

Consultation on religion, personal values and beliefs

December 2016



The text of this document (but not the logo and branding) may be reproduced free of charge in any format or medium, as long as it is reproduced accurately and not in a misleading context. This material must be acknowledged as General Pharmaceutical Council copyright and the document title specified. If we have quoted third party material, you must get permission from the copyright holder.

Contact us at **communications@pharmacyregulation.org** if you would like a copy of the document in another format (for example, in larger type or in a different language).

Contents

About the GPhC	5
Overview	6
The consultation process	7
Part 1: Introduction	9
Part 2: The revised example under standard 1	10
Part 3: The revised guidance on religion, personal values and beliefs	12
In practice: guidance on religion, personal values and beliefs	14
How we will use your responses	22
Consultation response form	23
Consultation questions.....	26
Equality monitoring.....	29
Appendix A: Collated consultation questions	31



About the GPhC

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales. It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

Our main work includes:

- setting standards for the education and training of pharmacists and pharmacy technicians, and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards that pharmacy professionals have to meet throughout their careers
- investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public
- setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- inspecting registered pharmacies to check if they are meeting our standards

Overview

Patients and the public have a right to safe and effective care from pharmacy professionals. As the regulator, we are committed to regulating in a way that supports and enables this to happen.

This includes setting the standards that pharmacy professionals (pharmacists and pharmacy technicians) have to meet throughout their careers, and making it clear to pharmacy professionals that they must keep to the relevant laws. The standards for pharmacy professionals ('the standards') build on and reflect our belief that it is the attitudes and behaviours of pharmacy professionals in their day-to-day work that make the most significant contributions to patient safety and quality of care.

We recently consulted on our new standards, which will come into effect from 1 May 2017. Standard 1 says that 'pharmacy professionals must provide person-centred care' and gives examples of how pharmacy professionals can apply the standard.

We do not think the examples we gave in the standards for pharmacy professionals consultation are compatible with person-centred care or give enough guidance on the sensitive issues around religion, personal values and beliefs. We are now consulting on a proposed change to one of the examples to ensure that pharmacy professionals take responsibility for ensuring that person-centred care is not compromised by their religion, personal values or beliefs.

The proposals will change the expectations placed on pharmacy professionals when their

religion, personal values and beliefs might, in certain circumstances, impact on their ability to provide services. They shift the balance in favour of the needs and rights of the person in their care. For example, under the new proposals, a referral to another service provider might not be the right option, or enough, to ensure person-centred care is not compromised. We believe this change will better reflect person-centred professionalism.

We are also consulting on new guidance on religion, personal values and beliefs in practice ('the guidance'). This is intended to reflect the broad range of situations when a pharmacy professional's religion, personal values or beliefs might impact on their ability to provide services in certain circumstances. It gives practical information to help them make sure they put the care of the person first. The guidance also recognises the important role of employers in supporting pharmacy professionals and the wider pharmacy team to create and maintain a person-centred environment.

This consultation document has three sections:

Part 1: Introduction: This explains what we have taken into account in developing the proposed wording in the example under standard 1 and our supporting guidance; and it explains why.

Part 2: The revised example under standard 1: This says what we are changing in the example under standard 1.

Part 3: The revised guidance on religion, personal values and beliefs: This gives the proposed revised guidance, and says what we are changing and what this means in practice.

The consultation process

The consultation will run for 12 weeks and will close on **7 March 2017**. During this time we welcome feedback from individuals and organisations. We will send this document to a wide range of stakeholder organisations, including professional representative bodies, employers, education and training providers, patients' representative bodies and others with an interest in this matter.

We hope you will read this consultation and consider responding. You can get more copies of this document on our website at **www.pharmacyregulation.org/valuesbeliefs** or you can contact us if you would like a copy of the document in another format (for example, in larger type or in a different language).

How to respond

You can respond to this consultation in a number of different ways. You can fill in the questionnaire at the end of this document or go to **www.pharmacyregulation.org/valuesbeliefs** and fill in an online version there.

If you fill in the questionnaire in this document, please send it to:

consultations@pharmacyregulation.org with the subject 'Religion, personal values and beliefs consultation'

or post it to us at:

**Religion, personal values and beliefs
consultation response
Policy & Standards Team
General Pharmaceutical Council
25 Canada Square
London E14 5LQ**

Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to:

feedback@pharmacyregulation.org

or post them to us at:

**Governance Team
General Pharmaceutical Council
25 Canada Square
London E14 5LQ**

Please do not send consultation responses to this address.

Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive. Our governing council will receive the analysis in spring 2017, and will take the responses into account when considering the proposed changes we want to make to the example under standard 1 of the standards and our proposed revised guidance. We will also publish a summary of the responses we receive and an explanation of the decisions taken. You will be able to see this on our website

www.pharmacyregulation.org



Part 1: Introduction

All pharmacy professionals contribute to delivering and improving the health, safety and wellbeing of people. Professionalism and safe and effective practice are central to the pharmacy professional role. The behaviours and attitudes of pharmacy professionals are also important in providing high-quality experiences and outcomes for people when they ask for pharmacy advice, care and services.

We know that people expect to get certain services from registered pharmacies when they need them. Every person using pharmacy services must have confidence that they will receive high-quality care. While we recognise the importance of a pharmacy professional's religion, personal values or beliefs, we want to make sure people can access the advice, care and services they need from a pharmacy, when they need them.

In developing the proposals in this consultation, we have taken into account the relevant legal framework of human rights and equality law. We have also considered the legal responsibilities of pharmacy professionals and employers, as well as our own responsibilities to those we regulate.

This is a complex and difficult area for pharmacy professionals with significant and developing case law. It is not for our standards or supporting guidance to set out the law in detail or give legal advice. This means that pharmacy professionals and employers need to understand how the law applies to them and to get legal advice when they need it.

We have also taken into account:

- our policy of promoting person-centred and compassionate care, and
- what we heard during our consultation on the standards, which included the views of pharmacy professionals, employers, pharmacy service users, representative groups and others with an interest in this matter

Part 2: The revised example under standard 1

What we are changing

In our consultation on the standards, we said:

Standard 1

Pharmacy professionals must provide person-centred care

Applying the standard

Every person is an individual with their own values, needs and concerns. Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority. All pharmacy professionals can demonstrate ‘person-centredness’, whether or not they provide care directly, by thinking about the impact their decisions have on people. There are a number of ways to meet this standard, and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

(...)

- recognise their own values and beliefs but do not impose them on other people
- tell relevant health professionals, employers or others if their own values or beliefs prevent them from providing care, and refer people to other providers

We received written responses from organisations, individuals and members of the public. These included pharmacy and patient organisations, educational institutions, pharmacy professionals, students, pre-registration trainees and other stakeholders. We also took part in 35 events, meeting organisations representing other health professionals and health and social care providers, professionals and members of the public to hear their views on the consultation.

Most respondents to the consultation survey (90%) agreed with the approach we proposed. Some of the pharmacy organisations welcomed the approach as it confirmed current practice. However, most of the people or organisations who commented in this section thought that pharmacy professionals should not be able to refuse services based on their religion, personal values or beliefs, as it would contradict the principle of person-centred care. This view was also expressed in the events we ran to get the views of people using pharmacy services.

Revised wording

Having considered the feedback from the consultation, what the law says and our own analysis, we have decided – subject to this consultation – that the examples we gave, under standard 1 in the standards for pharmacy professionals consultation are not compatible with person-centred care.



We propose that the wording of the examples under standard 1, about religion, personal values and beliefs, will say:

- Recognise their own values and beliefs but do not impose them on other people [unchanged example]
- Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs [revised example]

These proposals will change the expectations placed on pharmacy professionals when their religion, personal values or beliefs might – in certain circumstances – impact on their ability to provide services. They will shift the balance in favour of the needs and rights of the person in their care.

We are consulting to make sure that everyone has the chance to comment on these proposals.

We also want to highlight that, under the new proposals, a referral to another service provider might not be the right option, or enough, to ensure that person-centred care is not compromised. This is a significant change from the present position and it is vital that we hear from the public and the profession about this. Our revised guidance (discussed in more detail below) will give practical advice on this point.

Part 3: The revised guidance on religion, personal values and beliefs in practice

What we are changing

Our present guidance on the provision of pharmacy services affected by religious and moral beliefs supports our standards of conduct, ethics and performance, and has been in force since 2010.

After our consultation on the standards, we felt that a more tailored approach would take into account both the rights of individuals asking for services and the rights of pharmacy professionals.

Responses to the consultation on the standards highlighted the wide range of situations that affect people asking for, and pharmacy professionals providing, pharmacy services and care. This included substance misuse services, hormonal treatments, and fertility and contraception services. We also learned from our consultation that referring people to other providers creates an extra barrier to people being able to access pharmacy services when they need them.

Our revised guidance gives more information on the behaviours expected of pharmacy professionals in applying the standards. It includes the broad ranges of pharmacy services that people expect, and the situations that pharmacy professionals may find themselves in.

The guidance will make it clear that:

- every person using pharmacy services must have confidence that they will receive high-quality care, and
- pharmacy professionals must not discriminate against anybody in their care

In short, pharmacy professionals should not put themselves in a position where refusal to provide services would:

- result in a person not receiving the care or advice they need, or
- breach human rights or equality legislation

Although the guidance is intended for individual pharmacy professionals, it also recognises the important role employers play in creating a person-centred environment.

Finally, the guidance recognises the need for both pharmacy professionals and employers to be familiar with the law as it applies to them, and to get legal advice when they need it.



What this means in practice

This change in how pharmacy professionals meet the standards means that they should consider:

- the individual needs of the person in each case
- how to safeguard and respect a person's dignity
- how to use their professional judgement to make sure the person receives the care or advice they need, when they need it
- issues relevant to where they work and whether they can provide the full range of pharmacy services people want, and
- whether referral is an appropriate option based on the individual needs and circumstances of the person in their care

Please read the guidance in the next section for more information on how to apply the standards.

This section shows the text of the proposed guidance

In practice: guidance on religion, personal values and beliefs

1. About this guidance

The standards for pharmacy professionals ('the standards') apply to all pharmacists and pharmacy technicians. This document gives further guidance on the behaviours expected of pharmacy professionals in applying standard 1 when their religion, personal values or beliefs might impact on their ability to provide certain pharmacy services. This guidance, which you should read along with the full standards, gives practical information to help pharmacy professionals deliver safe and effective care through person-centred professionalism.

Standard 1 says:

Pharmacy professionals must provide person-centred care

Applying the standard

Every person is an individual with their own values, needs and concerns. Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority. All pharmacy professionals can demonstrate 'person-centredness', whether or not they provide care directly, by thinking about the impact their decisions have on people. There are a number of ways to meet this standard, and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

(...)

- recognise their own values and beliefs but do not impose them on other people
- take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs.

Pharmacy professionals are personally accountable for meeting the standards and must be able to justify the decisions they make. They must use their professional judgement in applying this guidance in practice.

This guidance is intended to help individual pharmacy professionals, whether they are working in a healthcare setting (such as a hospital, secure accommodation, care home, primary care or community pharmacy setting), another setting, or providing services in person or online. Although the guidance is intended for individual pharmacy professionals, including responsible and superintendent pharmacists, it also recognises the important role employers play in creating a person-centred environment.



The legal framework

Pharmacy professionals must work within the legal framework of human rights, equalities and employment law. For example, the Equality Act 2010 makes it unlawful to discriminate against people because of a 'protected characteristic'. The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

We recognise that all protected characteristics have equal status. This guidance deals with religion and belief as well as personal values, as these can particularly impact on professionals' decision-making in practice. However, within equality law, religion means any religion, including a lack of religion. Belief means any religious or philosophical belief, and includes a lack of belief.

This is a complex and difficult area for pharmacy professionals with significant and developing case law. This guidance is intended to:

- reflect the broad range of situations when a pharmacy professional's religion, personal values or beliefs might impact on their ability to provide certain services, and
- outline the key points to consider in order to make sure they put the care of the person first

However, the guidance cannot cover every situation in practice and it does not give legal advice on equalities-related issues.

Pharmacy professionals should become familiar with the law as it applies to them, and get legal or other professional advice when they need it. They should also keep up to date with any changes to the law that might affect them. Also, pharmacy professionals must consider the contractual responsibilities of their employer, including any in the NHS Terms of Service.

2. Applying the standards in practice

Pharmacies provide support and services to a wide range of people. A pharmacy professional may be asked to provide specific services which are not in line with their religion, personal values or beliefs. These could be for example, services related to:

- contraception
- fertility medicines
- hormonal therapies
- mental health and wellbeing services
- substance misuse services
- sexual health services

In these situations, pharmacy professionals should consider the individual needs of the person in every case. They should use their professional judgement to make sure the person receives the care or advice they need, when they need it. For example, this might include considering any time limits or other barriers to accessing medicines or other services. The pharmacy professional's decisions should not compromise the health, safety or wellbeing of the person. They should make arrangements that are appropriate to the needs and circumstances of the person, to make sure they receive the care they need.

It is the responsibility of the pharmacy professional to make sure people are treated fairly and with dignity and compassion, at all times. In summary, pharmacy professionals should make sure:

- people receive the care they need as a priority, when they need it
- people are provided with all the relevant information to help them access the care they need, and
- people are treated as individuals, fairly and with respect

While we recognise the importance of a pharmacy professional's religion, personal values and beliefs, we want to ensure people can access the advice, care and services they need from a pharmacy professional in whatever setting, and when they need them.

3. Pharmacy professionals

Below are some key points pharmacy professionals should think about to make sure that religion, personal values or beliefs (either their own or other people's) do not compromise care:

a. Work location and range of services

A pharmacy professional should not knowingly put themselves in a position where a person is unable to receive the care or advice they need. If they are in a position where it is unclear what to do, they should consider the individual needs and circumstances of the person. The pharmacy professional should use their professional judgement to make sure the person is still able to receive the services they need. In some cases, this might mean that they are unable to take up certain working roles.

Pharmacy professionals should consider the following:

- the location and operating hours of the pharmacy they choose to work in – for example, an isolated pharmacy in a rural area, or a pharmacy in a city centre with late opening hours
- the full range of services provided by that pharmacy, including whether these are provided routinely or occasionally
- the type of services people expect the pharmacy to provide in that location or environment
- whether they will be working on their own or with other pharmacy professionals
- whether there are other local pharmacies that may be able to provide the service, and what their opening hours are, and
- whether their religion, personal values or beliefs are likely to prevent them from providing the full range of pharmacy services expected in their position

b. Openness between the pharmacy professional and their employer

Pharmacy professionals should be open with their employer about any ways in which their religion, personal values or beliefs might impact on their ability to provide certain pharmacy services. In working with their employer, pharmacy professionals should:

- tell their employer, as soon as possible, if their religion, personal values or beliefs are likely to prevent them from providing certain pharmacy services
- set clear expectations about the pharmacy services they are willing and able to provide
- understand their employer's expectations about the services pharmacy professionals are expected to provide, and
- make sure adequate and appropriate arrangements are put in place, including telling other staff members, to make sure a person can receive the care and advice they need

c. Professional judgement

Pharmacy professionals are expected to demonstrate sound professional judgement when handling a request for a service which may not be in line with their own religion, personal values or beliefs. The most appropriate action depends on the individual needs and circumstances of the person, but pharmacy professionals should:

- make the care of the person their first concern and act in their best interests
- not discriminate against a person based on their own – or the person’s – religion, personal values or beliefs, or lack of religion or belief
- understand the needs of the person
- think about any specific barriers the person may face – for example, difficulty in accessing the services they need
- consider if it is appropriate to involve or refer to another pharmacy professional or service provider
- recognise that in some cases a referral may not be the right option, or enough, to ensure person-centred care is not compromised, and
- work with the person to come to an informed decision about how they can access the care and services they need

d. Professional behaviour


Pharmacy professionals are expected to behave professionally at all times, in a way which does not impose their own religion, personal values or beliefs on other people. Pharmacy professionals should:

- not imply or express disapproval or judgement of a person
- recognise when a person may need extra care or advice – for example, a vulnerable person or a case of safeguarding – and act when necessary
- recognise and respect a person’s religion, personal values or beliefs – or lack of religion or belief – and how these might guide that person’s choices, and
- be mindful of the difference between religion, personal values or beliefs, and a professional clinical judgement

e. Effective communication

Pharmacy professionals should reflect on the way they communicate with people receiving care, and give all the information the person needs. They should:

- communicate professionally and with respect

- 
- adapt their communication to meet the needs of the person they are communicating with
 - consider the appropriateness of their body language, tone of voice and words
 - not assume that the person knows about any other options, and make sure that the person has the full range of information, so as not to obstruct that person from receiving the care they need
 - check the person knows about any significant risks involved in the treatment, or alternatives to treatment, and
 - check that the person has understood the information they have been given, including any options they have

f. Respect for personal privacy and confidentiality

Pharmacy professionals should respect and maintain the privacy and confidentiality of people receiving care. In handling requests, they should make sure:

- there are appropriate facilities or arrangements to make sure the person is treated sensitively
- the person is not made to feel uncomfortable or embarrassed, and
- they safeguard the person's privacy and dignity

4. Questions to ask yourself

Below are some of the key questions that pharmacy professionals should ask themselves in this context:

- Do I understand my legal obligations?
- Am I keeping up to date with any relevant changes in the law?
- Have I been open with my employer about the services I feel willing and able to provide?
- Are the right arrangements in place to make sure people come first?
- What options are available if I cannot provide certain services?
- How do I handle the situation sensitively, without embarrassing the person?
- How do I safeguard the person's privacy and dignity?
- Taking everything into account, is this the right work location and environment for me?

5. Employers

This guidance is intended to help individual pharmacy professionals. However, employers have important responsibilities for creating and maintaining a person-centred environment, and ensuring the delivery of safe and effective pharmacy services. It is important for pharmacy professionals to be open with their employers about any ways in which their religion, personal values or beliefs might impact on their ability to provide certain pharmacy services. This will enable employers to consider the needs of the people in their area and how the pharmacy can best meet those needs. It will also enable employers to make any necessary arrangements with existing and new staff to make sure that safe and effective care can be provided throughout the operating hours of the pharmacy.

Employers will also need to keep to the relevant employment and equalities law, and make sure they do not unlawfully discriminate against pharmacy professionals because of their stated or perceived religion, personal values or beliefs.



6. Other sources of information

You can get more information from professional bodies, indemnity insurance providers and other independent bodies. Below are some possible sources of information and guidance:

- **Equalities and Human Rights Commission**
- **Equalities and Human Rights Commission Scotland**
- **Equalities and Human Rights Commission Wales**
- **Religion or belief guidance for employers** (Equalities and Human Rights Commission)
- **Equalities Act 2010**
- **European convention on Human Rights**
- **Royal Pharmaceutical Society**
- **The National Pharmacy Association**
- **The Guild of Healthcare Pharmacists**
- **Association of Pharmacy Technicians, UK**
- **Equality Commission for Northern Ireland**
- **Citizens Advice**

How we will use your responses

After the consultation, we will publish a report summarising what we heard. If you respond as a private individual, we will not use your name or publish individuals' responses.

If you respond on behalf of an organisation, we will list your organisation's name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe the information you have given is confidential.

The GPhC may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try to respect it but we cannot guarantee that confidentiality can be maintained in all circumstances.

If you email a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.



Consultation response form

Response to the consultation on religion, personal values and beliefs

For organisations

If you want any part of your response to stay confidential, please explain why you think the information you have given is confidential. We cannot give an assurance that confidentiality can be maintained in all circumstances.

Please keep parts of my response confidential

Please tell us if you have any concerns about our publishing any part of your response and explain which parts you would want to keep confidential:

Background questions

First, we would like to ask you for some background information. This will help us to understand the views of specific groups, individuals and organisations and will allow us to better respond to those views.

Are you responding:

- as an individual – please go to section A
- on behalf of an organisation – please go to section B

Section A – Responding as an individual

Please tell us your:

name: _____

address: _____

email: _____

Where do you live?

- England
 - Scotland
 - Wales
 - Northern Ireland
 - other (please give details)
-

Are you responding as:

- a member of the public
 - a pharmacy professional or owner – please go to section A1
 - a pre-registration trainee
 - a student
 - other (please give details)
-

Section A1 – Pharmacy professionals

Are you:

- a pharmacist
- a pharmacy technician
- pharmacy owner

Please choose the option below which best describes the area you mainly work in:

- community pharmacy
 - hospital pharmacy
 - primary care organisation
 - pharmacy education and training
 - pharmaceutical industry
 - other (please give details)
-

Section B – Responding on behalf of an organisation

Please tell us your:

name:

job title:

organisation:

address:

email:

a contact name for enquiries:

Please choose the option below which best describes your organisation:

- organisation representing patients or the public
- organisation representing pharmacy professionals or the pharmacy sector
- independent pharmacy (1-5 pharmacies)
- Multiple pharmacy (6 or more pharmacies)
- NHS organisation or group
- research, education or training organisation
- other (please give details)

Please provide a brief description of what your organisation does and its interest in this particular consultation:

Consultation questions

We are particularly interested in your views on the following points. However, we welcome your comments on any issues that you want to raise about the proposed change to the example under standard 1 about religion, personal values and beliefs, and the proposed revised guidance.

Standards

Standard 1 says that:

Pharmacy professionals must provide person-centred care

Applying the standard

Every person is an individual with their own values, needs and concerns. Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority. All pharmacy professionals can demonstrate ‘person-centredness’, whether or not they provide care directly, by thinking about the impact their decisions have on people. There are a number of ways to meet this standard, and below are examples of the attitudes and behaviours expected.

We propose that the wording of the examples under standard 1 – about religion, personal values and beliefs – will say:

People receive safe and effective care when pharmacy professionals:

- Recognise their own values and beliefs but do not impose them on other people [unchanged example]
- Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs [revised example]

1. Do you agree with the proposed changes?

Yes No

1a. Please explain your reasons for this



Guidance

The revised guidance gives more information about the behaviours expected of pharmacy professionals in applying the standards.

- 2. Does the revised guidance adequately cover the broad range of situations that pharmacy professionals may find themselves in?**

Yes No

- 3. Is there anything else, not covered in the guidance, that you would find useful? Please give details.**

Impact

We recognise that a person's religion, personal values and beliefs are likely to affect their behaviours, attitudes and decisions. We want to know how the proposed changes to the example under standard 1 and our revised guidance may affect students, pre-registration trainees, pharmacy professionals, employers, and people using pharmacy services.

- 4. Will our proposed approach to the standards and guidance have an impact on pharmacy professionals?**

Yes No

- 5. Will that impact be:**

- Mostly positive
 Partly positive
 Positive and negative
 Partly negative
 Mostly negative

- 5a. Please explain and give examples.**

Impact continued...

6. Will our proposed approach to the standards and guidance have an impact on employers?

- Yes No

7. Will that impact be:

- Mostly positive
- Partly positive
- Positive and negative
- Partly negative
- Mostly negative

7a. Please explain and give examples.

8. Will our proposed approach to the standards and guidance have an impact on people using pharmacy services?

- Yes No

9. Will that impact be:

- Mostly positive
- Partly positive
- Positive and negative
- Partly negative
- Mostly negative

9a. Please explain and give examples.

10. Do you have any other comments?

Equality monitoring

At the GPhC, we are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties.

We want to make sure everyone has an opportunity to respond to our consultation on religion, personal values and beliefs. This equality monitoring form will provide us with useful information to check that this happens.

We also want to understand how issues raised in this particular consultation affect different groups. We will use these data as part of our analysis of responses. You do not have to answer these questions if you would prefer not to.

What is your sex?

Please tick one box

- Male
- Female
- Other

What is your sexual orientation?

Please tick one box

- Heterosexual/straight
- Gay woman/lesbian
- Gay man
- Bisexual
- Other
- Prefer not to say

Do you consider yourself disabled?

Disability is defined in the Equality Act 2010 as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. Please tick one box.

- Yes
- No
- Prefer not to say

What is your age group?

Please tick one box

- 16 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65 + years

What is your ethnic group?

Choose the appropriate box to indicate your cultural background. Please tick one box.

White

- British
- Irish

- Gypsy or Irish traveller
- Other white background (please fill in the box at the end of this section)

Black or Black British

- Black Caribbean
- Black African
- Other black background (please fill in the box at the end of this section)

Mixed

- White and black Caribbean
- White and black African
- White and Asian
- other mixed background (please fill in the box at the end of this section)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- other Asian (please fill in the box at the end of this section)

Chinese or Chinese British

- Chinese or Chinese British
- Other ethnic group (please fill in the box at the end of this section)

Arab

- Arab

Other

- Prefer not to say
- Other ethnic group background (please give more information in the box below)

What is your religion?

Please tick one box

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- None
- Other (please give more information in the box below)
- Prefer not to say



Appendix A: Collated consultation questions

1. Do you agree with the proposed changes to the wording of the examples under standard 1 – about religion, personal values and beliefs?
Yes / No
- 1a. Please explain your reasons for this.
2. Does the revised guidance adequately cover the broad range of situations that pharmacy professionals may find themselves in?
Yes / No
3. Is there anything else, not covered in the guidance, that you would find useful?
Please give details.
4. Will our proposed approach to the standards and guidance have an impact on pharmacy professionals?
Yes / No
5. Will that impact be:
Mostly positive
Partly positive
Positive and negative
Partly negative
Mostly negative
- 5a. Please explain and give examples.
6. Will our proposed approach to the standards and guidance have an impact on employers?
Yes / No
7. Will that impact be:
Mostly positive
Partly positive
Positive and negative
Partly negative
Mostly negative
- 7a. Please explain and give examples.
8. Will our proposed approach to the standards and guidance have an impact on people using pharmacy services?
Yes / No
9. Will that impact be:
Mostly positive
Partly positive
Positive and negative
Partly negative
Mostly negative
- 9a. Please explain and give examples.
10. Do you have any other comments?



© General Pharmaceutical Council 2016

General Pharmaceutical Council
25 Canada Square, London E14 5LQ
T 020 3713 8000
E info@pharmacyregulation.org

 [@TheGPhC](https://twitter.com/TheGPhC)
 [TheGPhC](https://www.facebook.com/TheGPhC)
 [/company/general-pharmaceutical-council](https://www.linkedin.com/company/general-pharmaceutical-council)
www.pharmacyregulation.org