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PSI Code of Conduct Review:  
Research Report 2017

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**Who are we?**

The PSI is a public body established in law to protect the health, safety and wellbeing of patients and the public by regulating pharmacists and pharmacies in Ireland.

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# PSI Code of Conduct Review: Research Report 2017

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# What is this report about?

This short report is a summary of research undertaken by the PSI during a review of our existing Code of Conduct for Pharmacists (the Code) between January and June 2017. The aim of the review was to study how well the existing Code was working and to identify any aspects that could be improved.

The Code was first established in 2009, to define the ethical and professional standards of practice expected of all registered pharmacists in Ireland. It is intended to guide pharmacists in making ethical decisions and to set a professional standard that patients, the public and other healthcare workers should expect of pharmacists.

It is referred to in the Pharmacy Act 2007 and can be used in fitness to practise and misconduct proceedings. This can happen when a complaint has been made against a pharmacist or pharmacy by a member of the public, a colleague or as a result of inspections carried out by the PSI.

## What did we do?

We studied other codes of ethics and conduct across many areas of healthcare, and those used in other countries and by other professions. We also carried out desk-based research on ethics in healthcare and pharmacy practice and ethical decision-making.

We then spoke with a range of people who are affected by the Code:

- We commissioned a survey of members of the public;
- We sent an online survey to all registered pharmacists in Ireland
- We sent a separate survey to a range of organisations who work with patients and pharmacists in areas such as advocacy and education. This survey was also publicly available.
- We spoke with our colleagues within the PSI who have experience using the Code and with our fitness to practise committees who sometimes use the Code when a complaint has been made against a pharmacist.

All of this feedback was analysed using a data analysis software programme (*NVivo*) and other software to produce both quantitative and qualitative data.

As a public regulator we rely on the input of the profession, other governmental organisations, patient advocates and the public to contribute to our work. The PSI wish to sincerely thank all who gave their time and knowledge so generously to the research in this report.

# Initial research

Evidence-based research is essential to good healthcare. Our first step was to analyse our current Code against recent changes in healthcare legislation, guidance and best ethical practice. This was required as healthcare is continually evolving to meet the needs of patients.

A literature review was carried out to explore these changes including recent reflections on topics such as assisted decision making, open disclosure, off-duty

conduct, ethical decision making and code writing best practice. Research papers and reports on these topics were studied and summarised to inform the review process.

We also carried out a comparative study to benchmark our current Code against other recently updated regulatory Codes used in other jurisdictions and professions. Figure 1.1 lists some of the codes which were examined as part of this research.

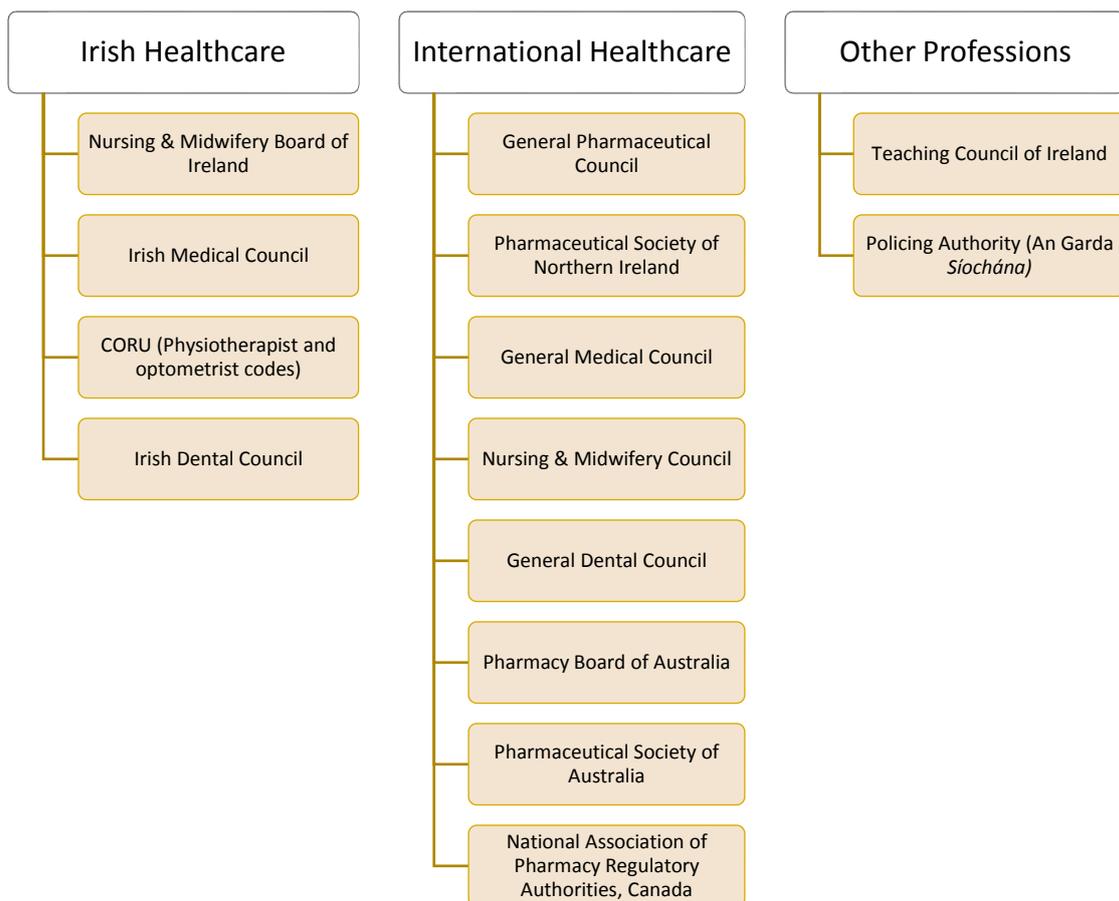


Figure 1.1 | Review of other regulatory Codes

# Public Survey

The primary purpose of the Code is to ensure that the public has access to trusted pharmacy services and to protect the health, safety and wellbeing of patients and the public. For this reason, it was essential to capture the voice of the public in our research.

We commissioned a research agency, Behaviours and Attitudes (B&A), to conduct a public survey on our behalf. 1,000 members of the public were surveyed through face to face interviews. The sample was representative, which means it reflected the population of Ireland in terms of geographical regions, socio-economic backgrounds and age. We took care to ensure that questions would relate to the ethical and professional aspects of pharmacy while being accessible and jargon-free.

As a starting point we first wanted to measure current public opinion on

statements that dealt with issues of ethics and trust. We showed our respondents a total of nine statements and asked them how much they agreed or disagreed with each statement, in relation to the pharmacist they attend most regularly.

The vast majority of respondents agreed or strongly agreed to all nine statements, which would indicate that in general the public have a high opinion of pharmacists in terms of ethics and conduct. The public were most likely to agree that their pharmacist was trustworthy, professional and behaves ethically. The highest measured agreement was for the statement 'I trust my pharmacist' (95% agreed or strongly agreed).

People were slightly less likely to agree that their pharmacist always put their needs first, included them in decisions or valued their opinion (87%). All nine statements can be seen below in order of agreement.

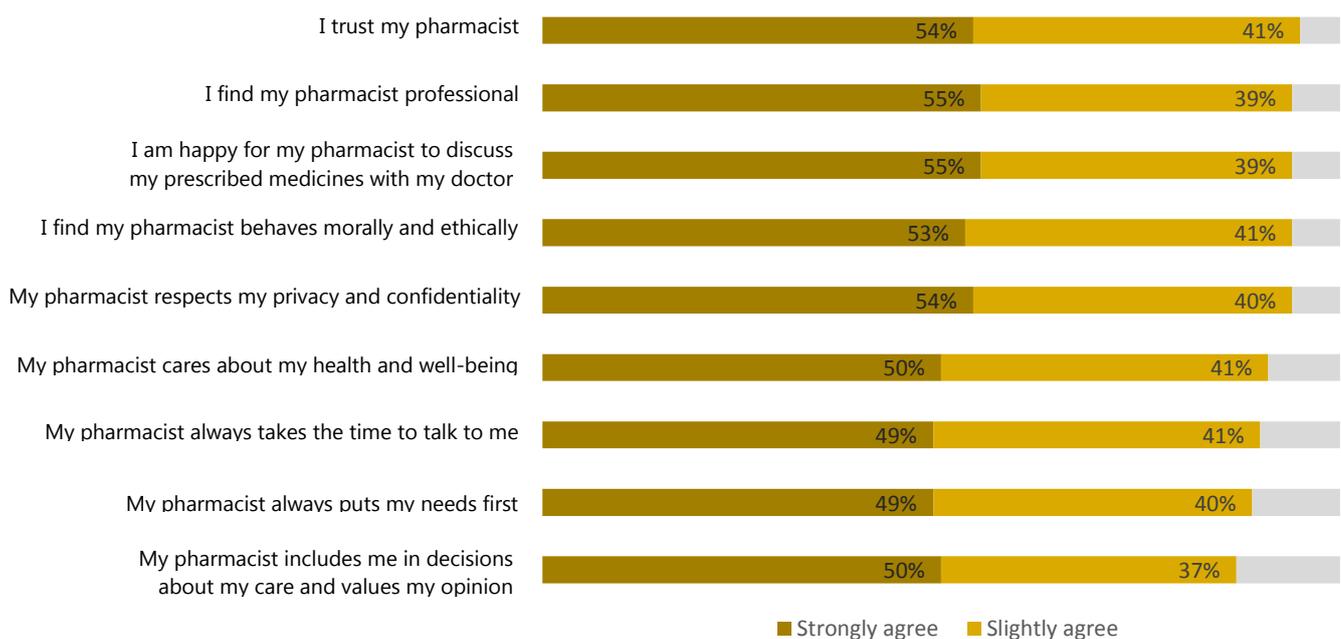


Figure 2.1 | Participants of the public survey were given 9 statements and asked how much they agreed with each statement

'...went to great lengths to explain a problem I had with a muscle.'

Member of the public

In order to further explore ethics and professionalism we then asked the public if they could recall a situation where they had experienced a pharmacist behaving professionally or unprofessionally or situations where they had seen a pharmacist putting a patient's needs first or not putting a patient's needs first. The gathered raw data was further coded by the PSI using the NVivo software.

73% (731/1002) of those surveyed said that they could recall a pharmacist either putting a patient's needs first or acting in a professional way . 325 people recalled a time when a pharmacist acted professionally, while a further 406 said that they could recall a time a pharmacist put their needs first.

When we asked respondents to describe these experiences in more detail, 540 of them did so. Their answers were coded into 32 behaviours, which can be seen in order of ranking in figure 2.3.

25% (151 people) described examples of good advice or counselling and a further 15% of experiences centred on the pharmacist being helpful.

Many patients emphasised that the pharmacist had not just counselled them on how to take their medication but that they had taken the time to explain in detail. One patient described how at her regular pharmacy, '*...they explain everything. They*

*don't assume that you are aware of how to take medication.'*

Another member of the public said that the pharmacist had given him/her confidence, while another explained that when their child was in pain, the pharmacist was very reassuring.

The majority of experiences centred on good advice or feeling that the pharmacist was helpful, caring or kind, that they listened or made time for them, or that they were easy to talk to, understanding or supportive.

The remaining examples described aspects of professionalism such as thoroughness, effectiveness, confidentiality and checking a patient's prescription with their doctor. 14 respondents highlighted receiving an emergency supply of a prescription medication from their pharmacist as being particularly meaningful to them.

We can see from the data that not only are receiving good advice and good care important to the public, but how that advice is communicated and how that care is delivered is considered very important.

Patients valued an encounter where they felt the pharmacist cared, made time for them and listened. The fourth most commonly highlighted reason behind a positive experience was that the pharmacist was friendly, nice or kind.

'...I help care for my mum and each time I go to my pharmacy they go out of their way to ensure that she is kept as comfortable as possible.'

Member of the public

## Reasons for a positive pharmacy experience (%) (n=731)

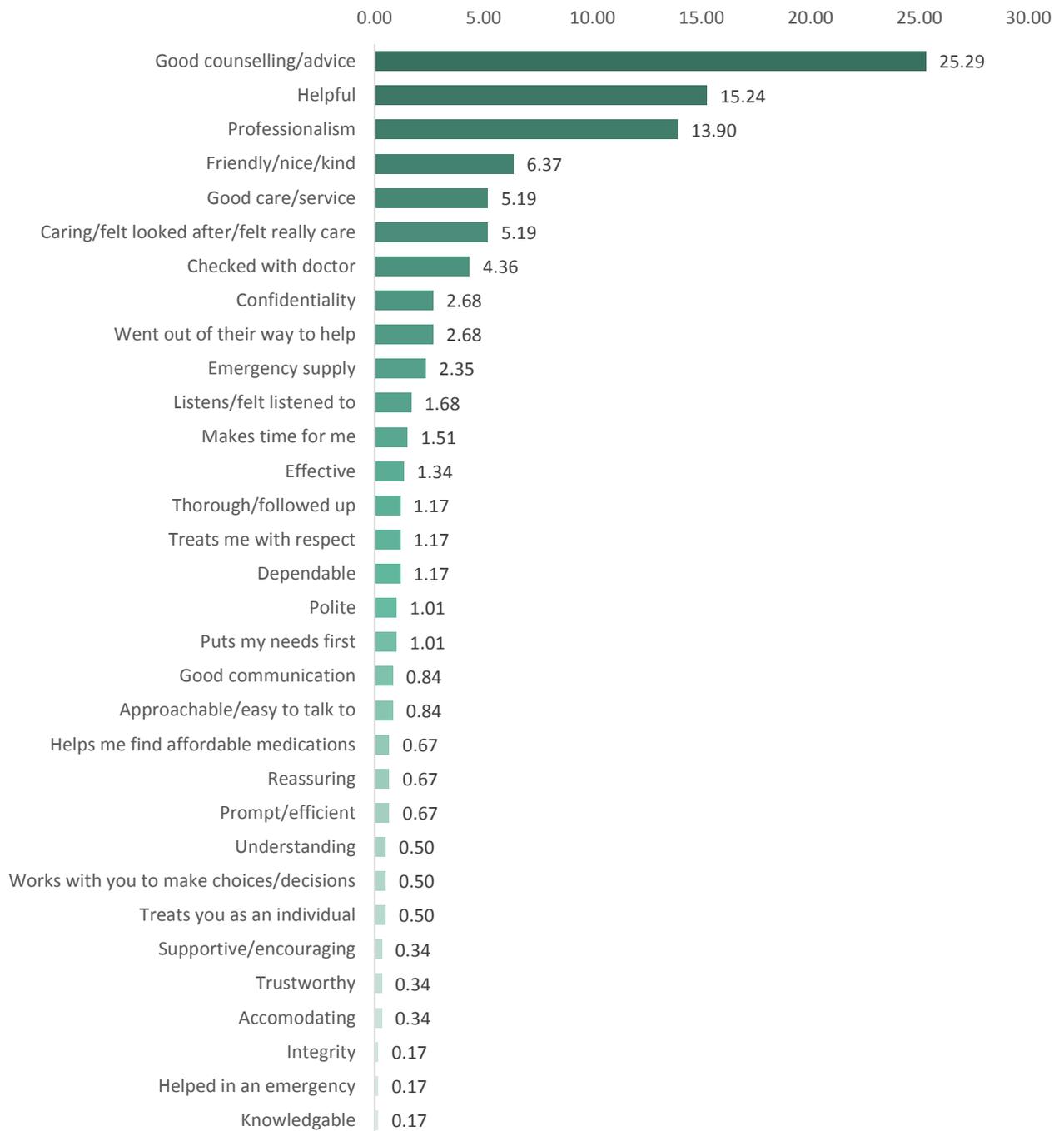


Figure 2.3 Members of the public were asked to describe a situation where they had seen a pharmacist acting professionally or putting a patient's needs first. Of those who described such an experience, responses fell under the above behaviour categories.

'He could have shown compassion and care for my situation.'

Member of the public

A total of 78 people could recall a pharmacist acting unprofessionally or not putting a patient's needs first (7.8 percent of total people surveyed). The majority of those who could recall a negative pharmacy experience felt the pharmacist had not put their needs or the needs of another patient first (71%).

When we asked respondents to describe these situations further, 35 of them did so. Their answers were coded into 19 behaviours, which can be seen in fig 2.2. Though the sample size is small, the list of actions provides insight into the kinds of situations and behaviours patients find upsetting.

The majority of concerns fall into the areas of communication or effectiveness including a lack of confidentiality, poor counselling or the patient feeling not listened to or respected. 7.89% of negative encounters involved errors, while 10.53% who answered said the interaction had been so bad that they changed pharmacy.

One patient explained that a pharmacist had failed to check drug interactions with their doctor, while 7.89% of experiences referred to commercial interests or unfair pricing. A further 5.26% specified an opinion of issues with alcohol dependency.

'...let me down one day in an emergency situation because my prescription was out. I was with them 30 years, same prescription...'

Member of the public

## Reasons for a negative pharmacy experience (%) (n = 78)

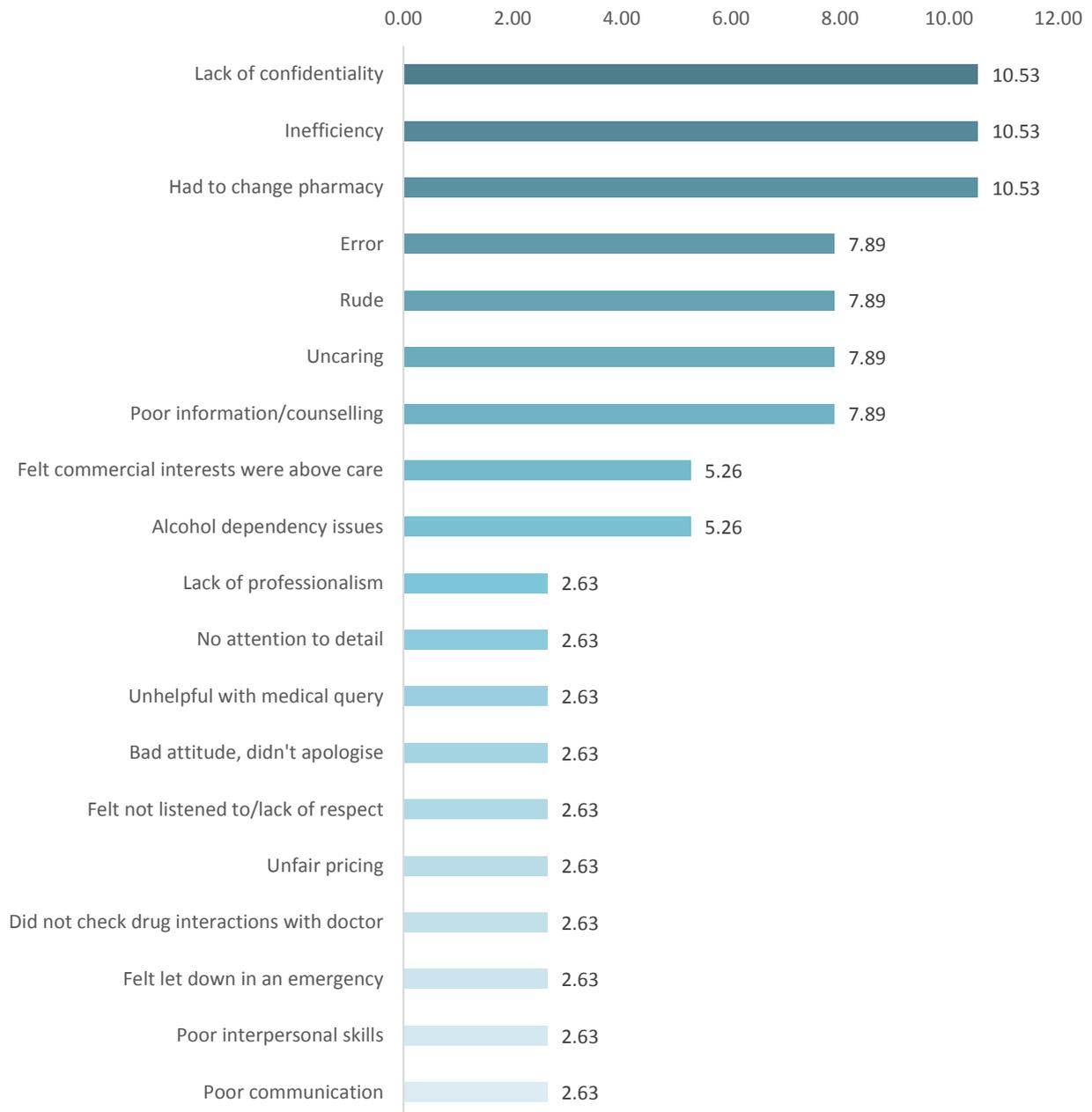


Figure 2.2

Members of the public were asked to describe a situation where they had seen a pharmacist acting unprofessionally or not putting a patient's needs first. Of those who described such an experience, responses fell under the above behaviour categories.

Finally, we gave the public who took part in our survey a list of 21 professional and ethical behaviours that a pharmacist might demonstrate and asked them to rank these in order of how important they thought they were.

The top 10 most chosen behaviours by those surveyed are displayed in the infographic below (fig 2.4). We can see that the result is in line with the rest of the survey, with good counselling at the top of the list as well as an emphasis on confidentiality, professionalism, listening and caring.

Interestingly, professional judgement was the second most chosen behavioural trait. Following the law and up to date knowledge were also seen as important by those surveyed.

In fact, the public strongly felt that all 21 behaviours were important. Those on the lower end of the list were items such as apologising when things go wrong and including the patient in decision-making but even these were rated as very important by those surveyed.



Figure 2.4 Participants of the public survey were asked out of 21 behaviours, which they felt were the most important in a pharmacist. The 10 behaviours ranked by respondents are presented in order of importance.

# Pharmacist Survey

We next wanted to hear from pharmacists specifically, because the Code is intended to guide them in making ethical decisions as well as setting a professional standard that patients and the public can expect.

We invited all registered pharmacists in Ireland (n=5,880) to complete an online survey. The aim of the survey was to establish pharmacists' view of the current Code and to explore the traits and behaviours which pharmacists themselves believe are the most important for a patient-focused professional to demonstrate. 473 pharmacists responded to the survey, the survey was open between May and June 2017.

We first asked pharmacists to consider the six principles of the existing Code and to suggest if any amendments were necessary either to the principles themselves or to the Code overall.

## Code working well

Our survey found that pharmacists were broadly happy with the principles of the Code commenting that the Code was 'very fair' and had 'served the profession well' and highlighting that any 'improvements should be mindful to preserve what is working.'

There were also a number of suggestions as to how the principles could be improved.

## Principle 1

Pharmacists were very approving of the first principle, particularly of how it centred on putting patients first. A number of suggestions involved strengthening the wording of this principle to make it more effective, particularly regarding commercial

interests. One pharmacist commented: *"I believe that the first principle should be that a pharmacist's primary concern should be the wellbeing of the patient. I think this gives the pharmacist one core principle on which to base their decisions on a day to day basis."*

Pharmacists spoke of respecting patients' preferences, giving them autonomy and encouraging them to take part in decision making. One pharmacist believed that *"increased use of the word patient alone would increase the emphasis on patient care and patient rights and dignity"* and would change the focus.

Some pharmacists questioned the use of the term 'patient' and suggested alternatives such as 'person' or 'client' in order to be more inclusive of carers and non-patient customers of the pharmacy.

Another suggestion was to add non-maleficence (first, do no harm) to the first principle.

## Principle 2

It was highlighted that the wording of the second principle could be clearer. Some pharmacists felt that the principle's scope was 'broad and aspirational' and 'implies a responsibility beyond healthcare services'.

Some also suggested merging the second and fourth principles, as there was some overlap between them.

## Principle 3

Pharmacists were largely happy with the third principle and its emphasis on patient rights and trust. A number of pharmacists

reflected on the complexities of practice, particularly the requirement by pharmacists to maintain confidentiality while also protecting the health and wellbeing of patients and requested that reference to this be added to the Code.

It was also felt that the principle could be worded more positively, by reference to the pharmacist as 'an advocate for the patient's trust.'

#### **Principle 4**

The fourth principle was considered most in need of amendment by pharmacists. It was felt that the principle could be clearer or more explicit. One pharmacist wondered if it could be more simply expressed as 'practice ethically'.

It was also proposed that reference be made to a pharmacist looking after their own health and wellbeing and "not practicing under conditions which compromise their ability to exercise their professional judgement".

Other suggestions included highlighting 'the pharmacist's position as primarily a healthcare professional and not as a businessperson'.

Clarification was sought as to whether the principle applied to pharmacists while at work or if it also applied to pharmacists who were 'off-duty'.

#### **Principle 5**

Given the development of the Core Competency Framework and changes to continuing professional development (CPD) since the Code was published, many respondents considered this principle to be 'very broad' and suggested it be more clearly defined, particularly in relation to the interpretation of 'sufficient' competence; *'Pharmacy is one of the fastest moving fields that there is and 'maintaining a level of competence' does*

*not really reflect the required effort to keep up with advances in drug therapy and other aspects of pharmaceutical care.'*

Providing educational support such as mentoring to younger pharmacists or other members of the pharmacy team was also described as an area to consider in a revised Code.

#### **Principle 6**

Some pharmacists had concerns about the relevancy and meaning of this principle and wondered if it was necessary.

#### **Language and structure**

Overall, pharmacists felt that the language of the code could be more 'specific', 'practical' and simplified. In the words of one registrant: *'The ideas in the code are excellent but... a code of conduct should be short, to the point, understandable and easy to remember'*, while another suggested *'the code should be short enough to fit... on a wall in the dispensary.'*

An easier to understand Code in the opinion of one registrant could be a good opportunity to open dialogue with the public about the role a pharmacist can and does play in the community, *'something to help the public understand... the priority is safety not speed'*.

It was pointed out that structurally, *'The explanatory statements listed under the current principles of the code do not always align themselves with the principle'*.

The tone of the Code was also commented on specifically with some suggesting it could *'take more of a supportive and encouraging tone'*.

Finally, it was stressed that a revised Code should reflect new changes in and all areas of pharmacy practice and be of relevance to both patient facing and non-patient facing pharmacists.

'...The ideas in the code are excellent but... a code of conduct should be short, to the point, understandable and easy to remember.'

Pharmacist

### Ethical decision making and professional judgement

We also asked pharmacists if they thought the Code helped them to make ethical decisions or apply their professional judgement in their everyday practice. 55.7% of respondents agreed or strongly agreed that the Code helped them in this way.

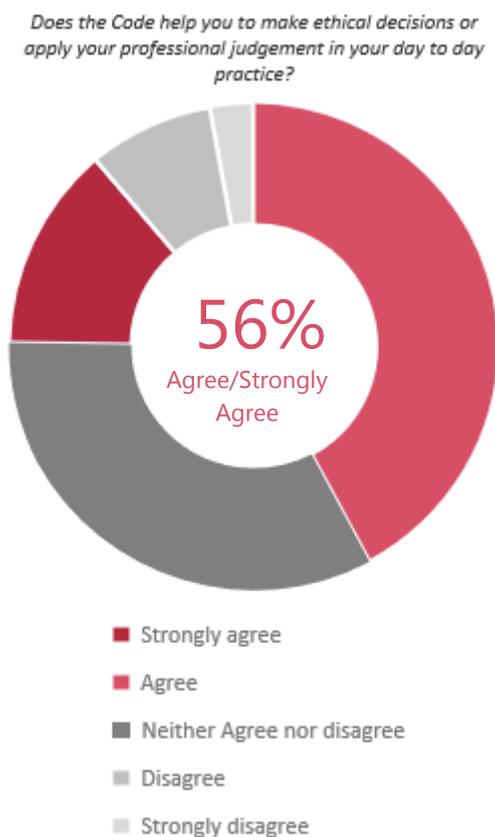


Figure 3.1 The 76 most frequently chosen behaviours/traits by pharmacists

However, quite a large number of pharmacists described a need for additional support to be provided in exercising their professional judgement as well as a recognition of the ethical complexities of pharmacy practice. Pharmacists described a number of situations where, in the interest of patient safety and health, there was a

tension between legal requirements regarding prescription-only medicinal products and responding to the needs of the patient '*...I think every pharmacist inherently understands that the health of the individual patient takes priority, and the duty of care to the patient is above all else. However, sometimes legal issues and obligations to adhere to this interfere with wanting to meet the healthcare needs of the patient.*' One such situation which was raised repeatedly was the area of incorrectly written controlled drug prescriptions and the emergency supply of controlled drugs for seriously ill patients.

It was stressed that additional support in ethical decision making should be prioritised during the implementation of the revised Code. It was suggested that training, workshops or guidance for pharmacists and pharmacy owners based on case studies or examples of more complex ethical scenarios would be beneficial in helping pharmacists to meet the requirements of the Code or use their professional judgement. Examples within the Code were also requested along with greater clarity as to what exactly constituted a breach of the code.

### Management, supervision and record keeping

During the discussion of ethical decision making, other aspects of pharmacy practice were raised by pharmacists.

A number of pharmacists felt that a lack of staffing in pharmacies proved a barrier when they tried to implement the principles of the Code in their day to day practice with one pharmacist suggesting that there be a separate '*Code of Conduct for pharmacy owners*'.

A distinction of roles within the Code was requested between employee pharmacists and pharmacists responsible for management and supervision within retail pharmacy businesses.

It was also suggested that extra provisions be made in the Code for superintendent pharmacists; defining maximum working hours for employee pharmacists, having appropriate staff resources in place to support the pharmacist and ensuring that

services are only provided if necessary staff numbers are in place, particularly in hospital pharmacy settings.

Good record keeping and document maintenance by superintendent and supervising pharmacists were also stressed as further matters the Code could address.



## Most frequently chosen behaviours/traits by pharmacists

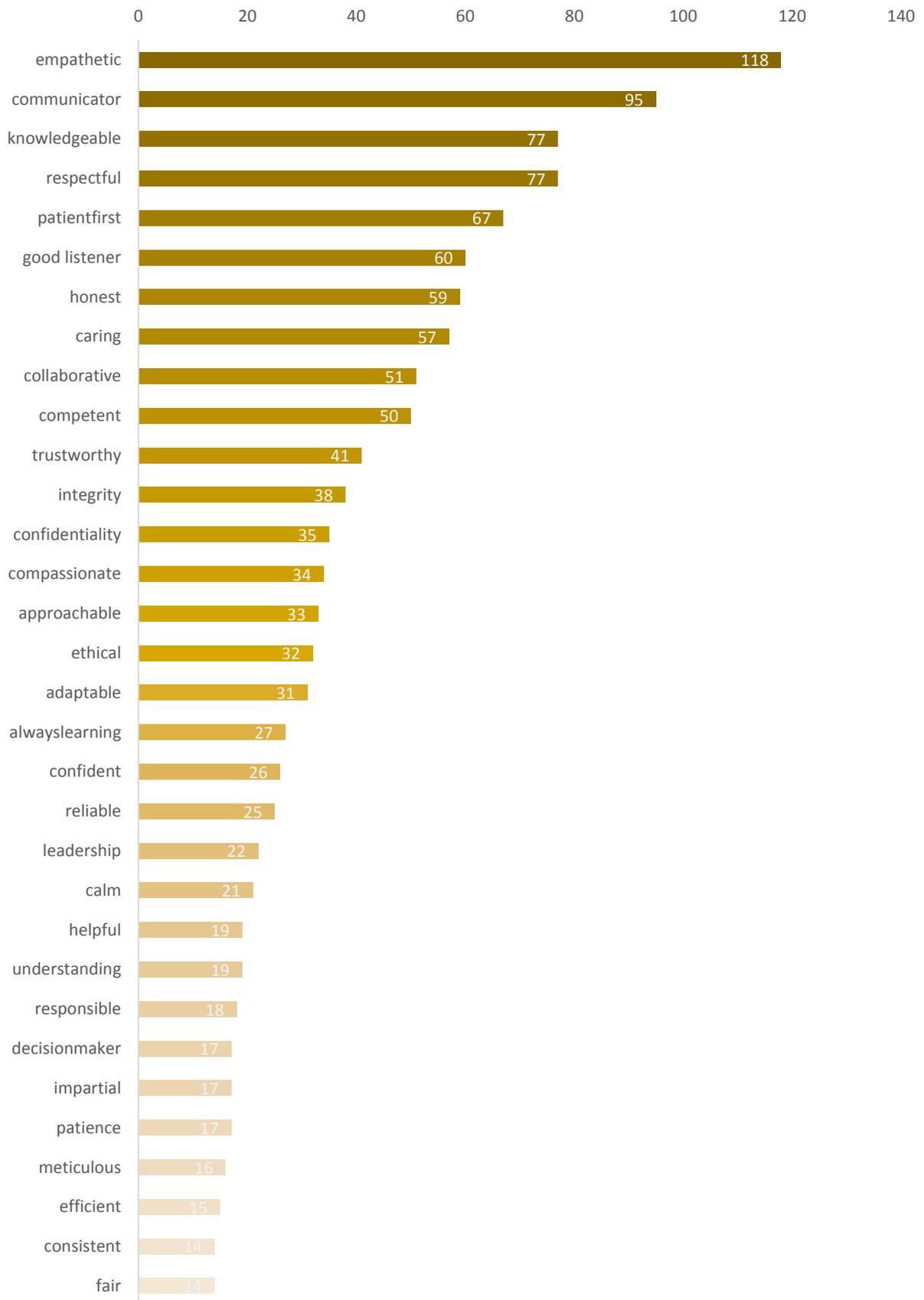


Figure 3.3 Pharmacist were asked if they felt there were behaviours or character traits it was important for a professional, patient centred pharmacist to demonstrate. The graph shows the 32 most commonly chosen by respondents.

# Survey of other stakeholders

We also wanted to hear from other healthcare professionals, regulators, educators and organisations and individuals who represent patients and the profession. We invited over 250 organisations to take part in a separate online survey, which was also open to the public.

A total of 130 responses were received to the survey from individuals and organisations including the Nursing and Midwifery Board of Ireland, the Affiliation for Pharmacy Practice Experiential Learning and the Irish Pharmacy Union. 53% of respondents were patients and members of the public.

A full list of all organisations surveyed is available in the Appendix to this report. Individuals and those who wished to remain anonymous have not been listed.

## The six principles

Survey feedback on the six principles of the Code was mainly positive. The message of the first principle was emphasised with participants stressing that pharmacists must be *'committed to the benefit of patients and society first rather than profit...'* Many members of the public who answered the open survey spoke about building relationships and trust between pharmacists and their patients.

The third principle was praised for highlighting confidentiality as carelessness in this area *'may discourage some patients from seeking medical advice from their pharmacist'*, particularly for conditions where *'stigma may still exist'*.

There were also a number of suggestions for improvement, which echoed the

pharmacist survey in many ways. It was proposed that some of the principles could be *'simplified'* or *'expressed more clearly'*, particularly the first and second principles. Participants also put forward that the second and fourth principles be merged and questioned if it were necessary to retain the sixth principle.

It was suggested that continuing professional development be added to the fifth principle as well as reference to mentorship and the sharing of knowledge with colleagues, while one member of the public highlighted that *'...pharmacists should not overstep their competence or skill level'* and put patient safety at risk by providing a service without a necessary level of competence.

## Structure and Language

It was suggested by participants that the Code be *'structured in a more user friendly manner'*. One respondent suggested that *'... it would be very helpful to capture the essence of each principle in a short heading, to make it instantly clear and easily remembered.'* The importance of the Code being accessible to the public was also highlighted. A colleague from the Nursing and Midwifery Board of Ireland explained how they had worked with the National Adult Literacy Agency to make their new Code accessible to the public.

Clarity was suggested over what breaking the Code might mean for both registered pharmacists and the public; *'how can a member of the public have action taken if they are affected by a breach of the code?'*

Finally, it was recommended by the Irish Pharmacy Union that a revised Code remain an ethical guide *'rather than [becoming more] prescriptive'*.



## Most frequently chosen behaviours/traits by stakeholders

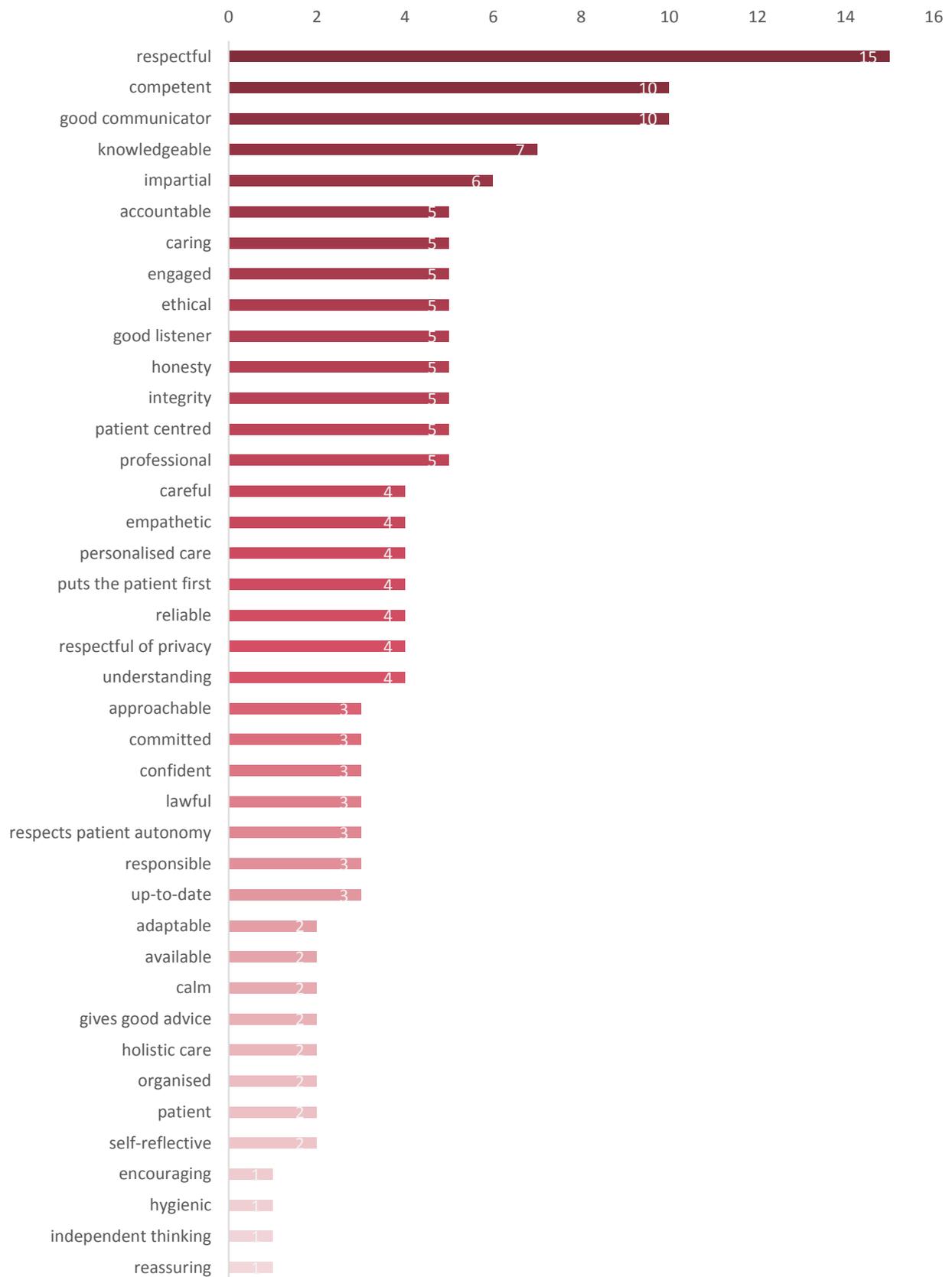


Figure 4.2 Stakeholders were also asked if they felt there were behaviours or character traits it was important for a professional, patient centred pharmacist to demonstrate.

# Fitness to Practise and Internal Review

## **Fitness to Practise**

Since the Code can be used in fitness to practise proceedings against a pharmacist, we held meetings to discuss the Code with members of our fitness to practise committees. These committees oversee fitness to practise proceedings which may occur during an investigation of a complaint against a pharmacist. We spoke with the chairs and acting chairs of the three committees involved in fitness to practise for the PSI – the Preliminary Proceeding Committee, the Professional Conduct Committee and the Health Committee. We also spoke with expert witnesses who provide evidence during fitness to practise proceedings.

Discussion centred on the Pharmacy Act 2007, current strengths of the Code and on a number of themes that could be added or made stronger in the Code, including raising a concern, professional judgement and duty of candour. It was commented that a revised Code should focus on greater clarity and a tightening of language to make it more precise, easier to follow and to better assist pharmacists in making ethical decisions.

To support a new Code, it was thought that education on ethical decision making should be provided. It was further felt that emphasis was needed to ensure Standard Operating Procedures (SOPs) and audits

were regularly used ‘living documents’ within pharmacies, to ensure adequate resourcing of pharmacies and to mitigate errors occurring due to over-work or stress.

## **Internal Engagement**

Meetings and workshops were also conducted with PSI staff members to discuss how the Code was working and how it could be improved. It was established that the content of the current Code is strong overall, comprehensively covering a wide range of issues and aspects of pharmacy practice and that one of the strengths of the document are the short number of principles.

In general, it was felt that the Code could be more useful if it were easier to understand, including more simplified language and the removal of any repetition. It was also suggested that the list of considerations could serve as examples rather than attempt to cover all possibilities and that these could be more simply structured.

A number of themes were identified that could be strengthened in the Code, including communication, patient consent and decision making. Finally, it was thought that including a section on the purpose of the Code, how it refers to legislation and how it affects registered pharmacists would be useful.

# Conclusion and Emerging themes

The research process was extremely valuable. A huge number of pharmacists, members of the public, individuals and other organisations generously shared a wealth of thoughts and reflections on the ethics of pharmacy practice. It is clear that there is a large appetite for ethical healthcare.

From our public survey, we can see that Irish public perception of the professionalism of pharmacists is very high. It is also very encouraging to note that very few members of the public surveyed could recall examples of a pharmacist behaving unprofessionally (2%) or not putting a patient's needs first (6%).

Members of the public were most upset when a pharmacist failed to respect their confidentiality or seemed rude or uncaring. Errors and inefficiency were also seen as important factors in a bad pharmacy experience.

Receiving good advice or counselling was the reason most given by our public participants for a positive pharmacy experience. The public also placed strong emphasis on a pharmacist being helpful and professional, and expected an aspect of care or kindness during these interactions.

In fact, of the 32 analysed positive pharmacy experiences, half related to helpfulness, approachability and a feeling of being cared for and respected.

Participants of our pharmacist and stakeholder surveys took time to study the Code, to reflect on the ethical issues involved and to share their experience and knowledge.

They told us that the Code is doing a good job of defining the ethical and professional standards of practice expected of registered pharmacists in Ireland and that the document covers all of the major aspects of pharmacy practice.

Some respondents suggested that the Code could be better structured, the language tightened, and the tone made more positive. There were specific suggestions too, for each principle as well as broader comments on issues of pharmacy practice and ethical decision making.

# Emerging themes

Following overall analysis of responses to engagement, a broad range of converging themes emerged as suggested areas to strengthen in a revised Code. The ten strongest emerging themes are listed here;

1. Professional judgement/ethical decision making
2. Patient first
  - a. Assisted decision making and consent
  - b. Vulnerable people
3. CPD and competence Level
4. Communication
  - a. Confidentiality
  - b. Incident reporting/Open disclosure
5. Collaboration
6. Raising a concern
7. Confidentiality
8. Health and wellbeing of pharmacists
9. Honesty and integrity
10. Incident Reporting/Open Disclosure

The graphic below depicts emerging themes to be strengthened:

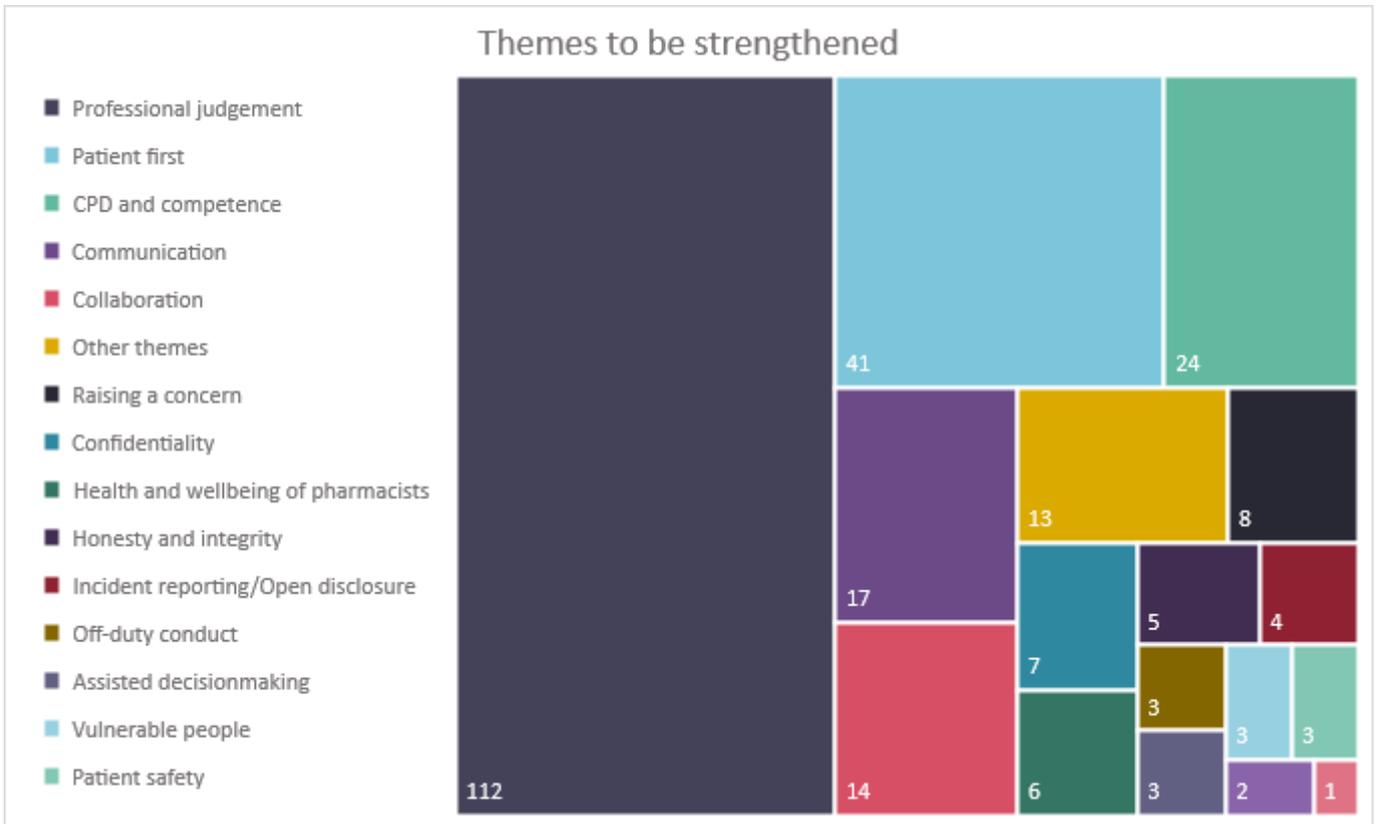


Figure 6.1 Themes to be strengthened in a revised Code (opinion of pharmacists and stakeholders combined).

'...following an adverse event [open disclosure] can help rebuild the patient's trust and confidence...and may assist in providing closure for the patient...'

A State Body Representative

### **Professional judgement/ethical decision making**

Professional judgement and ethical decision making was the most discussed topic by survey respondents. It was mentioned by pharmacists and stakeholders a total of 112 times. The majority of comments highlighted the kind of ethical dilemmas that can arise in practice and described a need for more support or resources in ethical decision making.

### **Putting the patient first**

Respondents also placed strong emphasis on the importance of placing the patient before all other decisions and interests. It was felt that this was a strong first principle that should be retained, and it was recommended that the Code go even further in placing emphasis on the patient, particularly above commercial interests. There was a call for recognition of the particular needs of patients who require assisted decision making and the role of the carer in terms of consent and for clarity on the position of trust. The needs of vulnerable patients were also highlighted as an area in which a revised Code could be strengthened. One participant stated that 'the ability to make ethical decisions requires acknowledgement of and sensitivity to the rights of others '...in particular the most vulnerable in society.'

### **Maintaining Competence**

Another common recommendation was that a revised code should reflect recent changes in pharmacy education and continuing professional development.

### **Communication**

As we have seen good communication was highlighted by stakeholders and pharmacists alike and it appeared in all three surveys as essential to good pharmacy practice. The importance of confidentiality was also stressed as well as careful use of social media by pharmacists to avoid any breaches of patient confidentiality or data protection issues.

It was also proposed that reference to open disclosure could be stronger in the Code, providing patients and their families with open, honest, timely and consistent communication when something has gone wrong. One stakeholder explained how *'following an adverse event [open disclosure] can help rebuild the patient's trust and confidence in healthcare providers and may assist in providing closure for the patient following the event.'*

### **Collaboration**

Many pharmacists felt interprofessional collaboration was key to good patient care both with other healthcare professionals and other pharmacist colleagues. Hospital pharmacy was identified by some as benefiting particularly from increased interprofessional collaboration. One hospital pharmacist expressed that *'sometimes in hospitals, pharmacists are seen as pedantic and policing. Need more team approach.'* It was also suggested by respondents that a more collaborative approach with patients might maximise

health outcomes: *"...work with patient to agree aims and objectives and work to achieve these jointly".*

### **Raising a Concern about a colleague**

Amongst pharmacists and stakeholders, it was commented that the current Code could be strengthened in the area of 'raising a concern' in respect of a fellow pharmacist, pharmacy owner, employer or another healthcare professional where there are patient safety and other professional misconduct or malpractice concerns. In addition, greater clarity was requested on how they might go about raising a concern *'...clarification as to the obligation on a pharmacist to report inappropriate conduct by their colleagues. I think better explanation of evidence required and the type of conduct that should be reported is required.'*

### **Health and Wellbeing of Pharmacists**

It was highlighted that it was essential for pharmacists to ensure they maintain the ability to practise safely and ethically by taking responsibility for their own health and wellbeing. One pharmacist expressed this as 'self-care at the heart of healthcare'. Another pharmacist stated *'By enshrining in our code that self-care is the founding principle of sound judgement, informed decision making, professional conduct and that who we are and how we show up as people is even more important than what we know. People do not care how much you know until they know how much you care.'*

### **Honesty and Integrity**

Respondents in both surveys stated that pharmacists should work with honesty and integrity at all times above commercial interests and should *'avoid behaviours or*

*'By enshrining in our code that self-care is the founding principle of sound judgement, informed decision making, professional conduct and that who we are and how we show up as people is even more important than what we know. People do not care how much you know until they know how much you care.'*

Pharmacist

*work conditions that impair professional judgement.'*

### **Patient Safety**

Overall, respondents felt the current code addressed the safety of the patient well and that this should continue in a revised Code. Some more specific issues were raised by respondents such as generic substitution only being carried out when safe for an individual patient and ensuring strict checking procedures are followed when dispensing and supplying prescription only medicines.

### **Off-duty conduct**

There were mixed views on the subject of off-duty conduct with some pharmacists stating that a pharmacist's non-work life should be entirely separate from their profession. Other pharmacists argued that someone who is professional *'behaves well in and out of work'*.

### **Leadership**

The unique potential for pharmacists to provide leadership in the healthcare system was identified by respondents.

## List of Consultations

Consultation Type	Respondents	Date	Method
<b>Public Consultation</b>	1,000 members of the public (nationally representative sample).	1 June – 10 June 2017	Face-to-face interviews as part of a syndicated nationally representative survey
<b>Pharmacist Consultation</b>	462 pharmacists (5,880 pharmacists invited with 472 responses. 462 of these were deemed valid responses that could be analysed)	24 May – 15 June 2017	Online survey using SurveyMonkey platform
<b>Stakeholder consultation</b>  <b>Stakeholders were invited to take part via our website link and by invitation - 262 organisations were directly invited to take part.</b>  <b>A total of 130 responses were received from a range of respondents including from organisations representing patients, educators and other healthcare professionals and representatives as well as individual patients and members of the public.</b>  <b>53% of respondents were patients or members of the public.</b>	Nursing and Midwifery Board of Ireland (NMBI) HPRA Medical Council Lloyds Pharmacy Horgan Pharmacy Group ARC Cancer Support Centres National Association of Boards of Pharmacy, USA IT Carlow Irish Association of Community Pharmacy Technicians (IACPT) Family Carers Irish Wheelchair Association O’Sullivan’s Pharmacy, Bantry	24 May – 15 June 2017	Online survey using SurveyMonkey platform
	Affiliation for Pharmacy Practice Experiential Learning (APPEL) Irish Pharmacy Union (IPU)	24 May – 15 June 2017	Written Submission
<b>Internal engagement, PSI</b>	Senior Management Team, PSI	2 May 2017	Face to face interview, PSI House
	Corporate Governance and Public Affairs Department	28 March 2017	Face to face interview, PSI House
	Professional Development and Learning Unit	30 May 2017	Face to face interview, PSI House
	Inspection and Enforcement Unit	15 May 2017	Face to face interview, PSI House
	Legal Affairs Unit	11 May 2017	Face to face interview, PSI House
	Fitness to Practise: - Professional Conduct Committee - Health Committee - Preliminary Proceedings Committee - Expert Witnesses	16 – 31 May and 9 – 14 June 2017	Face to face interviews and teleconference, PSI House