



**Report on the responses to the
Consultation the draft Code of Conduct**

June 2015

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About the Pharmaceutical Society of Northern Ireland

- 1.1 The Pharmaceutical Society of Northern Ireland is the regulatory body for pharmacists in Northern Ireland.
- 1.2 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.
- 1.3 It is the organisation's 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;
 - maintaining a publicly accessible register of pharmacists, and pharmacy premises;
 - handling concerns about the Fitness to Practise of registrants, acting as a complaints portal and taking action to protect the public; and
 - ensuring high standards of education and training for pharmacists in Northern Ireland.

2. About the Consultation

- 2.1 The Pharmaceutical Society NI protects patients and the public by setting out in the *Code of Ethics (2009)*¹ the minimum professional standards, behaviours and conduct expected of a registrant. The Pharmaceutical Society NI reviewed its *Code of Ethics (2009)* and sought views on the revised content.
- 2.2 The existing *Code of Ethics (2009)* has been in use for five years and in that time new legislation has been introduced and pharmacy practice has developed. In keeping with the organisation's good governance arrangements the Council considered it necessary that the Code be reviewed to ensure that it remained fit for purpose; up to date; accurate; clear and relevant to contemporary pharmacy practice in Northern Ireland. It is also important that it is reflective of our regulatory activities and procedures, developments in healthcare across the UK and wider societal concerns.
- 2.3 We are one of five UK healthcare regulators currently undergoing a review of their existing Code; three² of which have recently reviewed and published their revised Codes. In conducting the review a scoping exercise, reviewing the regulatory Codes of the other healthcare professions in the UK as well as pharmacy regulators in Ireland and other English speaking countries, was carried out.
- 2.4 This review took into account external influences including the recommendations from the Mid Staffordshire Inquiry (Francis report³), interim proposals from

¹ <http://www.psni.org.uk/Code+of+Ethics+2009>

² General Medical Council *Good Medical Practice* 2013, General Dental Council (GDC) *Standards for the Dental Team* 2013, and General Osteopathic Council (GOsC) *Osteopathic Practice Standards* 2012.

³ <http://www.midstaffpublicinquiry.com/report> accessed 23 December 2014

government on rebalancing legislation, the six principles of Good Regulation⁴ and learnings from fitness to practise cases.

- 2.5 The revised *Code of Conduct* is the single-most important document the Pharmaceutical Society NI produces as it underpins the regulatory functions of the pharmacy regulator in Northern Ireland. All registrants must adhere to the *Code of Conduct* regardless of their area of practice. Serious or persistent failure to comply with the *Code of Conduct* may bring a registrant's fitness to practise into question and put their registration at risk.

3. Consultation Engagement

- 3.1 **Pre-public Consultation Engagement:** In January 2015 the draft Code of Conduct was issued to key stakeholders to raise awareness of the forthcoming launch of the consultation on the revised Code and to seek early views. This exercise helped to finalise the *Code of Conduct* prior to going out to public consultation on 16 February 2015.

- 3.2 **Correspondence with key stakeholders:** All registrants and key stakeholders were emailed along with details of the consultation and instructions on how to respond.

- 3.3 **Website:** The consultation document and the draft Code of Conduct were available to download from the website along with a response form.

4. Purpose of Report – approach and analysis

- 4.1 This report provides a summary of the responses to the consultation on draft *Code of Conduct* held from 16 February to 11 May 2015.

- 4.2 The consultation document was based on seven questions relating to the draft Code of Conduct with space provided for respondents to make further comments in relation to the question. The analysis primarily summarises general qualitative themes, responses and issues – highlighted areas of agreement and diversity of opinion.

- 4.3 A number of respondents provided detailed analysis of each Principle and Standard. A table cross referencing responses to each Principle and Standard has been created in Appendix 2. The body of the main report has therefore focused largely on thematic responses and more general comments.

- 4.4 Due to the relatively low response rate a brief qualitative analysis of responses to each question is provided and a breakdown by individuals/organisations is provided in Appendix 1.

⁴ The six principles of good regulation are: proportionality, accountability, consistency, targeting, transparency and agility. *Right Touch Regulation*, August 2010. Council for Healthcare Regulatory Excellence now named the Professional Standards Authority (PSA) (accessed 7 Jan 2015)

Question 4: Does the draft Code of Conduct adequately outline the behaviours and conduct expected from a health professional working as a pharmacist?			
Yes	No	Unsure	Did not answer
6 (60%)	3 (30%)	1 (10%)	2
Question 5: Is there anything which is not considered or covered in the draft Code of Conduct?			
Yes	No	Unsure	Did not answer
7 (70%)	2 (20%)	1(10%)	2
Question 6: Do you think there is anything that is unnecessary or should be removed from the draft Code of Conduct?			
Yes	No	Unsure	Did not answer
5 (55.6%)	1 (11.1%)	3 (33.3%)	3
Question 7: Is there any supplementary guidance you would require to help your understanding of the information contained in the Code of Conduct either as a registrant or a member of the public?			
Yes	No	Unsure	Did not answer
6 (60%)	4 (40%)	0	2

8. Responses to question One: Do you agree with the change in name to the ‘Code of Conduct’?

Question 1: Do you agree with the change in name to the ‘Code of Conduct’?			
Yes	No	Unsure	Did not answer
6 (60%)	3 (30%)	1 (10%)	2

8.1 Six respondents agreed with the change in the name to the Code of Conduct, (five individuals and one organisation). Three respondents did not agree with the change in the name (all organisations). One consultee was unsure (organisation) and two respondents did not directly answer the question.

8.2 Of those respondents who answered yes, four provided additional comments.

- 8.3 Boots stated: *“We accept the PSNI’s points on why the name is being changed [Consultation document, p8]”*.
- 8.4 An individual pharmacist stated that *“I agree with the change of name as it clearly indicates that the Code describes the behaviours expected of a pharmacist as well as professional roles and responsibilities”*.
- 8.5 All three of the respondents who answered no provided additional comments.

Conduct or Ethics?

- 8.6 A theme running throughout the responses is a tension between a ‘Code of Conduct’ and a ‘Code of Ethics’. A number of respondents considered entitling the document a ‘Code of Conduct’ and not a ‘Code of Ethics’ was to move the Code on to a more rigid basis. Linked to this are subsequent comments which suggest the revised code has potentially diminished the role of professional judgement and is overly prescriptive.
- 8.7 Community Pharmacy NI stated that it favours *“the title used in the corresponding document issued by the General Pharmaceutical Council “Standards of conduct, ethics and performance”. This would seem to be a better reflection of the content and scope of the document”*.
- 8.8 The National Pharmacy Association (NPA) stated that *“we do not believe that the change in name to ‘Code of Conduct’ reflects the aims of the reviewed standards appropriately. Whilst the current ‘Code of Ethics’ may no longer be fit-for-purpose, the name suggests a system of moral principles which recognise value in respect of both rightness and wrongness of particular actions and motives. The term ‘ethics’ inherently implies that professional judgement and decision making may be necessary”*.
- “Though the differences in name are slight, the implications sound significant, and result in a code of conduct which moves away from the intention to guide and support pharmacy registrants in professional development and decision making. Anything which deters pharmacists from making a professional judgement in the best interest of the patient for fear of regulatory sanctions is a negative development”*.
- 8.9 The NPA went on to reference the titles of the General Pharmaceutical Council’s Code of ethics and that of the General Medical Council, going on to conclude that *“a title such as ‘Professional Standards and Ethics’ may place the appropriate emphasis on individual decision making and professional judgement to achieve the most positive patient outcomes”*.
- 8.10 The Health and Social Care Board stated: *“We acknowledge the reasons as to why the PSNI has explained the proposed change in the title however, we would prefer that the word ‘ethics’ is also included in the title to ensure that pharmacist’s code reflects morally based principles, fundamentally based on right and wrong. We believe the term ‘Code of Conduct’ does not convey this underlying premise”*.
- 8.11 The respondent who was ‘unsure’ as to whether they agreed with the change of name stated that the proposed format is *“more directive. Conduct refers to the*

manner in which a person behaves (or organisation/activity). Ethics = moral principles that govern a person’s behaviour (distinguishes between good and bad right and wrong)”.

9. Responses to question Two: Do you agree that the five principles in the draft code of conduct adequately encompass the eight principles outlined in the Code of Ethics (2009)

6 (60%)	3 (30%)	1 (10%)	2
Question 2: Do you agree that the five principles in the draft code of conduct adequately encompass the eight principles outlined in the Code of Ethics (2009)?			
Yes	No	Unsure	Did not answer
8 (80%)	1 (10%)	1 (10%)	2

- 9.1 Eight respondents stated that they agreed that the five principles in the draft code of conduct adequately encompass the eight principles outlined in the Code of Ethics (2009). (five individual pharmacists and three organisations). One organisation stated that they disagreed that the five principles adequately encompass the eight principles outlined in the Code of Ethics (2009)? One organisation stated that it was unsure. Two respondents did not directly answer the question.
- 9.2 Of those respondents which answered yes, five provided additional comments.
- 9.3 The NPA stated that it “believes that the draft ‘Code of Conduct’ fully encompasses the ‘Code of Ethics’”. Whilst an individual pharmacist stated that “the same ground appears to be covered with a few key additions in the new code”.

Duty of Candour

- 9.4 The HSCB stated that “the five new principles generally encompass the eight principles outlined in the code of ethics. However in addition, we would ask: *that the term ‘Duty of Candour’ be explained further in supporting guidance so that both the public and pharmacists alike, have a clear understanding of this new terminology”*

Professional Judgement

- 9.5 The HSCB went onto say:

“Further consideration is given to ensuring that the ethos of Principles 4 and 5 from the current code of ethics are captured in the new principles, for example:

Principle 4: “Exercise professional judgement in the interests of patients and the public” – suggest that the words “professional judgement” are included in one or more of the statements included in new Standard 1.1: Treat those in your care with respect and dignity”.

- 9.6 Community Pharmacy NI stated that it disagreed that the five principles in the draft code of conduct adequately encompass the eight principles outlined in the Code of Ethics (2009). Going on to say:

“Principle 4 in the current Code of Ethics, “Exercise professional judgement in the interests of patients and the public” is a core principle relevant across the full spectrum of pharmacy practice. I note this term is mentioned amongst the bullet points in the introduction, however, I do not believe this adequately reflects the importance of this principle which is a fundamental part of pharmacy practice. I also note this principle remains a part of the revised GPhC Code of standards (principle 2). I believe to remove the term “professional judgement” from the principles of the PSNI Code would be wrong. The other seven principles are not all reflected explicitly in the five new proposed principles; however, they would appear to be reflected at some level in the sub-categories which would seem reasonable. Recommendation: to retain Principle 4”.

10 Responses to question Three: Are the five principles in the draft Code of Conduct applicable across all areas of pharmacy practice?

Question 3: Are the five principles in the draft Code of Conduct applicable across all areas of pharmacy practice?			
Yes	No	Unsure	Did not answer
7 (70%)	1 (10%)	2 (20%)	2

- 10.1 Seven respondents agreed that the five principles in the draft Code of Conduct are applicable across all areas of pharmacy practice (five individuals and two organisations). One respondent (organisation) did not think the five principles are applicable across all areas of pharmacy practice and two respondents (both organisations) were unsure.
- 10.2 Of those seven respondents which answered yes, five provided additional comments.
- 10.3 A theme emerging from answers to question three is that some of the principles and subsequent standards are only appropriate for patient facing pharmacists. Linked to this was the consideration by some respondents that the standards are overly prescriptive.
- 10.4 Boots stated that: *“We believe that the principles are set out in sufficiently broad terms as to be generally applicable in all areas of practice”.*

Overly Prescriptive

- 10.5 The NPA stated that it *“believes that the Code of Conduct is applicable across all areas of pharmacy practice. However, because the standards are so numerous and prescriptive we are concerned that the Code is so specific it might stifle future innovation and development of pharmacy practice, to the detriment of patients”.*

Patient Facing

- 10.6 An individual pharmacist stated that *'whilst the 5 principles and 17 standards could be applied to anyone working in any sphere of pharmacy, some of the regulatory statements would not be appropriate to all spheres of the profession. Many of these statements are patient-focused and not all pharmacists are employed in patient-facing roles'*.
- 10.7 The one respondent which answered no provided an additional comment. Community Pharmacy NI stated:
- "While the wording used in the five headline principles is common across all areas of pharmacy practice, the standards and sub-categories are not. The content contained under each principle is often too narrow and often only relevant for pharmacists who practice in a patient-facing or medicines supply role (see detailed comments on each point provided in Appendix 1). I note, by comparison, the 2012 GPhC code reflects a wider perspective which is more relevant across the spectrum of pharmacy practice"*.
- 10.8 Both respondents which were 'unsure' provided additional comments.
- 10.9 The HSCB stated that: *"We are content that in general, the five proposed principles will apply to the majority of pharmacists however, some of the supporting statements for the standards may not be applicable to all areas of pharmacy, pharmacists not all the standards are applicable to pharmacists in non-patient facing or supply of medicine roles for example;*
- 4.2.3 encourage patients to be knowledgeable about their medicines*
- 2.1.8 Purchase medicines only from suppliers and sources known to be reputable to ensure the safety, quality and efficacy of products supplied to patients.*
- All the standards are preceded by the phrase 'you must' which means that a registrant is expected to comply with the requirements. A standard can only be applicable to a registrant if the standard is relevant to a registrant's scope of practice"*.
- 10.10 Medicare stated that: *"Many of the standards below each principle would appear to be directed towards a pharmacist practising in directly patient-facing roles. Other spheres of practice will need to respond"*.
- 11. Responses to question Four: Does the draft Code of Conduct adequately outline the behaviours and conduct expected from a health professional working as a pharmacist?**

Question 4: Does the draft Code of Conduct adequately outline the behaviours and conduct expected from a health professional working as a pharmacist?			
Yes	No	Unsure	Did not answer
6 (60%)	3 (30%)	1 (10%)	2

- 11.1 Six respondents agreed that the Code of Conduct adequately outlines the behaviours and conduct expected from a health professional working as a pharmacist (two organisations and four individuals). One organisation answered 'no' to question four and three respondents (two organisations and one individual) stated that they were 'unsure'. Two respondents did not directly answer the question.
- 11.2 Of the six respondents who answered 'yes' three provided additional comments.
- 11.3 The HSCB stated that the *"five new principles in the proposed Code are positive and set out the expected behaviour and conduct - to ensure that their way of working delivers safe pharmaceutical care of patients and public alike"*.

Autonomy

- 11.4 An individual pharmacist stated: *"At the PSNI information evening the registrar provided an excellent overview which included that registrants must be 'autonomous in their practice'. This specifically relates to accountability. I would suggest that this very important statement and message is specifically stated and included as a standard"*.

Overly Prescriptive

- 11.5 Community Pharmacy NI answered 'no' to question four going on to state:

The PSNI Code is overly detailed and prescriptive. It does not adequately reflect the pharmacist as a professional capable of using their professional judgement to reach an appropriate decision. I believe this Code should be further streamlined using the GPhC Code as a reference point.

I also note that not only does the GPhC code include the term "professional judgement" in an overarching principle, it also uses terms such as in 1.6 "Do your best to...". 3.5 "Take all reasonable steps to..." and 4.6 "Consider and take steps when possible..". The corresponding sections in the PSNI document do not contain such terms, instead using terms such as "ensure...". As many of the issues covered (Such as medicines shortages) are out of the direct control of the pharmacists, the GPhC wording is a more accurate reflection of what actions can be taken in practice.

I would recommend a review of both the language used, making it less prescriptive where appropriate and also consider streamlining the sub-categories below each principle.

- 11.6 All three respondents that stated that they were 'unsure' provided additional comments.
- 11.7 The NPA said: *"There is too much detail in the standards. Even with the amount of detail in the draft Code of Conduct there will be omissions and these will enable any one so minded to flout the spirit of the Code to do so, whilst saying they are within the letter of the Code. Broad encompassing standards make it harder to flout the spirit of the code"*.

- 11.8 Individual pharmacist stated that: *“in reading the Code, I find that in some instances there is very precise detail relating to the behaviours and conduct expected from a pharmacist, whilst in other instances, the detail is missing”*.
- 11.9 Medicare stated: *“It would appear to be a “rules” based approach Std 1.2 would appear to have a significant number of sub-categories. For an enabling document, it would appear to be labouring the content here quite significantly”*.

Duty of Candour

- 11.10 The Professional Standards Authority provided a letter response and made a number of general comments one of which is relevant to question four. The PSA welcomed the inclusion of the ‘duty of candour’ in the draft Code of Conduct, however, they suggested that it considered that in Standard 1.2.4 the suggestion of an apology as an example of an appropriate remedy is contrary to the joint statement made by the Chief Executives of the Healthcare Professionals, *“which made clear an apology should be given in addition to offering an appropriate remedy”*. The PSA suggested that Standard 1.2.4 *“be rephrased so that it is clear the obligation to explain what has gone wrong is owed to the particular patient(s) the error relates to rather than the patients in general”*.
- 11.11 The Pharmacy Forum in its responses noted that the “duty of Candour” is not legally binding.

12. Responses to question Five: Is there anything which is not considered or covered in the draft Code of Conduct?

Question 5: Is there anything which is not considered or covered in the draft Code of Conduct?			
Yes	No	Unsure	Did not answer
7 (70%)	2 (20%)	1(10%)	2

- 12.1 Seven respondents answered ‘yes’ to question five (two organisations and four individuals). Two organisations answered ‘no’ and one individual respondent stated that they were ‘unsure’. Two respondents did not directly answer the question.
- 12.2 Of the seven respondents who answered yes all provided additional comments.

Duty to Challenge

- 12.3 An individual pharmacist stated: *“The principle of “Challenge the judgement of colleagues and other health and social care professionals if you have reason to believe that their decisions could compromise the safety or care of others” has been removed. In my view this is a critical component of patient centred care which should be articulated within the new Code of Conduct”*.
- 12.4 The HSCB stated that: *“Pharmacists would benefit from supporting guidance on the:*
- *appropriate use of social networking and electronic communication*

- *selling and advising of products of limited clinical value*
- *explanation of the ‘Duty of Candour’*

The proposed ‘Code of Conduct’ could refer to existing documents relevant to the code for example PSNI’s ‘Raising Concerns’ documents.

Further standards for example, Pharmacy Premises Standards will be required in the future to complement the proposed code of conduct”.

Independent Prescribers

12.5 An individual Pharmacist referred to the need for greater clarity surrounding Independent Prescribers within the Code. They stated: *“Since there are pharmacist independent prescribers, it may be appropriate to include some standards specifically about pharmacist prescribing under principle two. An area of concern would be self-prescribing (i.e. prescribing for self – not generally acceptable) or same for prescribing for friends and family, and, in particular, all in relation to controlled drugs. Another area of concern would be to ensure that there is complete separation of the pharmacist independent prescribing process from the supply (dispensing) process of those prescribed medicines”.*

12.6 Of the two respondents who answered ‘no’ to question five one provided an additional comment.

13. Responses to question Six: Do you think there is anything that is unnecessary or should be removed from the draft Code of Conduct?

Question 6: Do you think there is anything that is unnecessary or should be removed from the draft Code of Conduct?			
Yes	No	Unsure	Did not answer
5 (55.6%)	1 (11.1%)	3 (33.3%)	3

13.1 Five respondents answered ‘yes’ to question six (three organisations and two individuals). One individual answered ‘no’ and three respondents answered ‘unsure’ (two organisations and one individual). Three respondents did not directly answer the question (two organisations and one individual)

13.2 All five of the respondents who answered ‘yes’ provided additional comments:

Overly Prescriptive

13.3 The NPA again raised the general issue of the standards being overly prescriptive before giving examples, which are detailed in Annex 2. The NPA stated: *“it is the NPA’s view that the subsequent standards are often too prescriptive and numerous, reading almost as guidance, as opposed to standards. Indeed one way of making the code more accessible would be to leave the key points as standards and provide guidance which helps registrants interpret the standards. This would have the dual effect of making the Code more relevant to the daily practice of pharmacists and not*

restricting their ability to make professional judgements. Many of the standards are, in fact, already covered by current Society guidance.

- 13.4 *We feel that many of the standards could be simplified to ensure the code serves the purpose of being unambiguous and easily put into practice”.*
- 13.5 This was a view echoed by Community Pharmacy NI which stated: *“I believe the PSNI proposed new code would be clearer if it was streamlined and the unnecessary sub-categories either removed or incorporated into an over-arching term”.*

Quality 2020

13.6 Boots questioned the specific inclusion of a reference to Quality 2020 in the Code of Conduct, stating: *“We would suggest that specific reference in Principle 2 to the Quality 2020 strategy should be removed or replaced with a more generic reference to “practice that reflects the principles and values set out by the health service in Northern Ireland”. It is always possible that the Quality 2020 strategy could be replaced during the life of the Code of Conduct and it would make more sense to have a broader frame of reference to something which is outside the control of the PSNI itself”.*

13.7 Of the three respondents who answered ‘unsure’ to question six, two provided additional comments.

13.8 The HSCB stated that *“there may be a degree of repetition and some points with similar themes may be combined”.*

14. Responses to question Seven: Is there any supplementary guidance you would require to help your understanding of the information contained in the Code of Conduct either as a registrant or a member of the public?

Question 7: Is there any supplementary guidance you would require to help your understanding of the information contained in the Code of Conduct either as a registrant or a member of the public?			
Yes	No	Unsure	Did not answer
5 (55.6%)	4 (44.4%)	0	3

14.1 Five respondents answered ‘yes’ to question seven (two individuals and three organisations). Four respondents answered ‘no’ (two organisations and two individuals). No respondents answered ‘unsure’ to question seven and three respondents did not directly answer the question.

14.2 Of the five respondents who answered ‘yes’ all provided additional comments.

Social Media

14.3 An individual Pharmacist stated that: *“more guidance is needed in relation to using social networking and electronic communication appropriately. Pharmacists need to*

be aware that anything that they post electronically can reflect on the profession and this includes their personal Facebook page etc”.

- 14.4 This opinion was shared by the HSCB which stated that *“Pharmacists would benefit from supporting guidance in the appropriate use of social networking and electronic communication”*
- 14.5 The HSCB went on to suggest further guidance is needed in the following areas:
- *“selling and advising of products of limited clinical value*
 - *explanation of the ‘Duty of Candour’*
 - *development of more effective working relationships between general practitioners and community pharmacists to improve primary care services for patients.*
 - *In particular, further guidance on the term ‘duty of candour would be beneficial to ensure an accurate understanding of the term for registrants, other health care workers and the public”.*
- 14.6 The HSCB also stated that the glossary of terms should be extended to include definition of terms, *“for example: ‘patient consent’, ‘near-miss’, ‘risk assessment’ and ‘duty of candour”*.

Appendix One

Name	Organisation/Job Type
1. Professional Standards Authority	Regulator
2. Community Pharmacy NI	Pharmacy Representative Body
3. National Pharmacy Association	Pharmacy Representative Body
4. The Pharmacy Forum	Pharmacy Representative Body
5. Health and Social Care Board	Health and Social Care Organisation
6. Boots	Private Company
7. Medicare	Private Company
8. Julia Tolan	Individual pharmacist
9. Tony Wallace	Individual Pharmacist
10. Anonymised	Individual Pharmacist
11. Linda Stewart	Individual Pharmacist
12. Dr Heather Bell	Individual Pharmacist

Appendix 2	
Standard 1.1 Treat those in your care with respect and dignity	
Draft Standard	Comment
1.1.1 Consider and act in the best interests of the users of pharmacy services.	Pharmacy Forum “The Pharmacy Forum feel that the term ‘users of pharmacy services’ is not right language and we would prefer something along the lines of the GPhC working ‘Make patients your first concern’”. The Pharmacy Forum stated that it Agrees with the Standard, “but as mentioned in the Comments section we would advise some rewording”.
	CPNI Change “pharmacy services” to “individual patients and public” (as per GPhc) as this extends the relevance of this point to other areas of practice.
1.1.2 Act always with integrity, sensitivity and understanding.	The Pharmacy Forum Agrees with this Standard.
1.1.3 Respect diversity in the cultural differences, beliefs and value-systems of others.	Although it is outside the scope of this consultation we would advise the PSNI to keep up to date with current court cases i.e. Equality Commission Vs Ashers Bakery. The Pharmacy Forum Agrees with this Standard.
1.1.4 If, for any reason, you are unable to provide a professional service you have a professional responsibility to refer the user of pharmacy services to an alternative provider for the service they require.	The Pharmacy Forum Agrees with this Standard.
	NPA Referral to service providers - Is it fair to expect every pharmacist to refer to an up-to-date alternative service provider for any service?
Draft Standard	Comment
1.2.1 Contribute to and foster a culture of openness, honesty and learning.	The Pharmacy Forum Agrees with this Standard.

<p>1.2.2 Make sure there is an effective complaints procedure readily available for users of pharmacy services and follow that procedure at all times.</p>	<p>Pharmacy Forum We feel that the focus on just complaints procedure is too negative and would recommend Make sure there are effective procedures readily available for patients in the case of an incident. The Pharmacy Forum Disagree as commented we feel that standard is too negative</p>
	<p>NPA Standard already covered in contractual agreements, professional guidance and Registration requirements.</p>
<p>1.2.3 Respond quickly and appropriately to any complaint about the care or service you provide and escalate where appropriate.</p>	<p>Pharmacy Forum This can be simplified to ‘Respond quickly and appropriately to any comments about the care or service you provide’. The Pharmacy Forum Agree but with changes as recommended.</p>
	<p>CPNI Focuses on complaints procedure processes, this is included in 1.22 and is therefore unnecessary.</p>
<p>1.2.4 When something goes wrong, explain fully to the users of pharmacy services the short and long term effects of what has happened:</p> <ul style="list-style-type: none"> • offer an appropriate remedy, for example, an apology. • provide support to put matters right, if possible. 	<p>Pharmacy Forum We feel that ‘short and long term effects’ should be removed. This phrasing is a very prescriptive approach and won’t apply to all cases. The Pharmacy Forum Agree but with changes as recommended.</p>
	<p>CPNI This is too narrow in focus and lacks clarity, point 7.11 in the GPhC document conveys a wider practice perspective and is clearer.</p>
<p>1.2.5 Be open and honest with users of pharmacy services, colleagues, employers and where appropriate contact the relevant organisations when something goes wrong.</p>	<p>Pharmacy Forum We feel ‘Be open and honest with users of patients, colleagues, employers.’ is better statement. The Pharmacy Forum Agrees but with changes as recommended.</p>
	<p>CPNI This is also covered in 7.11 in the GPhC document; I would recommend that these two points are combined.</p>

<p>1.2.6 Make sure if you employ, manage or lead staff that there is an effective procedure in place that allows staff to raise concerns openly and safely without fear of reprisals.</p>	<p>Pharmacy Forum Lead staff is too open for interpretation we would like clarification if this standard all is aimed at employers, managers and superintendent pharmacists? The Pharmacy Forum Disagrees with this Standard until it has clarification.</p>
<p>1.2.7 Raise concerns if you become aware of a colleague or other health care professional whose actions, working practices, professional performance or health may compromise patient safety.</p>	<p>NPA Standard already covered in contractual agreements, professional guidance and Registration requirements.</p>
<p>1.2.8 Co-operate with any investigation into the fitness to practise of either yourself or another healthcare professional.</p>	<p>The Pharmacy Forum Agrees with this Standard.</p>
<p>1.2.8 Co-operate with any investigation into the fitness to practise of either yourself or another healthcare professional.</p>	<p>The Pharmacy Forum The Pharmacy Forum Agrees with this Standard but it should be reworded to include 1.2.9 and include standard 3.4.1.</p>
<p>1.2.9 Abide by any undertakings you give and/or any restrictions placed on your practice.</p>	<p>CPNI 1.2.8 & 1.2.9 could be combined into a single point such as GPhC 7.12.</p>
<p>1.2.9 Abide by any undertakings you give and/or any restrictions placed on your practice.</p>	<p>Pharmacy Forum We feel that the GPhC have a better statement on 1.2.8 and 1.2.9 <i>Co-operate with any investigations into your or another healthcare professional's fitness to practise and keep to undertakings you give or any restrictions placed on your practice because of an investigation.</i> The Pharmacy Forum Disagrees with this Standard.</p> <p>PSA Standard 1.2.9 states registrants must 'abide by any undertakings you give and/or any restrictions placed on your practice'. We are unsure what undertaking and restrictions this standard is referring to and consider this should be clarified. If it is only intended to apply to undertakings the registrant gives to the PSNI and restrictions placed on the registrant by the PSNI this should be made clear.</p>

Standard 1.3 Maintain and protect confidential information	
Draft Standard	Comment
1.3.1 Respect the confidentiality of information, professional or otherwise, acquired in the course of professional practice and only use it for the purposes for which it is given and in compliance with current legislation.	<p>Pharmacy Forum</p> <p>We feel this statement is too wordy and can be condensed GPhC statement is much clearer <i>'Respect and protect people's dignity and privacy. Take all reasonable steps to prevent accidental disclosure or unauthorised access to confidential information. Never disclose confidential information without consent unless required to do so by the law or in exceptional circumstances'</i></p> <p>The Pharmacy Forum Disagrees with this Standard "we feel that all standards in 1.3 can be condensed in to one statement".</p> <p>NPA</p> <p>This standard is already captured in Data Protection Legislation.</p>
1.3.2 Maintain systems which ensure security of information and prevent unauthorised access to it.	<p>Pharmacy Forum See 1.3.1</p> <p>CPNI</p> <p>1.3.2 and 1.3.3. could be combined into a single point.</p>
1.3.3 Ensure that all who have access to patient or other service user's information know and maintain its confidential nature.	
1.3.4 Ensure that confidential information is not disclosed without consent, except where legally permitted or in exceptional circumstances.	<p>CPNI</p> <p>As mentioned elsewhere GPhC point 3.5 is a fairer interpretation: <i>"Respect and protect people's dignity and privacy. Take all reasonable steps to prevent accidental disclosure or unauthorised access to confidential information. Never disclose confidential information without consent unless required to do so by the law or in exceptional</i></p>

	<i>circumstances”.</i>
	<p>PSA</p> <p>Standard 1.3.4 states registrants must ‘ensure that confidential information is not disclosed without consent, except where legally permitted or in exceptional circumstances’. We do not consider confidential information should be disclosed without consent unless the law requires or permits the disclosure. Therefore we suggest the phrase ‘or in exceptional circumstances’ should be removed from this standard and that the phrase ‘legally permitted’ should be replaced with ‘legally required or permitted’</p>
Standard 1.4 Obtain patient Consent	
Draft Standard	Comment
1.4.1 Involve the patient or their carer in decisions about their care.	The Pharmacy Forum Agrees with this Standard.
	<p>CPNI</p> <p>GPhC point 4.2 content is better.</p>
1.4.2 Respect the right of patients to refuse to take their medicines or to receive treatment or care.	The Pharmacy Forum Agrees with this Standard.
	<p>CPNI</p> <p>GPhC point 4.6 should be incorporated.</p>
1.4.3 Ensure you record, where appropriate, patient consent either in writing or electronically before providing a professional service and at appropriate intervals during the service provision.	The Pharmacy Forum Agrees with this Standard.
Standard 2.1 Provide Safe, Effective and Quality Care	
Draft Standard	Comment

2.1.1 Promote the safe, effective and rational use of medicines, medicinal products and therapies.	The Pharmacy Forum Agrees with this Standard.
	CPNI 2.1.1 ,2.1.2 and 2.1.8 are written from too narrow a perspective, recommend replacing with 1.1 -1.3 from GPhC document.
2.1.2 Effectively control the sale or supply of medicinal and related products paying particular attention to those with a potential for abuse or dependency.	The Pharmacy Forum Agrees with this Standard.
2.1.3 Be satisfied that appropriate standard operating procedures (SOPs) exist, are adhered to, monitored and revised as appropriate, and that clear lines of accountability and verifiable audit trails are in place.	The Pharmacy Forum Agrees with this Standard.
	NPA 2.1.3 and 2.1.11 – Should responsibility for Standard Operating Procedures and pharmacy environment lie with individual pharmacists or as defined in legislation with Responsible pharmacist/ owners/superintendents?
2.1.4 Ensure that both you and those you employ or supervise have an appropriate level of language competence or skills.	The Pharmacy Forum Agrees with this Standard.
	CPNI GPhC 7.2 content is more appropriate
2.1.5 Ensure that workload or working conditions do not compromise patient care or public safety.	This is covered in Responsible Pharmacist legislation. The Pharmacy Forum Agrees with this Standard.
	NPA 2.1.5 – Workload and working conditions are not the responsibility of an individual pharmacist and this standard may be better informed by outcomes of Rebalancing Medicines Legislation and Pharmacy Regulation Board.

2.1.6 Make sure that your actions do not prevent others from complying with their legal or professional obligations, or present a risk to patient care or public safety.	The Pharmacy Forum Agrees with this Standard.
2.1.7 Ensure that all professional activities undertaken by you, or under your control, are covered by appropriate professional indemnity arrangements.	The Pharmacy Forum Agrees with this Standard.
2.1.8 Purchase medicines only from suppliers and sources known to be reputable to ensure the safety, quality and efficacy of products supplied to patients.	The Pharmacy Forum Agrees with this Standard.
2.1.9 Ensure you have the facilities, equipment and materials necessary to provide services to professionally acceptable standards.	The Pharmacy Forum Agrees with this Standard.
2.1.10 Ensure that patients have safe and timely access to their medicines and pharmaceutical care.	The Pharmacy Forum Agrees with this Standard.
	<p>CPNI Change wording to GPhC 1.6 changing <i>ensure</i> to <i>do your best</i> given that some issues, particularly around the timeliness of supply are outside the control of the pharmacist.</p>
	<p>NPA Many pharmacy contractors struggle with maintaining an unbroken supply of medicines as a result of a dysfunctional medicines supply chain. What is therefore deemed 'timely?'</p>
2.1.11 Ensure that all patient consultations take place in an appropriate environment.	<p>Pharmacy Forum GPhC statement covers this issue more wholly '<i>Make sure you have access to the facilities, equipment and resources you need to provide your professional services safely and effectively</i>' The Pharmacy Forum</p>

	agree with this Standard taking into consideration comment above.
2.1.12 Take appropriate action to provide care and reduce risks to users of pharmacy services, taking into account your competence and other options for assistance or care available.	The Pharmacy Forum would like clarity on this standard.
	CPNI Is a duplication of principle 5 regarding competence?
2.1.13 Avoid treating yourself or anyone with whom you have a close personal relationship except for minor ailments or in an emergency.	Pharmacy Forum We would like further clarification on this standard, does this cover all practices or is it primarily aimed at prescribing pharmacists? The Pharmacy Forum Disagrees “until statement is clarified.
	CPNI Is unrealistic and too narrow – recommend replacing with 3.9 GPhC
2.1.14 Ensure you are aware of and adhere to all relevant regulations, standards and guidance which apply to your pharmacy practice.	The Pharmacy Forum Agrees with this Standard.
	NPA This standard appears to encompass everything, including the ‘Code of Conduct’ itself. The NPA queries whether or not it is reasonable to have such an all-encompassing standard and we would emphasise our concern that such a standard could lead to unintended consequences in Fitness to practice cases. Such a standard may be better worded as “Keep your knowledge and skills up-to-date as appropriate to your practice, already addressed by 5.1.3.
Standard 2.2	
Draft Standard	Comment
2.2.1 Undertake regular risk assessment in relation to your professional services.	Pharmacy Forum We do not feel this section should be included in the Code of Conduct, we feel that a more inclusive standard could be used as it is too fixated on issues rather than professional development and individual learning. The Pharmacy Forum Disagrees with this Standard.

	<p>CPNI I would recommend replacing the word “<i>services</i>” with “<i>practice</i>”.</p>
2.2.2 Apprise staff of medication safety issues, identify areas of high-risk practice and implement procedures and processes to minimise medication safety risks or issues.	Pharmacy Forum Disagrees with this Standard
2.2.3 Take prompt action to prevent, minimise, resolve and follow up any issues that might arise in your practice including medicines related problems.	Pharmacy Forum Disagrees with this Standard
	CPNI 2.2.2 and 2.2.3 should be incorporated into 2.2.1 however, as currently worded these relate to a narrow area of practise.
	NPA 2.2.2, 2.2.3, 2.2.4 – Could easily be merged and simplified – Maintaining knowledge and competence.
2.2.4 Keep abreast of medication safety alerts and other publications to ensure the safety and quality of pharmacy services.	The Pharmacy Forum Disagrees with this Standard
	CPNI Is too specific and relates to too narrow an area of practice.
2.2.5 Contribute appropriately to ‘near-miss’ and error reporting systems.	Pharmacy Forum Disagrees with this Standard
	CPNI Could be incorporated within 2.2.1, it is also relevant to all practice areas.
Standard 3.1 Act with Honesty and Integrity	
Draft Standard	Comment
3.1.1 Demonstrate high standards of personal and professional conduct at all times both inside and outside your work	Pharmacy Forum Agrees with this Standard.
	CPNI

environment.	<p>GPhC 6.5 content is more appropriate.</p> <p>NPA 3.1.1,3.1.4 and 3.1.6 could be merged and simplified – Demonstrating high levels of personal and professional conduct.</p>
3.1.2 Maintain proper and appropriate relationships with individual patients. Take special care when dealing with vulnerable individuals, both adults and children.	<p>Pharmacy Forum Agrees with this Standard.</p>
3.1.3 Ensure that your professional judgement is not impaired by personal or commercial interests, incentives, targets or similar measures.	<p>Pharmacy Forum Agrees with this Standard.</p> <p>CPNI GPhC 2.2 content is more appropriate, in particular “commercial interests” should be replaced with “organisational interests” as this provides a wider perspective.</p>
3.1.4 Maintain public trust and confidence in your profession by acting with honesty and integrity in your dealings with others. This applies to your professional, business and education activities.	<p>Pharmacy Forum This is a repeat of the standard above. The Pharmacy Forum Disagrees with this Standard.</p> <p>GPhC 6.1 is more appropriate.</p>
3.1.5 Provide information, whether written or spoken, accurately and unambiguously. Do not make claims that cannot be justified.	<p>Pharmacy Forum We would advise that ‘Do not make claims that cannot be justified’ is removed The Pharmacy Forum agrees with Standard with comments above.</p>
3.1.6 Honour commitments, agreements and arrangements for the provision of professional services.	<p>Pharmacy Forum We do not feel this is appropriate for a code of conduct and should be removed. The Pharmacy Forum Disagrees with this Standard.</p> <p>CPNI This point lacks clarity.</p>

3.1.7 Conduct research and development with integrity and obtain any necessary approval from the appropriate authorities.	Pharmacy Forum We do not feel this is appropriate for a code of conduct and should be removed. The Pharmacy Forum Disagrees with this Standard.
	CPNI This point is relevant to a limited area of practice
	NPA Are working practices for research relevant to a code of practice?
Standard 3.2 Maintain Professional Boundaries	
Draft Standard	Comment
3.2.1 Maintain clear professional boundaries at all times with the users of pharmacy services.	Pharmacy Forum This is a repeat of 3.1.2 and should be removed The Pharmacy Forum Disagrees with this Standard.
	CPNI GPhC 3.9 is more appropriate “users of pharmacy services” limits the relevance to other practice areas.
3.2.2 Ensure that patient care and public confidence are not compromised by any real or perceived conflicts of interest. This prevents the reception of gifts, favours, hospitality or referrals that may compromise, or be perceived to compromise, professional judgement. Declare any personal or professional interests to those who may be affected where appropriate.	Pharmacy Forum This is a repeat of 3.1.3 and should be removed The Pharmacy Forum Disagrees with this Standard.
	CPNI GPhC 6.3 is more appropriate
Standard 3.3 Use Social Networks and Electronic Communication appropriately	
Draft Standard	Comment
3.3.1 Ensure appropriate and responsible use of social networking sites and other forms of electronic communication.	Pharmacy Forum This has caused lots of comments from the Pharmacy Forum committee and we would question the need for it when you have standard 3.1.1 The Pharmacy Forum Disagrees with this Standard.

	<p>CPNI Does not require a specific standard or sub-category, as it is covered by “effective” or “appropriate” communication.</p> <p>NPA This standard is not appropriate in absence of clarification. What is ‘appropriate and responsible’?</p>
Standard 3.4 Be Open and Honest about legal or disciplinary proceedings	
Draft Standard	Comment
3.4.1 Promptly inform the regulator, your employer and other relevant authorities of any circumstances that may call into question your fitness to practise or bring the pharmacy profession into disrepute.	<p>Pharmacy Forum We believe this should be included in 1.2.8 and 1.2.9 The Pharmacy Forum Disagrees with this Standard.</p>
	<p>CPNI Is reasonable but does not require separate standard 3.4.</p>
Standard 4.1 Communicate Effectivity	
Draft Standard	Comment
4.1.1 Listen to the users of pharmacy services and respond to their need(s).	<p>Pharmacy Forum We feel that the GPhC has stronger wording with ‘<i>Make the patient your first concern</i>’ The Pharmacy Forum Agrees, with comments.</p>
	<p>CPNI 4.1.1 -4.1.3 Focus on “the users of pharmacy services”, this term reflects a narrow field of practice. And all could be included under a simplified sub-principle, such as that in GPhC 4.1 “<i>Communicate effectively with patients and the public and take reasonable steps to meet their communication needs</i>”.</p>
4.1.2 Ensure that information is relevant and appropriate and ensure as far as possible that the users of pharmacy services are given the opportunity to speak to the appropriate professional.	<p>Pharmacy Forum We do not feel this standard is needed as many of the standards we agree with cover this issue. The Pharmacy Forum Disagrees with this Standard.</p>

4.1.3 Ensure that reasonable steps are taken to meet the users of pharmacy services language and communication needs.	<p>Pharmacy Forum We feel that the PSNI would need to clarify 'reasonable' for this standard to be included. The Pharmacy Forum Disagrees with this Standard.</p> <p>NPA Greater clarification is required around what is 'reasonable' in terms of language and communication needs.</p>
4.1.4 Build positive relationships with users of pharmacy services, colleagues and other healthcare professionals.	<p>The Pharmacy Forum agrees with this Standard.</p> <p>CPNI GPhC 4.2 is worded better this includes "<i>listen to patients and the public and respect their choices</i>". Which I believe to be an important point, currently absent from the PSNI draft document.</p> <p>NPA 4.1.4 and 4.1.5 – These standards are issues of competency as opposed to conduct.</p>
4.1.5 Demonstrate effective communication skills to resolve any issues or problems.	<p>Pharmacy Forum We do not feel that this standard is needed. The Pharmacy Forum Disagrees with this Standard.</p> <p>CPNI If changed to GPhC 4.1 this point is unnecessary.</p>
Standard 4.2 Establish effective partnership with patients	
Draft Standard	Comment
4.2.1 Take all reasonable steps to provide information that the patient (and/or their carer) requires about their treatment and care, in a way that they can understand so they are supported to use or take their medicines properly.	<p>The Pharmacy Forum agrees with this Standard.</p> <p>CPNI 4.2.1 -4.2.4 All focus on involving and supporting patients in their treatment, however, I find some to be somewhat patronising, for example 4.2.3 "Encourage patients to be knowledgeable about their medicines". They also reflect a narrow area of practice. Again I refer to the GPhC</p>

	<p>approach, for example:</p> <p><i>4.2 Work in partnership with patients and the public, their carers and other professionals to manage their treatment and care. Listen to patients and the public and respect their care.</i></p> <p><i>4.6 Consider and take steps where possible to address those factors that may be preventing or deterring patients from getting or taking their treatment”</i></p> <p>Individual Pharmacist</p> <p>Could read as follows to reflect medicines optimisation: Take all reasonable steps to provide information that the patient requires about their medication and care, in a way that they can understand so they are supported to use their medicines optimally.</p> <p>NPA</p> <p>4.2.1 to 4.2.4 Could be merged and simplified to – Establishing effective partnership with patients.</p>
<p>4.2.2 Ensure that the patient (and/or their carer) is involved in decisions about their treatment and care.</p>	<p>The Pharmacy Forum agrees with this Standard.</p>
<p>4.2.3 Encourage patients to be knowledgeable about their medicines.</p>	<p>The Pharmacy Forum agrees with this Standard.</p> <p>Individual Pharmacist</p> <p>4.2.3 could read as follows to reflect role of pharmacists as educators: Actively educate patients about their medicines</p>
<p>4.2.4 Assess and take steps to address factors that may support patients in obtaining or taking their treatment.</p>	<p>This is covered 4.2.1 The Pharmacy Forum Disagrees with this Standard.</p>

Standard 4.3 Work collaboratively with colleagues	
Draft Standard	Comment
4.3.1 Treat colleagues in a professional manner at all times.	<p>This is covered in 4.1.4 The Pharmacy Forum Disagrees with this Standard.</p> <p>CPNI 4.3.1 -4.4.8 Standards 4.3 “work collaboratively with colleagues” and 4.4 supervise and delegate effectively” Could be streamlined into one or two points. I believe these issues are better placed in principle 7 “Take responsibility for your working practices” of the GPhC document. In fact all of these points are really reflected in the three points 7.3, 7.4, and 7.5 of the GPhC document. I would recommend losing the unnecessary detail, in doing so this will make the points more relevant across all areas of professional practice.</p>
4.3.2 Work effectively as part of the pharmacy team and the multi-professional healthcare team.	The Pharmacy Forum agrees with this Standard.
4.3.3 Understand the organisational and management structure of your place of work.	<p>Pharmacy Forum We don’t feel this is a standard appropriate for the code of conduct as this is a matter for the individual workplaces. The Pharmacy Forum Disagrees with this Standard.</p> <p>NPA 4.3.3 – Is an understanding of organisational structure really appropriate or necessary for a code of conduct?</p>
4.3.4 Work effectively within the governance arrangements of the organisation in which you work.	As above. The Pharmacy Forum Disagrees with this Standard
4.3.5 Be aware of how your conduct and behaviour may	<p>Pharmacy Forum This is covered in 3.1.1 and we would also question how this would be</p>

influence and impact on others within and outside the team.	demonstrated in a Fitness to Practice case The Pharmacy Forum Disagrees with this Standard
4.3.6 Subject to <i>paragraph 1.3.1 (above)</i> ensure that information is shared appropriately with other health and social care professionals involved in the care of the patient and in compliance with the Data Protection Act 1998.	Pharmacy Forum This is already covered by the Data Protection Act and does not need to be covered in the code of conduct. The Pharmacy Forum Disagrees with this Standard.
4.3.7 Work in partnership with other health and social care professionals to manage the treatment and care of users of pharmacy services and signpost or refer to other relevant organisations where appropriate.	The Pharmacy Forum agrees with this Standard.
	HSCB May be deleted as this is covered in general principles.
Standard 4.4 Supervise and Delegate Effectively	
Draft Standard	Comment
4.4.1 Take responsibility for all work carried out by you or others under your supervision.	Pharmacy Forum We feel that the standard should read 'Take responsibility for all work carried out by you.' The Pharmacy Forum Agrees with comment.
4.4.2 Ensure that individuals to whom you delegate tasks are competent and fit to practise and have undertaken, or are in the process of undertaking, the training required for their duties.	The Pharmacy Forum agrees with this Standard.
	HSCB 4.4.2, 4.4.3 and 4.4.5 may be combined into one point.
4.4.3 Ensure the provision of a high standard of professional service by you or those working under your direct supervision.	We do not feel this should be included in the Code of Conduct. The Pharmacy Forum Disagrees with this Standard.
4.4.4 Contribute to the development, education and training of	The Pharmacy Forum agrees with this Standard.

colleagues and students, sharing relevant knowledge, skills and expertise.	
4.4.5 Take all reasonable steps to ensure that those persons you employ or supervise comply with all legal and professional requirements and best practice guidance.	Pharmacy Forum We do not feel that this is a regulatory matter, this is a contractual matter between the employer and employee. The Pharmacy Forum Disagrees with this Standard.
	HSCB 4.4.5 – this may already be covered in 4.3.1, 4.3.2 and 4.3.7
4.4.6 Be honest and objective when appraising the performance of others.	Pharmacy Forum This is part of being professional and is insinuated in 3.1.1 The Pharmacy Forum Disagrees with this Standard.
4.4.7 Provide honest and accurate information when writing reports.	Pharmacy Forum This is covered in 3.1.5 The Pharmacy Forum Disagrees with this Standard.
	NPA This standard refers to ‘writing reports.’ Greater clarity is required.
4.4.8 Support others with performance or health issues with due regard for patient and public safety.	The Pharmacy Forum agrees with this Standard.
Standard 5.1 Maintain and develop professional knowledge, skills and competence	
Draft Standard	Comment
5.1.1 Practise only when you are competent and fit to do so.	The Pharmacy Forum agrees with this Standard. The Pharmacy Forum Disagrees with this Standard
	CPNI 5.1.1 -5.2.1 Seem reasonable but could be incorporated under one

	standard.
5.1.2 Identify development needs and undertake continuing professional development (CPD) relevant to your area of practice and maintain appropriate records.	This is covered by mandatory CPD The Pharmacy Forum Disagrees with this Standard
	NPA Already covered by CPD framework and standards.
5.1.3 Keep your knowledge and skills up to date, evidence-based and relevant to your scope of practice.	As above The Pharmacy Forum Disagrees with this Standard
Standard 5.2 Apply knowledge and experience	
Draft Standard	Comment
5.2.1 Apply your knowledge and experience appropriately to your area of practice	The Pharmacy Forum Agrees with this Standard.
5.2.2 Ensure the clinical appropriateness of medicines supplied to patients and members of the public.	Pharmacy Forum Covered by 2.1.10 Ensure that patients have safe and timely access to their medicines and pharmaceutical care and 4.2.1 Take all reasonable steps to provide information that the patient (and/or their carer) requires about their treatment and care, in a way that they can understand so they are supported to use or take their medicines properly. The Pharmacy Forum Disagrees with this Standard
	CPNI 5.3.3 -5.2.3 Relate to narrow area of practice, I would recommend removing these entirely as they are already reflected under previous standards.
5.2.3 Ensure you deliver patient-centred pharmaceutical care based on best practice.	

Standard 5.3 Record, Store and process data clearly and accurately	
Draft Standard	Comment
5.3.1 Complete records promptly or as soon as practically possible after the patient intervention or activity has occurred.	Pharmacy Forum We feel that 5.3.1, 5.3.2 and 5.3.3 should be merged The Pharmacy Forum Agrees with Comment
	CPNI 5.3.1 -5.3.4 Under Standard 5.3 “Record, store and process data clearly and accurately” are not relevant to this section. I would recommend either removing entirely or incorporating within one of the related points in principle 1 or 2.
5.3.2 Do not tamper with patient records in any way.	
5.3.3 Ensure all entries in any record are accurate, clearly and legibly written and attributable.	
5.3.4 Keep all records securely and in an organised manner and for the appropriate period of time.	The Pharmacy Forum agrees with this Standard