

Response

General Pharmaceutical Council

Consultation on religion, personal values and beliefs

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Pharmacy Voice

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About Pharmacy Voice

Pharmacy Voice is the association of trade bodies which brings together and speaks on behalf of the community pharmacy sector in England. Pharmacy Voice is formed by the three largest community pharmacy owner associations – the Association of Independent Multiple pharmacies (AIMp), the Company Chemists' Association (CCA) and the National Pharmacy Association (NPA).

Collectively, we represent over 11,000 community pharmacy owners in England, including pharmacy businesses of all sizes. Our members directly and indirectly employ over 30,000 pharmacists and more than 50,000 pharmacy staff members in the community.

Response

We are pleased to see that the General Pharmaceutical Council is consulting on revised wording on personal values and beliefs, and how they may impact on the delivery of care and discharge of professional responsibilities, for the new standards for pharmacy professionals due to launch later this year. We are pleased that some of our previous comments regarding this topic have been taken on board and we welcome guidance on the behaviours expected of pharmacists and pharmacy technicians in applying these standards. In our response to the consultation on standards for pharmacy professionals last year, Pharmacy Voice stated:

We believe this standard [Standard 5] should be strengthened and explicitly state what is considered acceptable/unacceptable behaviour with respect to personal beliefs and influence on patient care. For example, one area where there is the need for absolute clarity is with respect to the obligations of a pharmacist who may wish to refuse supply of Emergency Hormonal Contraception on the grounds of personal or religious beliefs. The current recommended action - to signpost to another pharmacy - may not always be practicable if the patient cannot physically access the alternative service and in some instances this may deter them from seeking further advice or treatment. In this instance, we believe pharmacists should be required to provide the service to ensure patient access. Similar scenarios could be envisaged in future with genomic medicines, or medicines derived from stem cells.

The proposals laid out in this consultation will change the expectations of pharmacists and pharmacy technicians when their religion, personal values or beliefs might, in certain circumstances, impact on their ability to provide services, and shift the balance in favour of the needs and rights of the person in their care.

Consultation questions

Standards

The GPhC proposes that the wording of the examples under standard 1 – about religion, personal values and beliefs – will say:

- People receive safe and effective care when pharmacy professionals:
 - Recognise their own values and beliefs but do not impose them on other people
 - Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs

1. Do you agree with the proposed changes?

YES / NO

1a. Please explain your reasons for this

We agree that to ensure people receive safe and effective person-centred care from pharmacists and pharmacy technicians, the above examples should be applied. However, we also believe that the themes explored in this document apply to all of the standards for pharmacy professionals, not just Standard 1.

Guidance

The revised guidance gives more information about the behaviours expected of pharmacy professionals in applying the standards.

2. Does the revised guidance adequately cover the broad range of situations that pharmacy professionals may find themselves in?

YES / NO

3. Is there anything else, not covered in the guidance, that you would find useful? Please give details

The guidance is a useful starting point, however, it would be helpful to illustrate it further with some case study examples and stories from pharmacists or pharmacy technicians explaining how they have handled these challenging situations and the decision-making processes involved.

Referring to the example given in our previous consultation response to the new standards for pharmacy professionals, we feel that the guidance needs to be more clear and explicit in stating in some circumstances what is and is not acceptable behaviour. For instance, if this concerns supplying Emergency Hormonal Contraception, when a pharmacist is *unable* to refer an individual appropriately to another provider (due to being the only pharmacy open at that time or due to being a long distance from the nearest alternative pharmacy), they should in fact supply the requested and most clinically-appropriate medication, as failing to do so would prevent the person presenting in the pharmacy from accessing the care they need.

It would also be valuable for the guidance to set out more clearly that there are distinct differences between personal beliefs or values and religious beliefs or values. A lack of knowledge on this can result in added confusion for both those working in a pharmacy and their employer. Examples could be used to further illustrate this point, referring for instance to how fitting trusses or hosiery for members of the opposite sex could put pharmacists or pharmacy technicians in a situation which goes against their personal values or beliefs.

Issuing this guidance is a step in the right direction to ensuring that a pharmacist or pharmacy technician does not knowingly put themselves in a position where a person would be unable to receive the care or advice they need, e.g. by working in a certain remote location or working at certain hours. It is positive to see that there will be a duty on pharmacists and pharmacy technicians to tell their employers about their beliefs and values; however, unless the guidance is more explicit about what action should/should not be taken by the individual in some of these scenarios, employers will be in a difficult position to effect any change or to work with their employees to agree how best to manage arrangements to ensure that person-centred care is never compromised.

It is helpful that the standards for pharmacy professionals will apply to students as well as registrants. However, we believe that some of these principles should be made clear at an earlier stage. It is crucial that anyone wishing to enter the pharmacy profession or pharmacy technician profession understands what will be expected of them and considers carefully whether their religion, personal values or beliefs could in any way be likely to prevent them from safe and

effective service provision in its broadest sense. This will become increasingly more important as ambitions to radically enhance and expand the personalised care, support and wellbeing services that community pharmacies provide are realised.

Impact

The GPhC recognises that a person's religion, personal values and beliefs are likely to affect their behaviours, attitudes and decisions. The GPhC wants to know how the proposed changes to the example under standard 1 and our revised guidance may affect students, pre-registration trainees, pharmacy professionals, employers, and people using pharmacy services.

4. Will our proposed approach to the standards and guidance have an impact on pharmacy professionals?

YES / NO

5. Will this impact be:

Mostly positive / partly positive / positive and negative / partly negative / mostly negative

5a. Please explain and give examples

It is helpful to introduce cross-sector guidance which addresses how individual pharmacists and pharmacy technicians are expected to demonstrate professionalism when handling a request for a service which may not be in line with their own values or beliefs. Currently there is a lack of consistency across the profession as to how these situations are handled which can result in added complexity and confusion for pharmacists and pharmacy technicians themselves, employers and people using pharmacy services.

Although employment and equalities law relating to discrimination because of someone's stated or perceived religion, personal values or beliefs exists, some pharmacists and pharmacy technicians may believe that the new requirements to disclose information in this regard could put them at a disadvantage to finding work (e.g. locum pharmacists).

6. Will our proposed approach to the standards and guidance have an impact on employers?

YES / NO

7. Will that impact be:

Mostly positive / partly positive / positive and negative / partly negative / mostly negative

7a. Please explain and give examples

This guidance is aimed directly at individual pharmacists and pharmacy technicians; however, as employers hold important responsibilities for ensuring the delivery of safe and effective pharmacy services, and maintaining a person-centred environment, it would be valuable if the GPhC could issue dedicated employer guidance to help Superintendent Pharmacists and employers better understand these issues and ensure that the principles embedded in the guidance for registrants are applied consistently across sectors.

This dedicated employer guidance should make recommendations, or clearly signpost to recommendations, which support employers in ensuring they do not put themselves in a position where they could be accused of discriminating against someone's stated religion, personal values

or beliefs, relating to both prospective and current employees. The guidance should also support employers in how to increase awareness amongst their existing workforce with regards to the new expectations of them.

Relating to the point made in our answer to Question 5a, should individuals *fail* to fully disclose information to their employer (e.g. due to a concern this would disadvantage their prospects of employment or progression), this would leave the employer and Superintendent Pharmacist at risk of being unable to appropriately consider the needs of the local community and how their pharmacy can best meet them, and unable to make the necessary arrangements to ensure that safe and effective care can be provided throughout the operating hours of the pharmacy.

8. Will our proposed approach to the standards and guidance have an impact on people using pharmacy services?

YES / NO

9. Will that impact be:

Mostly positive / partly positive / positive and negative / partly negative / mostly negative

10. Do you have any other comments?

The most positive impact of these proposals will be on people using pharmacy services. We agree that it is important to recognise and respect a pharmacy professional's religion, personal values and beliefs but ensure that above all else people can access the advice, care and services they need from a pharmacy when they need them.

It will be important for the GPhC to engage with patients, service-users and patient groups to understand further the impact of the proposed approach on people using pharmacy services, and understand better how people using pharmacy services have felt regarding this matter to date. This direct insight from patients and service-users could help inform examples within the new guidance.

The GPhC should also consider how to ensure the guidance is future-proof, for example, by considering how it could apply if proposals around 'assisted dying' were to be introduced in any of the countries of the United Kingdom.