Public business

Review of Standard 3.4 – religious or moral beliefs

Purpose
To consider and agree an approach to the review of section 3.4 of the standards of conduct, ethics and performance.

Action required
The Council is asked to agree the process by which standard 3.4 will be reviewed.

1.0 Introduction

1.1 The GPhC sets standards for conduct, ethics and performance which apply to all pharmacy professionals. Standard 3.4 states:

You must make sure that if your religious or moral beliefs prevent you from providing a service, you tell the relevant people or authorities and refer patients and the public to other providers.

1.2 The inclusion of standard 3.4 has been discussed by the GPhC Council on two occasions. The Council expressed its intention to review standard 3.4 after a year, and agreed that the review would take into account the legislation, the rights and needs of patients and the public and also the concerns of registrants.

2.0 Key Considerations

2.1 The review and policy decision must take into account legislation, any relevant case law, and the expectations of the public, registrants, employers and service commissioners.
2.2 The regulator’s judgement on this subject involves balancing a number of competing legitimate, but ultimately incompatible, imperatives, including ethical values and individuals’ human and legal rights. The subject is important in its own right, and also provides a case study for what kind of regulator the GPhC seeks to be, and for the development of the GPhC vision for modern professionalism.

2.3 This is a particularly sensitive area, with individuals and organisations often having polarised views, therefore the aim of the review must be to ensure that the decision of the Council is fair, open and based on accurate information.

2.4 It is important that the GPhC adopts a robust mechanism for conducting the review and that communication and engagement with those affected by or interested in this area informs our decision making.

3.0 Options for consideration

3.1 Option 1: This would involve an internal review of the policies of other health professions regulators, the views that have been expressed in the past and more recently in public forums, the current legal position and relevant case law and any evidence from fitness to practise complaints. The internal review would be conducted by staff and a report of the findings presented to Council.

Risks: The process may not be considered sufficiently robust, fair or transparent, and may be perceived as a ‘tick-box’ exercise.
Benefits: This option will be the most resource light and may result in a quicker outcome (clarity of the Council’s position) in a situation where there is unlikely to be a solution that satisfies all parties.

3.2 Option 2: This would involve the creation of an internal task and finish group, comprised of Council members. The task and finish group would consider as part of its terms of reference the areas to be considered as part of the review of standard 3.4. The task and finish group would assess the information they gather and provide a report to Council summarising their findings and options for the Council to consider.

Risks: The process could be perceived as lacking objectivity, with no external representatives on the group.
Benefits: it provides a more credible and robust basis for the review.
3.3 **Option 3:** This would involve the creation of an external ‘task and finish group’. The group would undertake the same role as the internal task and finish group. The group would assess the information they gather and provide a report to Council summarising their findings and options for the Council to consider.

Risks: This process could be lengthy and resource intense.
Benefits: The mechanism for review would be robust and credible and provide a clear distinction between the standards-setting role of Council and the task and finish group’s responsibility for collecting information and developing options.

4.0 **Equality and diversity implications**

4.1 There are inherent equality and diversity implications in any decision Council makes in relation to standard 3.4. There are therefore also implications in the process that the Council adopts for the review.

4.2 The process must be free from discrimination and fair to all individuals and groups. It must specifically take into account the implications of a change to standard on protected characteristics.

5.0 **Communications implications**

5.1 Clear communication about the process the GPhC will adopt will be necessary. In addition, there will need to be clear communication about the opportunities for involvement or engagement with those individuals and organisations that have an interest in this area.

5.2 Failure to communicate properly about this could lead to concerns that the process or review is not credible, therefore undermining any future Council decision.

6.0 **Resource implications**

6.1 The resource requirements will vary depending on the option chosen by Council. Option 1 being the least time and resource intense and Option 2 and 3 being more.

6.2 The budget would need to take account of the possible need to commission research and seek legal counsel. Both of these tasks would require additional resource beyond the resource that is already available in-house.
7.0 Risk implications

7.1 Failure to conduct a full and proper review of standard 3.4 could create tension for pharmacy professionals and patients and the public in the future. It is important that Council are able to make a decision based on clear, concise and robust information.

Action required

The Council is asked to agree the process by which standard 3.4 will be reviewed.

Hugh Simpson, Director of Policy and Communications
hugh.simpson@pharmacyregulation.org, tel 020 3365 3516

Priya Sejpal, Head of Standards and Fitness to Practise Policy
General Pharmaceutical Council
priya.sejpal@pharmacyregulation.org, tel 020 3365 3591

22 August 2011