Fitness to practise issues and ethical dilemmas encountered by pharmacy students and pre-registration trainees

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- Ian Smith – Boots Teacher Practitioner University of Manchester; Boots Pre-registration coordinator for north of England
- Professor John Playle – Faculty Associate Dean External Affairs and Chair of Cross Faculty Positive CRB Disclosure Panel, University of Manchester
- Dr Susan Robson – Occupational Health Department, University of Manchester
- Elaine Shillcock – Head of Disability Support Office, University of Manchester
- Pia Pollock – Admissions Policy Advisor, University of Manchester
- Maria Kostopoulou – MPharm student and BPSA representative

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Many thanks go to Dr Rebecca Elvey and Dr Penny Lewis who interviewed members of the Expert Panel.

We would also like to thank all the staff in other schools of pharmacy in the UK who responded to our request to comment on the issues that we had identified.
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Introduction

Healthcare professionals must conduct themselves professionally to ensure that they provide an effective and safe service for their patients. The responsibility to act professionally extends beyond the workplace into all areas of life to ensure that public confidence in the profession is maintained. The pharmacy profession is no different to any other regulated health profession in this respect.

The obligation to act professionally at all times extends to pharmacy students and pre-registration trainees. The Code of Conduct for Pharmacy Students published by the General Pharmaceutical Council (GPhC) applies to all students studying pharmacy in Great Britain\(^1\). The Code of Conduct has been adopted by the Pharmaceutical Society of Northern Ireland and thus also applies to all students studying pharmacy in Northern Ireland. Pre-registration applicants have to sign declarations of good conduct and good health and agree to abide by the Standards of conduct, ethics and performance, for pharmacists and pharmacy technicians, also published by the GPhC\(^2\).

Pharmacy students and pre-registration trainees may be confronted with situations where there is a conflict between the rules or laws under which they work and how they believe they should act. All health professions face such conflicts in their day to day working lives and an important part of being a professional is being able to respond to such ethical dilemmas. Effective decision making in ethical dilemmas involves breaking the dilemma down into the key issues, identifying and obtaining the information required, weighing each issue and reaching a decision that can be supported.

Schools of pharmacy in UK are required to have fitness to practise procedures in place to consider students when their suitability to practise as a current or future registered professional is called into question. These procedures are in place to protect the public and encourage students to strive for high standards in their professional and personal lives. The GPhC published Guidance on Student Fitness to Practise Procedures in Schools of Pharmacy\(^3\). This guidance, primarily aimed at advising schools, covers the scope of fitness to practise, the threshold of fitness to practise, the range of outcomes and the key elements in fitness to practise proceedings. The procedures must ensure both fairness to the student and a consistent approach; this is especially needed at individual School or educational institution level, where cases are likely to be seen infrequently, which makes it more difficult for a single school to accumulate experience in dealing with such issues.

This document covers fitness to practise issues and ethical dilemmas. It aims to:

- list a range of common issues that could impact on the fitness to practise of a student or a pre-registration trainee and to illustrate each issue with a
scenario. Fitness to practise is considered at the admission to MPharm stage, admission to pre-registration and whilst a student or trainee.

- List a range of common ethical dilemmas faced by pharmacy students or pre-registration trainees. Each dilemma is illustrated with an anonymised scenario which includes a breakdown of the issues and a step-wise description as to how the dilemma was approached and dealt with on that occasion.

The intention is to give examples of the process by which such issues and dilemmas were approached in those scenarios, rather than to give definitive guidance as to how similar issues and dilemmas must be approached in the future.
Method

An Expert Advisory Panel was formed to guide the team and to identify the fitness to practise issues and ethical dilemmas and to help write the scenarios. The Panel contained representatives from University Occupational Health department, the University Disability Support Office, other health care professions, pharmacy pre-registration coordinators, the British Pharmaceutical Students’ Association (BPSA) and a pharmacy student. Input from pharmacy pre-registration trainees was obtained during pre-registration study days.

Staff in other schools of pharmacy were asked, via e-mail, to comment on the range of issues that were identified to validate the issues with regards to pharmacy undergraduate training.

Data collection - Undergraduate
There were four stages to the data collection phase:

1. The first stage for:
   a. Admissions and fitness to practise issues involved listing issues by the project team. Where possible, each issue was linked to a summary of a case hearing and the original hearing records were used to produce the scenarios.
   b. Ethical dilemma issues involved asking small groups of third and fourth year undergraduate students at the University of Manchester about ethical dilemmas that they had faced during their training.
2. The second stage involved the non-pharmacy members of the Expert Advisory Panel reviewing the fitness to practise and ethical dilemma issues to determine whether the full range of issues had been captured.
3. The third stage involved the pharmacy members (e.g. pre-registration coordinators and BPSA student representative) of the Expert Advisory Panel commenting on whether the full range of issues had been captured and commenting on the relevance to pharmacy training of each issue.
4. The final stage involved informally surveying a selection of UK schools of pharmacy, chosen to give input from a range of types of schools (for example, new schools versus well-established schools), to determine whether they had encountered any fitness to practise issues additional to those identified in stages one to three and to incorporate this broader range of experiences into the list of issues.

As there were few hearings involving pharmacy undergraduate students, this overview was extended to cover the training of other health professions (e.g. medicine, dentistry, nursing, midwifery and social work).

A list of fitness to practise issues with relevance to pharmacy students, each linked to a scenario, was written. At this point, the issues and a selection of the scenarios
were shared with the BPSA student representative of the Expert Advisory Panel to ensure they had been written in a format which is accessible for pharmacy students.

Data collection - Pre-registration trainee

There were four stages to the data collection phase:

1. The first stage for:
   a. Admissions and fitness to practise issues involved asking the pre-registration coordinator members of the Expert Advisory Panel to list issues involving admission to pre-registration and fitness to practise.
   b. Ethical dilemma issues involved asking preregistration trainees during a scheduled study day about ethical dilemmas that they had faced.

2. The second stage involved the non-pharmacy members of the Expert Advisory Panel reviewing these issues. They were asked whether the full range of issues had been captured.

3. The pharmacy members of the Expert Advisory panel were asked whether the full range of issues has been captured and were also asked to comment on the relevance to pharmacy training of each issue.

4. The final stage involved informally surveying a sample of UK schools of pharmacy, to determine whether they had encountered any ethical dilemma issues additional to those identified in stages one to three and to incorporate this broader range of experiences into the list of issues.

A list of ethical dilemmas and fitness to practise issues with relevance to pharmacy training, each linked to a scenario were written. At this point the issues and sample scenarios were shared with the BPSA member of the Expert Advisory panel to ensure they have been written in a format which was accessible for pharmacy students and pre-registration trainees.

The scenarios were based upon real life situations involving health professions from across the UK. The personal details have been altered to ensure individual applicants, students, trainees or institutions cannot be identified and also to ensure each case has a relevant pharmacy setting. They are intended to be examples of a range of common areas of concern. No attempts have been made to describe all possible scenarios within those areas. Some of the issues around the ethical dilemmas for preregistration trainees may be applicable also to undergraduate students who are working as counter assistants during weekends or vacations.

Each of the three members of the team led on different parts of this report. Dr Hall led on admissions scenarios, Professor David led on the fitness to practise scenarios and Dr Tully led on the ethical dilemmas.
List of Scenarios

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### 5. Summary of ethical dilemmas faced by preregistration trainees

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Admission to the MPharm

Scenario 1.1

Category of concern – Conviction for theft

Problem: An enhanced Criminal Records Bureau (CRB) check on a 22 year old applicant for the programme revealed a conviction for theft from their employer on three separate occasions one year previously. The applicant had been sentenced to 100 hours community service. The applicant was referred to the positive CRB disclosure panel and completed a summary statement outlining the nature and circumstances of the offence prior to interview by the panel.

Issues for the Positive CRB disclosure panel:

- Establish the facts and the circumstances surrounding the offence
- Establish the student’s response, including level of insight and remorse
- Consider the offence in terms of nature, severity, period elapsed since offence and likelihood of recurrence
- Consider the potential impact of the conviction in terms of professional practice, risk to the public, risks to the reputation of the profession and the University.
- Taking all these into account, decide upon the appropriate outcome in terms of consideration of an offer of a place on the programme.

Outcome:

In the summary statement and at interview, further details of the nature and circumstances of the offence were outlined by the applicant supported by a statement from her solicitor. Prior to the offence, she had moved out of her family home as her parents were unhappy with her ongoing relationship with her partner. She had moved into a rented flat with her partner who subsequently lost his job. She had a part-time job in a shop but her wages alone were no longer sufficient to cover the rent and bills for the flat due to her partner now being unemployed. She felt unable to return to the family home and her partner became increasingly physically and mentally abusive towards her and threatened that if she did not find the money to pay the bills he would leave her. She claimed that she felt under considerable stress at this time and that in order to avoid further violence from her partner and to pay the bills to retain the flat, she stole money from the till at the shop where she worked. This happened on three occasions over a three month period and in total she stole £800. The theft was uncovered by her employer who had put in CC TV cameras near the till as they had noticed money going missing. She lost her job, was arrested and subsequently convicted of theft. She demonstrated clear remorse for and insight into the dishonesty but claimed that this was a one-off offence, totally out of character for her and due to the specific circumstances at the time. She had subsequently left her partner, had completed the requirements of the sentence and was now in full-time employment.

In considering the case, the CRB panel acknowledged the distressing circumstances surrounding the offence and the applicant’s insight and remorse but felt that this did not provide mitigation for the course of action taken. The panel considered that the nature and severity of the offence together with the relative recency of the conviction was problematic in a number of respects. As a pharmacy student and potentially qualified practitioner, the nature of the offence, involving dishonesty and theft undermined the necessary trust required of a professional by the public and profession. The relative recency of the offence also had not allowed an appropriate time lapse to occur for the applicant to demonstrate that, under other stressful circumstances, she may not act in a similar way. The NHS human resources representative on the panel also indicated that should the applicant be applying for any post in the NHS it would be unlikely that they would be employed. In light of the above and the potential risk to the reputation of the University and the profession the applicant was informed that their application to the programme would not be considered.
Scenario 1.2

Category of concern – caution for theft

Problem: An enhanced CRB check on a 19 year old applicant for the MPharm programme revealed a caution for theft when the applicant was 16 years old. The applicant was invited to submit a written statement which was reviewed by the CRB Disclosure Panel.

Issues for the Positive CRB disclosure panel:

- Establish the facts and the circumstances surrounding the offence
- Establish the student's response, including level of insight and remorse
- Consider the offence in terms of nature, severity, period elapsed since offence and likelihood of recurrence
- Consider the potential impact of the conviction in terms of professional practice, risk to the public, risks to the reputation of the profession and the University.
- Taking all these into account, decide upon the appropriate outcome in terms of consideration of an offer of a place on the programme.

Outcome:
The applicant’s written statement outlined the details leading to them accepting the caution. The applicant was caught attempting to steal confectionary from a supermarket. He explained that he was accompanied by three of his school friends in the supermarket and that he placed several bars of chocolate into his school bag and that he had been stopped by the store security guard whilst attempting to leave the store. The total value of the chocolate bars was less than £5.00. The applicant accepted full responsibility for his actions and admitted to feeling ashamed that he had been so foolish.

The CRB Disclosure Panel considered the risk of reoffending to be low considering this was a single event that had occurred three years previously whilst the applicant was 16 years old and taking into account the level of insight and remorse shown by the applicant in their written statement. The panel also felt the impact on risks to the reputation of the profession and University was low considering the relatively minor nature of the offence for which the applicant had accepted a caution.

The applicant was accepted onto the MPharm programme.
Scenario 1.3
Category of concern – Exposure

Problem: A mature male was invited to attend an interview following his application to join the MPharm programme. At the interview he explained that for the last five years he had occupied a junior position in a primary healthcare organisation working with patients and that he was now keen to study pharmacy so he could develop his career further. He also mentioned at the interview that that he had been foolish when he was younger and that he had received a couple of convictions for exposure. He explained that his employer had known about that the two convictions but decided he could carry on working.

Issues for the Positive CRB disclosure panel:

- Establish the facts and the circumstances surrounding the offence
- Consider the offence in terms of nature, severity, period elapsed since offence and likelihood of recurrence
- Consider the potential impact of the conviction in terms of professional practice, risk to the public, risks to the reputation of the profession and the University.
- Taking all these into account, decide upon the appropriate outcome in terms of consideration of an offer of a place on the programme.

Outcome:

The school requested a CRB check and it was confirmed that the applicant had two offences for exposure. On the first occasion he received a fine for £100 and on the second he received a fine of £150 and was ordered to complete 40 hours of community service. The first conviction was three years ago and the most recent conviction was 18 months prior to his application to start the MPharm programme.

The applicant was invited to make a written submission to the CRB Disclosure Panel. In this submission he stated that he had been caught on two separate occasions masturbating in his car in a public car park. The CRB disclosure panel felt that insufficient time had elapsed to allow the applicant to demonstrate rehabilitation. As he had two separate convictions the panel considered the likelihood for repeat offending to be high. His post in primary care was supervised and it appears that his employer judged that he did not pose a risk to the public but the MPharm could lead to him eventually working as a fully independent practitioner. In light of the above and the potential risk to the reputation of the University and the profession the applicant was informed that their application to the programme would not be considered.
Scenario 1.4

Category of concern – Caution for possession of a Class A drug

Problem – A 32 year old female student applied to join the MPharm programme. She performed well in her interview and received an unconditional offer of acceptance onto the MPharm programme. The applicant accepted the offer and started on the programme. CRB checks are performed during the first semester of the programme. Following the CRB it emerged that she had received a caution for possession of heroin when she was 19 years old.

Issues for the Positive CRB disclosure panel:

- Establish the facts and the circumstances surrounding the offence
- Establish the student's response, including level of insight and remorse
- Consider the offence in terms of nature, severity, period elapsed since offence and likelihood of recurrence
- Consider the potential impact of the conviction in terms of professional practice, risk to the public, risks to the reputation of the profession and the University.
- Taking all these into account, decide upon the appropriate outcome in terms of determining whether she should progress on the MPharm programme.

Outcome

The nature of the conviction is a major concern considering the student’s potential future access to controlled drugs following registration. The student had been caught in possession of a small quantity of Class A drug whilst she was out at a nightclub. There was no evidence of a history of drug misuse. The student wrote a letter to the Panel claiming she had not been involved in the misuse of drugs for over 12 years and describing her work with drug misusers over the last eight years in an NHS funded project. She also supplied a reference from the Director of the Drug Service supporting her bid to continue of the MPharm programme. The student was interviewed by members of the CRB Disclosure Panel. The Panel felt the student demonstrated a considerable degree of insight into her past drug misuse problem and had dedicated a significant portion of her life to working with drug misusers both on their written statement to them and during her interview.

In coming to a decision the Panel noted that; this was a single offence with no evidence of any other convictions; there was a high level of insight shown and that sufficient time that had elapsed to allow the student to demonstrate an appropriate level of rehabilitation such that the risk of reoffending was deemed low. The student was allowed to continue on the MPharm programme.
Scenario 1.5

Category of concern – Driving a motor vehicle without insurance

Problem – A 25 year old male student first year started on the MPharm programme. During his first week he attended a lecture on fitness to practise and received a copy of the Code of Conduct for Pharmacy Students. He advised his school that he had received a conviction for driving a motor vehicle without insurance and speeding and was concerned that this could affect his ability to stay on the MPharm programme. The school asked him to make a written submission outlining the circumstances surrounding his conviction and also completed the CRB as is standard for all first years in that school.

Issues for the Positive CRB disclosure panel:

- Establish the facts and the circumstances surrounding the offence
- Establish the student's response, including level of insight and remorse
- Consider the offence in terms of nature, severity, period elapsed since offence and likelihood of recurrence
- Consider the potential impact of the conviction in terms of professional practice, risk to the public, risks to the reputation of the profession and the University.
- Taking all these into account, decide upon the appropriate outcome in terms of determining whether he should progress on the MPharm programme.

Outcome

The student’s written submission and the CRB results indicated that the conviction took place whilst the student was 18 years old. The student’s submission claimed he had been driving his mother’s car to the train station (a journey of six miles) to collect his older brother who was returning from a vacation. His submission goes onto say that he was stopped by the police for driving at 35 miles per hour (mph) in a 30 mph zone. He received three penalty points on his driving license for the speeding offence and also convicted of driving without insurance for which he received a fine of £50. The student acknowledged what they had done was wrong and indicated that they had learned from this mistake.

The CRB Disclosure Panel don’t normally consider minor traffic violations. The Panel noted that this was a single offence committed seven years previously. The Panel were satisfied that the student had sufficient insight and that he had learned from this episode and allowed him to continue with his studies.
Scenario 1.6

Category of concern – caution for assault

Problem – A 19 year old female applied to study pharmacy. She was accepted onto the programme subject to receiving a satisfactory CRB clearance. She completed the CRB check prior to starting the MPharm programme. The positive CRB return indicated she had received a police caution for assault occasioning actual bodily harm 18 months prior to her acceptance onto the programme.

Issues for the Positive CRB disclosure panel:

- Establish the facts and the circumstances surrounding the offence
- Establish the student's response, including level of insight and remorse
- Consider the offence in terms of nature, severity, period elapsed since offence and likelihood of recurrence
- Consider the potential impact of the conviction in terms of professional practice, risk to the public, risks to the reputation of the profession and the University.
- Taking all these into account, decide upon the appropriate outcome in terms of consideration of an offer of a place on the programme.

Outcome
The CRB Disclosure Panel were concerned that the nature of the offence could pose a risk to patient safety and a threat to the reputation of the University and the profession and invited the applicant to attend an interview with representatives from the CRB panel.
During the interview the applicant indicated that she was at a concert and someone pushed her friend. She intervened but as she intervened, the security guard grabbed her from behind as he thought she was the one causing trouble. She, however, did not realise that it was a security guard who had grabbed her and she swung round and hit the security guard which led to her being charged with assault.
The Panel noted that the offence was committed relatively recently but they were satisfied that there was mitigation that indicated that the behaviour of the applicant was not characteristic. The evidence given by the applicant during her interview were key to panel coming to their decision to allow the student to start the MPharm programme.
Scenario 1.7

Category of concern – chronic health problem

Problem – An 18 year applicant was accepted, subject to medical clearance, onto the MPharm programme following her interview. They completed the standard confidential health screen questionnaire which was counter signed by their GP and submitted to the University Occupational Health Department. The applicant declared on this questionnaire that they cystic fibrosis,

The Occupational Health Department had some concern that the nature of this chronic health problem could impact on the applicant’s attendance and the areas in which they can work. The University Occupational Health Department obtained the applicant’s consent to contact their specialist and for their specialists to share information so that an assessment of their needs could be made and decisions could be made regarding where they could work and whether any adjustments might be needed.

Issues to be considered by the Admissions Team

• Determine whether the applicants health impacts on ability to achieve the competence standards required by the programme

• Determine whether reasonable adjustments could be made to the learning environment that would allow the applicant to achieve the competence standards

• Determine whether reasonable adjustments could be made to assessment methods that would allow the applicant to demonstrate achievement of the competence standards

Outcome

The applicant’s condition should not impact on the ability of the applicant to achieve the competence standards in pharmacy. The applicant signed an enhanced disclosure form which allowed Occupational Health to share information concerning the applicant’s condition with the school. The school discussed the importance of attending the programme with the applicant and explained what allowances they could make regarding attendance during periods of illness. The adjustments included allowing the applicant to switch groups for practical and clinical activities where possible if the applicant’s health prevented them attending at their usual time.
Scenario 1.8

Category of concern – chronic health problem

Problem – An 18 year old applicant was conditionally accepted onto the MPharm programme subject to medical clearance. She submitted her confidential medical assessment questionnaire to the University Occupational Health Department. She declared in this questionnaire that she had been diagnosed with epilepsy at the age of 13.

The University Occupational Health Department obtained the applicant’s consent to contact her specialist and for her specialists to share information so that an assessment of her needs could be made, and an assessment of her risk of relapse could be made.

The specialist’s reports indicated that she initially responded well to treatment but her control deteriorated at the age of 16 when she was having seizures at monthly intervals. Her specialist changed her treatment twice during the last two years and she has been seizure free for the last three months. The specialist was hopeful that she would continue to respond well to this latest treatment but she admitted that is was too soon to be certain.

Issues for Occupational Health

- Assess the applicant’s risk of relapse

Outcome

The Occupational Health department recommendation was to defer the application for a year when hopefully the applicant would have been seizure-free for a sufficient time to allow entry to the MPharm programme. The applicant sent a request to the school to defer her entry to the MPharm programme for a year. The school accepted this request and the following year the applicant successfully joined the MPharm programme after 15 months being seizure free.
Scenario 1.9

Category of concern – mental health

Problem – A 23 year old female applied to join the MPharm programme. She performed well in her interview and achieved the required grades in her recent examinations. She submitted a confidential assessment questionnaire to the University Occupational Health department where she revealed that she had a history of bipolar disease. Further information was sought, with her consent, from her general practitioner. Her first episode occurred when she was 17 years old and led to her leaving school without sitting her A levels. She responded well to treatment and eventually was able to start working in her local supermarket. She attended the local further education college when she was 20 to study the A levels but unfortunately suffered a relapse during her first year and was admitted to hospital where again responded well to treatment. Since then she has resumed working in her local supermarket and completed her A levels via a mixture of distance learning and attending her local college for practical classes.

Issues for Occupational Health

- Assess the applicant’s risk of relapse
- Assess the applicant’s needs and identify triggers and develop a supportive mechanism

Outcome
The University Occupational Health Department assessed the risk of relapse as high due to the pattern of relapse occurring during periods of stress brought on by studying. They organised a case conference involving the applicant, a representative from the school, a disability support officer and occupational health to assess the applicant’s needs, to develop a supportive mechanism and to identify triggers.

Following the case conference the occupational Health Department recommended a support mechanism which included enhanced disclosure, as part of her acceptance onto the MPharm programme. This involved regular reviews with Occupational Health and a named member of pharmacy staff plus alerting the relevant academic and clinical staff so they could act sensitively and also monitor for a relapse signature (any signs that she may be about to suffer a relapse). The applicant was unhappy to agree to the enhanced disclosure and opted to withdraw her application to join the programme.
Scenario 1.10

Category of concern – mental health

Problem – a 23 year male applicant revealed in the confidential medical assessment questionnaire that he submitted to the Occupational Health department at the University that he was being treated for schizophrenia.

The University Occupational Health Department obtained the applicant’s consent to contact his specialist and for his specialist to share information so that an assessment could be made regarding his condition.

Issues for Occupational Health

- Is the applicant’s condition stable at the present time?
- Does the applicant have insight into their condition?
- Is the applicant compliant with treatment?
- Assess the applicant’s risk of relapse

Outcome

The applicant’s specialist indicated in the report they sent to Occupational health that his first episode occurred at the age of 17 and a second episode occurred at the age of 19. Non-compliance with medication was identified at the time of the second occurrence and the specialist considered this played a significant role in the deterioration of his condition around this time. Since then he has shown a good understanding of the need to take his medication regularly and has demonstrated a high level of compliance with his medication. His condition has been well controlled for the last four years.

The University Occupational Health department assessed his risk of relapse to be low considering the time since his last relapse, his insight into his condition and his compliance with treatment.

The applicant joined the MPharm programme.
Scenario 1.11

Category of concern: Applicant with a physical disability and reasonable adjustments to assessment methods

Background
A 19 year old MPharm applicant ticked the box on the UCAS form to disclose they had a disability. The University Disability Support Team sent an information pack to the applicant which contained information on the types of support that could be provided at the interview, information on the Disabled Student Allowance as well as descriptions of support and services available for registered students.

The applicant did not feel they required any additional support during the interview and therefore did not take up the offer of interview support. They performed well in their admissions interview and received a conditional offer of acceptance (dependent upon A level grades and medical clearance) onto the programme. He accepted the offer and achieved the required A level grades.

The applicant disclosed a physical disability which reduced his mobility and interfered with his ability to perform some manual handling tasks in the standard confidential health screening questionnaire which was sent to the University Occupational Health department.

Issues for Occupational Health and the Disability Support Team

- Determine whether the disability impacts on the applicant’s ability to achieve the competence standards required by the programme
- Determine whether reasonable adjustments could be made to the learning environment that would allow the applicant to start the programme
- Determine whether reasonable adjustments could be made to assessment methods that would allow the applicant to demonstrate achievement of the competence standards

Outcome
The applicant signed an enhanced disclosure form which allowed Occupational Health to share information with the school and the Disability Support Team.

The University Occupational Health department arranged a case conference with the applicant, a University Disability Support worker and a representative from the school. The school agreed to make adjustments to their laboratories to provide the student with additional space, alternative equipment and additional time during practical assessments. A mentor was appointed from within the school to coordinate the support for the applicant during their time on the programme. The applicant enrolled on the MPharm programme and proceeded through the programme satisfactorily.
Scenario 1.12

Category of concern: Applicant with a disability (sensory impairment) and achieving competence standards

Background
A 24 year old MPharm applicant received a firm offer of acceptance (subject to medical clearance) onto the MPharm programme. The applicant accepted the offer and submitted a confidential health screening questionnaire to the University Occupational Health department. The applicant disclosed the presence of a disability on the screening questionnaire.

Issues for Occupational Health Department and Disability Support Team

- Determine whether the disability impacts on the applicants ability to achieve the competence standards required by the programme
- Determine whether reasonable adjustments could be made to the learning environment that would allow the applicant to start the programme
- Determine whether reasonable adjustments could be made to assessment methods that would allow the applicant to demonstrate achievement of the competence standards

Outcome
The applicant’s questionnaire was reviewed by the University Occupational Health department. There was concern that the applicant’s disability would prevent them from satisfying the examiners that they could achieve all the competence standards. The applicant signed an enhanced disclosure form which allowed the University Occupational Health department to share information with the school and the Disability Support Team.

The University Occupational Health department arranged a case conference with the applicant, a University Disability Support worker and representatives from the school. The case conference discussed potential difficulties in the applicant’s ability to demonstrate achievement of the competence standards. It was not possible to make a decision on the applicant’s capability of achieving the competence standards.

The school arranged a simulation involving a practical communication exercise in conjunction with the Disability Support Team and the Occupational Health department. Following this simulation in the school, all involved in the simulation agreed that it would not be possible for the applicant to demonstrate achievement of all of the competence standards. It was also agreed that reasonable adjustments would not enable the applicant to demonstrate achievement of all of the competence standards.
**Admissions to pre-registration**

**Scenario 2.1**

**Category of concern** Criminal conviction, caution, reprimand or penalty notice of disorder or equivalent

**Problem:** A pre-registration trainee satisfactorily completed their pre-registration training but was refused permission to join the register of pharmacists. The trainee (whilst an MPharm student) had previously been cautioned for altering a cheque received from her employer so that she would receive an additional £1000. The trainee fully cooperated with the police investigation and repaid the amount stolen by her. The trainee voluntarily contacted the regulator shortly after receiving the caution.

**Issues for the FTP panel:**

- Establish the facts
- Establish if there had been dishonesty, or whether there could have been a misunderstanding on the part of the student
- Establish if there were any mitigating circumstances
- Establish the student’s response, including level of insight and remorse
- Taking all these into account, decide upon the appropriate outcome.

**Outcome:**

It was established as a fact that the trainee had stolen £1000 from her employer. The trainee described the financial pressure she was under at the time of the incident but fully accepted her action was dishonest, wholly inappropriate and lacking in judgement. Voluntarily informing the regulator regarding the caution was viewed positively by the Committee. The evidence provided by the trainee’s University tutor concerning her work, development and maturity assisted the Committee in their determination that this was an isolated incident and was not pre-meditated. The committee was satisfied that the trainee demonstrated full insight, showed remorse and behaved appropriately following the incident.

The Committee found that the trainee’s fitness to practise was not impaired and consequently they allowed the appeal.
Scenario 2.2

Category of concern Dishonesty or fraud

Problem: A pre-registration trainee satisfactorily completed their pre-registration training but was refused permission to join the register of pharmacists. Previously, the trainee dishonestly made a false statement in order to claim Housing Benefit and Social Security Benefit just before and whilst they were an MPharm student. The Borough Council attempted to meet with the trainee whilst they were a student to clarify these claims but the trainee did not follow up this offer and moved to a different address. The trainee (whilst a student) was convicted of the offences and ordered to do community service and pay court fees. The trainee appealed against the decision to prevent them from joining the register of pharmacists on the grounds that the convictions were not recent and that they are not relevant to pharmacy as he was not employed in a position of trust. The trainee claimed these this offence (failure to provide correct information) was due to a lack of clarity on the claim form and their ignorance regarding how the claim form should be completed.

Issues for the FTP panel:

- Establish the facts
- Establish if there had been dishonesty, or whether there could have been a misunderstanding on the part of the student
- Establish if there were any mitigating circumstances
- Establish the student’s response, including level of insight and remorse
- Taking all these into account, decide upon the appropriate outcome.

Outcome:
It was established as a fact that the trainee had been dishonest in their application for Housing Benefit and Social Security Benefit. The Appeals committee considered the deception to be deliberate because the student did not attempt to clarify ambiguities and avoided meeting with the council. The Appeals Committee considered the recency of the offences to be less relevant than the degree of insight and rehabilitation and they felt the reliance on ignorance and carelessness indicated a lack of acceptance and insight.

The Committee found that there was insufficient evidence to show that the trainee’s fitness to practise was not impaired and consequently they dismissed the appeal.
Fitness to Practise

Scenario 3.1

Category of concern: Dishonesty outside the professional role

Problem: Year 4 student, in applying for financial support from the School's Pharmacy Student Hardship Fund, dishonestly stated that she was declined support by the University Undergraduate Student Hardship Fund, and concealed that the latter fund had paid her £1,700 four months earlier. In year 1, she had been found to have plagiarised a submitted piece of work, and in year 2 she had made a false declaration regarding her attendance during the second semester of the year. It was alleged that taking all three episodes together demonstrated a worrying pattern of repeated dishonest behaviour spanning several years. The student admitted only a degree of dishonesty and claimed she had been under stress because of examinations.

Issues for the FTP panel:

- Establish the facts
- Establish if there had been dishonesty, or whether there could have been a misunderstanding on the part of the student
- Establish the student’s response, including level of insight and remorse
- Consider any possible mitigation
- Taking all these into account, decide upon the appropriate outcome.

Outcome:
It was established as a fact that the student had been dishonest in her application for financial support, but the Committee found insufficient evidence to conclude that it was more likely than not that the student had been dishonest on the other two occasions. It thus followed that the case for there being a pattern of dishonest behaviour had not been made out. Stress due to examinations was not accepted as justification for the dishonesty, and there was concern about the level of insight. The outcome was that the student was allowed to continue on the programme, with a formal written warning that dishonesty was incompatible with a career as a health professional, that obtaining money dishonestly was potentially a criminal offence, and that any further episodes of dishonesty would place her career seriously at risk. A copy of the outcome letter was sent to the health care regulator, and the student advised that the FTP case must be disclosed when the student qualified and applied for registration.
Scenario 3.2

Category of concern: Dishonesty, exam misconduct and forgery

Problem: In year 1, this student along with 5 others was found to be part of a “signing-in” ring where students attending a lecture or practical class would sign-in for fellow students who were absent. They all received a formal written warning that a repetition of such dishonesty would risk exclusion from the programme. In addition, the students were all given a copy of the code of professional conduct, and they were all advised of the need for probity and trustworthiness in all health professionals. During an examination in year 2, an invigilator found that she had written some information on her feet, and a photographic record was made. She was found guilty of examination misconduct, she was awarded a mark of zero, and she was required to re-take the examination, but no other action was taken, and the School made no link with the previous year’s events. In year 4, it was discovered that this student had forged a supervisor’s assessment of her recent placement, awarding herself high grades, falsely reporting full attendance (she had in fact failed to attend 25% of the allocated period) and had also forged the signature of the supervisor.

Issues for the FTP panel:

- The student’s explanation for her actions, and her degree of insight into the seriousness.
- Information about the student’s performance from the supervisor (who gave evidence at the FTP Committee hearing).
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

Outcome: The student’s performance had been conspicuously poor on the attachment, and in addition to poor attendance she was considered to have displayed poor motivation, low knowledge and deficient skills. The Committee was concerned at the multiplicity of the student’s dishonesty, falsifying both the assessment of her performance as well as her attendance accompanied by forging the supervisor’s signature which was regarded as especially serious for a prospective health professional. The Committee was also concerned about the previous record of dishonesty in year 1. The Committee noted that the student was in year 4, close to the completion of her studies, and felt that her behaviour had been particularly serious considering that she had almost completed her studies. The student reported that a 7 year relationship had come to an end shortly before the attachment, and she had been preoccupied with this. However she had not sought help at the time, or informed the School of her difficulties. Although the student displayed considerable remorse at the Committee hearing, the Committee was of the view that her behaviour was incompatible with a career as a health professional. The student was excluded from the programme.
Scenario 3.3

Category of concern: Conviction for fraud

Problem: A year 2 student was convicted of a £36,000 fraud in which he took money but failed to provide goods by eBay. He received a 2 year suspended sentence. The offences involved over 100 people and spanned a 15 month period.

Issues for the FTP panel:
- Obtain further details of the student's account of events.
- Gain an understanding of the student's level of insight into the crimes.
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

Outcome: The student submitted a written statement in which he claimed the offences were the fault of his girlfriend (who had also been convicted) and that he had been entirely innocent. However the student had pleaded guilty to the offences. The student supplied a testimonial he had written on his own behalf which stated that he was a totally honest person. The Committee explained that it was unable to “go behind” the facts of the offences and the conviction, and was of the view that he had very little insight into the seriousness of the conviction. The seriousness and repeated nature of the crimes and the fact that they took place over a lengthy period were felt to be incompatible with a career as a health professional, and the student was excluded from the programme.
Scenario 3.4

**Category of concern:** Penalty notice of disorder (PND) issued for threatening/abusive/insulting words likely to cause harassment alarm or distress

**Problem:** A second year student completed an annual self-declaration form with questions about criminal convictions and cautions. The form required the student to answer yes or no to 6 questions such as “Have you ever been found guilty of any criminal offence either in this country or in other countries within the last year?” The student answered “no” to all 6 questions but the same day wrote a letter to the School to say that 3 months before he had been arrested for being drunk and disorderly, and had received an £80 fixed penalty ticket, but there had been no criminal conviction or caution. In response to a request for further information from the School, the student obtained a report from the police which showed that he had in fact been arrested for the public disorder offence of “using disorderly behaviour or threatening/abusive/insulting words likely to cause harassment alarm or distress” and that the matter was disposed of with a penalty notice.

**Issues for the FTP panel:**
- Establish whether or not there were any previous criminal offences.
- Gain an understanding of the sequence of events.
- Establish whether the student had been honest with the School.
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

**Outcome:** An enhanced CRB disclosure did not disclose any other matters, and this was an isolated episode. The Committee noted that although the student believed that the offence was “being drunk and disorderly” there was in fact no evidence that he had been drunk. The student explained that following a night out with friends he had remonstrated with the police who were arresting his girlfriend (who was drunk). The Committee has noted the student’s obvious remorse, and took into account his previous unblemished record and his satisfactory progress on the course. The Committee felt that it was to the student’s credit that despite correctly and truthfully answering questions about criminal convictions and cautions in the negative, he nevertheless wrote a frank and honest letter disclosing the episode which resulted in the fixed penalty fine. The student was advised that “disorderly behaviour or threatening/abusive/insulting words likely to cause harassment alarm or distress” is not the sort of conduct that is expected of someone who wishes to enter a career as a healthcare professional, and that in the future he must refrain from activities which risk bringing the profession into disrepute.
Scenario 3.5

**Category of concern:** Conviction for driving or attempting to drive a motor vehicle with excess alcohol

Problem: A year 1 student was convicted of driving a motor vehicle when his alcohol level was above the limit. The limit was 80mg/100ml and his blood alcohol level was 95mg/100ml. He was fined £200, made to pay costs of £470, and disqualified from driving for 12 months. The disqualification was shortened to 9 months by the student taking an approved alcohol awareness course for drink-driving offenders at an additional cost of £130, the course split over 4 half day modules.

**Issues for the FTP panel:**
- Promptness with which the matter was reported to the School.
- Evidence of any previous problems with drug or alcohol ingestion
- Attitude and insight of student
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

**Outcome:** The student reported that one evening she had consumed 5 pints of normal strength lager and later that evening driven home. She was stopped by the police and breath tested because her driving had been thought to be erratic. There was no history of previous difficulties with alcohol or drugs and no history of excessive drinking. An enhanced CRB disclosure showed no other offences. The student showed considerable remorse and indeed had wept throughout the Committee hearing. The Committee noted that she had reported the matter promptly to the School. The outcome was that she was permitted to continue, with a warning that any further similar offences or difficulties with alcohol ingestion could place her career at risk.
Scenario 3.6

Category of concern: Conviction for driving or attempting to drive a motor vehicle with excess alcohol and failure to inform the school

Problem: Year 3 student was convicted for drink driving. He failed to inform the School of events, despite a regulation requiring students to inform the School of any involvement in criminal matters at the earliest opportunity. The conviction was only disclosed when completing the annual form given to all students requiring each student to report any criminal matters occurring in the previous 12 months.

Issues for the FTP panel:
- The circumstances of the offence itself
- The pattern of the student’s drinking behaviour
- Evidence of any previous alcohol or drug-related problems
- The reasons for the failure to report the matter
- The student’s attitude to the offence
- Consider any possible mitigation
- Taking all these into account, decide upon the appropriate outcome.

Outcome: A fresh enhanced CRB disclosure revealed no additional offences and the student supplied a report from his GP stating that the student had not received treatment for drug or alcohol-related problems. The student was aware of the need to report criminal matters but had regarded this as unimportant despite annual reminders given by the School. His view was that far too much had been made of the whole matter by the School, and that a single episode of drink driving was a trivial everyday occurrence which had caused no harm. He was strongly supported in this view by his academic adviser, who was at pains to point to the potential health benefits of alcohol consumption. The student provided two testimonials in his support, both being from local public houses where he was employed part time as a barman. The Committee was concerned at the student’s lack of insight into the potential seriousness of drink driving in the UK, and the number of deaths that result each year from drink driving, noting that this lack of insight might in part be attributable to the misguided opinions of the academic adviser. The student’s academic record was satisfactory, and there had been no previous episodes of misconduct or criminal behaviour. The outcome was that the Committee recommended, for the protection of the public, to maintain confidence in the profession, and to provide support to the student, that for the remainder of the course he should receive regular random blood testing organised by the University’s Occupational Health Department, to be paid for by the School, to ensure that the student was not misusing alcohol. The student was warned that further alcohol-related offences or evidence of excessive alcohol ingestion could place his career at risk. The Committee was concerned at the student’s lack of insight into the potential seriousness, and required the student to attend a further meeting of the Committee in 12 months. The final outcome was that the student refused to attend the Occupational Health Department for random monitoring and withdrew from the course.
Scenario 3.7

Category of concern: Caution for theft

Problem: This year 2 student worked in Boots every weekend. She was caught short changing customers, her till having been under observation because of discrepancies. A sum of £100 was unaccounted for. The police were called, and she accepted a Simple Caution for the offence of “theft by employee”. She was dismissed from the job.

Issues for the FTP panel:
- Promptness with which the matter was reported to the School.
- Evidence of any previous problems with drug or alcohol ingestion
- Attitude and insight of student
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

Outcome: The student, who had a good academic record and was in good standing, had been very prompt in reporting the matter to the School. The student’s explanation was that she and her family had serious financial difficulties such that she could have applied for support from the University, but she reported she had been unaware of this possibility. Whilst the Committee recognised that the student had come to disclose the facts very promptly, it was nevertheless very concerned by the nature of the offence and the possible implications for future practise as a health professional. The student was permitted to continue with her studies, but was warned that any repetition could place her career at risk. The student was warned that when applying for jobs if asked if she had any criminal convictions or cautions she must report this offence, and she was also informed that the offence would be disclosed on an enhanced CRB disclosure, and could therefore be disclosed to a future employer.
Scenario 3.8

Category of concern: Drug and alcohol misuse

Problem: A year 2 student and his partner split up. They had a baby daughter, who went to live with her mother. The ex-partner then telephoned the School to complain that the student had regularly been using cocaine and other illegal substances. The student was informally interviewed and denied the allegation, but it was noted at the time of the interview (11am) that the student had a strong smell of alcohol. A few days later, he disclosed to the School that there had been three isolated episodes when he had taken cocaine at a party, but that he had not taken this or any other illegal substances for over 6 months. He agreed to referral to the University Occupational Health Department for drug testing. Although he attended once, when the testing procedure was explained and his consent obtained, he thereafter failed to attend a number of appointments over a 3 month period and testing was therefore not possible. He was referred to the FTP Committee.

Issues for the FTP panel:
- Obtain the student’s reasons for attending a meeting with senior staff while smelling of alcohol.
- Obtain the student’s reasons for failing to co-operate with drug testing
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

Outcome: The student claimed that he had been smelling of alcohol at 11am when meeting senior staff because of a “few drinks” the night before. The Committee was concerned that the student was smelling of alcohol during the working day, and considered the possibility that the student’s intake might have been greater than reported. The student informed the FTP Committee that he had been advised by his solicitor against co-operating with drug testing as this could result in him losing access to his daughter. The Committee recommended suspension of studies pending investigation of his alcohol and drug ingestion by the Occupational Health Department, and it requested the student to provide a letter from his solicitor that he had indeed been advised not to co-operate with drug testing. He was required to attend a further meeting of the Committee in 4 months time. The student failed to attend the further hearing of the Committee without providing any indication as to why he had not attended, he failed to attend appointments offered by the Occupational Health Department, and he failed to provide the requested letter from his solicitor. The Committee recommended that his studies be terminated.
Scenario 3.9

Category of concern: Drug misuse

Problem: A year 4 student failed several examinations, and disclosed that for 2 years she had been taking drugs including cannabis, ecstasy, ketamine and cocaine. She was referred to the University Department of Occupational Health which in turn referred her to a psychiatrist specialising in drug-related mental health problems. She gave an assurance that she would cease to take drugs but in the next 6 month period there were further episodes of drug taking, and she was given two formal written warnings that her drug taking must cease. Because of her multiple examination failures she was required to repeat year 4 of the course. She continued to take cannabis on a regular basis, and had to be admitted as a psychiatric in-patient when she developed a psychotic illness which was believed to have been triggered by the use of cannabis. Following initial improvement, she again started taking cannabis, and was given a further warning and referred to her local psychiatric service. The Occupational Health Department obtained the report of an independent psychiatrist as well as one from the treating psychiatry team, and she was referred to the FTP Committee.

Issues for the FTP panel:

- The present level of insight and the attitude of the student.
- The reports from the treating and the independent psychiatrists.
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

Outcome: The psychiatric reports were both very positive about the student’s ability to overcome the problem, and the level of insight she had developed. A member of the local therapy team attended the hearing and gave first hand evidence of the good progress made. The School advised that if the student was to be allowed to return to the programme, she should re-start the programme at the beginning of year 3, partly because she had been off the programme for over 2 years and partly because the structure of the programme had changed. The student agreed to this, and the Committee permitted the student to return provided she accepted continued monitoring by Occupational Health and permitted regular reports from her treating psychiatrist to the Occupational Health Department. Random testing showed that she was continuing to avoid the use of drugs, but the final outcome, over a year later, was that the student had to be excluded from the programme on academic grounds, following multiple examination failures.
Scenario 3.10

Category of concern: Unprofessional behaviour or attitudes

Problem: Year 4 student with a long record of consistent disregard for regulations (e.g. dress code), requirements (e.g. late handing in of submitted work) and official communication (e.g. failure to provide the necessary certification for repeated absence due to illness, failure to register for an elective, failure to complete official documentation). The student repeatedly failed to respond to email communications from the School, or did so only after several reminders and several weeks’ delay.

Issues for the FTP panel:
- Establish as matters of fact that the allegations were correct.
- Explore the reasons with the student.
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

Outcome: The Committee made numerous findings of fact, confirming almost all the allegations against the student. It emerged at the hearing that the student, from overseas, had a poor appreciation of the importance of these matters. English was not her first language. It also became evident that the student, who had been living in isolation from other students, had been exhibiting symptoms of depression for about 9 months. The Committee issued a formal warning that her behaviour was incompatible with a career as a health professional, and must change, but it also recommended that she should go to her GP and seek medical advice. Because she had suffered from symptoms of mental ill health for over 6 months, it was recommended that she should be referred to the University’s Disability Support Office. The final outcome was that her GP referred her to a psychiatrist, depression was diagnosed and treated, and her behaviour greatly improved.
Scenario 3.11

**Category of concern:** Unprofessional behaviour or attitudes, failure to observe appropriate boundaries in behaviour.

**Problem:** A year 4 student’s behaviour gave rise to multiple concerns, including unacceptable behaviour towards other students (e.g. rudeness), unprofessional behaviour towards clinical, academic and administrative staff (e.g. repeated failure to attend appointments with staff), poor attendance (e.g. at practical sessions), poor communication skills (e.g. as displayed during communication skills training sessions), and a concerning lack of insight and awareness of his own abilities and shortcomings.

**Issues for the FTP panel:**
- Establish the factual basis for the numerous allegations
- Establish the nature of the advice given to the student regarding the various concerns
- Establish the student's attitude and insight into these problems
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

**Outcome:** It was established that all the allegations had a factual basis. For each aspect, the student provided explanations which demonstrated a general denial of problems and an attempt to justify the behaviour. The student’s level of insight was low. However an examination of his student records showed that although these behaviours had been displayed throughout the student's period of studies, at no point had a clear warning been given that the behaviour was unacceptable and must change. The FTP Committee outcome letter was therefore in the form of a formal warning, explaining why each facet of behaviour was incompatible with a career as a health professional, and that the student's whole future career would be at risk unless he was able to demonstrate a considerable change in all aspects. The final outcome was that the student remained unable to accept his failings and demonstrated a persisting lack of insight. Re-referral to the FTP Committee was unnecessary, however, because he was eventually excluded on academic grounds, following repeated examination failure.
Scenario 3.12

**Category of concern:** Unprofessional behaviour and failure to observe appropriate boundaries in behaviour.

**Problem:** Two first year (second semester) students posted pictures of themselves on a social networking site. These pictures clearly identified the students as pharmacy students at a named University, and showed the students performing sexual acts. The students were interviewed separately by the head of school, and referred to the school’s Disciplinary Committee. The students’ progress had been satisfactory, and there had been no other episodes of misconduct. Both students had been drinking heavily prior to the episode. Both students received a formal written warning that this type of behaviour was unprofessional, was against the school’s regulations on social networking and also against professional guidance by the regulator, and must not occur again. In the weeks that followed, it became clear that one of the students did not accept the seriousness of the matter, and he posted an indecent photograph of himself, taken in what was identifiable as school premises. He was referred to the Fitness to Practise Committee.

**Issues for the FTP panel:**

- Determine the nature of the events leading to the posting of these pictures.
- Establish the level of insight and the student’s attitude
- Consider any possible mitigation
- Taking all these into account, decide upon the appropriate outcome.

**Outcome:**

The Committee remained concerned that the student lacked insight and did not appreciate the seriousness of his seriously unprofessional behaviour, which was likely to undermine public confidence in the profession. The Committee was also concerned to learn that the student was spending 3-4 hours per day or more on social networking internet sites. However by the time of the Committee hearing the student had completed his first year and had passed all his examinations and other assessments with high grades. The Committee was reluctant to take the ultimate step of excluding the student from the programme, but was concerned that the misbehaviour had been repeated despite a formal written warning. The Committee considered that the only sanction that could convey the seriousness of the behaviour was to suspend the student’s studies. The Committee recommended that this should be for a period of 6 months. The student unsuccessfully appealed on the grounds that the penalty was disproportionate and that he had not been specifically warned that suspension could result from a recurrence of his behaviour.
Scenario 3.13

Category of concern: Cheating or plagiarising

Problem: A year 1 student was found to have extensively plagiarised an essay, and was awarded a mark of zero. The resubmitted essay was again found to have been extensively plagiarised, and because of the repetition of plagiarism the student was referred to the FTP Committee.

Issues for the FTP panel:
- Establish the student's understanding of plagiarism and how to avoid it
- Establish the level of education given to students on the subject of plagiarism
- Establish the degree of dishonesty displayed by the student
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

Outcome: The facts that the submitted work had been repeatedly plagiarised had already been established by the School. It was established that all students had been given written guidance about plagiarism and had also received a lecture about the topic. It became clear, however, that the student (who was aged 44 and who had been out of full time education for over 20 years) had a very poor understanding of the correct methods for referencing the words of others. The FTP Committee discovered that the School had a rule concerning the submission of drafts of essays for review by a tutor which restricted the draft to a 500 word outline which could not include the inclusion of references, which had prevented the student from receiving the necessary guidance and feedback regarding referencing. The Committee found no evidence of dishonesty, and concluded that the repeated plagiarism was attributable to the lack of advice and support available. The case against the student was dismissed and the Committee recommended that the student should receive a greater level of support regarding referencing that was tailored to his specific educational needs.
Scenario 3.14

Category of concern: Health concerns and lack of insight or management of these concerns

Problem: Complaints were received regarding a year 2 student. He had been harassing and threatening (verbally and by email) 5 fellow students, who reported the matter to the police when he threatened to kill two of them with a ceremonial sword. One night he cut down several trees in the grounds of his hall of residence with a chain saw. He left a 2 hour MCQ examination after 15 minutes, telling the examiner that he had finished and had better things to do with his time. There had been several periods of 3-10 days when he had been absent, his explanation for these absences being unsatisfactory. His mother had telephoned the School to report that his family were concerned about his odd behaviour. There was an escalation of menacing emails and text messages, and he sent a number of bizarre emails to senior staff, one of them wishing the Head of School well in a forthcoming Premier League football match. The student was suspended and referred to the University Department of Occupational Health, who in turn arranged for the opinion of an independent psychiatrist who found that the student was manic and had been suffering from bipolar disorder. He responded to treatment, and his psychiatrist submitted a report indicating that he was ready to return to his studies. The independent psychiatrist’s report expressed the opinion that the student, whilst improved, lacked insight, and was not yet ready to return to the programme.

Issues for the FTP panel:
- Consider to what extent the student’s behaviour was attributable to mental illness.
- Consider at what point the student would be ready to return to the programme.
- Consider what support would be needed once a return to the programme had been approved.
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

Outcome: The Committee was of the view, aided by the psychiatric reports, that the student’s behaviour had been wholly attributable to his illness. The psychiatric reports both indicated that considerable persuasion had been needed before the student had agreed to take mood stabilising medication and to attend out-patient appointments. Whilst his condition had evidently improved, his level of co-operation, and his level of insight, were both causes of concern. The Committee recommended a further period of treatment followed by a re-assessment of his fitness to return to his studies. The hearing was adjourned, and his case reconsidered 6 months’ later, by which time it was agreed by the Committee that he was fit to return to his studies. The Committee, aware of the possibility of relapse, and with the agreement of the student, put in place a number of measures to protect the public and support the student, including (i) ensuring that selected supervisors were aware of the student’s illness (ii) arranging for a fellow student in the same group to be made aware of the student’s illness, so that the School could receive early warning of any signs of a relapse. Because the illness had lasted for over 6 months, the student was referred to the University Disability Support Office.
**Scenario 3.15**

**Category of concern:** Health concerns and lack of insight or management of these concerns

**Problem:** This student progressed through years 1 and 2, but began to suffer from depression in year 3, accompanied by two short lived episodes of manic behaviour. She was referred to the Department of Occupational Health, which in turn referred her to a psychiatrist. With their support she was able to complete year 3. In year 4 there was a recurrence of depressive episodes and the student was unable to complete the year. She restarted the following year, but in the context of further depression failed the year 4 examinations. A period of absence of 2 years followed. An independent psychiatrist reported that the student was well enough to return to the programme, but expressed concern about her vulnerability to relapse and whether she was sufficiently robust to complete the programme or practise as a health professional. The Department of Occupational Health reported that in their view the student was well enough to return, but the School did not agree.

**Issues for the FTP panel:**
- Gain an understanding of the student’s insight and level of co-operation with treatment (e.g. appointments and accepting medication).
- Consider what additional support might enable successful continuation of studies.
- Consider any possible mitigation
- Taking all matters into account, decide upon the appropriate outcome.

**Outcome:** The student displayed a reasonable level of insight, and there were no concerns about lack of co-operation. Whilst the Committee had some concerns about the degree to which the student had recovered from depression, it was decided to follow the advice of Occupational Health and the independent psychiatrist. The student was allowed to return to the programme, and arrangements were made for additional support and supervision from the Student Support Service, the Disability Support Service, the Occupational Health Department, and a treating psychiatrist. The final outcome, some 16 months later, was a severe psychotic illness requiring prolonged in-patient treatment, following which the student decided to withdraw from the programme.
Ethical dilemmas faced by undergraduate pharmacy students

Scenario 4.1

Opposing points causing the dilemma:
3.6 Respect patient confidentiality and consent, but disclose relevant information as required versus
5.1 reflect on and develop your professional knowledge and competence throughout your course

Dilemma:
During her clinical tutorials conducted at the local hospital, Wing-Yi, a fourth-year undergraduate
student received confidential information about the health care of the patient she had seen. During revision for her examinations, she normally worked in a study group with three friends from her year, but who were not in the same clinical tutorial group. She wanted to discuss the case with her study group so that she could learn better, but she felt that this would be breaking patient confidentiality.

Discussion questions:
What additional information or points of fact should the student find out before she can make a decision? Who should she talk to or where should she look for this information?

Which values, ethical principles or points in the Code of Conduct for pharmacy students¹ or the Standards of conduct, ethics, and performance² for pharmacists are relevant to this dilemma?

Which of these values, ethical principles or standards does the student consider to be the most important in helping her make a decision and why?

Outline of relevant facts, values, principles and standards:
Wing-Yi had been told, before going to the hospital, about the importance of maintaining the confidentiality of the patients that she saw. She knew that this was expected of her now, as a pharmacy student, because it was specifically mentioned in the Student code of conduct (3.6) and that she would also have to maintain patient confidentiality in the future, when she was a registered pharmacist. So she was determined to take her responsibility very seriously. However, Wing-Yi also knew that she had responsibility to develop her professional knowledge (5.1). Throughout her years at university, she had participated in a study group, where they discussed what they were learning as a way of consolidating that knowledge. This had been very successful. She did not see how she could discuss the patient case that she was learning within the study group whilst still maintaining patient confidentiality. Wing-Yi decided that she needed more information about ensuring confidentiality, and went to see the lecturer in charge of the clinical tutorials, Dr Brown.

Outcome:
Wing-Yi explained to Dr Brown that she thought that maintaining confidentiality meant that she could never say anything about what she had seen or heard at the hospital. She now realised that she had a lack of understanding of the differences between anonymity and confidentiality and how to implement the latter in daily practice. Dr Brown explained that Wing-Yi could discuss parts of the case anonymously, in a private area, so long as she did not supply enough information about the patient to enable the patient to be identified in any way by the others in her study group. Conducting such conversations in a private place, meant that she could not be over heard and further protected the patient's confidentiality. On this occasion, Wing-Yi decided that the she had found a way where she could both maintain patient confidentiality and develop her professional knowledge.
Scenario 4.2

Opposing points causing the dilemma:
The rights and autonomy of the student versus 7.7 follow dress codes and 3 Demonstrating respect for the dignity, views and rights of others

Dilemma:
Sophie, a third year undergraduate pharmacy student, wanted to have a small tattoo of a dove on her forearm, as a way to honour her recently deceased father. She expected to be able to cover of this with long sleeves when she started to work as a hospital pharmacist. During her clinical tutorials, however, she realised that the hygiene requirements in the hospital were such that she would be required to wear sleeves that came only to the elbows, to facilitate hand washing. She was now worried that she would be unable to have the tattoo that she so desperately wanted.

Discussion questions:
What additional information or points of fact should the student find out before she can make a decision? Who should she talk to or where should she look for this information?

Which values, ethical principles or points in the Code of Conduct for pharmacy students¹ or the Standards of conduct, ethics, and performance² for pharmacists are relevant to this dilemma?

Which of these values, ethical principles or standards does the student consider to be the most important in helping her make a decision and why?

Outline of relevant facts, values, principles and standards:
Sophie felt that she had the autonomy and to the right to decide to have the tattoo if she wanted to. It was not illegal, was common practice amongst her peers and would not in any way detract from her ability to be a competent and professional pharmacist.

However, she knew that opinions on body modification, such as tattoos, were often polarised, with many people actively disliking them. For this reason, therefore, they could be construed as being unprofessional. As a pharmacy student, Sophie knew she was expected to show respect for other people’s dignity (3) – if they did not think that having a tattoo was professional for a pharmacist, it could prove a barrier to communication. On the other hand, although they were viewed negatively by some, they were viewed positively by others and could well be an aid to communication in those circumstances. In addition, Sophie was expected to behave in a way that justifies the trust that the public have in the pharmacy profession and maintain the reputation of the profession. She had originally intended hiding the tattoo during the working day, to prevent these negative views, but that was not allowed in the hospital, where she had to adhere to a dress code (7.7). Now she did not know how she was going to be able to have the tattoo if she could not do that.

Outcome:
Sophie went to speak to her personal tutor, Dr Johnson, who still worked as a pharmacist in hospital practice. Dr Johnson spoke to a number of chief pharmacists of NHS hospitals, as to how tattoos on the forearm were viewed in practice. He was told that, provided the preregistration trainee or pharmacist behaved professionally in other ways, a tattoo of a dove would not necessarily be viewed negatively. Dr Johnson, however, advised Sophie that, if she went ahead with her plans to have a tattoo, she may find that she had to make additional efforts to ensure she behaved in a professional way. On this occasion, Sophie felt that she would be able to ensure her self-expression without being disrespectful or reducing public trust in herself as a professional, and she went ahead with her plans for a tattoo.
Scenario 4.3

Opposing points causing the dilemma:
The autonomy of another student versus 6.4 use research and laboratory data honestly and ethically, seeking permission to use data as required and 2.4 be prepared to challenge the judgement of others if you have reason to believe that their decisions could compromise safety or care

Dilemma:
David, a second year undergraduate pharmacy student, saw Graham, another student in the class, take someone else's laboratory write-up book out of the "hand in box", take it to the photocopier and then return the original to the box, two days before the deadline for submitting the assignment.

Discussion questions:
What additional information or points of fact should the student find out before he can make a decision? Who should he talk to or where should he look for this information?

Which values, ethical principles or points in the Code of Conduct for pharmacy students1 or the Standards of conduct, ethics, and performance2 for pharmacists are relevant to this dilemma?

Which of these values, ethical principles or standards does the student consider to be the most important in helping him make a decision and why?

Outline of relevant facts, values, principles and standards:
David knew that what he had witnessed George doing was wrong and that George was acting against the Student code of conduct. The code states that students should "use research and laboratory data honestly and ethically" (6.4) and they should "not plagiarise the work of others" (6.3). George clearly had autonomy to make his own decisions whether or not to abide by the code of conduct. David, however, was unsure whether he had responsibility to do anything about George's actions. The latter's actions did not directly "compromise safety or care" of patients (2.4). If they had, David would have clearly felt that he was adhering to the code by being prepared to challenge George's judgements in doing this. When he would be a pharmacist in the future, David knew that he would have a similar responsibility to make the relevant people aware where he was concerned about the performance of others (7.11, Standards of conduct, ethics, and performance for pharmacists). However, they did potentially reduce the public trust in the pharmacy profession (6). At the moment, he was just uncertain as to what action he should take about what he had witnessed George doing.

Outcome:
David discussed the situation with two of his friends in the class, whose opinion he valued. They agreed that what George had done was wrong and that something should be done about it, not least because there was a risk that the student whose work George had plagiarised would be accused of collusion. They felt that although George's action would not affect patients directly, he was still behaving in a way that would reduce public trust in the pharmacy profession. David decided to go to speak to the module leader, and to tell her what he had witnessed. On this occasion, David decided that adhering to his personal values of right and wrong and reducing the potential for impact on public trust in the profession were more important than ensuring George's autonomy.
Scenario 4.4

Opposing points causing the dilemma:
The autonomy of the student versus Demonstrating respect for the dignity, views and rights of others is fundamental in forming and maintaining appropriate professional relationships

Dilemma:
After an end of year party, two first-year geography students posted pictures of themselves drunk and unclothed on a publicly viewable Facebook page. They suggested to their friend, Andrew (a first-year pharmacy student) that he should put his pictures, of himself similarly drunk and unclothed, on the same Facebook page.

Discussion questions:
What additional information or points of fact should the student find out before he can make a decision? Who should he talk to or where should he look for this information?

Which values, ethical principles or points in the Code of Conduct for undergraduate students or the Standards of conduct, ethics, and performance for pharmacists are relevant to this dilemma?

Which of these values, ethical principles or standards does the student consider to be the most important in helping him make a decision and why?

Outline of relevant facts, values, principles and standards:
Andrew felt that he had the autonomy and to the right to decide to put his pictures on Facebook if he wanted to. It was not illegal and was common practice amongst his peers. He also did not understand why it would detract from his ability to be a competent pharmacist. However, he was also aware that Facebook had been mentioned explicitly during the lecture in the first week about the Student code of conduct.

Andrew read through the code of conduct again and noted that it stated that he should “remember that wherever you are, you are representing the profession of pharmacy and your university.” He knew that putting naked pictures on a publically viewable website was viewed negatively by many sectors of the public. His mother had told him that such behaviour would show poor judgement and hence suggest poor professional conduct. As a pharmacy student, he was expected to behave in a way that justifies the trust that the public have in the profession (6). He was also expected to demonstrate "respect for the dignity, views and rights of others" (3) and he wondered himself whether behaving in a way that suggested would judgement would be demonstrating such respect.

Outcome:
Andrew told his friends that he would not be willing to put the pictures of himself from the end of year party up on their Facebook page. He explained what he had been told about the behaviour required from a pharmacy student and showed them the Student code of conduct. On this occasion, Andrew decided that he was willing to forego his autonomy to post Facebook pictures in order to demonstrate better judgement and appropriate professional conduct.
Scenario 4.5

Opposing points causing the dilemma:
4.2 learn how to give patients information and advice so they can take part in decisions about their care, including recognising their right to refuse care versus 2.3 make sure your judgement is not influenced by personal interests

Dilemma:
Farah, a second-year undergraduate student, was at home for the Christmas holidays. She was asked by her grandmother, Mrs Hamdi, to explain to her what all her medicines were for and how she should take them. Farah was unsure what to do, because she did not know about all the medicines her grandmother was taking.

Discussion questions:
What additional information or points of fact should the student find out before she can make a decision? Who should she talk to or where should she look for this information?

Which values, ethical principles or points in the Code of Conduct for undergraduate students\(^1\) or the Standards of conduct, ethics, and performance\(^2\) for pharmacists are relevant to this dilemma?

Which of these values, ethical principles or standards does the student consider to be the most important in helping her make a decision and why?

Outline of relevant facts, values, principles and standards:
Farah wanted to do her best to help her grandmother, and also to demonstrate how much she had learned in her course. However, she had only just started her pharmacology and therapeutics course and only knew something about two of Mrs Hamdi’s five prescribed medicines. Farah saw this as an opportunity to apply what knowledge she had as a way of consolidating her learning on “how to give patients information and advice so they can take part in decisions about their care” (4.2). Doing this would ensure that she was promoting her grandmother’s health (1.3). Farah was concerned about the limitations of her knowledge, however, and wondered whether her decision to give her grandmother advice was being influenced purely by personal interests (2.3), specifically to be seen to be able to do such patient counselling. She knew that when she was practising as a pharmacist she would have to recognise and work within the limits of her professional competence in a very similar way (5.1, Standards of conduct, ethics and performance).

Outcome:
Farah told her grandmother that she only knew about two of her medicines, because she was only part way through the pharmacy course. She explained that did not want to give her potentially erroneous information about the others. Farah counselled her grandmother about the two medicines that she did know about, and then suggested that Mrs Hamdi go to see her local pharmacist about the others. On this occasion, Farah decided that the best interests of her grandmother were best served by working within the limits of her competence and being swayed by her personal interests.
Ethical dilemmas face by pre-registration trainees

Scenario 5.1

Opposing points causing the dilemma:
3.5 Respect and protect people’s dignity and privacy versus 2.1 Consider and act in the best interests of individual patients and the public (Standards of conduct, ethics, and performance)

Dilemma:
John, a pharmacy technician working in the hospital aseptics team, disclosed in confidence to Ann, a preregistration trainee, that he was had been taking HIV treatment for the past five years. The topic came up in conversation because he was explaining the importance of aseptic technique. However, he also said that he had not told the pharmacy management team. She was concerned as to whether there was a risk to the patient’s receiving treatment that was aseptically prepared by John and whether she should tell the pharmacy management team because of this.

Discussion questions:
What additional information or points of fact should the trainee find out before she can make a decision? Who should she talk to or where should she look for this information?

Which values, ethical principles or points in the Standards of conduct, ethics, and performance are relevant to this dilemma?

Which of these values, ethical principles or standards does the trainee consider to be the most important in helping her make a decision and why?

Outline of relevant facts, values, principles and standards:
The Standards of conduct, ethics and performance state that preregistration trainees and pharmacists should show respect for others (3), including their dignity and privacy (3.5). This applies not just to patients, but also to colleagues. Thus, Ann would be expected not to disclose confidential information about John to other people, including that he has been taking HIV treatment.

Ann was concerned as to whether John posed an infection risk to those patients receiving treatment that he had prepared. She worried whether she should act in their best interest by telling the chief pharmacist and suggesting that John worked elsewhere in the department (2.1).

There are other facts that are relevant here also. The Department of Health has issued guidance on this matter and John is obligated to tell the occupational health department of the institution (rather than his line manager), as with any other chronic disease. The occupational health department may decide whether adjustments need to be made to an employee’s work, based on their health status. It is illegal for John’s employer to discriminate against him because he is HIV positive.

Outcome:
Ann decided that she needed more information before she could make a decision as to what to do. She spoke to John privately to find out more about the issue. John told her that the occupational health department of the institution were aware of his HIV status. He had been on treatment for five years and, for most of that time, his virus count had been undetectable. The occupational health doctor did not consider that his work in the aseptics unit posed a risk to others. As John was using good aseptic technique, and this was routinely checked for all staff, there should be no risk of transmission of the virus to the products he is making. Ann considered that there was sufficient protection put in place to assure patient safety, so she decided she would respect John’s confidence and not disclose the information that he had told her to the chief pharmacist. On this occasion, she decided that respecting and protecting John’s dignity and privacy was more important than addressing the very small risk to public health.
Scenario 5.2

Opposing points causing the dilemma:
The autonomy of the patient versus 3.5 Respect and protect people's dignity and privacy versus 1.2 Take action to protect the well-being of patients and the public (Standards of conduct, ethics, and performance)

Dilemma:
When doing medicines reconciliation on a hospital admissions ward, Mark, a preregistration trainee, spoke to Saima, a 21-year-old female patient, admitted with a severe chest infection. She was on the contraceptive pill, but her mother was not aware of that and was coming to visit her later. Saima asked Mark if the pill could be left off the prescription chart (normally stored on the end of the patient's bed), because she was worried that her mother might see it. However, Mark was concerned about the Saima's safety if prescribers did not have the full medication history and she was prescribed other drugs that interacted with the pill.

Discussion questions:
What additional information or points of fact should the trainee find out before he can make a decision? Who should he talk to or where should he look for this information?

Which values, ethical principles or points in the Standards of conduct, ethics, and performance are relevant to this dilemma?

Which of these values, ethical principles or standards does the trainee consider to be the most important in helping him make a decision and why?

Outline of facts, values, principles and standards relevant to the dilemma:
Mark judged that Saima clearly had capacity to make her own decisions. Considering that she was an adult with autonomy, Saima had the right not to tell her mother that she was using contraception and to ask healthcare professionals to abide by her wishes on this matter. Mark was expected to respect her privacy in this matter, both because he should maintain the confidentiality of any patient's information and specifically because Saima had explicitly requested it (3.5). The dilemma occurred because, by ensuring that Saima's mother did not find out, Mark put her at risk of drug interactions and the subsequent potential adverse events if the doctors also did not know. Mark was expected to make patients his first concern and protect the well-being of patients under his care (1.2). He was concerned that he would not be able to do this if the contraceptive pill was left off the prescription chart.

Outcome:
Mark went to speak to the nurse in charge of the ward to find out whether there was a ward policy that would be helpful in deciding how to deal with this dilemma. The nurse said that some patients did not like having the prescription chart on the end of their bed for a variety of reasons. As a result, when so requested, the nursing staff would put the prescription chart into the patient's medical notes. Mark explained to Saima that the contraceptive pill would be written on her prescription chart because it was important that all prescribers knew about it but that the prescription chart would not be on the end of her bed so that she could be assured that her privacy would be maintained. On this occasion, Mark was able to find a solution that allowed him to adhere to both points in the Standards of conduct, ethics and practice.
Scenario 5.3

Opposing points causing the dilemma:
1.6 Do your best to provide medicines and other professional services safely and when patients need them versus 6.6 Comply with legal and professional requirements and accepted guidance on professional practice (Standards of conduct, ethics, and performance)

Dilemma:
A girl came to the community pharmacy on a Thursday afternoon and asked the preregistration trainee, Justine, for emergency hormonal contraception (EHC) tablets. She said that she had had unprotected intercourse the previous night with her boyfriend. The girl was wearing school uniform and appeared to be under the age of 16. The pharmacy did not utilise a patient group direction for supplying EHC.

Discussion questions:
What additional information or points of fact should the trainee find out before she can make a decision? Who should she talk to or where should she look for this information?

Which values, ethical principles or points in the Standards of conduct, ethics, and performance² are relevant to this dilemma?

Which of these values, ethical principles or standards does the trainee consider to be the most important in helping her make a decision and why?

Outline of relevant facts, values, principles and standards:
On questioning, the girl told Justine that she was fifteen years old. However, she appeared to have good understanding of what she was asking for, and Justine judged that she seemed to be competent to make this decision. Justine was aware that EHC tablets are licensed for sale for use by women aged sixteen years and over and that they can only be sold by the pharmacist. She was also aware that this treatment can be prescribed or supplied against a patient group direction for girls under sixteen. EHC would thus be available to the girl from other sources, such as her GP, the local NHS walk-in centre or family planning clinic, Brooks Advisory Centres and from some pharmacies.

EHC is most effective the sooner it is taken after unprotected intercourse. Therefore, Justine knew that if the pharmacist was to sell her the product on this request, it would ensure that medicines and other professional services were being provided “safely and when patients need them” (1.6). However, if this were to happen, a pharmacist would be selling a product outside of its product license and acting in contravention of professional requirements and accepted guidance (6.6). Justine knows that she cannot make the decision to sell EHC to the girl herself as she would not be complying with her legal requirements (6.6).

Outcome:
Justine decided that she needed to identify other options that could be considered, rather than referring the girl to the pharmacist to be told them, as the latter was currently busy with other patients. She did not know the whereabouts of local alternative sources of EHC that the girl could use, so finding this information by asking other staff in the pharmacy was a priority. As the girl has come in to the pharmacy on a Thursday afternoon, many local alternatives would be available to her. Justine was able to give her the address of a Brooks Advisory Centre in the town that was open until 6 p.m. and which would be able to provide EHC on a patient group direction for someone under 16 years. As well as giving her prompt access to treatment, this had the additional advantage of providing EHC to the girl free of charge. On this occasion, Justine was able to find an alternative solution that allowed her to adhere to both points in the Standards of conduct, ethics and practice.
**Scenario 5.4**

**Opposing points causing the dilemma:**
2.1 Consider and act in the best interests of individual patients and the public versus 3.1 Recognise diversity and respect people’s cultural differences, and their right to hold their personal values and beliefs and 6.1 Act with honesty and integrity to maintain public trust and confidence in your profession (Standards of conduct, ethics, and performance)

**Dilemma:**
Jozef a pre-registration trainee, was conducting a medicines reconciliation interview with Mr Patel, a frail, elderly gentleman, admitted with worsening heart failure because he had refused to take medicines during Ramadan. His family were with him, and his daughter, Mrs Yaqoob, told Jozef how her father was becoming gradually more confused over the past couple of years. When he had been ‘himself’ he was not as devout as he was now, and previously he would not have refused essential medicine during Ramadan. Mrs Yaqoob suggested that Jozef tell her father that Ramadan was over, although it actually wasn’t, because he would believe it from a healthcare professional and would restart taking his medication.

**Discussion questions:**
What additional information or points of fact should the trainee find out before he can make a decision? Who should he talk to or where should he look for this information?

Which values, ethical principles or points in the Standards of conduct, ethics, and performance are relevant to this dilemma?

Which of these values, ethical principles or standards does the trainee consider to be the most important in helping him make a decision and why?

**Outline of relevant facts, values, principles and standards:**
Jozef was aware that the doctors had judged that Mr Patel was not competent to make his own decisions, because of the confusion, and had been planning his initial care with his daughter. He also knew, from Mrs Yaqoob, that Mr Patel had not refused his treatment during Ramadan when he had been competent to make such decisions for himself. Individuals with a medical condition are exempt from fasting, although many do.

If Mr Patel was persuaded to take his medication as prescribed, then Jozef understood that his heart failure would most likely improve. Therefore, ensuring that adherence could be considered as being in Mr Patel’s best interest (2.1). On the other hand, Jozef felt very uncomfortable with the thought of doing that by lying to Mr Patel and telling him that Ramadan was over. Not only was this not acting with honesty and integrity (6.1), he also felt that he was not respecting Mr Patel’s personal values and beliefs (3.1).

Jozef consulted some information about conducting medicines used reviews targeted at Muslims. This suggested the use of long acting drugs or alternative formulations, such as sustained release preparations, to enable the individual to take their medication with food before or after their fast. Jozef thought that this may help with some, but not all, of Mr Patel's medication. However, he still felt very uncomfortable at being asked to lie to a patient and judged that making this decision was outside the limits of his professional competence (5.1).

**Outcome:**
Jozef referred the problem to the ward pharmacist, who subsequently discussed it with the doctor. Together, they designed a medication regime, using alternative medications and formulations, which could be taken twice a day. It was not ideal, but Mr Patel could revert back to his original regime at the end of Ramadan. Mrs Yaqoob’s main concern was her father's health, and she was very happy to consider a regimen that he could take during Ramadan without the current difficulties.

On this occasion, Jozef recognized that, as a preregistration trainee, he did not have to make all professional decisions on his own. He appropriately recognized his own limitations and sought help to ensure appropriate care for Mr Patel.
Scenario 5.5

Opposing points causing the dilemma:
3.5 Respect and protect people's dignity and privacy. Take all reasonable steps to prevent accidental disclosure or unauthorised access to confidential information. versus 4.1 Communicate effectively with patients and the public and take reasonable steps to meet their communication needs (Standards of conduct, ethics, and performance)

Dilemma:
Charlotte, a preregistration trainee, was conducting a medicines reconciliation interview on a busy medical ward. All of the beds have curtains around them for patient privacy. The patient that Charlotte was going to talk to, Mr O’Keeffe, was described in his medical notes as being rather hard of hearing. Charlotte was very worried about maintaining his privacy when talking to him about his medicines, as she had to speak loudly so that he could hear her questions.

Discussion questions:
What additional information or points of fact should the trainee find out before she can make a decision? Who should she talk to or where should she look for this information?

Which values, ethical principles or points in the Standards of conduct, ethics, and performance are relevant to this dilemma?

Which of these values, ethical principles or standards does the trainee consider to be the most important in helping her make a decision and why?

Outline of relevant facts, values, principles and standards:
Charlotte knew that she was expected to ensure the confidentiality of any information that she was given by patients. This included preventing accidental disclosure of such information (3.5). Charlotte was particularly concerned as to hope she was going to be able to do this in conditions where only a thin curtain separated her and Mr O'Keeffe from the patient in the bed beside him. If she tried to lower her voice, he could not hear her at all and she was concerned that then she would not be meeting his communication needs (4.1).

Charlotte also knew that there were no private rooms available on the ward for conducting interviews. The nurses and doctors who were talking to the patients about their health and illnesses were working under the same conditions as she was. The Standards of conduct, ethics and performance expect pharmacists and preregistration students to "take all reasonable steps" to ensure confidentiality, recognizing that the physical environment may make it difficult in all circumstances. Nonetheless, Charlotte still felt very uncomfortable because she felt that she was doing a disservice to Mr O'Keeffe. She discussed this issue with the nurse who was looking after Mr O'Keeffe, as she felt that she may be aware of more information about his wishes on this matter.

Outcome:
Mr O'Keeffe's nurse told Charlotte that she had already had several conversations with him at his bedside. He was aware of the fact that it was possible to overhear conversations, because he had described to her a conversation that he had overheard himself, as the gentleman in the bed beside him was also hard of hearing.

At the beginning of her interview with Mr O'Keeffe, Charlotte explained to him about her problem with ensuring privacy for the conversation and apologised for this inevitability. She suggested to him that if he had any sensitive information to impart about his medication that he should indicate this and that she would find another time to return when there was no one around to overhear. Mr O'Keeffe said that he was happy with this, but that he did not have anything to tell her that he felt uncomfortable knowing that other people could overhear. On this occasion, Charlotte was able to ensure that Mr O'Keeffe's privacy was maintained at a level that he was comfortable with, so that she could adhere to both points in the Standards of conduct, ethics and practice.
Scenario 5.6

Opposing points causing the dilemma
6.6 Comply with legal and professional requirements and accepted guidance on professional practice versus 1.2 Take action to protect the well-being of patients and the public and 2.1 Consider and act in the best interests of individual patients and the public (Standards of conduct, ethics, and performance)

Dilemma:
Shabana, a regular patient, arrived at the pharmacy late in the afternoon and gave Jacob, the preregistration trainee, a methadone prescription which had not been signed by the doctor. She had been on a methadone supervised consumption scheme for the past 3 months, and this was her new prescription which started today. Jacob rang the surgery, which was some distance away, and talked to the doctor. The GP said that he had been interrupted part way through writing the prescription, which was probably why it was unsigned and that he would come to the pharmacy and sign prescription the next day.

Discussion questions:
What additional information or points of fact should the trainee find out before he can make a decision? Who should he talk to or where should he look for this information?

Which values, ethical principles or points in the Standards of conduct, ethics, and performance are relevant to this dilemma?

Which of these values, ethical principles or standards does the trainee consider to be the most important in helping him make a decision and why?

Outline of relevant facts, values, principles and standards:

Jacob has spoken to the doctor and there is nothing suspicious about the fact that the prescription is unsigned. However, he knows that it is illegal to dispense the prescription for methadone if it has not been signed. If he was to do so, then he, and the responsible pharmacist, would have both committed a crime and acted against the Standards of conduct, ethics and performance (6.6). Nonetheless, Jacob recognised that it was detrimental to Shabana’s care if she was not to receive her methadone that day. The lack of a signature was not her fault, yet she was the one who would potentially suffer. Jacob considered, therefore, that providing her with the methadone could be argued as acting in her best interests physically and psychologically (1.2 and 2.1) and may also prevent her from seeking illegal sources of methadone or other opioids. For these reasons, he was unhappy simply refusing to dispense the methadone and asking Shabana to return when the prescription was signed.

Outcome:

Jacob decided that he needed to find out about all his possible alternatives before he could make a decision. He did not want to commit a crime or suggest that the pharmacist commit a crime if there was any other alternative. He asked Shabana if she could return with the prescription to the surgery but she said that she had come on public transport. The local walk-in centre had nurse prescribers but Jacob knew, from previous discussions with them, that prescribing methadone would be outside their area of prescribing competence. The local hospital had an accident and emergency department and Jacob asked Shabana whether she could go there on public transport and she said that she could. Jacob also explained to Shabana how she could tell whether her methadone prescriptions had been signed or not, so that, in the future, she could ask for the problem to be addressed when she was still at the GP surgery. The pharmacist rang the accident and emergency department and faxed through a letter and the prescription, as evidence that this was a legitimate referral. On this occasion, Jacob was able to find an alternative solution that allowed him both to adhere to the law on controlled drug supply and ensure that he acted in the best interests of the patient.
Scenario 5.7

Opposing points causing the dilemma
1.1 Make sure the services you provide are safe and of acceptable quality and 7.11 Make the relevant authority aware of any policies, systems, working conditions, or the actions, professional performance or health of others if they may affect patient care or public safety versus 5.2 Maintain and improve the quality of your practice by keeping your knowledge and skills up to date.

Dilemma:
Vanessa, a preregistration trainee, had grave doubts about some of the professional practice of her pharmacist tutor, George. On several occasions, she had witnessed him taking medication that had been returned by patients and putting it on the shelf with the other stock. She had tried to discuss this with him on one occasion, but he seemed very sensitive about it and she did not feel that she could pursue the matter. She was very concerned about the potential impact on patient safety, but did not feel that she could do anything about it, as George still had to sign her third progress report for her preregistration training, to allow her to sit her examination.

Discussion questions:
What additional information or points of fact should the trainee find out before she can make a decision? Who should she talk to or where should she look for this information?

Which values, ethical principles or points in the Standards of conduct, ethics, and performance are relevant to this dilemma?

Which of these values, ethical principles or standards does the trainee consider to be the most important in helping her make a decision and why?

Outline of relevant facts, values, principles and standards:
Vanessa knew that George was acting incorrectly by putting medicine returns back on the shelf with other stock. According to the Standards for pharmacy owners and superintendent pharmacists of retail pharmacy businesses, procedures should be in place so that such returned medicines could not be supplied to other patients. She knew that there was no knowledge as to how they had been stored and therefore whether the subsequent services that were being supplied by the pharmacy were safe and of an acceptable quality (1.1). Vanessa also knew that she had a professional responsibility to let someone know about her concerns because they potentially affected patient safety. Despite this, she was hesitant to do this because of the potential negative consequences to herself. She was worried that, if she confronted George again or if she reported him to anyone, then he would not sign her report and she would not be able to complete her training (5.2).

Outcome:
As an immediate measure, Vanessa checked for any stock that had been returned by patients and was careful never to dispense any of it herself. She rang a friend who was also a preregistration trainee in another town, to discuss what options might be open to her. Her friend suggested that she could call the National Clinical Assessment Service (NCAS) of the NHS, which is responsible for resolving the concerns about professional practice of pharmacists, amongst other health care professionals. They have an advice line, so Vanessa could discuss the issue with them to help make a decision as to whether to make a formal complaint. Alternatively, Vanessa could call the General Pharmaceutical Council for advice before making a formal complaint. During this discussion, Vanessa realised that it was too important an issue to do nothing about it. Therefore, she called the advice line of NCAS. On this occasion, Vanessa decided that she was going to have to consider patient safety as being more important than her personal concerns regarding her training, and she acted accordingly.
Scenario 5.8

Opposing points causing the dilemma 3.5 Respect and protect people’s dignity and privacy and 4.4 Respect a person’s right to refuse to receive a professional service versus 2.1 Consider and act in the best interests of individual patients and the public (Standards of conduct, ethics, and performance)

Dilemma:
Robert, the pre-registration trainee, was conducting a medicines reconciliation interview with Shereen, a 19-year-old girl admitted to a hospital surgical ward following a car crash. They realised they had mutual friends and in the course of conversation Shereen disclosed to Robert that she had taken cocaine at a party two days prior to her admission. She then asked Robert not to write it in the medical record and not to say anything to the doctors about it. Robert was very concerned as to the impact that withholding this information from the medical staff would have on Shereen’s future care.

Discussion questions:
What additional information or points of fact should the trainee find out before he can make a decision? Who should he talk to or where should he look for this information?

Which values, ethical principles or points in the Standards of conduct, ethics, and performance are relevant to this dilemma?

Which of these values, ethical principles or standards does the trainee consider to be the most important in helping him make a decision and why?

Outline of relevant facts, values, principles and standards:
Robert judged that Shereen had capacity to make her own decisions and decide for herself whether to tell her doctors about her illicit drug use. Robert considered himself obligated to respect her privacy in this matter, particularly because Shereen had explicitly requested it (3.5) and she had a right to refuse any or all healthcare, which he also wanted to respect (4.4). The dilemma occurred because, by not telling the medical staff about her cocaine use, Robert expected to act in the best interests of the patients under his care (1.2) and he was worried that he might be putting Shereen at risk of surgical complications or drug interactions if he didn’t tell the doctors.

Outcome:
Robert considered that there was information that he needed before he could make a decision as to what to do. He asked Shereen why she did not want the doctors to know and she was concerned as to what they would think of her and, despite reassurances, refused point-blank to consider telling them. He also asked if she had taken the cocaine as a one-off occurrence or whether this was a regular habit that may also occur during her admission. Shereen reassured him that she took cocaine rarely and only when out at parties or clubs; she would not have any desire to take it during her admission. Robert also checked the half-life of cocaine, to see if it would have been fully excreted by now. With a short half life of 40 minutes, he decided that cocaine use two days earlier would be unlikely to have any residual impact on subsequent drug therapy.

Although Robert felt that he could argue why it would be acceptable for him not to record the cocaine use in Shereen’s medical records, he still felt uncomfortable thinking that no-one else would know. Therefore, he sought and obtained permission from Shereen to discuss the problem with the ward pharmacist and together they agreed to keep Shereen’s information confidential. On this occasion, Robert decided that he was able to consider ensuring patient confidentiality as being more important than the very small risk to patient safety.
Scenario 5.9

Opposing points causing the dilemma

2.1 Consider and act in the best interests of individual patients and the public versus 6.6 Comply with legal and professional requirements and accepted guidance on professional practice

Dilemma:
A young woman, Mrs Chan, came into the pharmacy and presented a prescription for co-amoxiclav to Lisa, the preregistration trainee. Lisa asked Mrs Chan, who appeared rather distraught, if she paid for her prescriptions when she was signing the back. Mrs Chan replied said that she had had a miscarriage that morning and just come from the GP surgery. She then dissolved into tears. Lisa dispensed the prescription, gave it to the woman with appropriate counselling and did not collect the prescription charge. The following week, Lisa saw Mrs Chan again in the pharmacy and the latter explained to Lisa, again rather tearfully, that she had miscarried at 17 weeks, after trying to get pregnant for months. Lisa knew that Mrs Chan should have paid a prescription charge the previous week, as she was only exempt if she had miscarried after 24 weeks, but she didn’t know whether she should tell her now and collect the charge.

Discussion questions:
What additional information or points of fact should the trainee find out before she can make a decision? Who should she talk to or where should she look for this information?

Which values, ethical principles or points in the Standards of conduct, ethics, and performance are relevant to this dilemma?

Which of these values, ethical principles or standards does the trainee consider to be the most important in helping her make a decision and why?

Outline of relevant facts, values, principles and standards:
Lisa realised that she had made her previous decision without finding all the relevant facts that she needed. She had not asked the woman for further details because, at the time, Mrs Chan was weeping and Lisa had considered that it was in the former’s best interest if she did not ask for further details about the miscarriage at the pharmacy counter (2.1). However, the consequences of that have meant that Lisa was not able to comply with her obligation to collect the required prescription charges (6.6). Now that she knows that Mrs Chan should have paid the charge, Lisa does not know whether she should tell her. She is worried, however, that if she was to raise the issue Mrs Chan would become even more distraught as she is clearly very emotionally labile at the moment.

Outcome:
Lisa recognised that she could not change her previous decision, which was made in good faith at the time. Her new decision, today, centred around how she was quite worried that, now she knew that Mrs Chan should have paid a prescription charge on the previous occasion, she should do something with that information. However, she also surmised, from what Mrs Chan had said today, that the latter genuinely didn’t know that she should have paid a prescription charge and had not set out to defraud the government. Raising the issue with Mrs Chan might well cause her considerable upset again, and Lisa decided that her previous decision to not discuss such details of the miscarriage at the pharmacy counter was the right one. She questioned whether to take Mrs Chan into the counselling room but decided not to pursue it further. On this occasion, Lisa decided that the best interests of Mrs Chan were best served by not saying anything at all and that this was more important than collecting the prescription charge.
**Scenario 5.10**

**Opposing points causing the dilemma**
The autonomy of the preregistration trainee to adhere to his religious convictions versus 2.6 Do your best to provide medicines and other professional services safely and when patients need them and 3.3 Not unfairly discriminate against people.

**Dilemma:**
Patrick, a preregistration trainee at a hospital pharmacy department, realised that some of the patients who had come into the Obstetrics and Gynaecology Department had been admitted for termination of pregnancy. As a devout Roman Catholic, he was very unhappy about being involved in dispensing or checking medication that would be used for such terminations, as it was against his religious beliefs.

**Discussion questions:**
What additional information or points of fact should the trainee find out before he can make a decision? Who should he talk to or where should he look for this information?

Which values, ethical principles or points in the Standards of conduct, ethics, and performance are relevant to this dilemma?

Which of these values, ethical principles or standards does the trainee consider to be the most important in helping him make a decision and why?

**Outline of relevant facts, values, principles and standards:**
Patrick was aware that, as a preregistration trainee, he should provide medicines to patients in a timely manner (2.6) and that refusing to dispense or check these medicines would prevent that from happening. He also knew that the women who were admitted for terminations had different religious beliefs to his own and that he should not unfairly discriminate against such women (3.3). However, as a devout Roman Catholic, he believed that termination of pregnancy caused the death of a person and was equivalent to murder, so that he was unable to be involved with something that went against this belief. He had not been aware that he would be expected to do this when he had accepted the job. He found and read through the GPhC’s Guidance on the provision of pharmacy services affected by religious and moral beliefs.

**Outcome:**
Patrick decided to go to speak to the Chief Pharmacist of the department to discuss this issue with him. He explained his ethical stance against termination of pregnancy and his problem with dispensing or checking medicines for this purpose. In doing so, he was adhering to the point in the Standards of conduct, ethics and performance where he was expected to make sure that if his religious beliefs prevented him from providing a service, he told the relevant people. The Chief Pharmacist discussed this with the dispensary manager, and agreed with Patrick that he did not have to dispense or check prescriptions from this department but that he had to ensure that the other staff knew the reasons, so that they could do the dispensing or checking without believing that Patrick was shirking work. Patrick decided that his religious convictions were sufficiently important for him to seek a way of ensuring that he could work as a preregistration trainee in the hospital without having to go against those convictions.
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