

## Response to Pharmaceutical Society of Northern Ireland (PSNI) code of conduct consultation

May 2015

### 1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.
- 1.2 As part of our work we oversee nine health and care professional regulators (including the PSNI) and report annually to Parliament on their performance. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk).
- 1.3 We welcome the opportunity to respond to this consultation about PSNI's draft Code of Conduct for pharmacists in Northern Ireland.<sup>1</sup>

### 2. Comments on the draft Code

#### *Put the patient first*

- 2.1 We welcome the attention the PSNI has paid to the Francis Report in developing this draft Code. This has resulted in consolidating several principles from the existing code into the new standard 'put the patient first' and we welcome the prominence this is given by calling it principle 1.

#### *Candour*

- 2.2 We also welcome the inclusion of a 'duty of candour' within standard 1.2.4 of the draft Code and the associated obligation to foster a culture of openness, honesty and learning within standard 1.2.1. However standard 1.2.4 as currently drafted suggests an apology is an example of an appropriate remedy. We consider this should be rephrased so that it reflects the statement on candour the PSNI made with several other regulators in October 2014, which made clear that an apology should be given in addition to offering an appropriate remedy. We suggest the first line of standard 1.2.4 should be rephrased so that is clear that the obligation to explain what has gone wrong is owed to the particular patient(s) the error relates to rather than patients in general.

#### *Undertakings and restrictions on practice*

- 2.3 Standard 1.2.9 states registrants must 'abide by any undertakings you give and/or any restrictions placed on your practice'. We are unsure what undertaking and restrictions this standard is referring to and consider this

---

<sup>1</sup> Available at <http://www.psn.org.uk/publications/consultations/> (accessed 6 May 2015)

should be clarified. If it is only intended to apply to undertakings the registrant gives to the PSNI and restrictions placed on the registrant by the PSNI this should be made clear.

### *Disclosing confidential information*

- 2.4 Standard 1.3.4 states registrants must 'ensure that confidential information is not disclosed without consent, except where legally permitted or in exceptional circumstances'. We do not consider confidential information should be disclosed without consent unless the law requires or permits the disclosure. Therefore we suggest the phrase 'or in exceptional circumstances' should be removed from this standard and that the phrase 'legally permitted' should be replaced with 'legally required or permitted'.

### *Page 2 of the draft Code*

- 2.5 We are unsure of the purpose of paragraph 2 of page 2 of the draft Code. At first sight it would appear to be a summary of the draft Code. However, in our view, it does not accurately summarise the principles and standards expressed in the main body of the draft Code. If paragraph 2 is retained we therefore consider it would benefit from some redrafting.
- 2.6 In particular we are concerned that the phrase 'exercise professional judgment in the best interests of patient and public safety' is a narrower obligation than acting in the best interests of patients and other aspects of the put the patient first principle set out on pages 4 to 5.
- 2.7 Furthermore the phrase 'uphold the reputation and good name of the profession' does not feature in the main body of the Code. Moreover there is a risk such a broad statement could be misconstrued as an obligation to uphold the reputation of the profession even if doing so would harm patient safety.

### *Glossary and footnotes*

- 2.8 As the glossary on page 14 only contains one item perhaps this could be incorporated into the terminology section on page 2.
- 2.9 We are unsure if the footnotes in the draft Code will be included in the final version and suggest that it may be prudent to remove them if their contents are not important enough to include in the main text. The documents the footnotes refer to may well become out of date during the life of the Code and it may be difficult to maintain the hyperlinks. Out of date references and broken hyperlinks could undermine confidence in the PSNI and the validity of the Code.

## **3. Freedom of Information**

- 3.1 In relation to the Freedom of Information section of the consultation questionnaire, we confirm that we are happy for you to name us in the list of respondents to this consultation. We also happy for our comments in this response to be attributed to us in your consultation reports.

---

#### 4. Further information

- 4.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

**Professional Standards Authority for Health and Social Care**  
157-197 Buckingham Palace Road  
London SW1W 9SP

Website: [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)

Telephone: 020 7389 8030