



**CONSULTATION ON  
DRAFT  
*CODE OF CONDUCT***

**A consultation document**

16 February 2015 to 11 May 2015

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## About the Pharmaceutical Society of Northern Ireland

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The Pharmaceutical Society of Northern Ireland is the regulatory body for pharmacists 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 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 pharmacists, 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.

## About this consultation

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### What is the consultation about?

The Pharmaceutical Society NI protects patients and the public by setting out in the *Code of Ethics (2009)*<sup>1</sup> the minimum professional standards, behaviours and conduct expected of a registrant. We have reviewed our *Code of Ethics (2009)* and we are seeking your views on the revised content.

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.

### Why review the *Code of Ethics*?

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.

We are one of five UK healthcare regulators currently undergoing a review of their existing Code; three<sup>2</sup> of which have recently reviewed and published their revised Codes. In conducting our review we carried out 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.

This review has also taken into account external influences including the recommendations from the Mid Staffordshire Inquiry (Francis report<sup>3</sup>), interim proposals from government on rebalancing legislation, the six principles of Good Regulation<sup>4</sup> and learnings from our fitness to practise cases.

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

<sup>2</sup> 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.

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

<sup>4</sup> 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)

## How can I respond to this consultation?

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We are asking registrants and non-registrants and anyone with an interest in the work of the pharmacy regulator in Northern Ireland whether the new *Code of Conduct* is appropriate and fit for purpose. This consultation seeks the views and comments from all interested parties.

We want to establish whether the information is clear, unambiguous and easy to put into practice. We also want to identify whether the *Code of Conduct* covers all areas of pharmacy practise and professional roles. We are particularly interested in hearing views on whether we have missed out any information or have included any unnecessary detail.

We also seek your views on whether there is any additional guidance we could produce to help you translate the principles and standards into practice.

### Consultation

In January 2015 the draft *Code of Conduct* was issued to key stakeholders<sup>5</sup> to raise awareness of the forthcoming launch of the consultation on the revised Code and to seek early views. This exercise has helped finalise the *Code of Conduct* prior to going out to public consultation.

### How do I take part?

We wish to hear from all stakeholders including registrants, patients and other users of pharmacy services, charities and patient groups, professional bodies, employers, other healthcare regulators, education providers and government.

As an organisation, we aim to protect and promote patient and public safety. Therefore, we are particularly interested in hearing from patients and the public on the revised *Code of Conduct*, and ascertaining whether it clarifies the professional standards, behaviour and conduct they can expect from a registrant when accessing pharmaceutical care.

### Accessibility of information

You can find the draft *Code of Conduct* and all documents relating to the consultation on the Pharmaceutical Society NI website:

<http://www.psn.org.uk/publications/consultations/>

If you are having difficulties accessing the documentation or you need us to make adjustments in order to be able to respond to this consultation, please contact us and we will do our best to address the issue.

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<sup>5</sup> Registrants and non-registrants.

If you wish your response to remain confidential you should indicate this in your response and the Pharmaceutical Society NI will generally respect this request. However, the information you provide may be subject to disclosure under the Freedom of Information Act 2000.

### Consultation period

This 12 week consultation starts on 16<sup>th</sup> February 2015 and closes at 12 noon on 11<sup>th</sup> May 2015. Responses should preferably be returned electronically to [mark.neale@psni.org.uk](mailto:mark.neale@psni.org.uk) hard copy responses may be sent to Mark Neale at:

Pharmaceutical Society of Northern Ireland  
73 University Street  
Belfast  
BT7 1HL

For further information on this consultation please contact [michelle.mccorry@psni.org.uk](mailto:michelle.mccorry@psni.org.uk) or telephone 02890326927.

### Consultation Questions

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We would welcome any views you may wish to submit on the questions outlined below. It is important that you provide reasons for your comments, where possible, in order for the Council of the Pharmaceutical Society NI to consider the rationale for your views. We have provided a response template to complete, which is available on the website: <http://www.psni.org.uk/publications/consultations/>

**Question 1:** Do you agree with the change in name to the '*Code of Conduct*'?

Yes

No

Unsure

**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

**Question 3:** Are the five principles in the draft *Code of Conduct* applicable across all areas of pharmacy practice?

Yes

No

Unsure

**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

**Question 5:** Is there anything which is not considered or covered in the draft *Code of Conduct*?

Yes

No

Unsure

**Question 6:** Do you think there is anything that is unnecessary or should be removed from the draft *Code of Conduct*?

Yes

No

Unsure

**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

## Changes to the draft Code of Conduct

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The draft *Code of Conduct* can be found at Appendix 1 and should be read in conjunction with this consultation document.

### What's in a name?

The name varies across the regulators.

The Council of the Pharmaceutical Society NI decided on the name, '*Code of Conduct*', which provides a clear statement of the standards to which a registrant must adhere and the responsibilities and restrictions that are to be observed. A '*Code of Conduct*' elucidates specific action(s) the registrant can and cannot do.

In contrast, a '*Code of Ethics*' provides ethical principles and, in its application, expects the registrant to monitor their own behaviour accordingly without specific instructions about what they can and cannot do. It is therefore open to individual interpretation.

The change in name is significant in that the draft *Code of Conduct* explains the conduct and behaviours the regulator expects to observe from all our registrants and any departure from these may lead to fitness to practise proceedings. Registrants should make choices and decisions in their personal and professional life which are informed by the Code.

### What has changed in the draft Code of Conduct?

A number of changes have been made to the existing *Code of Ethics (2009)*.

The eight principles<sup>6</sup> in the existing *Code of Ethics (2009)* have been merged into five principles/headings in the draft *Code of Conduct* in order to produce a more succinct, accessible, high level document for ease of recall, understanding and referencing by registrants and the public. This approach to writing a 'Code' and other standards, is a widely accepted model of good practice adapted by other regulators, in healthcare and non-healthcare, both nationally and internationally.

The **five new principles** in the draft *Code of Conduct* governing the conduct and behaviour of registrants are:

1. '**Put the patient first**', is one of the key recommendations from the Mid Staffordshire Inquiry (Francis report<sup>7</sup>) and is featured as a key principle in the

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<sup>6</sup> [Eight principles in the Code of Ethics \(2009\)](#)

<sup>7</sup> <http://www.midstaffpublicinquiry.com/> accessed 23 December 2014

recently revised 'Codes' of other regulators<sup>8</sup>. This new principle encompasses principle 1, 'make the safety and welfare of your patients your prime concern'; principle 2, 'respect and protect confidential information'; principle 3, 'show respect for others'; and, principle 4, 'exercise professional judgement in the interests of patients and the public' from the existing Code of Ethics (2009).

2. **'Safety and quality'**, underpins every aspect of service delivery and must be at the heart of patient care. This new principle encompasses principle 8, 'provide a high standard of care at all times' from the existing Code of Ethics (2009).
3. **'Maintaining trust'**, is a value every registrant must uphold. Every day, patients entrust their health and wellbeing to pharmacy professionals. In turn, registrants have a duty to protect and uphold the trust and respect shown and given to them by patients. This new principle encompasses principle 6, 'maintain and develop professional knowledge and competence' and principle 7, 'act with honesty and integrity' from the existing Code of Ethics (2009).
4. **'Communication, partnership and teamwork'**, are essential attributes for effective working relationships and this new principle encompasses principle 5, 'encourage patients and/or their carer's as appropriate) to participate in decisions about their care' and elements from principle 8, 'provide a high standard of practice and care at all time' from the existing Code of Ethics (2009).
5. **'Knowledge, skills and competence'**, are key elements to carrying out the professional role of the pharmacist safely and effectively, and must be continually reviewed and updated to ensure their continued fitness to practise. This new principle encompasses principle 6, 'maintain and develop professional knowledge and competence' from the existing Code of Ethics (2009).

These five guiding principles are applicable to all registrants across all areas of pharmacy practice. From each of these principles, flow a number of professional standards which are further explained by individual regulatory statements.

### What are the other changes?

Other key changes in the draft *Code of Conduct* are:

1. The **'duty of candour'** – the Mid Staffordshire public inquiry<sup>9</sup> stressed the importance of openness, transparency and candour in the provision of healthcare to patients. In this new section it details that registrants have a professional responsibility to be open and honest with patients or service users when things go wrong. This professional duty of candour is common across all healthcare

<sup>8</sup> General Dental Council (GDC) and Nursing and Midwifery Council (NMC)

<sup>9</sup> <http://www.midstaffpublicinquiry.com/> accessed 23 December 2014.

professionals and is emphasised to registrants in the joint statement<sup>10</sup> produced by eight of the nine UK healthcare regulators published on 13 October 2014.

2. The importance of **'raising concerns'** has been covered in guidance issued in February 2013 to coincide with the final report from the Mid-Staffordshire inquiry. The revised *Code of Conduct* underlines the duty of registrants to put the patient first at all times and where there is a concern about the treatment and care of a patient, this must be raised with the appropriate authorities or others so as to protect the patient. In addition, there is also a duty for employing organisations to support staff to raise concerns openly and safely without the fear of recrimination.
3. The appropriate **'use of social networking and electronic communication'** - learnings from a number of fitness to practise cases has evidenced that registrants need to be vigilant in ensuring the appropriate and responsible use of social media and other forms of electronic communication. The ability to 'broadcast' information has grown in recent years with the advent of new social media: whilst this can be used for great benefit it can also be abused.
4. **'Communication, partnership and teamwork'** - poor communication can be detrimental to both effective working relationships and the delivery of quality pharmaceutical care and has been highlighted in a number of fitness to practise cases.
5. **'Maintaining clear professional boundaries'** - as a healthcare professional you are placed in a position of privilege and trust and as such you must always maintain appropriate and professional relationships with your patients and service users.

In addition, the new *Code of Conduct* aims to be used as a learning and reflective tool for registrants; a means of articulating what is meant by professionalism; a means of identifying best practice; and, in turn, a means of assessing and addressing poor practice either as a registrant, an employer or the regulator.

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<sup>10</sup> <http://www.psni.org.uk/Joint-statement-on-the-professional-duty-of-candour-FINAL.pdf>

## Equality Impact Assessment

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The Pharmaceutical Society NI is of the opinion that due to the nature and applicability of this *Code of Conduct* to all registrants it is not necessary to conduct a formal Equality Impact Assessment. The organisation considers that there does not appear to be any major or negative impacts on any individual or group according to their: *religious belief, political opinion, racial background, age, marital status, sexual orientation, gender, disability, or with dependants*: therefore, a formal Equality Impact Assessment is not required.

However, should consultees disagree with this view-point and consider that the new *Code of Conduct* does have an impact on the equality of any individual or group, outlined above, this information should be made available to us and will be duly considered.

## What happens after the consultation closes?

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When the consultation closes we will analyse the responses and redraft the *Code of Conduct*.

The Council of the Pharmaceutical Society NI will give final approval for the new *Code of Conduct* which is scheduled for publication in summer 2015.

## Glossary of Terms:

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**'pharmacist'** – means a person whose name is registered in the register of pharmaceutical chemists of the Pharmaceutical Society NI.

**'registrant'** – means a person who is formally entered into the register of the Pharmaceutical Society NI and who obtains certain rights thereby.

**'fitness to practise'** - when a registrant is deemed 'fit to practise' it means that they have the requisite skills, knowledge and character to practise safely and effectively. However, 'fitness to practise' is not solely confined to professional performance: it also includes acts or omissions by a registrant, which may affect public protection, confidence in the profession or in the regulatory process.