services for their local population.

Abbreviation	Meaning	What it is
ICS	Integrated Care System	Partnership of NHS organisations, local authorities, charities, voluntary and social enterprise sectors and others to improve the health and wellbeing of the local population.
IMD	Index of Multiple Deprivation	A dataset used in the UK to classify the relative deprivation (poverty) of small areas in England, divided into 33,755 areas for statistical purposes.
IPP	Inclusive Pharmacy Practice	Focuses on making the workplace more inclusive for pharmacy professionals with senior leadership that reflects our diverse communities to improve health inequalities.
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Plus	An initialism for people who identify as lesbian, gay, bisexual, transgender, queer or who are questioning their sexual or gender identity and others in the community.
NETS	National Education and Training Survey	Survey providing a multi-professional insight into the experience of current and future healthcare workforce working and learning in services across the country.
NHS	National Health Service	The publicly funded healthcare system in the UK.
NHSWTE	NHS Workforce Training and Education	An NHS team responsible for planning, commissioning, recruiting and developing healthcare staff in various settings.
PWRES	Pharmacy Workforce Race Equality Standard	A snapshot of where NHS organisations in England stand in addressing race inequalities at the time of assessment.
RPS	Royal Pharmaceutical Society	The professional membership body for pharmacists and pharmacy.

## Appendix 4

Infographic from [Disabled By Society](#) to support understanding of basic EDI terms that are often misused.

