1. Do you agree with the proposed changes to the wording of the examples under standard 1 – about religion, personal values and beliefs
Yes
1a. please explain your reasons for this.

Putting patients first, regardless of personal belief is at the heart of pharmacy practice for our members but there is a spectrum of views on this. The majority view has been accepting of the change in wording, however some members with strong religious views have voiced grave concern at what is in essence the removal of any conscience clause. They are of the opinion that this could affect recruitment to the profession. In contrast other Christian members have voiced concern that personal faith is portrayed as negative and wanted to stress that faith is compassionate and they would always treat people even when they disagreed with their beliefs, and therefore were content with the new wording.
Different professional organisations and regulators have taken different views and it would be useful to have a consensus from regulators as to what is expected as the norm from health professionals. This is an issue which must be addressed to futureproof the standards for new services which may be proposed in future.

There seems to be some confusion over the scope to refer to another health professional when that is an acceptable appropriate alternative, which might be the case in the majority of cases. The guidance must clarify that professional judgement should be used to ensure the patient is not at risk and that a proper clinical handover is carried out. The wording on page 19 could be strengthened to reflect this i.e. Rather than *"check"* it could state *" do everything possible "* or equivalents to reinforce that the burden of care is on the pharmacist to ensure that the patient journey is enabled and stress free.

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

We envisage that it would only be in exceptional circumstances that an acceptable clinical handover to another health professional would not be possible, perhaps in remote and rural situations.

3. Is there anything else, not covered in the guidance, that you would find useful? Please give details.
The wording on page 17, section 3a could be strengthened to change the focus to being able to deliver services e.g. "*A pharmacy professional should not knowingly put themselves in a position where they are unable to deliver care to a person or ensure that the person can access the care they need from an alternative source"*

4. Will our proposed approach to the standards and guidance have an impact on pharmacy professionals?
Yes - but this will be in a minority of situations and not routinely in practice.

5. Will that impact be:
Mostly positive
Partly positive
Positive and negative
Partly negative

Mostly negative

5a. Please explain and give examples.

For those individuals with strong beliefs which would stop them providing a particular service this will be a very negative experience in deciding how to progress the patients' request and in perhaps having to inform prospective employers of any services they will refuse to provide.

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

Yes

7. Will that impact be:

Mostly positive
Partly positive
Positive and negative
Partly negative
Mostly negative

7a. Please explain and give examples.

If employers are clear about expectations for particular posts then self-selection will occur by pharmacists considering the particular situation they will find themselves in, as outlined in 3a. Employers will have a clear picture of any problems in providing services which might be encountered by their employee pharmacists but it is unclear how this type of discrimination in selection would sit with employment and equality legislation. Religion and belief are "protected characteristics" and therefore suitability for employment of an individual cannot be influenced by this "protected characteristic". There seems to be an inconsistency in the guidance in that this protection must equally apply to employees and to patients.

Clarity is required on this aspect of the guidance for members who are employers and employees. If an employer chooses not to provide services because of his /her beliefs how would that be viewed? It is our understanding that other professional organisations whose remit includes employment and contractual issues will be looking at this in more detail in their submissions.

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

Yes - but only in exceptional circumstances

9. Will that impact be:

Mostly positive
Partly positive
Positive and negative
Partly negative
Mostly negative

9a. Please explain and give examples.

This should facilitate access to care more easily in situations where previously a refusal to provide care or a referral would have been the outcome. Even a referral to another health professional can impact on a person's perception of the pharmacist involved, the reputation of the profession and a person's own self-worth. In extreme circumstances it could have resulted in no care being delivered

with serious health outcomes. An unwanted pregnancy being unable to receive EHC within an appropriate timeframe in a timely manner would be an example.

10. Do you have any other comments?

If recent cases in the media where service users' rights have been declared to override any moral issues by providers have set a precedent of expectations then this should be clearly stated as the new framework we must all work within, or at least to illustrate the situation clearly to those concerned about loss of conscience rights. In this case we are thinking of examples such as the bed and breakfast couple who refused a room to a gay couple, and the baker who objected to wording on a cake and refused to supply.

Questions have arisen over what would happen if assisted dying were to be legalised. RPS has a standalone policy on this subject which is an extreme case and not to be confused with routine pharmacy practice. There are many legal complexities around dispensing a prescription for an assisted dying procedure which would have to addressed ahead of time and therefore cannot be compared to the practice scenarios envisaged here, however the request for a conscience clause was very clear in that situation and we would expect that to remain and be accommodated in any future legislative changes.