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**General Pharmaceutical Council response to question one – *NEUTRAL (NO COLLECTIVE VIEW)***

The General Pharmaceutical Council (GPhC) regulate pharmacists, pharmacy technicians and pharmacies in Great Britain. Our main role is to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

We promote professionalism within pharmacy, help make sure pharmacy professionals have the appropriate knowledge, attitudes and behaviours, assure the quality of pharmacy, including its safety, support the improvement of pharmacy.

We have a number of ways in which we do this including;

- registering and listing publicly the pharmacy professionals and pharmacies that provide care to patients and the public
- setting and promoting the standards needed to enter and stay on our register
- receiving assurances, in a number of ways, that pharmacy professionals and pharmacies continue to uphold our standards and acting appropriately when they do not
- sharing with others what we learn through our work
- investigating concerns about the people or pharmacies we register and taking proportionate action to protect the public and promote our standards

The GPhC has considered the proposal set out in the consultation document for the introduction of an Assisted Dying for Terminally Ill Adult's, in Scotland, Bill. The intention for the choice to be available to mentally competent and terminally ill adults only and one that puts in place safeguards where none currently exist is significant.

It is essential that the bill is further scrutinised and that the process in particular for carrying out assisted dying is robust, following this consultation.

The GPhC has standards for pharmacy professionals which make it clear that pharmacists/pharmacy technicians must recognise their own values and beliefs but not impose them on other people. It is important for the bill to make wider reference to the other HCPs involved and consider their standards and guidance as we too have **guidance on religion, personal values and beliefs**.

In relation, specifically to the Conscientious Objection (CO) Clause in the bill, which allows the pharmacist to opt out of the supply of the medicine for assisted dying on ethical, personal or faith beliefs, we would want this to be extended to our other registered profession, pharmacy technicians who are also involved in the provision of pharmaceutical care within the pharmacy team.

With regard to safeguarding it would be beneficial for the HCP to be defined and for the role of the pharmacist, not just the mention of the pharmacy, in this instance, to be articulated.

The requirement for every assisted death to be recorded and reported for safety, monitoring, and research purposes is fundamental and following on from that is the acknowledgement that if things do go wrong, it will be important to have awareness of all the key partners involved. If such a situation were to arise, and for the purpose of public protection and where appropriate to do so, it would be necessary to ensure that the relevant information was communicated in a timely manner to the relevant regulatory body to enable it to investigate these concerns further.

Therefore, the points covered and considered in 4.4 are critical and that wider scoping of who is involved, what their role is and what they can contribute and need to know is essential. Cutting across systems and organisations, in our experience, can be complex and slow therefore thought must be given to the processes for communication, governance, handling complaints and quality improvement for example.

The process itself, section three, needs some further work in our opinion and in step two some thought needs to be given to the role of the pharmacy and pharmacist and what they may need to know once the decision has been made. The HCP in step three in particular needs to be clearly defined and be explicit as to who is involved and their role and responsibilities.

Medicines are widely used in all health and care services: they are an essential part of daily life for many people receiving care, including individuals who may be vulnerable and at increased risk of harm from medicines. This means it is vital that within this specific bill the same due care and attention over the safe prescribing, use and administration of specific medicines for this process and that governance and assurance is considered when scrutinising this.

If you require any further information then please do not hesitate to get in touch.

Yours sincerely