Pharmacy Schools Council response to the General Pharmaceutical Council consultation on religion, personal values and beliefs, January 2017

Standard 1 says that:

Pharmacy professionals must provide person centred care Applying the standard
Every person is an individual with their own values, needs and concerns. Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority. All pharmacy professionals can demonstrate 'person-centredness', whether or not they provide care directly, by thinking about the impact their decisions have on people. There are a number of ways to meet this standard, and below are examples of the attitudes and behaviours expected.

We propose 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 [unchanged example] Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs [revised example]

1. Do you agree with the proposed changes?
Yes

1a. Please explain your reasons for this
PhSC believes that the patient and delivery of care should always be the priority for the pharmacist and wider healthcare team, and the proposed change for this standard is a significant development to this end. It is understood that this change intends to encourage a pro-active response where a pharmacist experiences a personal conflict with the expectations of their role, and to make every attempt to put one's religion, personal values and beliefs to one side in order to carry out the requirements of their role and to ensure the patient's needs are met.

However, further research may be needed to look at whether there may still be a block to the provision of care as a result of some of the aspects of the proposed guidance. Based on the guidance, a pharmacist may still be encouraged to take up a role in a pharmacy where they feel able to refer a patient to another service, as they believe their personal beliefs may indeed be compromised if carrying out all tasks required, but there is a local pharmacist available nearby to refer the patient to. PhSC are concerned that a referral in such an instance may still may have a negative impact on the delivery of patient care. In this sense, the guidance may need to be more explicit in the expectation of the pharmacist to put their personal beliefs to one

side and to ensure that the patient receives the care they need (see further details in answer to question 3).

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

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

The guidance should be more explicit in its expectations of a pharmacist. For example, even if employed in a pharmacy where there are a large number of staff for referral, or other local pharmacies available, a pharmacist should still be cautious of how refusing to carry out the task may affect the patient's perception of, and seeking of, the medical care in question. As well as mentioning appropriate body language, tone of voice, etc., the importance of being perceived to be neutral could be usefully added (section 3.e.).

In the same regard, the guidance could explicitly state that the professional's religious, personal values or beliefs should not be revealed and explained to the patient, as this may then influence the patient's decision for their care. As an example, if a 14-year-old girl were to consult a pharmacist for the emergency contraceptive pill; to then be told that the pharmacist cannot do this due to their values or beliefs may then have a significant impact on the patient, especially where the patient is vulnerable and may not have a support network (but also in all cases to some degree- further exploration and clarity on this may be needed). Although this is mentioned in 3.d., it could be expanded on and made more explicit. For example, caution should be taken under 3.c which states that the pharmacists should help the patient come to an 'informed decision': here there could be mention of ensuring that the pharmacists own personal views are not disclosed in order to ensure that the patient is not influenced, even if they believe that they are not implying or expressing judgement when explaining why they cannot provide the service.

If there is evidence that referral in any sense has an impact, it would be recommended to remove some of the suggested considerations under 3.a., such as whether there are other local services available, in order to discourage referral, and instead to try to emphasise consideration that the employment is suitable for the professional and their own religion, beliefs or personal values. However, it would be important not to lose the emphasis on the pharmacist in taking a pro-active role in ensuring that the patients care needs are met, regardless of any unexpected blockages to this, for example, if a person had not considered a particular value or belief prior to the incident where there is a conflict. Instead, there could be mention that this applies where there is an unexpected personal conflict and not for example, for it to be acceptable for a pharmacist to routinely refuse to carry out a certain part of their expected role of employment, but to pro-actively refer patients to a pharmacist close by.

PhSC would be keen to work with the GPhC and others to ensure that this is communicated effectively to students. There could also be a piece of work to look at how to help students to raise any concerns about conflicts between their values or beliefs and future employment earlier on in their careers, and to identify how this could be avoided.

Impact

We recognise that a person's religion, personal values and beliefs are likely to affect their behaviours, attitudes and decisions. We want 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

5. Will that impact be:
Mostly positive
Partly positive
Positive and negative
Partly negative
Mostly negative

5a. Please explain and give examples.

The proposed change would be a positive development for pharmacists as part of a profession that can show it is focused on putting the patient's needs first.

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

Yes

7. Will the impact be:

Mostly positive
Partly positive
Positive and negative
Partly negative
Mostly negative

7a. Please explain and give examples.

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

Yes

9. Will the impact be:

Mostly positive
Partly positive
Positive and negative
Partly negative

Mostly negative

9a. Please explain and give examples.

The proposed change in this consultation should help to ensure that pharmacy services can be accessed when and where needed, and it implies that the pharmacist will be expected to take a pro-active response to ensuring that the needs of the patients are met, regardless of their own personal believes or values. As set out in the answer to question 3, this could be developed further.

10. Do you have any other comments?

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