

Equality Impact Assessment

1. Initial Screening Process

1.1 Title of the policy/procedure/function/service National Recruitment Scheme for NHS Pre-registration Trainee Pharmacists (England & Wales)
1.2 Directorate/Department London Pharmacy Education & Training on behalf of the NHS Pharmacy Education & Development Committee
1.3 Name of the person responsible for this Equality Impact Assessment Helen Middleton
1.4 Date of Completion 21 October 2009
1.5 Aims and Purpose of this policy/procedure/function/service <p>The National Recruitment Scheme (NRS) is a centralised system for the recruitment of pharmacy graduates from all university schools of pharmacy across the country into NHS pre-registration trainee pharmacist posts in England & Wales.</p> <p>The NRS is commissioned and managed by the NHS Pharmacy Education & Development Committee for the benefit of NHS organisations across England and Wales. A Lead Pharmacist is responsible for the delivery and monitoring of the NRS. Webstar Health (Pharmalife) is commissioned to provide the online application system via a Service Level Agreement (SLA) with London Pharmacy Education & Training on behalf of the NHS Pharmacy Education & Development Committee.</p> <p>The NRS provides a centralised, streamlined recruitment system at low cost. Benefits include of economies of scale, lack of duplication of effort, etc.. The scheme has developed over recent years to respond to the changing needs of NHS services, and has been extremely successful in recruiting NHS pre-registration trainee pharmacists.</p> <p>The remit and scope of activity of the NRS</p> <p>Application: The remit and scope of activity is focussed mainly around the application stage of the recruitment process.</p> <p>Functions of the NRS at the application stage of recruitment are as follows:</p> <ol style="list-style-type: none">1. To produce information on NHS pre-registration training in England & Wales both online and in the form of a booklet distributed to all 3rd year pharmacy students in the UK2. To advertise NHS pre-registration trainee pharmacist places in England and Wales online on the www.pharmacytraining.nhs.uk website (See Appendix 1 which contains a flowchart outlining the process for advertising pre-registration training places)3. To provide an online application system for pharmacy students applying for NHS pre-registration training places in England & Wales www.pharmacytraining.nhs.uk4. To gather academic references for students up until an agreed deadline5. To distribute application forms and academic references to hospitals6. To provide equality monitoring reports to hospitals and NHS regional co-ordinators for the application stage of recruitment7. To provide information on students and their hospital choices to Schools of Pharmacy8. To provide recruitment related information on the website www.pharmacytraining.nhs.uk9. To respond to queries about the NRS process from students, employers and Schools of Pharmacy10. To take appropriate action if any applications are found to be fraudulent, plagiarised or

duplicated

Short-listing for interview:

Responsibility for short-listing applicants for interview is outside the remit and scope of activity of the NRS. Local trust recruitment and selection policies and National guidance produced by NHS Employers should be followed once the application forms have been sent to the hospitals. Employers should also refer to the FAQ for employers section of the website http://www.pharmalife.co.uk/prr/page_help_emp.php which contains information on:

- Employers Best Practise Guidelines for recruitment of pre-registration trainee pharmacists published by the Royal Pharmaceutical Society of Great Britain (RPSGB)
- NHS Employment Check Standards

Functions of the NRS at the short-listing stage of recruitment are as follows:

- To provide online codes to be used by the short-lister which to enable students to check their application status online (i.e. check whether they have been invited for interview or not).
- To provide equality monitoring reports to hospitals and NHS regional co-ordinators for the short-listing stage of recruitment

Appointment of successful candidates:

Responsibility for the appointment of successful candidates is outside the remit and scope of activity of the NRS. Local trust recruitment and selection policies and National guidance produced by NHS Employers should be followed once the application forms have been sent to the hospitals. Employers should also refer to the FAQ for employers section of the website http://www.pharmalife.co.uk/prr/page_help_emp.php which contains information on:

- Employers Best Practise Guidelines for recruitment of pre-registration trainee pharmacists published by the Royal Pharmaceutical Society of Great Britain (RPSGB)
- NHS Employment Check Standards

Functions of the NRS at the appointment stage of recruitment are as follows:

- To respond to queries from students, employers and Schools of Pharmacy. These queries often relate to immigration for non UK/non EEA students

N.B. The NRS does not provide equality monitoring reports at the appointment stage of recruitment. Successful applicants will complete a staff appointment form when then start work and the hospital HR departments will use information from these forms to collect equality monitoring data at the appointment stage of recruitment.

See Remit and Scope of activity document (attached) for further details of how the NRS operates (Appendix 1.0)

1.6 Is this a new or existing policy/procedure/function/service

Existing function

1.7 Examination of Available Evidence – Tick evidence used

Census Data for UK	N/A
Census Data for London	N/A
Census Data for Local Authority Area	N/A
Trust Workforce Data	N/A
Trust Patient Data	N/A
National Patients Survey	N/A
Trust Patients Survey	N/A
Complaints Summaries Analysis of complaints showed no concerns in relation to equality.	√
Other Internal Research/Survey/Consultation/Audit (please list) Ethnicity data for pre-registration applications to Hospital Pharmacy (England and Wales) 2009 and 2010 intakes of trainees (2010 trainees recruited in autumn 2009)	√

Other External Research/Survey/Consultation/Audit (please list)

The following external evidence exists in relation to gender and ethnicity/collapsed ethnicity:

- a) Pharmacy Workforce Census 2008 <http://www.rpsgb.org.uk/pdfs/census08.pdf>
- b) Pharmacy Workforce Census 2005 <http://www.rpsgb.org/pdfs/census05.pdf>
- c) From Pharmacy education into Pre-registration training (2007) Views of final year MPharm students on their undergraduate programme and its influence on their career decision making. A Longitudinal cohort study of Pharmacy Careers – pre-registration choices questionnaire
http://www.pprt.org.uk/Documents/Publications/From_pharmacy_education_into_preregistration_training.pdf
- d) Working lives of pre-registration trainees (2007). A Longitudinal cohort study of Pharmacy Careers – pre-registration post questionnaire
http://www.pprt.org.uk/Documents/Publications/Working_Lives_of_Preregistration_Trainees.pdf

√

What is the summary of the available evidence?

Gender and ethnicity/collapsed ethnicity:

Pharmacy Workforce Census data and data from the RPSGB register of pharmacists

The Pharmacy workforce census collects data on working patterns of registered pharmacists (not pre-registration trainee pharmacists) and reports on the demographics of the register of pharmacists.

Demographics of the pharmacy workforce from the RPSGB register published in workforce census reports

	2004		2005		2007		2008	
	M	F	M	F	M	F	M	F
% of registered pharmacists by gender	47.1	52.9	45.7	54.3	43.8	56.2	43.1	56.9
% of new registrants by gender*			34.7	65.3			36.1	63.9

	2005		2008	
	White	Ethnic minority**	White	Ethnic minority**
% of registered pharmacists by ethnic origin	74.9%	25.1%	70.9%	29.1%
% of new registrants by ethnic origin*	60%	40%	49.9%	50.1%

* The majority of new registrants will be pre-registration trainees who have successfully completed their training and passed the registration exam.

** The census reports contain more detailed breakdown of ethnicity. Collapsed ethnicity has been used for the purposes of this EqIA as this is consistent with data in references 3 & 4 and allows comparison.

The 2008 report compared and contrasted workforce census data from the 2002, 2005 and 2008. The data shows a trend that women are considerably over-represented in the hospital sector of the profession: percentage of hospital pharmacists who are female = 74% (2002); 75.5% (2005); 77.8% (2008). White pharmacists are also over-represented in hospital pharmacy. New entrants to the register are more ethnically diverse than the register as a whole.

Data from longitudinal study of 2006 cohort pharmacy graduates

There are no similar studies for pharmacy students graduating in 2007, 2008, 2009, 2010 etc.. It is proposed by the professional body and the researchers of this longitudinal study

that the findings are generalizable for cohorts of graduates in the immediate future.

The Pharmacy Careers – pre-registration choices questionnaire was used to collect data from UK and EEA students expected to graduate in 2006 from 14/15 Schools of Pharmacy in Great Britain. 68.1% of the cohort completed the survey (71.8% of respondents were female and 46.7% of respondents were from ethnic minority groups).

Results of the questionnaire showed that although approximately equal proportions of respondents wanted to do their pre-registration training in the hospital and community sectors (43.5% and 45.1%, respectively), significantly more female than male respondents wanted to train in hospital pharmacy. This finding suggests that even at an early stage, career choices are “gendered”, with female students preferring to train within an established “gender niche” within the profession. The results indicated that male and female respondents were influenced by a different set of work values and attitudes. Females were more likely to choose a post close to family and friends and be attracted by team working than their male peers, whilst males were more likely than females to have chosen a post for its business focus.

Results of the questionnaire also showed that pre-registration choices varied with ethnicity; more white respondents wanted to undergo their pre-registration training in hospital, whereas ethnic minority students were more likely to want to do their training in a large multiple community pharmacy.

At the time of data collection, 42% of respondents had secured a pre-registration place in hospital pharmacy and 55.7% in community pharmacy demonstrating gender and ethnic segregation in pre-registration training that reflects existing occupational segregation within the profession.

Minority ethnic students were significantly more likely than white students to have reported finding it difficult to secure a pre-registration placement (47.2 and 27.8% respectively). The researchers state that the reasons for these differences — and whether they can be attributed to differences in perceptions of the relative difficulty of securing a post or whether they have occurred for other reasons, such as preferences for particular posts with particular pharmacy employers in particular geographical locations — will need careful unpacking in further analysis of the data and further research. This research is outside the remit of the NRS.

76.2 % of those who had secured a training post in the hospital sector had got their first choice of post. Significantly fewer minority ethnic students (57.5%) than white students (77%) secured their first choice of pre-registration post, a finding that was true irrespective of their gender or the sector they applied to. Whether this disadvantage of securing a post is affected directly or indirectly by external factors including being a member of a minority ethnic group is unknown at this stage of the research. Follow up research is outside the remit of the NRS.

The Working lives of pre-registration trainees (2007) questionnaire followed the same group of 2006 Pharmacy graduates. Data collected includes sector of pre-registration training by gender and collapsed ethnicity and factors influencing choice of training post. The response rate was 59.8% (76.3% of respondents were female and 59% of respondents were from ethnic minority groups).

Number and % male and female respondents undertaking hospital pharmacy pre-registration training (2006 intake) compared with % male and female respondents choosing hospital pharmacy as their choice of pre-registration training placement.

Number and % male and female respondents undertaking hospital pharmacy pre-registration training (2006 intake)			% male and female respondents choosing hospital pharmacy as their choice of pre-registration training placement	
Male total	Male white	Male ethnic minority	Male total	
34.9% (58)	40.6% (39)	27.1% (19)	34.7%	
Female total	Female white	Female ethnic	Female total	

		minority			
43.2% (231)	48.2% (159)	35.6% (72)	44.7%		
TOTAL	ALL WHITE	ALL MINORITY ETHNIC	TOTAL	ALL WHITE	ALL MINORITY ETHNIC
41.2% (289)***	46.5% (198)	33.5% (91)	42%	47%	36.3%

*** The data on where graduates undertook pre-registration training is only partial e.g. for 289 of the ~ 600 pre-registration places in hospital pharmacy (England and Wales) advertised annually

36.3% of minority ethnic student respondents chose hospital pharmacy as their preferred sector for pre-registration training whilst 33.5% of minority ethnic student respondents undertook their pre-registration placement in hospital pharmacy.

Data from the National Recruitment Scheme database

Proportion of applicants for pre-registration training in hospital pharmacy (England and Wales) by collapsed ethnicity

Collapsed ethnicity****	2009 intake	2010 intake
White	408 (35.08%)	407 (29.93%)
Ethnic minority	696 (59.85%)	868 (63.82%)
Ethnicity not stated	59 (5.07%)	85 (6.25%)
Total	1163	1360

****The data from the National Recruitment Scheme database contains a more detailed breakdown of ethnicity. Collapsed ethnicity has been used for the purposes of this EqlA as this is consistent with data in references 3 & 4 and allows comparison. Data prior to the 2009 intake is not available. See appendixfor more detailed breakdown of ethnicity.

The data shows a trend that a higher proportion of applications from ethnic minority students apply for pre-registration training in hospital pharmacy than their white peers. However it is difficult to interpret data from applications as students are encouraged to apply for both sectors for a pre-registration placement to maximise their chances of securing a place (N.B. there is an oversupply of graduates for the number of available pre-registration training places). Therefore the data does not reflect student choices.

The remit and scope of activity of the NRS is focussed mainly around the application stage of the recruitment process and therefore only a partial picture can be gleaned from this data. Data on short-listed applicants was collected centrally by the NRS for the first time for the 2010 intake. Data on successful applicants is not collected centrally by the NRS - this data is collected by the employing hospitals using staff starter forms.

Age:

The function of the NRS is to recruit pharmacy graduates into pre-registration training places in hospital pharmacy (England and Wales). Only MPharm and OSPAP students/graduates are eligible to apply. Younger people are more likely to take-up the service than older people because the student cohort contains a higher proportion of younger people.

A report on the age of applicants for the 2010 intake was produced for the 1st time (applications taking place in Autumn 2009). The majority of applicants are in their early 20's. This is because applications are restricted to MPharm and OSPAP students/graduates and pre-registration training usually follows immediately after graduation. Therefore the age of applicants is consistent with the age of new graduates.

Age Band	No Of Applicants
Age unknown	1
Under 20	0
20 - 24	1077
25 - 29	164
30 - 34	55

35 - 39	24
40 - 44	21
45 - 49	5
50 - 54	2
55 - 59	0
60 - 64	0
65 - 69	0
70 and over	11
TOTAL	1360

Disability:

Disabled applicants are able to request that their application is considered for the Guaranteed Interview Scheme (GIS) if they meet the minimum requirements of the person specification for the post advertised. There is no obligation for a disabled student to apply under the GIS if they do not wish to. Disabled applicants are also asked to specify at the application stage whether they have any special requirements for attending the interview. In 2007 there was a request by a disabled student for a MS Word version of the application form due to difficulty of completing the application online. The request was honoured.

1.8 Does the evidence indicate that there is, or is the potential to be any significant impact on anyone or any group in relation to the following equality strands?

Strand	Yes/No/Insufficient Data	Justified Yes/No
Ethnicity/Race	Yes There is the potential that information gathered at the application stage could result in discrimination at the short-listing and interview stage if the recruiting panel doesn't follow trust recruitment guidelines	Yes The information in the application form (see page 7: I & II) is essential to the application process and is consistent to information collected in the NHS Jobs application form. See page 7: III – this information is essential to the way the recruitment process operates and provision of data to universities.
Disability	No	No
Gender/Sex	No	No
Religion/Belief	Insufficient Data	-
Sexual Orientation	Insufficient Data	-
Age	No	No
Human Rights	Not applicable for this function	N/A

If further evidence is required to complete this section, take steps to obtain to before proceeding with the assessment. If the review of evidence indicates that there is a significant unjustified impact, a Full Equality Impact Assessment must be carried out.

1.9 No further evidence Required. Skip to Section 5.

1.10 Continue to Section 2: Full Equality Impact Assessment required for:

- Ethnicity
- Gender/Sex
- Religion/Belief

2. Full Equality Impact Assessment

2.1 Describe the aims of the parts of the policy causing concern?

2.1a) Data is not currently collected for **sexual orientation** or **religion/belief** resulting in gaps in hospital equality monitoring data.

2.1b) There is the potential that information gathered at the application stage could result in indirect discrimination at the short-listing and interview stage if the recruiting panel doesn't follow trust recruitment guidelines

in relation to: **Ethnicity/race:**

- I. Applicants must specify their pharmacy qualifications on the application form – OSPAP graduates therefore have to declare that they are studying the OSPAP qualification rather than the MPharm. OSPAP students are overseas pharmacists undertaking a conversion course. There is a possibility that this information could result in the OSPAP students being discriminated against on the grounds of ethnicity/race. However it is essential to collect details of an applicant's qualification on the application form and this is also consistent with NHS Jobs applications.
- II. Applicants must specify their GCSE/A levels (or equivalent) qualifications on their application form. This information might indirectly provide information on the likely ethnicity/race of the applicant if they list non-UK qualifications. There is a possibility that this information could result in the OSPAP and overseas students studying the UK MPharm being discriminated against on the grounds of ethnicity/race. However, it is essential to collect details of an applicant's educational qualifications on the application form and this is also consistent with NHS Jobs applications.
- III. Applications are made by name and there is a possibility that this information could result in discrimination on the grounds of ethnicity/race due to assumptions that a certain name is associated with a certain ethnic group. It is necessary to apply by name rather than a number system (number system used by NHS Jobs) because applicants are restricted to 4 application only. There have been a number of cases where students have registered with the website on multiple occasions in order to make more than the 4 permitted applications. In order to prevent multiple applications, the system searches for students with similar names and dates of birth to highlight any multiple applications. Application by name will need to continue unless another system can be developed to check for multiple applications.
- IV. There is a question on the application form "*do you speak or read any other languages?*" if yes – please specify. Disclosure of this information on the application form can identify the ethnicity or race of an applicant and it is not necessary to collect this information.
- V. Applicants must specify the name and address of their secondary school on their application form. This information indirectly provides information on the likely ethnicity/race of the applicant. There is a possibility that this information could result in the OSPAP and overseas students studying the UK MPharm being discriminated against on the grounds of ethnicity/race. The NHS Jobs application form asks for place of study i.e. School name but not address.

2.2 Who is intended to be affected by the policy, service or function?

- 3rd year MPharm and OSPAP students applying for hospital pharmacy pre-registration placements in England and Wales
- NHS Pharmacy Education & Development Committee (NHS PEDC) (NHS regional pre-registration co-ordinators are members)
- Hospital pharmacy departments
- Hospital HR departments
- Webstar Health (Pharmalife) who operate the online application system on behalf of the NHS PEDC

2.3 How does this policy, service or function fit with the NHS wider aims?

Diversity monitoring: By law, employers must monitor their workforce on key employment indicators by ethnicity, disability status and gender to ensure that there is no discrimination against any of these groups. They are also required to publish the results of this monitoring,

together with other related material including an annual progress report. It is therefore essential that the NRS implements an action plan to provide equality and diversity monitoring data to employers.

2.4 Describe how is this policy, service or function put into practice?

See Remit and Scope of activity document (attached)

2.5 Age: Testing of disproportionate or adverse impact

2.5a How are younger and older people reflected in the take-up of the service/function or in benefiting from the policy?

The majority of applicants are in their early 20's. This is because applications are restricted to MPharm and OSPAP students/graduates and pre-registration training usually follows immediately after graduation. Therefore the age of applicants is consistent with the age of new graduates.

2.5b Describe how the policy, service or function has a significant impact on younger and older people

N/A

2.5c Do any of the differences amount to an adverse impact or unlawful discrimination?

No

2.6 Race: Testing of disproportionate or adverse impact

2.6a How are people reflected in the take-up of the service or in benefiting from the policy in relation to ethnicity, race nationality or national origin?

Proportion of applicants for pre-registration training in hospital pharmacy (England and Wales) by collapsed ethnicity

Collapsed ethnicity****	2009 intake	2010 intake
White	408 (35.08%)	407 (29.93%)
Ethnic minority	696 (59.85%)	868 (63.82%)
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****The data from the National Recruitment Scheme database contains a more detailed breakdown of ethnicity. Collapsed ethnicity has been used for the purposes of this EqlA as this is consistent with data in references 3 & 4 and allows comparison. Data prior to the 2009 intake is not available.

The data shows a trend that a higher proportion of applications from ethnic minority students apply for pre-registration training in hospital pharmacy than their white peers. However it is difficult to interpret data from applications as students are encouraged to apply for both sectors for a pre-registration placement to maximise their chances of securing a place (N.B. there is an oversupply of graduates for the number of available pre-registration training places). Therefore the data does not reflect student choices. Data on short-listed and successful applicants is not collected centrally by the NRS and therefore only a partial picture can be gleaned from this data.

2.6b Describe how the policy, service or function has a significant impact on people in relation to ethnicity, race nationality or national origin?

The function of the NRS is to recruit pharmacy graduates into pre-registration training places in hospital pharmacy. Only MPharm and OSPAP students/graduates are eligible to apply. Therefore the ethnicity of eligible applicants will be determined by this cohort of students.

There is the potential that information gathered at the application stage could result in indirect discrimination at the short-listing and interview stage if the recruiting panel doesn't follow trust recruitment guidelines in relation to: **Ethnicity/race: See section 2.1 for details**

2.6c Do any of the differences amount to an adverse impact or unlawful discrimination?

No – The scope and remit of the NRS relates to the application stage of recruitment.
2.7 Religion or Belief: Testing of disproportionate or adverse impact
2.7a How are people reflected in the take-up of the service or in benefiting from the policy, service or function in religion or belief? (including other philosophies, or those with no religious belief)
There is no data available; Data will be collected and reported on for the 2011 intake (recruitment taking place in autumn 2010 – <i>N.B. This is the next annual round of recruitment</i>).
2.7b Describe how the policy, service or function has a significant impact on people in relation to religion or belief? (including other philosophies, or those with no religious belief)
Unknown
2.7c Do any of the differences amount to an adverse impact or unlawful discrimination?
Unknown
2.8 Disability: Testing of disproportionate or adverse impact
2.8a How are disabled people reflected in the take-up of the service or in benefiting from the policy, service or function?
A report on the number of disabled applicants has been produced for the 2010 intake (applications taking place in autumn 2009) for the 1 st time: 5 applicants requested to be considered for the Guaranteed Interview Scheme (GIS) and 5 applicants requested specific arrangements due to disability to enable them to attend the interview. All 5 disabled applicants were short-listed for interview.
2.8b Describe how the policy, service or function has a significant impact on disabled people?
Disabled applicants can request that they are considered for the Guaranteed Interview Scheme (GIS) if they meet the minimum requirements of the person specification. There is no obligation for a disabled student to apply under the GIS if they do not wish to. Disabled applicants are also asked if they have any special requirements for interview.
2.8c Do any of the differences amount to an adverse impact or unlawful discrimination?
No
2.9 Gender: Testing of disproportionate or adverse impact
2.9a How are women/men/transgender people reflected in the take-up of the service or in benefiting from the policy, service or function?
A report on the gender of applicants was produced for the 2010 intake (applications taking place in autumn 2009) for the 1 st time: 37.43% (n=509) applicants were males and 62.57% (n=851) applicants were female. These figures are similar to the gender of new registrants in 2008 which was the last data collection for the Pharmacy Workforce census.
2.9b Describe how the policy, service or function has a significant impact on people because of their gender, sex (including gender reassignment) or because they are married or civil partners?
NA
2.9c Do any of the differences amount to an adverse impact or unlawful discrimination?
No
2.10 Sexual Orientation: Testing of disproportionate or adverse impact
2.10a How are Lesbian, Gay and Bisexual people reflected in the take-up of the service or in benefiting from the policy, service or function?

There is no data available; Data will be collected and reported on for the 2011 intake (recruitment taking place in autumn 2010 – *N.B. This is the next annual round of recruitment*).

2.10b Describe how the policy, service or function has a significant impact on Lesbian, Gay and Bisexual people

Unknown

2.10c Do any of the differences amount to an adverse impact or unlawful discrimination?

Unknown

2.11 Human Rights: testing of disproportionate or adverse impact

2.11a Describe how the policy, service or function has a significant impact on Human Rights?

Not applicable for this function

2.11b Do any of the differences amount to an adverse impact or unlawful discrimination?

Not applicable for this function

2.12 Equality of Opportunity

Describe how the policy, service or function will promote equality of opportunity between different groups; including taking account of disabled people's disabilities, even where that involves treating disabled people more favourably than other persons.

Disabled applicants can request that they are considered for the Guaranteed Interview Scheme (GIS) if they meet the minimum requirements of the person specification. There is no obligation for a disabled student to apply under the GIS if they do not wish to. Disabled students are also asked if they have any special requirements for interview.

2.13 Eliminating Discrimination

Describe how the policy, service or function will eliminate unlawful discrimination – both direct and indirect.

NA for this function – the scope and remit of the NRS is the application stage of recruitment

2.14 Eliminating Harassment

Describe how the policy, service or function will eliminate harassment of people for any reason.

NA for this function – the scope and remit of the NRS is the application stage of recruitment

2.15 Promoting Positive Attitudes

Describe how the policy, service or function will promote positive attitudes towards others.

NA for this function – the scope and remit of the NRS is the application stage of recruitment

2.16 Promoting Participation

Describe how the policy, service or function will encourage participation in public life.

NA for this function – the scope and remit of the NRS is the application stage of recruitment

3. Action Plan

3.1 Summary of recommendations for improvement (*Recommendations should be SMART – specific, measurable, achievable, realistic and timely*).

Changes for the 2011 intake of trainees (recruiting in Autumn 2010) N.B. This is the next annual recruitment cycle

1. Review of the application form by March 2010 to include:
 - Removal of question on the application form “do you speak or read any other languages?” if yes – please specify
 - Removal of secondary school address on the application form
 - Development of an ethnicity monitoring form as part of the CV (separate from the rest of the application form) to collect equality monitoring data for age, gender, disability, ethnicity, religion/belief, sexual orientation
2. Extend the equality monitoring reports at the application and short-listing stage to provide data on religion/belief and sexual orientation as well as data on age, gender, disability and ethnicity to comply with EqIA requirements for public sector organisations. Data will be available for hospitals and NHS regional co-ordinators – September 2010
3. Consider the development of codes for the ‘job offered’ stage of recruitment to enable hospitals and regional co-ordinators to compare equality monitoring data at all stages of recruitment
4. Consider the development and implementation of an interactive online system where the hospitals and NHS regional co-ordinators can generate their own reports at the application and short-listing and job offered stages of recruitment – July 2010

4. Stakeholder Involvement and Consultation

4.1 Describe stakeholder involvement and consultation in the Equality Impact Assessment.

The NHS Pharmacy Education & Development Committee (NHS PEDC) meets quarterly. Members are consulted, on developments to the National Recruitment Scheme and changes to the system required to comply with NHS and/or legal requirements, at these meetings. NHS regional pre-registration co-ordinators represent the views of the hospitals in their ‘region’ and may consult with the hospitals on proposals in between NHS PEDC meetings.

Webstar Health (Pharmalife) who operate the online application system on behalf of the NHS PEDC are also consulted on changes at annual review meetings each autumn and throughout the year where necessary.

Equality monitoring and equality impact assessments were raised and discussed at the NHS PEDC committee meetings (pre-registration specialist group) in April and June. Webstar Health was also consulted in June 2009. These consultations and discussions resulted in the following actions being taken:

1. *Removal of questions about work permits from application form – in line with NHS Employers guidance (June 2009)*
2. *Extension of equality monitoring reports at the application stage of recruitment to include provision of data to hospitals as well as NHS regional co-ordinators (September 2009)*
3. *Extension of equality monitoring reports at the application stage of recruitment to include data on age, gender and disability of applicants (in addition to ethnicity data provided for previous cohorts). (Data provided to hospitals and NHS regional co-ordinators in September 2009)*
4. *Implementation of “short-listing” codes to enable collection of data on ethnicity, age, gender and disability of short-listed applicants in order to provide reports to hospitals and NHS regional co-ordinators. (Data provided to hospitals and NHS regional co-ordinators in September 2009)*

5. *Provision of equality monitoring reports at the short-listing stage of recruitment which included data on age, gender, disability and ethnicity of short-listed applicants. (Data provided to hospitals and NHS regional co-ordinators in October 2009). N.B. The reports are only available if employer used the online "short-listing" codes.*

The points listed above demonstrate the committees involvement in the decision making process.

The members of the NHS PEDC were consulted on the action plan outlined in 3.1 on 19 October 2009. Webstar Health (Pharmalife) was also consulted on the practicality and infrastructure to implement the action plan proposals at the annual review meeting in Autumn 2009. Webstar Health has approved the action plan. The NHS PEDC approved the action plan following the consultation.

5. Monitoring Arrangements

5.1 Describe how the actions put into place to eliminate or reduce any unjustified negative impact will be monitored, including timeframes and accountability.

The action plan will be monitored and reviewed by Helen Middleton (Lead for the NRS) in the following way:

- Report to NHS PEDC meetings quarterly
- Agenda item for discussion at NHS PEDC meetings quarterly
- Annual Review meeting with Webstar Health (each autumn)
- Review of the changes made at the end of the 2011 intake recruitment cycle (October 2010) – include in annual report (October 2010)
- Feedback and/or complaints from stakeholders and service users (quarterly review)
- Monitoring of changes that may impact on the NRS to include: NHS Jobs application, NHS Employers guidance, equality legislation, recruitment legislation

6. Completion

You should now:

- Undertake formal consultation on your findings
- Make any amendments in response to the results of the consultation
- Publish your results (see guidance) and submit a copy to the Equality and Diversity Manager.

Appendix 1.0

National Recruitment Scheme for NHS pre-registration trainee pharmacists (England & Wales)

Background

The National Recruitment Scheme (NRS) is a centralised system for the recruitment of pharmacy graduates from all university schools of pharmacy across the country into NHS pre-registration trainee pharmacist posts in England & Wales.

The NRS is commissioned and managed by the NHS Pharmacy Education & Development Committee for the benefit of NHS organisations across England and Wales. A Lead Pharmacist is responsible for the delivery and monitoring of the NRS. Webstar Health (Pharmalife) is commissioned to provide the online application system via a Service Level Agreement (SLA) with the NHS.

The NRS provides streamlined recruitment system at low cost. The benefits of economies of scale, lack of duplication of effort, etc., far outweigh the costs of the service.

The alternative of each NHS organisation recruiting its own trainees is not acceptable because, in addition to being extremely costly and time-consuming, this would lead to duplication of effort, multiple interviewing, and no centralised, clear, streamlined system able to direct the process. It would also lead to a lack of equity/equality across the country.

The remit and scope of activity of the NRS

Application:

The remit and scope of activity is focussed mainly around the application stage of the recruitment process.

Functions of the NRS at the application stage of recruitment are as follows:

11. To produce information on NHS pre-registration training in England & Wales both online and in the form of a booklet distributed to all 3rd year pharmacy students in the UK
12. To advertise NHS pre-registration trainee pharmacist places in England and Wales online on the www.pharmacytraining.nhs.uk website (See Appendix 1.1 which contains a flowchart outlining the process for advertising pre-registration training places)
13. To provide an online application system for pharmacy students applying for NHS pre-registration training places in England & Wales www.pharmacytraining.nhs.uk
14. To gather academic references for students up until an agreed deadline
15. To distribute application forms and academic references to hospitals
16. To provide equality monitoring reports to hospitals and NHS regional co-ordinators for the application stage of recruitment
17. To provide information on students and their hospital choices to Schools of Pharmacy
18. To provide recruitment related information on the website www.pharmacytraining.nhs.uk
19. To respond to queries about the NRS process from students, employers and Schools of Pharmacy
20. To take appropriate action if any applications are found to be fraudulent, plagiarised or duplicated

Short-listing for interview:

Responsibility for short-listing applicants for interview is outside the remit and scope of activity of the NRS. Local trust recruitment and selection policies and National guidance produced by NHS Employers should be followed once the application forms have been sent to the hospitals. Employers should also refer to the FAQ for employers section of the website http://www.pharmalife.co.uk/prr/page_help_emp.php which contains information on:

- Employers Best Practise Guidelines for recruitment of pre-registration trainee pharmacists published by the Royal Pharmaceutical Society of Great Britain (RPSGB)
- NHS Employment Check Standards

Functions of the NRS at the short-listing stage of recruitment are as follows:

- To provide online codes to be used by the short-lister which to enable students to check their application status online (i.e. check whether they have been invited for interview or not)
- To generate an automatic email to the student to inform them if they have not been offered an interview
- To generate an automatic email to the student to inform them if they have been invited for an interview. N.B. The hospital is responsible for contacting the student to inform them of date, time and venue of the interview
- To provide equality monitoring reports to hospitals and NHS regional co-ordinators for the short-listing stage of recruitment

Making an offer of a pre-registration training position:

The employer is responsible for making an offer of pre-registration training positions.

Functions of the NRS at the making an offer stage of recruitment are as follows:

- To provide online codes to be used by the hospitals to indicate which students have been offered pre-registration training positions. These codes are used for equality purposes only and will not be displayed to students online or generate an email to the students. Communication on the outcome of interviews is the responsibility of the hospitals
- To provide equality monitoring reports to hospitals and NHS regional co-ordinators for the short-listing stage of recruitment

Appointment of successful candidates:

Responsibility for the appointment of successful candidates is outside the remit and scope of activity of the NRS. Local trust recruitment and selection policies and National guidance produced by NHS Employers should be followed once the application forms have been sent to the hospitals. Employers should also refer to the FAQ for employers section of the website http://www.pharmalife.co.uk/prr/page_help_emp.php which contains information on:

- Employers Best Practise Guidelines for recruitment of pre-registration trainee pharmacists published by the Royal Pharmaceutical Society of Great Britain (RPSGB)
- NHS Employment Check Standards

Functions of the NRS at the appointment stage of recruitment are as follows:

- To respond to queries from students, employers and Schools of Pharmacy. These queries often relate to immigration for non UK/non EEA students

See Appendix 1.2 which contains a flowchart outlining the journey of a successful application in 1st round of recruitment

Recruitment timetable

The recruitment cycle commences during the spring of the third year of the MPharm when the online recruitment system opens. Applications are submitted during the summer holidays and interviews take place in the autumn of the 4th year of the MPharm for pre-registration training places starting the following summer.

Recruitment timetable

First Round

Registration and application

By 30th June

Students register online with the website www.pharmacytraining.nhs.uk and submit the name and contact details of their academic referee.

By 31st August

Students submit applications for 4 hospitals of their choice.

Early September

Applications are sent electronically to hospitals.

Short-listing

September

Short-listing is undertaken by hospitals following local and NHS Employers policies and procedures. Successful candidates are invited for interview. A coding system is used online to enable students to check their application status online (i.e. check whether they have been invited for interview or not).

Interviews

September

Interviews for the first round of recruitment take place in September. Students must accept or reject any offers of employment by a set date in early October. The date is set annually by the Royal Pharmaceutical Society of Great Britain.

Second Round

Registration and application

By mid October

Pharmalife contacts hospitals in early October to identify unfilled pre-registration training places. Vacancies are shown on the website until mid October and a second recruitment round to match remaining vacancies and unplaced students will begin. Students wishing to be considered for the second round should submit applications for 4 hospitals of their choice.

Late October

Applications are sent electronically to hospitals.

Short-listing

Early November

Short-listing is undertaken by hospitals following local and NHS Employers policies and procedures. Successful candidates are invited for interview. A coding system is used online to enable students to check their application status online (i.e. check whether they have been invited for interview or not).

Interviews

November

Interviews for the second round of recruitment take place in November.

Later in the year

Occasionally places are not filled after the second round or a vacancy may arise later in the year. Students who have not been offered a post after the second round has closed can join a mailing list for notification of any vacancies that may arise. These vacancies will be advertised on the website www.pharmacytraining.nhs.uk

Equality monitoring

As Public Sector Employers, NHS organisations are required to collect equality monitoring data at three stages of the recruitment process:

1. Application
2. Short-listing for interview
3. Appointment

The legislation that requires Public Sector Employers to collect this data is as follows:

- Race Relations (Amendment) Act 2000
- Employment Equality Regulations 2003
- Disability Discrimination Act 1995 and 2005
- Equality Act 2006

Pharmalife collect the following data (at the application and short-listing and offer making stages of recruitment) to fulfil the NHS obligation and the data is used for monitoring purposes only:

- Age
- Gender
- Disability
- Ethnicity

From the 2010 recruitment cycle (for pre-registration trainee pharmacists commencing training in summer 2011) this data set will be expanded to include:

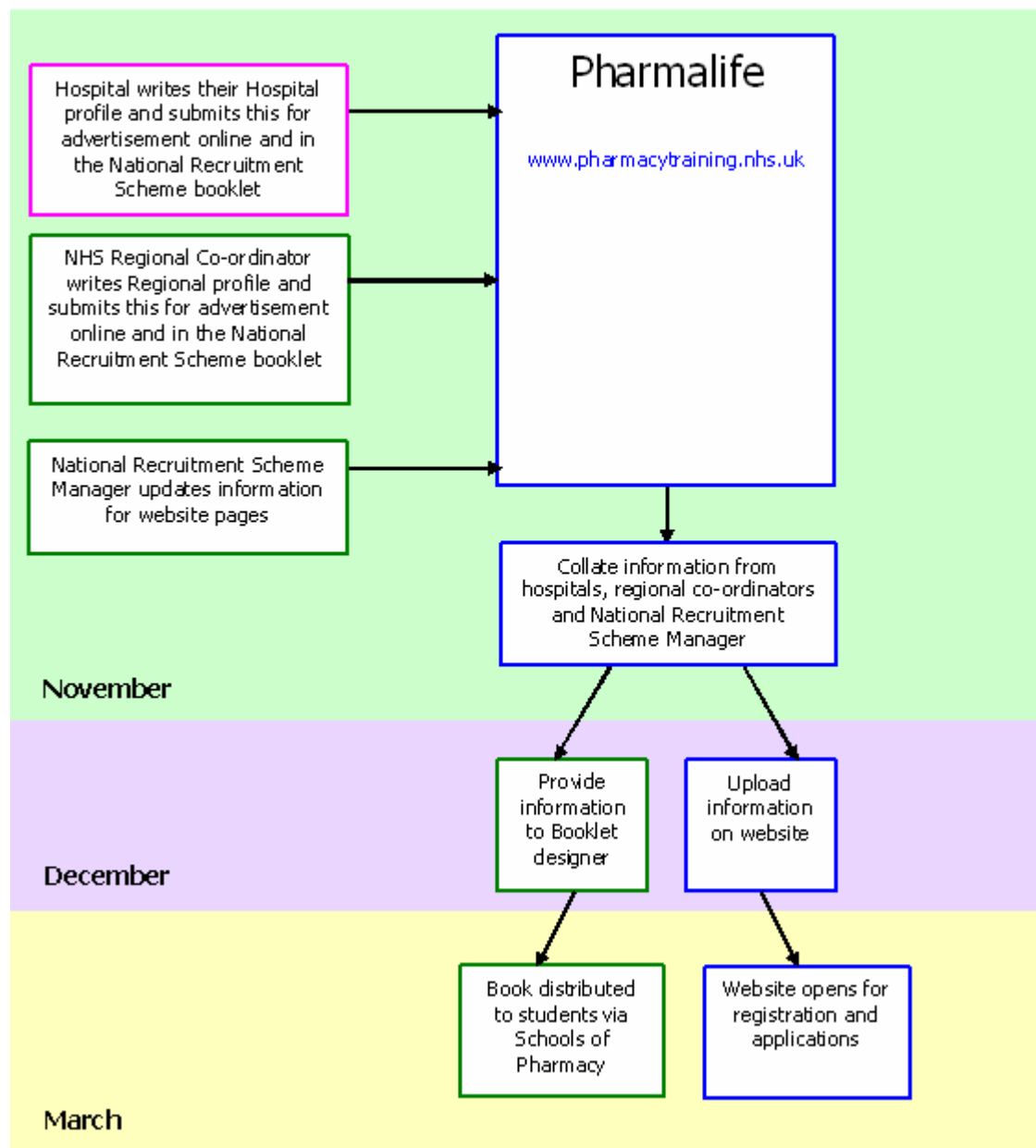
- Religion/belief
- Sexual orientation

N.B. The NRS does not provide equality monitoring reports at the appointment stage of recruitment. Successful applicants will complete a staff appointment form when they start work and the hospital HR departments will use information from these forms to collect equality monitoring data at the appointment stage of recruitment.

See Appendix 1.3 which contains a flowchart outlining the process equality monitoring for the first round of recruitment

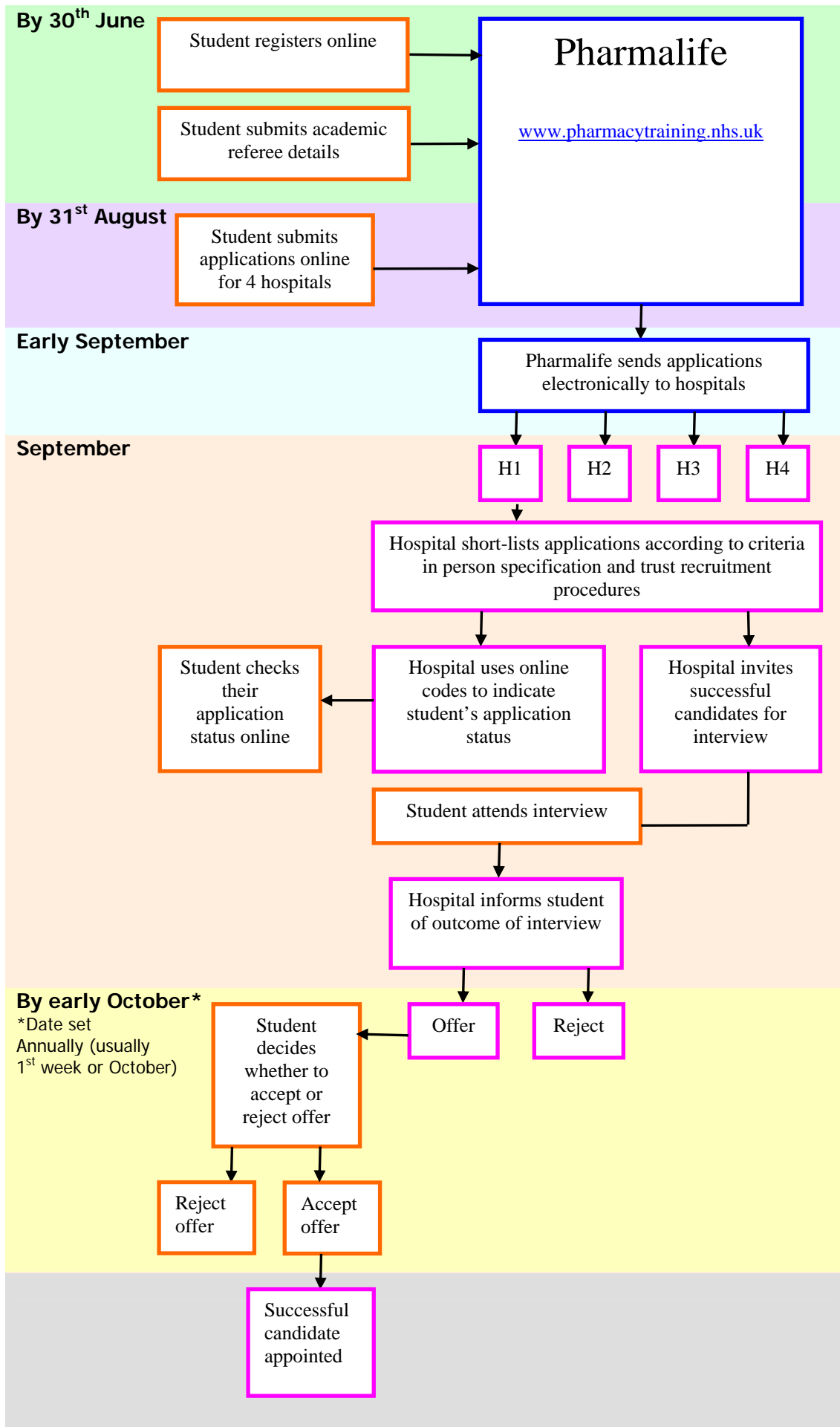
Appendix 1.1

Advertising Pre-registration training places on www.pharmacytraining.nhs.uk

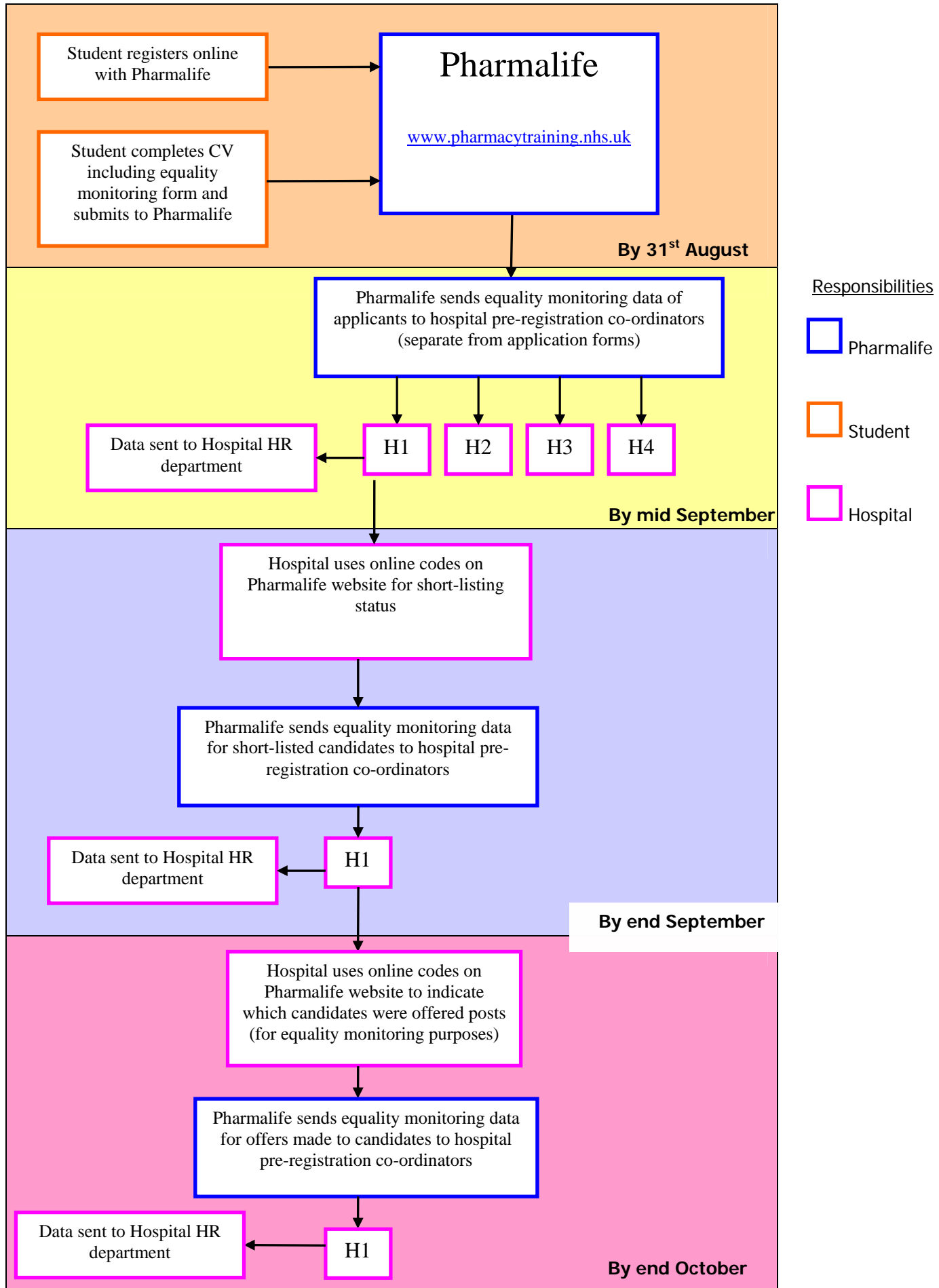


Appendix 1.2

Journey of a successful application in 1st round of recruitment



Equality Monitoring for first round of recruitment



Appendix

Proportion of applicants for pre-registration training in hospital pharmacy (England and Wales) by ethnicity - 2010 intake of trainees (recruited in October 2009)

Ethnicity	No Of Applicants	%
Not specified	85	6.25%
Asian or Asian British - Bangladeshi	25	1.84%
Asian or Asian British - Indian	296	21.76%
Asian or Asian British - Other Asian background	64	4.71%
Asian or Asian British - Pakistani	131	9.63%
Black or Black British - African	131	9.63%
Black or Black British - Caribbean	2	0.15%
Black or Black British - Other Black background	4	0.29%
Mixed - Other mixed ethnic background	12	0.88%
Mixed - White and Asian	6	0.44%
Mixed - White and Black Caribbean	5	0.37%
Other ethnic group - Chinese	121	8.90%
Other ethnic group - Other background	71	5.22%
White - British	287	21.10%
White - Irish	76	5.59%
White - Other White background	44	3.24%
TOTAL	1360	100.00%