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Review Article

Black and minority ethnic pharmacists' treatment in the UK: A systematic review

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Abstract

Background: Pharmacists from black and minority ethnic (BME) backgrounds represent a significant proportion of the United Kingdom (UK) pharmacy profession. While there is evidence that BME doctors may be discriminated against in employment and regulatory practices, little is known about the treatment of BME pharmacists.

Objectives: To identify published evidence on the disproportionate treatment in employment and regulatory practices of BME pharmacists in the UK. Evidence was sought in four specific domains: recruitment (into the profession); progression; retention (within sector and profession) and regulation.

Methods: The following databases were searched: Pubmed, Embase, Scopus, International Pharmaceutical Abstracts, SIGLE and Google Scholar. Inclusion criteria were: English language only, published between 1993 and 2014 and reporting UK-based findings.

Results: The search strategy identified 11 pertinent items; 6 peer-reviewed articles, 2 published reports, 2 conference papers and one PhD thesis. In employment practices, there was some evidence that BME pharmacists are over-represented among owners and under-represented amongst senior management in the community sector. BME pharmacists reported more difficulties in getting their first job. BME pharmacists were over-represented in disciplinary processes but there was no evidence of disproportionate treatment in the outcomes of inquiries.

Conclusion: Only a small number of studies have been published in this area, and the evidence of disproportionate treatment of BME pharmacists is equivocal. Further research is needed to better understand the role of ethnicity in recruitment, retention, progression and regulation.

Keywords: Pharmacist; Employment; Ethnicity; Discrimination; Disproportionality

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Introduction

In the United Kingdom (UK), public sector employers must adhere to the Public Sector Equality Duty (Part 11, Chapter 2 of the Equality Act 2010), which came into effect on 5th April 2011. This piece of legislation brought together previous anti-discrimination legislation and provides legal protection against discrimination for the following 'protected characteristics': age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The 'general duty' requires public bodies to have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimization to advance equality of opportunity between people from different groups and to foster good relations between people from different groups.

The UK census is regarded as the most reliable source of data on the ethnic background of the UK population.[1] According to the 2011 census, 12.9% of the UK resident population were in non-white groups. The proportion of those classing themselves as non-white is highest in England (15%), with figures much lower in the other UK countries (~4% respectively in Wales and Scotland and ~2% in Northern Ireland).[1] Within health care, professions such as medicine have recruited an increasing proportion of applicants from a black and minority ethnic (BME) background; 41% of hospital and community doctors are from a BME background (falling to 31% for consultant level).[1]

Disproportionate treatment of BME doctors in medicine

Despite the overall relatively high representation of BME doctors, there is both quantitative and qualitative evidence to suggest that doctors from BME backgrounds may be discriminated against at various stages of their career. In terms of recruitment, a number of studies using matched curriculum vitaes indicated that applicants with Asian-sounding names were significantly less likely to be shortlisted for senior house officer posts than English-sounding candidates.[2,3] Similar results were found in a study by the Commission for Racial Equality (CRE), which explored the appointment of black, Asian and white candidates to consultant and senior registrar posts, with candidates from BME backgrounds significantly less likely to be shortlisted or appointed.[4] The authors argued that they could "not rule out the possibility that applications from ethnic minority doctors are not being fully and fairly considered."[4] There is also qualitative evidence from interview/focus group studies suggesting that some BME doctors felt certain specialties were not available to them due to their ethnicity and reports from BME candidates suggesting they felt there was a clear preference for white candidates.[5,6]

When looking at progression, there is further evidence to suggest that some BME doctors may experience discrimination. One quantitative survey ($n = 594$), for example, showed that a third of BME junior doctors had experienced 'unreasonable refusal of applications for leave, training or promotion', significantly more than their white peers.[7] Additional analysis of the same survey indicated that BME junior doctors were significantly more likely to report experiencing 'intimidatory' use of discipline or competence procedures than their white peers.[8] Further evidence from a quantitative survey of UK-trained doctors indicated that a significant proportion of BME doctors surveyed reported that ethnicity had a significant effect on access to training opportunities (62%), early career opportunities (70%), access to specialties (87%) and career advancement (86%).[6]

One further area where evidence of disproportionality has been identified is in the performance pay review system for consultant doctors employed in the National Health Service (NHS), the national, tax-funded commissioner and funder of health care.[9] The current system, reframed as the Clinical Excellence Awards in 2002, is designed to recognize and reward NHS consultants who perform 'over and above' the standard expected of their role. A number of studies have sought to explore discrimination in the allocation of pay awards and the findings indicate that discrimination may exist.[10–13] In research published in 1998, there was evidence of disparity in the allocation of pay awards, with white consultants three times more likely overall to get an award than their BME peers, a figure which rose to six times more likely for an 'A' award (prestigious award for clinical practice, lifetime achievement, or other).[10] A study commissioned by the CRE, published in the same year, found no evidence of direct discrimination but concluded that there might be some "indirectly discriminatory effects arising from the application of the current criteria."[11]