

Consultation Report:

Consultation on the draft Code of
Conduct, Ethics and Performance
for pharmacists in Northern Ireland

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1. Executive Summary

About the Consultation and Engagement

- 1.1. The Pharmaceutical Society NI began work on updating and redrafting its current Code of Conduct, Ethics and Performance (the Code) in 2022.
- 1.2. As part of this work an initial public call for evidence was conducted in October 2022 and a Code Expert Advisory group was convened. Following this engagement the Code was updated to reflect the evidence gathered.
- 1.3. Following these changes, the Pharmaceutical Society NI conducted a public consultation which ran from the 23 October and 23 December 2023 to seek views on the updated Code and suggestions for further improvement.
- 1.4. The consultation was completed through publishing of the relevant documents on the Pharmaceutical Society NI homepage and was simultaneously promoted through social media channels.

Respondents

- 1.5. A total of 13 responses were received and a list of the respondents can be found in Table 1. A list of respondents can be found at Appendix A.

Main Themes from Questions

- 1.6. The points most frequently raised throughout the consultation, in order of frequency, are:
 - **Suggestions on clearer wording of standards to better reflect the way in which modern pharmacy is practised.** Of particular concern were standards around specific circumstances in which services may be provided for friends and family.

- **A desire for more specific guidance documents to be published by the Society** on areas such as social media, conflicts of interest, and demonstrating leadership, conscientious objections, patient consent and risk assessments.
- **The need for the publication of the Code to be supported by a comprehensive engagement plan.** It was highlighted that the Pharmaceutical Society NI should engage widely with pharmacy related stakeholders, including students, to support promotion of the new Code.
- **A desire for key terms to be more closely defined.** Respondents sought more clarity on implications of using the terms: 'must and 'should', the terms compassionate care, reasonable adjustment and the terms reflective and insightful.
- **The need for Pharmacists to affirm the Code** was challenged with the main point of criticism being questionable benefits.
- **A desire for the Code to be more inclusive**, specifically by strengthening diversity and inclusion standards, using more accessible language, and completing and publishing a comprehensive EQIA alongside the consultation.
- **The need for an improved writing style, better formatting and a second sense check of the document to avoid duplication.**

Recommendations

- 1.7. In order to progress work toward completion of a final agreed Code, it is recommended that:

- Additional meetings with the Code Expert Advisory Group are convened to further explore the concerns raised.
- The draft Code consulted upon should be developed to address the consultation findings and the feedback given by the Code Expert Advisory Group.
- The Pharmaceutical Society NI, develops a clear programme of work specifying the guidance to be developed and updated to support the Code and commits to publishing this plan on its website with regular progress updates.

1.8. With specific regard to the anticipated future registration of pharmacy technicians, it is recommended that, the new published final Code will be worded to be focussed on pharmacists until such time as the registration and regulation of pharmacy technicians in Northern Ireland comes into effect. This is because the statutory remit of the Pharmaceutical Society NI is currently restricted to pharmacists.

2. About the Pharmaceutical Society of Northern Ireland

- 2.1. The Pharmaceutical Society NI is the regulatory body for pharmacists and pharmacies in Northern Ireland.
- 2.2 Our primary purpose is to ensure that pharmacists are fit to practise and deliver high quality safe care to patients.
- 2.3 It is the organisation's responsibility under The Pharmacy (Northern Ireland) Order 1976 to protect and maintain public safety in pharmacy by:
- setting and promoting standards for pharmacists' admission to the Register and for remaining on the Register
 - maintaining a publicly accessible register of pharmacists and pharmacy premises
 - investigating concerns about the fitness to practise of pharmacists and taking action to protect the public
 - Overseeing pharmacist education and training in Northern Ireland, including managing the training and registration pathway for trainee pharmacists. This encompasses approving Foundation Training Year (FTY) providers, maintaining the Student Register, overseeing the Common Registration Assessment, and registering pharmacists upon successful completion
 - providing vital professional leadership functions through the Pharmacy Forum Northern Ireland.

3. About the Consultation

- 3.1. The Pharmacy (Northern Ireland) Order 1976 requires that the Council of the Pharmaceutical Society NI "set standards relating to the conduct, ethics and performance expected of registered persons¹".

¹ Registered persons may be interpreted as pharmacists.

- 3.2. The current version of the Code was last reviewed in 2016 and there have been many changes and developments within the pharmacy sector in that period, as such the Code requires significant updates to ensure it is modern and fit for purpose. The Council of the Pharmaceutical Society NI has conducted a consultation on the professional standards of conduct, ethics, and performance for pharmacists in Northern Ireland (the Code).
- 3.3. Following an initial public call for evidence in October 2022 and a range of discussions with stakeholders and the Code Expert Advisory group, new sections were added to the Code which included professional judgement, accountability and a section on patient rights. New required behaviours were also added to address the continually evolving roles of the pharmacist.
- 3.4. Following these changes, the Pharmaceutical Society NI conducted a public consultation which completed December 2023. This consultation intended to identify if the updated Code, was fit for purpose in its new form. The consultation ran for 8 weeks from **23 October until 18 December 2023**.

4. Consultation engagement

- 4.1. **Engagement in development of updated Code:** Meetings were held with several relevant stakeholders during the development of the proposals consulted upon.
- 4.2. **Correspondence with key stakeholders:** Details of the consultation were emailed to all registrants and key stakeholders with instructions on how to respond.
- 4.3. **Website:** The consultation document and the Code were available to download from the Pharmaceutical Society NI website, along with a response form between 23 October and 18 December 2023.
- 4.4. **Facebook and other media:** The consultation document was advertised on our Facebook page over the consultation period.

5. Purpose of report – approach and analysis

- 5.1. This report provides a summary of the responses to the consultation.
- 5.2. No differential weighting was given to responses, and all responses were read and considered. Responses from individuals were considered alongside the views of organisations, and some of these have been included within the report to illustrate both consistent themes and alternative viewpoints.
- 5.3. An analysis of the themes identified has been provided and the various viewpoints of respondents explored.

6. Consultation document

- 6.1. The Consultation document listed 7 consultation questions in relation to the proposed Code.
- 6.2. Stakeholders were asked a range of questions and invited to provide further comments both on each question and more generally.

7. Respondents

- 7.1. The Pharmaceutical Society NI received 13 responses. An overview of the responses can be found in Table 1. A list of respondents can be found at Appendix A.

Respondents			
Individuals		Organisations	
Pharmacists	3	Pharmacy Representative	3
Undergraduate Students	-	Patients/Public Representative	1

Pre-registration Students	-	Government Department	-
Community Pharmacy Owner	-	University	1
Member of Public	-	Regulatory Body	-
Other Healthcare Professional	-	Health and Social Care Organisation	-
Other	-	Other	5
Total	3	Total	10
Overall Total	13		

Table 1 : Respondants by Organisation

8. Responses to Question 1

Question 1: Are the principles in the draft Code applicable across all areas of pharmacy practice?			
Yes	No	Unsure	Did not answer
7	1	2	3

Thematic review of comments:

- 9.1. Nine respondents provided comments in response to Question 1. Most respondents welcomed the update to the Code.
- 9.2. Several respondents expressed concern over whether the Code was sufficiently ‘futureproofed’ particularly with regard to those evolving roles, such as pharmacy technicians that may soon be recognised as registered healthcare professionals in Northern Ireland.
- 9.3. Two respondents noted that the Code has a heavy focus on patient care and that this can make difficult for pharmacist who work in industrial or academic settings to see how the standards apply to them.
- 9.4. One respondent questioned the use of the word “compassionate” within the Code, expressing that, as it is a subjective term, it may present difficulties to both accountability and consistent application. Questions regarding word definitions was a recurring theme throughout the responses given to the consultation.

Selected quotes in response to Question 1.

- 9.5. “Overall Pharmacy Forum NI welcomes the principles in the draft Code. It is helpful that these principles are now modelled in such a way that it is easily

understood that no one principle is more important than any other.”- *The Pharmacy Forum*

- 9.6. “Whilst it may be desirable that pharmacists provide compassionate care it is difficult to see how this could be an obligatory expectation ‘both when a pharmacist is working and when they are not’.”

- *DoH MRG Inspectors*

- 9.7. “It is important for PSNI to consider how the code will further be updated if/when pharmacy technicians in NI are recognised as a registered healthcare professional following on from the consultation on the introduction of Statutory Regulation of the Pharmacy Technician Workforce in Northern Ireland in May 2022.”

- *Boots*

Analysis

Pharmacy Technicians

- 9.8. The Pharmaceutical Society NI appreciates its responsibility to ensure that it sets appropriate standards for all the professionals regulated by them. As pharmacy technicians are expected to become registered professionals regulated by the Pharmaceutical Society NI it is useful to consider how overarching standards documents, such as the Code, can be written in a way that includes and accommodates their needs.
- 9.9. However, as the Pharmaceutical Society NI does not yet regulate pharmacy technicians in Northern Ireland it does not yet have the power to write a Code of practise for pharmacy technicians. It is useful to note that the General Pharmaceutical Council (GPhC) have a single code aimed at pharmacy professionals which applies to pharmacy technicians and pharmacists.

Recommendation 1

9.10. In view of the statutory remit of the Pharmaceutical Society NI being currently restricted to pharmacists, any changes to ensure applicability to pharmacy technicians will be taken forward during the programme of implementation for registration and regulation of pharmacy technicians in Northern Ireland.

Clarity on term Compassionate care

9.11. The Pharmaceutical Society NI is committed to ensuring its policies are written in a clear way that avoids ambiguity. This is especially important considering that the Code can be the basis for Fitness to Practise proceedings. As such, it is accepted that it will be useful to provide further clarification on what the Pharmaceutical Society NI means by 'compassionate care' were this can be achieved without detracting from the overall readability of the Code. A useful suggestion has been made in respect of the inclusion of a glossary or explanatory note to aid interpretation of such wording.

Recommendation 2

9.12. The Pharmaceutical Society NI should consider expanding on certain key terms in a glossary to appended to the Code.

Pharmacists in Different Settings

9.13. The Pharmaceutical Society NI recognises that the Code needs to be a document which is easily understood, and which is applicable to all pharmacist regardless of the setting in which they work. We accept that more work needs to be done to ensure that this is the case and commit to engaging with more pharmacists who work in roles which are not directly patient facing.

Recommendation 3

9.14. The Pharmaceutical Society NI will endeavour to include pharmacists from a wide range of sectors in our Expert Advisory Panel to ensure the Code is applicable to all.

9. Responses to Question 2

Question 2: Does the draft Code adequately outline the behaviours and conduct expected from a health professional working as a pharmacist?

Yes	No	Unsure	Did not answer
4	3	4	2

Thematic review of comments:

- 10.1. Seven respondents provided additional comments to Question 2, with many again welcoming the updated Code. One respondent praised the proposed Code's emphasis on patient-centred care, professionalism, effective communication, collaboration, accountability, and continuous professional development, which it said, "resonated with the core values of the pharmacy profession".
- 10.2. Several respondents, however, expressed concerns about the precision of the language and various terms. Several respondents raised the use of "must" and "should" within the Code, requesting clarity with regard to which behaviours should be mandated or otherwise advised. Variance in the use and intention of the words "must" and "should" was further raised in subsequent questions also, along with questions regarding grammatical consistency.
- 10.3. One respondent drew attention to point eight requiring practitioners to be "reflective and insightful", indicating they would like clarification on the interpretation of the term "insightful", feeling it was "too vague".

- 10.4. Another theme of the responses related to the duty of ensuring the competency of colleagues in multidisciplinary teams (MDT) within the Standard 'Work collaboratively with colleagues'. Several respondents expressed concern with accepting such a duty, which they felt may not be practical or practicable in a number of scenarios.
- 10.5. Several respondents questioned the practicality of the Code's requirement of not treating family members within the Standard 'Always act with professionalism'. Respondents felt this may present significant difficulties for pharmacies in rural areas, where alternative options may not be available. This point was again raised in responses to subsequent questions.

Selected quotes in response to Question 2.

- 10.6. "The behaviours, attitudes and the tone set by pharmacists in roles of leadership and who are not patient facing will have considerable impact on patient care. This is not covered, let alone acknowledged in the Code."
- *Pharmacists' Defence Association*
- 10.7. "The ambition to streamline the Code and provide clarity has been lost in some ambiguity and duplication within the document and could be improved by using more concise language throughout."
- *National Pharmacy Association*
- 10.8. "Regarding the prohibition of treating family members, the Forum feels that there needs to be clarity around... [whether] exceptional circumstances would still permit a pharmacist to provide treatment for a family member. These exceptional circumstances could include the situation in a rural area with a small, dispersed population."
- *Pharmacy Forum*
- 10.9. [Referring to ensuring competence in multidisciplinary teams] "This is not possible. Pharmacists cannot ensure their colleagues understand their scope of practice, competency and limitations. They can do this for their own

practice but would not be able to make this assessment for colleagues.”-
DoH MRG Inspectors

Analysis

Use of ‘must’ and ‘should’

10.10. The Pharmaceutical Society NI recognises the need for clarity in the wording of the Code and does have a definition for the terms ‘must’ and ‘should’ from prior standards and guidance documents. Other regulators such as the GMC and the HCPC also use the terms must and should.

10.11. The Pharmaceutical Society NI is accepting of the need to reconsider a requirement that pharmacists communicate their scope of practice to all colleagues in a multi-disciplinary team.

Recommendation 4

10.12. It is recommended that future drafting should consider views of the Expert Advisory Group as to where the terms must and should are best used and should ensure consistency with Codes published by other healthcare regulators.

Use of the term ‘reflective and insightful’

10.13. Please see paragraphs 8.10 in relation to Question 1 for a general discussion on the need to further define the terms used in the Code.

10.14. In response to the issue of providing examples of what good looks like in terms of CPD submissions, it is accepted that some examples of good practice are helpful. It is our intention to provide further guidance on our website, which provides CPD Exemplars, based on successful CPD cycles submitted by registrants.

Recommendation 5

10.15. See recommendation made in paragraph 9.12 in relation to Question 1.

Working as part of a multidisciplinary team

10.16. It is important that when pharmacists work as part of a multidisciplinary team their skills and limitations are clearly understood by the other members of the team and that they take responsibility for ensuring they always work within their Scope of Practise.

10.17. This principle is reflected across other regulators such as the GDC², NMC³, GPhC⁴, HCPC⁵ and GMC⁶. However, none of these regulators have specific standards around working as part of an MDT as part of their respective code of practice. Instead, all the regulators listed have a combination of the following three standards in their code to regulate registrants working as part of team:

- 1) that registrants must only delegate task to appropriately trained professionals and that they must provide the appropriate guidance and supervision when delegating;
- 2) that registrants must only work within their area of competence and skill; and
- 3) that registrants must share all relevant information about a patients care with those involved in its provision (given that they have the appropriate consent to do so).

10.18. The GDC adds to these standards that registrants cannot use their position of power to pressure someone into doing a task that they do not feel confident doing.

² GDC (2014) [Standards for the Dental Team](#)

³ NMC (2018) [The Code](#)

⁴ GPhC (2017) [Standards for Pharmacy Professionals](#)

⁵ HCPC (2024) [Standards of Conduct Performance and Ethics](#)

⁶ GMC (2024) [Good Medical Practice](#)

10.19. The GMC is the only regulator which on top of the three broad standards has specific guidance relating to working as part of an MDT / leading MDTs, however, this guidance is from 2012. This more specific guidance outlines that registrants should clarify their responsibilities and scope of practice with their employer when working as part of a team. The standards also note that registrants should clarify the supervision arrangements, line management and quality assurance processes that the team has in place to avoid any potential areas of ambiguity to ensure patient safety⁷.

Recommendations 6

10.20. It is recommended that alternative wording be developed, in partnership with the Expert Advisory Group in respect of this Standard.

Providing Care to Family and Friends

10.21. Feedback from respondents emphasised that at times limited access to healthcare professionals in rural areas can make it challenging for pharmacists to ensure they never provide care to those close to them, especially when delays in accessing alternative providers could negatively impact patients' health. Nonetheless, there is a need for caution and careful decision making in such cases recognising the associated risks of impaired objectivity.

10.22. The Pharmaceutical Society NI's current position is not entirely consistent with those of other UK healthcare regulators (GMC, GPhC, NMC). While all of them advise against treating themselves or loved ones and strongly discourage them from prescribing medicines for themselves or loved ones unless exceptional circumstances apply (see next paragraph) however they do not ban registrants from caring for themselves or to loved ones^{8,9,10}.

⁷ GMC (2012) 'Professional Standards: Leadership and Management for All Doctors' Standard 17

⁸ GMC (2024) [Good Medical Practice](#), Standard 97

⁹ NMC (2015) [The Code](#), Standard 18.5

¹⁰ GPhC (2019) [In practice: Guidance for pharmacist prescribers](#), Standard 4.1

10.23. The only exceptions to this general rule are when no other provider is available, and delaying access to care would risk life, health, or cause unacceptable pain or distress, or when immediate treatment is needed to save a life, prevent serious health deterioration, or relieve uncontrollable pain or distress. However, even in these circumstances most regulators advise that the registrant:

- creates a clear record of the events including documenting the rationale for their decision; and
- takes additional care to maintain appropriate professional boundaries remaining cognisant of how their personal emotional relationship with the patient can affect the quality of the care they provide.

Recommendation 7

10.24. It is recommended that the wording of this standard¹¹ be carefully reconsidered with appropriate input from the Expert Advisory Group.

10. Responses to Question 3

<u>Question 3:</u> Is there anything which is not adequately considered or covered in the draft Code?			
Yes 10	No 1	Unsure 0	Did not answer 2

Thematic review of comments:

11.1. Eleven respondents provided additional comments to Question 3.

¹¹ See bullet point 5 under 'Always act with professionalism' on page 9 of the Draft Code published for public consultation. The draft Code published for public consultation can be found here: [Code-Draft-Final-1.pdf](#)

- 11.2. Three respondents expressed concern that taking the decision to refuse providing services or medicinal products on the grounds of a held religious belief is not expressly referenced within the Code.
- 11.3. Questions concerning clarity of language were raised by a number of respondents, with several respondents requesting supporting guidance. One respondent singled out a reference to 'regular risk assessments', asking what frequency constituted "regular". In a subsequent comment regarding the provision of "appropriate and adequate" information to patients, they inquired whether this was "the legal expectation of appropriate and adequate information for effective consent".
- 11.4. The rights of pharmacists were felt by a number of respondents to not have been adequately addressed; for example, suggesting that the Code should stipulate that all investigations by the Pharmaceutical Society NI should be conducted in a fair, transparent and timely manner.
- 11.5. The Code's inclusion of a registrants' physical and mental health was welcomed by several respondents. However, it was raised that meeting the Standard to 'Always act with professionalism', could be interpreted as laying an undue burden on the registrant, resulting in the unintended scenario that a technically obese registrant, for example, could find themselves in breach of the Code if they do not seek support.
- 11.6. Two respondents referenced the difficulty in inclusion of a link to a Royal Pharmaceutical Society (RPS) document, stating concerns that registrants and members of the public who are not members of RPS may not have access to this document.

Selected quotes in response to Question 3

- 11.7. "I find it shocking that within the proposed Code, there is absolutely no mention of protection of (the vast majority of) registrants who profess and live

according to their religious beliefs. The proposed wording of the Draft Code, Page 9, under the title “Always put the patient first”; the penultimate point “Understand your values...” and the ultimate point “Refer a patient...” MUST be reworded to include religious belief as an acceptable reason for a registrant to refuse provision of a professional service or medicinal product.”

- *Anonymous*

- 11.8. “The ‘Code’ uses the term ‘must’ and ‘should’ without defining what they mean in the context of regulatory standards. Members of the public who may be reading the code will not understand the regulatory impact on professional practice of the nuance between ‘must’ and ‘should’.”

- *Pharmacists’ Defence Association*

- 11.9. “It must be made transparent to registrants and the public, that the Code, while acting as a supportive document, is also a document of a statutory nature and as such may be used in the assessment of a registrant’s fitness to practise.”

- *Community Pharmacy Northern Ireland*

Analysis

Need for additional Guidance

11.10. Pharmacists do have the right to practise in line with their personal beliefs, however this must be balanced with their professional responsibilities to provide safe and effective care, and they must not discriminate against a person based on their own or the person's religion, values or beliefs.

11.11. The Pharmaceutical Society NI has currently available additional standards and guidance available for the issues raised in paragraph 10.2 and 10.3 with the Pharmaceutical Society NI providing guidance on:

- when pharmacists may refuse to provide services based on religious beliefs as published within the Guidance on the Provision of Services (2021)¹²;
- what actions the Pharmaceutical Society NI expects pharmacists to take to ensure that they have patient consent as published in Guidance on Patient Consent (2019)¹³; and on
- how regularly risk assessments need to be undertaken as published in the Premises Standards (2010)¹⁴.

Recommendation 8

11.12. It is recommended that the ethical issues surrounding declining the provision of treatment on the basis of religious belief be carefully reconsidered with input from the Expert Advisory Group and new wording agreed which is appropriate, legal and consistent with those of other regulators.

¹² Pharmaceutical Society NI (2021) [Guidance-on-the-Provision-of-Services-February-2021.pdf](#)

¹³ Pharmaceutical Society NI (2019) [Guidance-on-Patient-Consent-final-copy-281119-002.pdf](#)

¹⁴ Pharmaceutical Society NI (2010) [Premises Standards \(Community\)](#)

Outlining the role and responsibility of the Pharmaceutical Society NI

11.13. Respondents highlighted that they wished that the Code include sections which clearly set out the Society's responsibilities towards pharmacists and the role the Code plays in Fitness to Practice proceedings (see paragraphs 10.3 and 10.4).

Recommendation 9

11.14. It is recommended that the Draft code (as consulted upon) be updated to improve clarity about its role in consideration of Fitness to Practice proceedings. The Society's responsibilities toward pharmacists will be addressed in a range of policies and procedures such as the published Framework for CPD¹⁵ and published Fitness to Practice procedures¹⁶.

11. Responses to Question 4

<u>Question 4:</u> Is there anything unnecessary or which should be removed from the draft code?			
Yes	No	Unsure	Did not answer
10	0	0	3

Thematic review of comments:

13.1. Eight comments were submitted in response to Question 4.

13.2. A number of responses to Question 4 expressed reticence over the Code's apparent stipulation that registrants "must give" an affirmation. Indeed, two respondents stated that any requirement to make such an affirmation, particularly in a public forum, would "be opposed".

¹⁵ Pharmaceutical Society NI (2024) [CPD-Framework-2021-Revised-June-2024.pdf](#)

¹⁶ Pharmaceutical Society NI (2025) [ftp-page.pdf](#)

- 13.3. Again, the issue of repetition (stated as ‘duplication’) within the Code was raised as a potential issue.
- 13.4. One respondent, referencing the section ‘Patients rights’, questioned whether it was appropriately placed within the proposed Code, as opposed to being separate as standalone information.

Selected quotes in response to Question 4

- 13.5. “We do not see any legislative basis for requiring pharmacists to make an affirmation in respect of the Code and feel that it is, perhaps, an affectation rather than an action which will have an outcome which benefits pharmacists or the public. Any suggestion that this should be public or carried out as a group would be... strongly opposed.”
- *Community Pharmacy Northern Ireland*
- 13.6. “We feel the more succinct the Code is, the more pharmacists and the public are likely to engage with it. Therefore, we have identified content that could be removed including one of the Standards.”
- *QUB*
- 13.7. “It may be worth reviewing the language used as “affirmation” as a legal term is legally binding rather than a declaration of the standards that govern registrants in their practice. Such a written declaration of compliance with standards of the Code is already made by registrants on joining the Register and at annual renewal.”
- *National Pharmacy Association*

Analysis

Affirmation of the Code

- 12.8. The Pharmaceutical Society NI recognises the concerns raised around the requirements for pharmacists to affirm the standards set out in the draft

Code. We also note that neither the GMC¹⁷, NMC¹⁸, GPhC¹⁹, GOC²⁰ or the GDC²¹ require their registrants to affirm the standards set out in their respective codes of practice. Instead, these regulators note that their Code is written to support registrants in practicing their profession and that it details the standards they are expected to meet.

Inclusion of Patients' Rights

12.9. The Pharmaceutical Society NI recognises the concerns raised about including a section on patients' rights in the draft Code. We also note that neither the GMC²², NMC²³, GPhC²⁴ or the GDC²⁵ have a section on 'patients rights' in their respective codes. Instead, these regulators highlight that their code of practice may be useful to patients, carers and public in explaining the standards they can expects registrants to meet when providing care.

Recommendation 10

12.10. The Pharmaceutical Society NI will take further advice from the Code Expert Advisory Group and make amendments to the draft Code to address the points made in respect of the inclusion of a section on patients' rights and the affirmation of the Code.

¹⁷ GMC (2024) [Good Medical Practice](#)

¹⁸ NMC (2018) [The Code](#)

¹⁹ GPhC (2017) [The Standards for Pharmacy Professionals](#)

²⁰ GOC (2020) [Code of Conduct for Members](#)

²¹ GDC (2014) [Standards for the Dental Team](#)

²² GMC (2024) [Good Medical Practice](#)

²³ NMC (2018) [The Code](#)

²⁴ GPhC (2017) [The Standards for Pharmacy Professionals](#)

²⁵ GDC (2014) [Standards for the Dental Team](#)

12. Responses to Question 5

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

Yes	No	Unsure	Did not answer
8	3	0	2

Thematic review of comments:

- 13.1. Nine respondents provided with additional comments, the majority of which were in favour of additional guidance to simplify some of the language and terms used.
- 13.2. One respondent requested supplementary guidance on the processes a registrant may follow should they choose to refuse to provide advice, professional services or medicinal products on the grounds of “their personal values” or religious beliefs. In a related comment, another suggested it was not clear whether the “extensive discussion about religion or beliefs” contained within ‘Guidance on the Provision of Services’ (2021) would be retained.
- 13.3. A number of respondents provided examples where the Pharmaceutical Society NI could provide further guidance. One respondent suggested “appropriate use of social media”, “conflicts of interest”, and “demonstrating leadership” as three specific areas that could benefit from further guidance.

Selected quotes in response to Question 5.

- 13.4. “Alongside the Code we would like to see the current Professional Standards and Guidance Documents from the PSNI reviewed and accordingly updated.”
- *QUB*
- 13.5. “We are concerned that the Code may be put into effect before adequate updates to available guidance are completed and made readily available. We also believe that case studies will play a vital role in how everyone understands the practical outworking of the Code.”
- *Pharmacy Forum*
- 13.6. “The condensed Code leaves ambiguity around many areas... This must be addressed with additional statutory supplementary guidance (which should be consulted upon).” - *Pharmacists’ Defence Association*

Analysis

Additional Supplementary and Up to Date Guidance

13.7. The Pharmaceutical Society NI appreciates the need for future additional guidance in key areas such as appropriate use of social media, conflicts of interest, and demonstrating leadership.

Recommendation 11

13.8. The Pharmaceutical Society NI should develop a clear programme of work specifying the list of guidance to be developed and updated and publishing this on its website with regular progress updates.

Need for additional Guidance on Religious Beliefs

13.10. Please see paragraph 10.7 and 10.8 in response to Question 3

13. Responses to Question 6

Question 6: Do you have suggestions how we can make the Code better known and understood by pharmacy trainees, pharmacists, patients and the public?

Yes	No	Unsure	Did not answer
6	3	1	3

Thematic review of comments:

14.1. Seven comments were provided by respondents to Question 6.

- 14.2. Most respondents advocated for the Pharmaceutical Society NI to promote the new Code, with two respondents suggesting a 'launch' to highlight its release.
- 14.3. Most respondents believed the new Code presented an opportunity to engage with registrants and the public, while several respondents suggested that engagement with pharmaceutical students over the publishing of the new code would be valuable.

Selected quotes in response to Question 6.

- 14.4. We believe it is important for PSNI to support its use as a resource for practice not a compendium of "rules" that must be followed. A launch event would be important, that is accessible for pharmacists across Northern Ireland, supported by widespread promotion including via social media platforms.
- *QUB*
- 14.5. CPNI suggests that a bespoke communication and engagement plan may be helpful. This may need to take a specific approach to each of the groups mentioned. CPNI suggests that knowledge of the Code at an undergraduate level will also be critical, and we note that this forms part of the curriculum in NI schools of Pharmacy.
- *Community Pharmacy Northern Ireland*
- 14.6. We propose that significant effort is given to informing pharmacists and pharmacy trainees of revised standards under the Code to promote understanding of the required behaviours. For registrants it may be useful to consider a variety of media to promote the Code including written documents, signposting to the PSNI website and associated guidance documents.
- *National Pharmacy Association*

Analysis

Engagement and Publication of the Code

14.7. The Pharmaceutical Society NI agrees with the requirement for wide and intentional engagement to support the new Code and is committed to developing a comprehensive communications strategy to with a particular focus on engagement w with pharmacy professionals and students.

Recommendation 12

14.8. The Pharmaceutical Society NI should develop and execute a comprehensive engagement and communication strategy to support the launch of the new Code.

14. Responses to Question 7

Question 7: Do any aspects of the draft Code have equality implications for groups or individuals based on one or more of the following categories?

- Age
- Gender
- Disability
- Pregnancy and maternity
- Race / ethnicity
- Religion or belief
- Political Opinion
- People with dependants

Yes	No	Unsure	Did not answer
3	7	0	3

Categories given:

Religion or belief: 1

Disability: 2

Thematic review of comments:

- 15.1. Four respondents provided comments in response to Question 7.
- 15.2. One respondent was concerned about the “protection” afforded to registrants within the Code’s wording to “hold and express their beliefs”.
- 15.3. One respondent suggested that the website hosting the Code and supplementary guidance should consider those who are sight impaired.
- 15.4. Another respondent requested clarification over the term “reasonable adjustment” used within the Code, while a separate respondent questioned whether the Code itself had undergone an equality impact assessment.

Selected Quotes

- 15.5. “The equality impact assessment of the draft Code itself appears to be minimal. We would encourage the PSNI to produce and ideally publish a full [EQIA] alongside consultations.”
- *Anonymous*
- 15.6. “It is plausible a registrant may experience religious discrimination if they are forced to deny their religious beliefs, or act against their conscience in line with their religious beliefs, by the wording of a Code which gives insufficient protection for the registrant to hold and express their beliefs.”
- *Anonymous*
- 15.7. “The webpages which host the Code and supplementary guidance may be a barrier to those whose sight is impaired. As online access may be the main access point for the Code this must be considered and independently assessed.”

Analysis

Protection for Religious Beliefs

15.8. Please see paragraph 10.7 in response to Question 3.

Web page accessibility

15.9. The Pharmaceutical Society NI launched its new webpage on the 9 of December 2024 which takes into account the ongoing comments the Pharmaceutical Society NI has received around webpage accessibility.

Reasonable Adjustments

15.10. The Pharmaceutical Society NI recognises that pharmacists work in a wide variety of settings and as a result the means available to them to make reasonable adjustments can be very different. We also recognise that more detail may be needed to fully explain what the Pharmaceutical Society NI means by reasonable adjustment and what it considers to be best practice.

Recommendation 13

15.11. It is recommended that the process of equality impact assessment be continued as the Draft Code is further developed and updated in response to the consultation findings. We will further assess the equality impact of the updated Code and publish this alongside our consultation response.

15. Conclusion

- 16.1 The Pharmaceutical Society NI has conducted a thorough review and update of the Code of Conduct, Ethics, and Performance to ensure it remains suitable for current pharmacy practice. The consultation process included a public call for evidence, engagement with stakeholders, and an analysis of responses, which identified areas for further refinement and provided useful insights.
- 16.2 Given the passage of time, it is essential that we ensure that the updated Code reflects contemporary pharmacy practice and the commitment to upholding high standards of professionalism, patient care, and ethical conduct among pharmacists in Northern Ireland. The Pharmaceutical Society NI will continue working with its Expert Advisory Group, develop a further draft of the code. It also acknowledges the importance of providing guidance and support for the successful implementation of the new Code and comprehensive communication with registrants both during the launch and on an ongoing basis.

16. Table of Recommendations

Recommendation	Paragraph	Summary
1	9.1	Changes for pharmacy technicians will be addressed during implementation of their registration and regulation.
2	9.12	Consider expanding key terms in a glossary appended to the Code.
3	9.14	Include pharmacists from diverse sectors in the Expert Advisory Panel to ensure broad applicability.
4	10.12	Ensure consistent use of 'must' and 'should' in line with other healthcare regulators' Codes.
5	10.15	Refer to recommendation in paragraph 9.12 regarding glossary expansion.
6	10.2	Develop alternative wording for working in an MDT in collaboration with the Expert Advisory Group.
7	10.24	Reconsider wording when referring to treating family and friends with input from the Expert Advisory Group.

8	11.12	Reconsider ethical issues around treatment refusal based on religious belief with expert input.
9	11.14	Clarify the Code's role in Fitness to Practice proceedings and align with related policies.
10	12.1	Amend the draft Code to include a section on patient's rights and review the affirmation of the Code.
11	13.8	Develop and publish a guidance development programme with regular updates.
12	14.8	Create a comprehensive engagement and communication strategy for the Code's launch.
13	15.11	Continue equality impact assessment and publish updated EQIA alongside the new Code.

Appendix A

A total of 13 people responded to the consultation with most responding on behalf of an organisation / professional body. Of the 13 respondents 4 choose to participate anonymously and 9 choose to be named. Those who chose to be named are listed below in Table A.

Table A: List of Named Respondents

Respondents*	
Respondent Name	Organisation/job Type
1. The Pharmacists' Defence Association	Trade union
2. Boots	Community pharmacy contractor
3. National Pharmacy Association	Pharmacy Representative Body
4. Pharmacy Forum	Pharmacy Representative Body
5. Community Pharmacy Northern Ireland	Pharmacy Representative Body
6. The Christian Institute	Third sector
7. Brendan Kerr	Pharmacist
8. DOH MRG Inspectors	Medicines Regulatory Group
9. QUB	University

*Note: Two individuals requested that their names not be listed as respondents to the Consultation, while a further two did not explicitly state whether their name should be included or not, and these have not been published.

Appendix B

[Consulted Draft Code](#)