COMMENTARY

Taking Action Towards Equity, Diversity, and Inclusion in the Pharmacy Curriculum and Continuing Professional Development

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Increased awareness of social injustices and inequities highlight the relevance and importance of diversity, equity, inclusion, and accessibility (DEIA) in health care. Former and recent graduates of pharmacy schools remain deficient in their knowledge of DEIA topics such as unconscious bias, which can directly influence health outcomes in an undesirable manner. Particular DEIA areas that are pertinent to pharmacy practice include: race, gender, sexual orientation, gender identity, ability status, religion, socioeconomic status, and political beliefs. The American Association of Colleges of Pharmacy (AACP) affirmed its commitment to DEIA as a priority. However, existing gaps in knowledge of pharmacy graduates in this area have the potential to contribute to health disparities and inequities, which are significant public health issues. We call on academic pharmacy institutions and professional pharmacy organizations to elevate DEIA topics and to designate them as essential to both addressing health equity and improving care for underserved populations. We also implore licensing boards to require continuing education related to DEIA as a foundational step to closing the knowledge gap for pharmacists in this area.

Keywords: health equity/inclusion, diversity, DEIA, curriculum, CPD

INTRODUCTION

Beyond political developments in recent years, it has become clear that our global society is presently more aware of social injustices and inequities.1 This, in turn, has contributed to increased awareness by health care professionals of diversity, equity, inclusion, and accessibility (DEIA) issues in the delivery of health care. This increased awareness can be attributed to social activism including the “Black Lives Matter” movement that drew large and diverse crowds in 2020 as well as transgender rights cases decided by US courts in recent years. In simple terms, DEIA promotes the presence, representation, and participation of individuals who are different in one or more of a multitude of ways, such as race/ethnicity, gender identity, religion, age, beliefs, and abilities, and actively opposes prejudice and unfair treatment on the basis of these differences. This renders the concepts of DEIA in health professions education both relevant and important. For some years, the pharmacy profession has not sufficiently addressed DEIA matters, whether from an academic, social justice, or legal perspective.2,3 This commentary is a call to action for academic pharmacy institutions and continuing pharmacy education organizations to elevate DEIA, and provide guidance to our profession, including educators, on where and how the collective “we” will proceed.

DISCUSSION

Current State of DEIA in Academic Pharmacy

As a primary consequence of overt racial inequities in health care and access to necessary health services prior and during the COVID-19 pandemic, many colleges of...
pharmacy recognized a need to further integrate cultural competence, implicit bias, and related topics into their curriculum. This has also been recognized by the Accreditation Council for Pharmacy Education (ACPE) in standard 3.5, designating cultural sensitivity as an educational outcome: “The graduate is able to recognize social determinants of health to diminish disparities and inequities in access to quality care.” The role that implicit or unconscious bias plays in existing and arising health disparities and inequities must be considered because it has been observed in health care professionals and it can impact health outcomes. For example, graduates of pharmacy schools stated or were found to be deficient in their knowledge of unconscious bias. Where unconscious bias went unrecognized, it was primarily aligned with race, with white students denying the presence of such bias or its effect on their professional behavior. Knowledge about lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual (LGBTQIA+) specific care and health or socioeconomic disparities, among other topics, were also lacking in student pharmacists and recent graduates. While student pharmacists generally feel comfortable counseling and interacting with LGBTQIA+ patients, their knowledge and confidence in providing specific care for transgender patients was self-rated as low and also perceived as low by transgender patients. These deficiencies in knowledge and skill of student pharmacists can influence and likely impair their ability to equitably deliver care as future pharmacists, and thus contribute to disparities in patient care. Academic pharmacy has engaged in self-reflection with regards to DEIA, initiating incremental steps toward improvement in some areas fueled by societal changes (eg, health disparities) while other areas have yet to be examined (eg, personalized care for transgender patients).

In January 2021, the American Association of Colleges of Pharmacy (AACP) hosted its first Equity, Diversity, and Inclusion (EDI) Institute with a sequenced agenda encouraging pharmacy institutions to reflect, plan, and elevate/engage with their respective faculty and staff. Based on feedback from this three-day institute and AACP’s commitment to DEIA a second EDI institute was held in January 2022, indicating a continuing need in academic pharmacy. Particular DEIA spheres pertinent to pharmacy practice include race, gender, sexual orientation, gender identity, ability status, religion, socioeconomic status, and political beliefs. These themes are not separately addressed in the current ACPE 2016 standards, but clearly span the subject areas of cultural sensitivity as well as professional communication incorporated in the standards long ago.

In their approved 2021-2024 strategic plan, AACP has affirmed its commitment to DEIA as a priority and is currently considering revisions to the Pharmacist Oath to specifically address equity and inclusion. Accordingly, DEIA continues to fuel discussion in and around academic pharmacy. Since its mission is duly aimed at the evolving pharmacy curriculum, the climate is ripe for the Center for Advancement in Pharmacy Education (CAPE) to incorporate DEIA into the forthcoming CAPE 2022 Educational Outcomes, and the ACPE Standards 2025. Similarly, it is time to incorporate DEIA as an educational outcome and requirement for PharmD programs moving forward. The following discussion explores the critical importance of DEIA in pharmacy education.

Institutional Culture as the Basis for DEIA Implementation

Schools and colleges of pharmacy that have already made strides to incorporate and improve DEIA in their pharmacy curricula are to be praised for their vision, efforts, and dedication to equitable institutional culture. In a recent issue of the *American Journal of Pharmaceutical Education*, several pharmacy institutions illustrated their approaches to integrating cultural competency into institutional and curricular DEIA efforts. Yet, DEIA are complex, evolving, and multi-faceted topics that require steady and continuous attention to foster their evolution at the curricular, institutional, and individual levels. Every administrator, student, faculty, and staff at an academic pharmacy institution must be an active and engaged participant of the DEIA journey, and their many voices must be heard in order to make lasting progress toward full integration and an inclusive and equitable environment for individuals representing all types of diverse identities. By embracing diversity and promoting equity in patient care, pharmacists are implementing the core tenant of the Oath of the Pharmacist which defines the pharmacy profession. Therefore, DEIA ownership, responsibility, and visibility throughout our pharmacy institutions should mirror the Oath’s essential principles. Ultimately, our pharmacy graduates will fully embody its core meaning, acquire more robust skill sets, and drive the change from a culture of confidence to competence in providing inclusive care to diverse patient populations. As such, the authors call upon institutional leaders to elevate DEIA to an integral element of each college and school, to lead by example with action, and to recognize that individuality and authenticity are valued and encouraged. Beyond institutional efforts, pharmacy professional organizations should offer support and emphasize the need for integrating DEIA into the pharmacy curriculum to enable graduates to meet societal needs. Moreover, pharmacy professional organizations should sponsor continuing professional
future.

to move forward. This tool can also be employed to monitor
develop priorities and set specific DEIA goals and strategies
with DEIA. As such, institutions can utilize this tool to
call for institutions to understand where they currently stand
the fabric of pharmacy education now, the mistrust prevale-
cent among patients due to historical and contemporary
systemic racism, an unequal health care system, and both
conscious and unconscious biases by health care providers
could take generations to overcome.  

In order to make substantial change and observe pro-
gress, deliberate modifications to the PharmD curriculum
and continuing professional development are necessary.
Sample strategies include frequent and/or routine evalua-
tion of DEIA in academic institutions along with a stepwise
integration into the pharmacy curriculum. This process
should incorporate and assess required curricular outcomes
that aim at developing students’ knowledge, attitudes, and
abilities related to overcoming unconscious bias, awareness
and dismantling of systemic racism, and reducing and elimi-
inating health inequities based on marginalized identities,
to name a few.

At the institutional level, implementing an operational
DEIA vision as part of a strategic plan to engage all stake-
holders lays the foundation for commitment and building
a solid infrastructure (for academic institutions, stake-
holders include internal faculty, staff, and students, as well
as external preceptors, patients, other colleges, and the
surrounding community; for pharmacy professional orga-
nizations, stakeholders include staff, the organization’s
membership, and those who benefit from the work of these
organizations, such as pharmacy educators, other health
care professionals, and patients). Training for all present
and future stakeholders, especially on general topics re-
lated to implicit bias and microaggression, appears to be of
value to create a more diverse and inclusive work and
learning environment.

Achieving diversity among stakeholders in the aca-
demic and professional setting, including student pharma-
cists and pharmacy educators, will take time because it
requires dismantling those processes, practices, and
beliefs that have enabled DEIA to be an inconsequential

DEIA in Action and Call for Best Practices

Recruitment and retention of underrepresented popu-
lations to schools and colleges of pharmacy as both stu-
dents and faculty are a critical step to achieving DEIA
implementation. The Sullivan report noted that health care
professionals from underrepresented and underserved
communities are more likely to practice in those communities. Identifying underrepresented student pharmacists who
could serve their communities as graduates with an aim to
close the health disparity gap has been a major challenge
during the COVID-19 pandemic and has aggravated the
long-established inequity in access to health care. One
clinical application suggested a collaborative approach
between pharmacists and community health workers famil-

arian with local customs and culture to improve medication
adherence. If we do not begin to integrate DEIA into

American Journal of Pharmaceutical Education 2023; 87 (2) Article 8902.
can competently serve in their role to “assure optimal outcomes for [their] patients.”28

We call on academic pharmacy to critically review current institutional DEIA practices and incorporate these practices into their strategic planning efforts with measurable and actionable goals; proactively implement unconscious bias training; intentionally hire diverse senior leaders and faculty reflective of national/state averages; embrace solutions to health disparities from those who belong to historically marginalized populations; incorporate and assess core DEIA principles throughout required pharmacy curricula, including experiential education; and advocate for diverse patient populations in a culturally responsible manner. Academic pharmacy institutions and pharmacy professional organizations must provide more continuing professional development opportunities to practicing pharmacists on DEIA topics as well as interprofessional opportunities to improve public health. These topics are essential to addressing health disparities and inequity in medication access for underserved populations. ACPE has recently published guidance urging continuing education providers to incorporate DEI into activities so pharmacists and pharmacy technicians are better prepared to serve historically marginalized and underrepresented minority populations.29 Additionally, pharmacy licensing boards in the states of Michigan and Illinois have taken measures to require implicit bias training.30,31 We urge boards of pharmacy in other states to make implicit bias and other DEIA topics a required component of continuing education for licensing and, more importantly, continuous development purposes.

CONCLUSION

This call for action on DEIA and establishing best practices recognizes that AACP, other professional organizations, and many colleges/schools of pharmacy have already made strides in this field. It is also essential to recognize that DEIA improvements remain ongoing, and all stakeholders should be engaged in this iterative process to truly promote equity for all. Intentional, bold, and continuous actions coupled with evaluation and assessment are warranted to overcome the generations of inequities. Any step that brings the profession of pharmacy closer to this ideal is a step in the right direction.

REFERENCES

Appendix 1. The Twelve Dimensions of the Meyer Diversity, Equity, and Inclusion Spectrum Tool and the Five Different Levels on Which an Organization Can Rank Itself

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Not Yet Started</th>
<th>Ready to Start</th>
<th>Launched</th>
<th>Well on the Way</th>
<th>Exemplary/Leading</th>
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</thead>
<tbody>
<tr>
<td>DEI Vision</td>
<td>Does not see DEI as relevant to its work</td>
<td>Recognizes the importance of DEI to its work and is contemplating its next steps</td>
<td>Recognizes the importance of DEI to its work and is in the process of developing a shared DEI vision</td>
<td>Has developed a shared DEI vision and is working to align the organization’s programs and operations with this vision</td>
<td>Has integrated DEI in organizational mission and vision statements which are actively being used to guide the organization’s programs and operations</td>
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<td>Commitment</td>
<td>Does not have an interest in advancing its DEI work</td>
<td>Is interested in advancing its DEI work and is considering how to do so</td>
<td>Is interested in advancing its DEI work and has put some strategies or actions in motion</td>
<td>Is actively engaged in advancing its DEI work</td>
<td>A commitment to DEI is fully institutionalized throughout the organization both internally and externally</td>
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<tr>
<td>Leadership</td>
<td>Members of management, staff, or board have not taken leadership on DEI issues</td>
<td>A few members of management, staff, or board are leading the DEI discussion</td>
<td>A DEI point person or team is leading the organization’s DEI work</td>
<td>All levels of management, staff, and board are taking leadership on DEI issues</td>
<td>Organization is a DEI leader and is helping to build the field and best practices; leadership demonstrates accountability to clients, constituents, and stakeholders</td>
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<td>Policies</td>
<td>Does not have any DEI-related organizational policies (beyond non-discrimination policies)</td>
<td>Does not have, but is interested in developing, DEI-related organizational policies (beyond non-discrimination policies)</td>
<td>May have some DEI-related language in some of its organizational policies</td>
<td>Has DEI policies and/or an organizational DEI plan but may be unclear about how to operationalize it</td>
<td>Has DEI policies and an organizational DEI plan with clear goals, strategies and indicators of progress</td>
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<tr>
<td>Infrastructure</td>
<td>Has not had internal discussions about the organization’s DEI work</td>
<td>Has had some internal DEI discussions, but doesn’t have an infrastructure to guide the organization’s DEI work</td>
<td>Individuals or small groups are guiding internal DEI discussions but aren’t integrated into the organization as a whole</td>
<td>Has internal committees, affinity groups or other formal structures focused on integrating DEI issues in the organization’s work</td>
<td>Work on DEI issues is integrated into every aspect of organizational culture and infrastructure</td>
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<tr>
<td>Dimension</td>
<td>Not Yet Started</td>
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<tr>
<td>Training</td>
<td>Has not done any training related to DEI</td>
<td>Is contemplating doing organizational DEI training; individual staff may have done some initial training</td>
<td>Some staff or board have participated in DEI-related training</td>
<td>All management, staff, and board are involved in DEI training and capacity building</td>
<td>Fosters ongoing DEI training, growth and leadership among management, staff and board in line with an equity plan/strategy; staff are held accountable to DEI-related practices</td>
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<td>Diversity</td>
<td>Doesn’t see diversification on board and staff as a priority, may be paralyzed by the perceived challenges or view it as unattainable</td>
<td>Has had initial discussions about and values the idea of diversifying its board and staff</td>
<td>Beginning attempts to diversify its board and/or staff but may not know how to do it effectively or have strategies and systems in place; may not result in growing diversity</td>
<td>Actively working to increase diversity of board and staff, resulting in growing diversity; has begun to identify and institute retention strategies for diverse staff</td>
<td>Has policies and strategies for strengthening and maintaining organizational diversity; staff and board represent the diversity of the community it serves; effective retention strategies are implemented</td>
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<td>Data</td>
<td>Does not collect demographic data in its programmatic or operational work</td>
<td>Does not collect demographic data in its programmatic or operational work, but views this as a future goal</td>
<td>Collects some demographic data in its programmatic or operational work, but not in a systemic or comprehensive way</td>
<td>Collects and disaggregates comprehensive demographic data in its programmatic and operational work but may not know what to do with the information</td>
<td>Routinely collects, disaggregates and analyzes demographic data for all programmatic and operational work; uses the information in planning and decision-making</td>
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<td>Community</td>
<td>Doesn’t express interest in building stronger partnerships with communities facing disparities; may see it as unrealistic or unimportant to the organization’s mission</td>
<td>Values the idea of building partnerships with communities facing disparities, but may not know how or have relationships to draw upon</td>
<td>Is beginning to build partnerships with communities facing disparities but has not yet established accountability to and meaningful partnerships with these communities and may approach it in a tokenistic way</td>
<td>Actively works to build partnerships and trust with communities facing disparities; working to understand how to provide value and support to these communities</td>
<td>Has strong, mutually beneficial, accountable and equitable partnerships with diverse organizations and leaders from communities facing disparities</td>
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<tr>
<td>Dimension</td>
<td>Not Yet Started</td>
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<td>Decisions</td>
<td>DEI considerations do not factor into decision-making</td>
<td>Interested in factoring DEI considerations into decision-making, but may view it as an option or an add-on to core decision-making considerations</td>
<td>Decisions are occasionally influenced by DEI considerations in an ad hoc way</td>
<td>Decisions regarding organizational policies, practices and resource allocation are informed by DEI considerations</td>
<td>Decisions regarding organizational policies, practices and resource allocation are systematically guided by DEI considerations</td>
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<td>Accountability</td>
<td>DEI-related metrics are not included in evaluations of staff or programs or in organizational accountability mechanisms</td>
<td>May recognize the value of including DEI-related metrics in evaluations of staff or programs or in organizational accountability mechanisms, but has not made any plans to do so</td>
<td>Is preparing to include or is currently including DEI-related metrics in a few aspects of the organization, such as staff and/or board representation or evaluations of specific projects</td>
<td>Some of the organization’s standard evaluation and accountability mechanisms include DEI-related metrics</td>
<td>All evaluation and accountability mechanisms for the organization, its projects, programs, management, staff and board include specific DEI-related metrics</td>
</tr>
<tr>
<td>Inclusion</td>
<td>No explicit effort is made to create an inclusive atmosphere for staff and board members from communities facing disparities</td>
<td>Values the idea of being an inclusive organization but tries to achieve this by encouraging staff and board members from communities facing disparities to participate in the dominant culture</td>
<td>There is an appreciation of the voice and perspective of staff and board members from communities facing disparities, particularly in relation to the organization’s DEI work, but they are still expected to conform to the dominant culture</td>
<td>The voice of staff and board members from communities facing disparities is valued and is integrated into aspects of the organization; the organization is in transition from a dominant culture to an inclusive/multicultural culture</td>
<td>All staff and board feel valued and all aspects of the organization reflect the voice, contributions and interests of a multicultural constituency; the organization has transitioned to an inclusive/multicultural culture and has created systems, policies and practices to maintain this culture</td>
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Abbreviations: DEI = diversity, equity, and inclusion.