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Gender Inequity and Sexual Harassment in the Pharmacy Profession: Evidence and Call to Action Executive Summary

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A pervasive theme in this summary is that women are not equally represented across a myriad of organizations, from promotion and tenure, to editorial boards of prestigious journals. [1–2] Despite 60% of the profession identifying as female, women are recognized less often, with 90% of awards between 1981–2014 given to male recipients. [3] Women experience significantly higher rates of workplace harassment. [4] Within the era of social media expansion, rates of harassment online range from 20–40%. [5–6] While a vast number of publications are available surrounding harassment in the workplace within medicine, little data exist on the pharmacy profession. Such holds true for pharmacy trainees as well. Surveys in medical trainees reveal women perceive a high rate of gender discrimination and sexual harassment. [7–9] However, no such granular detail is available for postgraduate pharmacy education.

Recommendations are developed around three core areas: (1) building national infrastructure that promotes diversity and gender equity, (2) scoping the problem and establishing a baseline with plans for improvement, (3) developing organizational initiatives to promote diversity in leadership and recognition [Figure 1]. Further, supporting education initiatives and ongoing process improvement will be instrumental to affect change].

The first step is the creation of a national pharmacy diversity taskforce with a focus on gender equity to oversee the realization of these initiatives, responsible for the publication and subsequent enactment of an action plan to address equity within the profession. This plan should include recommendations for colleges, training programs, and organizations. To support this action plan, complete characterization of the scope of gender inequity and sexual harassment in the profession is recommended. Within this published action plan, the creation of a national resource center specific to gender bias and sexual harassment is recommended. The resource center would serve as the central repository of tools and resources.

At its core, this action plan will be aimed at the development of a diverse membership, fostering diversity in leadership positions and national recognitions. The first step will be an inventory of the organization's current membership to create plans for improving representation and proactive strategies to identify and cultivate potential female leaders starting early in their careers [Table 1]. These processes would support female membership through diverse mentorship and sponsorship to create avenues for advancement. Notably, processes dedicated to thoroughly reviewing candidates nominated for national awards can ensure that character evaluations are involved in the nomination and selection processes. The review and recall of awards granted to those individuals who have engaged in reproachful behavior. Organizations are encouraged to develop their own transparent reporting system and grievance processes to type transcend institutional barriers and foster professional accountability [Table 2].

At local levels, mitigation strategies should be developed to identify both conscious and unconscious biases within the workplace and education. It should prevent preclusion of females from future opportunities or promotion. Understanding the scope of the problem will require critical observation and self-reflection of the institutional norms and culture it has created.

Much work is needed to promote gender equity more effectively within pharmacy, but this work is essential to ensuring future sustained infrastructure. Gender inequity and sexual harassment are persistent in pharmacy profession. Women in pharmacy have started the discussion, but the drivers of continued change will be through organizational leadership and awareness and advocacy by individual pharmacists.

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References

1. Andreoli L, Ovseiko PV, Hassan N, et al. Gender equity in clinical practice, research and training: Where do we stand in rheumatology? *Joint Bone Spine*. 2019;86(6):669–672. doi:10.1016/j.jbspin.2019.05.005 [PubMed: 31220622]
2. Boxer R, Norman M, Abadir P, et al. When women rise, we all rise: American Geriatrics Society position statement on achieving gender equity in geriatrics. *J Am Geriatr Soc*. 2019;67(12):2447–2454. doi:10.1111/jgs.16195 [PubMed: 31573074]
3. Draugalis JR, Plaza CM, Taylor DA, Meyer SM. The status of women in US academic pharmacy. *Am J Pharm Educ*. 2014;78(10):178. doi:10.5688/ajpe7810178 [PubMed: 25657365]
4. Choo EK, van Dis J, Kass D. Time's Up for Medicine? Only Time Will Tell. *N Engl J Med*. 2018;379(17):1592–1593. doi: 10.1056/NEJMp1809351. [PubMed: 30207825]
5. Barry AR, Pearson GJ. Professional use of social media by pharmacists. *Can J Hosp Pharm*. 2015;68(1):22–27. doi: 10.4212/cjhp.v68i1.1421. [PubMed: 25762816]
6. Vogels EA. The State of Online Harassment [Internet]. Pew Research Center. 2021 [cited 2021Jan25]. Available from: <https://www.pewresearch.org/internet/2021/01/13/the-state-of-online-harassment/>
7. Hu Y-Y, Ellis RJ, Hewitt DB, et al. Discrimination, Abuse, Harassment, and Burnout in Surgical Residency Training. *N Engl J Med*. 2019;381(18):1741–1752. doi:10.1056/nejmsa1903759 [PubMed: 31657887]
8. Nora LM, McLaughlin MA, Fosson SE, et al. Gender discrimination and sexual harassment in medical education: Perspective gained by a 14-school study. *Acad Med*. 2002;77(12):1226–1234. doi:10.1097/00001888-200212000-00018 [PubMed: 12480632]
9. Jendretzky K, Boll L, Steffens S, Paulmann V. Medical students' experiences with sexual discrimination and perceptions of equal opportunity: A pilot study in Germany. *BMC Med Educ*. 2020;20(56). doi:10.1186/s12909-020-1952-9

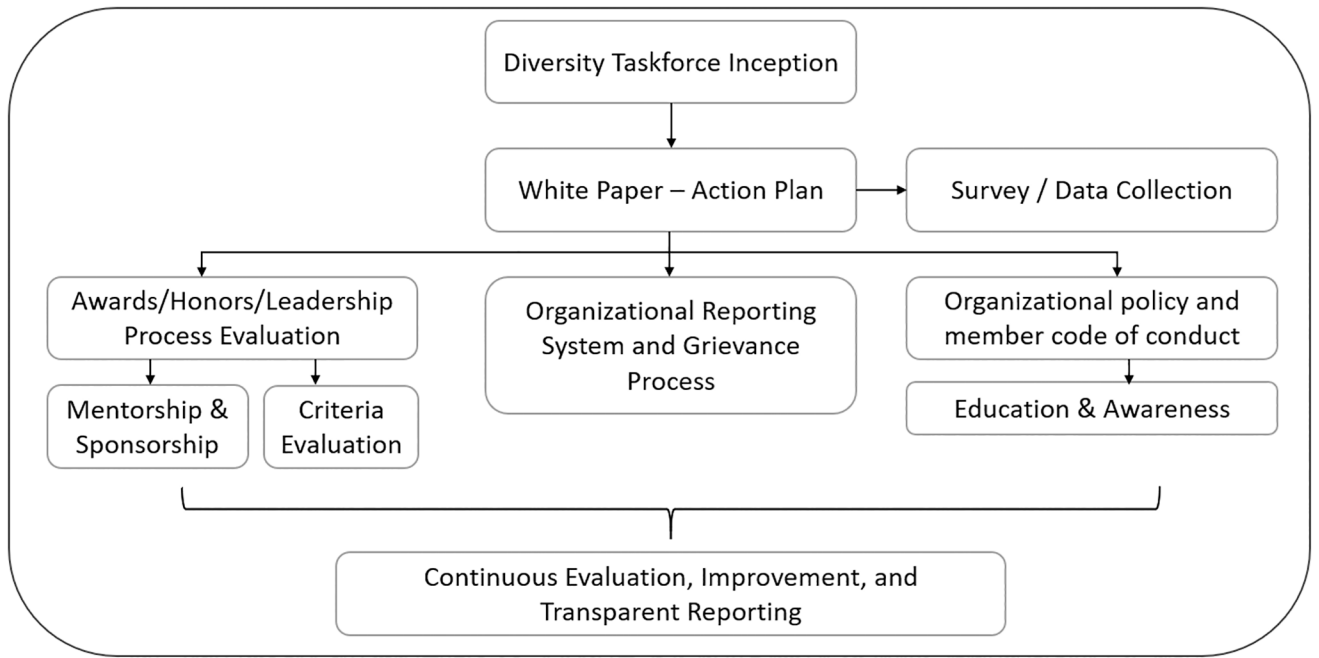


Figure 1. Steps toward gender equity.

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Table 1.
**Recommended Actionable Organizational Changes to Increase Gender Equity in
 Pharmacy**

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Action	Steps for Completion
Acknowledge and rectify the lack of gender equity in leadership and create processes to support female membership through diverse mentorship, with the inclusion of senior male and female mentors, and sponsorship	a. Inventory the current membership of professional organizations and ensure that the leadership roles held by women are proportionate to the number of women that are members. Furthermore, these data should be made publicly available to the organization's membership in the context of annual yearly reports or published in the organization's respective journal. b. Enable content sharing among organizations that have developed successful mentorship programs; with an emphasis on the development of transparent criteria for the selection of mentors and the extensive character vetting of interested mentors. c. Advocate for female leadership advancement opportunities for faculty, practitioners, residents, etc. d. Provide specific training for women that addresses barriers commonly encountered in leadership opportunities.
Develop equitable, transparent, and just criteria to increase the number of women pharmacists that receive national honors, invitations for national conference speaking engagements, are awarded grants	a. Review current organizational nomination criteria and ensure that the requirements are clearly stated and provide women with both a viable and equal opportunity to attain the pursued honor. b. Perform a gap analysis of current presenter nominations, grantsmanship, and promotion processes as it pertains to equity matters. c. Enact formal and transparent action to rectify identified inequities
Form specific task forces dedicated to extensively reviewing those individuals that are nominated for national honors/awards	a. Select and appoint awards committee leaders to make sure they represent equity; ensuring that character evaluations and character attestation is provided in the nomination and selection processes of awardees. b. Implement formal policy and procedure development with competency training and processes for executive committee, awards committee, board committee appointments. c. Create protocols, such as those supported by ASHP and ACCP, that call for the review and/or recall of awards to those individuals that have engaged in reproachful behavior (e.g., sexual harassment).
Provide best practice statements for pharmacy schools to address gender inequalities	a. Review recruitment, promotion criteria, and compensation scales periodically, with monitoring to ensure fairness. b. Require training courses in explicit and implicit gender bias. c. Provide symposiums and workshops to: (1) Include special interest groups and sections dedicated to women's issues within the pharmacy profession; (2) Offer mentorship, sponsorship and other career development programs; (3) Promote policies supporting work-life balance

Table 2.
Recommendations for Developing an Organizational Reporting System and Grievance Process Related to Gender Bias and Sexual Harassment

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Action	Questions to Ask and Items to Consider
Define the intent and scope of the grievance process	<ul style="list-style-type: none"> • Who is able to utilize the grievance process (e.g., certain membership categories, organization employees, vendors, donors, etc.)? • How will your organization define (and illustrate with examples) gender bias and sexual harassment? • Will your process pertain solely to issues arising within the immediate context of your organization's business (e.g., harassing behavior that occurs during a conference hosted by your organization) or will you consider conduct that occurs outside of the organization, but is still relevant to your organization's business (e.g., harassing behavior in the context of a person's professional work related to their candidacy as a member of your organization's board of directors)? • What are the things that fall outside of the scope of the process?
Structure the grievance process	<ul style="list-style-type: none"> • How will your organization receive the grievance (e.g., in writing, via a third-party website, etc.)? • What are all of the points of information you will require a person(s) provide in their report before the process can be initiated? • Once received, who is to be notified of the grievance within your organization? • Who within your organization will be responsible for reviewing and deliberating on the grievance and how will you ensure both their subject matter competency and independence from all involved parties as well as the organization's leadership? • Who will be involved in the review process from outside of your organization (e.g., legal counsel, etc.)? • What tool(s) will your organization utilize to review grievances (e.g., a rubric the organization develops, an external evaluation, etc.)? • What disciplinary actions (give examples) will the organization consider/render if a party is deemed to have exhibited conduct that is bias or harassing? • How will you notify all of the parties once a determination is made and how will you follow through on recommendations and subsequent actions? • How will you afford the person(s) named in the grievance adequate opportunity to respond to allegations as well as any disciplinary action? • What timeframe will you establish to complete each step of the grievance process once initiated? • How will you ensure that the rights of all parties are maintained (e.g., confidentiality, fairness, etc.)? • How will you ensure a zero-tolerance policy for retaliation towards all parties involved? • What resources, including money and personnel, will be necessary for your organization to implement and support a grievance process that is timely, rigorous and fair?
Develop a statement of rights as part of the grievance process	<ul style="list-style-type: none"> • How will you define the environment members and stakeholders can expect within your organization? • Are there any other rights a person should expect (e.g., right to due process and fair procedures, zero tolerance for retaliation, etc.)? • Who is entitled to these rights (e.g., only members, vendors, sponsors, etc.)? • How often will you review your statement? • How will you ensure the statement is easily and widely available to members and stakeholders? • Who will be listed as the contact person (including contact information) for questions or comments?
Commit to continuous quality improvement	<ul style="list-style-type: none"> • Solicit feedback on the grievance process from all parties involved, including the targeted person(s), alleged harasser(s), named witnesses and process reviewers. • At regularly scheduled times (consider after every grievance is completed), make necessary changes within the organization to strengthen the grievance process, update general operations across the organization and revise all associated materials (e.g., policies and procedures, statement of rights, member code of conduct, etc.) to mitigate future risks.

Action	Questions to Ask and Items to Consider
	<ul style="list-style-type: none"> • Allot time, resources and money to educating and training volunteer leadership (e.g., board members, committee chairs, etc.) and organization employees on the grievance process at regular intervals (e.g., during orientation programs, etc.). • Communicate the availability of your organization’s grievance process to all stakeholders routinely (e.g., at the time of membership renewals, at the time vendor contracts are signed, etc.). • Develop a method to educate members and stakeholders on the grievance process (e.g., on-demand webinar available on your organization’s publicly-accessible website, etc.). • Designate someone responsible for remaining up-to-date in current trends, best practices and legalities related to gender bias and sexual harassment.
Explore and evaluate future considerations	<ul style="list-style-type: none"> • Can information be shared across professional organizations (e.g., development of a national reporting system), and if so, how? • Can information be shared with or by employers, and if so, how? • What role, if any, do state boards of pharmacy and credentialing boards have? • What role, if any, does restorative justice have in rebuilding a community of trust among victims, bystanders and stakeholders?

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