

Nigel Clarke  
Chair, General Pharmaceutical Council

*By email*

18 January 2022

Dear Nigel,

## Reducing barriers to working in pharmacy for people with disabilities

As you know, the Royal Pharmaceutical Society is committed to working with partners to help make inclusion and diversity central to the profession, celebrating and encouraging diverse voices across pharmacy.

We warmly welcomed the GPhC's Equality, Diversity and Inclusion strategy which highlighted what it expects from education providers to help widen access for those wishing to study pharmacy. We agree that education providers must actively identify and reduce discrimination in their selection and admission processes, as referenced in the GPhC's standards for the initial education and training of pharmacists.

You will recall the GPhC engaged with our Action in Belonging, Culture and Diversity Group as it revised its guidance on managing fitness to practise concerns, as well as your EDI strategy. We continue to speak to pharmacists, pharmacy technicians and wider teams with lived experience to help inform the RPS' ongoing work on inclusion and diversity.

In developing our Inclusion and Diversity Strategy a profession-wide survey showed that disability was perceived to be the biggest barrier to working in pharmacy. We subsequently convened an RPS Ability Reference Group to identify priorities for how pharmacy can better attract and retain talented individuals with disabilities.

Following feedback from members and through our own experience in schools of pharmacy, we believe there is an opportunity to reduce one potential barrier by reviewing and updating the Higher Education Occupational Practitioners (HEOPS) [standards of medical fitness to train for pharmacy students](#).

As you know, HEOPS publishes guidance for those providing occupational health advice to schools training pharmacy students on fitness to train and meet the required standards on graduation.

The guidance for pharmacy was last updated in 2013 and with societal and technological developments supporting greater inclusivity, we believe a review of the standards is now overdue. This should include the assessment of functional capacity, in particular around our evolving societal approaches to mental health and neurodiversity.

What is considered a 'reasonable adjustment' naturally changes over time, and we have at times found ourselves sometimes in a dilemma over the HEOPS standards versus what feels possible and fair.

At the very least, the examples of 'competencies and outcomes' in section two of the HEOPS standards should be updated in line with the GPhC's new IET standards in order to better reflect the evolving role of the pharmacist. We would welcome your commitment to working with HEOPS to make this happen.



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While education and training providers are required to make reasonable adjustments to accommodate students and trainees who have a disability, and in our experience make every effort to do so, there is also the question of how many potential students are put off applying in the first place.

We are also aware of the challenges that some trainees with disabilities may face when they transition from university into a workplace and look forward to this being addressed in the GPhC's plan to develop comprehensive equality guidance for pharmacy owners.

We would welcome a discussion about how we can help inform this work, including through our members, and help make pharmacy a more inclusive profession which attracts the best students from around the world and enables them to thrive.

Yours sincerely,

Prof Claire Anderson  
President, Royal Pharmaceutical Society

Dr Alison Astles  
RPS Ability Reference Group Member

Cc      Chair, Higher Education Occupational Practitioners