

Guidance on Patient Consent

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About the Pharmaceutical Society of Northern Ireland

The Pharmaceutical Society NI is the regulatory body for pharmacists and registered pharmacies in Northern Ireland.

Our primary purpose is to ensure that practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality, safe care to patients.

It is our responsibility 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 and the standards for Registered pharmacy premises;
- maintaining a publicly accessible Register of pharmacists and pharmacy premises;
- handling concerns about the Fitness to Practise of pharmacists, acting as a complaint's portal, acting to protect the public and maintaining public confidence in the pharmacy profession; and
- ensuring high standards of education and training for pharmacists in Northern Ireland.

Section 1 About this Guidance

- 1.1 The 'Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland (2016)' (the Code) states that pharmacists must 'Always put the patient first'. Central to ensuring the fulfilment of this obligation is for the pharmacist to satisfy themselves that they have a patient's consent, or other valid authority, before carrying out any examination, investigation or providing treatment.
- 1.2 This Guidance is addressed to pharmacists in Northern Ireland but may also be of assistance to patients, carers, the public and other healthcare workers in understanding the duties of pharmacists in relation to obtaining consent from patients.
- 1.3 The purpose of this Guidance, which should be read alongside the professional standards for pharmacists contained in the Code, is to assist pharmacists in meeting their obligations on patients' consent under the Code.
- 1.4 The Code contains the following Principles and Standards in respect of obtaining consent which pharmacists must follow.

Principle 1	ALWAYS PUT THE PATIENT FIRST.
Standard 1.4.1	Obtain appropriate consent from patients for the treatment and/or professional service provided, taking particular care to act in accordance with the law where you suspect that a patient lacks or may lack capacity to consent.
Standard 1.4.2	Ensure you record, where it is appropriate to do so, patient consent, either in writing or electronically, before providing a professional service and at appropriate intervals during the service provision.

Standard 1.4.3

Respect the right of the patient to refuse to take their medicines or to receive treatment or care.

Standard 4.1

COMMUNICATE EFFECTIVELY

Standard 4.1.1

Listen to patients and service users, respect the choices they make about their treatment and care and respond appropriately to their need(s).

Standard 4.2

ESTABLISH EFFECTIVE PARTNERSHIPS WITH PATIENTS

Standard 4.2.1

Work properly and meaningfully in partnership with patients and service users to manage treatment and care and seek to achieve better health outcomes.

Standard 4.2.2

Act in partnership with patients and service users to ensure prescribing is carried out in a manner which promotes safety and better health outcomes.

Standard 4.2.3

Encourage and seek to empower patients and service users to be knowledgeable about their medicines.

- 1.5 While pharmacists work in many settings,¹ this Guidance may become increasingly relevant to many pharmacists in their evolving clinical role which has resulted in more clinical interventions with patients.
- 1.6 This Guidance cannot cover every situation and does not give legal advice as all pharmacists must abide by the relevant law. Pharmacists must use their professional judgement when applying the Guidance and should note that a failure to meet their obligations in the Code may result in Fitness to Practise proceedings.
- 1.7 This Guidance does not cover consent to use a patient's information. For guidance on the pharmacist's responsibility to protect or disclose personal information about a patient, please refer to the Code Standards and the Guidance for Patient Confidentiality².

¹ The Standards and Guidance for Internet Pharmacy Services 2016 Guidance which contains specific guidance in relation to online consent is under review. This internet guidance should be considered in conjunction with read with this Guidance on Patient Consent standard. The Standards and Guidance for Internet Pharmacy Services can be accessed here <https://www.psni.org.uk/wp-content/uploads/2012/09/Standards-and-Guidance-on-Internet-Pharmacy-Services-Provision-revised1Mar2016.pdf>

² Available online at <https://www.psni.org.uk/wp-content/uploads/2012/09/StandardsonPatientConfidentialityrevised24feb2016.pdf>

Section 2 What is consent?

2.1 Consent

- 2.1.1 Consent is the patient's agreement to receive a professional service, treatment or care based on their preferences and values and the information with which they have been provided.
- 2.1.2 The patient has a basic right to be involved in decisions about their healthcare and the process of obtaining consent is fundamental to patient autonomy. Obtaining consent is also essential in informing and maintaining an effective healthcare partnership between the pharmacist and the patient.
- 2.1.3 The pharmacist must ensure that the patient has the necessary information to understand the treatment options and potential consequences to make an informed decision for the consent to be valid.

2.2 What are the different types of consent?

2.2.1 A patient can give explicit or implied consent:

- explicit consent is when the patient gives the pharmacist specific permission through written, spoken or signed language to do something, for example, signing a declaration to receive a collection and delivery service or undergo a clinical procedure;
- implied consent is when the patient gives their consent indirectly, for example, by bringing their prescription to a pharmacy professional to be dispensed or by expression through non-verbal communication by a patient exposing their arm in order that the pharmacist may examine it.

If the pharmacist is not sure whether they have implied consent, they should seek explicit consent.

- 2.2.2 Implied consent is not a lesser form of consent. It is the validity of the consent that is critical. Consent is only valid if the patient knows and understands what they are consenting to.
- 2.2.3 The pharmacist must use their professional judgement to decide what type of consent is required. The pharmacist should take a proportionate approach and consider the following matters:
- the nature of the proposed intervention;
 - its urgency;
 - the level of risk and the complexity of the decision;

- any relevant factors related to the individual patient such as their level of understanding or communication preferences;
- any legal and health service requirements; and
- any workplace policies.

2.3 How do pharmacists obtain valid consent?

2.3.1 The following principles are essential for patient consent to be valid:

- the patient must have the capacity to take the particular decision (see Section 4);
- the patient must have sufficient information to enable them to make the decision. The information provided should include, but is not limited to, an explanation of the investigation, diagnosis or treatment and an explanation of the probabilities of success;³
- the pharmacist must provide information on the potential risks associated with the patient's decision, particularly serious adverse outcomes, even if the likelihood of them happening is very small. If the pharmacist provides insufficient information, the patient's consent may not be valid;⁴
- the patient should be given time to ask questions;
- the patient must be acting voluntarily - not under pressure or duress from the pharmacist or anyone else; and
- the pharmacist must seek the patient's consent on each occasion that is necessary, such as after a change in circumstances, not only at the beginning of a process. The discussion of treatment options prior to making a decision should be part of the consent process.

2.3.2 The process of obtaining consent from the patient is a fundamental part of respecting a person's rights and should be viewed as an important part of the process of consultation

³ The pharmacist should consider a wide range of information which may be required by the patient to make an informed consent including patients' characteristics and preferences. Information should be obtained from the patient and carer (if applicable) and available records including patient records and the HSC Hospital Passport if available. Professional Guidance is available and a useful example is the Pharmacy Forum NI's Clinical Check Guidance available at <https://www.pfni.org.uk/wp-content/uploads/2017/05/Pharmacy-Forum-Clinical-Guidance.pdf>

⁴ The United Kingdom Supreme Court in 2015 (Montgomery v Lanarkshire Health Board) made it clear that doctors must ensure their patients are aware of the risks of any treatments they offer and of the availability of any reasonable alternatives. Judgement available at <https://www.supremecourt.uk/cases/uksc-2013-0136.html>

and decision-making. The pharmacist must respect the right of the patient to refuse to take their medicines or to receive treatment or care.⁵

2.4 Does the patient have the right to withdraw consent?

2.4.1 The patient is entitled to withdraw consent at any point. The pharmacist must not assume that, because the patient has consented to a particular treatment or service in the past, they will consent to it again or the patient could decide to give consent after they have initially refused. Patient choice must be respected.

2.5 Who obtains the consent?

2.5.1 Generally, the pharmacist treating the patient or providing a professional service to them should obtain consent. The pharmacist must use their professional judgement to decide whether it is appropriate to delegate the task to another member of staff. There may be occasions when the pharmacist judges this to be acceptable, for example, when the patient is providing consent to be part of a prescription collection service. Alternatively, it is more appropriate for a pharmacist to obtain consent if they are a pharmacist prescriber and will be prescribing for the patient.

2.5.2 Where the task of obtaining consent is delegated to a member of staff, the pharmacist still has overall responsibility for it. The pharmacist must be satisfied that the member of staff:

- is suitably trained and competent;
- knows enough about the planned treatment or service;
- understands the risks involved;
- is able to provide the patient with sufficient and accurate information on which to base their decision;
- follows the principles explained in the Code and this document; and
- will revert to the pharmacist if they are unsure about any aspect of the consent process.

If the pharmacist delegates the obtaining of consent, they are still responsible for making sure that the patient has been given enough time and information to make an informed decision and has given their consent before they start the treatment or professional service.

Failure to follow the steps above may mean that the consent provided is not valid.

⁵ Standard 1.4.3 of the Code

2.6 Recording the patient's decisions

2.6.1 Where it is appropriate to do so, the pharmacist should ensure that the patient's consent is recorded either in writing or electronically before providing a professional service, treatment or care and at appropriate intervals during the service provision.⁶ Examples of when requests should be recorded include when the pharmacist is providing services which require a physical examination or diagnostic testing or where treatment or care is complex.

2.7 Consent for the presence of a third person

2.7.1 Consent must be given by the patient to the presence of a third person, for example, a pre-registration trainee observing a private consultation, a carer or a chaperone.

2.7.2 The pharmacist must make the following points clear to the patient:

- inform the patient who the third person is, if not already known, in what capacity they are present and what activities, if any, they will be undertaking, for example, observing clinical procedures or taking notes;
- give the patient the opportunity to indicate whether they would like the presence of a third person. If the patient makes a request that a third person of his/her choice is present, the pharmacist should be clear about the information the patient is content to discuss in the third person's presence; and
- reassure the patient that refusal to allow the presence of a third person will not compromise their standard of care. In the case of the patient's refusal to have a chaperone present, the Guidance on maintaining clear sexual boundaries with patients and carers will apply.⁷

2.7.3 The pharmacist has a duty to maintain and protect confidential information within their control and, in adhering to this Guidance, the pharmacist is expected to ensure that all who have access to patient or service users' information know and maintain its confidential nature.

2.8 Policy and procedures

The process of obtaining and recording consent should be taken into account by the Pharmacy owner, employers, Superintendents or pharmacists when developing policy and procedures for pharmacy services including emergency situations. Appropriate training and support should be provided to staff to ensure that informed consent is obtained and recorded, when appropriate.

⁶ Standard 1.4.2 of the Code

⁷ The guidance on the refusal of a chaperone can be found at paragraph 2.3.5.4, Page 11 of the Guidance on Maintaining Clear Sexual Boundaries with Patients and Carers accessed at <https://www.psn.org.uk/wp-content/uploads/2012/09/Guidance-on-maintaining-clear-sexual-boundaries-with-patients-and-carers-July-2019-Final.pdf>

Section 3 Supporting informed patient decision-making

3.1 Providing sufficient information to the patient

3.1.1 The pharmacist must ensure that the patient has the necessary information to understand the treatment options and consequences to make an informed decision.

3.1.2 The exchange of information between the pharmacist and the patient is central to good decision-making. The pharmacist must work meaningfully in partnership with the patient to manage their treatment and care⁸ and any interaction with the patient should be based on openness, respect and trust.

3.1.3 The pharmacist should consider and respect diversity in the culture, beliefs and value systems of others and always act with sensitivity and understanding.⁹

3.1.4 The pharmacist should take reasonable steps to ensure:

- that all relevant information needed to make an informed choice is clear, accurate and presented in a way appropriate for the patient;
- that people who are likely to help the patient to make the decision are involved in helping and supporting the patient;
- that appropriate support is supplied for the purposes of communicating the information or explanation;¹⁰ and
- that the matter in question is raised with the patient at a time or times and in an environment likely to help the patient to make a decision.

3.1.5 The pharmacist should tailor their approach to discussion according to:

- the patient's circumstances, needs, beliefs and priorities;
- the patient's level of knowledge about and understanding of his/her condition and his/her treatment options; and
- the nature of the patient's condition.

3.1.6 The patient should be encouraged to ask questions if they do not understand or if they want more information. In particular, they will need information about:

⁸ Standard 4.2 of the Code

⁹ Standard 1.1.3 of the Code

¹⁰ The assistance of an interpreter or patient representative and the consideration of any reasonable adjustments including but not limited to, taking more time, providing clearer information and considering more than one means of communication, for example verbal and visual aids, easy read information and sign language, may assist the pharmacist in ensuring that the patient receives and understands the information given.

- the benefits and risks of the proposed intervention;
- what the intervention will involve;
- the actual and possible implications of not having the intervention; and
- the alternatives that may be available.

3.2 Confirming the patient's understanding

3.2.1 The pharmacist should check how fully the patient understands the information given about the proposed treatment or care and ask if they would like more information before deciding to consent to treatment. This involves checking responses to questions to elicit the patient's level of understanding rather than simply accepting an answer at face value. The pharmacist must make it clear that the patient may change their decision to consent at any time.

Section 4 Capacity

4.1 Capacity

Mental capacity¹¹ is the ability to make a particular decision. To do this, the patient must be able to do all of the following:

- understand the information relevant to the decision;
- retain that information for the time required to make the decision;
- use and weigh that information as part of the process of making the decision; and
- communicate their decision whether by talking, using sign language or any other means.

4.2 Adults with capacity

4.2.1 The pharmacist must begin with the presumption that a patient aged 16 and over has capacity (are competent) to make the decision in question and give consent to any treatment or care. The pharmacist should only consider that the patient does not have capacity when, having been given all appropriate help and support, the patient is unable to do any of the matters listed in paragraph 4.1 above.

4.2.2 Capacity is decision specific and may fluctuate over time. The pharmacist must not assume that because the patient lacks capacity to make a decision at a particular time that they will continue to do so.

4.2.3 The pharmacist must not assume that the patient lacks capacity to make a decision solely because of their age, disability, appearance, behaviour, medical condition (including mental illness), their beliefs, their apparent inability to communicate or the fact that they make a decision that the pharmacist disagrees with.

4.2.4 The patient's capacity to provide consent may be temporarily affected by their emotional/mental state and other external or associated factors, for example, the information they are being given may cause them to become anxious or agitated, thereby temporarily influencing their ability to provide consent. However, anxiety on its own is not evidence that the patient lacks capacity.

¹¹ Pharmacists should be aware that the Mental Capacity Act (Northern Ireland) 2016 which gained Royal Assent in May 2016 is being introduced in a phased commencement beginning 1 October 2019. The Department of Health's website reporting the commencement phases is accessible at <https://www.health-ni.gov.uk/mca>. The legal framework provided by the Act will be supported by Codes of Practice and Regulations. The Pharmaceutical Society NI will review the current Guidance when the Code of Practice and associated Regulations for relevant sections of the Act are commenced.

4.3 Adults without capacity

- 4.3.1 If the pharmacist is unsure of the patient's capacity, they should not proceed with the consultation, treatment or intervention and should explain the reason to the patient.
- 4.3.2 The pharmacists should seek advice from appropriately experienced and skilled health and social care professionals and people involved in the patient's care. If, following this consultation, the pharmacist remains unsure about the patient's capacity, they should seek legal advice and advise their employer of the situation. Any advice the pharmacist receives, or any assessments carried out, should be properly recorded along with the outcome. The pharmacist must ensure during this process that the patient's confidentiality is maintained.
- 4.3.3 Decision-making for a patient without capacity is currently governed by the common law in Northern Ireland which requires that decisions must be made in a patient's best interests. When it has been determined that the patient does not have capacity to make the decision on treatment or care, the pharmacist should consider which treatment options may be of overall benefit to the patient with special regard to their past and present wishes and values.
- 4.3.4 The Mental Health (NI) Order 1986, Article 69, provides for treatment for mental disorders to be given to a patient in certain circumstances without their consent. If the pharmacist is unsure about what they should do in a specific situation, they should seek guidance from appropriately experienced and skilled health and social care professionals, seek legal advice and advise their employer of the situation.

4.4 Children with capacity

Legislation in Northern Ireland states that a, "*Child..means a person under the age of 18*".¹²

4.4.1 Children aged 16 and over:

A child aged 16 or over is considered to have capacity to provide consent unless they have demonstrated otherwise. Therefore, for the purposes of decision-making about medical treatment and care, they must be treated as adults.¹³

4.4.2 Children under 16

A child under the age of 16 must be assessed to determine whether they are capable of making decisions about their healthcare and, therefore, are able to provide consent. A patient under the age of 16 can give consent if they have '*sufficient understanding and intelligence to enable him or her to understand fully what is proposed.*' (sometimes

¹² Children (Northern Ireland) Order 1995, Article 2. Available at <http://www.legislation.gov.uk/nisi/1995/755/article/2>

¹³ Age of Majority Act (Northern Ireland) 1969, Section 4. Available at <http://www.legislation.gov.uk/apni/1969/28/section/4>.

known as “*Gillick*¹⁴ *competence*”). There is no specific age when a child becomes competent to consent to treatment as it depends both on the child and on the seriousness and complexity of the treatment being proposed.

4.4.3 If the pharmacist is unsure whether a child under 16 has capacity or not, they should seek guidance from appropriately experienced and skilled health and social care professionals, people involved in the patient’s care, seek legal advice and advise their employer of the situation. Any advice the pharmacist receives, or any assessments carried out, should be properly recorded along with the outcome. The pharmacist must ensure during this process that the patient’s confidentiality is maintained.

4.5 **Children without capacity**

Where a child is not competent to give consent for themselves, the pharmacist should seek consent from a person with ‘*parental responsibility*’.¹⁵ While the pharmacist only needs consent from one person with parental responsibility, the child should, when appropriate, be involved in the decision-making process. If those with parental responsibility cannot agree about treatment or care of the child and the dispute cannot be resolved, the pharmacist should seek guidance from appropriately experienced and skilled health and social care professionals, seek legal advice and advise their employer of the situation. The pharmacist should always be guided by the child’s best interests.

¹⁴ The *Gillick* judgement (*Gillick v West Norfolk & Wisbeck Area Health Authority* [1986] AC 112 House of Lords), established the principle that in the absence of an express statutory rule, all parental authority ‘yields to the child’s right to make his/her own decisions when he/she reaches a sufficient understanding and intelligence to be capable of making up his/her own mind on the matter requiring decision’. Available at http://www.hrcr.org/safrica/childrens_rights/Gillick_WestNorfolk.htm

¹⁵ The Children (Northern Ireland) Order 1995 and Family Law (Northern Ireland) Act, 2001 defines who has parental responsibility. This legislation is available at www.opsi.gov.uk/legislation/northernireland/acts/acts2001/nia_20010012

Section 5 Refusal of Consent

5.1. Adults

- 5.1.1 An adult with capacity may refuse treatment even if that refusal results in harm to themselves. The Mental Health (NI) Order 1986 does provide for treatment for mental disorders without the patient's consent in certain circumstances.¹⁶ If the pharmacist is in doubt whether this applies, they should seek guidance from appropriately experienced and skilled health and social care professionals, seek legal advice and advise their employer of the situation.
- 5.1.2 The pharmacist must respect the patient's decision to refuse treatment even when the pharmacist thinks the patient's decision is wrong or irrational. The pharmacist should explain their concerns clearly to the patient and outline the possible consequences of their decision. The pharmacist must not, however, put pressure on the patient to accept their advice. If the pharmacist is unsure about the patient's capacity to make a decision, the pharmacist must follow the Guidance in Section 4.
- 5.1.3 There are currently no statutory provisions for advance decisions¹⁷ in Northern Ireland. However, under common law and Department of Health Guidance, if a patient without capacity has clearly indicated in the past, while capable, that they would refuse treatment in certain circumstances (an '*advance refusal / directive*'), and those circumstances arise, their refusal is legally binding.¹⁸
- 5.1.4 If the patient refuses consent, a record of this must be made together with a record of the discussions that have taken place. When possible, the patient should sign the record.
- 5.1.5 If the pharmacist believes that the consequences of refusal of a service are potentially very serious, they should seek guidance from appropriately experienced and skilled health and social care professionals, seek legal advice and advise their employer of the situation.

¹⁶ The Mental Health (NI) Order 1986 Article 69 available at <http://www.legislation.gov.uk/nisi/1986/595>

¹⁷ Adults have the right to say in advance that they want to refuse treatment if they lose capacity in the future. An advance decision to refuse treatment is a capacitous decision made by someone aged 18 and over, to refuse specified medical treatment at a time in the future when they may lack the capacity to consent to or refuse that treatment. Department of Health, Review of the law relating to Advance Decisions to Refuse Treatment June 2019. Available at <https://www.health-ni.gov.uk/sites/default/files/publications/health/Mental-Capacity-Act%20%28NI%29-2016.PDF>

¹⁸ Department of Health, Social Services & Public Safety, Northern Ireland (2003) Reference Guide to Consent for Examination, Treatment or Care. Available at <https://www.health-ni.gov.uk/publications/consent-guides-healthcare-professionals>

5.2 Children

- 5.2.1 Where a child with capacity under the age of 16 provides consent to pharmacy services, this cannot be over-ridden by a person with parental responsibility¹⁹. In exceptional cases, where a competent child refuses treatment which the person with parental responsibility wants to accept and the consequences of refusal are potentially very serious, the pharmacist should seek guidance from appropriately experienced and skilled health and social care professionals, seek legal advice and advise their employer of the situation. Courts have the power to overrule the decisions of both children and those with parental responsibility. Where the consequences are less serious, the pharmacist should do all they can to help the child and the person with parental responsibility reach agreement. At all times, the pharmacist should be guided by the best interests of the child.
- 5.2.2 While the consent of a person with parental responsibility is sufficient for the pharmacist to proceed, it is good practice to do everything possible to reach agreement. In many cases, it may be possible to delay treatment until the child is content for it to go ahead. The pharmacist should always be guided by the child's best interests.

¹⁹ The Children (Northern Ireland) Order 1995 and Family Law (Northern Ireland) Act, 2001 define who has parental responsibility. This legislation is available at www.opsi.gov.uk/legislation/northernireland/acts/acts2001/nia_20010012

Section 6 Emergencies

- 6.1 The presumption of capacity applies in emergency situations. However, if it is clear that the patient does not have the capacity to give consent, treatment or care may be provided without patient consent in an emergency when it is necessary to save a life or prevent deterioration in the patient's condition. An example of when this may arise is where a patient suffers from anaphylactic shock and an adrenaline injection is administered for the purpose of saving a life.
- 6.2 The exception to this is where an advance refusal exists that the pharmacist knows about or is drawn to the pharmacist's attention which relates to the decision that must be made at the time. While there are currently no statutory provisions for advance decisions in Northern Ireland, Department of Health Guidance comments that if a patient without capacity has clearly indicated in the past, while capable, that they would refuse treatment in certain circumstances (an '*advance refusal / directive*'), and those circumstances arise, their refusal is legally binding.²⁰

The provision of treatment should not be delayed to ascertain whether there is an advance decision, where there is no clear indication that one exists. However, if it is clear that a person has made an advance decision that is likely to be relevant, the pharmacist should assess its validity and effectiveness as soon as possible.²¹ If the pharmacist concludes that an advance decision does not exist, is not valid and/or applicable, but that it is an expression of the patient's wishes and feelings, they must then take into account the expression of those wishes and feelings as set out in the advance decision, when making a decision about what is in the patient's best interests.²² If there is doubt, that doubt falls to be resolved in favour of the preservation of life.

Information on an advance refusal may be contained in the patient's records or be given as information from a reliable source such as a carer or a medical professional.

- 6.3 If the patient regains capacity while in the care of the pharmacist, the pharmacist must tell them what has been done, and why, as soon as they are sufficiently recovered to understand. Consent should be sought from the patient for any further treatment.
- 6.4 Following the emergency treatment, the pharmacist should record their actions and the reasons for them.

²⁰ Department of Health, Social Services & Public Safety, Northern Ireland (2003) Reference Guide to Consent for Examination, Treatment or Care. Available at <https://www.health-ni.gov.uk/publications/consent-guides-healthcare-professionals>

²¹ Further information on the factors to be considered can be found at Department of Health, Review of the law relating to Advance Decisions to Refuse Treatment June 2019. Available at <https://www.health-ni.gov.uk/sites/default/files/publications/health/Mental-Capacity-Act%20%28NI%29-2016.PDF>

²² Review of the law relating to Advance Decisions to Refuse Treatment June 2019. Available at <https://www.health-ni.gov.uk/sites/default/files/publications/health/Mental-Capacity-Act%20%28NI%29-2016.PDF> Page 3.

6.5 Whilst emergency situations may be more prevalent within a hospital setting, the pharmacist should ensure that they have read any relevant policy regarding patient consent in emergency situations within their workplace.

Section 7 Help and advice

7.1 Additional advice and information may be obtained from the following sources:

- senior members of staff in your organisation;
- your employer;
- indemnity insurance providers/defence organisations;
- a professional association or representative body (such as the Pharmacy Forum NI, the Ulster Chemists' Association (UCA), National Pharmacy Association (NPA), the Guild of Healthcare Pharmacists or Community Pharmacy NI).
- the Regulation and Quality Improvement Authority (RQIA);
- an independent legal advisor; or
- a union (for example, the Pharmacists' Defence Association or the Guild of Healthcare Pharmacists).

Section 8 Useful contacts

Advice and help

Community Pharmacy NI
5 Annadale Avenue
Belfast
BT7 3JH
Website: www.communitypharmacyni.co.uk
028 9069 0444

Guild of Healthcare Pharmacists
Health Sector
Unite the Union
Unite House, 126 Theobald's Road
London
WC1X 8TN
Website: www.ghp.org.uk
Phone: 020 3371 2009

National Pharmacy Association
Mallinson House
38-42 St Peter's Street
St Albans
AL1 3NP
Website: www.npa.co.uk
Phone: 017 2785 8687

Pharmacists' Defence Association
The PDA & PDA Union
The Old Fire Station
69 Albion Street
Birmingham
B1 3EA
Website: <https://www.the-pda.org>
Phone: 012 1694 7000

Pharmacy Forum NI
73 University Street
Belfast
BT7 1HL
Website: <https://www.pfni.org.uk>
Phone: 028 9032 6927

Protect (formerly Public Concern at Work)
CAN Mezzanine
7 - 14 Great Dover Street

London
SE1 4YR
Website: www.pcaw.co.uk
Help E-mail address: whistle@protect-advice.org.uk
Phone: 020 3117 2520

Professional regulatory bodies

Pharmaceutical Society NI
Website: www.psni.org.uk
Phone: 028 9032 6927

General Chiropractic Council
Website: www.gcc-uk.org
Phone: 020 7713 5155

General Dental Council
Website: www.gdc-uk.org
Phone: 020 7167 6000

General Medical Council
Website: www.gmc-uk.org
Phone: 016 1923 6602

General Optical Council
Website: www.optical.org
Phone: 020 7580 3898

General Osteopathic Council
Website: www.osteopathy.org.uk
Phone: 020 7357 6655

General Pharmaceutical Council
Website: www.pharmacyregulation.org
Phone: 020 3365 3400

Northern Ireland
Regulation and Quality Improvement Authority (RQIA)
Website: www.rqia.org.uk
Phone: 028 9536 1111

Northern Ireland Social Care Council
Website: <https://niscc.info/contact-us>
Phone: 028 9536 2600

Nursing and Midwifery Council
Website: www.nmc-uk.org
Phone: 020 7637 7181

Other regulatory and investigatory bodies

Professional Standards Authority

Website: <https://www.professionalstandards.org.uk>

Phone: 020 7389 8030

Health and Care Professions Council

Website: <https://www.hcpc-uk.org>

Phone: 030 0500 6184

Police Service of Northern Ireland

Website: <https://www.psni.police.uk/contact-us>

Phone: 101