

General Pharmaceutical Council Consultation on religion, personal values and beliefs in pharmacy practice

What is the problem?

- Religious opinion is becoming more marginalised in the public sphere and there are stronger pressures to conform. The General Pharmaceutical Council (GPhC) is proposing changes to their Standards and Guidance which would significantly restrict the freedom of conscience of pharmacy professionals.
- CARE is deeply concerned that the proposals will not only be very damaging for pharmacists, but also set a dangerous precedent for overriding the freedom of conscience of other health professionals as well as having an impact on society more widely.
- You will find below information to help you make a response to the consultation which the GPhC has launched, before the deadline on 7 March 2017.

Key considerations when making a response

It would be particularly helpful and important to ensure that you mention the following two points in your own words and bear them in mind throughout your responses to the various questions. You should make these points in addition to using the information we have provided to help you answer the specific questions in the consultation.

- 1. Please make sure you clearly state that the changes to both the Standard – i.e. the standards that pharmacy professionals (pharmacists and pharmacy technicians) – and the Guidance (how the Standard should be applied) are problematic and should both be rejected.**
 - It is important that the person reading your response understands that you are strongly opposed to changing either the Standard itself or the Guidance which supports the Standard, both of which will significantly restrict the freedom of conscience of pharmacy professionals.
 - By deliberately removing an express reference in the Standard to the right to refer a user to another pharmacist, the proposed change implies that henceforth pharmacists should be willing to dispense all legal pharmaceuticals – regardless of the pharmacists' conscientious objection – or leave the profession.
 - However, the proposed new accompanying Guidance implies that pharmacists can continue to refer but only within a pharmacy, rather than to a separate pharmacy altogether, implying that a pharmacist with a conscientious objection to dispensing certain pharmaceuticals should ensure they work with another pharmacist who is happy to do so.
 - The above is problematic as it is not common for more than one pharmacist to be working at any one time, even in built-up areas, calling the value of the apparently more flexible Guidance into question. In addition, as there is an apparent discrepancy between the Standard and the Guidance and the Guidance is merely a descriptor of how the Standard should be applied, it is conceivable that the Guidance may be amended in future to bring it into line with the tough stance taken in the Standard.
- 2. Please make sure that, unless you are responding as a pharmacy professional, your objection to the proposed changes are as a consumer and service user.**
 - It is very important to convey that, as an ethical consumer, you don't want to patronise establishments that discriminate against their workforce by:

- Effectively saying that they must either act in violation of their identity by making themselves complicit in acts which they regard as immoral, or leave the profession, or
- Telling them that, unlike other pharmacists, they are not allowed to be on-call alone and consequently must either work in the limited number of pharmacies where there are always two or more pharmacists working at any time, or leave the profession.
- In setting out this perspective please be clear that, as a consumer, you are shocked and concerned that the GPhC should have proposed such a policy and that you would regard it as exploitative and discriminatory for any professional body to demonstrate such scant regard for the wellbeing and rights of their workforce.

Responding to the consultation

The consultation asks ten questions which you can see a list of [here](#). It would be particularly helpful to answer questions 1, 1a, 4, 5, 5a, 8, 9 and 9a though please try to answer as many questions as possible. If you are pressed for time, please prioritise answering questions 1 and 1a.

Below are examples of points which you might like to make in answer to the questions identified above, as well as some supplementary information to help you consider some of the issues involved.

Please note that it is vital for you to use the information below as a basis for answering the questions only. It is imperative that you use your own words when making your response as identical responses are likely to simply be discounted.

Question 1 – Do you agree with the proposed changes to the wording of the examples under standard 1 – about religion, personal values and beliefs?

Simply answer 'No'

Question 1a – Please explain your reasons for this.

In answer to this question, alongside your own thoughts you may wish to make some of the following points in your own words:

- That you are concerned that removing the right for pharmacists and technicians to conscientiously object is a draconian move which is not indicative of a free society.
- That you are concerned that there will be a considerable impact upon pharmacy professionals, including many caring people of faith, being forced out of the profession and many others deterred from entering the profession at all.
- That you are concerned that by requiring pharmacists and technicians to either act in violation of their beliefs or leave their employment will have a particularly negative impact on small, rural or remote communities where pharmacies may be staffed by only one person.
- That you are concerned as a user that the conscience, religion, personal values and beliefs of the pharmacists with whom you engage will no longer be respected.
- That you are concerned that the proposed changes put the GPhC at odds with the conscience clauses found elsewhere, including the General Medical Council's guidance, and both the Human Fertilisation and Embryology Act and the Abortion Act.
- That you are concerned that entrenched discrimination of this kind within the pharmacy profession will undoubtedly have a knock-on effect on other medical or health professionals and wider society.

- That regardless of whether one is looking at the proposed Standard (which suggests that pharmacists must choose between acting in violation of their faith or lose their employment) or the proposed Guidance (which suggests that pharmacists must only work in large pharmacies so that they are never the only pharmacist on call) both are discriminatory; both are unacceptable.

Question 4 – Will our proposed approach to the standards and guidance have an impact on pharmacy professionals?

Simply answer 'Yes'

Question 5 – Will that impact be: Mostly positive, Partly positive, Positive and negative, Partly negative, Mostly negative

Simply answer 'Mostly negative'

Question 5a – Please explain and give examples.

In answer to this question, alongside your own thoughts you may wish to make some of the following points in your own words:

- The proposed changes place pharmacy professionals with a religious or moral opposition to dispensing certain pharmaceuticals in an untenable position of either acting in violation of their conscience or leaving employment.
- The proposed changes effectively result in pharmacy professionals being compelled, or at the very least pressured, to live out their faith privately without it impacting upon their actions or choices thereby undermining their freedom of religion or belief as protected by the Equality Act 2010 and freedom of thought, conscience and religion as outlined in Article 9 of the European Convention on Human Rights.
- There will be a considerable impact upon pharmacy professionals, including many caring people of faith, being forced out of the profession and many others deterred from entering the profession at all.

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

Simply answer 'Yes'

Question 9 – Will that impact be: Mostly positive, Partly positive, Positive and negative, Partly negative, Mostly negative

Simply answer 'Mostly negative'

Question 9a – Please explain and give examples.

In answer to this question, alongside your own thoughts you may wish to make some of the following points in your own words:

- You are concerned that the proposed changes only take into account users who may wish to access services which are morally or ethically contentious and may not align with a pharmacy professional's religion, personal values or beliefs.

- You are deeply concerned as a consumer that the pharmacy professionals with whom you engage will not have their conscience, religion, personal values and beliefs respected if the proposed changes are made. If appropriate, you might also like to say that as an ethical consumer you would find it difficult to access services, which flies in the face of the GPhC's intent to improve patient-centred care.
- You are concerned as a user that, whilst the proposed new Guidance outlines that: “...*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*”, by not allowing pharmacy professionals to live out their beliefs by conscientiously objecting to dispense certain pharmaceuticals, the GPhC is at risk of acting in a hypocritical way by denying users of faith the option of engaging with a pharmacy professional who shares their beliefs.

Question 10 – Do you have any other comments?

You might like to make the point that the GPhC has previously resisted changing the conscience clause in the Standards and Guidance as recently as 2012 and that they should resist doing so now.

How to respond to the consultation

Please make a submission to the consultation before the deadline on Tuesday 7 March.

The easiest way to respond is to complete the questionnaire on the GPhC website which can be found [here](#).

If you would prefer to complete offline, you can print a copy of the consultation questions from [here](#) and, once complete, either email it to consultations@pharmacyregulation.org with the subject 'Religion, personal values and beliefs consultation' or post it to:

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

Supplementary information

- There are 9 protected characteristics under the Equality Act 2010, including: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. All characteristics should be treated equally, rather than in any form of hierarchy; however, the GPhC proposals threaten to undermine this.
- The proposed changes to the Standards leave no room for a pharmacist to exercise his or her right to conscientiously object to participation in or collusion with dispensing of pharmaceuticals which he or she believes to be morally wrong. By removing the option of referral to another provider, the Standard indicates that should a pharmacist find themselves in a position where they believe it is morally wrong to dispense certain pharmaceuticals, they have no recourse but to either provide the pharmaceutical or act in violation of their religion or beliefs. This is not a tenable position.
- The Guidance which purports to support the Standard confuses matters. According to the Guidance, “*in some cases a referral may not be the right option, or enough, to ensure person-centred care is not compromised*” (p18). This implies that referral is still an option, with the caveat that pharmacists must consider whether a referral will impact on the timely provision of care. In practice, this means that a

pharmacist working alone will find it extremely difficult to comply as any referral will undoubtedly take time. This may be particularly true of a pharmacist working in a rural location. This is true of a pharmacist who works alone, or indeed of a solitary pharmacist who works in a large clinic where they may be the only pharmacist on staff or on duty.

- The change proposed by the GPhC represents a shift from personal rights and freedoms, to one of a 'right' to access certain pharmaceuticals regardless of an individual pharmacist's protected right to conscientious objection and reasonable accommodation of their religion or belief. If approved, the GPhC's proposal will fundamentally alter the pharmacist-patient relationship in a way which is troubling for the pharmaceutical profession, as well as the wider healthcare profession and society more widely.
- The consultation document implies that it will no longer be appropriate for pharmacists with a conscientious objection to the provision of some drugs, such as abortifacients or hormone blockers, to work alone. By removing the option for referral, it is quite possible that pharmacists will no longer be able to work alone. A pharmacist with a conscientious objection to provision of certain drugs would be faced with an impossible choice: either to provide drugs contrary to their conscience, to work with another pharmacist who may not share their views, to leave the profession or – for those considering training for the profession – not to enter the profession at all.
- The GPhC proposals will deter pharmacists with sincerely held views on certain pharmaceuticals based on their religion or belief from entering the profession which will undoubtedly have a knock-on effect on the profession as a whole. As well as being discriminatory towards trainee pharmacists or those considering training as pharmacists, there are considerable problems with restricting the pool of applicants in this way.
- By potentially limiting the pool of pharmacists to those with a uniform view on controversial pharmaceuticals such as the morning-after pill or hormone blockers, it would unnecessarily impact on the capacity for a user to access a service provider who either shares his or her values or at least has the option of doing so. This is a key consideration which the GPhC's proposed changes do not take account of and makes it difficult for users committed to being ethical consumers to access services.
- The proposed changes effectively result in pharmacy professionals being compelled, or at the very least pressured, to live out their faith privately without it impacting upon their actions or choices thereby undermining their freedom of religion or belief as protected by the Equality Act 2010 and freedom of thought, conscience and religion as outlined in Article 9 of the European Convention on Human Rights.