Annex F: Consultation response form

Health Care and Associated Professions: Setting standards – proposals for consultation

Please fill in and/or tick the appropriate response. Completed forms should be sent to info@chre.org.uk

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Confidentiality: Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, among other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information that you have provided to be confidential. If we receive a request for disclosure of the information we will take full account of your request, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the CHRE.

The CHRE will process your personal data in accordance with the DPA and, in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

The information you send us will be passed on to colleagues within the Department of Health and may also be passed on to colleagues within other Health Departments or published in a summary of responses to this consultation.

☐ I do not wish my response to be passed to other UK Health Departments
☐ I do not wish my response to be published in a summary of responses

Please indicate all the countries to which your comments relate:

- ☒ UK and/or
- ☐ England
- ☐ Northern Ireland
- ☐ Scotland
- ☐ Wales

Are you responding:

- ☐ as a member of the public
- ☐ as a health or social care professional
- ☒ on behalf of an organisation

If you are responding as a member of the public, please supply the following details:

Profession

If you are responding as a health or social care professional, please supply the following details:

Profession

Country of qualification

Please indicate as appropriate:

- ☐ UK
- ☐ Other European Economic Area country
- ☐ Rest of world

Area of work

- ☐ NHS
- ☐ Social care
- ☐ Private health
- ☐ Voluntary
- ☐ Regulatory body
- ☐ Professional body
- ☐ Education
- ☐ Union
- ☐ Pharmaceutical industry/company
- ☐ Trade body
- ☐ Other (please give details)

If you are responding on behalf of an organisation, please supply the following details:

Area of work

- ☐ NHS
- ☐ Social care
- ☐ Private health
- ☐ Voluntary
- ☐ Regulatory body
- ☐ Professional body
- ☐ Education
- ☐ Union
- ☐ Pharmaceutical industry
- ☐ Trade body
- ☒ Other (please give details)

Charity working on equality issues.

Consultation questions

DRAFT STANDARDS – GENERAL PRINCIPLES

Question 1
Do you agree that overall the standards adequately reflect an outcome and patient focussed, broad and flexible approach?

☐ Agree
☐ Disagree
☒ Unsure

Comments

Question 2
Do you agree with the use and definition of the term 'patients and public'?

☐ Agree
☐ Disagree
☒ Unsure

Comments

Question 3
The GPhC is committed to embedding Equality and Diversity at the heart of everything it does. Do you think that the draft standards support this commitment?

☐ Agree
☐ Disagree
☒ Unsure

Comments

ANNEX A - DRAFT STANDARDS - OWNERS AND SUPERINTENDENT PHARMACISTS

Question 4
Do you think that the draft standards for owners of pharmacies and superintendent pharmacists are proportionate to the benefit they bring and the risk they are guarding against?

☐ Agree
☐ Disagree
☒ Unsure

Comments

Question 5
Should there be specific standards for the systems in place within registered pharmacies to control and prevent healthcare related infections?

☐ Agree
☐ Disagree
☒ Unsure

Comments

Question 6
There is no explicit prohibition on owners of pharmacies and superintendent pharmacists offering pharmacy medicines for self – selection. Instead there is a general requirement that 'systems are in place to ensure the safe supply of medicines to patients and the public, in a manner that promotes their safe and effective use and appropriateness'. Do you agree with this approach?

☐ Agree
☐ Disagree
☒ Unsure

Comments

ANNEX B - DRAFT STANDARDS - CONDUCT, ETHICS and PERFORMANCE

Question 7
Do you think that the draft code of conduct, ethics and performance adequately applies to registered pharmacists and pharmacy technicians in all sectors of practice?

☐ Agree
☒ Disagree
☐ Unsure

Comments
The BHA is concerned about the wording of the standards of conduct, ethics and performance.

Number 2 states that pharmacy technicians must "respect the dignity, rights *and beliefs* of patients, the public and others." It also states that they must, "treat patients, the public and others politely and considerately, *respecting their cultural differences, values and beliefs*."

The concept of respect for the beliefs and values of others is intrinsically flawed. Many beliefs are unworthy of respect; what needs respect is the person and their right to hold their beliefs, not the beliefs themselves.

For example, a pharmacy technician who knows that a patient has religiously motivated homophobic beliefs is still obligated to treat the patient politely and considerately and with dignity and respect and to respect *the right of the patient* to freedom of religion or belief – and therefore the right to hold their religious homophobic beliefs. However, the current wording of the standards might also require respect for the belief itself, however objectionable it might be. This is completely unacceptable.

The BHA therefore recommends that the wording be changed to:
"Respect the dignity, rights and freedom of religion or belief of patients, the public and others" and "treat patients, the public and others politely and considerately, respecting their cultural differences and their right to hold their personal values and beliefs." We surmise that this is in fact what was intended by those who drafted the document but point out that the meanings of the two versions are very different.

Further, the BHA draws attention to the language used in bullet point 2 of standard 2 which states, "ensure your views about a person's lifestyle, beliefs, race, gender, age, sexuality, disability, or other perceived status do not prejudice the services they receive."

Given the stated commitment to equality and diversity throughout the standards, the BHA recommends that the wording should be changed to reflect the protected characteristics as defined in equality legislation. Current legislation will be replaced with the Equality Bill currently before Parliament. The Bill clearly defines protected characteristics as including age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The BHA suggested wording is: "ensure your views about a person's lifestyle, age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, sexual orientation or other perceived status do not prejudice the services they receive."

Question 8
Do you agree that there should be provision within the Code which allows personal beliefs of registrants to prevent them from providing a particular professional service? (subject to ensuring that patients and the public are referred to alternative providers of the service they require)?

☒ Agree
☐ Disagree
☐ Unsure

Comments
The BHA believes that any provision within the code to allow registrants to refuse to provide particular professional services on grounds of their personal beliefs should be strictly limited. The professional duty of a pharmacist is owed to patients and the public they are serving. Exceptions can be allowed only provided that patients and the public are referred to alternative providers of the service they require, normally on the same premises or no more than a short walk away. They cannot be allowed if alternative provision is not possible or if it would cause distress or inconvenience to the service user.

We believe that to allow people to refuse to provide a service in all circumstances would conflict with standard number 1, namely to "make patients and the public your first concern," as it would allow service providers (organisations and persons directly providing services) to put their personal beliefs above the needs of patients and the public. We also consider it to be counter to the aim of being increasingly patient-focussed which is stated as being part of the development of the new standards.

The role of registrants must be first and foremost that of a service provider. As exemplified by a recent Court of Appeal judgment (Ladele v London Borough of Islington [2009] EWCA Civ 1357 (15 December 2009) , while employees are entitled to hold whatever religious or philosophical beliefs they choose, employers – service providers – do not necessarily have a duty to accommodate them, not least if the manifestation of those beliefs interferes with or is a detriment to the service provided.

It is our position that refusal to accommodate the beliefs of registrants would be entirely lawful and justified in cases where alternative provision is not easily accessible by the service user.

We therefore recommend that an additional caveat be added to the 3rd bullet point under standard 2 which states:
"inform relevant persons or authorities if your personal beliefs prevent you from providing a particular professional service and ensure patients and the public are referred to alternative providers of the service they require. *Where it is not possible for patients or the public to easily access alternative service providers, you must recognise that it is your professional obligation to provide the service and not allow your personal beliefs to prevent the patient or the public from accessing the service."*

ANNEX C - DRAFT STANDARDS – PROFICIENCY

Question 9
Do you think that the proficiency standards for pharmacists and pharmacy technicians are sufficient to ensure that they are able to practise safely, lawfully and effectively?

- ☐ Agree
- ☐ Disagree
- ☒ Unsure

Comments

Question 10
Do you agree that the standards of proficiency for pharmacy technicians should require a broader range of knowledge and understanding?

- ☐ Agree
- ☐ Disagree
- ☒ Unsure

Comments

Question 11
Do you agree with the distinctions between the proficiencies of pharmacists and pharmacy technicians?

- ☐ Agree
- ☐ Disagree
- ☒ Unsure

Comments

ANNEX D - DRAFT STANDARDS - EDUCATION AND TRAINING

Question 12
Do you agree that knowledge programmes for pharmacy technicians may continue to be delivered outside national frameworks provided that they have been accredited by the GPhC as delivering equivalent outcomes?

- ☐ Agree
- ☐ Disagree
- ☒ Unsure

Comments

Question 13
Do you agree that pharmacy technicians must be able to apply a general knowledge of clinical and pharmaceutical science?

☐ Agree
☐ Disagree
☒ Unsure

Comments

Question 14
Do you agree that undergraduate education and pre-registration should be integrated?

☐ Agree
☐ Disagree
☒ Unsure

Comments

Question 15
Do you agree that the standards should be based on an increased clinical role for pharmacists?

☐ Agree
☐ Disagree
☒ Unsure

Comments

Question 16
Do you agree that delivering these standards will require changes to assessment at undergraduate level?

☐ Agree
☐ Disagree
☒ Unsure

Comments

ANNEX E - DRAFT STANDARDS - CONTINUING PROFESSIONAL DEVELOPMENT

Question 17
Do you agree that together, the standards and framework provide a

comprehensive approach to CPD, in line with the draft Pharmacy Order requirements?

☐ Agree
☐ Disagree
☒ Unsure

Comments

Question 18
Do you agree that registrants, regardless of their scope of practice, should record some CPD that relates to their ability to practise according to the GPhC standards of conduct, ethics and performance?

☒ Agree
☐ Disagree
☐ Unsure

Comments

Question 19
Do you agree that there should be a return to practice requirement after two years out of practice?

☐ Agree
☐ Disagree
☒ Unsure

Comments

Question 20
Do you agree with the proposed return to practice and updating requirements?

☐ Agree
☐ Disagree
☒ Unsure

Comments

If you would like to make any other comments about the content of any of the consultation documents then please complete the box below:

Other comments

About us

The British Humanist Association (BHA) is the national charity representing the interests of the large and growing population of ethically concerned non-religious people living in the UK. It exists to support and represent people who seek to live good and responsible lives without religious or superstitious beliefs.

The BHA is deeply committed to human rights, equality, democracy, and an end to irrelevant discrimination, and has a long history of active engagement in work for an open and inclusive society. In such a society, people of all beliefs would have equal treatment before the law, and the rights of those with all beliefs to hold and live by them would be reasonably accommodated within a legal framework setting minimum common legal standards.

Our expertise lies in the 'religion or belief' equality strand, which includes non-religious beliefs such as Humanism, and how that strand relates to and intersects with other protected characteristics. We also work closely with others on wider equalities issues in a range of forums.