



Consultation on religion, personal values and beliefs

Second report of the consultation

1. This is a supplementary report analysing responses to our consultation on religion, personal values and beliefs, specifically focusing on the feedback we received in relation to the draft guidance to support the standard 1 of the new standards for pharmacy professionals. This report should be read in conjunction with the first report of the consultation which focused primarily on issues related to relevant examples under standard 1 of the new standards for pharmacy professionals (*Pharmacy professionals must provide person-centred care*) and the anticipated impact of that change on pharmacy professionals, employers, and users of pharmacy services.
2. The consultation was open for twelve weeks, beginning on 13 December 2016 and ending on 7 March 2017. Similarly to the analysis presented in the first report of the consultation, we have considered every response received, as well as notes from stakeholder events and one to one meetings in developing our qualitative analysis of themes and issues relating to the guidance.
3. In addition to the qualitative analysis presented in this and the first report, the first report also included quantitative analysis of all of the consultation survey responses by individuals and the background of individual respondents. For context, the quantitative analysis of the question relating to the draft guidance is included below.
4. Detailed information about the consultation and engagement process, our approach to analysis and reporting, the methodology used and the numbers of both organisational and individual respondents have been provided in the first report which can be found [here](#).

Policy background

5. On 6 April 2017, Council noted the first report on the consultation and discussed the key themes and issues presented within the report. Council also noted an analysis of the equality and diversity implications of the proposed approach. At that meeting, Council approved the revised wording of the examples under standard 1 of the standards for pharmacy professionals, which subsequently came into effect on 12 May 2017.
6. During the consultation on the proposed changes to the examples under standard 1, we also sought feedback on draft supporting guidance. The guidance is intended to support pharmacy professionals in using their judgement to meet the standards for pharmacy professionals. The guidance has been designed to reflect the broad range of situations when a pharmacy professional's religion, personal values or beliefs might impact on their willingness to provide certain services, and give practical information about the behaviours expected of pharmacy professionals in applying the standards. In particular, we asked respondents for their views on whether the guidance adequately covers the broad range of

situations that pharmacy professionals may find themselves in, and whether there is anything else, not already covered in the guidance, that they would find useful.

7. A more detailed outline of the relevant policy background and context is set out in the first report of the consultation.

A: Analysis of individual online survey responses

8. The consultation questionnaire included two questions focusing specifically on the guidance. Firstly, a question asking about the coverage of the guidance (with a yes/no option in response), coupled with an open question asking what more, if anything, should be included.
9. Our approach to the analysis of the quantitative, binary answers is presented in more detail in the first report of the consultation.
10. It should be noted that our quantitative analysis highlights differences between two pairs of subsets of respondents: members of the public and pharmacy professionals; and respondents with religious beliefs and with no religious beliefs. Again, the rationale for presenting results for these subsets, and the methodology for creating these groups, is set out in more detail in the first report of the consultation.

Consultation question

Q2: Does the revised guidance adequately reflect the broad range of situations that pharmacy professionals may find themselves in?

	All	Public	Pharmacy	Religion	None
Yes	1716	653	987	897	680
No	1335	871	357	959	77

11. Looking at the question related to the guidance specifically, we found 56.2% of all respondents agreed that the revised guidance adequately reflected the broad range of situations that pharmacy professionals might find themselves in. There were, however, some notable differences between members of the public on the one hand where the level of agreement was 42.8%; and pharmacy professionals on the other hand where agreement is higher at 73.4%. Between those with religious beliefs and those with no religious beliefs, this difference is more marked, with 48.3% of those with religious beliefs agreeing, compared to 89.8% of those with no religious beliefs.

B: Qualitative analysis of consultation responses

12. The open question allowed respondents to expand on what else, if anything, should be added to the guidance.

13. This section of the report provides a qualitative analysis of the feedback that we heard specifically in relation to the guidance. This includes feedback from organisations and individuals, as well as from engagement events and meetings with organisations.
14. Our approach to qualitative analysis is set out in more detail in the first report of the consultation and is not duplicated here.

What we heard: views on the draft guidance

15. The guidance was found to reflect the broad range of situations when a pharmacy professional's religion, personal values or beliefs might impact on their willingness to provide certain services. We heard through the consultation that pharmacy professionals may have an objection to providing a variety of services, with some people providing real-life examples, and that many respondents felt these were adequately reflected in the guidance. Many respondents gave positive feedback that the guidance did not focus solely on emergency hormonal contraception, but referenced a range of other services and situations where service-users might be affected.
16. Many respondents felt that overall the guidance was comprehensive, and clearly set out the relevant factors for pharmacy professionals to consider in this context. A number of pharmacy organisations and pharmacy professionals commented that the guidance reflected their own views and expectations of how pharmacy professionals should manage these scenarios in practice.
17. In particular, organisations representing different groups of service users, as well as many members of the public, felt that the guidance correlated with what patients and service-users would expect from their pharmacy professionals, and welcomed the emphasis on treating people as individuals, with their own values, needs and concerns. These groups also welcomed the inclusion of guidance on specific areas such as communication, privacy and confidentiality, which they felt were of fundamental importance to service-users.
18. Some respondents did however express a view that the guidance did not address all relevant issues or provide sufficient detail on these. There were a number of suggestions for how the guidance might be further improved or expanded. These have been set out in more detail below.

Taking responsibility, including referrals

19. Many respondents felt that the guidance was not unduly prescriptive or inflexible, and empowered pharmacy professionals to use their own judgement in deciding what would be appropriate for people in their care, in different situations. As to the potential impact of the guidance, some pharmacy professionals felt that it would help them to navigate complex situations in practice, and help service-users understand what they can expect from their pharmacy professionals.
20. Conversely, some respondents felt the guidance should be more detailed and prescriptive in how the new standard should be put into practice. Some respondents felt that the guidance did not go far enough to explain how pharmacy professionals are expected to take responsibility to ensure care is not compromised because of personal values and beliefs, and sought further clarity on this point.
21. Many respondents, including a number of pharmacy organisations, felt that the wording relating to referrals could be more explicit in the guidance. Some respondents suggested that the guidance should clearly state what would be expected from pharmacy professionals when their religion, person values or

beliefs might impact on their willingness to provide a service, specifically whether and when referral to another pharmacy professional or service provider is an option. There were many who felt that the guidance should give more information about the circumstances in which a referral would not be considered an appropriate option, for example, if a service is not accessible or available elsewhere for the patient.

22. Some respondents suggested that the guidance should be explicit that pharmacy professionals must not jeopardise care if they are not going to provide the service themselves, particularly with regard to timeliness. A number of respondents felt that the guidance should include a requirement for pharmacy professionals to document discussions and maintain a clear audit trail, especially in circumstances when a pharmacy professional does not provide the service.
23. A number of respondents also asked for more guidance for pharmacy professionals working in more isolated pharmacies to help them, or their employers, put in place the right working arrangements to ensure consistent delivery of services.
24. Some respondents were concerned that the new approach could give rise to situations where pharmacy service users could demand any services they want even when not considered clinically appropriate. Others commented that sometimes a refusal of services might be acceptable, and in the best interest of the service user, in terms of their clinical needs. This is different to refusing to provide services on ethical or moral grounds. A number of respondents wanted the guidance to address how such situations should be managed in practice and to clarify pharmacy professionals' responsibilities in this context.
25. Participants across the different groups, including members of the public, highlighted that the responsibilities should be set out clearly in the guidance so that those considering or about to enter the professions are informed about the standards expected of pharmacy professionals at an early stage.
26. A large proportion of comments related to how pharmacy professionals would handle different situations, and how it might be beneficial to include examples or case studies to demonstrate how different aspects of the new approach would work in practice. Many of these requests were general in nature rather than requests for case studies or examples on specific issues.

The role of employers

27. Many respondents noted that the guidance recognises the important role of employers and felt that this was positive. However, some respondents felt that the guidance could go further to highlight the responsibilities of employers to create and maintain fair working environments. Some felt that this might help to reduce the risks of discrimination or harassment against pharmacy professionals in the workplace due to their religion or belief, or perceived religion or belief.
28. Some employers also asked for further clarification and examples about how the change would be implemented, both what is expected from pharmacy organisations and employers more broadly, as well as more locally in the workplace particularly in situations where the change would have an impact on existing employees. Other respondents, including some employers, did not feel that there was anything further to add to the guidance.
29. Similarly, a number of respondents felt that the guidance should include further advice on employment issues, for example, how the new approach would relate to the recruitment of employees. Some respondents asked for more information to help employers understand and apply the law in this area,

including their responsibilities in workplace, the rights of employees (including job applicants), and the rights of service-users.

30. Some respondents also asked for more guidance on how employers should support employees and manage situations of religious observation in the work place by employees. Equally, some respondents asked for guidance on providing care and advice that recognises the patient's values or beliefs, or how cultural and social factors could have an impact. Example scenarios included in both of these cases were, for example, fasting, using non-animal based products, and prayer.
31. A number of respondents also felt that the role of the entire pharmacy team should be made more explicit, including frontline staff who often have the first contact with patients in these situations. This was raised in the context of the importance of training the whole pharmacy team on issues such as effective communication, including using the appropriate body language and tone.

Tone and language

32. Some respondents felt that the overall tone of the guidance seemed to problematise religion, personal values and beliefs, almost as if to say these do not have a place in healthcare. They felt that the guidance unnecessarily framed these issues in negative terms, as obstacles to good patient care.
33. Some respondents also suggested that the wording in relation to religion, personal values and beliefs should be more neutral. Others felt that the guidance should do more to recognise pharmacy professionals' rights to practise in line with their religion, personal values and beliefs, as well as the positive contribution personal values and beliefs can have on care.

Other legal and regulatory issues

34. A number of respondents asked for further information or advice about the relevant legal framework, including the Equality Act 2010 and the Human Rights Act 1998, as well as employment legislation. While some respondents recognised the limitations of the regulator in terms of providing legal advice, others felt that the guidance should provide more information about equalities and employment law, and how this would interact with the standards and guidance.
35. Some respondents also asked for further information about fitness to practise implications where a pharmacy professional does not meet the standards and suggested that this should be included in the guidance. Others felt that the guidance should be expanded to include information about how people can raise concerns about pharmacy professionals who are not meeting the new standards.
36. A number of respondents referred to the guidance produced by the General Medical Council, which they perceived as better. Some felt that the guidance should include similar language to that of the GMC guidance, specifically inclusion of terms such as 'conscience' or 'conscientious objection'.
37. Finally, some respondents were concerned that the current approach could become problematic should, for example, legislation around assisted dying change, and that the guidance should address this point. Others commented that it would be unwise for the guidance to attempt to cover all eventualities or to reference hypothetical, future legal changes.