Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

AN ROINN
Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

MÄNNYSTRIE O
Poustie, Resydènter Heisin an Fowk Siccar

HEALTHCARE AND ASSOCIATED PROFESSIONS

THE PHARMACY (NORTHERN IRELAND) ORDER 1976 (AMENDMENT) ORDER (NORTHERN IRELAND) 2011

Proposals for consultation

March 2011

CONTENTS

1 CONTEXT

1.1 This consultation is being taken forward in accordance with the requirements of an Order made under section 56 of and Schedule 4 to the Health and Personal Social Services Act (Northern Ireland) 2001 ("the 2001 Act") which allows amendments to be made to primary legislation – the Pharmacy (Northern Ireland) Order 1976 ("the 1976 Order"). In accordance with paragraph 9(2) of Schedule 4 to the 2001 Act the Department of Health, Social Services and Public Safety (the Department) must publish a draft of the Order and invite representations to be made to it about the draft by:-

(i) persons appearing to the Department appropriate to represent the profession;

(ii) persons appearing to the Department appropriate to represent those provided with services by the profession, and

(iii) any other person appearing to the Department appropriate to consult about the draft.

1.2 After the end of the period of three months beginning with the publication of the draft the Department will lay the draft as published, or that draft with any modifications it considers appropriate, together with a report about the consultation before the Assembly through the draft affirmative resolution procedure.

1.3 A summary of the responses to this consultation will be made available within three months of the end of the live consultation period and will be placed on the Consultations website at http://www.dhsspsni.gov.uk

2 EXECUTIVE SUMMARY

2.1 The draft Pharmacy (Northern Ireland) Order 1976 (Amendment) Order (Northern Ireland) 2011 (the draft Order) (which is published separately to this consultation document) takes forward recommendations in the 2007 White Paper *Trust, Assurance and Safety - the regulation of health professionals in the 21st Century*[1] (the White Paper) which was designed to modernise and strengthen the regulation of healthcare professionals to ensure patient, public and professional confidence in the regulatory bodies and to make protection of patients and the public the first priority. In addition to this, the draft Order also takes into account the recently published DH Command Paper *Enabling Excellence – Autonomy and Accountability for Health and Social Care Staff*[2] (the Command Paper) which defines the Coalition Government's strategy for reforming and simplifying the system for regulating healthcare workers in the UK.

2.2 The provisions in the draft Order are designed to sustain and enhance the development of high quality pharmacy practice at a critical time for the profession with its increasingly clinical focus.

2.3 The draft Order makes amendments to the 1976 Order which:

- Places a duty on the Council of the Pharmaceutical Society of Northern Ireland (the Council) to set and publish standards for the safe and effective practice of pharmacy, to set standards of continuing professional development (CPD) and to adopt and maintain a framework relating to the requirements and conditions to be met by pharmaceutical chemists in respect of CPD (Article 4A);

[1] Department of Health (2007) *Trust, Assurance and Safety - the regulation of health professionals in the 21st Century* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946

[2] Department of Health (2011) Enabling Excellence: Autonomy and accountability for Health and Social Care Staff www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124359

- Places a duty on the Council to publish information about the regulation of pharmaceutical chemists and guidance to pharmaceutical chemists, employers etc in respect of the standards for the education, training, supervision and performance of professions complementary to pharmacy (Article 4B);

- Gives the Council various duties in respect of publications, including publication of the annual accounts of the Pharmaceutical Society of Northern Ireland ("the Society") (Articles 4C & 4D);

- Enables the Council of the Society to make regulations with regard to matters to be recorded in the register in relation to fitness to practise and CPD(Article 5);

- Reconstitutes the Statutory Committee (Article 7);

- Contains provision relating to the fitness to practise of pharmaceutical chemists and the proceedings of the Statutory Committee (Schedule 2);

- Reconstitutes the Council of the Society (Schedule 1); and

- Repeals Articles 18, 21 and 22 of the 1976 Order.

3 INTRODUCTION

3.1 The *White Paper* set out a series of recommendations designed to modernise and strengthen the regulation of healthcare professions to ensure patient, public and professional confidence in the regulatory bodies and to make protection of patients and the public the first priority.

3.2 The *Command Paper* sets out plans to move to a more proportionate and effective system of regulation which will devolve power to the regulators but will be balanced by more effective accountability in how they exercise that freedom. It will constrain the growth and costs of the regulatory system, simplify the regulatory structure and create a system of assured voluntary registration as a more proportionate approach to assuring standards in the workforce.

3.2 In Northern Ireland this work is being taken forward by the Department under its Confidence in Care programme which is also charged with addressing the outstanding recommendations for the Department's report *Improving Patient Safety: Building Public Confidence* published in November 2006.

3.3 Allied to the pharmaceutical profession a decision was taken in GB to separate the regulatory and professional leadership roles within the Royal Pharmaceutical Society of Great Britain (RPSGB). The RPSGB is now the leadership body for the profession while the General Pharmaceutical Council (GPhC), which became fully operational last September, is the regulator for the pharmacy profession in GB.

3.4 The Society is both the regulatory and professional leadership body for pharmacists in Northern Ireland under a separate legislative framework [from GB]. Allied to future arrangements for the regulation of pharmacists in Northern Ireland, Minister has indicated that he does not intend to make any final decision until the GPhC is established in GB. However, with Assembly support, provision has been made in the Health and Social Care Act 2008 to enable the regulation functions of the Society to transfer to the GPhC should the Minister decide to do so.

3.5 That said, it has been recognised by both the Assembly and by the Council for Healthcare Regulatory Excellence (CHRE) that there is an ongoing need to update the Society's statutory framework in order for it to better meet the demands of modern regulation albeit CHRE has reported that the Society is currently meeting its statutory obligations. In this context, the Society and the Department have been working collaboratively to modernise the legislation that is the subject of this consultation.

3.6 The draft Order therefore seeks to address the shortcomings of current legislation in Northern Ireland for the regulation of the pharmacy profession by introducing the provisions outlined in paragraph 2.3. These provisions will enable the Society to operate in a comparable way to other healthcare regulators, all of whom perform their roles on a UK wide basis. Clearly a Ministerial decision on the future of pharmacy regulation in NI will have further legislative implications.

4 COUNCIL OF SOCIETY SETTING STANDARDS

4.1 The *White Paper* defined the core functions which professional regulators should undertake. These included setting and promoting standards for entry to the register and for remaining on the register and checking that registrants continue to meet those standards.

4.2 Article 4 (The Council) of the 1976 Order is amended by the insertion of additional Articles (4A to 4D) to reflect this function.

4.3 Article 5 (Regulations) of the 1976 Order is amended to enable the Council of the Society to make regulations with regard to matters to be recorded in the register in relation to fitness to practise and CPD. The draft Order will require the Council to set and publish standards of proficiency for the safe and effective practice of pharmacy and standards of CPD. In addition the Council will be

responsible for publishing information about the regulation of pharmaceutical chemists.

4.4 The Council will also ensure that the Society prepares annual accounts which the Council will publish together with a report on these accounts. These reports will be submitted to the Department, which in turn will lay the reports before the Northern Ireland Assembly.

4.5 The Council will also publish a statistical report about its fitness to practise arrangements and a report on the Society's exercise of its functions. These are also submitted to the Department which will lay the reports before the Northern Ireland Assembly.

Q1 Do you agree with the additional standard setting powers proposed for the Council and its requirement to produce and publish the above information?

If you have responded NO to this question please give the reasons for your answer; if you responded YES you may wish to supplement your answer.

5 CONTINUING PROFESSIONAL DEVELOPMENT

5.1 The Society introduced voluntary CPD procedures some time ago and wish to make CPD a condition of continued registration. As part of ensuring patient safety and delivering high-quality services it is recognised that mechanisms should be in place to ensure that members undertake to maintain their CPD. The draft Order therefore includes provision for the Council to set standards for CPD demonstrating:

- relevance to the safe and effective practice of pharmacy;
- relevance to a learning need for the individual and/or their practice; and
- the contribution of CPD activity to the improvement or development of practice.

5.2 Provision is also included for the Council to:-

- require completion of an annual declaration that CPD requirements have been maintained;
- have powers to require submission of records for review; and
- deal with registrants who have not met the standards or who have made a false declaration.

5.3 To enable the Council to respond to changes in requirements for CPD, the draft Order includes provision for the Council to adopt a CPD framework, key elements of which are set out in the draft Order. The specific CPD requirements may then be set by the Council in criteria (rather than formally in regulations) against which CPD portfolios can be assessed as part of monitoring compliance with the standards. These criteria would be developed by the Council in consultation with stakeholders, for example professional leadership bodies, and reviewed and updated periodically to keep pace with developments in science and practice.

5.4 Over the coming months it will be important for pharmacists to develop their CPD portfolios so that they are prepared for the introduction of the statutory CPD scheme.

Q 2 Do you agree that these provisions will provide the Council with more flexibility to review and update its CPD requirements in order to keep pace with developments in science, technology and practice while retaining appropriate safeguards?

6 NEW CONSTITUTIONAL AND GOVERNANCE ARRANGEMENTS FOR THE COUNCIL OF THE SOCIETY

6.1 It is widely accepted that a professional regulator must be seen to be independent and impartial in its actions. Doubts based on a perceived bias have threatened to undermine patient, public and professional trust in a number of

regulators over many decades. The composition of the council of a regulator is central to these perceptions.

6.2 The *White Paper* therefore proposed that:

- the councils of regulatory bodies should have, as a minimum, parity of membership between lay and professional members (to ensure purely professional concerns are not thought to dominate their work);
- all council members should be independently appointed (to dispel the perception that councils are overly sympathetic to the professionals they regulate); and
- to enable councils to focus more effectively on strategy and oversight of their executive, they should become smaller and more board-like, with greater consistency of size and role across the professional regulatory bodies.

6.3 The *Command Paper* supports the above measures and proposes to strengthen the independence and accountability of regulatory bodies by:

- commissioning a simplification review of the legislative framework for professional regulation with a view to giving them greater autonomy;
- strengthening their public and parliamentary accountability for their performance as a commensurate measure;
- placing on them greater accountability for any failure to undertake their functions as competent authorities under European Law for the purposes of mutual recognition of professional qualifications;
- creating a route to raise concerns about the policies and approach of regulators with CHRE;
- retaining an open, independent, competence based system of appointment of Council members;
- seeking advice from CHRE on whether there is a case for moving to competence based appointments for the chairs (or in the case of the Society the President);

- reviewing governance arrangements to ensure councils focus on strategy and the performance management of their executives rather than on direct involvement in operational matters; and
- exploring the scope for employers and commissioners to contribute directly to the strategic leadership of regulatory bodies.

These measures will be taken forward on a UK-wide basis and describe the proposed way forward for healthcare regulatory bodies generally.

6.4 Currently the professional members elected to the Council provide a crucial professional perspective. Being an elected member may be perceived as the member representing the interests of those who voted for them. Moving to an independently appointed Council will remove any such perceived bias. The Council will agree the criteria and competencies against which the members will be selected.

6.5 The draft Order enables the Department to appoint the membership of the new Council, determine their terms of office and prescribe the arrangements for appointing a president and vice-president and make provisions with respect to the suspension or removal of members. As part of the general drive towards harmonisation across professional regulators, these provisions are designed around principles outlined in the *White Paper.*

Q 3 Do you support the draft provisions in respect of the composition and membership of Council?

If you have responded NO to this question please give the reasons for your answer; if you responded YES you may wish to supplement your answer.

7 COUNCIL COMMITTEE STRUCTURE

7.1 The draft Order enables the Council of the Society to establish one or more committees for such functions as it thinks fit. In addition to the 'Statutory Committee' which was constituted under section 12 of the Medicines, Pharmacy and Poisons Act (Northern Ireland) 1945, the Council will establish a Scrutiny Committee to carry out functions in relation to discipline, fitness to practise and education and training after admission to practice.

Q 4 Do you support the legislative provision that will allow the establishment of statutory committees of the Council in regulations in order to enable it to discharge its regulatory function?

If you have responded NO to this question please give the reasons for your answer; if you responded YES you may wish to supplement your answer.

8 FITNESS TO PRACTISE

8.1 Currently the Society has powers to register or, through the Statutory Committee, to strike off pharmaceutical chemists. There are no interim powers to suspend or impose conditions on registration. This is of particular concern to the Society when there are issues about a registrant's fitness to practise. In line with the process developed by all other healthcare regulators, the opportunity is being taken with this draft Order to propose a comprehensive update of the fitness to practise provisions for pharmaceutical chemists. Under the draft Order, in addition to misconduct cases, the statutory committees will be able to consider health cases and the range of sanctions will be extended to include advice, warnings, suspension, conditions on practise and removal from the register. The previous requirement for a pharmacist to be of "good character" has been retained within the broader concept of their remaining fit to practise.

Q5 Do you agree with the provisions being made to ensure the fitness to practise of pharmaceutical chemists and to provide greater assurance to the public of their protection?

If not, what additional steps should be taken in the legislation to strengthen this objective?

8.2 The Council is required to prepare and, from time to time, publish guidance on the standards and conduct, practice and performance expected of pharmaceutical chemists and to keep that guidance under review. In respect of the fitness to practise of a pharmaceutical chemist, the draft Order contains powers for a person authorised by Council to require a pharmaceutical chemist or any other person who is able to provide relevant information or documentation to provide it. This does not apply to the person about whom the information or document is being sought. The constraints on the disclosure of information in these circumstances are set out in paragraph 2 of Schedule 2 to the draft Order.

Q6 Do you support the proposal to extend the powers of the Society to collate information from other sources in relation to the fitness to practise of its registered pharmaceutical chemists?

Are there any further powers you feel the Society should have in respect of fitness to practise issues?

8.3 In connection with the legitimate requests for information or documents referred to in the paragraph above, the draft Order proposes that, where the material requested has not been produced or supplied within 14 days, the Council may seek a court order for it to be supplied or produced.

Q7 Do you think that reference to a court in these circumstances is the most appropriate approach? Do you agree that 14 days is an appropriate time limit to trigger action?

8.4 It is also proposed in the draft Order that the Council be authorised to disclose to any person any information relating to a pharmaceutical chemist's fitness to practise, including historical information, where it appears to be in the public interest for the information to be disclosed. Following consideration of a range of criteria, such as the Public Interest Disclosure legislation, a decision could be taken to release information of a particular type whenever the matter arose, rather than balancing the public interest in each individual case.

Q8 Do you support the proposal to extend the powers of the Council to share information on a pharmaceutical chemist's fitness to practise where they feel it is in the public interest to do so? If not, please explain why this proposal concerns you.

8.5 The proposed grounds on which a person's fitness to practise may be regarded as impaired are specified in detail in Schedule 2 of the draft Order. These include:
misconduct; deficient professional performance; adverse mental or physical health; a criminal conviction in the British Islands or a conviction elsewhere that would have constituted a criminal offence if committed in N Ireland; and a determination of impaired fitness to practise made by any UK health or social care regulatory body or any regulatory body elsewhere.

Q9 Apart from the criteria proposed in Schedule 2 of the draft Order, can you suggest any other grounds on which a pharmaceutical chemist's fitness to practise may be adjudged to be impaired?

8.6 The draft Order proposes, where an allegation of impaired fitness to practise is received in respect of a pharmaceutical chemist or where the Society has information that calls a pharmaceutical chemist's fitness to practise into question, that the registrar should refer the matter to a Scrutiny Committee. In certain prescribed circumstances, however, the matter may be referred directly to the Statutory Committee who may be asked to consider making an Interim Order.

Q10 Do you support the proposal that the registrar should be able to refer cases directly to the Statutory Committee and ask it to consider the issue of an Interim Order where appropriate?

8.7 The draft Order provides for the appointment of legal advisers and clinical and other specialist advisers. The purpose of legal advisers, notwithstanding the possibility of legally qualified chairs, is to provide legal advice to the panel on any points of law that may arise during proceedings and to ensure the fairness of the proceedings. This advice, though it may in some circumstances be given to a panel in private, should always be made available to all parties to the proceedings. Clinical advisers are there to provide advice to the panel or the Council or its committees on health-related issues, while specialist advisers may advise on issues falling within their speciality on which the panel or the Council or its committees considers that specialist knowledge is required. Again, this advice, though it may in some circumstances be provided to panels in private, should always be made available to all parties to the proceedings.

Q11 Do you agree that the proposed arrangements for appointment of advisers is appropriate?

9 TRANSITIONAL ARRANGEMENTS

9.1 Transitional arrangements to ensure the smooth transfer from the existing Council of the Society to the new Council will be developed following consultation with the Society.

10 REVOCATION OF ARTICLE 18 (DISQUALIFICATION OF PERSONS SUFFERING FROM DISABILITY)

10.1 Article 18 (Disqualification of persons suffering from disability) of the 1976 Order provides authority to the Head of the Department, after consultation with the Council, to direct the name of any person who is suffering from any physical or mental disability which, in the opinion of the Head of the Department, renders such person unfit to have their name on any register under the said Order to be struck off such register.

10.2 In the White Paper a series of measures were set out to ensure the independence of professional regulators. Consequently the Department considers the Society should assume responsibility for all fitness to practise matters in relation to pharmaceutical chemists and therefore the responsibility for dealing with fitness to practise matters in relation to physical or mental health should rest with the Society and Article 18 of the 1976 Order be revoked.

10.3 Details of how fitness to practise matters in relation to physical or mental health will be dealt with by the Society are set out in Schedule 2 to the draft Order.

Q12 Do you support the legislative provision to remove the Department's power to require the Society to strike off a pharmaceutical chemist from the register under Article 18?

If you have responded NO to this question please give the reasons for your answer; if you responded YES you may wish to supplement your answer.

11 NEW CONSTITUTIONAL AND GOVERNANCE ARRANGEMENTS FOR THE STATUTORY COMMITTEE

11.1 In keeping with the proposed reforms to the constitution and governance arrangements of the Council of the Society, as outlined at paragraph 7 above, similar proposals are envisaged for the Statutory Committee.

11.2 Given the proposed extension of powers to the Statutory Committee which will include the making of Interim Orders, the suspension of members of the Society on the register and the scope to place conditions on registration, it is envisaged that the Statutory Committee should consist of up to 12 members including a chair who may be legally qualified, 2 deputy chairs, and 9 other members. All members of the Statutory Committee will have equal status. Members will be both lay and professional in equal proportion, with the chair and deputy chairs being lay members.

11.3 All members will be appointed to the Statutory Committee by the Council on the basis of merit following a fair, open and transparent recruitment and selection process. The appointment process will be taken forward and funded by the Society who has indicated that an independent selection process will be used, as is currently the case. The Department will have no role in this process.

11.4 It is proposed that Schedule 3 of the Order (Proceedings of the Statutory Committee) be revoked. The Council of the Society has power to make regulations, subject to the approval of the Department and negative resolution, as to the functions and procedures of the Statutory Committee.

Q13 Do you support the draft provisions in respect of the composition and membership of the Statutory Committee?

If you have responded NO to this question please give the reasons for your answer; if you responded YES you may wish to supplement your answer.

Q 14	**On the whole do you agree that the proposed fitness to practise arrangements for the pharmacy profession strike the right balance between ensuring public confidence/patient safety and fairness to registered pharmacists?**

12 IMPACT ASSESSMENTS

12.1 Equality

12.1.1 Under Section 75 of the Northern Ireland Act 1998, the Department is required to have due regard to the need to promote the equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

12.1.2 In addition, without prejudice to the above obligation, the Department is also required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

12.1.3 In the preparation of this regulatory legislation which will bring about changes to the primary legislation for the regulation of pharmacists in Northern Ireland, the Department has completed a screening exercise to determine whether an Equality Impact Assessment is needed. A copy of this Assessment is available upon request. The Department has concluded that an Equality Impact Assessment is not required.

12.2 Human Rights

12.2.1 The Department is committed to the safeguarding and promotion of human rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK law to the European Convention on Human Rights and requires legislation to be

interpreted so far as is possible in a way which is compatible with the Convention rights and makes it unlawful for a public authority to act incompatibly with the Convention rights. All public authorities have a positive obligation to ensure that respect for human rights is at the core of their day to day work.

12.2.2 In the preparation of this regulatory legislation which will bring about changes to the primary legislation for the regulation of pharmacists in Northern Ireland, the Department has assessed the impact in line with the requirements of the Human Rights Act.

13 ABOUT THIS CONSULTATION & INVITATION TO COMMENT

13.1 The consultation runs for 14 weeks starting on **16th March 2011** and will close on **22nd June 2011.**

13.2 You can respond to this consultation on the web at **www.dhsspsni.gov.uk/liveconsultations** or in writing. If you wish to respond online the questionnaire can be found at: **www.dhsspsni.gov.uk/liveconsultations.** The online questionnaire will be available from 18th March 2011. If you wish to respond by e-mail please use the consultation questionnaire.

Once it is completed please e-mail to: wpu@dhsspsni.gov.uk.
If you wish to respond in writing it would be helpful if you could do so by completing the consultation questionnaire form and sending it to the address below. If you do not want to use the consultation response form or are unable to do so, then please write with your answers and comments to the following address:-

Workforce Planning Unit
Department of Health, Social Services and Public Safety
Room D2.15

Castle Buildings
Stormont
Belfast
BT4 3SQ

13.3 If you have any complaints or comments about the consultation process (but not responses to the consultation itself), please send them to:-

Workforce Planning Unit
Department of Health, Social Services and Public Safety
Room D2.15
Castle Buildings
Stormont
Belfast
BT4 3SQ

13.4 **A summary of the response to this consultation will be made available within three months of the end of the live consultation period and will be placed on the Consultations website at** http://www.dhsspsni.gov.uk/en/Consultations/Responsestoconsultations/index.htm

13.5 Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000, the Data Protection Act 1998 and the Environmental Information Regulations 2004). Further information about Freedom of Information is contained at Appendix B

APPENDIX A

SUMMARY OF CONSULTATION QUESTIONS

Q1 Do you agree with the additional standard setting powers proposed for the Council and its requirement to produce and publish the above information?

If you have responded NO to this question please give the reasons for your answer; if you responded YES you may wish to supplement your answer.

Q2 Do you agree that these provisions will provide the Council with more flexibility to review and update its CPD requirements in order to keep pace with developments in science, technology and practice while retaining appropriate safeguards?

Q3 Do you support the draft provisions in respect of the composition and membership of Council?

If you have responded NO to this question please give the reasons for your answer; if you responded YES you may wish to supplement your answer.

Q4 Do you support the legislative provision that will allow the establishment of statutory committees of the Council in regulations in order to enable it to discharge its regulatory function?

If you have responded NO to this question please give the reasons for your answer; if you responded YES you may wish to supplement your answer.

Q5 Do you agree with the provisions being made to ensure the fitness to practise of pharmaceutical chemists and provide greater assurance to the public of their protection?

If not, what additional steps should be taken in the legislation to strengthen this objective?

Q6 Do you support the proposal to extend the powers of the Society to collate information from other sources in relation to the fitness to practise of its registered pharmaceutical chemists?

Are there any further powers you feel the Society should have in respect of fitness to practise issues?

Q7 Do you think that reference to a court in these circumstances is the most appropriate approach?

Do you agree that 14 days is an appropriate time limit to trigger action?

Q8 Do you support the proposal to extend the powers of the Council to share information on a pharmaceutical chemist's fitness to practise where they feel it is in the public interest to do so?

If not, please explain why this proposal concerns you.

Q9 Apart from the criteria proposed in Schedule 2 of the draft Order, can you suggest any other grounds on which a pharmaceutical chemist's fitness to practise may be adjudged to be impaired?

Q10 Do you support the proposal that the registrar should be able to refer cases directly to the Statutory Committee and ask it to consider the issue of an Interim Order where appropriate?

Q11 Do you agree that the proposed arrangements for appointment of advisers is appropriate?

Q12 Do you support the legislative provision to remove the Department's power to require the Society to strike off a pharmaceutical chemist from the register under Article 18?

If you have responded NO to this question please give the reasons for your answer; if you have responded YES you may wish to supplement your answer.

Q13 Do you support the draft provisions in respect of the composition and membership of the Statutory Committee?

If you have responded No to this question please give the reasons for your answer; if you responded YES you may wish to supplement your answer.

Q14 On the whole do you agree that the proposed fitness to practise arrangements for the pharmacy profession strike the right balance between ensuring public confidence/patient safety and fairness to registered pharmacists?

APPENDIX B

Freedom of Information Act 2000 – Confidentiality of Consultations

1. The Department may publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

2. The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

3. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided

- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature

- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site) at:

http://www.informationcommissioner.gov.uk/

APPENDIX C

CONSULTATION LIST

All Northern Ireland Party Leaders
Other Northern Ireland Parties
MPS and MEPs who are not Party Leaders or MLAs
Committee for Health, Social Services and Public Safety Members
OFMDFM, Machinery of Government Division
OFMDFM, Central Management Unit
Northern Ireland Office – Devolution and Legislation Division
Legal Deposit Libraries
Departmental Library
Chief Executive, Health and Social Care Board
Assistant Director of Pharmacy & Medical Management – Health and Social Care Board
Director of Primary Care - Health and Social Care Board
Director of Public Health - Health and Social Care Board
Chief Executives of Health and Social Care Trusts
Chief Executive – Regional Business Services Organisation
Chief Executive of the Patient Client Council
Pharmacy Directors, Health and Social Care Trusts
Regulation and Quality Improvement Authority
Council for Healthcare Regulatory Excellence
Royal College of General Practitioners (NI)
General Practitioners Committee (NI)
National Clinical Assessment Service (NI)
NI Medical and Dental Training Agency
NI Centre for Pharmacy Learning and Development
NI Practice and Education Council for Nursing and Midwifery
NI Human Rights Commission
Attorney General for Northern Ireland
Department of Health England
Scottish Government Health Directorates
Directorate General, Health and Social Care, Welsh Assembly
Pharmaceutical Society of Northern Ireland
General Pharmaceutical Council
General Medical Council (NI)
General Chiropractor Council
General Dental Council
General Osteopathic Council
General Optical Council
Nursing and Midwifery Council
Health Professions Council
British Medical Association
British Dental Association
Royal College of Nursing
Ulster Chemists Association
Pharmaceutical Contractors Committee
National Pharmacy Association

Pharmaceutical Defence Association
Optometry Northern Ireland
Prison Service for Northern Ireland
Police Service of Northern Ireland
Independent Clinics in Northern Ireland
All Pharmaceutical Chemists on the Pharmaceutical Society of NI register
Guild of Healthcare Pharmacists
School of Pharmacy Queens University of Belfast
School of Pharmacy University of Ulster
Unite the Union
Northern Ireland Courts and Tribunals Service