Health Education England

What are the challenges to a truly inclusive '*pre-registration pharmacy training programme?'

pre-registration includes trainee pharmacists and pre-registration trainee pharmacy technicians (PTPTs)

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1.Executive Summary

For pharmacy foundation training programmes, the General Pharmaceutical Council (GPhC) has produced the standards for initial education and training of pharmacists (IETP). The foundation training year must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and be delivered in such a way that the diverse needs of all trainees are met (Standard 2).

This report details the findings of an inclusivity survey completed in Summer and Autumn 2022 to record and understand the lived experience of the trainee Pharmacy workforce exploring themes such as discrimination, inclusion, wellbeing and representation.

The survey was structured to ask participants if in their opinion they had faced any form of discrimination during the training programme and the Royal Pharmaceutical Society (RPS) race microaggressions reference document was used as a baseline to determine what verbal or behavioural microaggressions were encountered. The stories shared provide an insight into the challenges we face to promote trainee wellbeing and support in pharmacy. The results show that experiences of discrimination are significantly under-reported with the main barrier to raising a concern stated as: **Did not report because did not think anything would be done.** The impact was significant because the experience contributed to worse mental health and anxiety with some considering leaving the organisation and profession.

"Mental health went down when I started pre reg"

1.1 Key findings

Experience and Impact of discrimination

- 47% of respondents experienced discrimination in the workplace
- 40% of incidences of discrimination involved subtle or underhand comments or actions, rather than overt or confrontational behaviour
- 15% of respondents had witnessed a colleague experience discrimination from other colleagues
- 22% witnessed colleagues experiencing discrimination from patients

Addressing discrimination in the workplace

- 64% were aware of the organisational policy for raising concerns, only 63% thought it was easy to use
- 40% said they did not know where to go for help to deal with discrimination at work
- 40% did not feel confident about raising concerns if they experienced or witnessed discrimination at work

Mental Health and Wellbeing

- 23% acknowledged their wellbeing was fully supported during the training programme
- 10% used a counselling service
- 75% highlighted the lack of availability of a culturally appropriate wellbeing service

Inclusivity of Training program

- 31% of the 2021 cohort stated there is ethnic minority representation at tutor position
- 61% of the 2021 cohort felt the content of the curriculum is diverse and inclusive
- 60% of the 2021 cohort acknowledged the training programme developed cultural awareness, but felt it was not used in the workplace and more staff training was needed.

1.2 Ten Recommendations for implementation

(1-5) Promoting EDI and Inclusion and belonging in the workplace

Strategies to promote Inclusion and belonging for Black and ethnic minority trainees in the workplace (for all Placement Sectors)

Ensuring Black and Ethnic Minority workforce and learners have access to Equality, Diversity & Inclusion Networks

Supervisors' behaviours' and skills training (cultural competence) – Need for a Competency Framework

Strive to achieve best practice in recruitment, retention and career progression practices throughout the employment cycle for PTPTs

Leadership and workforce that reflects the diversity of local communities – need more diverse role models in senior leadership positions

(6-10) Addressing Racism and discrimination issues identified in the workplace

Identify scale and nature of discrimination issues because there is hesitancy to report (from survey results)

Quality Assurance of training placements – address discrimination and racism in the workplace

Clearly communicate the complaints procedure and reporting mechanisms to trainees and ensure easy access, using a range of formal and informal channels.

Accountability from leaders on management of concerns - making sure that all racism complaints are taken seriously

Decolonisation of pharmacy curriculum for Foundation Training Year

Each Recommendation for implementation has more detailed actions to take forward in the Recommendations section of the report with a MoSCoW rating for implementation.

We understand that reading this report and colleagues lived experiences may be difficult; we have kept statements in full as written by the respondents for transparency and openness

If you require support or if you would like to talk to someone confidentially you can contact: Pharmacist Support *Tel 0808 168 2233*

1.2 Forward

This report provides qualitative evidence to highlight the existence of a lack of inclusivity, poor representation in senior positions, inequity in experience and discrimination faced by ethnic minority trainees in HEE commissioned training placements; and identifies opportunities for employers to improve and take action to support. Working and training environments must be supportive, fair and inclusive because staff experience drives patient experience with many black and ethnic minority staff still facing discrimination and disadvantage in education, training and beyond. The results of the survey highlight the need for further work with partners across the system to eliminate these inequalities.

A big driver for respondents sharing personal stories was to raise awareness so future cohorts of Black and ethnic minority trainees do not have a similar experience.

It has been a privilege to be a voice for the individuals who wish to remain anonymous but want to share their lived experience to ensure there is a possibility of future change.

Personal Reflection: "I started with a blank piece of paper and exceeded my expectations on what we could deliver to promote EDI in the region in 12 months. The fellowship created an opportunity to add EDI as a golden thread throughout the HEE National Quality Assurance strategy and demonstrate the value of a dedicated resource to champion EDI in pharmacy." There are heart breaking anecdotes shared which demonstrate the need for change, it was a moment to stop and think, and commit to continue to have these difficult conversations which are necessary to pull the levers for change locally and nationally.

Farzana Mohammed -EDI Clinical Fellow
HEE Pharmacy South (2022/2023)

"Empathy is not relating to an experience, it's connecting to what someone is feeling about an experience." — Brené Brown, Atlas of the Heart

2.Introduction

Health Education England (HEE) is committed to being an anti-racist organisation, the South West School of Pharmacy has been exploring EDI as a theme as part of its Workforce strategy and an EDI Fellowship post was created as a result in 2021.

Simultaneously, confidential feedback from black foundation trainees through peer support groups such as UKBPA, BPC, BPSA, was highlighting themes of being treated differently because of ethnicity and a resulting impact on attainment at university and pre-registration placement.

In Feb 2022, HEE held a Pharmacist Education Summit (EDI) with Pharmacy Schools Council (PSC) which explored themes such as:

- Mentoring trainees from UK minority groups
- Inclusive Curriculum Design and Delivery
- LGBTQI – Focus on Experiences
- Experiences of Black Pharmacy Students & Trainees within education and training

Key messages from the day were around challenging discrimination, having difficult conversations, developing as allies and creating change for future trainees.

The Fellowship task assigned to the clinical fellow was to explore EDI in Pharmacy programmes, specifically looking at trainee lived experience to identify the types of challenges faced by trainees in commissioned training programmes and the extent or scale of these problems, before making recommendations for change.

3.Background

For pharmacy foundation training programmes, the IETP standards introduce a new set of learning outcomes that cover the full five years of education and training and have a greater emphasis on equality, diversity and inclusion to combat discrimination and deal with inequalities[1]. Higher-education institutions/organisations involved in the foundation training year will carry out reviews of trainee performance annually broken down by protected characteristics and action will be taken to address differences where they are found.

The GPhC will delegate responsibility and quality assurance of the foundation training year to statutory education bodies to ensure a consistent high-quality experience for all trainees. Health Education England will design and manage quality of placements during the foundation training year and employers will provide the day-to-day quality control of placements[2].

Pharmacy is a diverse profession with 51% of pharmacists on the register from a black and ethnic minority background as shown by the GPhC registrant data (May 2022) supplemented by

a diverse pipeline of students[3]. Over two-thirds of MPharm students (69%) who graduated in 2019/2020 and 2020/2021 were from ethnic minority backgrounds[4].

Analysis by the Pharmaceutical Journal in 2020/21 showed that 94% of white graduates were awarded a first or upper-second-class degree, compared with 86% of ethnic minority graduates[4]. In March 2021, GPhC examination data showed 80.51% of 'Black or Black British: African' candidates passed the GPhC assessment compared with 96.6% of 'White British' candidates — 16 percentage points higher than black African candidates[5].

The standards aim to address the different pass rates in the registration assessment and ensure systems and policies are in place to allow everyone to understand the diversity of the student/trainee's circumstances and experiences and the implications that has for programme delivery and student/trainee support and development[2].

It is good to note there are numerous workstreams looking at the inequalities faced by black and ethnic minority pharmacy staff within pharmacy. The Inclusive Pharmacy Practice Advisory Board chaired by the Chief Pharmaceutical Officer (CPhO) in England is working to improve diversity and representation in senior pharmacy professional leadership in NHS employed roles. As part of this workstream, a Pharmacy Workforce Race Equality Standard (PWRES) is being created using NHS trust data and NHS staff Survey data. On 1 November 2022, the GPhC brought together key stakeholders from across the pharmacy sector, to discuss how racism manifests and affects pharmacists and pharmacy technicians, and how this can have a resulting impact on patient care[6]. The report collating the evidence is pending. The results of this project can support future discussions on racism facilitated by the GPhC and provide the lived experience qualitative information to supplement the PWRES data.

4.Aim

An exploration of the factors that influence the experience of black and ethnic minority trainee pharmacists and technicians during the pre-registration training programme across all sectors of pharmacy practice to inform recommendations for future educational practice.

5.Objectives

- Understand the diversity within the trainee component of the pharmacy workforce in the South West, Thames Valley and Wessex areas.
- Listen to the lived experience of Black and ethnic minority pre-registration trainees in the area to understand the challenges faced and determine if the curriculum and workplace environment foster diversity and inclusion.

- Explore the impact of a poor training experience on learning and the ability to successfully complete the training programme and to inform recommendations for future educational practice.
- Identify the mechanisms of support available to trainees having a poor experience in the workplace and recommend strategies to overcome barriers to access and promote wellbeing.

6.Methodology

6.1 Survey Development

The survey was developed by the author with contributions from a HEE South West Reference Group. Similar surveys and reports have been undertaken recently in other areas of England and we took into account the survey design of two reports in particular:
General Practice Task force Derbyshire – A report on racial, ethnic, and religious discrimination experiences and; Humberside LMCs 'Racism and Discrimination – the experience of primary care professionals in the Humberside region' April 2021.
The author devised an initial set of questions using RPS Race microaggressions document as a reference source for the most commonly experienced microaggressions in the workplace and also consulted the NHS staff survey questions. This is an annual national survey for everyone who works in the NHS.
However general practice staff, who are employed by independent general practices and community pharmacy colleagues, do not routinely take part.
These were refined in consultation with the reference group to phrase the questions in a clear and valid way.

The survey was a combination of multiple choice questions, which allow us to monitor the prevalence of racism and initiatives to address it, and text box responses which give more nuances about those experiences and impact on the respondent.
The questions covered the following topics:

- Demographic characteristics including gender, ethnicity and job role
- Information about the participants' job role eg, employed role, sector, start date and geographical area of employment was collected to cross check eligibility to participate in the survey
- Personal and observer experiences of racism in the workplace
- Reported impact of racism on self and colleagues
- Organisational mechanisms to address racism

- Organisational efforts to support inclusion and wellbeing
- Inclusivity of your training programme

Who can participate? To participate in the study, you must:
-identify your ethnicity as Black or minority ethnic (Asian, Other ethnicity eg Arab, mixed raced)
- work as a Foundation trainee pharmacist (2021/2022 cohort) or pre-registration trainee pharmacy technician (2020 onwards)
- work in Thames Valley, Wessex or South West region (all pharmacy sectors included)
The survey was hosted on the survey platform Jisc.

Survey participants were also invited to take part in a focus group discussion or 1:1 interview to add context and review the shared personal experiences of discrimination.
They were not obliged to participate and confidentiality was ensured by not requesting identifiable information. The views of individual trainees were given based on their own experiences and perspectives. As such this information is not generalisable or transferable to other settings.

6.2 Ethics Review

The need for ethics review was explored by using the HRA on-line decision tool. The project falls into the scope of a "service evaluation" rather than research and therefore does not require research ethics approval. Since the project had the potential to cause an adverse outcome to participants by exploring lived experiences of discrimination which may be triggering for the individual, the scope was discussed with a research expert at the University of Bath.

The following mitigations were put into place to ensure best interests of the participants:

- Assess potential for harm and action to be taken by researcher to manage sensitive situations encountered during interview process, including signposting for further support (Appendix 1)
- Appropriate handling of sensitive information eg race/ethnicity from HEE oriel data (presumed consent) – A Data Protection Impact Assessment (DPIA) was completed and approved by HEE's Information Governance Team for Jisc ethnicity data collection
- Protect confidentiality and anonymity of collected and analysed data (pseudomysed/anonymised)
- Ensure voluntary participation of trainees by gathering Informed consent
- Right to access of information for participants, option to withdraw from study

- Recruit an academic to the reference group to provide oversight to the survey questions and focus groups
- Analysis of data must not allow re-identifying of participants
- Use of data must not cause damage or distress to participants – manage ethical risk
- Results communication by Thematic analysis when writing report

A reference group was set up and met every month for 3 months to provide input on the development and analysis of the surveys. This included representation from a black pharmacist, a lay member, an academic pharmacist and a cultural ambassador with a Human Resources Background to provide diversity of thought and critical challenge.

6.3 Survey Distribution - Timings and Sample size

The Survey was distributed twice in June and October to reach trainee pharmacists and pre-registration pharmacy technicians participating in a pre-registration training program

The questionnaires were shared via an electronic flyer to the following groups:

- HEE Regional Team – Regional comms and Email to trainees x 2
- HEE TPD team to cascade to trainees and promote during local learning sets
- Integrated Care System (ICS) Workforce Leads in the South
- Chief Pharmacists networks in the South to cascade to E&T leads.
- Local Pharmacy committees in the South
- National Pharmacy Association (NPA)
- Association of Independent Multiple Pharmacies (AIMP)
- Education and training leads at the Multiple Pharmacies
- Social Media : Chemist and Druggist, GPhC, RPS ABCD group, Revise Pharma (Instagram following)
- Telegram groups: UKBPA, PDA BAME, BIMA Pharmacy, Revise Pharma

Survey one was initially open for 4 weeks but extended by a further 2 weeks to allow trainees time to complete it after results day (end of July). Survey two was open for 8 weeks to maximise opportunity to obtain a response

The combined results of both surveys are presented to maintain anonymity of the participants.

6.4 Data analysis: Ethnicity of foundation trainee pharmacists in the South Region (Oriel Data)

Trainee Workforce ethnicity 2021 – There were 62% Black and ethnic minority trainees in 2021 cohort (SW, Thames Valley and Wessex). There was a 50:50% ethnicity split of placements in Hospital which is encouraging. However, the majority of Ethnic Minority trainees were working in Community Pharmacy placements and were difficult to reach because they were not part of the HEE training programme.

Figure: 1

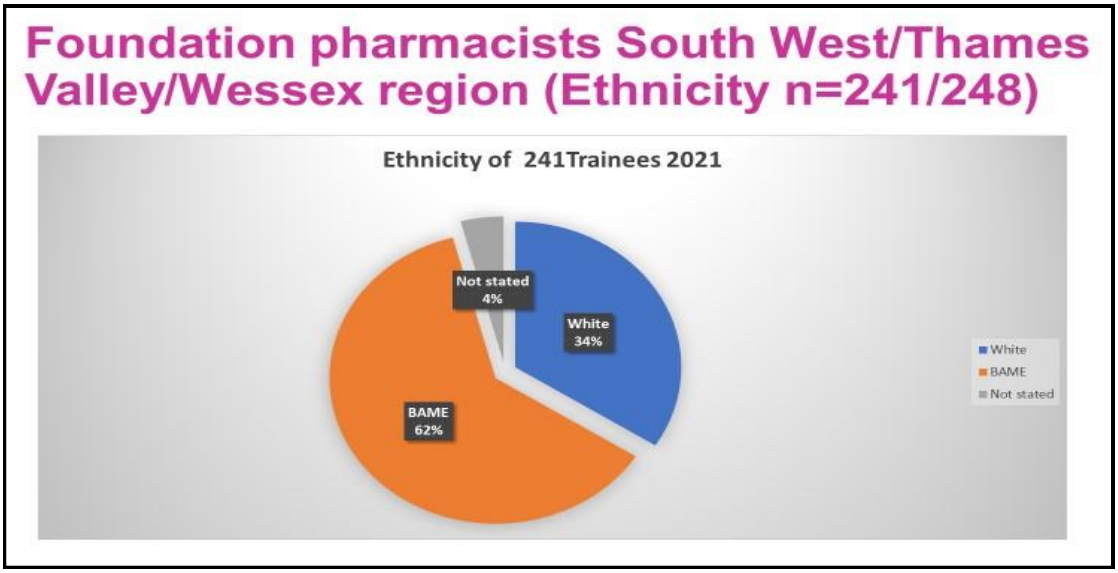
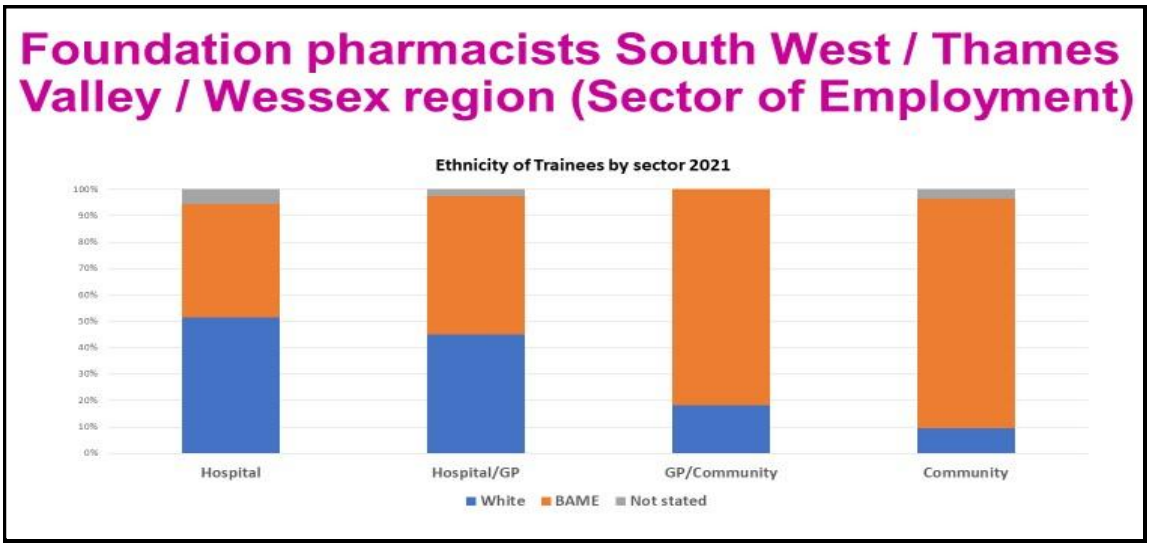


Figure 2:



Pre-registration Trainee Pharmacy Technicians (PTPTs) in South West, Thames Valley, Wessex

There was no data available on the ethnicity of PTPTs in training posts as this data is not routinely collected as part of the recruitment process for the training program.

There is no GPhc register of PTPTs so it was difficult to identify the number of black and ethnic minority trainees for the project and the DPIA was not approved by the governance team to contact PTPTs directly to obtain this information because this data is not already collected by HEE.

6.5 Survey Response rates

1041 individuals accessed the survey information page (using the survey link or QR code), of which 63 proceeded to answer the questions.

In total there were 37 responses received with 28 meeting the inclusion criteria from both surveys and 9 respondents were excluded because they did not meet the inclusion criteria. Two participants did not give consent to proceed after reading the survey information, 6 participants were from White British ethnicity background and 1 did not meet all the inclusion criteria so the response was excluded.

Table: 1

ITEM	DATE (2022)	RESPONSES	EXCLUDED	ANALYSED	SURVEY ACCESS	INCOMPLETE SURVEYS
Survey 1	27th June- 15th August	18	5	13	261	7
Survey 2	17th October- 17th December	19	4	15	780	19
Total		37	9	28	1041	26

Jisc survey portal recorded that whilst 37 people completed the survey, another 26 people started the survey but did not complete it, suggesting that the length of survey and time required to complete it in full may have put some people off. Interestingly, >1000 people accessed the survey information page but did not start the survey. This demonstrates the wide range of the communication channels used because the survey reached more people than the target audience of 150 trainee pharmacists in the cohort.

In addition, there may have been other factors at play including concerns over anonymity and/or a lack of confidence in the commitment of system leaders to act upon the results of the survey.

On a positive note, there was a wide range of information gathered:

- Response received from all sectors hospital, community and split posts to include general practice – majority from hospital
- Trainee pharmacists and PTPTs responded– majority were Trainee pharmacists
- All ethnicities covered as per census- good mix (small numbers),
- Intersectionality covered eg Religion, mental health
- Response from across the region (SW/TV and Wessex) – majority form the SW
- Received a gender inclusive response – majority female respondents

EDI issues related to other protected characteristics, such as disability and gender, are out of the scope of this project but it is important to be aware of these, especially how intersectionality may play a part.

There was a small response rate despite cascading widely through regional comms, ICS leads, LPC committee in newsletters and presentation to trainees at end of year f2f event (+extension for 2 weeks). It is an emotive topic, can be triggering depending on your personal experience and is not always easy to share.

It was difficult to reach community pharmacy trainees with survey details – GDPR rules did not allow direct contact so regular communication was sent out from HEE regionally and through LPC (leads and newsletters) and Education and training leads working in Community Pharmacy Multiples.

It is difficult to know why the response rate was low, despite our best efforts to attract the trainee workforce to participate in our survey and provide assurances over anonymity.

6.6 Limitations when interpreting results

A short survey is not the best tool for gaining a detailed understanding of people's experiences. A focus group or 1:1 interviews were offered to gain more context but there was no uptake to discuss the events described further. This is not surprising as discrimination is an emotive topic which can be triggering when discussing openly.

People who experienced discrimination may have been more likely to respond including those who feel confident that there will be few negative consequences from sharing their stories.

We surveyed people in June/July 2022, which was an exceptionally busy time for foundation trainees who had just completed their exams and foundation training year and were in the process of starting new jobs.

Exit survey distributed from HEE to gather information about the training year was a competing priority so survey fatigue was also an issue,

Pre-registration trainee pharmacy technicians (PTPTs) and trainee pharmacists from community pharmacy and General Practice were not well represented and this is a gap to build on. This will be addressed once all training placements including community pharmacy move to cross sector placements and are commissioned by HEE. Then they will be contactable directly through regional communication channels and direct email.

7.Results

Quantitative analysis

The raw quantitative data from both surveys was merged and downloaded from the Jisc portal and analysed using Excel. Majority of the results are combined results from both surveys sent to 2021 and 2022 cohort. Please note 2022 cohort were only in month 4 of FT program so had not completed the full year in placement

Figure 1: RPS Race microaggressions document – QR code

Table 2: List of Microaggressions

- Participants were asked to select from list and reflect on their experience.

Race Microaggressions - Comments	Race Microaggressions - Behaviours
Where are you from? No, where are you really from?	Verbally abused (derogatory comments/banter)
Where were you born?	Physically abused
When I see you I don't see colour	Not pronouncing or spelling name correctly
When's the last time you went home?	Ignored or not always actively included in the workplace
Your English is good, you are so articulate	stereotypes (treated as an intellectual inferior)
Why do you sound so White?	Making assumptions about your skills and ability based on
We are all one race: the human race	based on stereotypes

Your name is too hard to pronounce, can we change it?	Making assumptions about your character or temperament
Is that your real hair? Can I touch your hair?	Being subjected to excessive scrutiny at work
Are you allowed to drink?	compared to white counterparts
Doesn't it get hot wearing all those clothes?	Receiving more criticism and harder judgement of performance
You are not like the other XX people. (XX referring to a race or ethnicity)	Treated differently because of religion or cultural beliefs
You're OK for one of them	Intentionally excluded from team social events (networking)
Everyone can succeed in society if they work hard enough	None of the above
Other (please specify)	Other (please specify)

Qualitative analysis

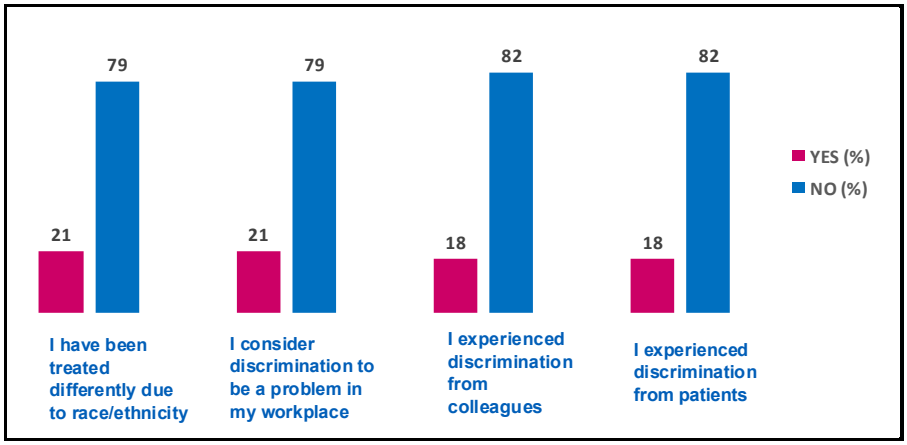
Free text option was included to share personal story and lived experience which could not be captured by Yes/No Questions

Survey Response Summary

Discrimination experienced during the training programme

First set of questions asked participants if in their opinion they had faced any form of discrimination during the training programme

Figure 3:

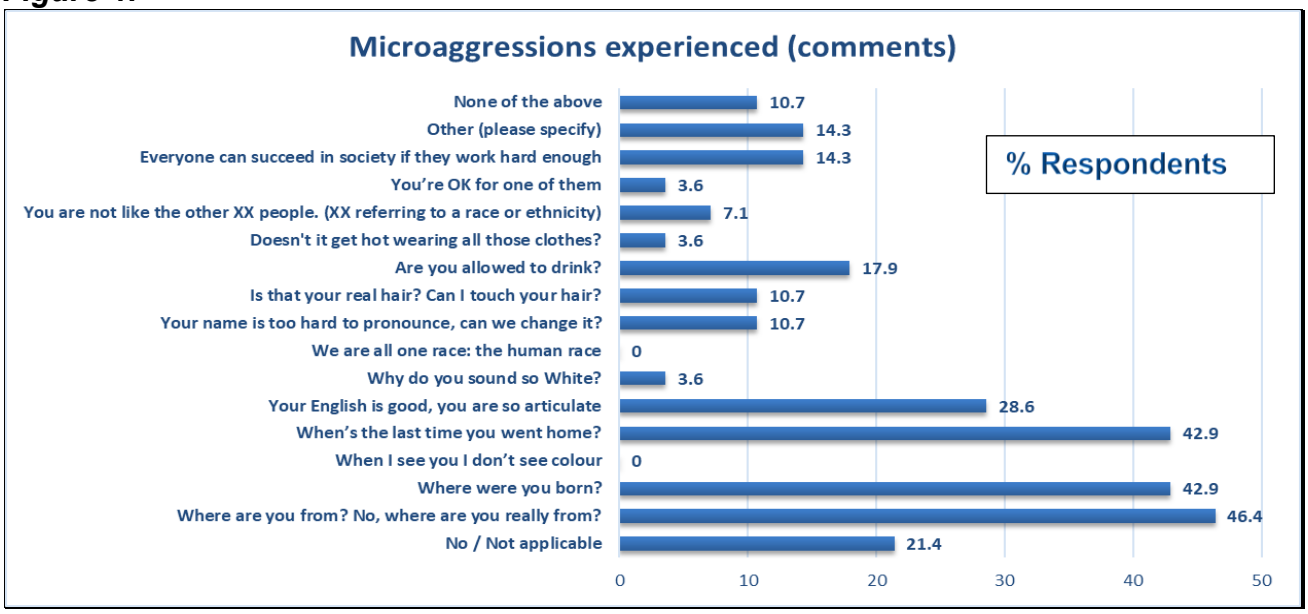


21% of respondents surveyed experienced discrimination/racism in their workplace and 21% considered discrimination to be a problem in their workplace.

"I do not feel that I was treated differently, however I did feel that my race alongside my trainees did play a factor in my experience of my foundation year"

Have you experienced any of the following race microaggressions being said to you by a *colleague?* *(from RPS Race related microaggressions document)*

Figure 4:



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

☐ Key Themes – Overt racism in the workplace

Some of the quotes from the participants have been listed below:

Scenario:

"I experienced a case of a man using racial slurs directed at me in a public café at work. At first, I was unsure if this was directed at me as he was speaking openly but security walked up to me afterwards and apologised to me for the man's behaviour which acknowledged what had happened."

My first instinct was to brush it off but this played on my mind when I returned to work and I became extra sensitive and hyper aware of being "the minority" and felt unsafe. I got emotional and reported the incident to a colleague who escalated it with management

"Terms as brown Indian or curry often used to describe us"

☐ Key Themes – Microaggressions (Language and comments)

Some of the quotes from the participants have been listed below:

"Where are you from?" "When are you going back home?"

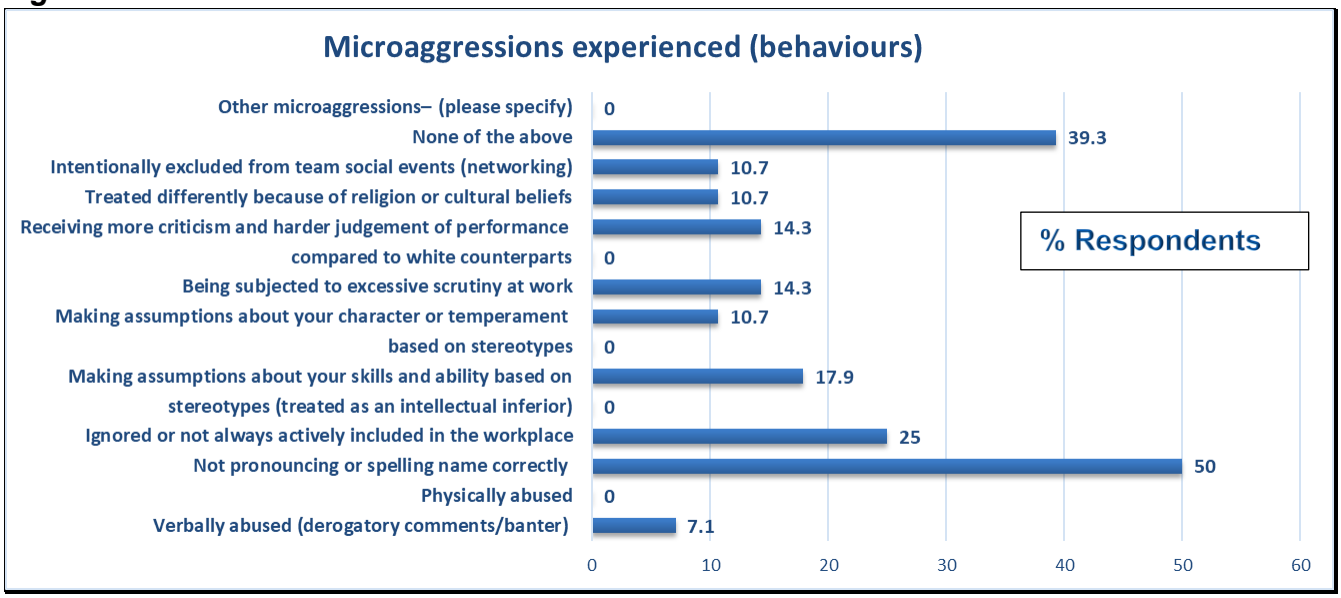
Colleagues feeling the need to ask personal questions about my right to work permit duration.
"When are you going back home?" - referring to this as my only option after completing my training year.

"You must be used to the heat where you're from"

"colleague was shocked at how good my English was after asking -where are you from?"

During the pre-registration training period, did you experience any of the following *from colleagues?* *(from RPS Race related microaggressions document)*

Figure 5:



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Not pronouncing or spelling name correctly was the most common Microaggression experienced, followed by ignored or not actively included in the workplace – reflected in feedback

"Colleagues have spelt my name incorrectly"

☐ **Key Themes – Microaggressions (Behaviour)**

"Underlying professional racism from pharmacy dispensers of non ethnic minority.
Eg no cooperation poor communication verbal or non verbal
even speaking in a hard to understand accent slang"

☐ **Key Themes – Inclusion and Othering**

Being ignored or socially excluded from conversations, communications or group activities.
Some of the quotes from the participants have been listed below**:**

"I felt excluded due to different culture to everyone"

"I don't believe I have been treated differently. I do believe that certain activities outside the work place always involve alcohol which I do not participate in. This can create a sense of feeling left out as almost all activities involve drinking."

Scenario:

"I would say 80% of the colleagues don't treat us differently but some of the pharmacists ignore completely my presence when we go in as pairs of trainee pharmacist and never make eye contact during the few hours I'm there, even though I actively try to engage. Sometimes it's as bad as if I ask the question, they would look at my paired trainee colleague and answer the question. It feels horrible."

"When I try to engage and they don't even bother looking at me. It's not like they have any impression of me beforehand. It would be the first time that the other trainee pharmacist and I meet this person yet they never even bother looking at me"

"Colleagues tend to act overly cautious or feel the need to ask questions about my background which still singles me out and is not their natural way of communicating with my white counterparts."

"I was mistaken for other colleagues who are considered South Asian. This became increasingly frustrating as people could not distinguish me from other people."

"Being confused with someone of the same race as me"

"I felt forced to celebrate something I didn't want to celebrate because I don't believe in it"

☐ **Key Themes – Unfair scrutiny and criticism**

Some of the quotes from the participants have been listed below:

"I feel I always have to work extra hard (more than my other colleagues) to prove myself. I don't always feel like I can raise complaints like my white counterparts because this may be perceived as 'nagging'."

"My supervisor, everyone knew was strict, but expected higher expectations from me compared to other trainee pharmacist supervisors" (was not to do with race I think as a few other trainees were also Asian)

"Being from ethnic minority you are expected to work harder and perform above par from others"

"One of the lady dispensers even called me lazy Indian on one occasion"

Discrimination witnessed during the training programme

Table 3: In the workplace, have you ever witnessed any of the following incidents?

	Yes (%)	No (%)
Have you witnessed colleagues experiencing any discrimination or racism from other colleagues and/or managers?	14	86
Have you witnessed colleagues experiencing any discrimination or racism from patients?	22	78
Have you witnessed patients experiencing any discrimination or racism from patients?	11	89
Have you witnessed patients experiencing any discrimination or racism from other colleagues and/or managers?	11	89
In the workplace, have you ever witnessed colleagues being racist?	11	89
Have you experienced or witnessed a patient refusing the care of a healthcare professional on the grounds of race and requesting care from another colleague (White)	14	86

Some of the quotes from the participants have been listed below:

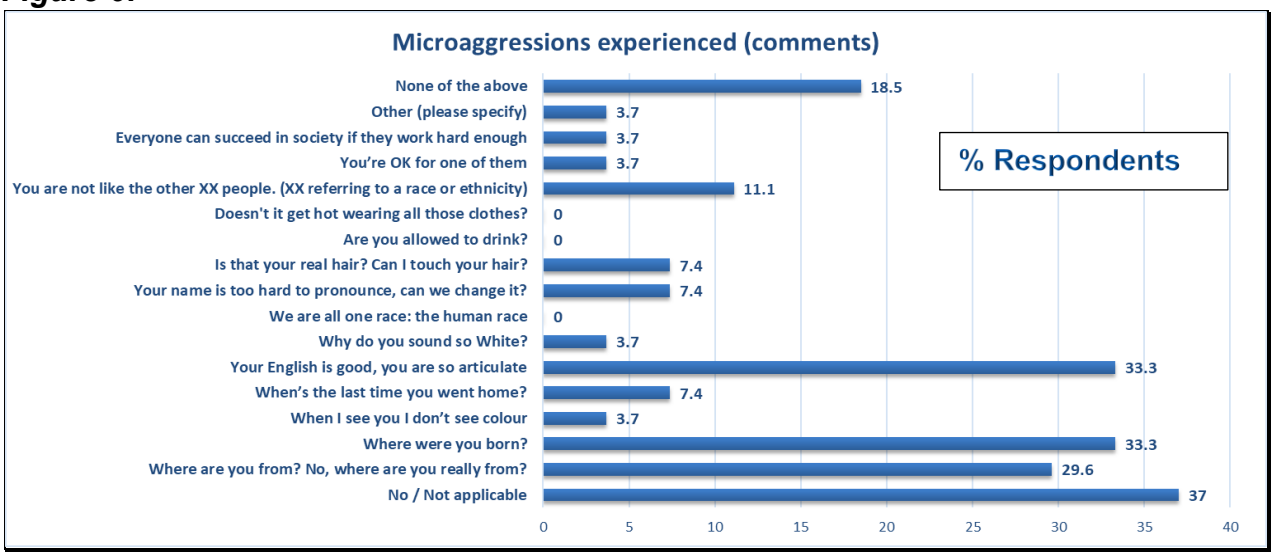
"I have noticed patients being treated less favourably. Although not overtly racist, I have noticed upsetting covert discrimination"

"Verbally abusive patient has swore at colleagues using racial slurs when he doesn't feel he has been attended to quick enough. Ward involved mental health professionals.

Discrimination from Patients

Have you experienced any of the following race microaggressions being said to you by a *patient or relative/service user*? *(from RPS Race related microaggressions document)*

Figure 6:



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

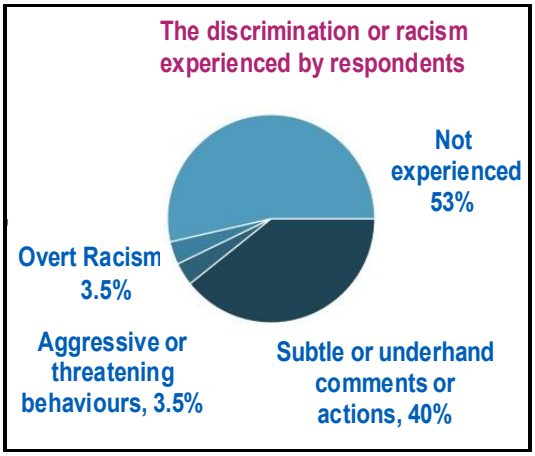
☐ ***Other Experience:***

Patient Scenario:

"Assuming I am from another asian country and started talking to me in a language that I don't understand. Thinks I am from China and kept saying some random Mandarin phrases/sentences"

Reported Impact of discrimination experienced

Figure 7:



People said the impacts of their experiences of discrimination and witnessing the experience of colleagues in the workplace included:

- Worsened mental health
- Increased anxiety
- Considered leaving their job or the profession
- Going on sick leave
- Negative impact on progression during training program (eg failed portfolio sign off and poor exam results)
- Led to performance management or disciplinary issues

47% of respondents experienced discrimination in the workplace. Most reported subtle or underhanded comments or actions. The biggest impact was on Mental health and wellbeing which is also shown by the annual results of The National Education and Training Survey (NETS) which collates the opinions of all trainees in the region[7].

☐ **Quotes from participants: Impact on self**

"I have had to take time off from work, never ever received study hours. Salary always being deducted. Made into a dispensing machine."

"I was working under fear my work visa being curtailed. Kind of blackmail due to the nature of the contract."

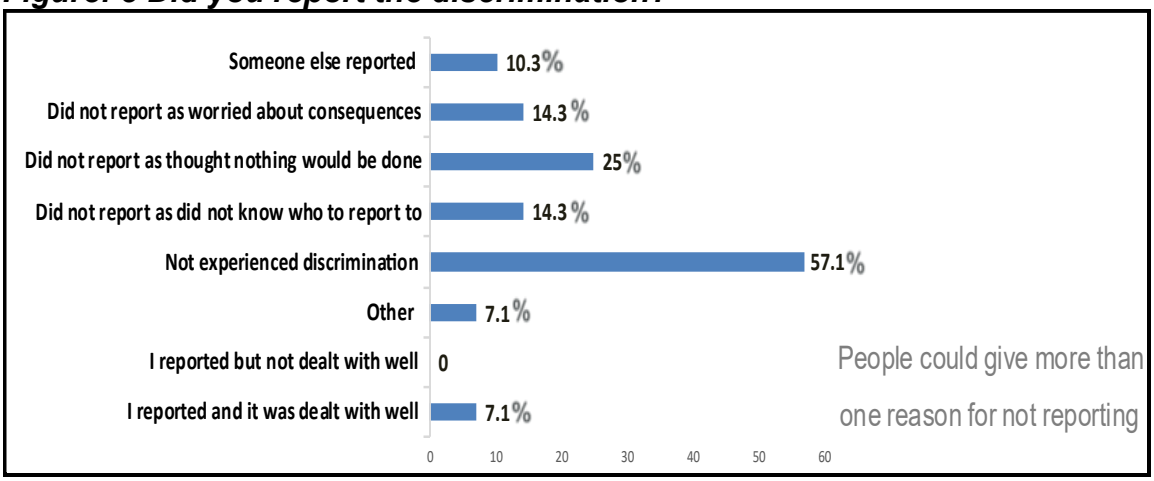
"Mental health went down when I started pre reg"

"At times it made me feel as if I was not part of the team and people did not recognise me as a person."

"I do not feel "welcome" and take any chance I get to be off work. I feel very anxious relating with senior white colleagues because i either feel the need to go an extra mile to prove myself to them, or am almost always expecting them to question me on my background instead of addressing my learning needs."

Reporting the experience of discrimination or racism

Figure: 8 Did you report the discrimination?



The most common reasons given by respondents for not reporting experienced incidents were not having confidence that the incident would be addressed (25%), not knowing who to report to (14.3%) and being worried about the consequences (14.3%)

There were more reports of raising concerns and situation being dealt with positively with no negative repercussions in survey 2 – it is worth noting this is early in the foundation training year and highlights the need for a robust induction program to ensure trainees understand where to go for support if needed. In contrast the end of year survey (Survey 1) had more examples of a bystander reporting the incident and nil incidents reported by the individual. The incidence of the reasons for not reporting were similar in both surveys and the main reason for not reporting was 'thought nothing would be done'

☐ Key Themes – Raising concerns

Some of the quotes from the participants have been listed below:

"As a trainee, you do not know who to talk to"

"I had spoken to other colleagues about this but did not feel that any action would be taken or that my report would be taken seriously. I also thought it was not worth the time and effort to report it."

"I reported it and it was dealt with appropriately and fairly:

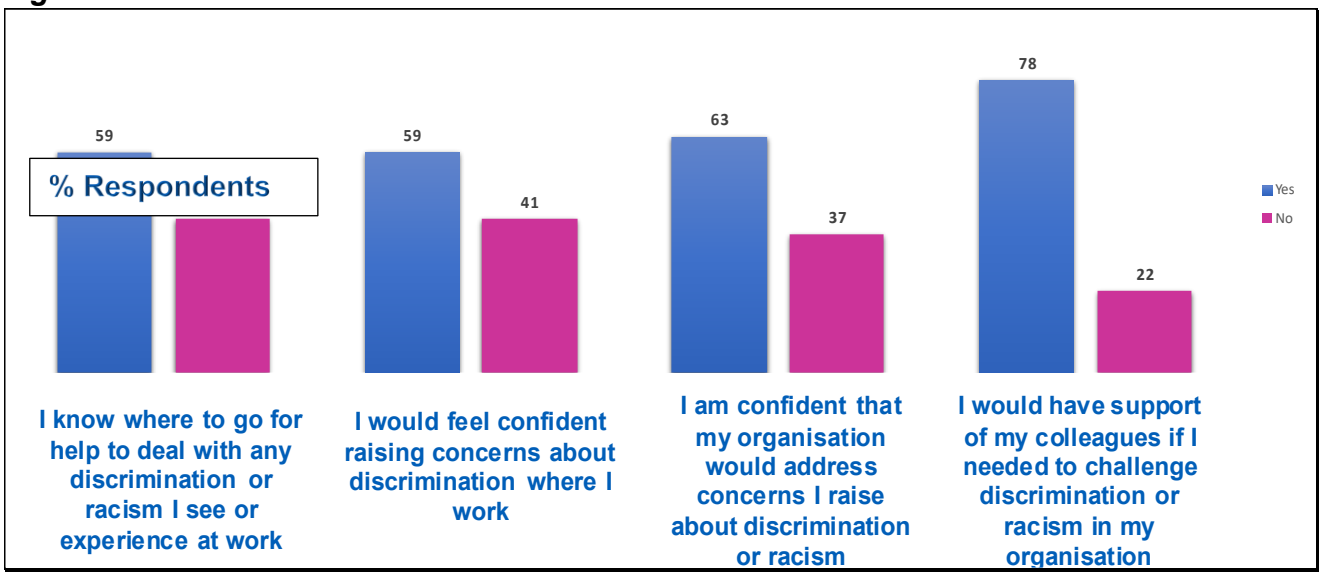
"I told my education lead/manager who dealt with it really well - she told the EDI representative, then talked to the pharmacist that made the comments.

Nothing has happened since"

"it doesn't bother me that much and I don't think there will be any changes (did not report)"

Do respondents know how to get support?

Figure 9:



Nearly 40% said they did not know where to go for help and did not feel confident about raising concerns.

However, they felt confident that they had support from colleagues and organisation to address concerns identified

"have been given relevant resources and people to go to during 2 week induction"

"I am vaguely aware of the process and having been a position to go about this process I must say that it is not clear/easy to use."

"not sure never got told about it"

I would call/contact HR or my line manager

Organisational Policies for raising concerns

Figure 10:

☐ **Key Themes – Barriers to raising a concern**

Some of the quotes from the participants have been listed below:

"I guess if there's no diversity in the management team they wouldn't understand the weight of such issues"

"Difficulties speaking to line managers as they are often not in work"

"With majority of management being white, it is not particularly easy to raise concern on issues like this as there is fear of not being understood"

"Time"

"when we raise concerns, there are limited people of colour that we can report this to"

"Very hard SOP, not usually applied"

"the HR manager is out of reach and branch manager pays no heed to complaints."

"Fear of a negative blow back.
Fear of claims it may not be because of race but other issues"

Organisational strategies to address discrimination or racism

Table 4: Does your organisation have any of the following in place to address discrimination or racism?

	Responses (%)
An equality, diversity and inclusion strategy	43
A staff network for Black, Asian and minority ethnic workers	11
An identified role or person to promote anti-racism (eg freedom 2 speak up guardian)	21
A safe space to discuss experiences and impact of racism	18
A reporting structure for racism or discrimination	7
EDI Training within the pre-registration programme	4
I don't know	61
Other	0

*Multiple options could be selected

60% of trainees were unsure what strategies their workplace had implemented to address discrimination. 40% were aware of an EDI strategy.

Organisations' efforts to support Inclusion and Wellbeing

The stories shared provided an insight into the challenges we face to promote trainee wellbeing and support in pharmacy.

Key findings from the 2021/2022 cohort surveyed at the end of the year (June/July 2022) highlighted the following responses (%):

- **23% acknowledged their wellbeing was fully supported during the training programme**
- **10% used a counselling service**
- **75% highlighted the lack of availability of a culturally appropriate wellbeing service**

Scenario

I had a discussion with a Caucasian colleague about some of the issues I had at home as I lived with my family during my training year. They did not understand the difference in culture and saying comments such as "You are an adult you can make your own decision." without thinking about how South Asian culture is in the modern world. Had I spoken to a colleague who understood my background, I know they would not have made such a comment

Some of the quotes from the participants have been listed below:

Supported:

"2 DAYS OFF AS WELL BEING DAY"

"I believe I have been extremely supported but it's a difficult issue discussing race and identity with people who do not understand. I have been always supported by my line managers"

Not supported:

"I have felt very anxious and misunderstood for the most part of my training year"

"I did not know we have this support from HEE. It would be of great help to support my mental health and wellbeing if this is available"

'Difficulties speaking up"

Key findings from the 2022/2023 cohort surveyed in November 2022 (4 months into the training program) highlighted the following responses (%):

- **47% acknowledged their wellbeing was fully supported during the training programme**
- **65% highlighted the lack of availability of a culturally appropriate wellbeing service**

In addition, positive experiences of raising concerns around discrimination and racism were shared. This highlights the importance of a robust induction and onboarding process at the beginning of the training programme

Scenario:

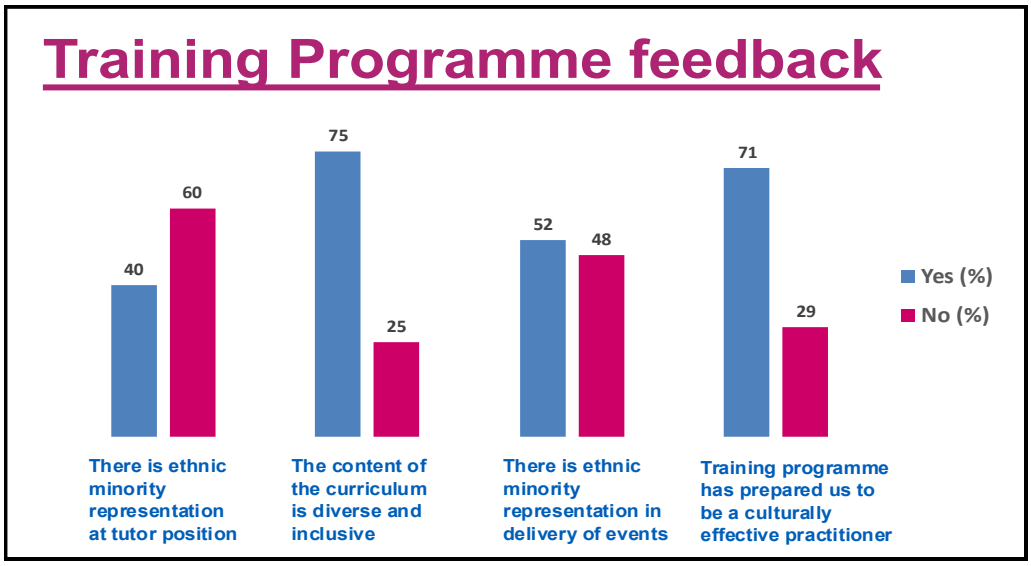
"I reported it and it was dealt with appropriately and fairly: I told my education lead / manager who dealt with it really well –she told the EDI representative, then talked to the pharmacist that made the comments. Nothing has happened since ☺ "

"I have been given relevant resources and people to go to during 2 week induction"

"The pharmacy manager can intervene or delist an abusive customer"

Inclusivity of your training Programme

Figure 11:



☐ Key Themes - Lack of representation at supervisor or tutor position

Some of the quotes from the participants have been listed below:

"I do not feel comfortable with the fact that there is no one who looks like me on the training team and this contributes to feeling uncomfortable expressing myself to colleagues or management"

"I am the only Asian in my department"

"All the designated supervisors were Caucasian and majority of the department as well"

"I was the only BAME in that store."

"They are mostly from a white ethnicity."

"I would like to see more racially/ethnically mixed teams rather than all white peers, I feel excluded"

☐ **Key themes – Diversity and inclusivity in content of the curriculum**

Some of the quotes from the participants have been listed below:

"Have seen inclusivity for Muslim minorities, however cannot think of anything else"

"No - Especially skin topics whereby example pictures in the materials are often not inclusive of ethnic skin."

there's generally no teaching about other cultures and ethnicities. The best they've done is acknowledge that it exists

*Culturally effective practitioner -**Since I had to look at patients from various different ethnicities.***

☐ **Key themes – Tutor Support during training and for Wellbeing**

"Zero support from my tutor." (wellbeing)

"Some team members including my tutor were quite condescending and were not supportive. They made me feel dull because I asked questions. This made me quite anxious and stressed about going to work. It really crushed my confidence."

"Just speaking with other peers was helpful. I did later have a tutor who was extremely supportive."

In rotation, the supervising pharmacist made comments on two separate occasions:

- Asked where I was from (I knew they were asking for ethnicity), then was shocked at how good my English was

- I was wearing a mask because I was ill (and I told them), and they said "I don't want to generalise, but Asians tend to wear masks a lot"

"Been through two bereavements in my family, my line manager and DS offered support and allowed me to take compassionate leave."

Recommendations for action – from respondents

Table 5: How can the pharmacy profession work towards addressing racism and discrimination in the workplace?

	Responses (%)
Better training on anti-racist practice (Allyship, Active bystander)	47
Anonymous reporting processes	50
Improved sense of shared responsibility for addressing racism	54
Ethnic minority staff networks	61
More Black, Asian and minority ethnic pharmacists in leadership roles	54
Improved processes for addressing racism	43
Pharmacy staff survey and key performance indicators (KPIs) – Accountability at senior leadership level	32
Other – 'Quotes Below'	7

**Multiple options could be selected*

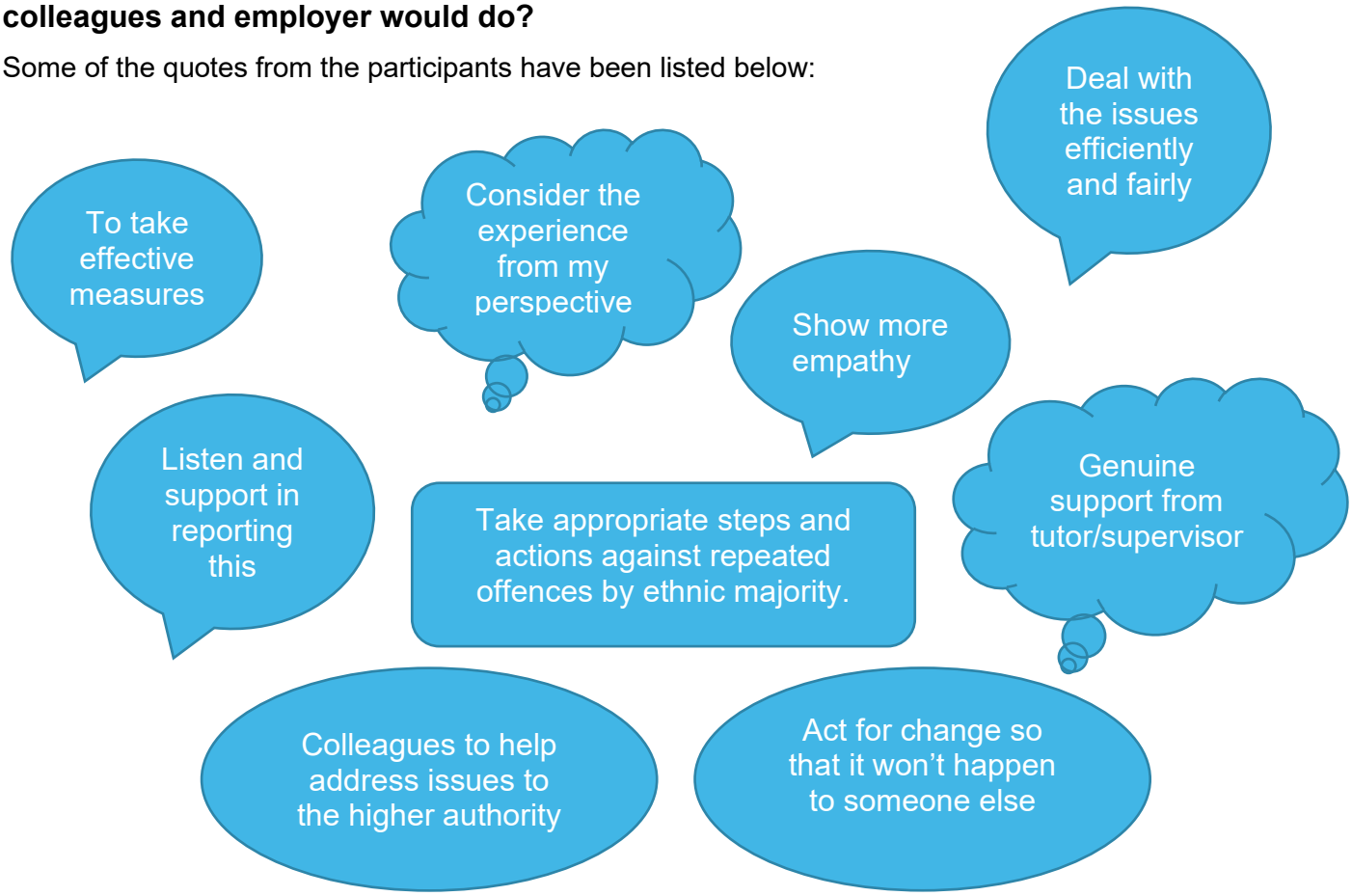
"Find ways to openly discuss racism". "Can feel very lonely when events take place which you cannot join in with".

"Education on different cultures and impact on daily life"

The majority of respondents wanted access to ethnic minority staff networks, representation in senior leadership positions and accountability (shared responsibility) for addressing racism. The findings are not generalisable and the project should be repeated in other regions

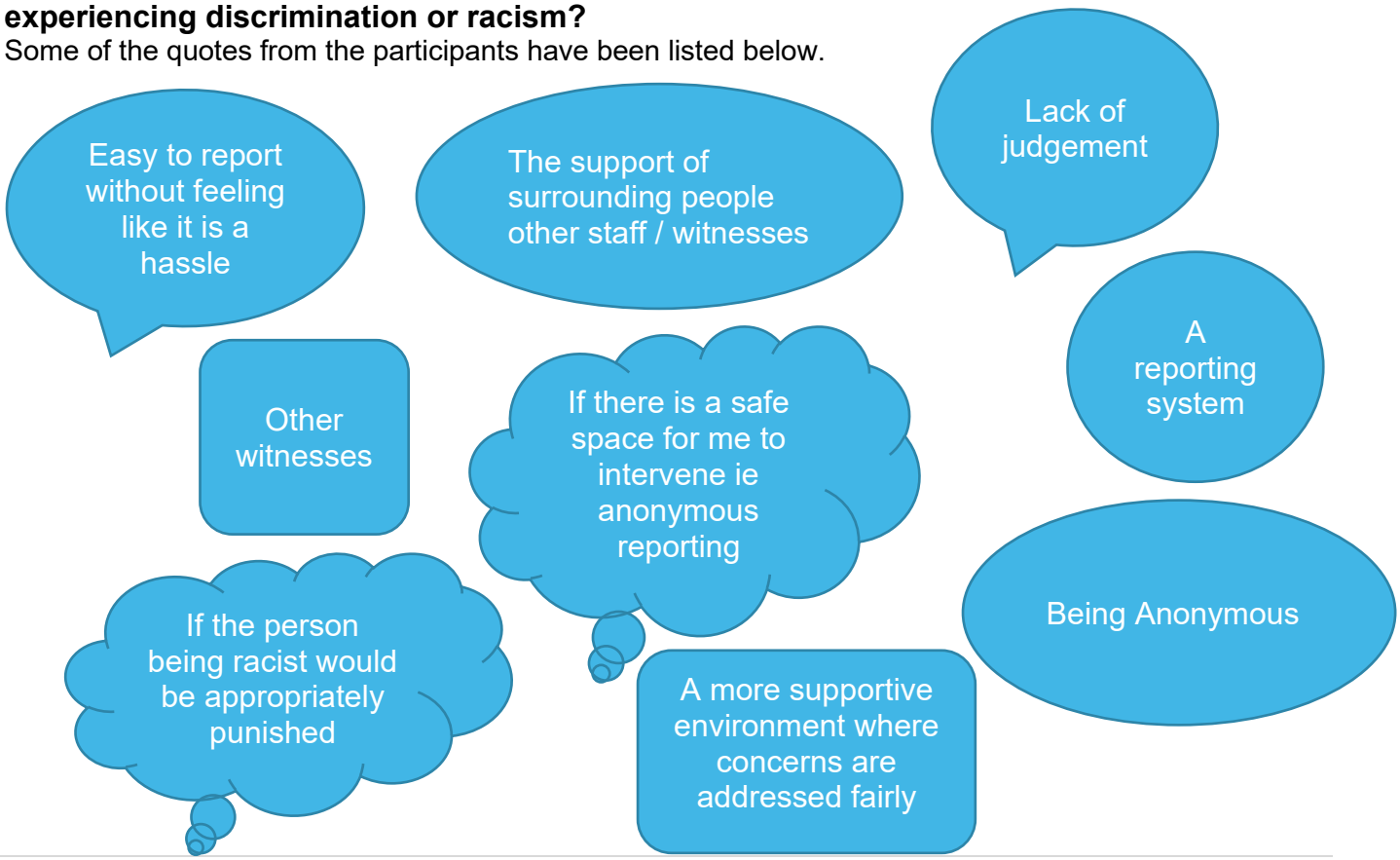
If you have personally experienced discrimination or racism, what would you hope your colleagues and employer would do?

Some of the quotes from the participants have been listed below:



What factors would make you feel more comfortable intervening if a colleague was experiencing discrimination or racism?

Some of the quotes from the participants have been listed below.



8.Key recommendations (Action Plan)

1) Strategies to promote Inclusion and belonging for Black and ethnic minority trainees in the workplace (for all Placement Sectors)

KEY: A = HEE, B = Employer, C = PSC, D = IPP T&F Group, E = ICS Hub, F = GPhC, G = External Trainer, H = PSW Team

Recommendations	Should Consider	Action for:	Could Consider	Action for:
☐ Community of Practice to provide peer support to trainees during training placements	FTY Community of practice both at a national and regional level	A, E	Start community of practice at HEI in Years 1 – 4 so support in place for year 5	C
☐ Mentoring or peer support to reduce isolation when entering work placements and improve ethnic minority trainee inclusion and belonging			Mentoring or peer support of ethnic minority trainee from colleagues with a similar background at training placement (if accessible)	B
☐ Regional offer of bespoke EDI training for Trainee pharmacy staff to increase understanding of the role of unconscious bias, allyship and active bystander in the workplace and support each other during training programme	Review the mandatory EDI training currently offered and include application to workplace setting.	A, B, C	Provision of independent external EDI training for trainee pharmacists. Build support within the cohort to address discrimination in the workplace	A,E,G,H

2) Ensuring Black and Ethnic Minority workforce and learners have access to Equality, Diversity & Inclusion Networks

KEY: A = HEE, B = Employer, C = PSC, D = IPP T&F Group, E = ICS Hub, F = GPhC, G = External Trainer, H = PSW Team

Recommendations	Should Consider	Action for:	Could Consider	Action for:
☐ Map current provision of EDI networks (inc Ethnic Minority Staff networks) for trainee pharmacists and PTPTs	Benefit of a network - Create Safe psychological place to talk about lived experience	A, B, C, D, F	-Create COP (above) to have a pharmacy network -Explore existing staff ethnic minority networks to access a multi professional option for trainees	A, B, E B
☐ Signpost trainees to National Networks who promote race equality and support trainees with protected characteristics eg UKBPA, BIMA, BPSA, PDA	-Promote during Virtual regional event – 'Careers and Publishing' -Add Network information to trainee support guide and share on induction	A A	Stakeholders to Collaborate with networks to connect with trainees (through year 1-5)	C, A

3) Supervisors' behaviours and skills training (cultural competence) – Need for a Competency Framework

KEY: A = HEE, B = Employer, C = PSC, D = IPP T&F Group, E = ICS Hub, F = GPhC, G = External Trainer, H = PSW Team

Recommendations	Should Consider	Action for:	Could Consider	Action for:
☐ Review EDI mandatory training and conduct a Gap analysis to determine what additional training to mandatory training is required: Unconscious bias, Privilege, Race equality (WRES), Active bystander, Allyship training for staff.	-Core requirements for E&T staff: Contextualise EDI training in relation to education/clinical supervision. -ICS Training Hubs to lead on EDI training and development for all *Pharmacy trainees	A, E A,E	-Evaluate the need for an EDI skills/competency framework for the role of the supervisor. -External provider with expertise in this area to provide training -Supervisor specification to include EDI training	A,B,C G,H A
☐ Debias portfolio assessment process (differential attainment – narrow the gap)	Unconscious bias training and decision making. Guidance for DS final sign off process for portfolio and QA of process	A A, F	Supervisor specification Training requirements eg mentoring, assessing, Cultural Competence training	A, F
☐ Train supervisors on how to respond to racial harassment and bullying complaints or incidents.	Update Supervisor training guide to contain guidance on support available to trainees. 'Raising concerns flow chart'	A		
☐ Identify trainees requiring additional support (TRAS) early	eg monitoring rate of learning outcome sign off, raised concerns: trends linked to EDI	A, B		

4) Strive to achieve best practice in recruitment, retention and career progression practices throughout the employment cycle for PTPTs

KEY: A = HEE, B = Employer, C = PSC, D = IPP T&F Group, E = ICS Hub, F = GPhC, G = External Trainer, H = PSW Team

Recommendations	Should Consider	Action for:	Could Consider	Action for:
☐ Debias recruitment process for PTPTs who are recruited by organisations direct.	Review JD, Interviews Strive to achieve best practice in recruitment, retention and career progression practices throughout the employment cycle	B		
☐ Monitor attrition rates and reasons for leaving placements – retention	Collect themes from Exit surveys and a plan of action to address feedback	B		
☐ Increase diversity in workforce and equal opportunities for all staff – Talent management			Recruitment from local population, target under represented groups and provide support for application process	B

5) Leadership and workforce that reflects the diversity of local communities – need more role models in senior leadership positions

KEY: A = HEE, B = Employer, C = PSC, D = IPP T&F Group, E = ICS Hub, F = GPhC, G = External Trainer, H = PSW Team

Recommendations	Should Consider	Action for:	Could Consider	Action for:
☐ Increase the diversity in HEE South: TPD, LLS facilitators, speakers delivering training program for trainee pharmacists and PTPTs	HEE recruitment strategy – increase diversity in workforce	A, E	Review of regional Pharmacy WRES data to produce an action plan for improvement	B, D, E
☐ Organisations- Increase diversity in Education Supervisor positions	-Employers to review workforce and determine if there is scope for individuals from a diverse background to step into supervisor roles. -Consider a rotational policy for trainee supervision to ensure diversity in supervision matches diversity in the cohort	A, B, C	Collaboration of system partners and stakeholders to influence workforce recruitment and retention challenges (all sectors)	B, E
☐ Increase the Ethnic Minority representation in senior leadership positions to provide role models to ethnic minority trainees "You can't be what you can't see"	Engagement with local communities to increase diversity in uptake of apprenticeships	B	Talent management and equal opportunities for all staff	B, E

6) Identify scale and nature of discrimination issues because there is hesitancy to report (from survey results)

KEY: A = HEE, B = Employer, C = PSC, D = IPP T&F Group, E = ICS Hub, F = GPhC, G = External Trainer, H = PSW Team

Recommendations	Should Consider	Action for:	Could Consider	Action for:
☐ Monitor ethnicity data for trainee pharmacists and PTPTs –currently collected through Oriel and by GPhC.	To understand diversity of the trainee cohort PTPT register not held by GPhC.	A, E	Share ethnicity data between organisations (within GDPR guidelines) so it is collected once during Year 1-5	C
☐ Produce a report annually on the numbers of incidents and complaints during the training programme	KPI for monitoring Highlight race discrimination if reported within the program -	A, B,	Anonymous reporting tools to Gather data on the extent of the problem	A,B, C, F, H
☐ Repeat project in other regions as findings are not generalisable	Determine if similar themes occur in other geographical regions with differing diversity whilst taking action on the findings of this project	A	Regional project or National project to compare incidence of discrimination and reported themes in SW study	A

7) Quality Assurance of training placements – address discrimination and racism in the workplace

KEY: A = HEE, B = Employer, C = PSC, D = IPP T&F Group, E = ICS Hub, F = GPhC, G = External Trainer, H = PSW Team

Recommendations	Should Consider	Action for:	Could Consider	Action for:
☐ HEE Quality Strategy requirements for training site accreditation	Anti-racism education for colleagues	A, E	Education on organisational EDI policies and mandatory training requirements in the workplace (all sectors)	C, E
☐ Monitoring Trainee feedback (NETS) on training sites and provide support via an action plan. ☐ Compare regional data - benchmarking	Employee survey responses should also be monitored by ethnicity to ensure employers can identify where targeted action or additional support is needed	A	Anti-racism education for patients. working toward creating positive cultural change in our workplace.	A, B
☐ What are the benefits of Anonymous reporting tools to encourage proactive reporting (requested by respondents)	Determine if NETS survey questions explore race discrimination– review questions and consider updating	A	Consider Live reporting/collection of microaggressions and race discrimination data.	A, H

8) Clearly communicate the complaints procedure and reporting mechanisms to trainees and ensure easy access, using a range of formal and informal channels.

KEY: A = HEE, B = Employer, C = PSC, D = IPP T&F Group, E = ICS Hub, F = GPhC, G = External Trainer, H = PSW Team

Recommendations	Should Consider	Action for:	Could Consider	Action for:
☐ Comprehensive induction training with Information on raising concerns .	Review Trainee Support Guide - Include an *easy to follow* flow chart that illustrates the routes to raising a concern, timeline, key stakeholders and step by step guidance on what happens when a concern is raised.	A, E	Links on e-portfolio with accessible information all year round and when moving between sectors Separate Training support guide for PTPT learners if a national TSG is not suitable for all	A, C A
☐ Promote the Freedom to Speak Up Guardian role with a focus on ensuring trainees know this includes offering help if they encounter racism or discrimination	Signpost to Local Speak up Guardians and MH and Wellbeing support avenues at end of training days (1 slide)	A, B, A, H	Educate on Organisational policies and role of HR Support equitable access to Freedom to Speak Up Guardians across Primary Care	B, H B, E
☐ Bystander training to empower trainees and colleagues with tools to raise or intervene when faced with or witnessing discrimination in the workplace.	Bespoke workshops to meet the needs of trainees	A, C, G, H		

☐ Anonymous reporting tools to allow reporting of discrimination linked to protected characteristics			Use of a tool to collect data, to be used in addition to organisational reporting tools to raise concerns. If can maintain anonymity of reporter/trainee	A,B,C,F, H

9) Accountability from leaders on management of concerns - making sure that all racism complaints are taken seriously

KEY: A = HEE, B = Employer, C = PSC, D = IPP T&F Group, E = ICS Hub, F = GPhC, G = External Trainer, H = PSW Team

Recommendations	Should Consider	Action for:	Could Consider	Action for:
☐ Assurances that change will happen – build trust in the system for Black and ethnic minority trainees.	Advocate zero tolerance policy to racism in employer values. Clearly communicate examples of cases where a complaint has been upheld and successfully resolved.	A, B, C, D E. F	Share good practice- examples of actions that employers have taken to promote race equality and positive working environments. Determine criteria for referring cases for GPhC – unprofessional conduct	B A, B, C, F
☐ Key Performance Indicators to reduce racial harassment and bullying complaints using trainee opinion survey results as	Report data collected on the nature of the concerns and the diversity of trainees,	A, B, C, F	Bring concerns of racial harassment to trainee program board and feedback to supervisors	A, B

performance indicators (NETS and Exit surveys)	alongside a written summary of the issues. Ensure stories are summarised to ensure the individual's confidentiality is maintained		and trainee representatives- to review and action	
☐ Review Feedback mechanisms to trainees who raise concerns	Ensure equitable process for all employers	A, B,	Incorporate feedback from supervisors on how to improve foundation training programme	A, B

10) Decolonisation of pharmacy curriculum for Foundation Training Year

KEY: A = HEE, B = Employer, C = PSC, D = IPP T&F Group, E = ICS Hub, F = GPhC, G = External Trainer, H = PSW Team

Recommendations	Should Consider	Action for:	Could Consider	Action for:
☐ HEI and HEE collaboration on Yr1-5 curriculum	Consider the diversity of student groups and ensure learning content moves beyond Western to global frameworks.	A, C	Decolonising the curriculum toolkit – for a consistent approach across regions	A, C
☐ HEE National QA Strategy – Trainee programme workstream objective	Ensure a range of voices and perspectives are represented when curriculum content is created	A, C		

9.Conclusion

This is the first survey of its kind carried out with black and ethnic minority trainees undertaking ‘pre-registration’ training programs in the South West, Thames Valley and Wessex areas working in all pharmacy settings.

We set out to understand the challenges faced by the pharmacy trainee workforce and this report has aimed to present a summary of the data and also drill down into some of the datasets to present themes to better understand the experiences of trainees.

This survey was not designed as a research project therefore there are methodological limitations, these include insufficient sample size, low representation from some ethnicities, and response rates. The survey was undertaken at an exceptionally busy time for trainee pharmacists preparing for end of year GPhC examinations and gained feedback from a small (although demographically representative) proportion of the trainee workforce.

The trends mirror previous results from Pharmacy NETS surveys and HEE SW end of year exit survey results where learners requested access to groups/forums whilst on placement and more support to raise concerns, including awareness of reporting mechanisms. This gives confidence in the picture being built, and some of the overarching lessons that we can take from our survey:

Experience and Impact of discrimination

Covert discrimination may be subtle, making it difficult to pinpoint, challenge and ‘prove’. Having difficult conversations and talking about race should become the norm, this can be facilitated by staff networks and senior leadership teams. A Zero tolerance policy to racism should be implemented by all pharmacy organisations. Ensuring more diversity in decision-making structures, commissioning anti-discrimination training as well as listening to and giving a platform to others are steps that organisations should take to be more inclusive.

There is scope to better understand the experiences of people who are subjected to multiple forms of discrimination or the way that different protected characteristics intersect.

Addressing discrimination in the workplace

Identify the scale and nature of the issues locally as there is an identified hesitancy to report incidents. People often did not know from whom to seek help and/or were not confident that anything would be done as a result. There were strong calls for independent advice and support from outside of people’s place of work to help investigate and address reports of discrimination

(anonymous reporting tools). This highlights the importance of having clear channels of communication available to colleagues when an issue is recognised and needs to be raised.

All pharmacy colleagues (trainees and educators) should have access to practical EDI training covering anti-racism and bystander training in their workplaces to teach colleagues how to address incidents of racism.

Mental Health and Wellbeing

Respondents shared powerful accounts of how discrimination had impacted on their wellbeing and mental health to the extent they left or considered leaving their role.
Participants relayed a number of examples of supervisors responding to issues with a lack of empathy or concern and felt that creating space for open and honest discussion was important to build understanding. A lack of a culturally appropriate wellbeing service may be a barrier to accessing counselling services when needed.

Inclusivity of Training program

Many people pointed to the lack of diversity in the senior team and supervisors, but also talked about leadership in their organisation more generally and how this is disproportionately White. Respondents felt that social events and opportunities to socialise outside of the workplace needed to be inclusive. The Training program is delivering cultural understanding and awareness but this needs to translate to culturally competent healthcare delivery by a culturally competent workforce for local populations to address health inequalities

Examples of good practice

We can also acknowledge that some colleagues described a positive experience when reporting concerns early in the foundation training program and we can use this as a sound platform to implement positive change.

Some respondents mentioned having colleagues who listened to their experiences and others positively described examples where educators had not dismissed their concerns.

Next steps:

Whilst the contents of this report may be difficult to read, positive change is being made locally, regionally and nationally.

- ☐ **Regional**:

SW Inclusion Manifesto – SW Regional IPP group

Professional support and Wellbeing Service (PSW) - PSW referrals for East of England trainee pharmacists to pharmacist clinical case manager

"I did not know we have this support from HEE. It would be of great help to support my mental health and wellbeing if this is available"

- ☐ **National:**

HEE quality assurance strategy – Trainee Support guide

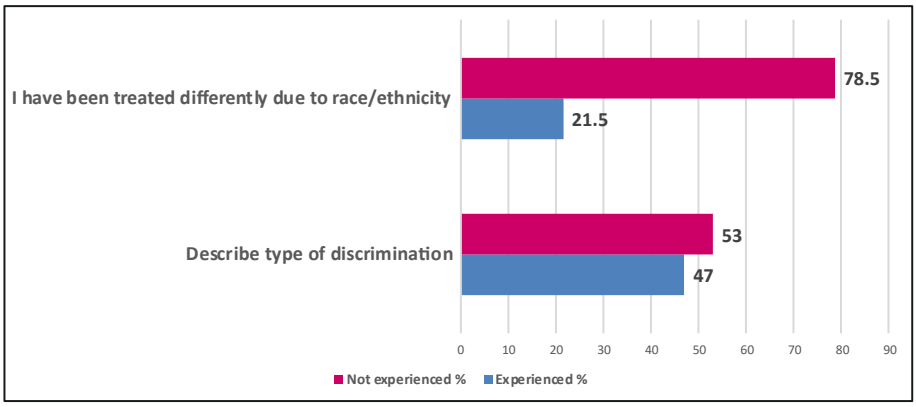
HEE Workforce Data – London Portal

General Pharmaceutical Council (GPhC) – Ethnicity data for registered workforce (there is a gap in data collection for PTPT workforce)

Chief Pharmaceutical Officers Team (IPP Workstream) - Representation in senior roles and introduction of Pharmacy WRES

General Pharmaceutical Council (GPhC) roundtable event- Racism in Pharmacy

Take away Message: Reported Experience of discrimination



"I do not feel that I was treated differently, however I did feel that my race alongside my trainees did play a factor in my experience of my foundation year"

Final Thought: *When asked have you been treated differently due to race/ethnicity nearly 80% of respondents said 'No' When the different types of microaggressions were explored and the respondents were asked to categorise their experience, this reduced to approx. 50%*

Highlighting the need for Education and awareness around EDI for all staff.

Challenge for the profession: It is everyone's responsibility to Root out Racism and challenge discrimination

Acknowledgments

The HEE (South) Leadership Team Nick Haddington, Marc Miell, Ellen Williams for allowing me to bring my authentic self to work and the wider HEE South and PWDS teams for the opportunity to bring EDI into everyday conversations.

This clinical pharmacy fellowship has shone a spotlight on the importance of EDI in pharmacy and the need for representation and equity in experience throughout the career pathway journey. We must be comfortable having uncomfortable conversations if meaningful change is to happen.

Reference Group: Kemi Gibson, Charareh Pourzand, Subhana Hye, Teresa Coyle, Katie Purbrick-Thompson, Shehla Imtiaz-Umar, Sarah Swinfin
Big thank you to the individuals who gave their time to meet and discuss the various ways we could approach this project to receive meaningful results.

As well as the many other pharmacists and pharmacy technicians, who shared the survey and provided direction during this project. It was not possible without your contribution.

To my colleagues Thomas Wareing and Lindsay Steel HEE Clinical pharmacy fellows 2022/23 (South), your support, listening ear and positive encouragement gave me the energy to cross the finish line.

Farzana Mohammed

Appendices

- **Appendix 1.**

List of resources for support provided at the end of the survey (Wellbeing Signposting)

If you need support with your Wellbeing, you can access the following resources:

- You can find resources on bullying and harassment in the workplace by the Citizen's Advice bureau
- Organisational Policies: Your employer will have named contacts for safeguarding, freedom to speak up guardians, human resource advisors and wellbeing services. Please contact via local networks.
- National Freedom to speak up Guardians information is available online
- Guidance for Primary Care Freedom to speak up Guardians (Community Pharmacy) is available online
- Guidance on raising concerns is available from the General Pharmaceutical Council (GPhC)
- Resources for mental health in the workplace by MIND and wellbeing resources Every Mind Matters
- Royal Pharmaceutical Society (RPS) can provide support and access to resources in the RPS Wellbeing hub.
- Association of Pharmacy technicians UK (APTUK) can provide support and access to resources on their website Wellbeing Information (aptuk.org)
- Pharmacy Technicians of colour can be contacted on Twitter @PTOC11
- Pharmacist Support **website also has a wealth of information about trainee issues and wellbeing** that may help**. This is free to access for pharmacist trainees and pre-registration trainee pharmacy technicians.** For information and online resources visit their website at pharmacistsupport.org . You can contact them via email at info@pharmacistsupport.org or call on 0808 168 2233.

- **Appendix 2.**

Flyer to promote June Survey

Flyer-foundation pharmacist.pdf

Flyer to promote October Survey

Flyer-Oct22.foundation pharmacist.pdf

- **Appendix 3**. Ethics letter

Ethics Letter EDI Project.pdf

References

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