

## Response to the Pharmaceutical Society NI's consultation on its Code (Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland)

### 1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care ('the PSA') promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and social care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)
- Oversee the 10 health and care professional regulators and report annually to Parliament on their performance
  - Accredit registers of healthcare practitioners working in occupations not regulated by law through the Accredited Registers programme
  - Conduct research and advise the four UK governments on improvements in regulation
  - Promote right-touch regulation and publish papers on regulatory policy and practice.

### 2. General comments

- 2.1 We welcome the opportunity to comment on draft Code of Conduct, Ethics and Performance for pharmacists in Northern Ireland.
- 2.2 Overall, we support the approach of an affirmation, taken by registrants to provide safe, effective, and compassionate care by abiding by seven Standards. The PSA suggested this approach in our Standards for NHS Boards and Clinical Commissioning Group Governing Bodies leaders in England, in the guidance we provided to the Secretary of State for Health.<sup>1</sup>
- 2.3 It would have been helpful for those engaging with the consultation if the PSNI had identified and explained changes to emphasis and language of the code. This would be useful, both for the purpose of this consultation, and for communicating the updated standards to pharmacists.
- 2.4 We could not see any reference to a review of other regulators' codes in the summary of activities undertaken as part of this exercise. We think it is helpful for regulators to look to other codes and standards to ensure greater coherence, and where desirable, consistency. This is especially important for registrants working side-by-side in multi-professional teams. In the longer term, we are of the view that there would be benefits to regulators agreeing a

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<sup>1</sup> Available at: [standards-for-members-of-nhs-boards-ccg-bodies-advice.pdf](http://standards-for-members-of-nhs-boards-ccg-bodies-advice.pdf) ([professionalstandards.org.uk](http://professionalstandards.org.uk))

common code of conduct across the professions, to bring greater consistency to the standards of behaviour expected of professionals across the sector.<sup>2</sup>

- 2.5 We note the PSNI's commitment to improving their consultation process from their recent Council meeting.<sup>3</sup>
- 2.6 We would welcome further explanation of how the PSNI has considered future proofing it's code. Areas to consider include changes to requirements for healthcare professionals, the impact of technology on the delivery of care, and changes to requirements and scope of healthcare professionals. A key area for the PSNI to consider may be the inclusion of pharmacy technicians within the code, following the consultation run by the Department of Health.<sup>4</sup>
- 2.7 We support many of the changes proposed, and the high level of the code will have the benefit of allowing pharmacists to apply their professional judgement. We welcome, however, that this consultation also asks stakeholders what further guidance would be required to apply this high level code in practice.
- 2.8 We welcome the PSNI's focus on patients' rights and accountability. It is right that regulators work to ensure registrants are aware of such matters, and their responsibilities.
- 2.9 However, the section on patients' rights appears to be limited to the right of patients to raise concerns and how to complain, rather than a broader explanation of patients' rights. While the code itself reflects on other elements of patients' rights, such as freedom from discrimination and the right to refuse treatment, this is not reflected within the text under the patients' rights subheading. Signposting where to raise concerns is important, but to title such information under a "patients' rights" section may not be appropriate. This is a code for professionals, therefore a 'patients' rights' section of the code might be expected to inform professionals of the actions required to respect, enable and support the rights of patients.
- 2.10 The PSNI may decide patients' rights may be best outlined in a separate patient-facing document or webpage to the code. For example, the GMC's website outlines the rights of patients, families and carers who engage with

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<sup>2</sup> Point 3.249, available at: [https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320\\_7](https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320_7)

<sup>3</sup> Item 7, available at: <https://www.psn.org.uk/wp-content/uploads/2023/12/meeting-pack-Council-Public-Meeting-05-12-2023-With-Notes-719M-Amended.pdf>

<sup>4</sup> Available at: <https://www.health-ni.gov.uk/consultations/introduction-statutory-regulation-pharmacy-technician-workforce-northern-ireland>

professional regulation in a charter, which is separate from the standards expected of professionals.<sup>5</sup>

- 2.11 In addition to these general comments, we have included below responses to the relevant consultation questions.

### 3. Questions

#### 1. Does the draft Code adequately outline the behaviours and conduct expected from a health professional working as a pharmacist?

- 3.1 We welcome the new wording on informed consent which seems more in-line with current practice and thinking. We welcome the focus on actively involving and empowering patients to make decisions about their care, which would include discussing options and available alternatives to patients.
- 3.2 We welcome the affirmation to raise concerns when things go wrong, and the explicit reference to the duty of candour.

#### 3. Is there anything which is not adequately considered or covered in the draft Code?

- 3.3 We support the changes to the standards relating to discrimination, and in particular the more active focus of this standard. This is in line with our finding in *Safer care for all*<sup>6</sup> that there is variation across regulators in this area. Some require registrants to actively challenge discriminatory behaviours whilst others focus on respecting diversity and difference.
- 3.4 We welcome references to understanding patients' additional needs and changing the framing to the positive: "treating all patients fairly, sensitively and equally" rather than merely: "Not act in a way that unfairly discriminates against any person". The new framing reflects the greater emphasis on public bodies duty to promote equality.
- 3.5 The code does not refer to raising concerns with or about colleagues with respect to discrimination. This is a complex area, and we understand that the standards for registrants need to be set at the right level to help move the dial on discrimination and inequalities, without placing unreasonable expectations on individual registrants. As we outlined in *Safer care for all*, the question of how registrants can play a more active role in tackling inequalities and discrimination is one that we would like to continue to explore with stakeholders.
- 3.6 We welcomed the HCPC's direct consideration of challenging discrimination "1.7 You must raise concerns about colleagues if you think that they are treating people unfairly and/or their personal values, biases and beliefs have led them to discriminate against service users, carers and/or colleagues or they have detrimentally impacted the care, treatment or other services that they provide.

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<sup>5</sup>Available at: <https://www.gmc-uk.org/about/what-we-do-and-why/charter-for-patients-relatives-and-carers>

<sup>6</sup> Available at: <https://www.professionalstandards.org.uk/safer-care-for-all/safer-care-for-all-recommendations-and-commitments>

This should be done following the relevant procedures within your practice and maintain the safety of all involved.”<sup>7</sup>

- 3.7 In *Safer care for all*, we explored the potential for registrants to have a more explicit responsibility to tackle health inequalities. The PSNI may be interested in how Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand embed cultural safety, they outline their own responsibility to improve cultural competence and safety to reduce health inequalities. The PSNI may be interested in the research commissioned by the PSA, for its future work in this area. The report on perspectives on discriminatory behaviours in health and care showed that the public had higher expectations from health and care professionals to promote equality and diversity, than for other professions they interacted with.<sup>8</sup>
- 3.8 By the end of 2024, we will review the performance of the PSNI against our updated expectations under standard 3, which focuses on EDI and includes the outcome: “In terms of EDI, the regulator ensures that students and registrants are equipped to provide appropriate care to all patients and service users and have appropriate EDI knowledge and skills”. Indicators for this outcome include “Standards and/or guidance for students and registrants are designed to equip them to provide appropriate care to all patients and service users”, and “Standards and/or guidance for students and registrants require them to value diversity and challenge discrimination.”
- 3.9 The role of the code in ensuring that professionals have appropriate EDI knowledge and skills may be an example where the code could be further future proofed.
- 3.10 The standard: “To maintain appropriate personal and professional boundaries including not treating family members” covers a large range of inappropriate relationships. This broad definition may not be sufficiently clear with regard to sexual boundaries.
- 3.11 We understand that such details may be further outlined in supplementary guidance. However, we would expect this code to make clear reference to respecting sexual boundaries, for example the as explicitly stated by the GMC in *Good Medical Practise 2024*.<sup>9</sup> The PSNI may wish to expand on what is meant by personal and professional boundaries to make clear that this encompasses maintaining appropriate boundaries with both service users and colleagues. The inclusion of the reference to not treating family members as the

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<sup>7</sup> Available at: <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/revised-standards/what-is-changing/>

<sup>8</sup> Available at: [https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/perspectives-on-discriminatory-behaviours-in-health-and-care-2023.pdf?Status=Master&sfvrsn=f9bc4a20\\_7](https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/perspectives-on-discriminatory-behaviours-in-health-and-care-2023.pdf?Status=Master&sfvrsn=f9bc4a20_7)

<sup>9</sup> Available at: [https://www.gmc-uk.org/-/media/documents/gmp-2024-final---english\\_pdf-102607294.pdf](https://www.gmc-uk.org/-/media/documents/gmp-2024-final---english_pdf-102607294.pdf)

only specific example may take the emphasis of the code away from sexual boundaries.

#### **4. Is there anything unnecessary or which should be removed from the draft Code?**

3.12 No comments.

#### **5. Is there any supplementary guidance or information you would require to help your understanding of the information contained in the Code?**

3.13 We support the high level of the code that would have the benefit of allowing pharmacists to apply their professional judgement. However, further guidance for several areas of the code may be needed for registrants to understand the standards in practice.

3.14 From our oversight of the regulators, we are aware there are many issues where other professional regulators provide further guidance. The areas listed below involve particularly complex topics, where registrants may require further description and examples to understand what is expected of them.

3.15 The following points are examples that the PSNI may wish to explain further within guidance:

- Appropriate use of social media
- Conflicts of interest
- Demonstrating leadership.

#### **6. How would you suggest we can make the Code better known and understood by pharmacy trainees, pharmacists, patients and the public?**

3.16 The launching of a new code will give the PSNI an opportunity to refresh its engagement with registrants about professional standards. This will include where the standards have changed, and areas where the emphasis has shifted or evolved from the previous version.

#### **7. Do any aspects of the draft Code have equality implications for groups or individuals based on one or more of the equality categories?**

3.17 The EDI screen document simply outlines the demographic makeup of the registrants' survey, which a minority of registrants responded to. The equalities impact assessment of the draft Code itself appears to be minimal. We would encourage the PSNI to produce and ideally publish a full EIA alongside consultations. This exercise would be simpler if each of the changes being made to the code were outlined.

3.18 When considering the impact of the high-level code on demographic groups, the equality impact assessment produced by the HCPC in their consultation this year may be helpful. With a range of professions covered by their standards, they were also high level.

3.19 Within the equality screening document, we welcome the description of the pre consultation exercise with stakeholders. It is particularly helpful to see the

description of changes made due to an engagement with a group representing people with disabilities.

- 3.20 We will assess under standard 3 of the performance review against the outcome that a regulators': "processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics". Producing a full EIA may help the PSNI better understand the impact of the new code on different groups.
- 3.21 An example of equality implications that may have not been fully considered is whistleblowing and the impact of power relations on the ability of registrants to raise concerns when things have gone wrong.
- 3.22 The following point does not follow the second person format of the rest of the code: "Inform your regulator, employer, and any other relevant authority appropriately of any circumstances that may call into question their or another's fitness to practise, including issues relating to personal health."

#### **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**  
16-18 New Bridge St, Blackfriars, London, EC4V 6AG  
Email: [policy@professionalstandards.org.uk](mailto:policy@professionalstandards.org.uk)  
Website: [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)  
Telephone: 020 7389 8030