

Guidance on the Provision of Services

Contents

About the Pharmaceutical Society of Northern Ireland	3
Section 1 Introduction.....	4
Section 2 The Legal Framework.....	8
Section 3 Religion and Beliefs	10
Section 4 A patient or service user is violent, threatens violence or is verbally abusive	14
Section 5 The medicine, service or medicinal device is not currently in stock or available.	17
Section 6 Help and advice	19
Section 7 Useful contacts	20

DRAFT

About the Pharmaceutical Society of Northern Ireland

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

Our primary purpose is to ensure that 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 and the standards for pharmacy premises;
- maintaining a publicly accessible Register of pharmacists and pharmacy premises;
- handling concerns about the Fitness to Practise of pharmacists, acting as a complaints 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 Introduction

1. This Guidance should be read in conjunction with The Code, Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland (2016) (the Code)¹.
2. This Guidance primarily provides help to pharmacists in Northern Ireland when considering their obligations under Principle 1 of the Code – Always put the patient first – and Standard 1.1.5 – If, for any reason you are unable to provide a professional service, you have a professional responsibility to take reasonable steps to refer the patient or service user to an appropriate alternative provider for the service they require.
3. This Guidance covers the following three main areas relating to the provision of services:
 - the impact of a pharmacist's religion and/or beliefs on their willingness to provide a specific service;
 - a patient or service user is violent, threatens violence or is verbally abusive; and
 - the medicine, service or medicinal device is not currently in stock or available.
4. Pharmacists should use their professional judgement when applying this Guidance in practice and be able to justify their decisions. This Guidance cannot cover every situation and does not give legal advice. It does, however, set out key factors a pharmacist should consider when applying the Standards set out in the Code.
5. Whilst this Guidance may not encompass every scenario encountered by a pharmacist, it is designed to be relevant to all pharmacists whether they work in Community Pharmacy, a Hospital, a General Medical Practice setting or in another role. Pharmacists should note that nothing in this Guidance overrides or should interfere with their clinical judgement in relation to providing medicines and professional services to patients. Pharmacists should take all reasonable steps to ensure that those persons whom they employ, or supervise, understand and comply with this Guidance. Certain sections of this guidance are relevant to and should be read by employers and those pharmacists involved in the governance of pharmacies.

¹ <https://www.psni.org.uk/wp-content/uploads/2012/09/22504-PSNI-Code-of-Practice-Book-final.pdf>

6. Pharmacists should reflect on all aspects of the Code when considering this Guidance. The following Principles and Standards are considered particularly important:

Principle 1	Always put the patient first.
Standard 1.1	Treat those in your care with respect and dignity
Standard 1.1.1	Always consider, and act in, the best interests of the patient or service user
Standard 1.1.3	Respect diversity in cultural differences, beliefs and value-systems of others and always act with sensitivity and understanding.
Standard 1.1.4	Not act in a way that unfairly discriminates against any person
Standard 1.1.5	If, for any reason you are unable to provide a professional service, you have a professional responsibility to take reasonable steps to refer the patient or service user to an appropriate alternative provider for the service they require.
Standard 2.1.6	Ensure that you do not, whether by your actions or omissions, create a risk to patient care or public safety.

Standard 2.1.10

Take all reasonable steps to ensure that patients have safe and timely access to their medicines and pharmaceutical care.

Standard 3.1.3

When providing information or advice, in whatever format, do so accurately, clearly and unambiguously.

Standard 3.2.2

Ensure that your professional judgement is not compromised by personal or commercial interests, incentives, targets or similar measures.

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 4.1.2

Provide information that the patient or service user either requests or requires about their treatment and care, in a way that they can understand so that they are engaged and supported to use or take their medicines safely and effectively

Standard 4.1.3

Communicate clearly and effectively with patients and service users and take reasonable steps to meet their language and communication needs. You may need to check for mutual understanding where appropriate.

Standard 4.4.2

Ensure that individuals to whom you delegate tasks are fit to practise, competent to carry out such tasks and have undertaken, or are in the process of undertaking, the training required for their duties.

Standard 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.

Section 2 The Legal Framework

- 2.1 Equality legislation in Northern Ireland protects individuals from direct and indirect discrimination in the provision of goods, facilities and services because of their sex (including gender reassignment and pregnancy/maternity), disability, race, religious belief or political opinion, or sexual orientation. Each of these categories has equal status.
- 2.2 The equalities and human rights legislative framework in Northern Ireland is complex and not consolidated in a single Act or piece of legislation. Pharmacists may wish to seek support from their employer and/or the Equality Commission for Northern Ireland² and/or the Human Rights Commission for Northern Ireland³ for specific support in understanding and complying with the law⁴.
- 2.3 When providing professional services, pharmacists must make sure that they keep up to date and comply with the law, with any Health and Social Care or employment policies and contractual responsibilities of their employer that apply to their particular area of work.
- 2.4 An aspect of this Guidance deals specifically with religion and beliefs as they can particularly impact on a pharmacist's decision making in practice. The Human Rights Act 1998 incorporates the European Convention on Human Rights into UK law. Article 9 of the European Convention on Human Rights protects individuals' right to freedom of thought, belief and religion. This right is a qualified right in that the right to manifest one's religion and belief in public can require a balance to be struck between the needs of the individual and the competing considerations of other individuals/groups, organisations, the wider community or society as a whole⁵.
- 2.5 The Abortion (Northern Ireland) (No. 2) Regulations 2020 (the Regulations) authorise abortions to be carried out by a 'registered medical professional' in Northern Ireland, as defined in the Regulations. The Regulations put in place a specific statutory protection for conscientious objection in Northern Ireland in relation to abortion, consistent with the approach taken across the rest of the UK (in section

² <https://www.equalityni.org/Home>

³ <http://www.nihrc.org/>

⁴ Under Section 75 of the Northern Ireland Act 1998, designated Public Authorities have additional duties in relation to equality of opportunity and good relations.

⁵ Religion means any religion, including lack of religion. Belief means any religious or philosophical belief and includes lack of belief. This guidance is therefore produced for pharmacists who hold no religious beliefs and those who do. Under Article 9, it is considered that a genuine and sincerely held belief must attain a '*certain level of cogency, seriousness, cohesion and importance*'. (European Court of Human Rights, Guide on Article 9 of the European Convention on Human Rights - https://www.echr.coe.int/Documents/Guide_Art_9_ENG.pdf - accessed 22.10.19)

4 of the Abortion Act 1967). The Supreme Court⁶ has ruled on the extent of conscientious objection relating to abortion services under The Abortion Act 1967.

- 2.5 The legislation in relation to conscientious objection in general is also complex and there is significant and developing case law. It is not for our standards or guidance to set out the law in detail or provide legal advice. Pharmacists need to understand how the law applies to them and get legal advice when they need it.
- 2.6 Employers must also keep to the relevant employment, human rights and equalities law in Northern Ireland and must not discriminate against pharmacists because of their stated or perceived religion and beliefs.

⁶ Greater Glasgow Health Board v Doogan and another [2014] UKSC 68.

Section 3 Religion and Beliefs

- 3.1 We recognise that a pharmacist's religion and/or beliefs form an integral part of who they are and can have a positive impact on their daily practice and decision making. We acknowledge pharmacists' right to freedom of thought, belief and religion. It is important that pharmacists also practise in a way which respects the religion and beliefs of the patients and service users they care for on a daily basis.
- 3.2 Pharmacists must not discriminate against patients and service users based on their sex (including gender reassignment and pregnancy/maternity), disability, race, religious belief or political opinion, or sexual orientation. Pharmacists must respect diversity in cultural differences, beliefs and value systems of others and always act with sensitivity and understanding when engaging with patients and service users.
- 3.2 Principle 1 of the Code states that pharmacists must always put the patient first; patients and service users should not be denied access to appropriate and timely treatment. It is, however, recognised that a pharmacist's beliefs and/or religion can influence their willingness to provide certain services including the following:
- Contraception (routine and emergency)
 - Fertility medicines
 - Hormonal therapies
 - Mental health and wellbeing services
 - Substance misuse services
 - Sexual health services
 - Abortion services⁷
- 3.3 The Code states that if, for any reason, a pharmacist is unable to provide a professional service, they have a professional responsibility to take all reasonable steps to refer the patient or service user to an appropriate alternative provider for the service they require. If a pharmacist is reluctant to provide a service because of their beliefs and/or religion, when considering whether to refer a patient to another pharmacist or healthcare professional, a pharmacist must ensure that they act in the best interests of the patient. They should take all reasonable steps to ensure that the patient has timely access to their medicines and

⁷ [The Abortion \(Northern Ireland\) \(No. 2\) Regulations 2020](#) authorise abortions to be carried out by a 'registered medical professional' in Northern Ireland, as defined in regulation 2, in a place referred to in regulation 8 where one of the grounds set out in regulations 3 to 7 is fulfilled. The remaining regulations deal with certification and notification of various matters by registered medical professionals, offences, and consequential amendments. [Regulation 12](#) outlines when conscientious objection to participate in treatment is authorised in these Regulations.

pharmaceutical care, whilst not putting undue pressure on their colleagues.

3.4 Under such circumstances, pharmacists should consider the following:

3.5 **Be Prepared**

3.5.1 Pharmacists should reflect upon and understand how their religion and/or beliefs might impact upon their ability to provide certain services.

3.5.2 Pharmacists should understand the services they are not prepared to provide and inform their employer.

3.5.3 Pharmacists should communicate effectively and work with their employer to consider the following:

- the suitability of their work location;
- whether they are required to work alone;
- the hours they are required to work;
- any contractual obligations; and
- the list of services the pharmacy/healthcare setting provides.

3.5.4 Pharmacists should work with their employer to ensure that adequate provision is in place to meet the needs of patients, to ensure the continuity of their care is not compromised and they receive timely access to their medicines and pharmaceutical care.

3.6 **Treat each patient as an individual and make decisions based on their individual needs**

3.6.1 Pharmacists should use their professional judgement and reflect on the Code before deciding that:

- they are unwilling to provide a service; and
- referring a patient to another pharmacist or healthcare professional is the correct course of action.

3.6.2 Patients' individual needs should be at the centre of decision making so they can access the service they need in a timely manner without difficulty.

3.6.3 A pharmacist should assess the following before making a decision:

- What is the acuteness of the patient's clinical need?
- Is an alternative provider readily available and willing to provide the service?

- What is the availability of the service the patient requires elsewhere? Issues such as distance, time constraints and ease of travel should be taken into consideration in this regard.
- Does the patient have any particular needs that may place a barrier to the potential options available to them? For example, does the patient have a physical or learning disability that may inhibit them from being able to access an alternative provider or healthcare professional?

3.7 Communicate effectively and appropriately

3.7.1 When appropriate, pharmacists should engage with patients sensitively and listen and respect the choices they make about their treatment and care.

3.7.2 Pharmacists should provide information, that the patient either requests or requires about their treatment and care, in a way that they can understand so they are engaged and supported.

3.7.3 Pharmacists should communicate effectively with patients and service users and take reasonable steps⁸ to meet their language and communication needs. Pharmacists may need to check for mutual understanding where appropriate.

3.7.4 When communicating, pharmacists should respect and be sensitive and understanding towards different cultures, beliefs and value systems.

3.8 Deciding to refer a patient to another pharmacist or healthcare professional.

3.8.1 If, after considering the above, a pharmacist decides to refer a patient to an alternative provider, a pharmacist should do the following:

- Maintain patient confidentiality.
- Explain to the patient that they will not provide the service and the reasons for this. This should be done in a sensitive manner that shows respect for the patient and their choices.
- Provide the patient with all the options available to them in a clear and unambiguous manner.

⁸ If a pharmacist is communicating with an individual with a communication difficulty, such as a learning disability or English not being their first language, they should consider whether making reasonable adjustments to how they communicate is required, including but not limited to, taking more time, providing clearer information and considering more than one means of communication, for example verbal and diagrammatic.

- Ensure that the patient has understood the options available to them.
- Answer any questions the patient may have in relation to their treatment in a clear and unambiguous manner.
- Take notes to document their decisions, and the reasons for them, and their interactions with patients and carers.

3.9 Guidance for Employers

- 3.9.1 Employers have a responsibility to patients and service users. Employers should work with pharmacists to understand when and why their religion and/or beliefs may impact upon their willingness to provide a service. Employers should work with pharmacists to ensure continuity of services, wherever possible. Employers should seek to ensure that patients are placed under the minimum stress possible as a result of a pharmacist being unwilling to provide a service.
- 3.9.2 Employers have a responsibility to pharmacists and their staff and must abide by equality and discrimination laws in relation to their employees. Employers must have fair working environments. They should treat pharmacists with dignity and respect in the workplace, being sensitive to pharmacists' religion and beliefs.
- 3.9.3 Employers, and those who manage or lead staff, should consider maintaining a policy on this issue to help ensure good communication between pharmacists, other pharmacy staff and employers. This may help ensure continuity of patient care and that pharmacists are treated fairly and appropriately.

Section 4 A patient or service user is violent, threatens violence or is verbally abusive

- 4.1 We recognise that pharmacies and healthcare settings need to be safe places for patients, service users, pharmacists and other staff.
- 4.2 Pharmacists have a right to protect themselves, their staff and patients in instances where a pharmacist believes that patients and/or service users pose a threat or are displaying threatening behaviour within a healthcare setting. We recognise and support the Health and Social Care Board's (HSCB) Zero Tolerance campaign⁹. This Guidance is not intended to address situations of clear criminality, including assault or theft.
- 4.4 Pharmacists work in many different healthcare settings, some of which will have policies and additional support in place for dealing with difficult, aggressive and potentially violent patients or service users. Pharmacists should make themselves aware of any policies or support their employer has for providing care to difficult, aggressive and potentially violent patients or service users.
- 4.3 Patients and service users also have the right to receive the treatment they require within public healthcare settings. Pharmacists have an obligation to take all reasonable steps to ensure that patients have safe and timely access to their medicines and pharmaceutical care. Some patients or service users who display threatening or verbally abusive behaviour may do so because of a medical condition, a disability¹⁰ or as a side effect of their medication and/or treatment or having not received medication they currently require. To ensure that the right balance is struck between the right of a pharmacist to protect themselves and others and their obligations to patients and service users, pharmacists should consider the following:
- 4.3.1 When faced with a patient and/or service user who is displaying difficult and potentially threatening behaviour, including verbal abuse and/or the threat of violence, pharmacists should consider the following questions and use their professional judgement when deciding whether to provide a professional service:

⁹ <http://www.hscboard.hscni.net/zero-tolerance/>

¹⁰ For example, some people and children with a learning disability can display challenging behaviour. Challenging behaviour can include tantrums, hitting or kicking other people, throwing things or self-harming. Some people with dementia can display aggressive behaviour, both physical and verbal. Pharmacists should be aware of the HSC Hospital Passport for people with a learning disability, which is designed to help healthcare professionals know about an individual's abilities and needs, including potentially difficult behaviour, with an aim of facilitating healthcare professionals to make reasonable adjustments when providing care: <https://www.publichealth.hscni.net/publications/hsc-hospital-passport-and-guidance-notes>

- Is the patient's behaviour a feature/symptom of a medical condition or disability?
- Is the patient's behaviour related to the effects of medication, including the need to access medication?
- Does the patient's condition require urgent treatment?

- If, in their professional judgement, the answer to any of the above is 'Yes', the pharmacist should consider if the service can be provided safely.
- If the Pharmacist considers that the service can be provided safely, they should provide the service.
- If the Pharmacist considers the service cannot be provided safely, they should consider refusing the service and assessing what steps need to be taken, if any, upon that refusal.

4.3.2 If a pharmacist considers that it is not safe to provide a professional service to a patient or service user, they still have obligations under the Code, including to always consider and act in the best interests of the patient or service user.

4.3.3 An agitated and/or highly distressed patient or service user may cause harm to themselves and/or others. Some patients or service users may need immediate medical assistance. Upon refusing to provide a service to a patient or service user, a pharmacist should consider the following:

- Should a third party be informed? Examples of organisations you may wish to inform include, but are not limited to, the HSCB, the patient's General Practitioner, another healthcare professional or service provider, the Police or emergency services.
- If a pharmacist considers that informing a third party is the appropriate course of action, they should provide them with all the relevant information they consider necessary to help address the situation, whilst protecting the patient's confidentiality.
- Pharmacists should take notes in relation to all decisions, and the reasons for them, and any actions they take.

4.3.4 Nothing in this Guidance overrides or should interfere with a pharmacist's clinical judgement in relation to providing a service.

4.3.5 Pharmacists working in community pharmacies should be aware that the HSCB can assist with delivering professional services to difficult, threatening and potential violent patients and service users. (Details - Contact information – See Section 6).

DRAFT

Section 5 The medicine, service or medicinal device is not currently in stock or available.

- 5.1 This section of the Guidance is applicable in a number of circumstances and the principles advocated may be helpful in a number of settings. However, it will be of primary interest to those working in the community sector. In a community setting, this advice primarily extends to all services contracted and/or commissioned by the HSCB and not additional services provided by pharmacies for the convenience of their patients, service users and/or customers.
- 5.2 There will be occasions when pharmacies do not currently have a certain medicine in stock¹¹, are unable to provide or do not provide a professional service or medicinal device. In such circumstances, pharmacists have a responsibility to ensure that they act in the best interests of the patient and take all reasonable steps to ensure that they have safe and timely access to their medicines and pharmaceutical care.
- 5.3 If a pharmacist is unable to provide a service because a medicine, professional service or medicinal device is not currently in stock or available, they should:
- Explain to the patient that they cannot provide the service and the reasons for this.
 - Provide the patient with all the options available to them in a clear and unambiguous manner¹².
 - Take reasonable steps to refer the patient or service user to an appropriate alternative provider for the service they require.
 - Ensure that their professional judgement is not compromised by personal or commercial interests, incentives, targets or similar measures.
 - Ensure that the patient has understood the options available to them.

¹¹ This Guidance does not relate to a Serious Shortage Protocol, which will be issued by the Department of Health NI.

¹² If it is more convenient/preferable to the patient/service user and clinically appropriate, a short period of delay may be an appropriate option whilst the medicine, professional service or medicinal device returns to stock.

- Answer any questions the patient may have in a clear and unambiguous manner.
- Consider the acuteness of the patient's clinical need.
- Consider the availability of the service the patient requires elsewhere. Issues such as distance, time constraints and ease of travel should be taken into consideration in this regard.
- Consider if anyone else needs to be communicated with, for example: the patient's General Practitioner, another healthcare professional or an alternative community pharmacy provider.
- Assess if the patient has any particular needs that may place a barrier to the potential options available to them. For example, does the patient have a physical or learning disability that may inhibit them from being able to access an alternative provider, or healthcare professional, or return at a later date/time; or inhibit their ability to fully understand the reasons why the pharmacist cannot provide the service they require?
- Take notes to document their decisions, and reasons for them., and their interactions with patients and carers.
- Maintain patient confidentiality.

5.4 Communicate effectively and appropriately

- 5.4.1 Pharmacists should engage with patients sensitively and listen and respect the choices they make about their treatment and care, whilst maintaining their confidentiality.
- 5.4.2 Pharmacists should provide information that the patient either requests or requires about their treatment and care, in a way that they can understand so they are engaged and supported.
- 5.4.3 Pharmacists should communicate effectively with patients and service users and take reasonable steps to meet their language and communication needs. Pharmacists may need to check for mutual understanding where appropriate.
- 5.5.4 When communicating, pharmacists should respect and be sensitive and understanding towards different cultures, beliefs and value systems.

Section 6 Help and advice

- 6.1 In relation to a patient or service user who is violent, threatens violence or is verbally abusive, the HSCB can provide advice and assistance. This can be in relation to a one off incident or a patient/service user that is consistently 'difficult'.

You can contact the Health and Social Care Board on **0300 555 0115** and then ask for your local area integrated care office.

DRAFT

Section 7 Useful contacts

Advice and help

Health and Social Care Board
Headquarters
12-22 Linenhall Street
Belfast BT2 8BS
T: 0300 555 0115
E: Enquiry.hscb@hscni.net

Police Service of Northern Ireland
Website: <https://www.psni.police.uk/contact-us/>
Phone: 101 in a non-emergency, 999 in an emergency

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

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

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

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