

Transforming Pharmacy Education and Practice to Create Culturally Competent Practitioners

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There is a recognised need for healthcare professionals to provide culturally sensitive care. Dr Anna Robinson-Barella from the School of Pharmacy at Newcastle University is leading research working to integrate cultural competency training into pharmacy education and the pharmacy profession. Her studies reveal insights from both pharmacy staff and students on how best to equip the next generation of pharmacists with these vital skills. This work aims to transform pharmacy practice and reduce health inequalities for patients from diverse, minoritised backgrounds.

Healthcare for a Changing World

Walk into any pharmacy today, and you're likely to encounter people from a wide variety of cultural backgrounds – both behind the counter and in front of it. As immigration and globalisation reshape communities around the world, healthcare systems are grappling with how to provide equitable, high-quality care to increasingly diverse populations.

This demographic shift poses both challenges and opportunities. On one hand, language barriers, differing health beliefs, and unconscious biases can lead to miscommunication and poorer health outcomes for patients from ethnic minority groups. However, with the right training and mindset, healthcare providers can leverage cultural differences to deliver more personalised, effective care.

Pharmacists are on the front lines of this transformation. As one of the most accessible healthcare professionals, they play a crucial role in medication management, health education, diagnosis and treatment of disease, and signposting to other healthcare services. To fulfil its potential, pharmacy education must evolve to produce culturally competent graduates ready to serve diverse communities.

But what exactly is cultural competence in healthcare? And how can it be effectively taught? These are the questions being addressed by Dr Anna Robinson-Barella and her team, consisting of researchers, students, and public members, with a passion for cultural competence at Newcastle University through research into pharmacy education and practice.

Understanding Cultural Competence in Pharmacy

Dr Robinson-Barella explains that cultural competence goes beyond simply being aware of cultural differences. It encompasses the skills, knowledge, and attitudes needed to provide care that meets each patient's social, cultural, and linguistic needs. This

includes understanding how cultural factors influence health beliefs and behaviours, communicating effectively across language barriers, and recognising one's own biases and assumptions.

Importantly, cultural competence is not about stereotyping or making assumptions based on ethnicity. Instead, it's an ongoing process of self-reflection and lifelong learning. The related concept of cultural humility emphasises remaining open to learning about others' cultures as well as one's own.

Amongst other work in the area of inequity, Dr Robinson-Barella and her team conducted two qualitative studies to explore how these concepts are understood and applied in pharmacy. The first gathered perspectives from practising community pharmacy staff, while the second focused on the views of current pharmacy students.

Insights from the Pharmacy Frontlines

For the first study, Dr Robinson-Barella's team interviewed 14 pharmacy staff members, including pharmacists, technicians, and counter assistants. Their findings revealed both the importance of cultural competence in pharmacy practice and the current gaps in training and implementation.

Many participants recognised that pharmacies serve as 'cultural hubs' in their communities and are often the first point of healthcare contact for members of diverse populations. They emphasised the need to tailor care to the needs and beliefs of individual patients. One pharmacist described spending hours researching alternative medications to accommodate a patient's religious dietary restrictions.

However, the study also uncovered challenges. Language barriers were frequently cited as an obstacle to providing equitable care. While some pharmacies employed multilingual staff or translation services, this was not universal. Additionally, many participants felt



their professional education had not adequately prepared them for the cultural aspects of their work.

Most of the pharmacists interviewed said they had received little to no formal training in cultural competence. They often had to educate themselves on these issues or learn through experience.

The participants offered several suggestions for improving cultural competence in pharmacy practice. These included integrating cultural education throughout pharmacy degree programmes, providing ongoing training for practising pharmacists, and developing more inclusive pharmacy services such as multilingual signage and patient information materials.

Student Perspectives on Cultural Education

Dr Robinson-Barella's team turned their attention to pharmacy students to gain insight into how cultural competence is currently addressed in pharmacy education. They conducted in-depth interviews with 12 students across all years of a UK pharmacy degree programme.

The students expressed a strong interest in cultural competence training, recognising its importance for their future practice. However, like the practising pharmacists, many felt there could be ways to more deeply embed it within current degree curricula.

Dr Robinson-Barella found that students wanted cultural competence woven throughout their degree, not just taught as a standalone module. They regarded it as fundamental to providing patient-centred care.

By working collaboratively with students, several ways to integrate cultural education into their training have been suggested. These included using diverse patient case studies in problem-based learning, incorporating cultural aspects into clinical skills training, and providing opportunities for students to interact with patients from varied backgrounds during placements.

Notably, the students emphasised that cultural competence education should go beyond just learning about different ethnic groups. They wanted training that would help them approach each patient as an individual, taking into account the intersections of culture, religion, socioeconomic status, gender identity, and other factors that influence health.

Transforming Pharmacy Education

Based on these findings, Dr Robinson-Barella and her colleagues are developing recommendations for integrating cultural competence throughout pharmacy curricula. Their work aligns with recent updates to the UK General Pharmaceutical Council's standards for initial education and training of pharmacists, which now place greater emphasis on equality, diversity, and inclusion.

Some key recommendations emerging from their research include starting early and building gradually, learning through experience, integrating cultural aspects across the curriculum, promoting self-reflection, expanding beyond ethnicity, continuing education for practising pharmacists, and measuring impact and refining approaches.

The team suggests introducing basic concepts of cultural awareness in the first year of pharmacy education, then progressively building on this foundation throughout the degree. This approach allows students to develop their cultural competence skills alongside their clinical knowledge.

Both pharmacy staff and students emphasised the value of real-world interactions in developing cultural competence. Dr Robinson-Barella recommends increasing opportunities for students to engage with members of diverse communities through placements, volunteer work, or simulated patient encounters.

Rather than treating cultural competence as a separate topic, the researchers suggest weaving cultural considerations into all aspects of pharmacy education. This could involve incorporating diverse patient scenarios into problem-based learning, discussing



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cultural influences on pharmacology and therapeutics, and addressing wider health inequity in public health modules.

Cultural humility requires ongoing self-examination of one's own biases and cultural influences. The team recommends incorporating reflective exercises and discussions throughout the curriculum to help students develop this critical skill.

While much of the focus on cultural competence has been on ethnic and racial differences, Dr Robinson-Barella's research highlights the need to address other aspects of diversity and inequity alongside these areas. This includes training on providing inclusive care for members of the LGBTQIA+ community, understanding the impact of socioeconomic factors on health and health literacy, and considering the needs of patients with physical and mental disabilities.

The research also underscores the importance of ongoing cultural competence training for qualified pharmacists. Dr Robinson-Barella suggests developing continuing professional development modules and resources to help practising pharmacists enhance their cultural competence skills to best deliver inclusive healthcare.

As these recommendations are implemented, Dr Robinson-Barella emphasises the need for ongoing evaluation. The team aims to assess not just whether students feel more culturally competent but whether these educational interventions actually lead to better patient outcomes and reduced health inequalities.

Looking to the Future

Dr Robinson-Barella and her team are now working on developing and piloting specific educational interventions based on their research findings. They hope to collaborate with pharmacy schools across the UK to implement and evaluate these approaches.

Their goal is to create a new generation of pharmacists who are not only clinically skilled but also culturally adept. They want to see pharmacists who can provide truly patient-centred care to every member of their community, regardless of background.

As societies continue to diversify, this work has the potential to transform not just pharmacy education but healthcare delivery as a whole. By equipping pharmacists with the skills to bridge cultural divides, we can move closer to the goal of equitable, high-quality healthcare for all.

The research team's efforts represent an important step towards creating a more inclusive and effective healthcare system. As Dr Robinson-Barella explains, cultural competence isn't just a nice-to-have skill for pharmacists – it's essential for providing the best possible care in our multicultural world.



MEET THE RESEARCHER

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Dr Anna Robinson-Barella is an academic pharmacist with research expertise in medicines inequity and health inequality, informed by her research with minority groups. Alongside her pharmacy expertise, Dr Robinson-Barella seeks to interrogate and review the pharmacy curriculum for the initial education and training of pharmacists. As lead for equality, diversity and inclusion (EDI) within the School of Pharmacy and the Newcastle Patient Safety Research Collaboration (PSRC), Dr Robinson-Barella facilitates EDI learning events that integrate key learning points from her research and involve guest speakers to share experiences around areas of medicines and wider health inequity. She is registered with the General Pharmaceutical Council and holds national positions with the Royal Pharmaceutical Society as a professional mentor, a member of the Annual Conference steering group, and previously held a position on the Early Career Pharmacist Advisory Group. Having obtained a Masters in Pharmacy in 2015 and a Post Graduate Diploma in Advanced Clinical Pharmacy Practice in 2017, Dr Robinson-Barella continued to achieve her PhD in 2023. She was appointed as a fellow of the Higher Education Academy in 2019.

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KEY COLLABORATORS

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FURTHER READING

A Robinson-Barella, *et al.*, [Embedding cultural competency and cultural humility in undergraduate pharmacist initial education and training: a qualitative exploration of pharmacy student perspectives](#), *International Journal of Clinical Pharmacy*, 2024, 46(1), 166–176. DOI: <https://doi.org/10.1007/s11096-023-01665-y>

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