

Equality Impact Assessment

Summary report



Post-registration foundation pharmacist credentialing

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1. Background

The RPS has developed a post-registration foundation pharmacist curriculum to inform professional development training and pathways for early career pharmacists. It articulates the knowledge, skills, behaviours and level of performance expected of post-registration foundation pharmacists working in patient-focussed roles across different sectors in the UK.

The curriculum includes independent prescribing to reflect the core changes in pharmacist practice which are included in the new GPhC initial education and training standards; individuals will need to undertake formal independent prescribing training which will either be integrated into their training programme or delivered as a standalone course.

The RPS credentialing assessment will ensure individuals are credentialed against the curriculum outcomes using a robust programme of assessment. Pharmacists wishing to be credentialed as post-registration foundation pharmacists are required to compile an electronic portfolio of evidence comprised a mixture of supervised learning events undertaken in the workplace and other pieces of evidence considered appropriate. Evidence will be mapped to the curriculum outcomes and when the pharmacist has sufficient evidence to demonstrate achievement of the curriculum requirements, they can submit their portfolio for a final summative decision by an expert panel. The panel will review the evidence and reach a consensus view on whether the required standard has been met. Individuals who have been awarded the Practice Certificate in Independent Prescribing by a higher education institution and who have met the standard for the RPS curriculum requirements will be awarded the RPS post-registration foundation pharmacist credential. It is not possible to be awarded the RPS credential without successfully completing the independent prescribing qualification.

2. Engagement and evidence gathering

The RPS is committed to ensuring that its curricula and assessments are inclusive and represent the diversity of the profession. Inclusivity is one of the RPS assessment and credentialing principles and is integrated as a quality standard in the RPS curriculum quality framework. A number of steps were taken in the curriculum development process to promote an inclusive approach:

- a) The curriculum, assessment and prescribing task and finish groups which developed the draft curriculum, were constituted to include a broad range of practising pharmacists, foundation and post-registration foundation level learners, academic staff and educational commissioning body representatives. This included representation from across the UK as well as from community pharmacy, primary

and secondary care. The group was also comprised of individuals with different protected characteristics.

- b) Inclusivity and diversity are promoted in our assessment governance structures to ensure their membership mirrors the diversity of those undertaking the assessment programmes.
- c) Tasking our assessment panels and overarching quality governance board with monitoring and addressing differential attainment in our assessment programmes.
- d) We will collate and transparently publish equality and diversity data related to assessment performance.
- e) Providing clear reasonable adjustment processes for anyone undertaking the assessment who requires them on the grounds of a disability.
- f) Undertaking an iterative consultation process during the development process and included a question to understand if there are any parts of the curriculum which may impact – positively or negatively – on individuals or groups sharing any protected characteristics. This led to some areas of the curriculum being amended to be more inclusive. A broad range of relevant stakeholder groups were targeted to encourage active engagement and participation in the iterative consultation.
- g) Undertaking a full and open consultation of the draft curriculum. A broad range of relevant UK stakeholder holder groups were targeted to encourage active engagement and participation in the consultation. This included groups representing individuals with protected characteristics, such as the UK Black Pharmacists Association, and the RPS inclusion and diversity network: Action in Belonging Culture and Diversity. Individuals representing the following groups were specifically targeted through social media posts and direct communications to respond to the consultation:
 - Pharmacists from different ethnicities
 - Pharmacists from different religions and beliefs
 - Pharmacists with disabilities
 - Pharmacists from across the spectrum of sexual orientation
 - Pharmacists from across the spectrum of gender
 - Pharmacists who work less than full-time
 - Pharmacists who have taken a break from training e.g. those taking or who have taken family-friendly leave
 - Pharmacists from different socioeconomic backgrounds
 - Pharmacists who are carers
 - Pharmacists who speak the Welsh language
- h) Including a question in the full consultation to understand if there are any parts of the curriculum which may impact – positively or negatively – on individuals or groups sharing any protected characteristics. Responses from all stakeholders to this question were analysed, themed and reviewed by the RPS Head of Assessment and Credentialing and are summarised as follows:
 - i. Potential disadvantage to pharmacists practising in community pharmacy and it was noted that a significant number of pharmacists from Black Asian and Minority Ethnic communities work in this sector.

Our curriculum task and finish groups designed the curriculum to be achievable across all sectors, but we recognise some parts will be more challenging to achieve in some sectors. We hope the flexibility in the curriculum design helps to mitigate some of this.

- ii. Depending on their circumstances, some pharmacists may be disadvantaged and take longer to complete. Examples include age, pregnancy, family, part-time working, care responsibilities, evening or weekend working, and those who have a career break / change.

We have stated in our curriculum that there is no time limit and recognise that some individuals will take longer to complete due to their personal circumstances. We recommend training programme develop learning pathways to accommodate and ensure sufficient support structures are in place.

- i) Undertaking an equality impact assessment. This was done collaboratively by the RPS Credentialing and Assessment team and the RPS Head of Professional Belonging. An initial assessment of the curriculum and credentialing process was undertaken internally to assess the potential impact on individuals from protected characteristic groups, as well as considering socioeconomic backgrounds, caring responsibilities and the Welsh language. . This was followed by an equality impact and assessment workshop; external volunteers from the RPS Action in Belonging Culture and Diversity group were invited. Eight volunteers attended the workshop representing the following characteristics:

- Age
- Disability
- Sex
- Gender identity
- Marriage or civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation
- Carers
- Welsh language
- Socioeconomic considerations

The individuals were invited to consider and discuss the impact of the post-registration foundation pharmacist curriculum on each of the characteristics. Rurality and remote access was also considered.

3. Main findings

Table 1 summarises the potential impact aligned to each protected characteristic grouping. In summary, the curriculum and credentialing process in its current form was determined to have a potential negative impact on individuals with disabilities, those from a Black Asian and Minority Ethnic background, those who are carers or from less affluent socioeconomic backgrounds, remote and rural pharmacists, and those whose first language is Welsh. A number of recommended actions were determined by the group to help mitigate this; these are outlined in section 4. There was no overall negative impact identified in relation to age, gender identity, sex, marriage or civil partnership status, pregnancy/maternity, religion or sexual orientation.

Including the independent prescribing qualification within the curriculum creates a negative impact across several characteristics, particularly race, socioeconomic background and those with caring responsibilities. The Pharmacy Schools Council is committed to equity of opportunity for all students¹ and the GPhC standards² require all aspects of pharmacist independent prescribing education and training to promote principles of equality and diversity. However, workshop participants perceived that there is inequity in access to independent prescribing courses across the different sectors. There is an awarding gap for Black Asian and Minority Ethnic pharmacists at both the MPharm and pre-registration training level.^{3,4} We have not found any data confirming an awarding gap exists with the independent prescribing qualification but consider this is likely to be present, in line with other academic qualifications. Pharmacists from a White British background were more commonly independent prescribers than those from other races/ethnicities.⁵ Lack of funding for independent prescribing courses will result in some individuals who wish to complete this credential opting to self-fund. This will not be a feasible option for less affluent individuals or pharmacists without financial considerations.

¹ Pharmacy Schools Council. Position Statement: Addressing the Awarding Gap 2020

<https://www.pharmacyschoolscouncil.ac.uk/position-statement-addressing-the-awarding-gap/>

² General Pharmaceutical Council (2019) Standards for the education and training of pharmacist independent prescribers

<https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf>

³ Kam A. Pass rate gap widens for black trainees in preregistration exam. *The Pharmaceutical Journal*, PJ, September 2019, Vol 303, No 7929;303(7929):DOI:10.1211/PJ.2019.20207058

<https://pharmaceutical-journal.com/article/news/pass-rate-gap-widens-for-black-trainees-in-preregistration-exam>

⁴ Kam A, Connelly D. Making the MPharm fairer: what can be done about the ethnicity awarding gap? *The Pharmaceutical Journal*, PJ July 2020, Vol 305, No

7939;305(7939):DOI:10.1211/PJ.2020.20208184 <https://pharmaceutical-journal.com/article/feature/making-the-mpharm-fairer-what-can-be-done-about-the-ethnicity-awarding-gap>

⁵ General Pharmaceutical Council. Survey of registered pharmacy professionals 2019. Equality, Diversity and Inclusion Report <https://www.pharmacyregulation.org/sites/default/files/document/gphc-2019-survey-pharmacy-professionals-equality-diversity-inclusion-report-december-2019.pdf>

In addition to those articulated in table 1, there are some overall considerations across all of the protected characteristics which are:

- There may be bias from collaborators undertaking supervised learning events in the workplace. This bias could be with respect to any or a combination of the protected characteristics detailed above. It is extremely difficult to mitigate inherent bias but having a broad range of collaborators observe a pharmacist's performance ensures diversity and richness of observation and balances out any potential bias.
- A level of subjectivity could be introduced by the collaborators in each assessment. This will be minimised as no single assessment decision carries enough weight to pass or fail an individual. Additionally, there will be a range of collaborators observing the pharmacist's performance.
- Bias could also be introduced in the portfolio assessment process; steps are already in place to minimise this:
 - All post-registration foundation competency committee members will receive mandatory training before their first portfolio review, an element of which will include the principles of unconscious bias and how a competency committee model using group-think assessment can help mitigate this. If any training deficits are noted by the RPS Education & Standards committee, we may introduce top up sessions.
 - RPS will capture the individual's demographic data at the point of submission of portfolio; the applicant's race, gender, identity, age, sex and address will not be shared with the post-registration foundation credentialing assessment panel. Identifiable protected characteristic data will not be shared with any individual involved in reviewing the assessment from any RPS educational governance group.
 - RPS will actively promote recruitment to the post-registration foundation competency committee to attract diverse membership. When the number of assessors participating in competency committees is sufficient to avoid any issues with identifiable data, we will publish their demographic data along with any awarding gap data in our annual report.

4. Recommendations and next steps

An action plan with agreed timeframes is detailed below:

Action	Deadline
Ensure information about the curriculum, e-portfolio and credentialing process is presented in different formats in addition to written guidance e.g. video presentations, webinars, audio recordings	Ongoing
Ensure educational events are accessible by considering the scheduling, format, and recording any live webinars	Ongoing
Ensure documents, guidance and resources are formatted to ensure accessibility for individuals with a learning difference or have a visual or hearing impairment.	Ongoing
Review the RPS website/portfolio functionality to consider options to offer a text reading functionality on the website, e-portfolio or assessment tools	January 2022

Ensure communications are clear about the accessibility options of uploading evidence to the e-portfolio in different formats and the potential for reasonable adjustments to be made for applicants with a learning difference or disability	Ongoing
Release the dates for the submission deadlines one year in advance	January 2022
Include exemplar materials so applicants understand the expected standard and do not waste money submitting portfolios with little chance of success	June 2022
Monitor and address any awarding gaps as part of the educational governance quality assurance procedures and publish annual reports	Ongoing
Actively promote recruitment to the post-registration foundation competency committee to attract diverse membership. Ensure recruitment is solely based on capability and experience.	Ongoing
Collect demographic data of the post-registration foundation competency committee to monitor diversity of those involved in the assessment pool. When numbers are sufficient, publish anonymised data along with any awarding gap.	Ongoing
Explore introducing an optional inclusion and diversity workshop to help mitigate any potential unconscious bias within RPS competency committees and ask members if they would like to join the RPS Action in Belonging Culture and Diversity group	November 2021
Make sure the assessment fee structure (including resit fee) is clearly articulated on the website information and in the candidate guidance	October 2021
Explore with the digital partner if it is possible to hide the candidate's training programme status from the assessment panel	August 2021

5. Mitigating factors

Please see table 1 for mitigating factors.

Table 1. Equality impact assessment

Equalities and Welsh Language Impact Assessment					
Protected characteristic	Impact:			Key considerations and main findings	Mitigating factors and actions (actions to be taken forward are in bold)
	Positive	Negative	Neutral		
Age			X	Some age groups may have less experience using digital technology (required for using e-portfolio and undertaking supervised learning events remotely)	Specific guidance will be produced in different formats on how to use the RPS e-portfolio e.g. written guidance, webinars, recorded video demonstration
				Workplace hierarchies or age based discrimination may create barriers to exposing junior pharmacists to learning experiences to meet the outcomes across all domains (e.g. prescribing, leadership, management, education and research)	It is accepted that limitation of opportunity for junior pharmacists due to strong hierarchy within an individual's organisation is outside RPS control

				There is a requirement for newly qualified pharmacists to undertake formal independent prescribing training and more experienced pharmacists, who may be older, may not have had the opportunity to do this qualification, for various reasons.	It is accepted this is outside RPS control and employers are encouraged to consider access to IP training for the existing workforce.
				With the exception of those aged 65 and above, younger pharmacists are more likely to be locum pharmacists ⁵ which might impact on their eligibility to register for training programmes given the requirements for independent prescribing, supervision and supervised learning events.	It is accepted this is outside RPS control and we encourage training programmes to consider how locum pharmacists can be supported.
				The assessment panel will be made up of more experienced pharmacists who may be older and not have recent experience of being a foundation pharmacist.	It is likely that most assessment panel members will be older than the candidates but the RPS will • actively promote recruitment to the post-registration foundation competency committee to attract diverse membership • recruit solely on capability and experience rather than arbitrary age/years qualified

Disability 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.		X		Pharmacists with a learning difference and/or physical disability may need additional tools/software for documents to be read out aloud on the website and e-portfolio.	Documents should be reformatted to ensure they are accessible and easy to read for individuals with visual impairment and learning differences. The use of acronyms will be minimised. There may be a need for additional tools/software for documents to be read out aloud on the website and e-portfolio to support this. Training providers should also consider this for their own online resources.
				The curriculum document and associated resources include a lot of text which may disadvantage those with a learning difference and/or physical disability.	Ensure information about the curriculum and credentialing process is presented in different formats in addition to written guidance e.g. video presentations, webinars, audio recordings. Training providers should also consider this for their own training material.
				People with a learning difference and/or physical disability may have difficulty producing written evidence or reflective accounts	Flexibility in evidence type for the e-portfolio is available aside from outcomes where evidence of direct observation is required; a variety of evidence formats can be uploaded based on learner preference (e.g. videos or audio) Ensure communications are clear about the accessibility options of uploading evidence to the e-portfolio in different formats or via different mechanisms through a reasonable adjustment request.

				Individuals with a learning difference, and/or physical disability, and/or social anxiety may have difficulty if they are required to physically travel as part of their training programme (e.g. for face to face teaching at their higher education institution or for learning experiences, particularly associated with their period of learning in practice)	This is out with the control of the RPS and training providers should have a process for reasonable adjustments.
				Individuals with a physical disability may not be able to perform the physical assessments included in the clinical assessment skills section (e.g. blood pressure).	Training providers and the RPS are required to review and grant appropriate reasonable adjustments to support individuals with specific needs to meet the outcomes.
				A learning difference may not be diagnosed until the individual has qualified as a pharmacist.	Employers and/or training providers should have systems in place to be able to provide support.
Sex A person's sex, including intersex people			X	Female pharmacists may find it more challenging to participate in and complete training programmes due to taking family-friendly leave and/or working part time or having caring responsibilities, which is sex-differentiated.	There is no time limit to complete the portfolio or credentialing process, this provides flexibility for those requiring to pause their programme.
				There is a pay gap between male and female pharmacists; need to ensure there is equity for pharmacists who have been awarded the credential	This is out with the control of the RPS for the curriculum but the RPS continues to raise the importance of gender equality through its inclusion and diversity advocacy work.
				The assessment panels may be imbalanced in terms of sex	We will actively promote recruitment to the post-registration foundation competency committee to ensure this is balanced.

Gender identity 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.			X	Recognise bias could come into the assessment process through crude inference of the applicant's name.	It is a requirement to share the name of the applicant with the assessors so any potential conflicts of interest can be identified. No other personal information will be shared with the assessors or assessment panel, including the individual's title e.g. Miss/Mrs/Mr/Mx
				Individuals who transition during the process of building their portfolio and may not wish to have reference to their previous name, their previous name could be anonymised from their records.	The option for the redaction of previous names will be available for any individual who changes gender during the process.
				Individuals who transition during their programme may need to pause their training.	There is no time limit to complete the portfolio or credentialing process, this provides flexibility for those requiring to pause their programme.
				Individuals who change their gender may need pastoral support when reflecting on themselves.	Support mechanisms should be put in place by the employer and/or training provider.
				Supervisors and assessors (competency committee members) may require additional training if they are reading a reflective portfolio of someone who has recently changed their gender.	Training programmes and/or employers may have their own approaches to equality, diversity and inclusion training for supervisors. The RPS accepts bias and mitigates it through our programmatic approach to assessment. We will include this in our post-registration competency committee training which includes unconscious bias

				There may be gendered language throughout the curriculum and guidance documents.	We will screen for any gendered language as part of the annual curriculum review
Marriage or civil Partnership			X	Undertaking a training programme that includes independent prescribing will be challenging if planning for a major life event such as a wedding.	The RPS will release the dates for the submission deadlines one year in advance to allow planning for life events. We recognise unexpected life events occur and have not set a time limit to complete the portfolio
				The curriculum is not considered to create unlawful discrimination related to marriage or civil partnership.	
Pregnancy and maternity			X	Those taking family friendly leave may find it more challenging to collate the required evidence. Mitigations are built into some of the outcomes which allows pharmacists to build on over a period of time.	The RPS does not set a time limit for completing the portfolio and credentialing process. Individual training programmes should ensure there is a process to pause the programme to take family friendly leave (including paternity and adoption leave) and continue developing their portfolio on their return to practice.
				Those taking family friendly leave may find it impacts on their funding to undertake independent prescribing and would need to defer to a later course.	This is out with RPS control. Training programmes should develop a process for family friendly leave including paternity and adoption leave and IP funding / course arrangements
Race Race, nationality, colour, culture or		X		Recognise bias could come into the assessment process through crude inference of the applicant's name	There will be a requirement to share the name of the applicant with assessors so any potential conflicts of interest can be

ethnic origin including non-English speakers, gypsies/travellers, migrant workers.					identified. No other personal information will be shared with the assessors or assessment panel, including the individual's ethnicity. Assessment panels will include a range of ethnicities to help mitigate and identify bias.
				Workshop participants perceived Black Asian and Minority Ethnic pharmacists had lower pass rates for the IP course. If this is the case, it means there will also be an awarding gap with the RPS credential.	The RPS will monitor and address awarding gaps as part of the educational governance quality assurance procedures and annual reports will be transparently published.
				Several descriptors in the curriculum refer to cultural beliefs, diversity and intrinsic cultural bias so cultural competence should be improved in people undertaking training aligned to this curriculum	
				Pharmacists who are from Black and Asian backgrounds are more likely to be locums than other races/ethnicities ³ This may impact on their eligibility to register for training programmes; mandatory DPP support is required for the independent prescribing element.	This is out with RPS control. Training programmes should consider how locums can be supported.
				Workshop participants reported that pharmacists from Black Asian and Minority Ethnic backgrounds struggle to get on IP courses	GPhC accredited IP courses are required to promote principles of equality and diversity and comply with all relevant legislation.
				Students who attend lunchtime prayer may be disadvantaged if there are RPS teaching sessions during lunch.	The RPS will consider the scheduling of all education events (e.g. webinars) and will ensure a recorded version is available.

				The post-registration foundation competency committee should receive equality, diversity and inclusion training and include representation from different protected characteristics.	All panel members will be required to undertake mandatory training before reviewing their first portfolio, which includes conscious and unconscious bias. The RPS will promote inclusivity and diversity in our assessment panels to ensure their membership mirrors the diversity of those undertake the assessment. Panel members will be required to record EDI data and we will address if an issue is identified. When the number of assessors participating in competency committees is sufficient to avoid any issues with identifiable data, we will publish their demographic data along with any awarding gap data in our annual report.
				Workplace racial discrimination and bullying may create barriers and candidates suffer bias from their organisations resulting in them not being exposed to learning experiences to meet the outcomes across all domains (e.g. prescribing, leadership, management, education and research)	It is accepted that this may occur within the workplace, however this is outside of the RPS control. RPS and the training provider can provide pastoral support for trainees experiencing discrimination.
Religion or Belief			X	Pharmacists can manage their own time and complete the workplace parts of their training programmes around	The RPS will not collect religion or belief data as part of the assessment demographic data collection.

Religion includes any religion as well as lack of religion. Belief means any religious or philosophical belief.				religious commitments and festivals. Formal taught elements may coincide with religious commitments and festivals, but this should be considered by individual training providers	
Sexual Orientation A person's orientation towards people of the same sex, the opposite sex or more than one gender.			X	Individuals may tell people their sexual orientation during their training programme and there needs to be flexibility to change their educational supervisor if any issues arise as a result. Individuals may need additional support if problematic.	Training programmes are encouraged to have processes in place to change supervisor if issues arise which are to the detriment of the individual progressing with their programme. Training programmes should provide pastoral support, if required.
Carers 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,		X		Carers may struggle to pay the assessment fee (cost to be determined) and RPS don't offer a reduced fee or payment plan options. Carers may also struggle to self-fund any elements of their training programme which have an associated fee e.g. independent prescribing course	There is no expectation as to whether it is the individual or the employing organisation who pays the assessment fee. Carers may be able to receive funding to cover the assessment fee from their employer. This is out with RPS control.

learning, or mental health impairment and cannot cope without their support. The care they give is unpaid.				Carer commitments may impact on the pharmacist's availability for any scheduled activities e.g. peer review meetings / webinars that fall out with their normal working hours, and if required to use their own time to complete some of their portfolio / independent prescribing course requirements	The RPS will consider the scheduling of its webinars to try and make accessible to all , however we accept it will not be possible to meet everyone's needs; we will record webinars for viewing at a time convenient to the individual. We encourage training programmes to also consider the scheduling of any delivered events and support sessions. The RPS does not state a time limit for completing the curriculum.
				Individuals may need to take some time out of their training programme because of their caring responsibilities	The RPS does not set a time limit for completing the portfolio and credentialing process. Training programmes should have a process to pause training, where required.
				Some individuals will be required to work outside normal day time hours due to family / carer responsibilities. This could make it more difficult to involve colleagues in supervised learning events and undertake period of learning in practice (NB this also applies to working parent section below)	We have promoted flexibility throughout the curriculum including using remote technology to support supervised learning events. Independent prescribing course providers should work with others such as designated prescribing practitioners in order to provide reasonable adjustments for pharmacists with specific needs (as per GPhC standards). We will recommend that training programmes signpost individuals to learning opportunities which can be accessed in the evening and weekends e.g. out of hours treatment centres.
				Some individuals may have more family / caring responsibilities which may impact on their availability for any scheduled activities e.g. peer review meetings / webinars that fall out with	The RPS will endeavour to make educational events accessible by considering the scheduling, format, and ensuring there is a recording of any live

				their normal working hours, and if required to use their own time to complete some of their portfolio / independent prescribing course requirements (NB this also applies to working parent section below)	webinars that can be viewed at a time convenient to the individual. We encourage training programmes to also consider the scheduling of any delivered events and support sessions. The RPS does not state a time limit for completing the curriculum.
Socioeconomic group		X		There is an assessment fee and a resit fee which may result in economic exclusion There may be different funding models depending how training programmes will be delivered. There will be an associated fee for undertaking the higher education institution delivered independent prescribing training. Some training programmes may require individuals to pay part of the fee. Individuals could achieve the curriculum outcomes out with a formal training programme i.e. self-funding an independent prescribing course and do the rest through vocational learning. This would be more feasible for pharmacists who are more affluent. Both RPS members and non-members can undertake the post-registration foundation pharmacist credentialing	Both RPS members and non-members will have access to exemplar supervised learning event templates. In addition, once there are a few candidates who have been credentialed, with consent, their evidence will be used as examples to show the standard expected. This, in combination with the standard being clearly articulated by the descriptors, should mitigate applicants submitting and paying for portfolios with little chance of success because they are unaware do not meet the required standard. The resit fee structure will be clearly articulated on the website information and in the candidate guidance. RPS membership fees are tax deductible and this should be more widely advertised. Given the GPhC regulations that the level of study for pharmacist independent prescriber

				assessment. However, RPS members will have access to financial discounts and benefits of accessing services.	courses is Master's level, it requires delivery by a higher education institute. The issues that arise from funding the independent prescribing part of the curriculum are out with RPS control.
				Education outcomes are better in individuals from an affluent background. An address can reveal if an individual is from an affluent area.	The individual's address/ postcode will not be available to assessment panel members.
				Individual may be perceived to 'do better' if they have undertaken a formal training programme as opposed to self-funded.	The individual's portfolio will need to include some information about their training programme to support data reporting as part of the training provider's quality management process. We will work with our digital partner to determine if there is a way this data can be hidden to assessors.
				The RPS will provide a series of support webinars that will be free to access for RPS members and will include an access fee for non-RPS members.	All of our credentialing pathways will include additional supportive resources as part of our RPS membership offer. We believe it is necessary to charge non-RPS members a fee to access, to differentiate the extra level of support that comes with being a member. We will include basic guidance and resources to help individuals get started (e.g. how to use the e-portfolio) and these will be free access for all.

Welsh language	Positive	Negative X	Negligible	Good practice from Wales is that the curriculum needs to be bilingual, but this will come down to the commissioner. If Welsh is the individual's first language, they would be disadvantaged if they had to write their portfolio in English. They may undertake SLEs with a patient who speaks Welsh in which case their assessor would also need to speak Welsh.	The curriculum has not been translated into any other languages. The assessment programme will be conducted in English. RPS has discussed the issues raised with Health Education and Improvement Wales and will accept official translation of Welsh SLEs.
Other					
Remote and rural		X		The RPS curriculum has been designed to be flexible and deliverable in all sectors and workplace settings. In remote and rural workplaces and smaller community pharmacies, it is likely the pharmacist will need to rely more on using remote technology for undertaking meetings and supervised learning events. This will require sufficient broadband speed to work effectively. To improve the reliability of the assessment programme, pharmacists should undertake supervised learning events with a variety of people.	We hope the flexibility in the curriculum design and promoting use of remote technology will help mitigate many of the issues in remote and rural settings.

				Pharmacists working in more isolated settings are likely to find this more difficult.	
				In smaller and more isolated work settings it may be more challenging to secure supervision support and the individual will need to rely more on remote technology and/or people who support on a peripatetic basis rather than work in the same setting as the individual.	While the curriculum describes three different supervision roles, we recognise that in smaller and more isolated work settings, one person may take on more than one supervision role, which is still acceptable.
Working parents			X	Working parents may have reduced availability for any scheduled activities that fall out with their normal working hours e.g. peer review meetings / webinars and if required to use their own time to complete some of their portfolio / independent prescribing course requirements	The RPS will consider the scheduling of its webinars to try and make accessible to all , however we accept it will not be possible to meet everyone's needs; we will record webinars for viewing at a time convenient to the individual. We encourage training programmes to also consider the scheduling of any delivered events and support sessions. The RPS does not state a time limit for completing the curriculum.

1. Monitoring Arrangements

- *What are the plans to monitor the actual and/or final impact? (The EQIA will help anticipate likely effect but final impact may only be known after implementation).*
- *What are the proposals for reviewing and reporting actual impact?*

The following data will be monitored as part of the annual review:

- Demographic data of candidates.

- Successful completion rates by protected characteristic.
- Demographic data of post-registration foundation competency committee members.

A report will be prepared by the RPS Assessment and Credentialing team and will be reviewed by the RPS Education and Standards Committee. Any issues identified will be addressed.

Signed: Caroline Souter and Amandeep Doll

Date: 11th August 2021

Approved by: Gail Fleming