

## Equality Impact Assessment (EqIA) Guidance

### Background

We are committed to making inclusion and diversity central to the profession by celebrating and encouraging diverse voices across pharmacy. We aim to extend this concept to encompass all RPS products and services, ensuring inclusion and diversity is at the heart of the design and delivery of our products and services in line with our [RPS Inclusion and Diversity Strategy](#).

Equality Impact Assessments are a way to make sure the RPS does not inadvertently discriminate and encourages us to think carefully about the likely impact of our work on stakeholders including RPS members, members of the profession and members of the public.

[The Equality Act 2010](#) provides a framework on which the Equality Impact Assessment is based on to protect individuals and advance equality of opportunity for all, protecting individuals from unfair treatment and promoting a fair and more equal society.

The Equality Impact Assessment focuses on systematically assessing and recording the likely equality impact of RPS products and services. The key purposes are to:

- Identify whether certain groups are excluded from our products and services
- Identify any direct or indirect discrimination
- Assess if there is any adverse (negative) impact on particular groups
- Address identified equality issues in our products and services
- Where possible remove or minimise disadvantages experienced by people due to their protected characteristics
- Taking the steps to meet the needs of people from protected characteristics where these are different from the needs of other people

The focus of our Equality Impact Assessments will be to assess the impact of our activities on people with the 'protected characteristics' listed in the [Equality Act 2010](#), namely

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

In addition to these, we will also consider the impact on

- Carers
- Welsh Language
- Rurality impacts
- Different socio-economic groups

## **What is an Equality Impact Assessment (EqIA)?**

An Equality Impact Assessment is an assessment to improve the work of the RPS by making sure it does not discriminate and where possible promotes equality. It focuses on systematically assessing and recording the likely impact of an activity or policy on people with 'protected characteristics'. This involves anticipating the consequences of activities on these groups and making sure that as far as possible any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

The EqIA is carried out by drawing on available information to identify best practice with regards to equality relating to the affected product or service. This may include existing research, journal articles, direct feedback from stakeholders and internal/external data monitoring information. Once this has been completed the findings of the EqIA should inform the development or review of the assessed product or service, including action plans which will change the delivery of a product, activity or service, with clear monitoring arrangements.

## **Who is responsible for undertaking an Equality Impact Assessment?**

The project lead holds responsibility for ensuring an EqIA has been considered and undertaken as necessary. As the lead they will have a good understanding of the subject or product being developed. Support and advice is available from the Head of Professional Belonging.

## **How to conduct an Equality Impact Assessment?**

An Equality Impact Assessment should be carried out when developing or reviewing:

- All membership products
- External Policies
- Guidelines
- Educational frameworks and curricula.

An EqIA should not be a separate exercise for project leads to undertake. It should be built in as an integral part of continuous service and performance review in the

same way as a Data Protection Impact Assessment (DPIA) would be considered at project inception.

## **Undertaking an Equality Impact Assessment for a new product, service or policy**

Using the Equality Impact Assessment reporting template (Appendix 1), the steps below should be followed:

### **Step 1: Initial screening**

#### **Use Part 1 of the EqIA reporting template**

At the initial concept design stage for a new membership product, guideline, policy or educational framework and curricula; consideration should be given to equality, diversity and inclusion principles and whether there are likely to be any issues that need to be considered at this early stage.

Consider the following questions to assess if you need to complete an EqIA:

- Is the new membership product or service likely to affect one or more of categories included in our EqIA guidance?
- What is the likely size of the group affected and how significant is the effect on them?
- Are there EqIAs for similar products and services that have identified and resulted in actions to improve equality?
- Does the product or service relate to matters that have previously been identified as being important to a protected group?
- Does it relate to an area where there are known inequalities?
- Does it relate to a policy or activity where there is significant potential for reducing inequalities or improving outcomes for under-represented groups?

### **Step 2: Product and services development**

Throughout the development of the new product or service, there should always be due consideration of equality which should be considered iteratively through having diverse stakeholders, user or task and finish groups. If you are struggling to ensure the group is diverse please reach out to the Head of Professional Belonging who will be able to support.

If there is a consultation on a new product or service, it should include a standard question relating to equality, diversity, and inclusion impact.

## Step 3: Internal Equality Impact Assessment Review

When the new product or service is in a final or near final draft stage, the project team should undertake an internal review completing **Part 2 of the Equality Impact Assessment Reporting Template**. This review should draw upon existing relevant information such as published research, direct feedback from stakeholders and internal/external data monitoring information.

If the project lead is confident there is no equality impact the screening tool can be used as the basis for the EqlA report. If any impacts have been identified, or there is a real possibility that there may be unidentified impacts, an EqlA workshop should be arranged.

Appendix 2 highlights the key points to consider when undertaking your EqlA with regard to each of the protected characteristics that should be considered when completing the assessment.

## Step 4: Equality Impact Assessment workshop

The EqlA workshop attendees will be identified by the Head of Professional Belonging through the Action in Belonging, Culture and Diversity (ABCD) group in addition to other inclusion and diversity networks. In addition, the project lead/team may identify other relevant stakeholder groups dependent on the nature of the product or service.

Responsibility for the workshop administration (i.e.. sending out invites and agenda setting) sits with the Head of Professional Belonging.

The workshop will be co-hosted by the project lead and Head of Professional Belonging. The product or service lead as the subject matter expert will introduce and provide appropriate detail on the product or service which is to be assessed. The Head of Professional Belonging will run through the purpose of the EqlA workshop and facilitate the discussion working through each protected characteristic and additional groups being assessed. The actions are recorded by the service or product leads team.

In advance of the workshop, attendees will be sent the internal EqlA review (Part 2 of the EQUIA Reporting Template) which will form the basis of the workshop discussions. Each protected characteristic will be considered in turn and impacts identified by the group alongside action plans to address these (or a rationale for not addressing them) will be recorded on **Part 3 of the EqlA Reporting Template**.

Once this has been completed the findings of the EqlA workshop should inform the development or review of the assessed product, policy or service, including action

plans drawn up to inform the development of and any decisions to change the delivery of a product or service, concluding with clear monitoring arrangements.

## **Positive Action**

Some activities are targeted at particular individuals or groups with protected characteristics, and these by definition will have a differential impact. The assessment of this impact must consider whether it is justifiable. Differential impact can be justified as part of a wider strategy of positive action in relation to particular groups, where the initiative is intended to encourage equality of opportunity for a particular group. Where this is the case it is necessary to justify actions and provide a clear rationale for them.

## **Step 5: Equality Impact Assessment Report and Action Planning**

Action plans should be completed in **Part 4 of the EqIA Reporting Template**. The full EQIA report should clearly express what was undertaken during the assessment, what was discovered, how evidence and consultation has informed an action plan to improve equality within the product or service. The report should establish which groups experience each type of impact or combination and draw conclusions as to possible explanations.

The report should properly evidence and recommend one of four implementation options:

- No barriers or impact identified; proceed with no change
- Stop the product or service development because the evidence shows bias towards one or more groups that cannot be addressed
- Adapt or change the product or service in a way which will eliminate or reduce impact to affected groups
- Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the product or service (e.g., in extreme cases or where positive action is taken). Therefore, you are going to proceed knowing that it may favour some people less than others, providing justification for this decision.

The recommendations should be agreed with the product or service owner and Head of Professional Belonging, presented in the form of an internal action plan and should include:

- Actions identified as necessary
- Details of who is responsible for implementation of actions

- Timescale for implementation
- Timescale and actions for review
- Details of how the effects of the actions will be evaluated to measure expected outcomes.

## **Step 6: Ongoing monitoring and review**

The EqlA must specify a system of monitoring which is reviewed on an annual basis. The monitoring system must be appropriate and properly evaluate the effect of the product or service on relevant groups.

The monitoring process will vary dependent on the nature of the product or service, it may include quantitative data on product use, user and stakeholder feedback and research findings. On many occasions it may be appropriate to undertake a follow up EqlA workshop to review this data and whether there are any new equality impacts.

The monitoring system itself should also continuously be reviewed to ensure it is still obtaining accurate and reliable measures.

## **Step 7: The Equality Impact Assessment report timelines**

The full EqlA report should be finalised by the product or service lead using the Equality Impact Assessment Report template within 15 working days of the workshop.

The draft summary report will be reviewed by the Head of Professional Belonging providing additional comments as appropriate to the product or service lead within 10 working days.

The final summary report should be approved by the Executive Director for the product or service area. Once signed off, the report should be uploaded onto the relevant area of the website.

EqlAs should always be made available in full if requested by members of the public or stakeholder organisations, including meeting any requests for accessible versions.

### Template

#### Part 1: Initial Screening and Product Development

##### **1. The purpose and aims of the product, policies, guidelines and educational frameworks and curricula required**

*Please provide a brief description of what is being assessed. Please include what is the overall objective or purpose of the policy or product and a brief description of how the purpose and aims of the product are relevant to equality and intended beneficiaries.*

RPS Greener Pharmacy Guide and toolkit developed to raise awareness and capability of pharmacy staff to reduce the environmental impacts of the pharmacy sector.

##### **2. Do you foresee any equality impact this product, policies, guidelines and educational frameworks and curricula and have you identified any specific actions to address this during the development phase?**

- *Is new product or service likely to affect one or more of the categories included in our EqlA guidance?*
- *What is the likely size of the group affected and how significant is the effect on them?*
- *Are there EqlAs for similar products or services that have identified and resulted in actions to improve equality?*
- *Does the policy, product or guidance relate to matters that have previously been identified as being important to a protected group?*
- *Does it relate to an area where there are known inequalities?*
- *Does it relate to a policy or activity where there is significant potential for reducing inequalities or improving outcomes for under-represented groups?*

The suggestion of an EqlA assessment was part of the feedback provided in the open consultation process of the RPS Greener Pharmacy guides. Upon review, the actions recommended in the guides for hospital and community pharmacies may positively and negatively impact certain protected groups, so this is done retrospectively.

## Part 2: Internal Review

### 3. Evidenced used/considered

*What evidence base has been used to inform your initial view of an equality impact? Evidence includes views and issues raised during engagement; service user journeys, case studies, or experiences; and qualitative and experience based research, as well as quantitative data and statistics.*

*Please list the source of this evidence:*

- *Identify and include numbers of individuals, broken down by protected characteristics and other relevant information if possible*
- *What research or other data is available (locally or nationally) that could inform the assessment of impact on different equality groups? Is there any information available (locally/nationally) about how similar policies/products/strategies or decisions have impacted on different equality groups (including any positive impact)?*
- *Do you consider the evidence to be strong, satisfactory or and are there any gaps in the evidence?*

There has been an equality impact assessment published in the “Delivering greener, more sustainable and net zero mental health care” report [1] for which the recommendations are not dissimilar to the Greener Pharmacy Guides. Comments on the guide from the open consultation period for both the greener pharmacy guides for hospital and community pharmacies are also used to inform the assessment.

[1] [delivering-greener--more-sustainable-and-net-zero-mental-health-care---evidence-review-and-resources.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/evidence-review-and-resources/delivering-greener-more-sustainable-and-net-zero-mental-health-care-evidence-review-and-resources.pdf)

### 4. Internal Impact Assessment

**How could the new product or service impact upon protected groups as identified under the Equality Act 2010, compliance with Welsh Language Standards (2011) and RPS’s ability to perform its Royal Charter:**

- *Identify whether certain groups are excluded from our products or services*
- *Identify any direct or indirect discrimination*
- *Assess if there is any adverse (negative) impact on particular groups*
- *Address identified equality issues in our products and policies*
- *Where possible remove or minimise disadvantages experienced by people due to their protected characteristics*



- *Taking the steps to meet the needs of people from protected characteristics where these are different from the needs of other people*

**Please ensure positive impacts as well as negative are highlighted. Include any opportunities to advance equality and/or good relations, and for good practice to be further developed.**

**Appendix 2 highlights the key points to consider when assessing the impact regarding each protected characteristic**

## **Equalities and Welsh Language Impact Assessment**

Protected Characteristic	Impact:			Reason for your decision (including evidence used). Include details of how it might impact on people from this group in eliminating direct or indirect discrimination and how opportunities to advance equality and promoting good relations have been maximised.
	POSITIVE	NEGATIVE	NEUTRAL	
Age	Positive & Negative			<ul style="list-style-type: none"><li>• Most of the actions recommended in the guide benefits future generations and reduces potential health impacts of climate change on all age groups.</li><li>• Some age groups may have less experience using digital technology solutions suggested by some actions in the guide and may experience difficulties engaging with the Greener Pharmacy web self-accreditation toolkit.</li><li>• Older members of staff may have reduced mobility meaning they are less able to travel actively, so interventions in this area benefit them less.</li><li>• Younger members of staff tend to champion the sustainability agenda more but often do not hold positions of influence or responsibilities to drive changes recommended in the guides.</li><li>• Some actions require clinical risk assessment for younger patients and restricted to product licensing or guideline recommendations e.g.. swallowing solid rather than liquid medications, choice of inhalers</li></ul>

<b>Disability</b>  Disability as defined in the Equality Act 2010:  Those with any physical, sensory, learning, cognitive or mental health impairment or health condition which causes individuals to face barriers to employment, equal opportunities, access to goods, facilities or services lasting or expected to last 12 months or more, or terminal.	Positive & Negative	<ul style="list-style-type: none"> <li>• Some actions to optimise energy use might benefit neurodivergent pharmacy staff or those with chronic conditions (e.g. hypothyroidism) who might be sensitive to temperature in pharmacy settings.</li> <li>• Pharmacists with a learning difference and/or physical disability may need additional tools/software for guides to be read out aloud on the website.</li> <li>• The guidance, toolkit and associated resources include a lot of texts which may disadvantage those who are neurodivergent, have a learning difference and/or have a physical disability and their ability to attain various sustainability credentials.</li> <li>• The actions recommended in the guide hopes to reduce health inequalities experienced by people with chronic diseases and/or disabilities who will be affected most from increasing adverse weather events due to climate change in the future.</li> <li>• Patients who have difficulties accessing their local pharmacies may not be able to perform some actions. E.g. Active travel, return inhalers to local pharmacies, opportunistic health interventions to prevent chronic diseases.</li> <li>• Patients who are housebound or live in care or residential homes might not benefit from the clinical review, signposting, or advice provision by pharmacy staff at the pharmacy settings as recommended in the guides.</li> <li>• Local public transport infrastructure may not be well adapted to patients or staff with disabilities.</li> </ul>
<b>Sex</b>  A person's sex, including intersex people	Positive & Negative	<ul style="list-style-type: none"> <li>• Some actions to optimise energy use might benefit menopausal women who might be sensitive to room temperatures in pharmacy settings.</li> <li>• Female pharmacy staff may be more likely to find it challenging to complete the self-accreditation due to family-friendly leave and/or working part time or having caring responsibilities, which is sex-differentiated.</li> </ul>

		<ul style="list-style-type: none"><li>Women’s related health issues (e.g. periods, menopause) may impact on a woman’s ability to engage with the long self-accreditation processes.</li></ul>
<b>Gender Reassignment</b>  Internal sense of their own gender and gender expression, whether male, female or something else (for example non-binary people), which may or may not correspond to the sex assigned at birth; and aspects of how an individual expresses gender, including clothing, mannerisms and other aspects of	Neutral	n/a

expression.		
<b>Marriage or civil Partnership</b>	Neutral	n/a
<b>Pregnancy and maternity</b>	Positive & Negative	<ul style="list-style-type: none"> <li>The health impacts of climate change on pregnancy and their unborn children are well documented and all the actions in the guide are mitigating these risks.</li> <li>Pregnant people may be less able to travel actively as recommended in the guide.</li> <li>Those taking family friendly leave or undergoing processes as part of planning a family may find it more challenging to complete the self-accreditation process for the pharmacy. E.g. Pharmacy staff covering maternity, adoption or paternity leave might not know the pharmacy setting as well which affects the outcome of their accreditation status.</li> </ul>
<b>Race</b> Race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers.	Positive & Negative	<ul style="list-style-type: none"> <li>Pharmacists who are from Black and Asian backgrounds are more likely to be locums than other race and ethnicities. This may impact on their ability to undergo additional training or undertake sustainable actions in pharmacy settings.</li> <li>Globally, the actions recommended in the guide will reduce health inequalities experienced by population of the global south who tend to be from ethnic minority backgrounds.</li> <li>Some actions recommend verbal counselling, production of guidance, campaign materials or patient information leaflets which may not be available in another language other than English.</li> </ul>

<b>Religion or Belief</b>  Religion includes any religion as well as lack of religion. Belief means any religious or philosophical belief.	Neutral	<ul style="list-style-type: none"> <li>• Actions recommending food choices to promote healthy lifestyle might affect staff with certain cultural beliefs.</li> </ul>
<b>Sexual Orientation</b>  A person's orientation towards people of the same sex, the opposite sex or more than one gender.	Neutral	n/a
<b>Carers</b>  A carer is anyone, including children and adults who looks after a		<ul style="list-style-type: none"> <li>• It would be more convenient for carers to drive their own transport if they have one rather than public transport or active travel.</li> <li>• Carer commitments may impact on the pharmacy staff's availability for any additional sustainability activities outside their core working hours.</li> </ul>

family member, partner or friend who needs help because of health condition, physical, sensory, cognitive, learning, or mental health impairment and cannot cope without their support. The care they give is unpaid.		
<b>Welsh Language - In Wales, the Welsh and English languages will be treated on a basis of equality</b> So; <ul style="list-style-type: none"><li>Any new policy must include a comprehensive impact assessment on the Welsh language.</li><li>Wherever possible, any new policy ought to have at worst a neutral effect on the Welsh language.</li><li>Opportunities to create more favourable conditions for the Welsh language to flourish ought to be sought</li></ul>		
<b>Welsh</b>	<b>Impact</b>	

<b>Language</b>  Opportunities for persons to use the Welsh Language.  Treating the Welsh language no less favourably than the English language.	Neutral	<ul style="list-style-type: none"> <li>The Greener Pharmacy Guides and Toolkit are currently not developed in Welsh language.</li> </ul>
<b>Remote and rural areas</b>	Positive & Negative	<ul style="list-style-type: none"> <li>Remote and rural pharmacies tend to be surrounded by green spaces and promote environmental sustainability more than pharmacies in the cities.</li> <li>The toolkit has been designed to be flexible and deliverable in all sectors and workplace settings. Smaller remote and rural community pharmacies may not be able to undertake some actions recommended in the guide requiring significant investments.</li> <li>Lack of available public transport or infrastructure to support active travel in some remote, rural areas.</li> </ul>
<b>Different socio-economic groups</b>	Negative	<ul style="list-style-type: none"> <li>Patients who are not able to afford smart technologies may not be able to utilise the digital solutions suggested.</li> <li>Alternative greener transport or more planet friendly products might also not be affordable for many staff and patients during cost-of-living crisis.</li> <li>Certain actions can only be performed with upfront financial investments or resources and smaller businesses might be disadvantaged during accreditation process.</li> </ul>

## Part 3: EQIA workshop

5. Equalities and Welsh Language Impact Assessment Workshop					
Additional recommendations, actions and conclusions captured at the Equality Impact Assessment workshop are listed below.					
Protected Characteristic	Impact:			Reason for your decision (including evidence used). Include details of how it might impact on people from this group in eliminating direct or indirect discrimination and how opportunities to advance equality and promoting good relations have been maximised.	
	POSITIVE	NEGATIVE	NEUTRAL	Additional Recommendations	Existing measures/measures to be implemented.
Age	Positive			Since COVID-19 pandemic, general digital literacy amongst the population has improved which positively impacts on technological suggestions made in the guides. NHS hospitals have made progress to ensure staff are trained to use technology to enhance patient experiences (e.g.. outpatient remote consultations).	Positive enforcements of technological solutions suggested in greener pharmacy guides.
Disability	Positive & negative			Self-accreditation web toolkit built should be accessible to those with learning disability e.g..	Suggestions of video recordings and captions uploaded on website can help make it more



<p>Disability as defined in the Equality Act 2010:</p> <p>Those with any physical, sensory, learning, cognitive or mental health impairment or health condition which causes individuals to face barriers to employment, equal opportunities, access to goods, facilities or services lasting or expected to last 12 months or more, or terminal.</p>		<p>dyslexia, visually impaired. The greener pharmacy guides are too dense so the web toolkit should be more user friendly.</p> <p>Some of the actions suggested might benefit patients with physical disabilities e.g.. implementation of remote consultations so they do not have to be physically present in clinics.</p>	<p>accessible for users.</p> <p>Positive enforcements of technological solutions suggested in greener pharmacy guides.</p> <p>Other suggestions not directly relevant to this guide discussed – how this EqlA document can be applicable to ICS wide work e.g.. implementing digital solutions in care homes or housebound patients for private care providers.</p>
<p><b>Sex</b></p> <p>A person's sex, including intersex people</p>	<p>Positive</p>	<p>Some evidence to suggest optimising workplace temperatures might benefit both sexes.</p> <p><u><a href="#">Battle for the thermostat: Gender and the effect of temperature on cognitive performance - PMC (nih.gov)</a></u></p>	<p>Positive endorsements of actions recommended in the greener pharmacy guide.</p>

<b>Gender Reassignment</b>  Internal sense of their own gender and gender expression, whether male, female or something else (for example non-binary people), which may or may not correspond to the sex assigned at birth; and aspects of how an individual expresses gender, including clothing, mannerisms and other aspects of expression.	Neutral	n/a	n/a
<b>Marriage or</b>	Neutral	n/a	n/a

<b>civil Partnership</b>			
<b>Pregnancy and maternity</b>	Neutral	n/a	n/a
<b>Race</b> Race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Positive	Based on PWRES data where there is still a lack of diversity in top pharmacy leadership nationally, there might be unconscious bias and lack of voices heard from those in ethnic minority backgrounds to implement suggested actions in greener pharmacy guides.	During project roll out, to encourage staff from different backgrounds and skill sets are included to undertake this self-accreditation process. This is inclusive of staff groups with other protected characteristics in this document.
<b>Religion or Belief</b> Religion includes any religion as well as lack of religion. Belief means any religious or philosophical	Positive	Some suggested actions overlap with being inclusive of certain religions. For instance, promoting vegan or plant-based medicines can accommodate religious beliefs that prohibit the use of gelatin or pork-based medicines.	Positive endorsements of actions recommended in the greener pharmacy guide.

belief			
<b>Sexual Orientation</b>  A person's orientation towards people of the same sex, the opposite sex or more than one gender.	Neutral	n/a	n/a
<b>Carers</b>  A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of health condition, physical, sensory, cognitive, learning, or mental health impairment and	Positive	Actions suggested to patients (e.g.. change to greener inhalers & techniques or safe disposal of medicines) might co-educate their carers or guardians which could spread the greener agenda wider to other patients they serve.	Positive endorsements of actions recommended in the greener pharmacy guide. Roll out of greener pharmacy guides to be inclusive of carers and guardians.

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cannot cope without their support. The care they give is unpaid.			
<b>Remote and rural areas</b>	Neutral	n/a	Group agreed with comments made by lead author in page 15.
<b>Different socio-economic groups</b>	Negative	<p>Smaller pharmacies may restrict access to self-accreditation website built or have restrictions on outdated technology to disable smooth navigation of toolkit. Pharmacy owners that rent properties from landlords or third-party organisations might find it difficult to implement some actions suggested as they do not hold power.</p> <p>Actions like healthier food choices often less affordable than fast food.</p>	<p>The RPS should be attentive to any inquiries received for assistance with navigating technology from pharmacies.</p> <p>Actions requiring significant property investments are optional at Level 3, and pharmacies may choose not to pursue these actions.</p>
Is there evidence of any impact on other groups not covered by the protected characteristics? If yes use the Comments column to describe what the potential impact is, what you could do to remove/reduce any negative impact and what you			

## could do to benefit from any positive impact.

(For example single parent, overseas status or economic exclusion. It is important not to limit your thinking just to the protected characteristics listed above. This question is broadening the EQIA out to be more inclusive. The impact might be a negative one (e.g.. making that decision could increase the gap between low paid and wealthier people) or it could be a positive one (e.g.. by making that decision, low paid people are more able to take part in the activity). In Scotland, there is a specific remote and rural protected characteristic that should be considered within all EQIAs.

## Additional Comments

## Actions

## Part 4: Action Planning

### Action Planning

#### The assessment should properly evidence and recommend one of the four implementation options

- *No barriers or impact identified - proceed with no change*
- *Stop the policy or product development because the evidence shows bias towards one or more groups that cannot be addressed*
- *Adapt or change the policy/product/ guidance in a way which will eliminate or reduce impact to affected groups*
- *Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy/product (e.g.. in extreme cases or where positive action is taken). Therefore, you are going to proceed knowing that it may favour some people less than others, providing justification for this decision.*

*The action plan should highlight:*

<ul style="list-style-type: none"> <li>• <i>Actions identified as necessary</i></li> <li>• <i>Details of who is responsible for implementation of actions</i></li> <li>• <i>Timescale for implementation</i></li> <li>• <i>Timescale and actions for review</i></li> <li>• <i>Details of how the effects of the actions will be evaluated to measure expected outcomes</i></li> </ul>			
Actions to be taken to address negative impacts and maximise positive impacts	Potential Outcomes	Lead	Timescales
The positive impacts of actions recommended in the guide and toolkit outweighs some of the negative impacts listed.	Some of the actions suggested aligning with national net zero strategies and priorities which will eventually be mandated or considered by pharmacies in the next 5 – 10 years.	Minna Eii	March 2024
The guide and toolkit may not be applicable to some Welsh pharmacy staff in Phase 1 roll out. This is the same for colleagues in Scotland and Northern Ireland (NI).	The RPS project team will work with stakeholders in Wales to review how to further develop the guide and toolkit to be inclusive of Welsh pharmacy staff. This discussion will also be had with stakeholders in Scotland and NI as the guide is not tailored to local service provision.	RPS Project Team	2024/25

## Part 5: Monitoring

<b>Monitoring Arrangements</b> <ul style="list-style-type: none"> <li>• <i>What are the plans to monitor the actual and/or final impact?</i></li> <li>• <i>What are the proposals for reviewing and reporting actual impact?</i></li> <li>• <i>The EqIA must specify a system of monitoring which is reviewed on an annual basis.</i></li> </ul>
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The EqlA will help anticipate likely effect but final impact may only be known after implementation. The RPS support team and project team will monitor these effects post roll out and review any actions to be taken 1 year post-project roll out or on annual basis.
<b>Signed:</b> <i>Minna Eii</i> <b>Date:</b> 2 <sup>nd</sup> July 2024 <b>Approved by:</b> Amandeep Doll

Thank you for completing this Equality Impact Assessment Reporting Template



## **Appendix 1. Key Points**

**The following are key points to consider when undertaking your EqIA with regard to each of the following protected characteristics:**

### **Age:**

- Can all ages groups access the services or products fairly will some age groups have less digital experience?
- Would junior or newly qualified pharmacists be at a disadvantage?

### **Disability:**

- Reasonable steps that can be taken to accommodate a person with a disability requirement, including:
  - Physical access
  - Format of information presented or to be submitted e.g. writing long documents may disadvantage individuals with a learning difference.
  - Time of interview or consultation event
  - Personal assistance
  - Interpreter
  - Induction loop system
  - Content of course accessible – do they need it in advance
  - Steps to make reasonable adjustments to service delivery and employment practices to ensure ‘accessible to all’.
  - Additional software or tools required to support learning differences

### **Gender Reassignment:**

The process of transitioning from one gender to another.

- Equal access to recruitment, personal development, promotion and retention.
- Equal access to products and services
- The maintenance of confidentiality about an individual’s gender identity.
- Option for an individual to change their preferred pronouns or name in the product or service.
- Consider use of gendered language

### **Marriage and Civil Partnership:**

- Equal access to recruitment, personal development, promotion and retention.
- Equality of opportunity in accessing the products and services whether they are single, divorced, separated, living together or married or in a civil partnership.

## **Pregnancy and Maternity:**

- Equality of opportunity of access in relation to health care for women irrespective of whether they are pregnant or on maternity leave.
- Unlawful to treat a woman unfavourably because she is breast feeding.

## **Race and Ethnicity:**

- The provision of an interpreter for people whose first language is not English or Welsh.
- Written communication and the use of language particularly jargon or colloquialisms etc.
- Respect in terms of religion, belief and culture.

## **Religion/Belief and Culture:**

- Considering religious festival or prayers times
- Dietary requirements.

## **Sex/Gender:**

- Childcare arrangements that do not exclude a candidate accessing services and products
- Flexibility build into products for caring responsibilities.
- Equality of access to products and services irrespective of whether they are male, female, single, divorced, separated, living together or married.

## **Sexual Orientation:**

- Recognition and respect of individual's sexuality.
- The maintenance of confidentiality about an individual's sexuality.

## **Carer's**

- Reasonable steps that can be taken to accommodate carer's requirements, such as:
  - Time of meetings and workshops
  - Flexible working

## **Welsh Language**

- Provision of services in Welsh if appropriate
- Welsh given equal status and English