

March 12th, 2020

Notice Of Meeting

You are requested to attend the meeting to be held on **Tuesday, 10th March 2020** at **9:30 am** in **Back Hall**.

Agenda

1.0 Welcome & Apologies

Apologies - Carol Moore; Alison Ragg.

Apologies from Patrick Murphy for Public Council meeting. He will attend In Committee meeting.

2.0 Deputations

3.0 Conflicts of Interest

4.0 Tabling of Any Other Business

For Approval

5.0 Minutes and Key Actions arising from last meeting

Council is asked to approve and adopt the attached Minutes as a true and accurate record of events.

 *Council Public Minutes 280120 V2 (2).pdf* *Page 1*

 *Council Public - Key Decisions & Actions - 280120.pdf* *Page 16*

 *Council Public - Key Decisions & Actions - 280120.pdf* *Page 21*

For Information

6.0 COVID-19

Council is asked to note the content of the attached joint regulators' statement.

 *Covid-19 Joint regulators statement - final.pdf* *Page 26*

 *Council Paper - COVID-19.pdf* *Page 28*

For Approval

7.0 CPD Framework

Council is asked to review the consultation report and draft CPD Framework 2020, approve in principle the final version, and direct finalisation of the supporting guidance to reflect the final version of the Framework.

 *Council Papers Covernote - CPD Framework.pdf* *Page 30*

 *Final Draft CPD Framework - CLEAN 04.03.20 (1).pdf* *Page 31*

 <i>Consultation Report - CPD Framework - Draft -04.03.20 Final .pdf</i>	<i>Page 47</i>
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 <i>Consulted Upon - Final Draft CPD Framework - 2019-05-08.pdf</i>	<i>Page 76</i>
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7.1 Reference documents

 <i>Consultation-document-on-proposed-2020-CPD-Framework.pdf</i>	<i>Page 92</i>
 <i>Supplementary Guidance 1 - Applying for Extenuating Circumstances (2019-08-21) (1).pdf</i>	<i>Page 115</i>
 <i>Supplementary Guidance 2 - Portfolio Assessment - A guide to CPD Assessment (2019-08-21) (1).pdf</i>	<i>Page 120</i>
 <i>Supplementary Guidance 3 - Remedial Measures and Reassessment (2019-08-21) (1).pdf</i>	<i>Page 128</i>
 <i>Supplementary Guidance 4 - Appealing a Decision to remove name or annotation from Register (2019-08-21) (1).pdf</i>	<i>Page 130</i>
 <i>Supplementary Guidance 5 - Restoration of name or an annotation to the Register (2019-08-21) (1).pdf</i>	<i>Page 133</i>

8.0 Common Registration Assessment - changes to Pre-Reg Training & Syllabus

Council is asked to:

- note the paper and proposed actions;
- provide commentary/feedback, if required;
- approve changes to compulsory elearning modules; and
- agree that the syllabus for pre-registration training will, from June 2020, be set by the Board of Assessors as described under Section 7 of this report.

 <i>Common Registration Assessment - Changes to pre-registration training and syllabus.pdf</i>	<i>Page 136</i>
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For Information

9.0 Draft Scheme of Delegation to CEO

Council is asked to review the draft Scheme of Delegation to the Chief executive and approve a final version.

Council is asked to review a proposed addition to the Audit and Risk TOR, in particular (delegated authority) in the Internal audit Section.

 ***Council Papers Covernote - CEO Scheme of Delegation.pdf*** **Page 145**

 ***Draft CEO Job Description SoD - 280220 - to Council.pdf*** **Page 146**

 ***Draft ToR - Audit Risk Committee - V6 - 280220.pdf*** **Page 157**

10.0 President's Report

Verbal Report.

11.0 CEO's Report

Council is asked to review the content of the attached report.

 ***CEO Overview Public business Mar 2020.pdf*** **Page 161**

12.0 DHSC-PSNI Feedback

Council is asked to review the content of the attached papers.

 ***Meeting with DHSC and Regulators FtP Notes - 04.02.20.pdf*** **Page 163**

 ***Meeting with DHSC and Regulators Feb 2020 (1).pdf*** **Page 166**

 ***DHSC - PSNI Feedback 17.02.20 - Final.pdf*** **Page 168**

13.0 Accreditation Report 2018-19

Council is asked to note the annual overview report of the accreditation of GB universities and IP course providers in 2018/19 and the quality assurance process from GPhC and additional information regarding future developments of the accreditation process for course providers

 ***Council Papers - accreditation report 2018-19 FINAL .pdf*** **Page 174**

 ***annual report 2018-19 from GPhC.pdf*** **Page 180**

14.0 Any Other Business

To Note

15.0 Date of next Council Public Meeting

The next Public Council meeting is scheduled for 19 May 2020 @ 09:30.

Invitees

Ms June Alexander

Mr Mark Campbell

Miss Sandra Cooke

Mrs Joan Duffy

Ms Colleen Duffy

Mr Ciaran Hunter

Ms Chanel Jones

Mr Brendan Kerr

Dr Jim Livingstone

Mr Mark McCrudden

Ms Andrea McFall

Mr Barry Mimmagh

Ms Carol Moore

Ms Laura Murphy

Professor Patrick Murphy

Mr Mark Neale

Mr Trevor Patterson

Mr Jonathan Patton

Mr James Perry

Ms Alison Ragg

Minutes of the Council Public Meeting

28 January 2020 @ 11:00 hrs

	Agenda Item	Present Dr Jim Livingstone (President) Mr Jonathan Patton (Vice President) Mr Jim Perry Prof Patrick Murphy Ms Carol Moore Ms Sandra Cooke Mr Mark McCrudden Ms Chanel Jones Ms Colleen Duffy Mr Barry Mimmagh Mr Ciaran Hunter Mr Mark Campbell In Attendance Mr Trevor Patterson (Chief Executive) Mr Mark Neale (Head of Public Affairs) Mrs Joan Duffy (Head of Business Operations) Mr Brendan Kerr (Registrar) Mrs June Alexander (Executive Assistant)	Apologies Ms Laura Murphy Ms Alison Ragg Mr Mark McCrudden
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1.	Welcome & Apologies	The President thanked Council members for their diligence in completing the work of the Governance Review prior to the Council meeting. He also welcomed guests Siobhan Carson and Niki Gustave from the Professional Standards Authority.	
2.	Deputations	No deputation was required – the President was present for the entirety of the Council meeting.	
3.	Conflicts of Interest	No conflict of interest was declared.	
4.	Tabling of Any Other Business	No other business was tabled.	
5.	Minutes & Key Actions from last meeting For Approval	Council approved and adopted the Minutes of the Council Public Meeting on 26 November 2019 as a true and accurate record of events. <u>Actions Arising:</u> 8.1 The CEO advised that, in relation to the Joint Pre-Registration Examination, the Partnership Agreement between the Pharmaceutical Society NI and the GPhC was signed on 15 January 2020. The Implementation & Communications Plan is on today's agenda. 10.0 The CEO advised that a further 3 Regulator meeting has not yet been organised. He reminded Council that the purpose of these meetings had been an outworking of Brexit. Now that a Withdrawal Agreement is in place, this is now not urgent. PSI will be taking advice from their government as to what tripartite agreements they may enter into. From our perspective, the meetings were about cross border prescriptions, patients, etc. Key decision – Council approved and adopted the Minutes of the Council Public Meeting on 26 November 2019 as a true and accurate record of events.	Proposed by: Mark Campbell Seconded by: Patrick Murphy

6.	Terms of Reference and Scheme of Delegation For Approval	The President commended Council members for their work in finalising the Terms of Reference for the Audit & Risk, Finance & Performance and Remunerations Committees and the Scheme of Delegation for the Pharmacy Forum Management Board. A recommendation from the Governance Review Workshop was made to approve and adopt the above-mentioned Terms of Reference, Scheme of Delegation and the revised Appraisal Proforma for both Council members and the President. The President also drew Council members' attention to the revised Appraisal proforma for their approval. Council agreed to adopt the Terms of Reference and Scheme of Delegation, as amended, and the revised Appraisal proforma for Council members and the President. Council members were invited to review the amendments again, if they wished, and to revert to the President if they wished to raise any issues. The President advised that the Scheme of Delegation for the CEO was still to be addressed, following agreement that this should follow Committee TOR approval. He proposed that the CEO commence the process by producing a new draft and he suggested that a Task & Finish Group be formed to work on the Scheme of Delegation and come back to Council in March 2020 with a recommendation for a new Scheme of Delegation. Council agreed with the President's proposal and the following Council members were selected to sit on the Task & Finish Group: Jonathan Patton (Vice-President) as Chair, Chanel Jones, Barry Mimmagh and Mark Campbell.	
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The President advised Council that the fundamental changes that have been made will strengthen the governance of the organisation.

Key decision – Council agreed to adopt the Terms of Reference and Scheme of Delegation, as amended, and the revised Appraisal proforma for Council members and the President. Agreed amendments:

PFMB Scheme of Delegation

- 1.0 Delegated Function to the PFMB – addition of “The PFMB shall produce and maintain a governance handbook which as a minimum contains the features in Appendix 1 to this document.”
- 2.2 Services to the Professional Membership and Functions of the PFMB – Annual General Meeting – replacement text “The PFMB shall hold an Annual General Meeting the details of which will be agreed with Council each year.”
- 2.2 Fellowships – addition of “The PFMB may award fellowships on behalf of the Council.”
- 3.0 Reporting – rewording of paragraph to read “Reports will detail activities since the last report, any evidence of engagement with the membership and the public, and evidence ~~to show~~ of the levels of ~~effectiveness~~ support for the Forum’s activities of the PFMB.”
- Appendix 1 – Governance – Pt (6) addition of text “no member of Council may serve as a member of the PFMB.”

Audit & Risk Committee

- 1.0 Purpose – rewording of paragraph “To provide assurance to Council on systems and processes concerned with risk management, governance, financial reporting and oversight of accounting, escalating relevant matters to Council in a timely fashion.”
- 3.7 Membership, Chair & Quorum – amendment to wording “The Chair of the Audit & Risk Committee may not sit on any other Committee. Members of the Audit & Risk Committee may not chair any other ~~Committee or Sub~~ formal Committee.”
- 6.4.1 Annual Accounts and Financial Reporting – amendment to wording – “receiving the Annual Accounts and Annual Report from the Finance & Performance Committee with a view to recommending adoption to Council, considering external and internal audit reports and agreeing recommendations for approval to Council.
- 7.1 Performance Evaluation – amendment to wording “The performance of Audit & Risk Committee and its members will be formally evaluated ~~by the President and Vice President of Council~~ by to ensure that the commitment and skills mix contributes and supports the objectives of the Council.
- Appendix 1 – Competency Framework – amendment to final paragraph – “The Audit & Risk Committee Chair should possess either a general financial background or ~~previous~~ recent service on an audit & risk committee.

Finance & Performance Committee

- 1.1 Purpose – amendment to wording “To provide assurance to Council on efficient and effective budgetary, financial and performance management in line with delivery of strategic goals and objectives.”
- 7.1 Performance Evaluation – amendment to wording “The performance of Audit & Risk Committee and its members will be formally evaluated by the President and Vice President of Council to ensure that the commitment and skills mix contributes and supports the objectives of the Council.

Remuneration Committee

- 7.3 Responsibilities – amendment to wording “Recommending to Council any adjustments to the CEO’s salary outside an annual adjustment and approving any recommendations by the CEO to Senior Management Team salaries outside an annual adjustment, taking account of relevant KPIs;
- 7.4 Responsibilities – amendment to wording “recommending to Council changes to organisational terms, conditions and benefits for all staff.
- 8.1 Performance Evaluation – amendment to wording “The performance of Audit & Risk Committee and its members will be formally evaluated by the President and Vice President of Council to ensure that the commitment and skills mix contributes and supports the objectives of the Council.”

		Key decision – Council agreed that a Task & Finish Group be formed to work on the CEO Scheme of Delegation and return to Council in March 2020 with a recommendation for a new Scheme of Delegation. Action – The CEO is to produce a draft Scheme of Delegation for the Task & Finish Group.	
7.	Joint Pre-Registration Examination – Implementation & Communications Plan For Approval	The CEO reminded Council that, at its last meeting, it approved the signing of the Partnership Agreement with GPhC and instructed that an Implementation & Communications Plan to deal with any issues arising be drafted for Council's approval. The Plan sets out various tasks to be undertaken by us and by GPhC. To date, good progress has been made. It is a live document and is subject to change. The CEO advised that an update of the Plan will be brought to each Council meeting. The first examination is not until June 2021. The first students to sit the examination in 2021 need to receive the right level of information, in the right way and at the right time. In addition, tutors and training providers need to be made aware of the new examination structure. The syllabus and level of knowledge are not changing. It is the manner in which questions are asked and answered that are changing. Single best answer is academic best practice and there was widespread support for it in the consultation responses. Council accepted the need to listen to those who responded to the consultation and be seen to be acting on what they have said, primarily through the implementation plan. The HPA advised that there is good interaction with GPhC. Two meetings have been arranged for ourselves and GPhC to speak with students at the Schools of Pharmacy in Queen's and Ulster University. Two	

		information events have also been arranged in March for tutors and training providers. Council approved the Implementation & Communications Plan, as presented. Key decision – Council approved the Implementation & Communications Plan, as presented.	Proposed by: Chanel Jones Seconded by: Sandra Cooke
8.	President's Report For Information	<u>Boardroom Apprenticeship Scheme</u> The President advised that application has been made on behalf of Council. The Scheme has attracted a wide degree of interest in the public sector in Northern Ireland. It increases the talent pool from which future public appointments could be made. If we are successful, an apprentice would be appointed and they would attend Council meetings, comply with all requirements, confidentiality, etc. In terms of payment, we pay only travel and subsistence. It is recommended that the apprentice has a mentor to assist them before and after Council meetings to ensure that they have a good understanding of Council business. This could be done on an annual or rota basis. The apprentice will take up post in September 2020. <u>Chairs' Forum</u> The Chairs' Forum hold a number of events throughout the year. Chairs are encouraged to bring along a member of their Council or send someone in their place. A list of meetings has been circulated to Council members and the next is on 12 February 2020 on Cyber Security. Any	

	Council members who are interested in attending are to contact the President and to report back to Council. <u>Recruitment</u> The President advised that he wrote to the department in October 2019 and, as there was no Health Minister, he has been in contact with the Department continuously on a weekly basis. It has been explained to the Department that Jim Perry and Ciaran Hunter will step down in September 2020 after 8 years. We owe them both great deal of gratitude. We also have 4 members who may be re-appointed, 3 of whom – Colleen Duffy, Patrick Murphy and Laura Murphy, are happy to be put forward for reappointment. Mark Campbell has decided step down and the President thanked him for all his hard work. The Department has advised that there is no longer an assumption of automatic re-appointment and it is therefore engaged in a process of increasing the number of recruitment competitions, in the hope of improving diversity. The President has argued that this is unnecessary in the case of the Pharmaceutical Society Council. The recruitment exercise will therefore be for 3 new Council members but as yet there is no indication as to timing. However, the new members need to be in place in September/October 2020. The President has suggested to the Department that Council could live with a delay involving one Council meeting. In relation to skill mix, the President advised that he would be minded to request that at least one of the applicants have a financial background as two departing members, Jim Perry and Ciaran Hunter, have strong financial backgrounds.	
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		<u>Meeting of UK CPhOs</u> The President advised that he was unable to attend a very important meeting with the UK CPhOs and thanked the Vice President for attending on his behalf. This item will be discussed later in the agenda.	
9.	CEO's Report For Information	<u>Pharmacy Workforce Board</u> The CEO advised Council that, with a Minister now in place, it is hoped that various matters such as Pharmacy Technicians can be progressed. <u>Medicines & Medical Devices Bill 2020</u> The CEO advised that this has the potential to have a significant impact on us. He attended a briefing session with DHSC colleagues, GMC, NMC and GPhC on 15 January 2020. The Bill was mentioned in the Queen's speech and it is confirmed that this Bill is part of a transferred matter which means the Act will require NI and UK ministerial signatures. The policy intent is facilitation of the EU exit and it will create enabling legislation to amend existing EU related secondary legislation around human medicines, clinical trials, prescribing and veterinary medicines. As the UK diverges from the EU standards and systems, the UK needs a vehicle to allow legislation to be amended. It will affect clinical trials, effective and efficient supply of medicines, community pharmacy, rebalancing, skills mix in pharmacy etc. There is the potential for this Bill to be used as a vehicle to carry forward rebalancing work in the future rather than Section 60 Orders.	

	In relation to regulatory innovation and point of care manufacture, there is increasing development in treating patients by the bedside with genetic tissue from that patient. A number of workstreams will arise that will be of interest to Council. Prescribing of medicines online – further consideration by the group is to be given to on-line ID confirmation, bulk supplies and exploring validity of EU prescriptions, particularly Irish prescriptions. It may also give rise to the identification of some medicines that should not be available online. DHSC have noted points raised for consideration. Council members agreed that this is a critical matter of business, particularly for those pharmacies close to the Irish border who frequently deal with Irish prescriptions. The CEO advised that, as this unfolds, there may be some benefit to a Task & Finish Group to provide early Council member input. The HPA advised that PSNI, GPhC and GMC have been working on a joint statement re online prescriptions and dispensing. The matter will link in with the Premises Standards. He advised that, because this is UK wide legislation, it will come to the Assembly as a Consent Motion and there will be a debate into which we can have input. It will go through as primary legislation and we can inform our MPs if we want input at that stage.	
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10.	Progress Against Strategy For Information	The CEO directed Council's attention to the Executive Summary which highlights all matters which do not have double green status. In terms of the policy matters which have been delayed by the absence of an Assembly, the CEO advised that the maximum life of the current Assembly is a couple of years and so there may be some elements that could be gotten through in that timeframe but not all. The President advised that we engage all the time with the Department in relation to legislation, pharmacy technicians, etc. We also, from time to time, have a stand at local political conferences. To date, we have not routinely engaged with the Health Committee but we can ask for a meeting with them. Given that we now have a new Health Minister, it is hoped that there will be some momentum in the Assembly to get things done. It, therefore, might be timely to engage with the Health Committee now as its Chair will liaise directly with the Health Minister. Council members agreed. The HPA advised Council of current relationships with political parties and suggested that, out of courtesy, we should perhaps brief the party committee members. The President suggested that he write to explain our agenda and matters to be addressed. We can then meet with the party health committee members and then request that we make a presentation to the Health Committee. Our presentation must be very focussed and we need to decide what the big-ticket items are. We need to put pressure on the Department and the Health Minister to ensure that we have early legislative change. Hopefully, we will be able to report some progress at the next meeting.	
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		The CEO advised that in terms of Rebalancing, the Premises Standards have not yet been approved, this matter would continue to be raised in meetings with the CPO. In relation to PSNI being an accountable, transparent and focussed organisation, Council has stated that it wants complete separation of leadership and regulation. This item is in danger of becoming a double amber due to the life expectancy of the Assembly, it is becoming highly unlikely for the legislation to go through the current Assembly. In relation to the review and improvement of organisational governance, as of 30 minutes ago, all changes have been made and this item will now go to double green. Key decision – The President is to write to the party health committee members setting out our agenda and matters to be addressed prior to requesting a presentation to the Health Committee.	
11.	Lessons Learned Review For Information	The CEO advised that he had previously brought many high-profile cases to Council's attention for discussion and direction on the actions needed to respond to them. The cover paper of this review sets out the high-level paper. The President and CEO are involved with duty of candour workstream in the hyponatraemia enquiry. He directed Council's attention to page 1 of the 2nd paper which summarises the main findings. Council was taken through the main themes and the actions that this organisation has started to take. The CEO advised Council that the Executive Team will continue to update the report until it is no longer relevant.	

		The President advised that this area of work is never finished. We are working on the basis of our own and other organisations' experience. We must ensure that lessons learned are applied.	
12.	Consultations Update For Information	The HPA advised that the CPD Framework consultation completed on 21 January 2020. He advised that responses and feedback was good and very detailed. A detailed report on the consultation responses will be brought to Council in March. Key decision – The detailed Registration Assessment consultation report is to be presented to Council at its March 2020 meeting.	
13.	Finance For Information	The HBO advised that Ciaran Hunter has already approved the report and it will go to the first meeting of the newly created Finance & Performance Committee. Council's attention was directed to the new Dashboard and was advised that quarterly reports will be presented.	
14.	Correspondence Log For Information	None.	
15.	Fitness to Practise Feedback Report For Information	The HPA advised that, as part of our review of Quality Assurance in Fitness to Practise, we sent out questionnaires to participants at the end of the process. 4 responses were received, 3 of which were from registrants. Their feedback was very positive and indicated that they felt that the process was fair, they were kept informed and that they were listened to. A very positive response was also received from a complainant. Commentary was very complimentary to our staff and, again, they were kept informed. He advised that the questionnaires give someone who feels aggrieved an opportunity to inform us. It is a very useful process but unfortunately is not taken up by most participants.	

16.	Any Other Business To Note	None.	
17.	Next Meeting	The next Council Public Meeting is scheduled for 09:30 on 10 March 2020.	

The Meeting closed @ 12:40

DRAFT

**Key Decisions & Actions Arising from
Council Public Meeting
28 January 2020 @ 11:00 hrs**

5.	Minutes & Key Actions from last meeting For Approval	Council approved and adopted the Minutes of the Council Public Meeting on 26 November 2019 as a true and accurate record of events.	Decision
6.	Terms of Reference and Scheme of Delegation For Approval	- Council agreed to adopt the Terms of Reference and Scheme of Delegation, as amended, and the revised Appraisal proforma for Council members and the President. Agreed amendments: PFMB Scheme of Delegation 1.0 Delegated Function to the PFMB – addition of <u>“The PFMB shall produce and maintain a governance handbook which as a minimum contains the features in Appendix 1 to this document.”</u> 2.2 Services to the Professional Membership and Functions of the PFMB – Annual General Meeting – replacement text <u>“The PFMB shall hold an Annual General Meeting the details of which will be agreed with Council each year.”</u> 2.2 Fellowships – addition of <u>“The PFMB may award fellowships on behalf of the Council.”</u>	Decision

		3.0 Reporting – rewording of paragraph to read “Reports will detail activities since the last report, any evidence of engagement with the membership and the public, and evidence <u>to show of</u> the levels of <u>effectiveness support for the Forum’s activities</u> of the <u>PFMB</u>.” - Appendix 1 – Governance – Pt (6) addition of text “<u>no member of Council may serve as a member of the PFMB</u>.” Audit & Risk Committee 1.0 Purpose – rewording of paragraph “To provide assurance to Council on <u>systems and processes concerned with</u> risk management, governance, financial reporting and oversight of accounting, escalating relevant matters to Council in a timely fashion.” 3.7 Membership, Chair & Quorum – amendment to wording “The Chair of the Audit & Risk Committee may not sit on any other Committee. Members of the Audit & Risk Committee may not chair any other <u>Committee or Sub formal</u> Committee.” 6.4.1 Annual Accounts and Financial Reporting – amendment to wording – “receiving the Annual Accounts and Annual Report from the Finance & Performance Committee <u>with a view to recommending adoption to Council</u>, considering external and internal audit reports and agreeing recommendations for approval to Council. 7.1 Performance Evaluation – amendment to wording “The performance of Audit & Risk Committee and its members will be formally evaluated <u>by the President and Vice President of Council</u> to ensure that the commitment and skills mix contributes and supports the objectives of the Council.	
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		- Appendix 1 – Competency Framework – amendment to final paragraph – “The Audit & Risk Committee Chair should possess either a general financial background or previous recent service on an audit & risk committee. Finance & Performance Committee 1.1 Purpose – amendment to wording “To provide assurance to Council on efficient and effective budgetary, financial and performance management in line with delivery of strategic goals and objectives.” 7.1 Performance Evaluation – amendment to wording “The performance of Audit & Risk Committee and its members will be formally evaluated by the President and Vice President of Council to ensure that the commitment and skills mix contributes and supports the objectives of the Council. Remuneration Committee 7.3 Responsibilities – amendment to wording “Recommending to Council any adjustments to the CEO’s salary outside an annual adjustment and approving any recommendations by the CEO to Senior Management Team salaries outside an annual adjustment, taking account of relevant KPIs; 7.4 Responsibilities – amendment to wording “recommending to Council changes to organisational terms, conditions and benefits for all staff.	
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		8.1 Performance Evaluation – amendment to wording “The performance of Audit & Risk Committee and its members will be formally evaluated by the President and Vice President of Council to ensure that the commitment and skills mix contributes and supports the objectives of the Council.” - Council agreed that a Task & Finish Group be formed to work on the CEO Scheme of Delegation and return to Council in March 2020 with a recommendation for a new Scheme of Delegation. - The CEO is to produce a draft Scheme of Delegation for the Task & Finish Group.	Decision Action
7.	Joint Pre-Registration Examination – Implementation & Communications Plan For Approval	Council approved the Implementation & Communications Plan, as presented.	Decision

10.	Progress Against Strategy For Information	The President is to write to the party health committee members setting out our agenda and matters to be addressed prior to requesting a presentation to the Health Committee.	Action
12.	Consultations Update For Information	The HPA advised that the CPD Framework consultation completed on 21 January 2020. He advised that responses and feedback was good and very detailed. A detailed Registration Assessment Consultation report on is to be brought to Council in March 2020.	Action

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7.	Joint Pre-Registration Examination – Implementation & Communications Plan For Approval	Council approved the Implementation & Communications Plan, as presented.	Decision

10.	Progress Against Strategy For Information	The President is to write to the party health committee members setting out our agenda and matters to be addressed prior to requesting a presentation to the Health Committee.	Action
12.	Consultations Update For Information	The HPA advised that the CPD Framework consultation completed on 21 January 2020. He advised that responses and feedback was good and very detailed. A detailed CPD Framework Consultation report on is to be brought to Council in March 2020.	Action

3 March 2020

How we will continue to regulate in light of novel coronavirus (Covid-19)

We understand that as health and care professionals you may be feeling anxious about Novel coronavirus (Covid-19). Across the UK, public health organisations, government health officials and employers are putting in place plans to ensure that people receive the right advice, care and support and that you have the best information, environment and equipment to do your job.

Health and care professionals will play a vital role in helping to treat and contain coronavirus and we recognise that should the virus spread further, health and care professionals are likely to face an increased burden in helping the UK through the outbreak. It's important that during this time everyone follows national public health advice and guidance.

We also recognise that health and care professionals may have understandable concerns about decisions they may need to take in order to provide the best care in challenging circumstances. Together, as professional regulators across the UK, we have prepared a joint statement on how we will carry out our roles during this time.

Joint statement from Chief Executives of statutory regulators of health and care professionals

We hold the registers of health and care professionals in the UK. We support those professionals to deliver better, safer care by setting the standards they need to meet, to act in the best interests of patients and people who use health and social care services at all times.

As registered professionals, the first concern of the individuals on our registers will be the care of their patients and people who use health and social care services. We encourage health and care professionals, working in partnership with each other and people using services, to use their professional judgement to assess risk to deliver safe care informed by any relevant guidance and the values and principles set out in their professional standards.

We recognise that in highly challenging circumstances, professionals may need to depart from established procedures in order to care for patients and people using health and social care services. Our regulatory standards are designed to be flexible and to provide a framework for decision-making in a wide range of situations. They support professionals by highlighting the key principles which should be followed, including the need to work cooperatively with colleagues to keep people safe, to practise in line with the best available evidence, to recognise and work within the limits of their competence, and to have appropriate indemnity arrangements relevant to their practice.

We recognise that the individuals on our registers may feel anxious about how context is taken into account when concerns are raised about their decisions and actions in very challenging circumstances. Where a concern is raised about a registered professional, it

will always be considered on the specific facts of the case, taking into account the factors relevant to the environment in which the professional is working. We would also take account of any relevant information about resource, guidelines or protocols in place at the time.

We may issue profession specific guidance to registrants to provide additional support where that is needed.

The statutory health and care regulators that have agreed to this statement are:

General Chiropractic Council
General Dental Council
General Medical Council
General Optical Council
General Osteopathic Council
General Pharmaceutical Council
Health and Care Professions Council
Nursing and Midwifery Council
Pharmaceutical Society of Northern Ireland
Scottish Social Services Council
Social Work England

Pharmaceutical Society NI

Date March 2020

Type of Paper

- **For Information** – Discussion and questions expected

Title - Covid – 19 – business continuity

Purpose of paper – to update Council on plans to date for continuity of operations

Action required by Council for information

Report summary – There is considerable uncertainty to the effect of the Covid -19 virus on both our registrants and our ability to carry on business as usual

The In-committee section sets out some steps that are in planning for registration and continuity of services by different categories of persons, and will also address premises

In order to support these measures consideration will need to be given to staffing arrangements which reflect the absence of access to the premises, or of individual staff members – in the medium term thought will be required around retention, pre-registration registration and CPD

Work is underway on the former and in parallel plans are being developed for cover as the services required become clearer

To date the capacity for home working secure access has been further developed and staff leads are working on plans to ensure the essential tasks can be covered, remotely if necessary

We do need to fully understand what the extent of our novel activity might be to fully develop and resource our needs, especially in an environment where staff resources may be depleted by illness

We have also reviewed arrangements for sickness and isolation requirements and for flexibility in working arrangements reflecting the

advice of our HR consultants at a time when team working will be vital to delivery

It is suggested that the President and Vice President be kept informed and involved with the capacity to further interact with Council members electronically if decisions are needed, remembering that emergency decision making procedures are available in the Governance Handbook

Resource implications - difficult to quantify

For further information

Trevor Patterson

Pharmaceutical Society NI –

Date March 2020

Type of Paper

- *For Decision – Proposal/paper requires formal Council decision*

Title – Proposed CPD Framework 2020

Purpose of paper – to provide Council with a consultation report on the proposed changes to the CPD Framework and to offer a revised Framework for approval in principle

Action required by Council - Council is asked to review the consultation report and draft CPD Framework 2020, approve in principle the final version, and direct finalisation of the supporting guidance to reflect the final version of the Framework

Report summary – there was good engagement with the consultation and feedback has informed some changes and refinement.

Council agreed as part of the reform to include in the Framework that which was required in the legislation, with other matters being addressed in guidance. When Council have approved the final version of the Framework all of the guidance will need to be reviewed and updated to reflect any changes arising from the consultation. This guidance will be brought back to Council for approval in May 2020

Resource implications - none

For further information

Trevor Patterson

Continuing Professional Development Framework for Pharmacists in Northern Ireland post consultation

February 2020

Pharmaceutical Society 

Protecting Registering Regulating

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About the Pharmaceutical Society of Northern Ireland

1. The Pharmaceutical Society of Northern Ireland (NI) is the regulatory body for pharmacists in Northern Ireland.
2. Its primary purpose is to ensure that practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality, safe care to patients and the public.
3. It's the organisation's responsibility to protect and maintain public safety in pharmacy by:
 - Setting and promoting standards for pharmacists' admission to the Register and for remaining on the Register;
 - Maintaining a publicly accessible Register of pharmacists and pharmacy premises;
 - Handling concerns about fitness to practise of pharmacists, acting as a complaints portal and protecting patients and the public; and
 - Ensuring high standards of education and training for pharmacists in Northern Ireland.

Why Continuing Professional Development (CPD)?

4. CPD is a career-long process - not an end in itself. It involves the tracking and documenting of skills, knowledge and experience gained, both formally and informally, beyond any initial education and training.

¹ Article 4A of the Pharmacy (Northern Ireland) Order 1976 (as amended)

² Pharmaceutical Society of Northern Ireland The Code: Professional standards

5. It helps pharmacists keep their practice and proficiency up to date to maintain standards. It also improves patient confidence in the profession.
6. CPD is a legal requirement ¹ for all registered pharmacists. Every registered pharmacist must meet the requirements of Standard 5 of the Pharmaceutical Society NI Code ² - to ***maintain and develop professional knowledge, skills and competence.***

What is the CPD Framework?

7. **Legislation¹ requires** the Pharmaceutical Society NI **to develop, publish and maintain a CPD Framework** for all registered pharmacists in Northern Ireland.
8. This Framework sets the standard of CPD which is required for a registered pharmacist to maintain in order to continue to meet the standards of proficiency for the safe and effective practice of pharmacy.
9. The Framework outlines what pharmacists are required to do, how to do it and by when. It also outlines the process if a CPD submission does not meet the standard required upon assessment.

of conduct, ethics and performance for pharmacists in Northern Ireland

Who must undertake CPD?

10. **All registered pharmacists** must make an annual CPD submission and declaration to the Registrar **by 31 May every year**.
11. CPD can be recorded and maintained throughout the year using the Pharmaceutical Society NI's online CPD portal. The submission period during which CPD portfolios and declarations can be compiled and submitted will normally open in early April and will close at midnight on 31 May.
12. Pharmacists wishing to submit a paper portfolio must use the forms specified on the CPD Resources section of Pharmaceutical Society (NI) website.
13. Pharmacists submitting paper portfolios must ensure that the submission and declaration is received by the Registrar by the 31 May deadline.
14. There are a number of exceptions for pharmacists:
 - those granted a full exemption by the Registrar following an application for extenuating circumstances;
 - those on the Visiting Practitioners Register undertaking requirements in their home state³; and
 - Those that have applied for and been granted voluntary removal from the Register during the CPD year i.e. no later than 31 May.

Failure to comply

15. Failure to comply with the requirement for submission, or to engage with the process,

may put a pharmacist's continued registration at risk.

Extenuating circumstances

16. The legislation allows the Registrar to consider granting extenuating circumstances where the pharmacist has a 'reasonable excuse'.
17. There is no automatic entitlement to extenuating circumstances.
18. Applications should be made as soon as possible. Pharmacists should not wait until the CPD year end.
19. Pharmacists should apply within 21 days of becoming aware of the grounds they consider to be extenuating circumstances.
20. The operational deadline for applications is 30 April each year.
21. The Registrar will consider each application and advise of the outcome which could be:
 - No exemption;
 - Requirement to complete a partial submission; or
 - Full exemption from submission.
22. The Registrar's decision is final.
23. This application relates singularly to the year of submission and cannot be assumed to apply to any subsequent years.
24. Further information can be found in the supporting guidance on applying for extenuating circumstances and pharmacists on the EEA Visiting Practitioners Register.

³ This is subject to negotiations with EC after completion of the transition period,

31 December 2020, following the UK's exit from the EU on 31 January 2020.

Selection of portfolios for assessment

25. The Pharmaceutical Society NI has the authority to audit and assess all CPD submissions. We will use a combined random and focused approach to reviewing a sample ⁴ of submitted portfolios including but not limited to the following criteria:

- a random selection of a proportion of all CPD portfolios submitted;
- a proportion of, or all, late CPD submissions;
- a defined proportion of those pharmacists who have changed pharmacy sector in the past year;
- A proportion of pharmacists re-joining the register after:

- obtaining voluntary removal in a CPD year in which they did not submit a compliant CPD portfolio.

Assessment process

26. Any portfolio of evidence chosen for assessment will be allocated to an independent assessor [IA].
27. The IA will review the portfolio against the published essential criteria and determine if the portfolio cycles have met all six criteria. The IA will then make a recommendation to the Registrar.

28. The recommendations are that the portfolio has:

- Met the required standard
- Not met required standard

29. If an IA concludes that the required standard is not met, the CPD portfolio will be subject to verification assessment by a second IA.

30. If the second IA agrees that the standard is not met, then the recommendation is confirmed as 'not met standard'.

31. If the second IA concludes that the portfolio does meet the standard, then it will then be subject to a verification assessment by a third IA. The decision of the third IA shall form the final recommendation to the Registrar.

Quality control of portfolios passing first assessment

32. A proportion of portfolios that have met the standard may be subject to the verification process for quality control purposes.

33. If the second IA does not agree that the portfolio meets the standard, it will be sent to a third IA who will undertake an arbitration assessment to determine the final recommendation to the Registrar.

⁴ The sampling process and percentages to be established and published by the

Council before the submission date [31 May] for CPD in every calendar year



Figure 1: CPD Framework requirements

Amount and type of CPD required

Form and Manner

34. Pharmacists must keep their CPD portfolio of evidence properly documented and submit in a form and manner outlined by the Pharmaceutical Society NI by way of the online portal or a paper submission for assessment⁵.
35. Pharmacists must ensure that portfolio evidence meets the recording format and the essential criteria required by the Pharmaceutical Society NI. Those making a paper submission can obtain the relevant forms from the CPD section of the Pharmaceutical Society NI website.

36. Each cycle must be recorded as detailed under the four domains of successful learning⁶:

- Reflection
- Planning
- Action
- Evaluation

37. If selected for assessment, pharmacists must provide any additional supporting evidence, if requested by the Registrar, and by the deadline specified.
38. Any documentary evidence provided should be verifiable by a third party, where appropriate.

⁵ See point 12 of the Framework

⁶ See Footnote 7 and 8.

Current scope of practice

39. CPD must be evaluated in relation to a pharmacist's current scope of practice and the environment in which they work in the CPD year.
40. It is essential that a pharmacist can evidence how a learning cycle has been closed and the learning outcomes evaluated in practice.
41. Some CPD learning can be evaluated only in a simulated test or environment to demonstrate how learning would be applied to a future situation. This also applies when evaluating learning relating to a future change in practice or sector.
42. At least 75% (in the case of remediation and early submission – at least 2 cycles) of the total number of cycles, must be directly evaluated within a pharmacist's current practice and environment.
43. This allows up to 25% of the portfolio cycles (in the case of remediation and early submission up to 1 cycle) to have the learning outcomes evaluated using simulated practice or by evaluating their application to a situation in future practice or sectors.
44. In considering CPD cycles for inclusion in their portfolios, pharmacists should take account of the range of their current scope of practice and environment. This includes the amount of time spent acting in an annotated role or in a pre-registration tutor role.

⁷ Although the cycle does not start with a *prior* planned learning need, the learning need is identified in practice through an event or incident which requires immediate action in planning, activity and outcomes. The reflection, planning and action phases

Scheduled and Unscheduled CPD

45. CPD cycles should be scheduled/planned to address an identified learning need relating to the current scope of practice and environment.
46. A scheduled learning cycle is where a prior learning need has been identified and is addressed through a planned and structured approach.
47. An unscheduled learning cycle does not start ⁷ with a *prior* identified learning need and is often a reaction to circumstances that emerge during day to day working and are often responded to immediately.
48. At least 50% of CPD cycles must relate to scheduled learning activities.

Minimum number of hours

49. A CPD portfolio submission must include a minimum of 30 hours CPD activity as recorded in the Action phase of the cycles. There is no specific allowance for time taken in writing up a cycle.
50. Pharmacists providing more than 30 hours of CPD may be asked to specify the cycles, amounting most closely to the 30-hour minimum requirement, that they want considered for assessment.

Number of cycles

51. Pharmacists must submit no less than four and no more than ten individual CPD cycles.

should still be written into the cycles. The essential criteria remain the same although the reflection and planning stages would normally be foreshortened (see Supplementary Guidance Document 2 for further information).

52. There is no limit to the number of CPD hours or cycles that a pharmacist can record in the online portal or in paper form. The specified hours and cycles relate to the activity selected by the pharmacist for the annual portfolio submission.
53. For pharmacists using the online portal, all CPD activity not included in a submission will continue to be recorded on the system.

Essential criteria for assessment

54. To meet the standard, CPD cycles must comply with the six essential criteria (see Figure 2) recorded under the four domains of successful learning.
55. Pharmacists must demonstrate how they identified, planned and actioned the learning activity in response to an identified learning need.
56. In evaluation, at least 75% of the cycles must demonstrate how learning has been applied in the context of their current scope of practice and environment. (in the case of remediation and early submission, at least 2 cycles).

Figure 2: CPD Framework Essential Criteria

Reflection	1. Did the pharmacist identify a specific learning need(s)? 2. Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?
Planning	3. Did the pharmacist describe, the learning activity/activities they plan to complete to meet the learning needs?⁸
Action	4. Did the pharmacist include a summary of the related activities they have completed to meet the learning need identified?
Evaluation	5. Did the pharmacist evidence how their practice has changed or will change after meeting the specific learnings identified? 6. Is it evident that the learning needs identified have been fully addressed within the specific cycle?

⁸ In relation to Unscheduled Cycles the cycle does not start with a planned learning need, the learning need is identified in practice through an event or incident which requires immediate action in planning, activity and outcomes. The reflection, planning and action phases should still be written into the cycles. The essential criteria remain the same although the reflection and planning stages would normally be foreshortened (see Supplementary Guidance 2 for further information).

Standard Required

57. To meet the standard required, all CPD portfolio submissions that are assessed must achieve a mark of 50% or more. This must include:

- At least 50% of the number of submitted cycles; and
- those cycles which meet standard must contain at least 50% of all CPD hours submitted.

Failure to comply

58. The CPD Regulations⁹ are clear that a pharmacist will fail to meet the requirements if they:

- do not comply with the requirements to submit a CPD portfolio;
- do not comply with the requirements and conditions of the CPD Framework and the form and manner in which it must be submitted;
- do not meet the required standard within the specified timeframe after remedial measures have been directed;
- can be regarded as making a false declaration about their compliance with the terms of the CPD Framework.

59. Where a pharmacist is deemed not to have complied with the CPD Framework, the Registrar has the powers¹⁰ to:

- impose one or more remedial measures (Reassessment 1 and 2) in connection with CPD that does not meet the standard; or

- initiate steps to remove a pharmacist from the Register; or
- remove an annotation in respect of a specialist area of practice against a pharmacist's name in the Register.

Remedial measures where the standard is not met

60. Where a recommendation is made, after verification, that a portfolio has not met the required standard, the Registrar can apply remedial measures.
61. The first stage of remediation is Reassessment 1. This requires the pharmacist to submit three new CPD cycles, totalling a minimum of 10 hours, from the current CPD year (that is, CPD activity undertaken since 1 June).
62. The pharmacist will have two months to submit a reassessment portfolio. This will be assessed for compliance against the essential criteria.
63. To meet the standard required, pharmacists must pass a minimum of 2 of these cycles, covering at least 50% of the CPD hours submitted. When a portfolio does not meet standard, it will be reassessed by another IA [see Paras 27-32].
64. The pharmacist only enters Reassessment 2 if their portfolio does not meet the required standard at Reassessment 1.
65. The second stage of remediation, Reassessment 2, requires the pharmacist to submit three new CPD cycles, totalling a minimum of 10 hours, from the current CPD year (that is, CPD activity undertaken since 1 June).

⁹ Article 2 of the CPD Regulations.

¹⁰ Article 3 of CPD Regulations

66. The pharmacist will have two months to submit a reassessment portfolio. This will be assessed for compliance against the essential criteria.
67. To meet the required standard for Reassessment 2, pharmacists must pass a minimum of 2 cycles, covering at least 50% of the CPD hours submitted. Where a portfolio does not meet standard, it will be reassessed by another IA [see Paras 27-32].
68. If the portfolio does not meet standard at Reassessment 2 then the steps outlined in the CPD Regulations will be followed. This may lead to a decision to remove the pharmacist from the Register.
69. Further information can be found in the supporting guidance on remedial measures and reassessment.

Appealing a decision to remove a name from the Register

70. A pharmacist has a statutory right to appeal, via the Statutory Committee, any decision to remove their name or to remove their annotation from the register for CPD non-compliance.
71. Further information can be found in the supporting guidance on Appealing a decision to remove a pharmacist's name or annotation from the register for CPD non-compliance.
72. The Registrar has the authority to suspend a pharmacist's registration while the appeal process is undertaken.

¹¹ For further information see Supplementary Guidance 5.

Restoration of a name to the Register following removal for CPD non-compliance

73. An applicant can apply to the Registrar for restoration to the Register any time after being removed for non-compliance with CPD requirements. Evidence must be provided as part of this application which supports the grounds for the application.
74. In deciding on any such application, the Registrar may require the applicant to undertake additional education, training or experience as a condition for restoration to the Register. This will include an additional 30 hours continuing education and the submission of a Personal Development Plan (PDP)¹¹.
75. Where an application for restoration to the Register or restoration of an annotation is refused, the applicant may make an appeal to the Statutory Committee of the Pharmaceutical Society NI.

Requirements on joining or re-joining the Register

76. A person joining the Register, who has not been registered as a pharmacist within the last 12 months, will be required by the Registrar to make an early CPD submission for assessment. This requires the pharmacist to submit three new CPD cycles, totalling a minimum of 10 hours, from the current CPD year (that is, CPD activity undertaken since 1 June).
77. A person re-joining the Register, having previously obtained voluntary removal from the Register during the previous CPD year and having not submitted a CPD portfolio for that year, will be required to make a full CPD portfolio submission

for the previous CPD year (i.e the year they were voluntarily removed) within 2 months of re-joining the Register ¹².

78. The portfolio will be subject to the normal assessment process (see Paras 27-32) with remedial measures applied if the submission does not meet the required standard (see Paras 61-70).
79. Pharmacists making an early CPD submission to the Registrar which is compliant will not be required to make a further submission in the same CPD year.
80. These are the CPD requirements for pharmacists joining or re-joining the Register. There may be other requirements that form part of the application process.

Confidentiality and Data Protection

81. When using examples from practice to evidence CPD learning, the pharmacist must ensure that they maintain patient confidentiality as per the Pharmaceutical Society NI's **Code of conduct ethics and performance**.
82. The Pharmaceutical Society NI keeps personal files/records on all registrants. All records are handled in confidence and in accordance with General Data Protection Regulation (GDPR) 2018. The organisation's policy is available on our website.

Under GDPR, information will be retained for the shortest time possible. This will be in line with the policy set by the Council of the Pharmaceutical Society NI. Where a registrant provides hard copy documents, these will either be returned or

confidentially shredded, if not required to be retained.

Supporting Guidance

83. A range of supporting guidance documents and resources are available to support pharmacists with further information on how the processes supporting the Framework operate.

The Guidance documents include:

1. Applying for extenuating circumstances and pharmacists on the EEA Visiting Practitioners Register;
 2. Portfolio Assessment – A guide to CPD Assessment;
 3. Remedial Measures and Reassessment;
 4. Appealing a decision to remove a pharmacist's name or annotation from the Register for CPD non-compliance; and
 5. Restoration to the Register following removal.
-
84. Further resources and examples of good practice can be found in the CPD section of the Pharmaceutical Society NI website.

This Framework takes effect from 01 June 2020 and will apply to the 2020-21 CPD year.

Published: XXXXXXXX

¹² The requirement outlined in paragraph 78 is not an early CPD submission.

Transitional Arrangements

requirements in place during 2019/2020

43

- A. This Framework takes effect from 01 June 2020 and will apply to the 2020-21 CPD year.
- B. Any pharmacist entering remedial arrangements arising from CPD year 1 June 2019 – May 2020 will be subject to the Framework
- C. Any pharmacist required to submit a CPD portfolio in relation to a previous CPD year in which they voluntarily withdrew will be bound by the Framework requirements pertaining in the year of withdrawal

Guidance notes on the CPD framework

44

Legislation & CPD Regulations

There are several of pieces of legislation that cover the issues relating to the Continuing Professional Development (CPD) of pharmacists. These are:

Pharmacy (Northern Ireland) Order 1976 (as amended). Article 4A relates to Continuing Professional Development for pharmacists and the Pharmaceutical Society NI's responsibilities.

The Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2012.

The Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) (Amendment) Regulations (Northern Ireland) 2013.

CPD year

A CPD year runs from 01 June to 31 May in any calendar year.

CPD Portfolio

CPD portfolio means a written record in either electronic or hard copy form which is completed by the pharmacist about CPD learning activity undertaken and complies with the requirements of the CPD Framework.

CPD Portal

The Pharmaceutical Society NI provides a live CPD online portal where pharmacists can record any CPD activity that they undertake throughout the year.

The portal is also opened for CPD portfolio submissions in early April ahead of the 31 May deadline each year. At this point, pharmacists can select and submit relevant cycles for the final CPD portfolio submission. Each cycle must be completed properly to allow submission online. The portal closes for submissions at midnight on 31 May.

Where the Registrar requires a pharmacist to make an early in year submission, the pharmacist will be advised of the arrangements and dates for submission online via the portal or in a paper portfolio.

CPD activity not selected as part of the submission remains on the pharmacist's individual record but will not be assessed.

If submitting online, the pharmacist must submit a portfolio annually via the link www.https://members.psn.org.uk/Cpd

Pharmacists can submit a paper portfolio if required that complies with the requirements of the CPD Framework. Further details and paper forms can be obtained from the CPD Resources section of the Pharmaceutical Society NI website.

Paper submissions must be received by the Registrar at the Pharmaceutical Society NI by the submission deadline of 31 May. Each cycle must be in the form and manner directed by the Framework.

Extenuating Circumstances and Reasonable Excuse

The legislation provides for the Pharmaceutical Society NI to offer full or partial exemptions to the CPD requirements in any given year where the pharmacist can provide evidence of having a reasonable excuse.

This relates to any circumstance beyond the pharmacist's control which has had a significant and/or detrimental impact on the pharmacist's ability to comply with their CPD requirements and to make a submission by 31 May.

There is no automatic entitlement to extenuating circumstances and pharmacists must make an application to the Registrar according to the process outlined in the supporting guidance on applying for extenuating circumstances and pharmacists on the EEA Visiting Practitioners Register.

In response to an application, the Registrar can offer a full or partial exemption to the CPD requirements, grant an extension to the submission date or decline the application.

Visiting Practitioners Register	This refers to pharmacists visiting Northern Ireland from European Economic Area (EEA) states who are entered onto the 'temporary service register' of the Pharmaceutical Society NI, as defined in The Pharmacy (Northern Ireland) Order 1976 Article 6(1)(d). The legislation exempts pharmacists on this Register from CPD requirements if they are undertaking CPD requirements in their home state. These provisions may be subject to future change as a result of the United Kingdom's decision to leave the European Union.
Registrar	The Registrar of the Pharmaceutical Society NI is responsible, under the Pharmacy (Northern Ireland) Order 1976 (as amended), for the registration of pharmacists and pharmacy premises.
Learning Need	An area or issue which has been identified as requiring some component of learning. All CPD activity should be a response to an identified learning need.
CPD Cycles	A CPD cycle is a specific CPD activity directly related to a learning need identified. It is the pharmacist's record of learning activity with specific details of the activity or activities undertaken, what was learned as a result and how it has benefitted patients and the public, and/or practice under the headings of Reflection, Planning, Action and Evaluation.
Scheduled & Unscheduled CPD Activity	A scheduled or planned learning cycle is where a prior learning need has been identified and is addressed through a planned and structured approach. Unscheduled learning is a cycle which does not start with a prior identified learning need and is often a reaction to circumstances that emerge during day to day working and are often responded to immediately. CPD should relate to identified learning needs. Therefore, there must be a predominance of scheduled or planned CPD cycles and hours over unscheduled or unplanned CPD.
Current scope of practice	At least 75% of CPD cycles and hours submitted must be completed and evaluated in relation to the pharmacist's declared current scope of practice and environment. Cycle completion and evaluation must demonstrate how the pharmacist applied the learning outcomes to real life practice. Within their current practice, the pharmacist may be preparing for future needs or future roles in different areas of practice. Therefore, up to 25% of the portfolio cycles and hours can be evaluated using simulated environments or evaluation through demonstrating how learning

outcomes would be applied if a scenario occurred in potential future practice or environments. (see Future practice and simulated practice).

Future practice and simulated practice	Future practice relates to areas of CPD activity that relate to practice that a pharmacist may plan to undertake in the future e.g. changing pharmacy sectors. CPD cycles relating to future practice must be closed by the pharmacist and evaluated by demonstrating how the learning would be applied in the future to specific circumstances. Simulation relates to CPD activity where the learning activity is evaluated using a scenario designed to replicate actual practice. Care must be taken to ensure that the conditions in which the activity is being assessed/observed mirror the work environment and are realistic. Up to 25% of CPD cycles and hours submitted can be evaluated and closed in the context of future practice or simulated practice.
Pre-registration Tutor	Pre-registration tutor is a designated role wherein a pharmacist has personal responsibility in their role as the supervisor of a pre-registration students.
Assessment and Essential Criteria	A CPD portfolio selected for assessment is evaluated against the assessment criteria by an independent assessor contracted by the Pharmaceutical Society NI. Six essential criteria are used by the independent assessors to determine if a pharmacist's CPD portfolio meets the required standard.
Verification Process	This is the process where a CPD portfolio is reassessed by one or two additional assessors. This occurs in all cases where an initial assessor deems that a portfolio has not met the standard. It may also be used for quality assurance purposes on a sample of portfolios that were deemed to have met standard by the initial assessor.
Remedial measures	The Registrar has the power, under the regulations, to apply remedial measures to pharmacists who do not meet the required CPD standard in their initial CPD portfolio or subsequent submissions. Reassessment is a remedial measure where there is a requirement for a pharmacist to complete three additional cycles totalling between 15-20 hours of CPD activity. These must be submitted by a specified date. There are two opportunities offered to pharmacists in Reassessment 1 and 2 to submit a portfolio which meets the standard. If a pharmacist's portfolio does not meet the standard in both Reassessment 1 and 2 then they may be issued with a Notice of Intention to Remove their name from the Register.
Statutory Committee	The Statutory Committee of the Pharmaceutical Society NI makes judgements on whether a registrant's fitness to practise is impaired for reasons concerning their conduct, professional performance or health. The Committee also considers appeals from pharmacists who are in the process of having their name removed from the Register for failing to comply with the CPD requirements.



Report on the Consultation on the Proposed 2020 Continuing Professional Development Framework

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1. About the Pharmaceutical Society of Northern Ireland

- 1.1 The Pharmaceutical Society NI is the regulatory body for pharmacists and pharmacies in Northern Ireland.
- 1.2 Our primary purpose is to ensure that practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality, safe care to patients.
- 1.3 It is our responsibility to protect and maintain public safety in pharmacy by:
 - setting and promoting standards for pharmacists' admission to the Register and for remaining on the Register and the standards for pharmacy premises;
 - maintaining a publicly accessible Register of pharmacists and pharmacy premises;
 - handling concerns about the Fitness to Practise of pharmacists, acting as a complaint's portal, acting to protect the public and maintaining public confidence in the pharmacy profession; and
 - ensuring high standards of education and training for pharmacists in Northern Ireland.

2. About the Consultation

- 2.1 The Council of the Pharmaceutical society NI consulted on a proposed 2020 Continuing Professional Development (CPD) Framework for pharmacists which, if adopted, would replace the current CPD Framework. The consultation ran for 12 weeks from **Tuesday 29 October to 12 noon on Tuesday 21 January 2020**.
- 2.2 The Pharmaceutical Society NI is required by its legislation to outline the 'form and manner' by which pharmacists can meet the requirements for CPD. This means that the Pharmaceutical Society NI must define what CPD a pharmacist must do and how this is submitted for consideration and assessment.
- 2.3 Five supplementary draft guidance documents associated to the proposed 2020 CPD Framework were supplied with this consultation. These were to aid the understanding of the operation of the CPD processes. The supplementary draft guidance documents were not consulted upon in this exercise and are subject to change to reflect the final CPD Framework

adopted by Council. By adopting this approach, Council can retain agility and flexibility on non-legislative matters, allowing CPD to be developed in a changing environment. It remains the case that those legislative requirements within the Framework, will require consultation before any change

3. Consultation Engagement

- 3.1 **Policy development engagement:** In developing the proposals to be consulted upon meetings were held with a number of relevant stakeholders.
- 3.2 **Correspondence with key stakeholders:** All registrants and key stakeholders were emailed details of the consultation and instructions on how to respond.
- 3.3 **Website:** The consultation document and the Proposed CPD Framework 2020 were available to download from the website along with a response form between 29 October and 21 January 2020.
- 3.4 **Facebook and other media:** the consultation document was advertised on our Facebook page over the consultation period.

4. Purpose of Report – approach and analysis

- 4.1 This report provides a summary of the responses to the consultation.
- 4.2 No differential weighting was given to responses, and all responses were read and considered. Comments and points from individuals were considered alongside the views of organisations. Where the views of a particular organisation were considered to be particularly relevant to a question or issue this has been highlighted in the report.
- 4.3 In the report, comments and direct quotes are attributed to the consultee category to which they fit i.e. individual pharmacist. With regards to organisations, we have in most instances directly attributed comments/quotes.
- 4.4 The report considers the direct responses to the consultation questions alongside the comments provided by respondents. It identifies themes emerging from the comments and provides analysis on those themes, making recommendations to Council.

5. Consultation Document

- 5.1 The Consultation document outlined how to respond to the consultation; provided the 12 consultation questions; and provided a supporting rationale for the proposals.
- 5.2 Consultees were asked the following questions and were provided with space to make further comments on each question and in general.

6. Respondents

- 6.1 The Pharmaceutical Society NI received 29 responses. An overview of the responses can be found in Figure 1. A list of respondents can be found at Appendix 1.

Figure 1 - Respondents			
Individuals		Organisations	
Pharmacists	19	Pharmacy Representative Body	3
Undergraduate Students	0	Patients/Public Representative Body	-
Pre-registration Students	1	Government Department	-
Community Pharmacy Owner	-	University	1
Member of Public	-	Regulatory Body	-
Other Healthcare Professional	-	Health and Social Care Organisation	1
Other	-	Other	4
Total	20	Total	9
Overall Total	29		

7. Overview of how respondents' answered questions¹

Question 1: Does the CPD framework 2020 clearly set out the annual CPD requirements for pharmacists?			
Yes	No	Unsure	Did not answer
23 (82.1%)	0 (0%)	5 (17.9%)	1
Question 2: Do you agree with the proposed approach of having a focused core framework document with operational matters covered off in supplementary draft guidance documents?			
Yes	No	Unsure	Did not answer
18 (64.3%)	2 (7.1%)	8 (28.6%)	1
Question 3: Do you agree with the proposal to amend the selection criteria for CPD portfolios selected for assessment? This would include:			
- a percentage, agreed by Council, of all CPD portfolios submitted; and - all or a random percentage of all submitted CPD portfolios in the groups of pharmacists identified for focused selection and assessment.			
Yes	No	Unsure	Did not answer
14 (50.0%)	5 (17.9%)	9 (32.1%)	1
Question 4: The 2020 Framework enables the Registrar to require certain groups of pharmacists joining the Register to make an early in-year CPD portfolio submission, in lieu of a submission at the end of the CPD year. Does this provide a proportionate approach in the management of risk?			
Yes	No	Unsure	Did not answer
7 (25.0%)	8 (28.6%)	13 (46.4%)	1

¹ This table represents the basic statistical analysis of the responses to the 5 consultation questions and should be considered in conjunction with the comments and themes identified in the remaining sections.

Question 5: Do you agree with the proposal to reduce the assessment criteria from 9 to 6, all being essential?

Yes	No	Unsure	Did not answer
19 (67.9%)	7 (25.0%)	2 (7.1%)	1

Question 6: Q6 Amount of CPD in annual submission:

- a) Do you agree with the proposal to standardise the number of CPD cycles to be submitted to between 4 and 10; and
- b) that 30 hours of actual CPD learning activity be submitted, thereby removing the current allowance for writing up time?

a)

Yes	No	Unsure	Did not answer
16 (57.1%)	10 (35.7%)	2 (7.1%)	1

b)

Yes	No	Unsure	Did no answer
1 (3.6%)	21 (75.0%)	6 (21.4%)	1

Question 7: Pass mark:

a) Do you agree with the proposal to change the overall pass mark to 50% to bring greater consistency with postgraduate qualifications?

b) Do you agree that it is reasonable to change the pass mark which needs to be met to 50% in terms of both the number of CPD cycles and the number of CPD hours?

a)

Yes	No	Unsure	Did not answer
17 (63.0%)	6 (22.2%)	4 (14.8%)	2

b)

Yes	No	Unsure	Did not answer
12 (44.4%)	12 (44.4%)	3 (11.1%)	2

Question 8: Type of CPD - Do you agree with the 2020 Framework requirements detailing that at least 50% of both CPD cycles and hours submitted must relate to scheduled reflective practice?

Yes	No	Unsure	Did not answer
21 (75.0%)	6 (21.4%)	1 (3.6%)	1
Question 9: Do you agree that no more than 25% of CPD cycles and hours may be evaluated using simulated practice or application to future practice?			
Yes	No	Unsure	Did not answer
11 (40.7%)	10 (37.0%)	6 (22.2%)	2
Question 10: Does the 2020 Framework provide enough clarity on the number of cycles and hours required for CPD submissions made in the Remediation process and requirements for meeting the standard?			
Yes	No	Unsure	Did not answer
18 (66.7%)	8 (29.6%)	1(3.7%)	2
Question 11: Are there any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following categories? If yes, please explain what could be done to change this.			
• Age • Gender • Disability • Pregnancy and maternity • Race/Ethnicity • Religion or belief • Political Opinion • People with dependents • Sexual orientation • Marital Status			
Yes	No	Unsure	Did not answer
14 (51.9%)	7 (25.9%)	6 (22.2%)	2
Question 12: Do you have any other comments about the proposed 2020 CPD Framework?			
Yes	No	Unsure	Did not answer
16 (57.1%)	12 (42.9%)	0 (0%)	1

8. Responses to Question 1

Question 1: Does the CPD framework 2020 clearly set out the annual CPD requirements for pharmacists?

No	Unsure	Did not answer
23 (82.1%)	5 (17.9%)	1

Thematic review of comments:

8.1 The comments in this area mainly related to practical suggestions on structure, such as:

- Sections should be numbered as well as paragraphs
- Should be a contents section;
- References to supplementary guidance should be in Framework and attached as appendices.

8.2 One respondent raised a specific issue on whether requirements for CPD to reflect scope of practice will be assessed.

Analysis

8.3 In relation to the point, which suggested that references to the supplementary guidance should be in the Framework and attached as appendices, the purpose of creating a core Framework document, which contains the essential requirements and processes, and additional guidance documents, is to allow the supplementary guidance/process documents to be revised when necessary, without having to revise the CPD Framework, which by legislation, would require a public consultation. This provides the regulatory with greater flexibility to ensure aspects of the CPD process are changed when necessary.

8.4 In relation to the question concerning whether requirements of CPD to reflect scope of practice will be assessed, under the existing CPD model assessors will not be required to assess whether the CPD submitted reflects the scope of practice of the pharmacist. It is for the professional judgement of the pharmacist to assure themselves that their CPD reflects their scope of practice. As we move towards a revalidation model, developing a methodology for assessing the relevance of revalidation to a pharmacist's scope of practice will be considered, possibly through peer verification.

9. Responses to Question 2

Question 2: Do you agree with the proposed approach of having a focused core framework document with operational matters covered off in supplementary draft guidance documents?

Yes	No	Unsure	Did not answer
18 (64.3%)	2 (7.1%)	8 (28.6%)	1

Thematic review of comments:

- 9.1 Five respondents provided additional comments to Question 2. 2 respondents stated that it would be easier if everything was in one document.
- 9.2 Several respondents, whilst acknowledging the supplementary guidance is not under consultation, suggested that it could be enhanced, particularly with a view to providing examples of what good looks like in terms of submissions, which would benefit registrants and assessors alike.

Analysis

- 9.3 In relation to the first point see paragraph ***, in response to Question1. On the issue of providing examples of what good looks like in terms of submissions, it is accepted that some examples of good practice are helpful, we do currently publish a paper on our website, which provides CPD Exemplars, based on successful CPD cycles submitted by registrants. A more in-depth service in this area is not something the regulator has historically provided, and it has previously been considered more of a 'Royal College' type of role. Numerous organisations provide assistance to pharmacists in Northern Ireland in relation to completing their CPD portfolios, including the Pharmacy Forum NI and we anticipate this support to continue.

10. Responses to Question 3

Question 3: Do you agree with the proposal to amend the selection criteria for CPD portfolios selected for assessment? This would include:

- a percentage, agreed by Council, of all CPD portfolios submitted; and
- all or a random percentage of all submitted CPD portfolios in the groups of pharmacists identified for focused selection and assessment.

Yes	No	Unsure	Did not answer
14 (50.0%)	5 (17.9%)	9 (32.1%)	1

Thematic review of comments:

- 10.1 Seventeen respondents provided additional comments to Question 3.
- 10.2 Whilst a number were supportive of the change the following main themes emerged in respect of critical feedback:
- There is a lack of rationale in consultation for the proposed changes;
 - What criteria will Council use to select certain groups;
 - There is a need for any decision-making process/framework to be evidence based, transparent and published ahead of CPD submission each year;
 - Assessors would require appropriate expertise and diversity;
 - Assessment would have to be robustly quality assured with appropriate feedback to registrants.

Selected Quotes

- 10.3 In response to Question 3 NICPD stated:

There needs to be greater transparency as to how bullet point two (above) is interpreted.

- 10.4 In response to Question 3, an individual pharmacist stated:

I am currently unsure of the need to amend the selection criteria for CPD portfolios selected for selection and am concerned that the new proposals lack clarity/transparency. I would like more clarity in relation to the following points:

- *Will the Council of the PSNI report the number of CPD portfolios selected for random selection each year?*
- *Will there be an evidence based approach to this process?*
- *Will the numbers be dictated by the finances available for CPD assessment?*

- 10.5 In response to Question 3, CPNI stated:

There appears to be no rationale for moving the number of selected portfolios from a 10% sample to being, in effect, a totally undefined sample as decided by Council. There is no evidence submitted that the 10% sample is inappropriate. In theory, this could leave 100% of portfolios being selected each year. Where a higher number of portfolios is selected, CPNI would be concerned whether PSNI could guarantee that the assessments will be maintained at a constant and acceptable standard and that any referral to the

pharmacist for remedial actions would not run late into the following portfolio year.

CPNI does not agree that this change is justified. We would, however, accept an indicative range such as 'a sample of no more than 10%'....

CPNI is concerned that the concentration of effort on those groups may deter pharmacists from returning to community practice at a time when there is a severe workforce crisis. CPNI cannot support this proposal.

Analysis

- 10.6 Every registrant is required by the CPD Framework to submit a compliant CPD portfolio, the percentage of portfolios selected for assessment, does not alter this fact and should not affect the quality of CPD portfolios submitted by pharmacists. Assessors will not be aware of the reason for selection of a given portfolio and will therefore treat all portfolios in the same way.
- 10.7 The change from a set 10% to a percentage agreed by Council, will provide Council with the right to vary the percentage selected for assessment, providing greater flexibility in correspondence with a varying registrant base and the ability to respond to trends in pass rates.
- 10.8 The rationale of Council selecting groups of pharmacists identified for focused assessment, is based on the Professional Standards Authority's Right Touch Regulation², which recommends that regulatory intervention should be based on an assessment of risk. See also commissioned Manchester University to study: *Assessing Risk Associated With Contemporary Pharmacy Practice in Northern Ireland*.³
- 10.9 The feedback in relation to a limited decision-making framework on how Council will make such decisions is acknowledged. And it is considered important that registrants have a clear understanding of how Council will approach the sampling of portfolios each year. It is therefore recommended that a footnote be added to paragraph 25 of the proposed CPD Framework to read as follows:

The sampling process and percentages to be established and published by the Council before the submission date [31 May] for CPD in every calendar year.

- 10.10 A paper will be presented to the May 2020 Council meeting with a proposal on a decision-making framework for sampling portfolios and a proposal for the sampling of portfolios for the 2020/2021 CPD year.

² https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_20

³ <https://www.psnl.org.uk/documents/803/UOMrevalreport.pdf>

Recommendation 1: A footnote be added to paragraph 25 of the proposed CPD Framework to read as follows:

The sampling process and percentages to be established and published by the Council before the submission date [31 May] for CPD in every calendar year.

Recommendations 2: A paper be presented to the May 2020 Council meeting with a proposal on a decision-making framework for sampling portfolios and a proposal for the sampling of portfolios for the 2020/2021 CPD year.

11. Responses to Question 4

Question 4: The 2020 Framework enables the Registrar to require certain groups of pharmacists joining the Register to make an early in-year CPD portfolio submission, in lieu of a submission at the end of the CPD year. Does this provide a proportionate approach in the management of risk?

Yes	No	Unsure	Did not answer
7 (25.0%)	8 (28.6%)	13 (46.4%)	1

Thematic review of comments:

11.1 A summary of the comments is as follows:

- There are limited criteria outlined in relation to what the evidence of risk is in relation to 'certain groups' and early submission.
- The use of the word 'may' results in Registrar independently making decision based on limited criteria;
- There is limited evidence to suggest that early submission reduces risk;
- Other regulators have support mechanisms for return to practice – this may be a better way to reduce risk;
- Early submission, with no final submission at end of year, could result in those re-joining going 18 months without submitting, after early submission – does this reduce risk?
- Would automatic selection at end of normal CPD be more appropriate?

Selected Quotes

11.2 In response to Question 4, QUB stated:

Previous research commissioned by the PSNI identified pharmacists returning to practice as high risk.

Is an early portfolio submission enough to ensure fitness to practise for these pharmacists? Other healthcare regulators have support processes for those returning to the register. Will there be processes in place for pharmacists? What about pharmacists who move between sectors? Previous research was completed in 2011 before the development of the role of GP Practice-based pharmacists. Does further research need to be completed?

If certain groups of pharmacists will be targeted to make an early submission, there needs to be more detail around the process in the supplementary guidance.

Analysis

- 11.3 The Pharmaceutical Society NI commissioned Manchester University to carryout a study: *Assessing Risk Associated With Contemporary Pharmacy Practice in Northern Ireland*⁴. This study identified a risk factor of pharmacists who return to practice following a career break or make a change of sector. The study recommended the prioritisation of registrants returning from a career break in risk-based revalidation. This is the basis upon which the proposal to allow Registrar to require certain groups of pharmacists joining the Register to make an early in-year CPD portfolio submission, in lieu of a submission at the end of the CPD year.
- 11.4 On reviewing the comments and reflecting on the consulted upon Framework, it is considered that greater clarity can be provided by making small amendments to the CPD Framework.
- 11.5 The CPD Framework seeks to address two issues. Firstly, it seeks to address the identified risk of individuals joining the Register after a period out of practice. In this regard it is recommended that in order to provide greater clarity to applicants and assurance to Council, a person joining the Register, who has not been registered as a pharmacist within the last 12 months, **will** be required by the Registrar to make an early CPD submission for assessment. This CPD submission would amount to 3 CPD cycles with a minimum of 10 hours. This proposal removes the discretion from the Registrar ('may require') and makes early submission a requirement. This proposal removes the need for criteria to be developed and it is considered to provide greater assurance to Council that those who have not been registered for a period of 12 months or more, are actively considering their professional development and practice, through carrying out early CPD.
- 11.6 The second issue the CPD Framework is seeking to address, is to close a potential loophole whereby, a pharmacist can apply and be granted voluntary removal from the register, within a given CPD year, without completing their

⁴ <https://www.psn.org.uk/documents/803/UOMrevalreport.pdf>

CPD requirements, and subsequently re-join the register in the next CPD year, therefore not being required to complete any CPD for that prolonged period.

- 11.7 To clarify this objective, it is recommended that the Framework be amended to outline that a person re-joining the Register, having previously obtained voluntary removal from the Register during the previous CPD year, **will** be required to make a full CPD portfolio submission for the previous CPD year (i.e. the year they were voluntarily removed). A person re-joining the Register during a future CPD year, **will** be required by the Registrar to make an early CPD portfolio submission relating to the CPD year they re-join.
- 11.8 It is considered that these proposed amendments to the CPD Framework will address the issues raised in response to Question 4 and provide greater clarity to pharmacists and Council in relation to public protection.
- 11.9 The suggestion that a prolonged period may elapse between submissions in the event of early submissions does not arise, as every registrant will make a submission every year

Recommendation 3: Note the proposed amendments to the CPD Framework, outlined above and identified in the revised framework, on pages 12 and 13, and approve.

12. Responses to Question 5

Question 5: Do you agree with the proposal to reduce the assessment criteria from 9 to 6, all being essential?

Yes	No	Unsure	Did not answer
19 (67.9%)	7 (25.0%)	2 (7.1%)	1

Thematic review of comments:

- 12.1 Ten respondents provided additional comments the majority of which provided critical analysis:
- The original 9 cycles were based on academic theory and model (Kolb⁵) and evidenced by a pilot scheme carried out in NI.
 - It was argued that the 9 cycles are clearly thought out, with clear reasons for each criterion;

⁵ Kolb, D.A. (1984). Experimental Learning: Experience as the source of learning and development (Vol. 1). Englewood Cliffs, NJ: Prentice-Hall.

- Moving to 6 cycles as proposed largely ignores theory, does not meet requirements of reflective practice and causes following issues:
 - Proposals ignore the planning stage, where practitioners are required to set out options for learning and chose the right option.
 - Proposals ignore the requirement to set time limits for learning;
 - Proposals remove the differentiation between scheduled and unscheduled learning – all criteria are now scheduled by new definition, removing the purpose.
- Approach ignores academic evidence and undermines reflective practice.

Selected Quotes

12.2 Responding to Question 5, an individual pharmacist stated:

The nine assessment criteria were identified following a pilot study to develop a CPD process for N. Ireland and the criteria were identified as essential or non-essential with sound reasoning. The proposed system ignores the planning stage which is an important part of Kolb's cycle of reflection. The proposed system therefore no longer requires pharmacists to consider all of the options that are available to them to meet their learning need(s) and to consider the most appropriate learning. Nor does it require pharmacists to make their learning time-limited, this is evidenced as motivating pharmacists to complete the learning within a given time-frame. Rather, the importance of the planning stage is being neglected and the proposal is to ask pharmacists what learning they completed to address their learning needs; this ironically, is still recorded within the planning stage of the cycle! This is non-sensical and inaccurate and does not support practitioners to move through Kolb's model of reflective practice on which the CPD system is based.

The use of the six proposed criteria to record unscheduled CPD cycles is also inaccurate. The whole premise of an unscheduled learning cycle is that there is no pre-determined learning need and yet the proposed system asks individuals to document this.

Analysis

- 12.3 Reflecting on the feedback, it is noted that 67.9% of respondents agreed with the proposal to reduce the assessment criteria from 9 to 6, with all becoming essential. The issues identified in the comments are acknowledged, as is the fact that some of those providing the feedback were involved in the development of the original CPD Framework and/or have an element of expertise in this area.
- 12.4 It is accepted that the way in which the criteria were previously presented caused confusion – the table below re-presents the criteria which it is suggested, clarifies the issue and deals with many of the objections raised

- 12.5 It is still contended that there is limited rationale in having essential and non-essential criteria, as the non-essential criteria are redundant in terms of assessment and potentially confusing for registrants. If non-essential criteria are in effect 'a guide to best practice' then these issues may be addressed in the Guidance to the Framework and/or via training from third party providers.
- 12.6 The feedback in relation to the proposed wording of the criterion in relation to the Planning stage, is noted and accepted as problematic, as it effectively reduces the planning stage to a notation of activities undertaken.
- 12.7 The following changes to the wording of the criteria is therefore recommended:

	Consulted Upon Criteria	Proposed Criteria for Publication
Reflection	1. Did the pharmacist identify specific learning needs?	1. Did the pharmacist identify a specific learning need(s)?
	2. Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?	2. Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?
Planning	3. Did the pharmacist describe, in the activity table, the learning activity/activities they completed to meet the learning needs?	3. Did the pharmacist describe the learning activity/activities they plan to complete to meet the learning needs?
Action	4. Did the pharmacist include a summary of what they had learned?	4. Did the pharmacist include a summary of the related activities they have completed to meet the learning need identified?

Evaluation

5. Did the pharmacist evidence how their practice has changed or will change because of the learning or how they have applied or will apply their learning?
6. Is it evident that the learning needs have been addressed within the cycle?

5. Did the pharmacist evidence how their practice has changed or will change after meeting the specific learnings identified?
6. Is it evident that the learning needs identified have been fully addressed within the specific cycle?

12.8 It is considered that the proposed changes maintain the ability of the essential criteria to be used in scheduled and non-scheduled scenarios. It is proposed that the following footnote be added to paragraph 48 of the framework to provide additional clarification as to how pharmacists should complete their portfolio against all the criteria in relation to non-scheduled cycles:

Although the cycle does not start with a planned learning need the learning need is then identified in practice through an event or incident which requires immediate action in planning, activity and outcomes. The need, planning and action phases can still be written into the cycles. The essential criteria remain the same although the reflection and planning stages would normally be foreshortened.

12.9 A further footnote to the Criteria would read as follows:

In relation to Unscheduled Cycles the cycle does not start with a planned learning need, the learning need is identified in practice through an event or incident which requires immediate action in planning, activity and outcomes. The reflection, planning and action phases should still be written into the cycles. The essential criteria remain the same although the reflection and planning stages would normally be foreshortened (see Supplementary Guidance 2 for further information).

12.10 It is further recommended that the Guidance on Assessment of CPD Cycles, be amended to ensure compatibility with the proposed changes and provide additional clarity on how non-scheduled CPD cycles will be assessed, with particular reference to the Reflection and Planning stages.

Recommendation 4: Approve the changes of wording to the Essential Criteria as outlined above.

Recommendation 5: Approve that the Supplementary Guidance on Assessment of CPD Cycles, be amended to ensure compatibility with the proposed changes and provide additional clarity on how non-scheduled CPD cycles will be assessed, with reference to the Reflection and Planning stages.

13. Responses to Question 6

Question 6: Q6 Amount of CPD in annual submission:			
a) Do you agree with the proposal to standardise the number of CPD cycles to be submitted to between 4 and 10; and			
b) that 30 hours of actual CPD learning activity be submitted, thereby removing the current allowance for writing up time?			
a)			
Yes	No	Unsure	Did not answer
16 (57.1%)	10 (35.7%)	2 (7.1%)	1
b)			
Yes	No	Unsure	Did no answer
1 (3.6%)	21 (75.0%)	6 (21.4%)	1

Thematic review of comments:

13.1 A summary of the themes identified from the comments is as follows:

- Limiting the number of cycles to 10 reduces the options for completing short cycles;
- Short and varied cycles can demonstrate commitment to learning;
- This proposal means CPD cycles have to be a minimum of 3hrs; lots of courses 2hrs;
- Has the potential to reduce registrants' breadth of CPD;
- Writing up time an integral part of learning as it helps reflection and solidifying CPD;
- Currently CPD takes much longer to write up than 5 hours;
- Not cognisant of pressures on pharmacists;
- No evidence provided for why this change is necessary;
- Potentially discriminates against older pharmacists, less used to working on computers etc.

Selected Quotes

13.2 In response to Question 6, an individual pharmacist stated:

A lot of courses and NICPLD notes only have 2 hours learning: sometimes many cycles could be necessary.

13.3 In response to Question 6, the Pharmacy Forum NI stated:

There are no evidence references provided or justification for the removal of write up time and a move to 30 hours of learning activity.

CPD as a concept requires time to reflect, research how to meet the learning need and evaluate as part of the process in addition to the actual learning activity. Why then would that not be counted into CPD activity as a whole?

Analysis

13.4 This change will impact on a very small number of pharmacists, as on average most CPD portfolios are longer than 3hrs in duration. For example, the evidence of CPD submissions for 2015-18 show that between 5 and 6 cycles on average each year were submitted – making the average cycle over 4 hours long. It should also be noted that the Framework sets out the requirements for CPD that must be submitted as a sample of pharmacists' activity in a year, it does not stop pharmacists from completing more CPD in any year, if they so wish.

13.5 Limiting the sample size ensures that similar portfolios are reviewed by assessors each year, there have been a few examples of significantly more cycles than 10, usually exceeding the 30 hours and requiring extensive additional analysis. This leads to potential disadvantage to those submitting as a higher number of cycles need to meet standard to achieve an overall met

14. Responses to Question 7

Question 7: Pass mark:

a) Do you agree with the proposal to change the overall pass mark to 50% to bring greater consistency with postgraduate qualifications?

b) Do you agree that it is reasonable to change the pass mark which needs to be met to 50% in terms of both the number of CPD cycles and the number of CPD hours?

a)

Yes	No	Unsure	Did not answer
17 (63.0%)	6 (22.2%)	4 (14.8%)	2

b)

Yes	No	Unsure	Did not answer
12 (44.4%)	12 (44.4%)	3 (11.1%)	2

Initial thematic review of comments:

14.1 A summary of the themes identified from the comments is as follows:

- No rationale for why pass mark of 50%
- CPD not analogous to PG qualifications- pass mark in academic examinations usually varies based on exam etc.
- Should not be called pass mark, but 'acceptable cycles';
- Linking pass marks to number of hours means if you fail a large cycle or 2 large cycles in terms of hours, you could fail all CPD, regardless of quality of remaining;
- Approach could lead to increase in failures.

Selected Quotes

14.2 In response to Question 7, CPNI stated:

CPNI sees no evidence for increasing the pass mark to 50% and CPNI cannot support this proposal.

CPNI is not supportive of changing the pass mark to 50% for both number of CPD cycles and the number of CPD hours. The current marking system has not been demonstrated to be inadequate or inappropriate and, in the current climate of excessive workloads and severe workforce issues, an arbitrary manipulation of this pass mark - which may result in an increase in the number of unsuccessful submissions and associated re-submissions and assessments - is unacceptable.

Analysis

14.3 Reflecting on the feedback, it is acknowledged that the term 'pass mark' could be considered more appropriate for an examination scenario than the portfolio based CPD process, which relies on the pharmacist to use their professional judgement when deciding upon appropriate learning needs, planning, activities and evaluation. It is therefore recommended that the heading on page 10 be changed to read 'Standard Required' and the content of paragraph 58 be amended so it no longer refers to meeting the 'pass mark', but meeting the standard required.

14.4 With regards to moving the mark that pharmacists must achieve to 50%, in line with postgraduate education, it is considered that this remains an appropriate change, aligning more closely with higher level standards. A 40% standard in relation to CPD for pharmacists, it is suggested may not garner the required level of public confidence in the process. It is accepted that any standard below 100% is subjective and it may be that in the future the standard may need to further improve. Analysis of the last four years would suggest that an average of around 3% of assessed portfolios scored between 40 and 50% and would have been affected by this change

- 14.5 In relation to linking the standard required to the number of hours and cycles, this was conceived to ensure that the amount of CPD, measured in hours, meets the standard as well as the spread of CPD, measured by cycles., Respondents to question 6 highlighted the importance of spread of CPD, this approach when combined with seeking 4-10 cycles as minimum and maximum numbers as set out in question 6 is designed to balance the importance of overall quantity and range.

15. Responses to Question 8.

Question 8: Type of CPD - Do you agree with the 2020 Framework requirements detailing that at least 50% of both CPD cycles and hours submitted must relate to scheduled reflective practice?

Yes	No	Unsure	Did not answer
21 (75.0%)	6 (21.4%)	1 (3.6%)	1

Thematic review of comments:

15.1 A summary of the themes identified is as follows:

- Having removed 'unscheduled' by change in definition in criteria this question, and differentiation is redundant - it does not really matter – all scheduled now.
- Learning is learning – should be pharmacist's discretion

Selected Quote

15.2 In response to Question 8, an individual pharmacist stated:

With the proposed changes to recording CPD records, all cycles recorded will be scheduled learning cycles as all have an identified learning need, therefore there is no need for this requirement.

Analysis

- 15.3 As per the analysis in relation to Question 5, it is considered that the issue relating to the conflation of scheduled and unscheduled learning to be adequately addressed as dealt with under Recommendations 4 and 5. It is however accepted that including hours is an unnecessary complication as this matter is about the range of topics covered, i.e. cycles, rather than the quantity of CPD.

Recommendation 6: Approve that the Framework be amended to make clear that at least 50% of CPD **cycles** must relate to scheduled learning activities – removing the 50% requirement for hours.

16. Responses to Question 9.

Question 9: Do you agree that no more than 25% of CPD cycles and hours may be evaluated using simulated practice or application to future practice?			
Yes	No	Unsure	Did not answer
11 (40.7%)	10 (37.0%)	6 (22.2%)	2

Thematic review of comments

16.1 A summary of the themes identified from the comments is as follows:

- Proposals seem reasonable and encourages pharmacists to focus on their practice, however simulation should not be removed;
- Recognise it was developed at a time of oversupply of pharmacists, when significantly more were not practising full time;
- Proposals are excessively restrictive and will prove difficult to achieve;
- Often difficult to close off any cycle;
- Period for closing cycle should be extended beyond CPD year;
- Penalises forward thinking – e.g. pharmacy that wants to extend practice; and
- Has potential implications for part time pharmacists.

Analysis

16.2 Council should note that Article 4A (7)(b) states the following about the Framework, in that it:

(b) must require that any continuing professional development that is undertaken by a registered person in accordance with it is relevant to—

(i) the safe and effective practice of pharmacy, and

(ii) a learning need for the individual registered person that is relevant to the current scope of the practice of pharmacy including any specialist area of practice of that individual registered person and the environment in which

they practise;

16.3 In accommodating simulated practice, Council is acknowledging the number of pharmacists that do not work in a full-time capacity, recognises that opportunities to implement learning may not occur in the same CPD year and it also allows for pharmacists to prepare for a change in practice or service provision. However, the overriding objective of the is to ensure that pharmacists are maintaining their professionalism within their current scope of practice, where the risk to patients, the public is most acute and where the most potential damage to the public confidence in the profession can be made. It is therefore considered appropriate and in line with Council's legislative and regulatory objectives to ensure that 75% of CPD portfolios submitted relate to a pharmacist's current practice. It is however accepted that including hours is an unnecessary complication as this matter is about the range of topics covered, i.e. cycles, rather than the quantity of CPD.

Recommendation 7: Approve that the Framework be amended to make clear that at least 75% (in the case of remediation and early submission – at least 2 cycles) of the total number of cycles, must be directly evaluated within a pharmacist's current practice and environment; and

up to 25% of the portfolio cycles (in the case of remediation and early submission up to 1 cycle) to have the learning outcomes evaluated using simulated practice or by evaluating their application to a situation in future practice or sectors.

Thus, removing the respective 75% and 25% link to hours.

17. Responses to Question 10.

Question 10: Does the 2020 Framework provide enough clarity on the number of cycles and hours required for CPD submissions made in the Remediation process and requirements for meeting the standard?			
Yes	No	Unsure	Did not answer
18 (66.7%)	8 (29.6%)	1(3.7%)	2

Thematic review of comments

17.1 A summary of the themes identified is as follows:

- This is a very significant change from current procedure requiring a very substantial submission (15 -20 hours) within a short timeframe;

- Previous approach of resubmitting cycles based on feedback, felt more supportive and a constructive first step – new cycles might be better at reassessment 2
- Less fair – sometimes problem with cycles is how they have been written, not learning.
- There should be means for assessors to seek clarification on portfolios
- There should be an independent appeals mechanism.

Selected Quote

17.2 In response to Question 10, CPNI stated:

CPNI feels that this is a very significant change from the current procedures requiring a very substantial submission within a short timeframe.

CPNI does not support this and feels that the current process whereby 3 cycles are submitted is a fairer and more appropriate system.

CPNI also feels that there should be a recognised mechanism for assessors to seek clarification on any aspect of a portfolio to allow for easy resolution of more minor textual issues either by discussion, or by correction and re-submission without resorting to submission of 15-20 hours of new CPD.

Analysis

- 17.3 The feedback received in relation the previous approach of resubmitting cycles based on feedback, is incorrect. The current CPD Framework already requires the submission of new CPD cycles, no change is proposed in this area.
- 17.4 Reflecting on the feedback received, noting feedback in relation to workforce pressures within the pharmacy profession, it is recommended that the proposed CPD Framework be amended so that both the first stage and second stage of reassessment should require a pharmacist to submit three new CPD cycles, totalling a minimum of 10 hours. If a pharmacist were to complete the maximum of 10 cycles with a total of 30 hours, this would mean each cycle being 3 hours. The proposal for remediation of 3 cycles totally 10 hours largely reflects this position and is deemed a more proportionate approach.
- 17.5 It should be noted that the evidence of CPD submissions for 2015-18 show that between 5 and 6 cycles on average each year were submitted – making the average cycle over 4 hours long.

Recommendation 8: Approve the proposed CPD Framework be amended so that both the first stage and second stage of reassessment should require a pharmacist to submit three new CPD cycles, totalling a minimum of 10 hours.

18. Responses to Question 11.

Question 11: Are there any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following categories? If yes, please explain what could be done to change this.

- | | |
|---------------------------|--------------------------|
| • Age | • Religion or belief |
| • Gender | • Political Opinion |
| • Disability | • People with dependents |
| • Pregnancy and maternity | • Sexual orientation |
| • Race/Ethnicity | • Marital Status |

Yes	No	Unsure	Did not answer
14 (51.9%)	7 (25.9%)	6 (22.2%)	2

Thematic review of comments

18.1 A summary of the theme identified in the comments is as follows:

- The lack of criteria in relation to extenuating circumstances and the fact decisions reside with one person was considered as a potential issue in relation to general discrimination – comparison was made to how ‘high stakes’ decisions are made in Universities, with a committee of people with recorded rationale etc.
- Issue of 10 cycles requirement, resulting in 2-3-hour cycles may discriminate against people with dependents, carers etc. who cannot commit to regular prolonged periods of CPD;
- General issue of pregnancy and paternity leave and implications disproportionately impacting on women – linked to limited criteria.
- Return to work and early submission of CPD may discriminate against women and carers (dependents) etc. limited criteria again.

Analysis

18.2 The draft Supplementary Guidance document 1 outlines the processes and principles by which the Registrar will deal with applications for Extenuating Circumstances, the guidance addresses maternity and paternity leave and the principles by which decisions will be made, which are as follows:

18.3 All Extenuating Circumstances applications will be judged on the following principles:

1. Does the EC prevent the pharmacist from completing their statutory CPD requirement?

2. *Has the pharmacist completed any CPD activity for that year? If so, the Registrar may accept a 'partial submission' under certain circumstances e.g. paternity leave?*
3. *Has the pharmacist previously provided details of an EC? If so, is it the same or a different issue?*
4. *Is there a health impairment affecting the registrant's ability to practise safely?*
5. *Is there relevant and verifiable documentation to support the registrant's case to continue to practise as a pharmacist whilst not undertaking statutory CPD?*
6. *Is the application timely and in the appropriate form?*
7. *Is the pharmacist currently practising?*

18.4 It is acknowledged that as per the legislation, these decisions are currently made by the Registrar acting independently. It is also acknowledged that ensuring there is confidence in the processes of granting or refusing extenuating circumstance is extremely important for pharmacists and the public, particularly in relation to equality issues. It is therefore recommended that a review of Supplementary Guidance 1 and the decision-making principles be undertaken along with the decision-making process, with a view to ensuring decisions are as fair and transparent as possible and documented appropriately. A paper would be brought to the May Council meeting.

Recommendation 9: Approve a review of Supplementary Guidance 1 and the decision-making principles therein, be undertaken along with the decision-making process, with a view to ensuring decisions are as fair and transparent as possible and documented appropriately.

19. Responses to Question 12.

Question 12: Do you have any other comments about the proposed 2020 CPD Framework?			
Yes	No	Unsure	Did not answer
16 (57.1%)	12 (42.9%)	0 (0%)	1

Thematic review of comments

19.1 A summary of the themes identified is as follows:

- Clear need to move to revalidation for pharmacists in NI; would have been better if this had been the proposal;
- Divergence from GPhC and other regulators;
- Changes should only be made where there is clear evidence to do so;
- Proposals do not understand CPD reflective model and will be a step backwards;
- Issues of scheduled and unscheduled raised again;
- No clear guidance around system of double marking and assessors – system needs to be robust and defensible;
- Portal should be reviewed; and
- There should be a time limit on outstanding CPD to be submitted, for those who voluntarily remove from register.

Analysis

- 19.2 In relation to moving towards a revalidation model, revising the CPD Framework is considered an initial and necessary step to move towards developing a revalidation model for pharmacists in Northern Ireland. Goal 4 (b) of the Corporate Strategy 2017-2020 states: *We will review CPD processes and develop a strategy for the establishment of a Continuing Fitness to Practice regime.*
- 19.3 The issue identified in relation to the CPD model and the scheduled and unscheduled learning have been addressed earlier in this consultation report.

Appendix 1

Respondents*	
Respondent Name	Organisation/job Type
1. Matthew Dolan	Pharmacist
2. Dr Aron J Brady	Pharmacist
3. Stephen Guy	Pharmacist
4. NICPLD	Educational Organisation
5. Causeway Hospital Pharmacists	Response sent on behalf of 10
6. Jane Whiteman	Pharmacist
7. Gordons Chemists	Pharmacy Business
8. Dr Heather Bell	Pharmacist
9. Anita Hogg	Pharmacist
10. HSCB	HSC Organisation
11. NPA	Pharmacy Representative Body
12. QUB	University
13. CPNI	Pharmacy Representative Body
14. Dr Sharon Haughey	Pharmacist
15. Boots UK	Pharmacy Business
16. Catherine Keenan	Pharmacist
17. Melanie Houston	Pharmacist
18. Niaimhin Cooper	Pre-Registration Student
19. Pharmacy Forum NI	Pharmacy Representative Body
20. A. Harding	Pharmacist
21. Linda Armstrong	Pharmacist
22. Dr Damien Hagan	Pharmacist
23. G.S. Anne Smyth	Pharmacist
24. Justin Crozier	Pharmacist
25. Catherine Graham	Pharmacist

*Note: Four individuals requested that their names not be listed as respondents to the Consultation.

Continuing Professional Development Framework for Pharmacists in Northern Ireland

Draft as of: 08/05/2019 9:30 am

Pharmaceutical Society 

Protecting Registering Regulating

About the Pharmaceutical Society of Northern Ireland

1. The Pharmaceutical Society of Northern Ireland (NI) is the regulatory body for pharmacists in Northern Ireland.
2. Its primary purpose is to ensure that practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality, safe care to patients and the public.
3. It's the organisation's responsibility to protect and maintain public safety in pharmacy by:
 - Setting and promoting standards for pharmacists' admission to the Register and for remaining on the Register;
 - Maintaining a publicly accessible Register of pharmacists and pharmacy premises;
 - Handling concerns about fitness to practise of pharmacists, acting as a complaints portal and protecting patients and the public; and
 - Ensuring high standards of education and training for pharmacists in Northern Ireland.

Why Continuing Professional Development (CPD)?

4. CPD is a career-long process - not an end in itself. It involves the tracking and documenting of skills,

knowledge and experience gained, both formally and informally, beyond any initial education and training.

5. It helps pharmacists keep their practice and proficiency up to date to maintain standards. It also improves patient confidence in the profession.
6. CPD is a legal requirement¹ for all registered pharmacists. Every registered pharmacist must meet the requirements of Standard 5 of the Pharmaceutical Society NI Code² - to ***maintain and develop professional knowledge, skills and competence.***

What is the CPD Framework?

7. **Legislation¹ requires the Pharmaceutical Society NI to develop, publish and maintain a CPD Framework** for all registered pharmacists in Northern Ireland.
8. This Framework sets the standard of CPD which is required for a registered pharmacist to maintain in order to continue to meet the standards of proficiency for the safe and effective practice of pharmacy.
9. The Framework outlines what pharmacists are required to do, how to do it and by when. It also outlines the process if a CPD submission does not meet the standard required upon assessment.

¹ [Article 4A of the Pharmacy \(Northern Ireland\) Order 1976 \(as amended\)](#)

² [Pharmaceutical Society of Northern Ireland The Code: Professional standards](#)

[of conduct, ethics and performance for pharmacists in Northern Ireland](#)

Who must undertake CPD?

10. **All registered pharmacists** must make an annual CPD submission and declaration to the Registrar **by 31 May every year**.
11. CPD can be recorded and maintained throughout the year using the Pharmaceutical Society NI's online CPD portal. The submission period during which CPD portfolios and declarations can be compiled and submitted will normally open in early April and will close at midnight on 31 May.
12. Pharmacists wishing to submit a paper portfolio must use the forms specified on the CPD Resources section of Pharmaceutical Society (NI) website.
13. Pharmacists submitting paper portfolios must ensure that the submission and declaration is received by the Registrar by the 31 May deadline.
14. There are a number of exceptions for pharmacists:
 - those granted a full exemption by the Registrar following an application for extenuating circumstances;
 - those on the Visiting Practitioners Register undertaking requirements in their home state; and
 - Those that have applied for and been granted voluntary removal from the Register during the CPD year i.e. no later than 31 May.

Failure to comply

15. Failure to comply with the requirement for submission, or to engage with the process, may put a pharmacist's continued registration at risk.

Extenuating circumstances

16. The legislation allows the Registrar to consider granting extenuating circumstances where the pharmacist has a 'reasonable excuse'.
17. There is no automatic entitlement to extenuating circumstances.
18. Applications should be made as soon as possible. Pharmacists should not wait until the CPD year end.
19. Pharmacists should apply within 21 days of becoming aware of the grounds they consider to be extenuating circumstances.
20. The operational deadline for applications is 30 April each year.
21. The Registrar will consider each application and advise of the outcome which could be:
 - No exemption;
 - Requirement to complete a partial submission; or
 - Full exemption from submission.
22. The Registrar's decision is final.
23. This application relates singularly to the year of submission and cannot be assumed to apply to any subsequent years.

24. Further information can be found in the supporting guidance on applying for extenuating circumstances and pharmacists on the EEA Visiting Practitioners Register.

Selection of portfolios for assessment

25. The Pharmaceutical Society NI has the authority to audit and assess all CPD submissions. We will use a combined random and focused approach to reviewing a sample of submitted portfolios including but not limited to the following criteria:

- a random proportion of all CPD portfolios submitted;
- a proportion of, or all, late CPD submissions;
- a defined proportion of those pharmacists who have changed pharmacy sector in the past year;
- A proportion of pharmacists re-joining the register after:
 - more than one year out of pharmacy practice;
 - obtaining voluntary removal in a CPD year in which they did not submit a compliant CPD portfolio.

26. These groups of pharmacists rejoining the register during a CPD year may be asked to make an early CPD submission for assessment or may be selected for assessment at the end of the CPD year.

Assessment process

27. Any portfolio of evidence chosen for assessment will be allocated to an independent assessor [IA].
28. The IA will review the portfolio against the published essential criteria and determine if the portfolio cycles have met all six criteria. The IA will then make a recommendation to the Registrar.
29. The recommendations are that the portfolio has:
- Met the required standard
 - Not met required standard
30. If an IA concludes that the required standard is not met, the CPD portfolio will be subject to verification assessment by a second IA.
31. If the second IA agrees that the standard is not met then the recommendation is confirmed as 'not met standard'.
32. If the second IA concludes that the portfolio does meet the standard then it will then be subject to a verification assessment by a third IA. The decision of the third IA shall form the final recommendation to the Registrar.

Quality control of portfolios passing first assessment

33. A proportion of portfolios that have met the standard may be subject to the verification process for quality control purposes.
34. If the second IA does not agree that the portfolio meets the standard, it will be sent to a third IA who will undertake an arbitration assessment to determine the final recommendation to the Registrar.

Amount and type of CPD required

Form and Manner

35. Pharmacists must keep their CPD portfolio of evidence properly documented and submit in a form and manner outlined by the Pharmaceutical Society NI by way of the online portal or a paper submission for assessment³.
36. Pharmacists must ensure that portfolio evidence meets the recording format and the essential criteria required by the Pharmaceutical Society NI. Those making a paper submission can obtain the relevant forms from the CPD section of the Pharmaceutical Society NI website.

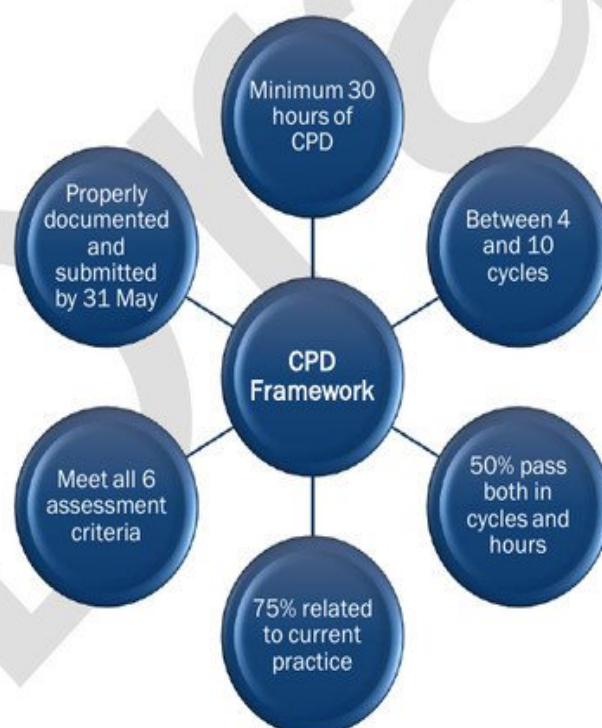


Figure 1: CPD Framework requirements

³ See point 12 of the Framework

37. Each cycle must be recorded as detailed under the four domains of successful learning:

- Reflection
- Planning
- Action
- Evaluation

38. If selected for assessment, pharmacists must provide any additional supporting evidence, if requested by the Registrar, and by the deadline specified.

39. Any documentary evidence provided should be verifiable by a third party, where appropriate.

Current scope of practice

40. CPD must be evaluated in relation to a pharmacist's current scope of practice and the environment in which they work in the CPD year.

41. It is essential that a pharmacist can evidence how a learning cycle has been closed and the learning outcomes evaluated in practice.

42. Some CPD learning can be evaluated only in a simulated test or environment to demonstrate how learning would be applied to a future situation. This also applies when evaluating learning relating to a future change in practice or sector.

43. At least 75% of the total number of cycles, and the total number of hours submitted, must be directly evaluated within a pharmacist's current practice and environment.

44. This allows up to 25% of the portfolio cycles and hours to have the learning outcomes evaluated using

simulated practice or by evaluating their application to a situation in future practice or sectors.

45. In considering CPD cycles for inclusion in their portfolios, pharmacists should take account of the range of their current scope of practice and environment. This includes the amount of time spent acting in an annotated role or in a pre-registration tutor role.

Scheduled and Unscheduled CPD

46. CPD cycles should be scheduled/planned to address an identified learning need relating to the current scope of practice and environment.

47. A scheduled learning cycle is where a prior learning need has been identified and is addressed through a planned and structured approach.

48. An unscheduled learning cycle does not start with a prior identified learning need and is often a reaction to circumstances that emerge during day to day working and are often responded to immediately.

49. At least 50% of CPD cycle numbers and hours must relate to scheduled learning activities.

Minimum number of hours

50. A CPD portfolio submission must include a minimum of 30 hours CPD activity. The 30 hours must all relate to learning and reflecting activity. There is no specific allowance for time taken in writing up a cycle.

51. Pharmacists providing more than 30 hours of CPD may be asked to specify the cycles, amounting most closely to the 30 hour minimum requirement, that they want considered for assessment.

Number of cycles

52. Pharmacists must submit no less than four and no more than ten individual CPD cycles.
53. There is no limit to the number of CPD hours or cycles that a pharmacist can record in the online portal or in paper form. The specified hours and cycles relate to the activity selected by the pharmacist for the annual portfolio submission.
54. For pharmacists using the online portal, all CPD activity not included in a submission will continue to be recorded on the system.

Essential criteria for assessment

55. To meet the standard, CPD cycles must comply with the six essential criteria (see Figure 2) recorded under the four domains of successful learning.
56. In planning, pharmacists must demonstrate how they planned or scheduled the learning activity in response to an identified learning need.
57. In evaluation, they must show how at least 75% of the learning has been applied in the context of their current scope of practice and environment.

Figure 2: CPD Framework Essential Criteria

Reflection	1. Did the pharmacist identify specific learning needs? 2. Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?
Planning	3. Did the pharmacist describe, in the activity table, the learning activity/activities they completed to meet the learning needs?
Action	4. Did the pharmacist include a summary of what they had learned?
Evaluation	5. Did the pharmacist evidence how their practice has changed or will change because of the learning or how they have applied or will apply their learning? 6. Is it evident that the learning needs have been addressed within the cycle?

Pass Mark

58. To meet the standard required, all CPD portfolio submissions that are assessed must achieve a pass mark of 50% or more. This must include:

- 50% or more of all the submitted cycles; and
- those cycles which pass must contain at least 50% of all CPD hours submitted.

Failure to comply

59. The CPD regulations⁴ are clear that a pharmacist will fail to meet the requirements if they:

- do not comply with the requirements to submit a CPD portfolio;
- do not comply with the requirements and conditions of the CPD Framework and the form and manner in which it must be submitted;
- do not meet the required standard within the specified timeframe after remedial measures have been directed ;
- can be regarded as making a false declaration about their compliance with the terms of the CPD Framework.

60. Where a pharmacist is deemed not to have complied with the CPD Framework, the Registrar has the powers⁵ to:

- impose one or more remedial measures (Reassessment 1 and 2) in connection with CPD that does not meet the standard; or
- initiate steps to remove a pharmacist from the Register; or
- remove an annotation in respect of a specialist area of practice against a pharmacist's name in the Register.

Remedial measures where the standard is not met

61. Where a recommendation is made, after verification, that a portfolio has not met the required standard, the Registrar can apply remedial measures.

62. The first stage of remediation is Reassessment 1. This requires the pharmacist to submit three new CPD cycles, totalling between 15 and 20 hours, from the current CPD year (that is, CPD activity undertaken since 1 June).

63. The pharmacist will have two months to submit a reassessment portfolio. This will be assessed for compliance against the essential criteria.

64. To meet the standard required, pharmacists must pass a minimum of 2 of these cycles, covering at least 50% of the CPD hours submitted. When a portfolio does not meet standard, it will be reassessed by another IA [see Paras 27-32].

⁴ Article 2 of the CPD Regulations.

⁵ Article 3 of CPD Regulations

- 65. The pharmacist only enters Reassessment 2 if their portfolio does not meet the required standard at Reassessment 1.
- 66. The second stage of remediation, Reassessment 2, requires the pharmacist to submit three new CPD cycles, totalling between 15 and 20 hours, from the current CPD year (that is, CPD activity undertaken since 1 June).
- 67. The pharmacist will have two months to submit a reassessment portfolio. This will be assessed for compliance against the essential criteria.
- 68. To meet the required standard for Reassessment 2, pharmacists must pass a minimum of 2 cycles, covering at least 50% of the CPD hours submitted. Where a portfolio does not meet standard, it will be reassessed by another IA [see Paras 27-32].
- 69. If the portfolio does meet standard at Reassessment 2 then the steps outlined in the CPD regulations will be followed. This may lead to a decision to remove the pharmacist from the Register.
- 70. Further information can be found in the supporting guidance on remedial measures and reassessment.

Appealing a decision to remove a name from the Register

- 71. A pharmacist has a statutory right to appeal, via the Statutory Committee, any decision to remove their name or to remove

- their annotation from the register for CPD non-compliance.
- 72. Further information can be found in the supporting guidance on Appealing a decision to remove a pharmacist's name or annotation from the register for CPD non-compliance.
- 73. The Registrar has the authority to suspend a pharmacist's registration while the appeal process is undertaken.

Restoration of a name to the Register following removal for CPD non-compliance

- 74. An applicant can apply to the Registrar for restoration to the Register any time after being removed for non-compliance with CPD requirements. Evidence must be provided as part of this application which supports the grounds for the application.
- 75. In deciding on any such application, the Registrar may require the applicant to undertake additional education, training or experience as a condition for restoration to the Register. This may include an additional 30 hours continuing education and the submission of a Personal Development Plan (PDP).
- 76. Where an application for restoration to the Register or restoration of an annotation is refused, the applicant may make an appeal to the Statutory Committee of the Pharmaceutical Society NI.

Requirements on joining or re-joining the Register

77. An applicant applying to join the Register, who has not been registered as a pharmacist for more than 12 months, may be required by the Registrar to make an early CPD submission for assessment.
78. Applicants seeking to rejoin the Register, having previously obtained voluntary removal from the Register during a CPD year, may be required to make a CPD portfolio submission for that CPD year.
79. If the an applicant re-joins the Register during a future CPD year, they may be required by the Registrar to make an early CPD portfolio submission in the CPD year they re-join.
80. In considering the application, the Registrar will review whether other evidence of CPD has been demonstrated and evidenced.
81. In each case, the number of cycles and hours may be specified by the Registrar as well as the date for submission. The pass mark will be 50% of the cycles submitted and at least 50% of the hours.
82. If selected for assessment, the portfolio will be subject to the normal assessment process (see Paras 27-32) with remedial measures applied if the submission does not meet the required standard (see Paras 61-70).

83. Pharmacists making an early CPD submission to the Registrar which is compliant will not be required to make a further submission in the same CPD year.

84. These are the CPD requirements for pharmacists joining or rejoining the Register. There may be other requirements that form part of the application process.

Confidentiality and Data Protection

85. When using examples from practice to evidence CPD learning, the pharmacist must ensure that they maintain patient confidentiality as per the Pharmaceutical Society NI's **Code of conduct ethics and performance**.
86. The Pharmaceutical Society NI keeps personal files/records on all registrants. All records are handled in confidence and in accordance with General Data Protection Regulation (GDPR) 2018. The organisation's policy is available on our website.
87. Under GDPR, information will be retained for the shortest time possible. This will be in line with the policy set by the Council of the Pharmaceutical Society NI. Where a registrant provides hard copy documents, these will either be returned or confidentially shredded, if not required to be retained.

compliantSupporting Guidance

88. A range of supporting guidance documents and resources are available to support pharmacists with further information on how the processes supporting the Framework operate.

The Guidance documents include:

1. Applying for extenuating circumstances and pharmacists on the EEA Visiting Practitioners Register;
2. Portfolio Assessment – A guide to CPD Assessment;
3. Remedial Measures and Reassessment;
4. Appealing a decision to remove a pharmacist's name or annotation from the Register for CPD non-compliance;

5. Restoration to the Register following removal.

89. Further resources and examples of good practice can be found in the CPD section of the Pharmaceutical Society NI website.

This Framework takes effect from 01 June 2020 and will apply to the 2020-21 CPD year.

Published: **January 2020**

Guidance notes on the CPD framework

Legislation & CPD Regulations	There are several of pieces of legislation that cover the issues relating to the Continuing Professional Development (CPD) of pharmacists. These are: • Pharmacy (Northern Ireland) Order 1976 (as amended). Article 4A relates to Continuing Professional Development for pharmacists and the Pharmaceutical Society NI's responsibilities. • The Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2012. • The Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) (Amendment) Regulations (Northern Ireland) 2013.
CPD year	A CPD year runs from 01 June to 31 May in any calendar year.
CPD Portfolio	CPD portfolio means a written record in either electronic or hard copy form which is completed by the pharmacist about CPD learning activity undertaken and complies with the requirements of the CPD Framework.
CPD Portal	The Pharmaceutical Society NI provides a live CPD online portal where pharmacists can record any CPD activity that they undertake throughout the year. The portal is also opened for CPD portfolio submissions in early April ahead of the 31 May deadline each year. At this point, pharmacists can select and submit relevant cycles for the final CPD portfolio submission. Each cycle must be completed properly to allow submission online. The portal closes for submissions at midnight on 31 May. Where the Registrar requires a pharmacist to make an early in year submission, the pharmacist will be advised of the arrangements and dates for submission online via the portal or in a paper portfolio. CPD activity not selected as part of the submission remains on the pharmacist's individual record but will not be assessed. If submitting online, the pharmacist must submit a portfolio annually via the link www.https://members.psni.org.uk/Cpd Pharmacists can submit a paper portfolio if required that complies with the requirements of the CPD Framework. Further details and paper forms can be obtained from the CPD Resources section of the Pharmaceutical Society NI website. Paper submissions must be received by the Registrar at the Pharmaceutical Society NI by the submission deadline of 31 May. Each cycle must be in the form and manner directed by the Framework.
Extenuating Circumstances and Reasonable Excuse	The legislation provides for the Pharmaceutical Society NI to offer full or partial exemptions to the CPD requirements in any given year where the pharmacist can provide evidence of having a reasonable excuse.

	This relates to any circumstance beyond the pharmacist's control which has had a significant and/or detrimental impact on the pharmacist's ability to comply with their CPD requirements and to make a submission by 31 May. There is no automatic entitlement to extenuating circumstances and pharmacists must make an application to the Registrar according to the process outlined in the supporting guidance on applying for extenuating circumstances and pharmacists on the EEA Visiting Practitioners Register. In response to an application, the Registrar can offer a full or partial exemption to the CPD requirements, grant an extension to the submission date or decline the application.
Visiting Practitioners Register	This refers to pharmacists visiting Northern Ireland from European Economic Area (EEA) states who are entered onto the 'temporary service register' of the Pharmaceutical Society NI, as defined in The Pharmacy (Northern Ireland) Order 1976 Article 6(1)(d). The legislation exempts pharmacists on this Register from CPD requirements if they are undertaking CPD requirements in their home state. These provisions may be subject to future change as a result of the United Kingdom's decision to leave the European Union.
Registrar	The Registrar of the Pharmaceutical Society NI is responsible, under the Pharmacy (Northern Ireland) Order 1976 (as amended), for the registration of registered pharmacists and pharmacy premises.
Learning Need	An area or issue which has been identified as requiring some component of learning. All CPD activity should be a response to an identified learning need.
CPD Cycles	A CPD cycle is a specific CPD activity directly related to a learning need identified. It is the pharmacist's record of learning activity with specific details of the activity or activities undertaken, what was learned as a result and how it has benefitted patients and the public, and/or practice under the headings of Reflection, Planning, Action and Evaluation.
Scheduled & Unscheduled CPD Activity	A scheduled or planned learning cycle is where a prior learning need has been identified and is addressed through a planned and structured approach. Unscheduled learning is a cycle which does not start with a prior identified learning need and is often a reaction to circumstances that emerge during day to day working and are often responded to immediately. CPD should relate to identified learning needs. Therefore, there must be a predominance of scheduled or planned CPD cycles and hours over unscheduled or unplanned CPD.
Current scope of practice	At least 75% of CPD cycles and hours submitted must be completed and evaluated in relation to the pharmacist's declared current scope of practice and environment. Cycle completion and evaluation must demonstrate how the pharmacist applied the learning outcomes to real life practice. Within their current practice, the pharmacist may be preparing for future needs or future roles in different areas of practice. Therefore, up to 25% of the portfolio cycles and hours can be evaluated using simulated environments or evaluation through

demonstrating how learning outcomes would be applied if a scenario occurred in potential future practice or environments. (see Future practice and simulated practice).

Future practice and simulated practice	Future practice relates to areas of CPD activity that relate to practice that a pharmacist may plan to undertake in the future e.g. changing pharmacy sectors. CPD cycles relating to future practice must be closed by the pharmacist and evaluated by demonstrating how the learning would be applied in the future to specific circumstances Simulation relates to CPD activity where the learning activity is evaluated using a scenario designed to replicate actual practice. Care must be taken to ensure that the conditions in which the activity is being assessed/observed mirror the work environment and are realistic. Up to 25% of CPD cycles and hours can be evaluated and closed in the context of future practice or simulated practice.
Pre-registration Tutor	Pre-registration tutor is a designated role wherein a pharmacist has personal responsibility in their role as the supervisor of a pre-registration students.
Assessment and Essential Criteria	A CPD portfolio selected for assessment is evaluated against the assessment criteria by an independent assessor contracted by the Pharmaceutical Society NI. Six essential criteria are used by the independent assessors to determine if a pharmacist's CPD portfolio meets the required standard.
Verification Process	This is the process where a CPD portfolio is reassessed by one or two additional assessors. This occurs in all cases where an initial assessor deems that a portfolio has not met the standard. It may also be used for quality assurance purposes on a sample of portfolios that were deemed to have met standard by the initial assessor.
Remedial measures	The Registrar has the power, under the regulations, to apply remedial measures to pharmacists who do not meet the required CPD standard in their initial CPD portfolio or subsequent submissions. Reassessment is a remedial measure where there is a requirement for a pharmacist to complete three additional cycles totalling between 15-20 hours of CPD activity. These must be submitted by a specified date. There are two opportunities offered to pharmacists in Reassessment 1 and 2 to submit a portfolio which meets the standard. If a pharmacist's portfolio does not meet the standard in both Reassessment 1 and 2 then they may be issued with a Notice of Intention to Remove their name from the Register.
Statutory Committee	The Statutory Committee of the Pharmaceutical Society NI makes judgements on whether a registrant's fitness to practise is impaired for reasons concerning their conduct, professional performance or health.

The Committee also considers appeals from pharmacists who are in the process of having their name removed from the Register for failing to comply with the CPD requirements.

Draft



Consultation Document

On proposed 2020 Continuing Professional Development Framework

October 2019

**Consultation will run from 29 October 2019
until 12 noon on 21 January 2020.**

The Pharmaceutical Society of Northern Ireland

- 1 The Pharmaceutical Society of Northern Ireland is the regulatory body for pharmacists in Northern Ireland.
- 2 Our primary purpose is to ensure that pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality safe care to patients and the public.
- 3 It's the organisation's responsibility to protect and maintain public safety in pharmacy by:
 - Setting and promoting standards for pharmacists' admission to the Register and for remaining on the Register;
 - Maintaining a publicly accessible Register of pharmacists and pharmacy premises;
 - Handling concerns about fitness to practise of pharmacists, acting as a complaints portal and acting to protect patients and the public; and
 - Ensuring high standards of education and training for pharmacists in Northern Ireland.

This Consultation

- 4 This is a consultation on the Pharmaceutical Society NI's proposed 2020 Continuing Professional Development (CPD) Framework for pharmacists which, when adopted, will replace the current Framework.
- 5 The Pharmaceutical Society NI is required by its legislation¹ to outline the 'form and manner' by which pharmacists can meet the requirements for CPD. This means that the Pharmaceutical Society NI must define what CPD a pharmacist must do and how this is submitted for consideration and assessment.
- 6 In considering the issues raised, please read the proposed CPD Framework in conjunction with this consultation document.
- 7 There are five supplementary draft guidance documents associated to the proposed CPD Framework supplied with this consultation. These are to aid the understanding of the operation of the CPD processes. The supplementary draft guidance documents are not being consulted on in this exercise and are subject to change to reflect the final Framework adopted by Council.

¹ Article 4A Pharmacy (Northern Ireland) Order 1976 (as amended).

- 8 There are three pieces of legislation that relate to the CPD Framework. These are:
 - Article 4A of the Pharmacy (Northern Ireland) Order 1976 (as amended).
 - The Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2012.
 - The Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) (Amendment) Regulations (Northern Ireland) 2013.

How can I respond to this Consultation?

- 9 Respondents can find the Continuing Professional Development Framework Consultation and all documents relating to the consultation on the Pharmaceutical Society NI website:
<http://www.psni.org.uk/publications/consultations/>
- 10 Respondents will be asked to complete a response template based on the questions outlined in the consultation document. This can then be sent by email to consultations@psni.org.uk. Hard copy responses can be sent to: CPD Framework Consultation, Pharmaceutical Society of Northern Ireland, 73 University Street, Belfast BT7 1HL.
- 11 This 12-week consultation starts on 29 October 2019 and will end at 12 noon on 21 January 2020. Responses received after this date may not be considered.
- 12 For information on responding to this consultation, please contact Mark Neale at consultations@psni.org.uk or telephone 028 9032 6927.

Consultation Questions

- 13 We would welcome any views you wish to submit on the questions below:
 - Q1 Does the CPD framework 2020 clearly set out the annual CPD requirements for pharmacists?**
 - Q2 Do you agree with the proposed approach of having a focused core framework document with operational matters covered off in supplementary draft guidance documents?**

- Q3** Do you agree with the proposal to amend the selection criteria for CPD portfolios selected for assessment? This would include:
- a percentage, agreed by Council, of all CPD portfolios submitted; and
 - all or a random percentage of all submitted CPD portfolios in the groups of pharmacists identified for focused selection and assessment.
- Q4** The 2020 Framework enables the Registrar to require certain groups of pharmacists joining the Register to make an early in-year CPD portfolio submission, in lieu of a submission at the end of the CPD year. Does this provide a proportionate approach in the management of risk?
- Q5** Do you agree with the proposal to reduce the assessment criteria from 9 to 6, all being essential?
- Q6** Amount of CPD in annual submission:
- a) Do you agree with the proposal to standardise the number of CPD cycles to be submitted to between 4 and 10; and
 - b) that 30 hours of actual CPD learning activity be submitted, thereby removing the current allowance for writing up time?
- Q7** Pass mark:
- a) Do you agree with the proposal to change the overall pass mark to 50% to bring greater consistency with postgraduate qualifications?
 - b) Do you agree that it is reasonable to change the pass mark which needs to be met to 50% in terms of both the number of CPD cycles and the number of CPD hours?
- Q8** Type of CPD - Do you agree with the 2020 Framework requirements detailing that at least 50% of both CPD cycles and hours submitted must relate to scheduled reflective practice?
- Q9** Do you agree that no more than 25% of CPD cycles and hours may be evaluated using simulated practice or application to future practice?

Q10 Does the 2020 Framework provide enough clarity on the number of cycles and hours required for CPD submissions made in the Remediation process and requirements for meeting the standard?

Q11 Are there any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following categories? If yes, please explain what could be done to change this.

- | | |
|---------------------------|--------------------------|
| • Age | • Religion or belief |
| • Gender | • Political Opinion |
| • Disability | • People with dependents |
| • Pregnancy and maternity | • Sexual orientation |
| • Race/Ethnicity | • Marital Status |

Q12 Do you have any other comments about the proposed 2020 CPD Framework?

It is important that you provide reasons for your answers so the Council of the Pharmaceutical Society NI can understand the rationale for your views. A response template for completion is available on the Pharmaceutical Society NI website.

Accessibility of information

- 14 If you have difficulties accessing the documentation or you need us to assist you to respond to this Consultation, please contact us and we will do our best to address the issue.
- 15 If you wish your response to remain confidential, indicate this in your response and the Pharmaceutical Society NI will generally respect this request. However, the information you provide may be subject to disclosure under the Freedom of Information Act 2000.

How will we respond to Consultation feedback?

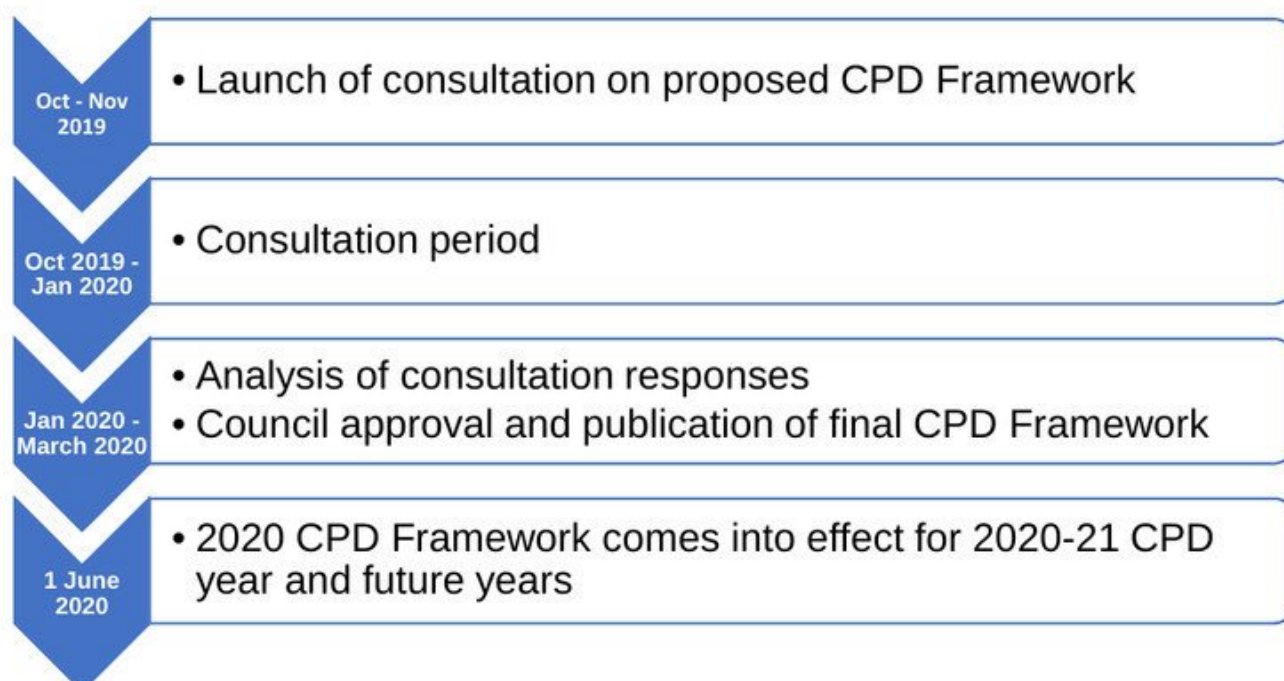
- 16 Once the consultation period ends, all consultation responses will be considered and a report analysing the consultation responses will be produced and published on our website.
- 17 The Council of the Pharmaceutical Society NI will consider all the consultation responses and, based on the feedback received, will decide if and how the Continuing Professional Development Framework might be amended.

- 18 The 2020 Continuing Professional Development Framework will subsequently be approved and published by the Council of the Pharmaceutical Society NI. It is anticipated that it will come into effect on 01 June 2020 for the 2020-21 CPD year.

Proposed 2020 Continuing Professional Development (CPD) Framework

- 19 The current CPD Framework will remain in place for the June 2019 – May 2020 CPD year.
- 20 The requirement for an annual CPD submission based on reflective practice is now well established. This review seeks to ensure the Framework remains fit for purpose and fit for the future including any future role it may play if Continuing Fitness to Practise or Revalidation for pharmacists is taken forward.
- 21 Following consideration of the consultation responses, it is envisaged that the 2020 Framework will be agreed by Council by early 2020.

Figure 1: Timeline for development of proposed CPD Framework



- 22 The first year that CPD submissions will be made under the 2020 Framework will be by 31 May 2021 for the 2020-2021 CPD year.

Key changes in the 2020 CPD Framework

- 23 This consultation document should be read in conjunction with the proposed 2020 Framework and outlines the key changes that are proposed as follows:
- i) a shorter, focused Framework document supported by separate operational guidance;
 - ii) clarification on exemptions and applications for extenuating circumstances;
 - iii) selection criteria of submitted portfolios for assessment;
 - iv) changes to CPD cycles, CPD Hours and pass mark to meet the required CPD standard;
 - v) changes to the amount of CPD that must be evaluated within current scope of practice and amount that can be evaluated in the context of simulation or application in future practice;
 - vi) changes to the balance between scheduled/pre-planned CPD and unscheduled CPD;
 - vii) streamlining of criteria against which assessment takes place;
 - viii) clarification of the requirements for remediation; and
 - ix) changes to requirements for those joining the register after more than 12 months out of pharmacy practice or for those who have left through voluntary removal in a previous CPD year without making a CPD submission.

Figure 2: Key changes between Current and proposed 2020 CPD Frameworks

Current CPD Framework	Proposed 2020 CPD Framework
■ 50 pages including operational and legislative detail ■ Difficult for patients and pharmacists to navigate	■ 12 pages with supporting operational guidance documents ■ More focused and understandable for patients and pharmacists ■ Clear diagrams on the high-level requirements and essential criteria
■ Automatic entitlement (upon application) to partial exemption for those on Register less than 6 months	■ No automatic entitlements. All extenuating circumstances applications will be considered by the Registrar on basis of evidence submitted

■ 10% of all portfolios assessed	■ Percentage of random selected portfolios decided by Council ■ A proportion from identified risk groups including late submitters, pharmacists changing pharmacy sector, those returning to Register after voluntary removal or more than a year out of practice.
■ Re-joiners out of practice over 12 months provide a PDP on return ■ Re-joiners having voluntarily removed themselves from the register in a previous CPD year could re-join without making a CPD submission	■ Re-joiners may be required to make an early in-year CPD portfolio submission ■ Those who re-join Register having previously been granted voluntary removal during a CPD year may be required to make an early, in-year, CPD submission after re-joining
■ 9 assessment criteria (5 essential, 4 non-essential)	■ Merged into 6 essential criteria
■ Minimum 30 hrs of CPD including 5 hours write-up time to be submitted ■ Minimum 4 CPD cycles. No upper limit on number of cycles to be submitted	■ Minimum 30 hours CPD to be submitted. No write-up time is now assigned ■ Between 4 and 10 CPD cycles to be submitted
■ Pass mark of 40%	■ Pass mark of 50% in line with postgrad qualifications
■ Pass mark only applies to cycles	■ Pass mark applies to both the number of cycles <u>and</u> the number of hours i.e. 50% of each must be passed
■ In theory, 100% of cycles and hours could be evaluated and closed using simulated practice or application to future practice	■ 75% of cycles and hours submitted must be evaluated and closed within the context of current work scope and environment ■ Not more than 25% can be evaluated and closed in context of simulated environments or application to future practice
■ In theory, a pharmacist could submit 100% unscheduled CPD cycles and hours ■ Not all criteria applied to unscheduled CPD cycles	■ At least 50% of CPD cycles and CPD hours must be scheduled learning based on reflective practice ■ All criteria applied to all CPD cycles.

Legislative requirements for CPD Framework

- 24 Article 4A of the Pharmacy (Northern Ireland) Order 1976 requires the Pharmaceutical Society NI to include the following in the CPD Framework:
 - the amount and type of CPD that must be undertaken;
 - the information pharmacists must provide about their CPD and the form and manner in which that information is to be provided;
 - when the information is to be provided (including any CPD relating to annotations or specialisms a pharmacist has);
 - the keeping of records about the continuing professional development undertaken by registered persons; and
- 25 The Pharmaceutical Society NI must also ensure that CPD undertaken is relevant to:
 - the safe and effective practice of pharmacy; and
 - a learning need relevant to the individual's current scope of the practice of pharmacy including any specialist area of practice of that individual registered person and the environment in which they practise.

Pre-Consultation and future role of CPD

- 26 The development of this 2020 draft CPD Framework has taken into account the pre-consultation engagement undertaken on this matter in 2018 and early engagement on the potential future development of a Continuing Fitness to Practise or Revalidation model for pharmacists in Northern Ireland, which the Council of the Pharmaceutical Society has determined to explore further.
- 27 It is intended that the CPD processes which are adopted following this consultation will form the cornerstone of any future development of Revalidation or Continuing Fitness to Practise for pharmacists in Northern Ireland.

Shorter, focused Framework

- 28 The current CPD Framework is a long document. It includes significant detail on operational matters and processes on how the Pharmaceutical Society NI will operationally manage the small numbers of pharmacists who do not comply with, or do not meet, the requirements of CPD submissions.

- 29 The 2020 CPD Framework is intended to be a focused document. It contains all the elements required by legislation. It provides clarity on what pharmacists must do for their CPD submissions to meet the required standard.
- 30 The 2020 Framework is designed to be more accessible to patients in understanding the form and manner of CPD that pharmacists take part in every year thereby helping to maintain confidence in the profession.
- 31 The 2020 Framework explains the exemptions that are available and how they can be applied for. It also outlines what will happen in the event of non-compliance or not meeting the required standard in assessment of CPD submissions.
- 32 Further detail on more operational matters will be found in supporting draft guidance as identified in Paragraph 88 of the 2020 CPD Framework document.

Questions

- Q1 Does the CPD Framework 2020 clearly set out the annual CPD requirements for pharmacists?**
- Q2 Do you agree with the proposed approach of having a focused core framework document with operational matters covered off in supplementary draft guidance documents?**

Changes and clarifications to the requirements for pharmacists to make a CPD submission and declaration

Clarification on exemptions and applications for extenuating circumstances

- 33 CPD is a legal requirement for pharmacists in Northern Ireland.
- 34 The legislation exempts pharmacists on the European Economic Area Visiting Practitioners list providing the Registrar is satisfied that they are undertaking the relevant CPD in their home state².
- 35 The legislation also provides for the Registrar of the Pharmaceutical Society NI to consider where a pharmacist has a 'reasonable excuse'³ not to fulfil some or all the CPD requirements. As a result, the Pharmaceutical Society NI provides a

² This is subject to any change in legislation that may result as a consequence of the UK leaving the European Union.

³ Article 2 (2) The Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2012

means for pharmacists to make an application for extenuating circumstances where they consider they have a reasonable excuse.

- 36 There is no automatic exemption to CPD requirements based on extenuating circumstances. All of those seeking a full or partial exemption must make an application. Approximately 5% of registered pharmacists make an application each year.
- 37 The current Framework allows a small number of pharmacists to apply for a partial CPD submission based on the date during the year that they joined or re-joined the Register. This arbitrary date is potentially unfair.
- 38 The 2020 CPD Framework removes this anomaly. A pharmacist on the Register for a shorter period will be able to apply to the Registrar for consideration for extenuating circumstances.
- 39 This enables the Registrar to consider each application based on the evidence provided. The Registrar will then decide on whether to grant a full, partial or no exemption.

Selection of submitted portfolios for assessment

- 40 The Pharmaceutical Society NI could assess every CPD portfolio submitted annually. To do this would incur significant costs and would not be proportionate to the patient safety risk. Regulation needs to be proportionate and risk based. Every pharmacist is, however, required, by the 31st May each year, to submit a compliant CPD portfolio and to complete declarations in relation to their CPD. In order to be compliant, the submission must contain some key attributes around hours, cycles and content. If a pharmacist who has unsuccessfully applied for an exemption is subsequently subject to a Notice of Removal for non-compliance with CPD, they can follow the prescribed appeals process to the Statutory Committee of Council.
- 41 The Pharmaceutical Society NI will continue to take both a focused and randomised approach to the selection of portfolios that are assessed each year. All submitting pharmacists should assume that their portfolio has the potential to be assessed.

Random sample of registered pharmacists

- 42 Under the current Framework, the Pharmaceutical Society NI will select 10% of submitted portfolios each year for assessment. The portfolios are selected using a random number generator.
- 43 Under the 2020 Framework, the percentage of random portfolios will be decided each year by the Pharmaceutical Society NI Council and may change from year

to year. The number of randomly selected portfolios is likely to continue to make up the largest proportion of all portfolios assessed in a year.

- 44 It is important to note that the random selection process means that it is possible that the same pharmacist may be chosen for assessment in multiple years.

Focused selection of portfolios

- 45 The Pharmaceutical Society (NI) may choose to focus its selection on specific areas or groups on the Register. This could include, for example, a group of pharmacists with an annotation or where there is evidence of an increased potential risk in the scope of practice.
- 46 Research commissioned⁴ by the Pharmaceutical Society NI prior to the introduction of current CPD Framework highlighted that there was a potentially higher risk from groups including those returning to pharmacy practice after an extended absence and those who were changing pharmacy sectors. The fast pace of change and the need for different approaches and skills in different sectors were among the key elements identified.
- 47 Where new evidence becomes available, the Pharmaceutical Society NI may, and has the authority to, choose to add or remove additional groups of pharmacists or sectors to the list of focused groups for selection of CPD submissions for assessment. At this stage, those groups that will be focused on may include pharmacists:
 - making late CPD submissions (if accepted by the Registrar);
 - returning to pharmacy practice after an extended absence or returning to Register following voluntary removal in a previous CPD year where a CPD submission was not made;
 - changing pharmacy sector;
 - that have a previous history of non-compliance with CPD requirements.

Late submissions

- 48 Pharmacists can update the CPD portal any time during the year. This provides a real time opportunity to keep their CPD cycles maintained and up to date. Once the CPD submission portal opens, a pharmacist has up to two months to sort and select the cycles to include in their annual submission. This provides adequate time for all pharmacists to meet the 31 May deadline.
- 49 Legislation requires all pharmacists to meet the submission deadline. The benefits of this for planning and operational purposes include minimising the

⁴ [Assessing Risk Associated with Contemporary Pharmacy Practice in Northern Ireland](#), Denham Phipps, Peter Noyce, Kieran Walshe, Dianne Parker, Darren Ashcroft, University of Manchester, June 2011

impact on costs and, therefore, the annual retention fee. Any delay to the submission of portfolios can also impact on the random selection of portfolios for assessment.

- 50 Therefore, any pharmacist who misses the submission deadline may have their portfolio rejected or automatically assessed. In the past two years, this would have affected less than 0.7% of all submissions (average 15 per year).

Changing pharmacy sector

- 51 The legislation⁵ is specific that CPD must relate to the current scope of practice and environment. Therefore, any pharmacist notifying the Pharmaceutical Society (NI) of a change to their pharmacy sector during a CPD year may have their portfolio selected for assessment.
- 52 There is significant flexibility in the pharmacy workforce to change sectors. Modern healthcare policy and developments are also creating new and wider roles for pharmacists including the significant increase in recent years in the newly developed role of pharmacists in GP practices/Federations across Northern Ireland.
- 53 It is possible for pharmacists to move during their career between industry, community pharmacy, hospital pharmacy or GP practice or to become an Independent Prescriber. Such changes bring new ways of working, systems and practices. These are potential risks and, therefore, the pharmacist needs to ensure they are up to date.

Joining the Register after more than 12 months out of pharmacy practice

- 54 Pharmacy and healthcare are fast-moving health environments with changes to medication, uses and practice occurring all the time.
- 55 The focus of the CPD Framework is on what pharmacists need to undertake to demonstrate reflective practice and to meet the requirements for CPD. This is separate from any requirements that they must meet in terms of their application to join or re-join the Register and any fitness to practise matters.
- 56 Arguably, the longer a pharmacist has been out of practice the greater the risk regarding any loss of up to date knowledge, skills or awareness. It is in the best interests of both the pharmacist and patients that anyone returning to practice undertakes early CPD as part of their return to work, notwithstanding the additional training and induction support that employers should have in place. This is recognised by a range of professional healthcare regulators.

⁵ Article 4A (7) (b) (ii) Pharmacy (Northern Ireland) Order 1976

- 57 In considering the application, the Registrar will review whether other evidence has been provided.
- 58 Under the current Framework, pharmacists returning to the Register following an extended gap in pharmacy practice (more than 12 months) were requested to provide a Personal Development Plan. This does not assess the evaluation and completion of the CPD learning cycle.
- 59 Under the 2020 Framework, pharmacists re-joining the Register after more than 12 months out of pharmacy practice may be asked to make an early, in-year, CPD submission for assessment.
- 60 In each case, the number of cycles and hours may be specified by the Registrar as well as the date for submission.

Joining the Register from another register

- 61 Those joining the Register who have been practising pharmacy in another regulated environment will seek admission through the normal application process and the Certificate of Current Professional Standing and any other evidence provided.
- 62 At this time, it is not planned that practising pharmacists joining the Register with good standing from another recognised regulator will be required to undertake early submissions unless any evidence of increased risk emerges.

Returning to Register following previous voluntary removal

- 63 Applicants seeking to re-join the Register, having previously obtained voluntary removal from the Pharmaceutical Society NI Register during a CPD year, may be required to make a CPD portfolio submission for that CPD year, irrespective of how long they have been off the Register.
- 64 If the pharmacist re-joins the Pharmaceutical Society NI Register during a future CPD year, they may be required by the Registrar to make an early CPD portfolio submission for the CPD year they re-join.
- 65 In considering the application, the Registrar will review whether other evidence of CPD has been provided.
- 66 In each case, the number of cycles and hours may be specified by the Registrar as well as the date for submission.

Portfolios selected for assessment in focus groups

- 67 Pharmaceutical Society NI may select all or a proportion of submitted CPD portfolios in each of the focus groups of pharmacists.
- 68 For all of those selected for assessment in the focus groups, the same requirements will apply. If a submission is deemed, following assessment and verification, not to have met the CPD standard then those pharmacists will move forward to the remedial process.
- 69 Where a pharmacist considers that they have a reasonable excuse for non-submission of an early CPD submission then an application, with supporting evidence, should be made to the Registrar using the extenuating circumstances process.
- 70 If a pharmacist returning to the Register is required to make an early submission for assessment and meets the standard, they will be recognised as meeting their CPD requirement for that CPD year. They will not have to make a further CPD submission in the same CPD year or be selected for assessment again in the same CPD year.
- 71 The numbers affected by this would be small. Fewer than 50 former registrants return to the Pharmaceutical Society NI Register each year.

Questions

- Q3 Do you agree with the proposal to amend the selection criteria for CPD portfolios selected for assessment? This would include:**
 - a percentage, agreed by Council, of all CPD portfolios submitted; and
 - all or a random percentage of all submitted CPD portfolios in the groups of pharmacists identified for focused selection and assessment.
- Q4 The 2020 Framework enables the Registrar to require certain groups of pharmacists joining the Register to make an early in-year CPD portfolio submission in lieu of a submission at the end of the CPD year. Does this provide a proportionate approach in the management of risk?**

Streamlining of Assessment Criteria

- 72 The CPD Framework has always had criteria designed as a reflective practice model based on the four stages of the CPD learning cycle (reflection, planning, action and evaluation). In the current CPD Framework, there are nine criteria against which each CPD is written up and subsequently assessed. However, four of the criteria are listed but are non-essential in terms of assessment. It is not considered that this provides sufficient clarity.
- 73 The 2020 Framework has simplified the nine criteria to six (see Figure 3). These six will all be essential criteria which will form the basis of how the pharmacist prepares the recording of each cycle.
- 74 It is considered that the proposed approach will provide greater clarity and consistency for registrants in preparation of CPD cycle submissions and for CPD Assessors in assessing portfolios.

Figure 3: Criteria for assessment of CPD cycles

	Current CPD Framework (Essential criteria in Bold)	Proposed 2020 CPD Framework (Essential criteria in Bold)
Reflection	Did the pharmacist: Identify specific learning need(s)? - Describe why they wanted to learn about this?	Did the pharmacist identify specific learning needs? Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?
Planning	Did the pharmacist: Describe the activity/activities that they planned to undertake to meet these need(s)? - Indicate when they planned to complete these by?	Did the pharmacist describe, in the activity table, the learning activity/activities they completed to meet the learning needs?
Action	Did the pharmacist: - Provide a brief description of the learning activity/activities they completed to meet the learning needs? Include a brief summary of what they learnt?	Did the pharmacist include a summary of what they had learnt?

Evaluation	Did the pharmacist: 7. Indicate if they have met their learning need(s)? 8. Indicate how their practice has changed or will change as a result of their learning or how they have applied or will apply their learning? Finally, considering the CPD cycle in its entirety: 9. Is it evident that their original learning need(s) have been addressed within the cycle?	5. Did the pharmacist evidence how their practice has changed or will change because of the learning or how they have applied or will apply their learning? 6. Is it evident that the learning needs have been addressed within the cycle?
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Question

- Q5** Do you agree with the proposal to reduce the assessment criteria from nine to six, all being essential?

Changes for CPD cycles, CPD hours and pass mark to meet the required CPD standard

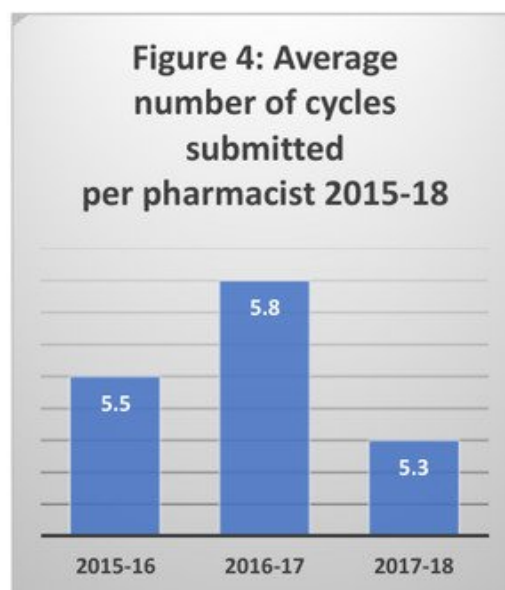
CPD submissions must include between four and ten cycles

- 75 The proposed Framework provides greater clarity and consistency by identifying the maximum number of cycles that pharmacists can submit in their annual CPD submissions.
- 76 The Pharmaceutical Society NI online CPD folder system facilitates a real-time record of all CPD undertaken in a form that enables it to be subsequently used in annual submission. The CPD Framework does not seek to assess every piece of CPD undertaken by pharmacists and recorded in the portal. The CPD submission is meant to provide a representative reflection of the CPD undertaken each year to keep skills, knowledge and practice up to date in line with the standard in the Pharmaceutical Society NI Code.
- 77 The 2020 Framework states that a pharmacist will provide a minimum of four and a maximum of ten learning cycles in a single CPD submission. This does not change the minimum number required but sets an upper limit on the maximum number of cycles that can be submitted.

78 A maximum of ten ensures that each CPD submission can include a blend of learning opportunities, including shorter time learning opportunities and those that require longer periods of reflection, planning, action and evaluation of the learning achieved, as a representative sample chosen by the Registrant.

79 Pharmacists will still be able to record as many cycles as they want to on their CPD folder but will only submit between four and ten cycles amounting to at least 30 hours.

80 This change should have a minimal impact on the making of submissions. The evidence from CPD submissions from 2015-18 show that between five and six cycles on average each year were submitted (see Figure 4).



Submissions must include 30 hours of CPD learning activity

81 The number of hours required for inclusion in a CPD submission remains unchanged. Irrespective of the number of cycles submitted, they must cover not less than 30 hours of CPD activity. A sample of 30 hours (equivalent to four full days) is regarded as a reasonable representative commitment of CPD activity to facilitate assessment.

82 The 2020 Framework does not include an allocation of five hours of writing-up time as a component of the 30 hours of CPD which the current Framework did. This then directs pharmacists to focus on the CPD activity and on their progression through the learning cycle. The stages of reflection, planning, action and evaluation are achieved through the learning activity recorded.

83 It may be that a pharmacist provides more than four cycles which amount to significantly more than 30 hours of CPD activity. If their portfolio is subsequently selected for assessment, the Pharmaceutical Society NI may ask the pharmacist to specify the cycles amounting to approximately 30 hours that they want to be considered for assessment purposes.

Changing of the pass mark and its application to both CPD cycles and number of CPD hours

- 84 The proposed CPD Framework changes the pass mark for successful completion of a CPD portfolio from 40% to 50% in line with the pass mark expected in postgraduate training programmes/courses.
- 85 It is suggested that it is reasonable for patients and the public to expect pharmacists to have successfully completed the learning cycle for at least half of the CPD submitted. The new pass mark reflects this.
- 86 The impact of this change would be minimal. In practice, the pass rate has always effectively been 50% for any pharmacist submitting the required four cycles, or anyone submitting six, seven, eight or nine cycles as 40% cannot be measured in whole cycles.

It is considered that it is reasonable and consistent that the pass mark applies to both the number of cycles and the number of hours to ensure that variation in cycle duration does not distort the result

- 87 Under the 2020 CPD Framework, a pharmacist must pass at least 50% of the submitted cycles. The cycles passed must also account for at least 50% of the total CPD hours submitted. This ensures that there is a qualitative and quantitative assessment to both cycles and hours.

Questions

Q6 Amount of CPD in annual submission:

- a) Do you agree with the proposal to standardise the number of CPD cycles to be submitted to between four and ten; and
- b) that 30 hours of actual CPD learning activity be submitted, thereby removing the current allowance for writing-up time?

Q7 Pass mark:

- a) Do you agree with the proposal to change the overall pass mark to 50% to bring greater consistency with postgraduate qualifications?
- b) Do you agree that it is reasonable to change the pass mark to 50% in terms of both the number of CPD cycles and the number of CPD hours?

Clarification of requirements for inclusion in CPD submission

Clarification of the amount of CPD that must be evaluated within current scope of practice and what can be evaluated in context of application to simulation or future practice.

- 88 As highlighted previously, the legislation⁶ states that CPD activity must relate to a pharmacist's current scope of practice and environment. At the heart of CPD is reflective practice where a pharmacist reflects on their own experiences in working to identify their learning and development needs.
- 89 It is recognised that in a fast-changing healthcare environment, it is not unreasonable for a pharmacist to evaluate and close some elements of CPD through simulated practice or recording how learning would be applied to future practice or a future role in pharmacy if it is not possible to close the learning in a CPD year. The 2020 Framework proposes to limit the amount so closed.
- 90 The proposed Framework proposes that at least 75% of all cycles and hours submitted must be evaluated and closed in the context of the pharmacist's current scope of practice and environment. This enables a pharmacist to submit up to 25% of their portfolio of cycles and hours evaluated and closed using simulated practice or by demonstrating the application of the learning to the potential future practice in their role, a new annotation or a role in a different pharmacy sector they plan to work in.

Annotations and specialisms including pre-registration tutors

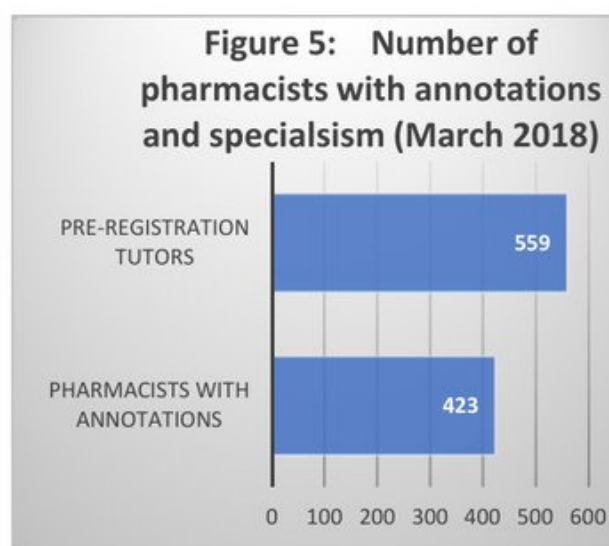
- 91 The Pharmaceutical Society NI Code⁷ is clear that pharmacists should only practise when they are competent and fit to do so and that they undertake CPD relevant to their scope of practice and keep their knowledge and skills up to date to the scope of practice.
- 92 Pharmacists have the right to have an annotation added to their practice for specific areas of work that they have been accredited for. For example, pharmacists who have completed an accredited Independent Prescriber course and meet the criteria for registration as an Independent Prescriber can have the annotation IP to note that they are an Independent Prescriber. Other pharmacists are pre-registration tutors, supervising the work of pre-registration pharmacists.

⁶ Article 4A (7) (b) (ii) Pharmacy (Northern Ireland) Order 1976

⁷ Standard 5.1, Maintain and Develop professional knowledge, skills and competence - Pharmaceutical Society NI Code

93 As Figure 5 shows, in March 2018, out of 2596 pharmacists on the register, 559 were pre- registration tutors. 423 had an annotation.

94 It is, therefore, important that those with annotations and pre-registration tutors demonstrate that they are undertaking CPD relevant to those areas of their practice. Pharmacists with annotations and/or those acting as pre-registration tutors should consider including CPD relevant to each to ensure the full scope of their practice and environment are covered.



Scheduled v Unscheduled

95 The legislation⁸ states that CPD activity should relate to an identified learning need relevant to a pharmacist's scope of practice, environment, annotations or specialism.

96 In the main, learning should be scheduled and planned in line with the principles of reflective practice for professionals. Learning needs will be primarily identified from reflection on the pharmacist's work, practice and environment including changes within the wider healthcare and pharmaceutical environment. This active and pre-planned learning is regarded as Scheduled CPD.

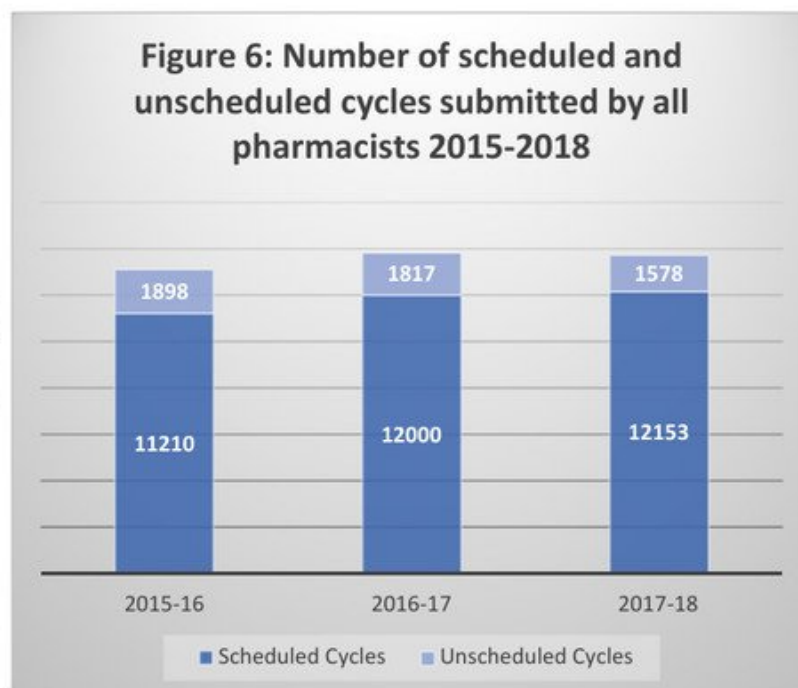
97 Unscheduled CPD is reactive practice where a pharmacist responds in the short-term to circumstances or issues that arise. There is limited or no pre-planning. For example, if a patient asks a community pharmacist a question about a specific drug or treatment, then the pharmacist will follow a reactive course of action to seek the answer and will learn from that. Under the current Framework, unscheduled learning is only assessed against two essential criteria compared with a scheduled cycle which is considered against five essential and four non-essential criteria. The proposal is that unscheduled cycles are measured against the six new essential criteria.

⁸ Article 4A (7) (b) (ii) of Pharmacy (Northern Ireland) Order 1976

98 To ensure that CPD delivers reflective practice, there must be a predominance of scheduled learning.

99 The 2020 Framework proposes that at least 50% of CPD cycles and hours must relate to scheduled learning activities.

100 As Figure 6 shows, nine out of every ten (89%) cycles submitted in 2018 related to scheduled learning activities. Therefore, this change will have minimal impact on pharmacists compared to practice under the current Framework.



Questions

Q8 Type of CPD - Do you agree with the 2020 Framework requirements detailing that at least 50% of both CPD cycles and hours submitted must relate to scheduled reflective practice?

101 When evaluating a CPD cycle, it is recognised that the opportunity to do so in practice may not present itself in a current CPD year. Therefore, using simulated practice or demonstrating the application to future practice may be permitted in limited circumstances. It is, therefore, proposed that a proportion of the CPD evidence submitted, not greater than 25%, can be closed by simulated or application to future practice.

Q9 Do you agree that no more than 25% of CPD cycles and hours may be evaluated using simulated practice or application to future practice?

Clarification of requirements for Remediation

102 Remediation is the process that pharmacists enter if their CPD has not met the standard after assessment. In order to be deemed not met, a portfolio will have been assessed by at least two separate assessors.

103 The 2020 Framework specifies remediation as normally an additional 3 new cycles that have taken place in the subsequent CPD year. The three cycles must cover between 15-20 hours of CPD activity.

- 104 To meet the standard, pharmacists must pass at least two of the cycles submitted as is the case in the current Framework. Under the proposed Framework, the cycles meeting the standard need to cover at least 50% of the hours submitted to maintain consistency with the core CPD submission process.
- 105 Those who are unsuccessful at the first Reassessment (Reassessment 1) under the remedial process will be required to submit a further 3 CPD cycles which will follow the process outlined above. This is known as Re-assessment 2.
- 106 In 2017-18, while 28 CPD submissions were deemed not to have met the CPD standard, only 2 did not meet the required standard after Re-assessment 1 under the remedial process. Only 1 subsequently failed to meet the standard following Reassessment 2. This demonstrates that the process is focused on remediation to support pharmacists in meeting the CPD standard.

Questions

- Q10 Does the 2020 Framework provide enough clarity on the number of cycles and hours required for CPD submissions made in the Remediation process and requirements for meeting the standard?**

Equality Screening

- 107 The Pharmaceutical Society NI has carried out an equality screening on the policy changes contained in the proposed CPD Framework. This showed that there were no differential impacts on most of the equality groups and that any potential impacts were addressed by the mitigating factors that continue to be built into the policy.

General Questions

- Q11 Are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following categories? If yes, please explain what could be done to change this.**

- | | |
|---------------------------|--------------------------|
| • Age | • Religion or belief |
| • Gender | • Political Opinion |
| • Disability | • People with dependents |
| • Pregnancy and maternity | • Sexual orientation |
| • Race/Ethnicity | • Marital Status |

- Q12 Do you have any other comments about the proposed 2020 CPD Framework?**

Pharmaceutical Society (NI) CPD Framework

Supplementary Guidance 1:

- a. Applying for extenuating circumstances and
- b. exemptions for pharmacists on the EEA Visiting Practitioners Register

What is an extenuating circumstance?

The CPD regulations¹ state that pharmacists must comply with CPD requirements unless the Registrar has determined that they have a 'reasonable excuse' not to do so.

The Pharmaceutical Society (NI) has determined that an Extenuating Circumstance (EC) would need to exist, be applied for and be granted, for a 'reasonable excuse' to be established.

An EC is a circumstance beyond the individual's control which has had a significant and/or detrimental impact on the individual's ability to fully comply with their CPD requirements.

Who is entitled to EC?

It is only in cases where a registrant's ability to undertake CPD activity throughout the CPD year has been significantly affected that an application for EC should be made.

There is no automatic entitlement to EC. Pharmacists must not assume an application will be granted and stop undertaking their CPD. Each EC application must be applied for on the form provided.

It is not possible to list every circumstance. Each application will be considered on the basis of the evidence provided.

Any exemption relates only to the CPD year in which it is granted. It does not carry over to any subsequent years. A new application must be made each year an exemption is sought.

Circumstances that will not normally be acceptable grounds for EC include:

- General demands on time or pressure of work
- A short-term illness that has occurred during the year
- Personal disruptions/events such as holidays, staying or living abroad, weddings, moving home/job
- Financial problems
- Short or long-term unemployment

Maternity Leave

If a registrant is on maternity leave, the normal CPD requirements do not apply. In this special circumstance, the registrant may be eligible to apply for either:

- a CPD exemption - if the period of maternity leave runs over the submission deadline, or
- a partial submission - if the registrant has worked less than six

¹ Pharmaceutical Society of Northern Ireland Continuing Professional Development (Northern Ireland Regulations) 2012

consecutive months in the CPD year.

Therefore, the nature of the request on the application form will depend on the period of maternity leave and the precise dates which this falls on during the registration year. It is essential that the registrant can produce two pieces of independent documentary evidence to verify the application such as a maternity exemption certificate (MatB1Form) with details of the Expected Week of Confinement (EWC) and a letter from their employer with details of when they left work and when they expect to return to work.

Please do not supply birth certificates of children.

Paternity leave

If a registrant is on paternity leave, the normal CPD requirements do not apply.

This is considered a special circumstance and can apply to a registrant following the birth or adoption of a child.

The registrant will be eligible to take paternity leave to care for the child or support a partner or adopter. In these circumstances, a registrant can apply for:

- a CPD exemption - if the period of paternity leave runs over the submission deadline, or
- a partial submission - if the registrant has worked less than six consecutive months in the CPD year due to the registrant taking the maximum period of parental leave.

The registrant must provide the Pharmaceutical Society NI with a completed application form for

extenuating circumstances along with two pieces of independent evidence to substantiate the information on the application form.

For example, a letter from their employer with details of when they left work and when they expect to return to work and a Statutory Paternity Pay/paternity leave [–\(SC3\) Form](#)

Note: Under employment law, an employee is entitled to undertake 10 days (keeping in touch (KIT) days) during maternity, adoption or additional paternity leave. This means that a registrant can undertake 10 statutory KIT days and be exempt from their CPD requirements. Any work undertaken by the registrant over and above these statutory KIT days will be considered 'locum work' and the registrant will be eligible to make a CPD submission

How to apply?

Applications should be made as soon as possible and normally within 21 days of becoming aware of the grounds for applying for EC.

The application form should be downloaded from the [CPD section](#) of Pharmaceutical Society (NI) website. Once complete this should be sent, with supporting evidence, to the Registrar marked 'Private and Confidential'.

In making an application a pharmacist must clearly indicate the reason and whether they are seeking a full exemption or partial submission.

Applications must be supported by two types of independent, verifiable documentary evidence. The Registrar will consider on the basis of the evidence supplied.

Examples of evidence include:

- **Long term illness/Hospitalisation** - An original medical certificate/ letter from an appropriate medical professional confirming the nature and severity of the illness.
- **Acute personal/emotional circumstances** e.g. a bereavement - An original medical certificate/ letter from an appropriate medical professional confirming the nature of the circumstances.
- **Family illness** - A medical certificate/letter from an appropriate medical professional confirming the nature/severity of the family illness.
- **Victim of crime** - A written statement of events that is supported by written evidence from the Police (including a crime reference number). Where relevant, an original medical certificate/letter from an appropriate medical professional or counsellor.
- **Criminal investigation, proceedings, litigation or other legal matters** - A solicitor's letter.
- **Maternity leave** - Maternity exemption certificate (MatB1form) Letter from employer.
- **Paternity leave** - Letter from employer.

If the pharmacist is unable to complete the application for justifiable reasons, a 'next of kin' or other suitable person may contact the Registrar on their behalf to explain the circumstances.

This individual may complete and submit the application on behalf of the pharmacist. In doing so, they must submit independent documentary evidence of inability to work or undertake CPD activities.

All supporting evidence will be treated confidentially and in accordance with General Data Protection Regulation (GDPR) 2018. The organisation's policy is available on our website.

Fitness to Practise and applications on grounds of health.

If an application discloses a health impairment which may affect a pharmacist's ability to practise safely or may call into question their fitness to practise, the matter will be referred to the Registrar for further consideration under Fitness to Practise procedures.

The Registrar must consider whether to refer the matter to:

- a. the Scrutiny Committee in accordance with paragraphs 5 (1) of schedule 3 to the Order¹⁴; or
- b. the Statutory Committee in accordance with whichever of regulations 5 (5) or (8) of the Fitness to Practise regulations the Registrar considers to be appropriate in all circumstances of the registrant's case.

Deadlines for applying

Completed applications and supporting evidence should normally be submitted to the Registrar within 21 days of becoming aware of the grounds for applying for EC.

The deadline for receipt of completed applications by the Registrar is 30 April.

Late applications received after the deadline (30 April), may only be considered at the discretion of the Registrar. All late applications must provide a reason for the delay. Where such an exception is made, the pharmacist's application will be considered without prejudice.

In the meantime, the registrant must ensure that they maintain their CPD

records, insofar as they are able, in readiness to make a CPD submission by the 31 May deadline.

How is this considered?

Upon receipt of an EC application an acknowledgement will be sent within 3 working days. The Registrar then consider whether or not there is a reasonable excuse for non-compliance with the CPD framework requirements.

All EC applications will be judged on the following principles:

1. Does the EC prevent the pharmacist from completing their statutory CPD requirement?
2. Has the pharmacist completed any CPD activity for that year? If so, the Registrar may accept a 'partial submission' under certain circumstances e.g. paternity leave?
3. Has the pharmacist previously provided details of an EC? If so, is it the same or a different issue?
4. Is there a health impairment affecting the registrant's ability to practise safely?
5. Is there relevant and verifiable documentation to support the registrant's case to continue to practise as a pharmacist whilst not undertaking statutory CPD?
6. Is the application timely and in the appropriate form?
7. Is the pharmacist currently practising?

Outcome of application

The Registrar will consider each application and formally notify the

outcome in writing, to the pharmacist, usually within 21 days. This could be:

- No exemption;
- Requirement to complete a partial CPD submission; or
- Full exemption from CPD submission.

The Registrar's decision is final.

A registrant must not assume that an application has been granted until they receive written confirmation from the Registrar that this is the case.

It is important to note that should an unsuccessful applicant subsequently fail to make a CPD submission, they will be deemed to be in non-compliance with their statutory CPD requirements.

It should be noted that it is an individual's responsibility to maintain their CPD records throughout the year. An event or occurrence close to the submission date may not therefore result in a partial, or any occurrence.

In such cases, a notice of removal will be served which will outline the right of appeal to the Statutory Committee within 28 days of service of that notice.

Exemptions for Visiting EEA Practitioners

A visiting pharmacist from a relevant European state may have their name recorded in the temporary service register of the Pharmaceutical Society NI and is referred to as 'a visiting practitioner'

Under Article 4A (7)(c) of the Order, if a visiting pharmacist is registered on the temporary register of the Pharmaceutical Society NI, the Registrar shall take account of any

continuing professional development
the visiting pharmacist is required to
undertake in their home state.

Inclusion on the temporary register is
for a maximum of one year. After this a
new application must be made for re-
inclusion.

June 2020

draft

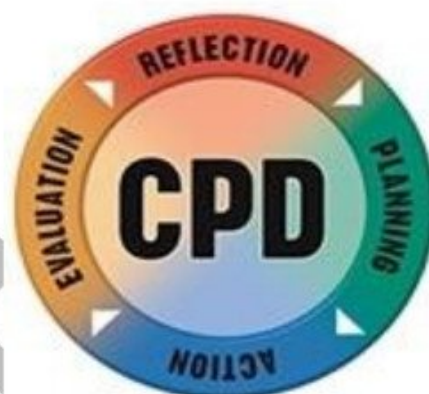
Pharmaceutical Society (NI) CPD Framework

Supplementary Guidance 2: Portfolio Assessment – A guide to CPD Assessment

Guidance on Assessment of CPD Cycles

This is a guide for pharmacists on how to complete CPD cycles under the four areas of learning and the questions that relate to the six essential assessment criteria identified in the CPD Framework.

All the criteria are essential and must be met for a cycle to be successfully completed.



Reflection

1. Did the pharmacist identify specific learning needs?

Reflection should be based on SMART objectives (Specific, Measurable, Achievable, Realistic and Timebound). Identification and specification of the learning need(s) are the two essential factors in determining whether the pharmacist has met this criterion.

- **IDENTIFICATION** – a statement of learning intent should be present, e.g. 'I need to learn/know/gain a knowledge of/improve/understand/find out/familiarise myself with ...'
- **SPECIFICATION** – A specific statement of learning need is required which should be precise, succinct and measurable, e.g. 'I need to know the risk factors associated with heart disease.'

General statements that identify a broad learning need are inadequate, e.g. 'I need to know about heart disease.' You must keep your learning needs focussed, precise and succinct - limited to two or three. This will make subsequent stages of your CPD cycle easier to record.

It may help to bullet or number your learning needs.

2. Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?

Pharmacists may identify their learning needs through various methods:

- Learning from experience
- Receiving feedback from others
- Reading publications
- Attending workshops, study groups, locality groups etc.
- Using a personal SWOT (Strengths, Weakness, Opportunities and Threats) analysis to identify strengths and areas that need developing
- Completing a Personal Development Plan (PDP) to help identify career goals
- Unscheduled learning in reaction to a learning need that is identified during a pharmacist's day to day work e.g. question from a colleague or patient

The pharmacist should briefly describe the circumstances/context that led to them identifying the specific learning need(s). For example:

- 'I discovered, after reading an article in the Pharmaceutical Journal on the risk factors associated with heart disease, that I need to learn more about ...'
- 'When a patient presented with the classic warning symptoms of diabetes, I realised the need to learn about ...'
- 'After attending the asthma workshop, 'Take my breath away', I wanted to improve my knowledge of ...'
- 'The pharmacy contractor decided to run a smoking cessation campaign within the store, so I need to know ...'
- 'I'm currently training as a pharmacist prescriber and I need to learn about ...'

Examples of acceptable reflection stage recording:

Beta blockers in treatment of hypertension

I know that beta blockers are no longer recommended for first line treatment of hypertension. I want to find out what drugs are now recommended and what to do about existing patients on beta blockers to treat hypertension.

Management of Chronic Kidney Disease

I want to learn about the criteria for diagnosis of Chronic Kidney Disease (CKD) and its management. I need to learn this as I want to know more about how to manage patients with this condition at my hypertension prescribing clinic.

Planning

3. Did the pharmacist describe, in the activity table, the activity/activities they completed to meet the learning needs?

Beta blockers and the treatment of hypertension

Activity	Date	Time Taken	Evidence
Read NICE CG 34 - Management of Hypertension in adults in primary care	19/04/2017- 19/04/2017	2hrs	Copy of Quick Reference Guide with annotations
Read BNF chapter 2	20/04/2017- 20/04/2017	1hr	Photocopy of Chapter with annotations or summary

Read DH PCEP on ACE Inhibitors and Angiotension II Antagonists	20/04/2017-20/04/2017	1hr	Copy of policy with annotations or summary
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Total Time Taken	4hrs
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Management of chronic kidney disease

Activity	Date	Time Taken	Evidence
Read BMA guidance on QOF indicators for CKD	03/05/2017- 03/05/2017	1hr	Copy of BMA guidance with annotations or summary
NICE CG 73, Chronic Kidney Disease. September 2008	03/05/2017- 03/05/2017	2hrs	Copy of Quick Reference Guide with annotations or summary
SIGN Guideline 103. Diagnosis and Management of Chronic Kidney Disease	04/05/2017- 04/05/2017	2hrs	Copy of Quick Reference Guide with annotations or summary
BMJ eLearning 'Chronic Kidney Disease'	11/05/2017- 11/05/2017	1hr	Completion certificate

Total Time Taken	6hrs
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Action

4. Did the pharmacist include a brief summary of what they learnt?

The pharmacist is required to provide a brief summary of what they personally learnt. This summary should:

- demonstrate a depth of learning
- relate to the identified learning need(s)
- contain specific detailed examples of what the individual learnt.

Examples of acceptable action stage recording:

Beta blockers and the treatment of hypertension

I have learnt that Beta blockers are no longer recommended as first line treatment for hypertension as they have been shown to be less effective than other treatments at reducing cardiovascular events, particularly stroke.

If a patient's blood pressure is well controlled with a beta blocker then the beta blocker does not need to be withdrawn, although their long-term treatment should be reviewed.

First line drugs are now ACE inhibitors for patients <55yrs and calcium channel blockers or diuretics for patients >55yrs or black patients of any age.

Management of Chronic Kidney Disease

I have learnt that CKD is diagnosed when eGFR is persistently less than 60mL/min/1.73m² and that the label still applies even if kidney function improves with treatment.

Albumin: creatinine ratio is used to determine whether proteinuria is present and the classification for CKD stages 1-5 is further subdivided depending on whether proteinuria is present. Once a diagnosis of CKD has been made the patient should be given lifestyle advice (smoking, healthy weight, exercise) and have their blood pressure monitored regularly.

Blood pressure should be maintained at < 130/80 where possible to slow deterioration of kidney function. ACE Inhibitors are the treatment of choice. Cardiovascular risk should be assessed and treatment with statins and/or aspirin initiated where necessary.

Evaluation

5. Has the pharmacist evidence how their practice has changed or will change because of their learning or how they have applied or will apply their learning?

The pharmacist should provide **clear examples** (at least one) of how they have implemented their learning or changed practice because of their learning or knowledge gained.

- a. If you are providing evidence of having applied the learning in the past or present it is sufficient to record:
 - 'I have advised a patient...'
 - 'I have advised the practice...'
- b. If you are providing evidence of how you intend to apply your learning to your practice, it is sufficient to record:
 - 'I plan to...' then provide a specific example of how the learning will be applied to future practice
 - :
- c. If you have demonstrated your learning by way of simulation, it is sufficient to record:

- I have used simulation to...

Note that the amount of such evaluation is limited under subheadings b and c is limited to no more than 25% of a submitted portfolio.

6. Is it evident that the learning need(s) have been addressed within the cycle?

The assessor examines all stages of the CPD cycle and will judge whether the pharmacist has addressed the original learning need(s) through the cycle.

Each specific learning need should be mapped through each of the reflection, planning, action and evaluation stages of the cycle.

Examples of acceptable evaluation stage recording:

Beta-blockers and treatment of hypertension

I am now familiar with the drugs used to treat hypertension. I have advised the nurse who currently runs the hypertension clinic to review patients on beta blockers but that if the patient's blood pressure is well controlled there is no absolute need to change their medication.

On reading the NICE guidance I have identified a need to gain more experience in measuring blood pressures in the correct way and to find out more about the treatment of patients with target organ damage such as CKD.

Management of CKD

I am now more knowledgeable about this condition.

I have been able to advise the practice about the follow up requirements of patients with CKD and to review the practice CKD register and add new patients. I feel confident that I will be able to manage patients with co-existing hypertension and CKD in the prescribing clinic and will continue to update my knowledge as necessary.

Example of an acceptable CPD cycle:

Title: Osteoporosis

Reflection

Recently a patient approached the pharmacy counter and asked for some advice in relation to a treatment for osteoporosis which she had been prescribed, alendronic acid 70 mg tablets.

After appropriately counselling the patient on how to take this medication, she asked if there were any lifestyle changes that she could make which might help to improve her condition. I briefly spoke to the patient about the importance of adequate calcium intake but struggled to confidently provide any other advice.

I specifically want to know:

- What are the risk factors for the development of osteoporosis?
- What lifestyle advice can be given to patients at risk of developing/with osteoporosis?

Planning

I plan to complete the 'menopause/osteoporosis' section of the NICPLD 'Women's Health' pack.

Action

From my planned activities I have learned:

Osteoporosis risk factors: age, sex (women at increased risk especially after menopause) smoking, alcohol, low BMI, race (Asian or Caucasian lower bone density) genetic link, previous fragility fracture.

Key to effective management of osteoporosis is prevention.

Lifestyle advice-

Exercise: bone mass enhanced by weight-bearing exercise 3 times a week (40min session).

Exercise needs to be at a level appropriate for patient's age and physical condition. Regular exercise e.g. walking helps maintain bone and general health.

Diet: promote balanced diet inclusive of fresh fruit and vegetables. If appropriate, calcium and vitamin D supplementation may be advised.

Smoking: Smoking reduces bone mass and weakens the bone leading to an increase in risk of hip and vertebral fractures. Promote smoking cessation.

Alcohol: consumption should be moderate to prevent osteoporosis.

Activity	Date	Time Taken	Evidence
I completed the menopause/osteoporosis section of the NICPLD 'Women's Health' package	20/04/2017	2 hrs.	Certificate of completion of NICPLD Women's Health DL pack is filed in CPD Portfolio

Total Time Taken	2 hrs.
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Evaluation

In the last month I have advised one patient on lifestyle interventions to help prevent osteoporosis.

The patient was a lady in her early 40s who presented at the pharmacy counter requesting a calcium supplement. It transpired that the lady's mother had recently been diagnosed with osteoporosis and this had prompted her to ask for a calcium supplement.

I advised of the importance of a balanced healthy diet, moderate alcohol consumption and regular exercise. It became apparent that her calcium intake was average so I recommended that she begin by trying to increase her calcium intake via her diet and discussed how she would do this.

I also established that the lady smoked. We discussed at length the benefits of smoking cessation and possible treatment options. The lady agreed to set a quit date and to return to the pharmacy when ready to try NRT.

I have addressed my learning needs in this cycle.

Best Practice v Unacceptable Practice

	Best practice	Unacceptable practice
Reflection	Criteria 1: Did the pharmacist identify specific learning needs?	
	Clear statement of learning intent followed by bulleted specific learning needs. This should be precise, succinct and with no ambiguity. SMART Objectives: Specific, measurable, achievable, realistic, timebound.	Review/update/revisit without any specific learning need identified. Feedback provided regarding best practice.
	Criteria 2: Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?	
	Contextualise learning with a clear trigger/prompt for the learning need.	'I feel I need to know more about...' without further explanation giving details.
Planning	Criteria 3: Did the pharmacist describe the activity/activities they completed to meet the learning needs?	
	Full details* relating to the learning activity that would allow an assessor to source that specific learning activity. Are there notes or annotations of study *Specific names are not required – job titles are sufficient to demonstrate the tutor's expertise.	Less detailed information e.g. 'A workshop', 'article', 'courses', 'internet search' but no further detail is present in the cycle use references to evidence sources.
Action	Criteria 4: Did the pharmacist include a summary of what they learnt?	
	Brief summary with examples of personal learning in relation to each learning need. Summary relates to learning need(s) and contains specific detailed examples (multiple) of personal learning.	No personal learning demonstrated. Summary of contents of learning activity.

	Best practice	Unacceptable practice
Evaluation	Criteria 5: Did the pharmacist evidence how their practice has changed/will change because of the learning or how they have applied/will apply their learning?	
	At least one clear example of implementing learning/changing practice.	'I feel that I can now...' with no justification as to why the individual feels that way.
	Demonstration of transition as a result of learning activity (now I can).	Generic statement relating to use in practice/future practice e.g. "I use/will use this in my practice/future practice".
	Specific example of how the learning has been applied or will be applied to future practice or has been simulated.	
	Criteria 6: Is it evident that the learning needs have been addressed within the cycle?	
	Each learning need is clearly mapped through reflection, planning, action and evaluation stages of the cycle.	No mapping of learning needs through mapped through all stages of the cycle.

June 2020

DRAFT

Pharmaceutical Society (NI) CPD Framework

Supplementary Guidance 3: Remedial Measures and Reassessment

The CPD Regulations¹ outline the circumstances in which a pharmacist can be regarded as having failed to comply with the CPD framework requirements and when the pharmacist can be regarded as making a false declaration about their compliance with the CPD framework.

The regulations allow the Registrar to:

- impose one or more remedial measures (Reassessment 1 and 2) in connection with CPD; or
- initiate steps to remove a pharmacist from the Register; or
- remove an annotation in respect of a specialist area of practice against a pharmacist's name in the register.

In most cases, a failure to comply with the requirements of the CPD framework, including failing to meet the standard upon assessment, will result in one or more remedial measures being imposed.

Reassessment 1

The remedial measures applied to registrants will be, in most cases, a process of reassessment. Remediation happens in up to two stages known as Reassessment 1 and 2.

At each stage the Registrar will normally require the pharmacist to

submit three new CPD cycles from the new CPD year (that is, CPD activity undertaken from 1 June in the subsequent CPD year from the one the original submission related to).

The pharmacist will be given two months in which to submit a reassessment portfolio.

Failure to comply with a request for a further submission will be treated in the same way as failure to make an initial submission

Standard required

The three cycles must include between 15 and 20 hours of CPD activity. To meet the standard, a pharmacist's submission must pass two of the three new CPD cycles submitted covering at least 50% of the CPD hours submitted.

Assessment Process

All portfolios are assessed by Independent Assessors (IA). Any portfolio that is deemed by an IA not to have met the standard will be assessed by second IA. If the second IA agrees that it does not meet the standard, then that will be the final decision.

If the second IA concludes that the portfolio did meet the required standard, then it will be subject to a review by a third IA. The assessment of the third IA will determine the final

¹ Pharmaceutical Society of Northern Ireland Continuing Professional Development (Northern Ireland Regulations) 2012

decision of whether the portfolio has, or has not, met the required standard.

If successful, the registrant will be deemed to have met the standard required and no further action will be necessary.

Reassessment 2

The pharmacist only enters Reassessment 2 if they have not met the required standard in Reassessment 1.

The second stage will involve the submission of a further three new CPD cycles within a two-month timeframe amounting to between 15 and 20 hours of CPD activity.

The standard and Assessment process are the same as with Reassessment 1.

Failure to meet Reassessment 2

If the pharmacist fails to meet the required standard at Reassessment 2, this will be considered as non-compliant with the CPD Framework.

The steps outlined in the CPD Regulations will be followed. This will involve the Registrar issuing a notice of Intention to remove the pharmacist's name from the register or to remove an annotation linked to a pharmacist's entry on the register.

Details of the appeal process will be provided within the Notice of intention to Remove.

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Pharmaceutical Society (NI) CPD Framework

Supplementary Guidance 4: Procedure to be followed by the Registrar in the event of failure to meet the CPD standard, and associated appeal procedures

Where a registrant fails, without 'reasonable excuse' to comply with the CPD requirements or fails to comply with any remedial measures imposed this may be viewed as non-compliance.

In such circumstances, the Registrar has the power under the CPD regulations¹ to proceed to remove a pharmacist's name, or an annotation they hold, from the Register.

Consideration of Fitness to Practise

Where the Registrar initiates steps to remove a pharmacist from the Register, or to remove an annotation to registration, they will firstly consider if there is an issue with the fitness to practise of the individual.

Where reasonable grounds exist that the fitness to practise of the registrant is called into question the Registrar will consider whether to refer the matter to either the Scrutiny Committee or the Statutory Committee.

Notice of intention to remove

If no fitness to practise issue is identified, then the Registrar will send out a 'notice of intention to remove'.

The notice will set out the grounds for alleging that the registrant:

- i. has failed to comply with the requirements of the CPD framework, or
- ii. has made a false declaration about their compliance with the requirements of the framework.

The notice will:

- include a copy of evidence on which the Registrar would seek to rely in any proceedings
- invite written representations along with any relevant evidence to the Registrar, within 28 days setting out the reasons why their name or annotation should not be removed from the Register.
- state that in the absence of any submission within 28 days of the notice the pharmacist's name or their annotation will be removed from the Register.

Consideration of submissions

If written submissions are received, the Registrar will consider the submissions and evidence.

The Registrar will either then:

- determine that no failure to comply has taken place and close the matter;

¹ The Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2012 and The Council of the Pharmaceutical Society of Northern Ireland

(Continuing Professional Development) Regulations (Northern Ireland) 2013

- determine that the registrant has failed to meet their CPD requirements;
- make further inquiries, including obtaining legal advice, as considered necessary or expedient.

Where the Registrar is relying on new evidence in making a determination, the Registrar will send copies of any new evidence to the registrant and issue a 'supplementary notice'.

The 'supplementary notice' will invite the pharmacist to submit written representations, and any relevant additional evidence within 28 days as to why their name or their annotation should not be removed from the Register.

The Registrar may serve more than one supplementary notice on the registrant

Where more than one supplementary notice has been served, the Registrar will consider the most recent supplementary notice in making a determination on any submission received.

Decision

Following non-receipt of any submission or upon consideration of any submission received the Registrar may decide that the pharmacist has failed to comply with their CPD requirements and issue the decision to remove the pharmacist's name, or their annotation, from the register.

Appealing a decision

The process for lodging an Appeal against removal of a name or annotation is detailed in regulations 12-29 of the CPD regulations². An appeal is normally held on the review of the papers however a registrant can request to have a hearing.

The pharmacist has 28 days from the decision to serve a notice of Appeal to the Secretary of the Statutory Committee. In making the appeal the pharmacist must:

- state that it is a notice of appeal and include their contact details and Registration details.
- Include details of any representation on their behalf
- Include the date of the decision being appealed and the grounds for the appeal
- Include copies of any material already provide to the Registrar in written submissions and additional information they wish to relay on in the appeal proceedings
- include a skeleton argument for appeal
- state if they wish for a hearing to be held and whether they wish to have a case management meeting, including what issues they wish to be discussed at the latter

The appellant has the burden to establish that the Registrar's decision should be overturned. Where facts are

² The Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2013

disputed, the Statutory Committee will consider if they have been established using the civil standard of proof i.e. the balance of probabilities.

The Registrar has the power to suspend a pharmacist's registration pending the outcome of any appeal lodged.

The Statutory Committee will consider the appeal based on the papers submitted in the evidence bundle, unless an Appeals hearing is requested by the pharmacist.

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The appeal will be considered in line with any practice directions given by the Chair of the Statutory Committee³.

Where an appeal hearing has been requested a notice of hearing will be served on the appellant. Hearings will normally be held in public subject to considerations of health issues as outlined in Regulation 25.

Having considered the appeal, the Statutory Committee may:

- dismiss the appeal
- allow the appeal and quash the decision appealed against
- Substitute for the decision appealed against any other decision the Registrar could have taken
- Refer the case to the Registrar for disposal of the matter in line with their directions

The Statutory Committee will inform the appellant in writing of its decision as soon as reasonably practical.

Suspension pending outcome of appeal

³ Regulation 24, The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012

Pharmaceutical Society (NI) CPD Framework

Supplementary Guidance 5: Restoration to the Register or restoration of annotation following removal for CPD non-compliance

The CPD regulations¹ outline the procedure for the restoration of a pharmacist's name to the register of the Pharmaceutical Society (NI), and the restoration of an annotation to be recorded against a pharmacist's name in the register, following any removal for CPD non-compliance.

Applications for restoration can be made at any time after a removal and will be considered by the Registrar in conjunction with the supporting evidence provided.

Application forms for restoration to the Register or restoration of annotation following removal for CPD non-compliance can be downloaded from the Pharmaceutical Society NI website www.psnri.org.uk.

Requirements for applications

Any persons wishing to apply to the Registrar for restoration of a name to the Register or to have an annotation restored to their registration following removal for CPD non-compliance is required to submit:

- a completed, signed and dated, application form
- payment of the prescribed fee
- a personal development plan

- a portfolio of documentary evidence of participation in additional learning activities, amounting to a total of 30 hours
- Additional evidence and documents for verification as required by the Registrar for the purposes of determining the application.

In applying, the applicant agrees to comply with the CPD standards set by the Pharmaceutical Society (NI) and any undertakings applied by the Registrar.

Undertakings

Before granting an application, the Registrar must consider if undertakings are required to:

- Complete additional education, training or experience
- undertake any additional CPD after the registrant's name or annotation is restored to the Register
- make an early in-year CPD submission for assessment. The number of hours and cycles and the date for submission will be specified by the Registrar.

¹ Regulation 10 & 11 Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2012

Supporting evidence of personal learning and development or continuing education (CE)

The supporting evidence must:

- reflect the applicant's intended scope of practice, specialty and other professional roles.
- be focused on intended outcomes.
- have SMART objectives (Specific, Measurable, Achievable, Realistic and Timebound) and undertaken in a timely way.

The applicant's personal learning and development or CE activity can be made up of a combination of:

- *Supervised practice* - a period during which the applicant practises under the supervision of a registered health professional (normally a pharmacist).
- *Private study* - a period of structured study. The applicant can use resources such as on-line information, libraries and journals. Please note that private study can only make up a maximum of 50% of the total learning activities.
- *Formal study* - a period of structured study provided by a person or organisation. For example:
 - return to practice programmes run by educational institutes, health trusts, health boards or other organisations
 - relevant CE courses

- relevant distance learning modules or programmes offered by professional organisations
- attendance at a relevant conference.

Applicants must fill in the relevant form downloadable from the Pharmaceutical Society (NI) website for each category of learning activity undertaken.

The evidence will be reviewed by the Registrar based on the evidence submitted.

Refusal of an application – the right of Appeal

Where an application is refused the Registrar will write to the applicant outlining both:

- the reason for refusal of the application; and
- the right of an appeal to the Statutory Committee and how to make an appeal

An Appeal against the refusal of the applications will be processed with in accordance with any practice direction issued by the Chair of the Statutory Committee and detailing any reasons for refusal see regulation ²11 (9)&(10)

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² The Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional

Development) Regulations (Northern Ireland) 2012 & 2013

draft

Council – March 2020

For Information

Title: Changes to the pre-registration training and syllabus related to the forthcoming common registration assessment

Purpose of paper: To provide Council with an early understanding of the changes which will occur to materials related to the final registration assessment and the pre-registration training programme as a result of agreeing to work in partnership with the GPhC on a common registration assessment. To outline for Council where the lines of accountability and governance will exist in relation to these changes and seek any initial feedback with a view to honing the changes.

Action Required by Council

To note the paper and proposed actions and provide commentary/feedback if required and to approve changes to compulsory elearning modules.

To agree that the syllabus for pre-registration training will, from June 2020, be set by the Board of Assessors as described under Section 7 of this report.

Background

At its meeting of 26 November 2019, Council considered the consultation report on proposals for a joint GPhC/Pharmaceutical Society NI 4-country registration assessment. And it was recommended that Council:

- A. adopt a joint GPhC/Pharmaceutical Society NI 4-Country Registration Assessment introducing the revised joint-assessment in 2021.
- B. empower the Chief Executive to sign the partnership agreement between the GPhC and the Pharmaceutical Society NI.
- C. instruct the Chief Executive to produce an implementation and communications plan for Council's approval in January 2020.

At its meeting of 27 January 2020, Council noted the finalised and signed partnership agreement with the GPhC and approved the joint implementation and communication plan.

In adopting a joint GPhC/Pharmaceutical Society NI 4-Country Registration Assessment (hereinafter referred to as the 'common registration assessment'), certain core documents/frameworks relating to the final registration examination 2020, will

change for the introduction of the new common registration assessment in 2021. This will also be accompanied in some areas by different governance and accountability mechanisms for Council.

This paper seeks to, at an early stage, provide Council with an understanding of what is changing and what their governance and accountability role will be in relation to the new documents and procedures, as per the Partnership Agreement with the GPhC.

Current situation relating to Pre-registration training and the examination.

At present the pre-registration training year has the following framework:

Pharmacy graduates who wish to register as a pharmacist with the Pharmaceutical Society NI must successfully complete 52 weeks of pre-registration training which takes place mainly in the community pharmacy and / or hospital pharmacy sectors under the supervision of a tutor pharmacist who has been inducted for the role of tutor. During the 52 weeks, trainees are expected to apply the knowledge and skills gained at University and successfully attain a number of compulsory components of training:

- demonstrate competency to practice as a pharmacist by achieving performance standards through completion of a reflective online e-portfolio
- successfully complete 16 mandatory eLearning modules
- live attendance at 5 compulsory training days focused on supporting pharmacy practice and developing professionalism
- achieve a pass the registration examination
- achieve sign off in the form of a 'final declaration' from their tutor that they are fit to practice and possess the necessary professional skills to operate as a registered pharmacist.

1. Standards for initial education and training of pharmacists (IET) – 2011

Future Pharmacists: The standards for the initial education and training of pharmacists in Great Britain (GPhC, 2011) sets out the initial education and training standards for pharmacists training in Great Britain. The document details a number of standards that MPharm course providers across GB/NI are required to meet in order to be accredited and also defines the learning outcomes for the 5 years of initial education and training including the pre-registration training year. The IET is designed to ensure that newly registered pharmacists are competent to practise safely and effectively.

The Council of the Pharmaceutical Society NI adopts these standards (through an MOU with the GPhC) to facilitate a UK wide approach to the initial education and training of pharmacists at undergraduate level. This ensures that there is a common

and consistent approach to UK undergraduate pharmacy education meaning that pharmacy graduates are required to meet the same standard throughout the UK and can undertake pre-registration anywhere in the UK.

Council's current governance and accountability mechanism for this document is dictated by the Memorandum of Understanding with the GPhC -signed by the Chief Executives of both organisations - which has been in existence since 2012.

2. Performance standards framework for Pre-registration Training

This is a set of more specific performance standards related to delivering and assessing pre-registration trainees' progress in relation to their developing competency to practice and suitability to joining the professional register. These standards encompass aspects of performance and behaviour that underpin effective professional activity and a trainee must meet these indicators consistently in order to be assessed as competent.

This document is developed and controlled by the Pharmaceutical Society NI. It has historically not been mapped directly against the learning outcomes in the IET.

Council are responsible for approving this document

3. Compulsory Training Days and compulsory E-Learning modules

The Pharmaceutical Society NI has specified certain compulsory training e-learning modules and live training events for pre-registration training.

Compulsory training days

The Pharmaceutical Society NI delivers the induction training and business management training days. The remaining compulsory training days are delivered on behalf of the Pharmaceutical Society NI by the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD). At present there are a total of 5 compulsory training days;

1. Induction Training Day
2. Business Management Training
3. Law and Ethics
4. Basic and Emergency First Aid
5. Supporting Professional Practice

Compulsory E-learning modules

Trainees are required to complete 16 compulsory e-learning modules supplied by NICPLD

The e-learning modules are as follows

1. The Responsible Pharmacist
2. Controlled drugs – striking a balance
3. The EU General Data Protection Regulation
4. Patient medication review and records
5. Patient safety – high risk medicines: Insulin
6. Patient safety – high risk medicines: Opioids
7. Patient safety – high risk medicines: Oral anticoagulants
8. Patient safety – Medical calculations
9. Patient safety – Medication incidents
10. Minor ailments: CNS
11. Minor ailments: Eyes, ears and oral health
12. Minor ailments: GI
13. Minor ailments: Infections and infestations
14. Minor ailments: Respiratory
15. Minor ailments: Skin
16. Minor ailments: Urogenital

The Pharmaceutical Society NI is in control of requiring the completion of compulsory training days and eLearning modules as requirements for registration, again Council is responsible for approving this .

Syllabus

Under Schedule 2 of the Pharmaceutical Society of Northern Ireland (General) Regulations (Northern Ireland) 1994/202¹, the Council is required from time to time to resolve the syllabus and procedures for the registration examination.

At present we hold a Syllabus to provide pre-registration students and their tutors with information about which aspects of pharmacy practice should be covered during the pre-registration year, with a view to the current registration examination.

Council is responsible for approving the syllabus

Changes to pre-registration framework and documents as a result of moving to a common registration assessment in partnership with the GPhC.

4. Standards for initial education and training of pharmacists (IET) – 2011

This standards document is a GPhC document adopted by the Pharmaceutical Society NI in 2012 under the Memorandum of Understanding relating to the education and the accreditation of MPharm degrees in Northern Ireland.

This document will continue to provide the broad framework within which we jointly accredit the Universities in Northern Ireland and accept accreditations for other universities across GB, deliver the pre-registration year and develop and deliver the

¹ <https://www.legislation.gov.uk/nisr/1994/202/made>

common registration assessment in partnership with the GPhC. Councils governance and accountability mechanism for this document will remain the same and is dictated by the Memorandum of Understanding with the GPhC, which has been in existence since 2012.

5. Performance standards framework for Pre-registration Training

The Performance standards framework for Pre-registration Training will be enhanced for the 2020/21 pre-registration training year, to deliberately align them with the IET, which will also more appropriately dovetail them with the new syllabus/common registration assessment framework. (See 8 -below)

This document will continue to be developed and controlled by the Pharmaceutical Society NI. Council will continue to be responsible for approval of these standards

6. Compulsory Training Days and compulsory E-Learning modules

As a result of the shift to the common registration assessment and the feedback from the public consultation about moving to a joint 4 country registration assessment, the compulsory training days and compulsory e-learning modules have been subject to a review.

This review focused on two areas: Northern Ireland Specificity in relation to pharmacy practice and legislation arising from feedback in the recent consultation and the current regulatory burden on pre-registration trainees based on feedback from recent quality assurance work carried out into pre-registration training.

Aspects of Northern Ireland Pharmacy practice

The 'new common registration assessment' will assess aspects of pharmacy practice which are common throughout the UK and will not test on jurisdictional specificities, rather it will seek to test candidates' ability to apply their clinical knowledge gained during their undergraduate and pre-registration year, preparing them and equipping them to work in any part of the UK, including GB and NI.

Feedback from the public consultation on the joint registration assessment raised the matter that the new assessment may not deal with specific jurisdictional differences across the 4 countries, meaning that we would lose the ability of testing trainees on local areas of NI pharmacy practice, NI legislation, PSNI Guidance and NI Formulary etc.

Whilst there are multiple commonalities between Great Britain and Northern Ireland in terms of pharmacy practice and the law, there are some minor areas of variance between the UK jurisdictions. It was also noted that Regulation 9 (b) of the Pharmaceutical Society of Northern Ireland (General) Regulations (Northern Ireland) 1994/202, states that a person may qualify for registration in Northern Ireland if ' *he has produced evidence to the satisfaction of the Council that he has adequate*

knowledge of the laws governing the practice of pharmacy and the sale of medicines and nonmedicinal poisons in Northern Ireland’.

To take account of this issue, we have engaged with NICPLD and reviewed the current provision of training days and compulsory e-learning.

It was considered that the current compulsory training days and the first nine e-learning modules meet the requirements of reflecting Northern Ireland pharmacy practice, legislation and context.

Burden on Pre-registration trainees

As part of our quality assurance processes, we receive feedback from trainees in relation to the pre-registration training year and programme. In relation to the compulsory components of pre-registration training, some trainees indicated that though the compulsory training elements were useful in helping them prepare for registration as a pharmacist, the workload involved was at times difficult to manage given their full-time commitments, undergoing ongoing assessment by the tutor and preparing for the final registration examination. In addition to this, education strategies are becoming more focused on an independent learning^[1] approach or learner-led approach where individuals in education and training are treated as adult learners to identify their own individual learning needs and given a degree of flexibility about how they remediate those learning needs.

Outcome of review

With a view to ensure the appropriate balance within the programme and instilling a more learner led approach, the 7 e-learning modules relating to minor ailments will no longer be a compulsory part of the pre-registration training. Instead, the e-learning modules relating to minor ailments will still be made available by NICPLD and pre-registration trainees will be informed of them and can decide whether they choose to complete the modules to meet their individual learning needs.

This will result in there being 5 compulsory training days and 9 compulsory e-learning modules, all of which are considered focused on supporting the practice of pharmacy in Northern Ireland and relevant aspects of NI legislation and therefore meet Council's legal requirements under that Regulation 9 (b) of the Pharmaceutical Society of Northern Ireland (General) Regulations (Northern Ireland) 1994/202.

Council are asked to approve this change

7. Syllabus moving to Common Registration Assessment Framework

As an outworking of the partnership agreement and moving to the common registration assessment, the current syllabus will be replaced by a common registration

^[1] Essential skills for medical teacher - an introduction to teaching and learning in medicine, R Harden, K Laidlaw 2nd ed

assessment framework, which will be set by the Board of Assessors, which will have accountability to both Councils. Council will meet its legal requirements under the Pharmaceutical Society of Northern Ireland (General) Regulations (Northern Ireland) 1994/202 in relation to a syllabus, through the common registration assessment framework.

The Common Registration Assessment Framework (i.e. syllabus) on which the common registration assessment will be based is aligned with the overall IET framework upon which MPharm degrees throughout the UK are based upon. It explains explicitly what will be tested in the final registration assessment which is deemed a fairer and better approach for trainees and in line with current academic practice.

The registration assessment framework will be reviewed and revised each year to reflect changes in practice and relevancy to the IET. The new common registration assessment framework will be consistent with requirements and standards of both the Pharmaceutical Society NI and the GPhC.

The Council will provide oversight to the Common Registration Assessment Framework, through the Board of Assessors, which will set it each year. Council will be provided with the common registration assessment framework for 2020/21 when completed and the revised Board of Assessors is in place.

See Figure 1 for an overview of these changes.

Figure 1 - Changes to the pre-registration training and examination framework			
Current Framework	Council's current oversight mechanism	Forthcoming Changes	Council's future Oversight mechanism
1. Standards for initial education and training of pharmacists (IET) – 2011	Oversight provided through Memorandum of Understanding with GPhC.	No Change – IET to remain overarching framework.	No change - oversight provided through Memorandum of Understanding with GPhC.
1. Performance standards framework for Pre-registration Training	Direct Oversight through PSNI executive team.	Performance standards framework for Pre-registration Training – Minor amendments to further align with the IET.	No Change - Direct oversight through PSNI executive team.
2. Compulsory Training Days and compulsory E-Learning modules	Direct Oversight through PSNI executive team	7 minor ailment modules will no longer be compulsory – will remain available as optional	No Change -Direct oversight through PSNI executive team
3. Syllabus	Direct Oversight through PSNI executive team	Syllabus will be replaced by the Common Registration Assessment Framework.	Change – Document will be the responsibility of the Board of Assessors, with Council having oversight of 'syllabus' through reporting mechanisms of BOA.

Action Required by Council

To note the paper and proposed actions and provide commentary/feedback if required and to approve changes to compulsory elearning modules

To agree that the syllabus for pre-registration training will, from June 2020, be set by the Board of Assessors as described under Section 7 of this report

Resource Implications

None

For Further Information

Pharmaceutical Society NI – Council Paper

Date March 2020

Type of Paper

- ***For Decision*** – Proposal/paper requires formal Council decision

Title – Proposal for replacement Scheme of Delegation to the Chief Executive and minor amendment to Audit and Risk TOR.

Purpose of paper to secure agreement for replacement documents.

Action required by Council – Council is asked to review the draft Scheme of Delegation to the Chief executive and approve a final version.

Council is asked to review a proposed addition to the Audit and Risk TOR, in particular (delegated authority) in the Internal audit Section.

Report summary - Council agreed TOR for committees at the January 2020 meeting and established a task and finish group to review and update the existing Scheme of Delegation to the Chief Executive – the updated version is appended to this cover sheet.

During the course of the review it was noted that the TOR for Audit and Risk and Finance and Performance committees were inconsistent in their noting of delegated authority. It is proposed that this is addressed as set out in the appended TOR.

Resource implications - None

For further information

Trevor Patterson

Chief Executive Job Description

Responsible to the Council of the Pharmaceutical Society NI ("Council") for the performance of the Chief Executive ("CEO") including delivery against the Strategy and Schemes of Delegation ("SoD") (see appendices for SoD to Pharmacy Forum Management Board and CEO).

Responsible for ensuring compliance with all legislation.

Specific duties:

1. General - Leadership

- (a) lead, and be accountable to Council for, the organisation's operations and ensure delivery of the objectives set out in the Strategy;
- (b) identify necessary change and agree implementation with Council to drive organisational improvement; and
- (c) Chair the Senior Management Team ("SMT"), providing leadership and direction to ensure that senior management is effective and focussed on organisational priorities.

2. Planning, Performance and Strategic Responsibilities

- (a) ensure a plan is approved by Council to implement key strategic objectives;
- (b) ensure effective compliance with all statutory functions including those around registration, fitness to practise and associated legislative provisions;
- (c) lead on developing effective professional relationships with other regulators;
- (d) establish all necessary partnerships to ensure that objectives can be delivered;
- (e) report to Council on performance, policy and operational issues identifying remedial action, where required;
- (f) ensure the delivery of an effective audit regime and be responsible for ensuring all identified actions are effectively performed in a timely fashion (including any actions arising from oversight bodies);
- (g) develop, monitor and deliver business and operational plans in line with financial projections; and

- (h) ensure the regular review of policies and procedures.

3. People Management

- (a) provide leadership and support to all employees;
- (b) ensure effective and efficient management of all employees;
- (c) oversee statutory HR functions such as contracts, job descriptions and staffing budgets;
- (d) ensure that strong team working and good communications are established; and
- (e) ensure that effective staffing structures are in place.

4. Administration and IT Responsibilities

- (a) ensure the smooth running of the administrative function such as retention, annual report production and consultations; and
- (b) ensure that the use of IT is maximised with appropriate safeguards around data, seeking expertise where necessary.

5. Financial Management and Governance

- (a) with Council, identify key risks and ensure that controls are in place to minimise the risks identified;
- (b) be accountable for the Corporate Governance of the organisation and ensure openness and accountability in all financial reporting and planning;
- (c) be responsible for the delivery of effective financial planning and reporting;
- (d) manage and operate within budgetary constraints; and
- (e) ensure that activities are undertaken in a cost-effective way.

6. Other

- (a) undertake any other duties commensurate with the nature and responsibility of this position.

Appendix N: Scheme of Delegation – Council, CEO (and Committees)

Pharmaceutical Society of Northern Ireland

SCHEDULE OF MATTERS RESERVED TO COUNCIL AND SCHEME OF DELEGATION TO CEO (and COMMITTEES)

Part 1: Introduction

This document sets out the powers reserved to the Council of the Pharmaceutical Society of Northern Ireland (Council) and the powers which may be delegated to the Chief Executive (“CEO”) and it should be referred to as “the Scheme”.

It should be noted that Council remains accountable for all of its functions, even those delegated to the CEO, and it would, therefore, expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

Council will review the effectiveness of the Scheme every three years and make amendments, as required.

1.0 Background

The *Enhancing Confidence in Healthcare Professional Regulators* report¹ (para 2.2) recognised the importance of effective delegation to allow a Council to take on the strategic, board-like role envisaged in *Trust, Assurance and Safety*:

“The role of a Council should be to set the direction of the organisation in line with its mission and purpose. It should ensure systems are in place to enable it to monitor performance and hold the executive to account. It should also ensure probity. Some regulators already have established schemes of delegation to achieve this, and it is recommended that this should apply to all regulators.”

2.0 Purpose of Policy

- 2.1 The Council's Scheme is intended to facilitate the efficient and effective functioning of the Pharmaceutical Society NI (the organisation).
- 2.2 The Scheme is based on subsidiarity, so as to maximise effectiveness and efficiency and to allow the organisation to respond promptly to changes in circumstances. This means that decisions are taken at the lowest level which is competent to take them, enabling Council to focus on those tasks that **only** Council can or should perform, such as determining vision, values and

¹ Niall Dickson, King's Fund and DH – regulation, workforce (2008). *Implementing the White Paper 'Trust, Assurance and Safety': Enhancing confidence in healthcare professional regulators – final report and DH response to recommendations*

strategy, setting professional standards, making regulations and holding the Senior Management Team, via the CEO, to account through systematic monitoring.

- 2.3 Other than where functions are delegated to committees or other structures, Council regards the CEO as its single point of delegation and holds this position accountable for meeting Council's expectations for organisational performance. The CEO may delegate functions further but will be held accountable by Council for the discharge of all functions delegated to him/her under the Scheme. This accountability is demonstrated through monitoring reports submitted to Council, using performance criteria agreed by Council.

3.0 **Policy Statement**

3.1 The Scheme sets out:

- i. Matters reserved to Council;
- ii. Matters delegated to the CEO which may also be carried out by persons nominated by the CEO; and
- iii. Matters delegated to committees or other structures.

4.0 **Role of the Chief Executive ("CEO")**

The CEO is effectively the Accountable Officer² of the organisation and is responsible and accountable to Council for discharging the functions specified in the Strategy, Business Plan and for overall financial management.

The CEO has authority over all other employees so far as is necessary for efficient management and for carrying out the functions.

In discharging the functions, the CEO may use whatever means considered appropriate. He/she must act within the law, the Financial Regulations and any Code of Practice adopted by Council from time to time and have regard to the approved Strategy and any performance management regimes in place.

5.0 **Development of Policy**

Council shall set or approve policy and shall describe it in a manner which is capable of any reasonable interpretation, subject to the information in Part 2.

² The individual who may be held to account by the Council for effective use of resources and organisational performance

Part 2: The Scheme of Delegation

1.0 Matters Reserved for Council Approval

1.1 Governance

1.1.1 The following matters are reserved to Council:

- i. approval of Bye-laws;
- ii. approval of Regulations;
- iii. appointment of Solicitors, external and internal auditors (internal auditors may be appointed by the Audit & Risk Committee, in accordance with their TOR);
- iv. review and approval of Standing Orders and the Schemes of Delegation to both the CEO and Pharmacy Forum Management Board;
- v. approval of arrangements for dealing with complaints;
- vi. approval of the Freedom of Information Publication Scheme;
- vii. approval of organisation-wide policies including the Health and Safety policy statement;
- viii. approval of the organisation's policy on response to public consultations;
- ix. approval for proposals on litigation against or on behalf of the organisation that risk reputation or financial vitality;
- x. establishment and dissolution of committees with the exception of those detailed in Statute including approval of Terms of Reference and appointments;
- xi. approval of procedures for the evaluation of the effectiveness of Council and committees;
- xii. review of the Register of Interests for Council and employees;
- xiii. approval of Council and employees Code of Conduct and corporate governance arrangements including Guidance for the acceptance of gifts and hospitality; and
- xiv. oversight and approval of all Memoranda of Understanding with other bodies.

1.1.2 The CEO is responsible for all other governance matters other than where functions have been delegated to committees, specifically:

- i. acting as Council's Accountable Officer;
- ii. implementing Governance schemes and policies as agreed by Council;
- iii. managing the building;
- iv. undertaking the review of internal controls and publication of the Governance Statement;
- v. ensuring that the performance of the organisation in relation to agreed Standards is reported appropriately;
- vi. approving proposals for action on litigation against or on behalf of the organisation not detailed at 1.1.1 above and informing Council at the earliest opportunity; and
- vii. ensuring responses to public consultations in accordance with the approved policy.

1.1.3 The CEO is responsible for the following reporting and recording activities:

- i. recording and reporting on Council's governance arrangements;
- ii. ensuring proper governance documentation is in place e.g. Corporate Governance Handbook;
- iii. ensuring that the organisation complies with required standards of corporate governance and can demonstrate open and transparent decision-making and advising Council on such matters;
- iv. ensuring that all appropriate reports and returns are made to the NI Assembly;
- v. ensuring that all reports to the Professional Standards Authority ("PSA") are completed and submitted on time;
- vi. approving PSA reports; and
- vii. ensuring that proper administrative arrangements are in place to record meetings of Council and Committees.

1.2 Strategy, Plans and Budgets

1.2.1 The following matters are reserved to Council:

- i. definition of the organisation's vision, mission, aims and objectives;
- ii. ownership of the Strategic Plan and approval of performance measures;
- iii. approval of the annual budget;
- iv. monitoring of performance and budget;

- v. approval of the organisation's policies and procedures for the management of risk; and
- vi. approval of business cases requiring additional revenue and/or capital resources not already contained in approved budgets.

1.2.2 The CEO is responsible for all other strategy, planning and budgeting matters, specifically:

- i. preparation of the annual budget and controlling income and expenditure;
- ii. ensuring appropriate systems are in operation for planning, monitoring, evaluating and reviewing performance for all service areas;
- iii. preparation and effective and efficient delivery of the Business Plan;
- iv. advising Council on strategic issues;
- v. undertaking a review of risks and maintenance of the Risk Register;
- vi. making long-term assessments of resources, needs and commitments and coordinating advice on forward planning;
- vii. advising Council on general policy and ensuring that all proposals are consistent with policy;
- viii. ensuring that Council's policies and programmes are implemented; and
- ix. acting as a policy advisor to the organisation on matters relevant to the work of Statutory committees and the Pharmacy Forum.

1.3 Staffing

1.3.1 The following matters are reserved to Council:

- i. appointment, appraisal and dismissal of the Chief Executive, where applicable
- ii. approval of:
 - a. CEO and Senior Management Team salaries;
 - b. Data Protection Policy;
 - c. Equality & Diversity Policy;
 - d. Equal Opportunities Policy;
 - e. Expenses Policy;
 - f. Health & Safety Policy;
 - g. Whistleblowing Policy; and
 - h. any organisational restructuring which involves any voluntary and/or compulsory redundancy.

1.3.2 The CEO is responsible for all other staffing matters, specifically:

CEO Job Description & Scheme of Delegation

Version No: 2

Reviewed: 02/2020

Next Review: 03/2023

- i. engagement and deployment of all employees in accordance with the Appointments Procedure provided that there is no increase in agreed staffing levels unless contained within agreed budgets;
- ii. effective management of employees, having regard to Statutory responsibilities including Health and Safety;
- iii. implementation of the employee appraisal system;
- iv. taking disciplinary action in accordance with the Disciplinary Procedure;
- v. operation of the Grievance Procedure;
- vi. organisational restructuring which does not involve voluntary or compulsory redundancy;
- vii. setting of terms and conditions of employment within agreed budgets; and
- viii. notifying auditors.

1.4 Financial Arrangements

1.4.1 The following matters are reserved to Council:

- i. approval of the appointment of a bank;
- ii. approval of Investment Strategy;
- iii. approval of the writing-off of debt in excess of £5K;
- iv. approval of outline and final business cases for capital investment;
- v. approval of the Reserves Policy;
- vi. approval of the Counter-fraud Policy; and
- vii. any other matter that is of significant financial or reputational risk to Council or any material issue of principle.

1.4.2 The CEO is responsible for all other financial matters, specifically:

- i. authorisation of cheques and transfers in accordance with Council approved bank mandates as updated from time to time;
- ii. ensuring that financial management conforms to the organisation's Financial Procedures;
- iii. implementation of the Credit Control Policy;
- iv. collection of income and payment of expenditure;
- v. execution of any counter-fraud measures;
- vi. ensuring that steps are taken to safeguard the assets of the organisation;
- vii. ensuring that capital expenditure is planned and monitored continually so that the organisation's plans are actioned, including the prompt implementation of associated revenue elements; and
- viii. ensuring expenditure is planned and monitored continually so that it is within approved estimates and meets the outcome of the Business Plan.

1.5 Procurement

1.5.1 The following matters are reserved to Council:

- i. approval of the Procurement Policy; and
- ii. approval of any award of a contract/tender which exceeds £25K.

1.5.2 The CEO is responsible for all other purchasing matters, specifically:

- i. approval of any award of a contract/tender of up to £25K;
- ii. authorising contracts/appointments which have been approved by Council; and
- iii. implementation of Council's Procurement Policy.

1.5.3 In the case of a tender approved by the CEO in excess of £10K and which was not the lowest priced tender received, a report on the selection process should be made to Council.

1.6 Income Generation

1.6.1 The following matters are reserved to Council:

- i. setting of fees for registration, examination and retention.

1.6.2 The CEO is responsible for all other income generation matters, specifically:

- i. ensuring appropriate consultation on changes to fees and presenting case to Department of Health.

1.7 Auditing and Reporting

1.7.1 The following matters are reserved to Council:

- i. approval of the annual report and audited financial statements;
- ii. appointment of internal and external auditor; and
- iii. approval of the Terms of Reference and membership of Committees.

1.7.2 The CEO is responsible for all other auditing and reporting matters, specifically:

- i. all responsibilities required of the Accountable Officer;
- ii. preparation of the Annual Report and financial statements;
- iii. preparation of the Annual Governance Statement; and
- iv. approval of the PSA Performance Review report.

2.0 Delegation of Authority

2.1 In addition, the matters are delegated to the following Council Committees in accordance with their Terms of Reference:

- i. Audit and Risk Committee - appointing a suitably qualified internal auditor;
- ii. Finance & Performance Committee - authorising unbudgeted spending in accordance with the limitations below:
 - a. a maximum of £5,000 per event against any budget head for operational reasons; and
 - b. a maximum authority of £15,000 cumulative in any given financial year.

Each of the above Committees will report to Council.

2.2 The President is responsible for:

- i. agreeing the annual performance objectives and targets for the CEO;
- ii. agreeing an annual Personal Development Plan with the CEO; and
- iii. reviewing performance against the agreed objectives and targets with the CEO at least once a year.

2.3 The CEO is not restricted from exercising his/her own delegation to his/her employees for any matter for which he/she is responsible. However, action taken under that authority must be taken in the name of the CEO as relevant in that particular case and remains his/her responsibility.

2.4 The CEO is accountable for the actions of all employees.

3.0 Emergency/Urgent Decisions

3.1 The CEO is empowered to take emergency/urgent action on behalf of Council in matters which would normally have been considered by Council and are not delegated under this Scheme but where no meeting of Council is available for that purpose to allow a timely decision. On all such occasions, he/she shall consult first with the President, or in his/her absence the Vice President, before taking action and shall seek endorsement of the action at the next Council meeting.

AUDIT & RISK COMMITTEE

TERMS OF REFERENCE

1.0 Purpose

- 1.1 To provide assurance to Council on systems and processes concerned with risk management, governance, financial reporting and oversight of accounting, escalating relevant matters to Council in a timely fashion.

2.0 The Relationship with Council and competency

- 2.1 The Audit & Risk Committee is a Committee of the Council of the Pharmaceutical Society NI.
- 2.2 There will be a two-way link between the Council and the Audit & Risk Committee through an element of common membership. Minutes of the Audit & Risk Committee will be made available to members of the Council.
- 2.3 The Audit & Risk Committee corporately requires a range of competencies, as outlined in Appendix A – Competency Framework - to allow it to be effective in its functions. Each Committee member should either have or acquire these competencies as soon as possible after appointment to the Committee.
- 2.4 Where it is deemed necessary, Council members may be co-opted into the Committee or, subject to budget, external specialists/services may be engaged by the Committee, on a time-limited and non-voting basis, where specific skills or knowledge are required to inform the Committee's decision.

3.0 Membership, Chair & Quorum

- 3.1 Membership will consist of 4-6 Council Members including the Chair who will Chair the Committee meetings and be responsible for the conduct of the meeting.
- 3.2 The Chair and Members of the Committee will be appointed by the President and Vice-President for a period of up to 3 years, extendable by one additional period of 3 years. Membership expiration dates will be staggered to ensure continuity.
- 3.3 In the absence of the Committee Chair, the remaining members present shall elect one of their number to chair the meeting.
- 3.4 A quorum of 50% is necessary for the transaction of business. Members' attendance via telephone or video-link is permissible for the purposes of determining a quorum.
- 3.5 A designated staff lead will be appointed to support the work of the committee but will have no voting rights. They will assist the Chair in drawing up the agenda, providing necessary papers/data and ensuring implementation of the Minutes and action logs.
- 3.6 Administrative support to the Chair and the Committee, including minuting of meetings and circulation of Committee papers, will be provided.
- 3.7 The Chair of the Audit & Risk Committee may not sit on any other Committee. Members of the Audit & Risk Committee may not chair any other formal Committee.

4.0 Meetings

- 4.1 The Audit & Risk Committee will meet at least three times during each financial year.
- 4.2 The annual timetable for Committee meetings will be agreed between the Chair and Staff Lead and the start of each year.
- 4.3 Council may request the committee to convene further meetings as necessary

5.0 Accountability & Reporting

- 5.1 The Audit & Risk Committee will be accountable to Council.
- 5.2 The Audit & Risk Committee will formally report back to the Council after each meeting by way of Minutes of the Committee Meeting and any additional verbal or written report deemed necessary by the Chair of the Committee.
- 5.3 The Chair of the Audit & Risk Committee will provide Council with an annual report summarising its conclusions from the work it has completed during the year, timed to support the finalisation of all audit activity and the finalisation of the organisation's Annual Report & Accounts..

6.0 Responsibilities

The Audit & Risk Committee will be responsible for:

6.1 Risk Management

- 6.1.1 reviewing the policies and process for identifying and assessing business risks and the management of those risks by the organisation and make recommendation for any necessary changes to Council; and
- 6.1.2 considering the effectiveness of the management of policies and processes for risk, control and governance including regular review of the Risk Register and escalate any issues to Council in a timely manner.

6.2 Governance

- 6.2.1 ensuring the regular review and ongoing maintenance of the Corporate Governance Handbook, ensuring adherence to same and making recommendations to Council for any necessary improvements in line with best practice;

6.2.2 External Audit

- making recommendation to Council on the appointment of an external auditor; and
- overseeing the external audit process.

6.2.3 Internal Audit

- appointing a suitably qualified internal auditor; **delegated authority**
- overseeing the internal audit process;
- reviewing and agreeing the internal audit strategy and programme and, where appropriate, request that internal audit undertakes specific work;
- satisfying itself that the internal audit function is adequately resourced and has appropriate standing within the organisation;

- reviewing the annual audit report; and
- considering management's response to any internal audit recommendations.

6.2.4 Third party audits (e.g. PSA)

- considering reports
- monitoring management responses and escalating any significant issues to Council

6.3 Management

6.3.1 seeking assurance of compliance with statutory instruments and appropriate financial management systems and advising Council accordingly; and

6.3.2 carrying out any functions attributed to the Committee or Chair in the Whistleblowing Policy.

6.4 Annual Accounts and Financial Reporting

6.4.1 receiving the Annual Accounts and Annual Report from the Finance & Performance Committee with a view to recommending adoption to Council, considering external and internal audit reports and agreeing recommendations for approval to Council.

7.0 **Performance Evaluation**

7.1 The performance of Audit & Risk Committee and its members will be formally evaluated to ensure that the commitment and skills mix contributes and supports the objectives of the Council.

8.0 **Terms of Reference Review**

8.1 The Audit & Risk Committee Terms of Reference will be reviewed on a regular basis and at least every three years. Any recommendations for change will be submitted to the Council for approval.

APPENDIX 1**COMPETENCY FRAMEWORK**

All members of the Audit & Risk Committee should have, or should acquire as soon as possible after appointment:

- understanding of the objectives of the organisation and its current significant issues and risks;
- understanding of the organisation's structure, including governance arrangements and key relationships such as that with the Department of Health;
- understanding of the organisation's culture;
- understanding of any relevant legislation or other rules governing the organisation; and
- broad understanding of the regulatory environment, particular accountability structure and current major initiatives.

The Audit & Risk Committee should corporately possess:

- knowledge/skills/experience (as appropriate) in:
 - governance;
 - accounting;
 - risk management;
 - internal/external audit; and
 - technical or specialist issues pertinent to the organisation's business.
- experience of the management of similar sized organisations;
- understanding of the wider relevant environments in which the organisation operates; and
- appreciation of the government environment and accountability arrangements.

The Audit & Risk Committee Chair should possess either a general financial background or recent service on an audit & risk committee.

Council Public meeting March 2020 CEO Overview

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1 – The PSA Performance Review –FtP audit carried out Feb 2020 - we await the result of this and the outcome of our responses sent to other enquiries in November 2019.

2 – Internal Audit – A payroll audit was conducted in January 2020. A pre-registration audit is planned for March 2020.

3 – Law Commission Bill / DH London Consultation on Healthcare Regulatory Reform – on the agenda.

4 – Rebalancing Medicines Legislation and Pharmacy Regulation Board –

There is now scope for the S60 Orders on Hospital Dispensing Defence and RP/SP rules including the appointment of a Deputy Registrar. We await confirmation of timing but are aware that the Orders are being further advanced. The Medicines and Medical Devices Bill has had its first reading. It is anticipated that the final work on this programme will use enabling powers from this Bill as reported to January 2020 Council.

5 – Chief Executives of Regulatory Bodies (CEORB) – Covered in confidential business.

6 – Chief Executives Steering Group

This group has not met, next meeting scheduled for March 2020 – it is hoped that a future version of this meeting will be combined with an inter-regulatory event in Belfast and will include an invitation to the Health Minister / Committee members.

7 – CPO

Next meeting 30 March 2020.

8 - Pharmacy Workforce Review Project Board (PWR) –

This group have now completed their work and we await decisions on technician registration.

9 – Covid 19 – A joint statement by the CEOs of the Health and Care Regulatory bodies has been released, primarily designed to reassure registrants that the context within which they practise will be taken into account – this is developed from previous statements used for national emergencies.

Conference on Regulatory Reform – February 2020 – The conference was primarily about the proposed Section 60 Orders but went on to explore the areas that are emerging for regulators around support and remediation, reflecting on workforce pressures and getting upstream to prevent rather than investigate issues.

The concept of professionalism was again explored with a recognition that it means different things to different people and it is clear that further work will be required to develop thinking in this area – the primary defence against errors, mistakes and misconduct is the individual's values, having clarity on professionalism and how to develop and nurture this could assist in upstreaming.

Fostering professionalism through education and training should inform developments in our pre-registration training.

Managerial responsibilities, their impact on organisational culture and any possible role for regulation was explored, mostly in the context of otherwise unregistered managers – it does give rise to scope for registered managers (Superintendents, some owners, Chief Pharmacists) to contribute to this organisational culture, perhaps through Premises Standards, revalidation or by standards of behaviour.

Trevor Patterson
CEO

Meeting with DHSC and Regulators – 04 February 2020

This meeting was attended by the 9 health care regulators, Social Work England, the PSA and representatives of the Scotland and Northern Ireland Governments.

General Introduction

DHSC informed the meeting that the Minister is keen to press on with the proposed reforms, emboldened by its 80-seat majority.

DHSC is aiming to put an order through in the next 12/18 months. It would hope to consult on principles of core changes to all regulators in relation to FtP and Governance in October 2020.

Once this process was achieved, DHSC would begin to look at remaining regulatory functions – registration, education and business premises for relevant regulators.

It was acknowledged this was an ambitious timetable.

Fitness to Practise Session

DHSC sought feedback on a number of areas of their latest drafting instructions

- **Case Examiner (CE) Stage – Consensual Disposal**

It was noted that DHSC had dropped all proposals relating to the realistic prospect test being used in the determination of Impairment at the CE stage. This was welcomed by the regulators.

The PSA noted that although the CE can now only find impairment through agreement with the registrant (consensual disposal), and if this cannot be agreed, then the case will be referred, removing the 'realistic prospect' test or some referral criteria is concerning. On what basis will CE's refer if they do not consider Consensual Disposal to be appropriate?

Social Work England stated that in their experience of working current legislation, which is similar to proposals, it is clear when the CE should refer. References to seriousness and risk were made.

A point was made that in some cases consensual disposal may be agreeable, however, the nature of the case – e.g. media interest, position of family – it would be in the interests of maintaining confidence in regulation to refer to an FtP panel. How would this be managed? A discussion ensued relating to new duties to keep parties, including informants informed could help in this situation.

It was suggested that if we move to this model the regulators will need to ensure that the standard of evidence, which would be required to result in a proposal of consensual disposal, is high. Also, that full and adequate determinations are published and made accessible to the public.

Regulators disagreed with the proposal to provide a non-engaging registrant, 3 months to respond to a finding of impairment by a CE in their absence, suggesting the normal 28 days for appeal, should suffice. This was conceded by DHSC.

- **Grounds for Action – Health included within definition of competence.**

DHSC at present proposes to have 3 grounds for action – competence, misconduct and determination by another regulatory body to the effect that a registrant's FtP is impaired.

DHSC is proposing not to have a separate 'health' ground for action category, rather to include it in the definition of competency, and was specifically seeking feedback on this proposal.

The GMC noted that they would be reluctant to support this proposal as it may be viewed negatively by the profession by linking health issues to competency.

It was further noted that this proposal may limit regulators ability to take action in relation to health, when there is an underlying and serious health issue which has the potential to result in competency issues, but has not yet done so, thus potentially putting patients at risk, because no precautionary action can be taken.

The point was raised that employers have a duty in relation to professionals' health, which is linked to wider issues concerning safe staffing and providing appropriate support.

It was further noted that findings of impairment related to health, currently have more limited sanctions, i.e. a registrant cannot be struck off for a health issue.

DHSC concluded that based on discussion it would consult on health as a separate ground for action, with a specific question on whether it should be included in competence.

- **Sanctions**

Warning no impairment

DHSC sought specific feedback on its proposal that both CEs and FtP panels could give a Warning when no impairment is found, and whether it should be left to the regulators to decide whether to publish the warning against the registrant's name on the register.

It was noted that there would be limited effect of a 'Warning' that is not published and it would effectively amount to Advice. Concerns were also raised with regard to leaving it to the regulators to decide on a case by case basis as this may lead to significant inconsistencies within and across regulators resulting in challenge.

Question of whether employers would be informed etc. was raised.

Question was raised as to whether Warnings imposed by a case examiner, without consensual disposal, would lead to judicial reviews.

Warnings with impairment

Under current DHSC proposals they are proposing to remove the option of providing a Warning to a registrant after impairment has been found, resulting in the available sanctions being Conditions, Suspension or Striking Off.

The PSA raised concerns that this may defacto raise the bar in relation to finding impairment, as a Warning would not be open to a panel, alternatively it may also result in short suspensions being imposed, where a Warning may have previously been the preferred option.

- **Registrar power to review FtP cases**

DHSC are proposing that the registrar of the regulators would be given the power to request a review by regulators of any FtP case up to CE stage, if they considered there were public protection, process or risks to the registrant from the determination.

Issues were raised in relation to how this would work in relation to registrars' other areas of accountability within regulators, for example in relation to the investigation stage, and potential conflicts of interest (consider recommendation to remove GMC's right to appeal MTPS decisions).

This was later linked in the Governance session to unitary boards and how having the Registrar as an Executive Director may directly involve Councils in FtP decision making, at the same time as being responsible for appointing panels and governance etc.

Rules

The NMC proposed to lead on the development of Rules to ensure consistency across the Regulators in light of proposals. Suggesting that if the Regulators had made progress on consistent starting point rules, this would reassure Government and potentially ease the passage of legislation through Parliament.

Peter Hutchinson

Meeting with DHSC and Regulators – 4th February 2020

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Identified 4 main strands for discussion:

1. Rules
2. Fees
3. Proportionality
4. Structure

1. Rules

DHSC described their broad approach as seeking to use a principle around operational rules requiring no approval whilst those that had an impact on registrants would need PC approval, particularly, it was suggested around human rights and EU compliance.

The FtP framework had not identified any rules that DHSC thought would require approval by PC – DHSC were keen to hear if regulators had identified rules, or types or rules, that would require PC approval.

There was considerable debate on the issue of the benefit of gaining approval. Suggestions included the opportunity for those affected to use the parliamentary process to influence, that PC approval gave “weight” to the rules but, contrastingly, some thought that the lack of approval made it more important for the regulator to justify their actions, in impact assessments and analysis.

PSA raised their concern that each regulator setting its own rules would lead to lack of consistency. Discussion followed in which it was suggested that, if consistency was required, perhaps the rules should be on the face of the legislation. There was also discussion on the concept behind the changes allowing for agility where consistency suggested one size fits all. It was recognised that the regulators already worked together on many projects and envisaged that many rules would have core similarities with the capacity to adapt to meet geographical, contextual, professional specific or other needs.

On the language of “the normal consistent approach”, concern was raised around how this would be established – would the first organisation to produce rules set the standard and all others would be expected to follow suit?

PSA suggested that, in keeping with the Law Commission work, they could have a role in overseeing rule-making – there was little support for the idea.

2. Fees

The issue of fees then arose and the general view was that, provided consultation was robust, regulators should be able to set their rules without approval. The issue of inflation-related increases was discussed, for example, that the regulator would increase fees by CPI or RPI and it was questioned if a consultation would be necessary.

The consensus was that if a consultation on fee rules resulted in a rule on such annual increases, it would not be necessary to consult every year but a consultation would be required to end the regime or change it.

On balance, DHSC were minded to go to consultation on the basis of no approval needed for fees but requiring consultation, as discussed.

3. Proportionality (3.15 – 3.21)

This topic had arisen from previous drafting which was requiring regulators to take account of workforce pressures in their decision making.

The text had now moved to a more general impact assessment. It was suggested that a triage approach may be appropriate to identify those areas where actions need to be explained in the context of either the duties set out in the paper, or the EU directive EU2018/258.

4. Board Structure

The issue of the DAs and “representatives” from each of the administrations was discussed. It was agreed that they were not intended as representatives and accepted that there should be no representation. It was also agreed that it was important that regulators had access to knowledge and expertise relevant to all the jurisdictions that they operated in. There was also some suggestion that it might not be worth the grief caused by removing the requirement and the other approaches could be complimentary.

There was a discussion on why the maximum size was suggested at 14. After some discussion, the consensus favoured an approach closer to that suggested by the PSA previously at 8-12.

There was also a discussion on whether the minimum number of executive directors should be greater than 1 with some saying small organisations would realistically be limited to 1 and others saying it wasn't a proper unitary board unless there were a number.

Allied to this issue however, and reflecting on the FtP proposals which give the registrar a role in decision making on FtP cases using consensual disposal, it was acknowledged that the current general practice of having the Registrar and CEO combined could give rise to issues if that led to an Executive Board Director making FtP decisions. The current legislation excludes Council members from any participation in FtP decision making

Trevor Patterson

Encl

Drafting Instructions Governance and Operational Framework

Proposals to reform regulators bodies' rules

Healthcare Professional Regulation – Regulatory Reform of Fitness to Practise **Draft Policy Instructions – Pharmaceutical Society NI Feedback** **14 February 2020**

General

1. We are grateful for the opportunity to provide feedback to the latest version of the Fitness to Practise Policy Instructions and welcome the evolution of the proposals based on engagement with the Regulators to date.

Balance between primary legislation and rules

2. The core purpose of this legislative change, as we understand it, is twofold: to give the Regulators the same core powers in relation to Fitness to Practise, with a view to gaining greater consistency of outcome and improving the ability of Regulators to work together; and, based on those basic powers, to provide the Regulators with greater flexibility in relation to the processes and procedures they follow and to allow them to be agile and efficient in their processes. Getting the balance right to deliver these two objectives will be difficult. A reason for this is that, at present, the Regulations or Statutory Rules of many of the Regulators contain a significant number of important powers and principles in relation to Fitness to Practise which help direct internally consistent outcomes of the Fitness to Practise process. DHSC should give careful consideration to the current Regulations and Statutory Rules of the Regulators and seek to ascertain what within them is a principle that influences the outcome of the Fitness to Practise process and then assess whether that principle needs to be contained in the primary legislation, taking into consideration the goal to have increased flexibility concerning the development and changing of Rules.

Initial assessment process

3. In our current legislation, whilst we have no legislative test for triage, the Registrar is required by our primary Order to apply Threshold Criteria, set by our Council, as to whether to refer a case to the Scrutiny Committee or close a case. Our Scrutiny Committee then applies the realistic prospect test for deciding whether a case is referred to full Statutory Committee where the question of impairment is considered.
4. Considering the current proposals, we would recommend that a provision be placed in the primary legislation which puts a duty on Councils to have a threshold criteria equivalent for whether or not a case should proceed to Case Examiner stage. We note that Schedule 2 Part 1 of the Social Work England Regulations 2018, which deals with Triage, refers to the Regulators applying the realistic prospect test.

5. We would suggest that, should the reforms proceed, the Regulators should work closely together on developing Rules in relation to referrals from regulatory bodies to Case Examiners to ensure broadly consistent referral or closure tests.

Case Examiner Stage

6. In order to avoid any confusion, we consider the language the instructions use and the structure of the instructions in relation to the Case Examiner stage to be important. It is our understanding of the intent of the drafting instructions that, prior to the point of agreeing with a registrant that their Fitness to Practise is impaired and upon agreeing the appropriate sanction, the Case Examiner will have no powers to formally 'determine' a registrant's Fitness to Practise apart from in relation to a non-engaging registrant. The extent of these powers needs to be clearly delineated.
7. In relation to a non-engaging registrant, the power to determine a registrant's Fitness to Practise is a different order power – in that it is a stand-alone power of the Case Examiner. In this regard, further consideration should be given to defining the basis upon which this decision will be made. For example, will there be a requirement on the Case Examiner to establish the facts of the case based on civil standards of proof and will this be outlined in the primary legislation?
8. With a view to ensuring public confidence in regulation and avoiding challenges and review, all decisions given at the Case Examiner stage, whether through consensual disposal or determining in absence, must provide clear and appropriate information in relation to the basis upon which decisions have been made. Should the reforms proceed, we would suggest that the Regulators work together to ensure all determinations clearly set out the evidential basis and reasoning that decisions of consensual disposal and impairment in absence are to be based on.
9. Non-engaging registrants should have 28 days to respond to a determination at Case Examiner stage, as per the current appeal period, and not the 3 months as proposed. We do not consider the 3 month period would add any greater protection to a registrant that has not engaged through any of the process and allowing 3 months would considerably delay the outcome in such cases, which could pose regulatory/public interest issues in relation to implementing any potential sanctions.

Grounds for Action – Health included in the definition of competence

10. We would share concerns that having health included in the definition of competence, as a grounds for action, could be perceived negatively by registrants and would potentially reduce the ability of Regulators to be supportive to registrants in instances where they have health difficulties which may currently, or in the future, impact upon their Fitness to Practise.

11. Placing health within the definition of competence would also reduce the Regulator's ability to take preventative steps in relation to health. The emphasis would be shifted to acting when competency issues arise - not when serious health issues arise that pose a potential risk to patients and the public.
12. It should be noted that, under our current legislation, registrants whose Fitness to Practise is found to be impaired for health reasons cannot be 'struck off' the Register. In light of this position, consideration should be given as to whether consensual disposal mechanisms are framed to allow parties to agree to any sanction, including removal from the Register, solely on health grounds, with appropriate safeguards in place concerning mental health and capacity.

Sanctions

Warning - no impairment

13. Allowing for Warnings, when there is no impairment, to remain private would make them largely redundant, of little difference to formal advice and not meet the objectives of regulation. If Case Examiners and Fitness to Practise Panels are to be given the power to give Warnings, without finding impairment, they should be made public but perhaps be accompanied by an explanation, as set out in para 14.
14. Giving a Warning that will appear on the professional Register, without a finding of impairment, is a serious action which may impact upon a registrant's professional practice, etc. The purpose of a Warning without impairment should be clearly defined. We would support the message that a Warning suggests that your actions do not trip the threshold for current impairment. However, if similar actions or behaviours were to be repeated, this would likely result in impairment. Giving a clear focus to the purpose of a Warning without impairment is important for registrants, the public and decision makers to understand and it will drive consistency across and within Regulators.
15. At present, our Scrutiny Committee does not establish facts. We are of the view that an evidential test in relation to facts of the case should be established to proceed to Warning without impairment.

Removal of Warning – impairment

16. We note the proposal to remove the ability of a Case Examiner or Fitness to Practise Committee, upon finding impairment, to give a Warning as a sanction option¹. Thought should be given to potential unintended consequences of this change. For example, where a Fitness to Practise Committee or a Case Examiner does not have the option of giving a Warning with impairment, would

¹ We acknowledge that not all regulators currently have a 'Warning' with impairment or equivalent, and we would like to better understand if this makes any material difference to how Committees in different regulators currently deal with similar cases.

they be more likely to deliver a sanction of a short suspension, where Conditions are not appropriate? This may have workforce implications. Likewise, will panels be more likely to not find impairment, where they previously would, because a Warning is the proportionate sanction?

17. We recognise that having a Warning without impairment and having a Warning with impairment is problematic, especially if the purpose of a Warning without impairment is to be more clearly defined (as set out in paragraph 14). DHSC may want to consider providing a category of 'Noted Impairment', whereby the Committee considers that the registrant is impaired, but no further regulatory action is required. That impairment would be noted on the Register for a specified period. The fact that the test of impairment covers risk to the public, maintaining the reputation of the profession and the maintenance of standards², should be taken into consideration. Decisions on impairment are not only related to a risk to public safety but also when actions by registrants may impact upon public confidence or erode professional standards.
18. Reflection on the Regulators' existing Indicative Sanctions Guidance, where the Regulators provide a decision-making framework around appropriate sanctions, may also be helpful³ when considering this area further.

Registrar Review Power

19. It is our understanding that the Case Examiners will be independent decision makers within a legislative framework under the strategic governance of the Council of each Regulator. Careful consideration needs to be given to the legal role and accountability framework of the Registrars within each Regulator. For example, in our primary legislation and Fitness to Practise Regulations (and the Rules of the GPhC), the Registrar has specific responsibilities in relation to investigating complaints and referring allegations to either the Case Examiner stage or to a Fitness to Practise Committee.
20. Retaining this role and responsibility, whilst simultaneously giving the Registrar the review power to either refer a case concluded at the Case Examiner stage to a Fitness to Practise Committee, or to give the Registrar some adjudicatory role in relation to reviews, would be problematic and it is suggested contrary to the principle of removing the power of the GMC to appeal against decisions of the MTPS.
21. Such an approach may also undermine registrants' willingness to consensually dispose of a case when the sanction agreed may be changed on review by the Registrar who may have made a different recommendation to the Case Examiner than that which was agreed.

² See - Cox J in CHRE v NMC and Grant [2011] EWHC 927 (Admin).

³ <https://www.psni.org.uk/wp-content/uploads/2012/12/Indicative-Sanctions-Guidance-January-2019.pdf>

22. In light of the proposals in the Governance/Operational Framework instructions to move to a unitary board model with executive directors, there is also a risk that the governing body of a Regulator will become directly involved in Fitness to Practise decisions whilst providing governance and oversight to the entire process. In most Regulators, the Chief Executive and the Registrar are the same person and will be the likely candidate to sit as an executive director on a unitary board. Regulators retaining a separate review panel to review all cases may be a more appropriate approach.
23. If the Registrar is to have a review power, the responsibility and accountability for investigating and referring Fitness to Practise cases should not remain with the Registrar in each of the Regulators and this would need to be clearly defined in the drafting instructions and outlined in any public consultation. Even with this change, providing the Registrar with a review power alone would remain problematic in relation to any position on a unitary board.

Legal Instructions –

Changes to Governance and Operational Framework legislation for all health professional regulators.

Pharmaceutical Society NI feedback 14/02/20

Excluding the Pharmaceutical Society NI

1. As the Northern Ireland Assembly is now sitting and a Minister for Health is in place, we consider that the Pharmaceutical Society NI should be included in these changes at the initial stage, subject to their consent.
2. The Pharmacy (Northern Ireland) Order 1976 has been subject to change under Section 60 orders in recent times. Section 60 Order powers do not require the formal approval of the Northern Ireland Assembly although custom and practice would seek consent before coming into operation. In principle, there is no reason not to seek the Minister for Health's approval and proceed in making the changes to the Pharmaceutical Society NI. Clearly some of the drafting which refers to Privy Council would need amending to our needs.

Unitary Boards

3. We welcome the recent proposed changes to the Board's size and Rulemaking powers not being subject to Privy Council/NI Assembly approval. However, no robust evidence base has yet been presented as to why a shift to a unitary board model for Councils is more appropriate than the current system. Issues identified above, in relation to the role of the Registrar on a unitary board, pose potential risks with regard to mixing substantive decision-making powers with strategic direction and oversight.
4. There is also a concern that not reserving places on Councils for registrant members could be seen to be sending contradictory messages to the professions at a delicate time. In one regard, there is a current narrative that Regulators need to be more supportive to registrants in their professionalism to make Fitness to Practise less stressful and onerous whilst, on the other hand, registrants will be potentially removed from the Governing Councils of the Regulators with a potential to further alienate them from their Regulators.
5. This position may be further exasperated by the fact that places will be reserved for 'representatives' from the devolved regions, breaking the principle that appointments should be based on merit alone.

Pharmaceutical Society NI – Council papers

- **For information** – Discussion and questions expected

Title - Report on undergraduate MPharm and IP accreditation visits which occurred across UK in 2018-19

Purpose of paper

To provide Council with information on 2018-19 accreditation events occurring at MPharm and Independent prescribing (IP) course providers across the UK.

Whilst Council receives full reports on NI universities for approval, it accepts GB accreditations – this paper sets out the QA measures in place and describes our involvement in the overall QA to provide confidence to Council in the process

The paper also sets out some future developments in accreditation for information and commentary

Action Required by Council:

Council is asked to:

- Note the annual overview report of the accreditation of GB universities and IP course providers in 2018/19 and the quality assurance process from GPhC and additional information regarding future developments of the accreditation process for course providers

Report summary

Background to MPharm course provider accreditation:

The PSNI has an obligation to set the standards for entry to the register of pharmacists, a component of which is recognition of a qualification from an accredited university. In order to gain accreditation, an MPharm course provider is required to demonstrate compliance with standards set by the regulator.

Future Pharmacists: The standards for the initial education and training of pharmacists in Great Britain (GPhC, 2011) sets out the initial education and training standards for pharmacists training in Great Britain. The document details ten standards, with multiple sub-set criteria, that MPharm course providers are required to meet in order to be accredited and deliver the initial education and training of pharmacists. The standards are designed to ensure that newly registered pharmacists are competent to practise safely and effectively.

The Council of the Pharmaceutical Society NI adopts these standards (through an MOU with the GPhC) to facilitate a UK wide approach to the initial education and

training of pharmacists at undergraduate level. Our partner regulator, (GPhC) leads on this process thereby allowing joint accreditation of Schools of Pharmacy Northern Ireland universities MPharm degree and acceptance of GB MPharm degrees.

Background to IP course provider accreditation:

Similarly, in relation to Independent prescribing, the GPhC's Standards for the education and training of Pharmacist Independent Prescribers (revised January 2019) detail a number of standards that IP Course providers are required to meet in order to gain accreditation. (The procedure is maintained and operated through an MOU between the Pharmaceutical Society NI and the GPhC). This facilitates, a joint accreditation of the IP training courses in Northern Ireland and the acceptance of IP training accreditation reports for course providers in GB.

These standards set out the education and training standards for pharmacists prescribing in Great Britain and Northern Ireland and are designed to ensure that newly independent prescribers are competent to practise safely and effectively. Council adopted the revised GPhC standards for IP in April 2019 subject to our MoU.

What are the different types of MPharm course providers requiring accreditation?

In the UK, a student must complete an MPharm degree course as the first part of the route to registration as a pharmacist at an accredited course provider of which there 4 different types:

1. MPharm degree:

In the UK, the majority of course providers offer a 4-year full-time MPharm degree which students must successfully complete in order to enter the one-year pre-registration training programme.

A small number of GB universities offer a 5-year integrated degree, incorporating a year of pre-registration training into a single 5-year programme of education and training.

In Northern Ireland, both of the Schools of Pharmacy currently provide a 4-year MPharm degree course and pre-registration training programme is overseen by PSNI.

2. MPharm 2+2:

In GB only, a small number offer an MPharm 2+2 course and this involves a student studying the first two years of the MPharm at a partner university (often overseas) and subsequently joining a UK university's MPharm course in years three and four.

3. Pharmacy foundation degree:

A small number offer a Pharmacy foundation degree. This is an entry route for anyone looking to pursue a career in pharmacy but who does not currently have the required qualifications to go straight into an MPharm degree. The foundation degree is a 2-year full-time course

which includes the content of year one of an MPharm degree combined with work experience placement, following which allows the student to apply to enter an accredited MPharm degree directly into year two.

4. **Overseas Pharmacists' Assessment Programme (OSPAP):**

A small number provide the OSPAP course which is a postgraduate diploma that is undertaken as the first part of the route to registration required by those who have qualified as a pharmacist from outside of the EEA. It is a one-year course designed to ensure that those who have qualified overseas receive the appropriate education and training to prepare them for UK practice and entry to pre-registration training.

Brief outline of the MPharm accreditation process and methodology

The accreditation of pharmacy courses leading to registration and annotation in Great Britain¹ (GPhC, 2011) sets out the accreditation criteria and methodology to test the Standards for the initial education and training of pharmacists. The criteria and methodology have been adopted by the Pharmaceutical Society for use in Northern Ireland and when accreditation events occur at Northern Ireland universities, they are chaired by a GPhC/ PSNI Co-Chair (currently Prof Steve Denure³).

The Pharmaceutical Society NI in conjunction with the GPhC accredits pharmacy MPharm degree courses in the two Northern Ireland Universities and accepts the GPhC accreditation of universities in GB.

Essentially, the accreditation process is a rolling quality assurance programme, the first stage of which requires an MPharm degree provider to submit a self-assessment document to the GPhC outlining how they meet the requisite criteria for each of the standards. This is followed by a planned accreditation event which is attended by an accreditation team drawn from the GPhC accreditation panel⁴.

The accreditation event itself may involve some or all the following:

- site visit
- meetings with academic, research, teaching and practice staff
- meetings with senior management
- meetings with students
- viewing teaching facilities

The outcome of which is a formal accreditation decision, and which may or may not have conditions or recommendations associated with it. The methodology for accreditation of IP course providers follows a similar process to that of the MPharm accreditation.

What are the different types of accreditation that a course provider may hold?

¹ <https://www.pharmacyregulation.org/education/approval-courses>

³ <https://www.pharmacyregulation.org/education/approval-courses/accreditation-and-recognition-panel>

There are two types of accreditation: '*provisional accreditation*' or '*full accreditation*'.

- *Provisional accreditation* refers to when a university is planning to provide an MPharm degree for the first time and is required to work through a 7-step accreditation process towards full accreditation. Each step of the process takes place one academic year apart. Once a university has successfully completed step 3, it is permitted to enrol students onto year 1 of its new MPharm degree. Over the next 4 years the university then undertakes step 4 - 7. Following successful completion of step 7, the first cohort of students graduate, and full accreditation is granted.
- *Full accreditation* of an MPharm degree is granted by the GPhC when a university has successfully completed all steps of the initial accreditation process. Once this happens and when full accreditation is gained, an ongoing quality assurance monitoring process is initiated where the university enters a 'reaccreditation process'. This requires a 'full re-accreditation' visit usually every six years with an 'interim accreditation' visit every three years.
- In addition, 'Monitoring events' also occur apart of the initial process that new course providers undergo and which are held after completion of the first cohort to review the student experience and to ensure that the accreditation criteria continue to be met. If significant issues are identified, the GPhC can impose conditions and/or recommendations.

Outcomes of UK accreditation visits completed 2018/19:

Summary of events

In September 2019, Council confirmed the approval of the joint PSNI / GPhC accreditation of the Independent Prescribing course at Queen's University of Belfast (QUB) and the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD).

Across GB, there were a number accreditation and re-accreditation events for MPharm and IP course providers and an overview report (from GPhC) of all the accreditations is provided for information. Council attention is drawn specifically to the MPharm and IP accreditation events and re-accreditation events occurring across GB and Northern Ireland for 2018/2019. The report also describes accreditation events occurring at providers of courses for support staff and pharmacy technicians though this does not apply to Northern Ireland as technicians are not currently registered in NI.

Summary of outcome: The majority of MPharm course providers that underwent reaccreditation or ongoing approval through stepped visits were granted approval and were not subject to conditions or recommendations. Some course providers gained approval with conditions which meant that they are approved subject to making further improvements in order to meet the required standards and criteria. This is a normal part of the rolling quality assurance accreditation process in which

course providers are required to evidence ongoing improvements and subject to meeting specified conditions or recommendations, can maintain accreditation.

In 2018/19, no UK MPharm course providers or IP course providers had accreditation withdrawn.

To provide Council with supporting information on those accreditation visits across GB in 2018/19, Daniel Young (Pre-registration Lead) attends an annual accreditation de-brief event with the GPhC and accreditation team members at the end of the year.

Summary of future developments

A summary of future developments with the accreditation process includes:

Consultation planned for 2020 all accreditation processes

The GPhC is planning to consult on the accreditation methodologies and processes to ensure that quality assurance arrangements are proportionate and with a view to improving the quality of outputs from future accreditation events.

This is in light of the fact that the methodology has been in place since 2011 and other comparable organisations are currently revising their quality assurance approaches and indeed there have been changes to pharmacy practice and pharmacy regulation and changes to what is considered best practice in terms of quality assuring course providers.

Pilot event to streamline process of interim visits

GPhC are also seeking to streamline the process of interim accreditation events and methodology to enhance the outputs from those interim visits, moving towards a lighter touch approach with an increased emphasis on things like student admissions and subsequent student continuation and student attainment² which is currently the focus of government attention. Several events are planned at Robert Gordon University, Strathclyde and Birmingham. I (pre-registration lead) will attend the interim pilot visit at Strathclyde University later this year on behalf of Pharmaceutical Society NI.

Review of Membership of the accreditation and recognition panel

In 2020, in many instances accreditation panel members contracts³ are coming towards the end of term. In light of this, GPhC is planning to review the membership of the accreditation panel with a view to widening the skill mix, increasing the spread of expertise and representation from various universities, widening diversity and increasing Welsh / Scottish / NI specific knowledge

Developments

² <https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/evaluation-and-effective-practice/continuation-and-attainment-gaps/>

³ <https://www.pharmacyregulation.org/education/approval-courses/accreditation-and-recognition-panel>

Over the coming period, it is likely that the accreditation methodology and processes will need to be revised to reflect changes to the revised standards for the initial education and training of pharmacists and with changes in government policy in line with Brexit i.e. accreditation of Overseas Pharmacists' Assessment Programme (OSPAP) for those undertaking the postgraduate diploma as the first part of the route to registration required by those who have qualified as a pharmacist from outside of the EEA subject to post transition agreements.

Action Required by Council:

Council is asked to:

- Note the annual overview report of the accreditation of GB universities and IP course providers in 2018/19 and the quality assurance process from GPhC and additional information regarding future developments of the accreditation process for course providers.

For further information:

Daniel Young
Pre-registration Lead

Annual update of the GPhC approval process for education and training – 2018/19

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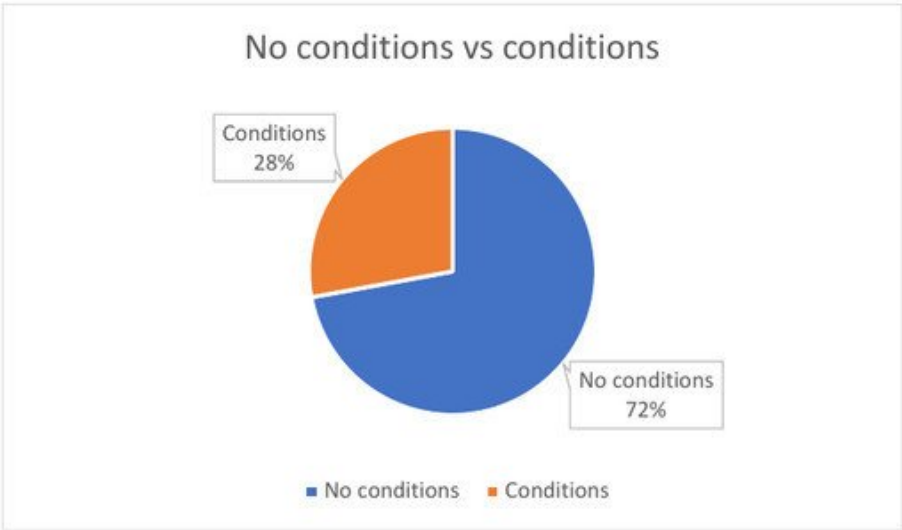
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Analysis of outcomes of GPhC accreditation and recognition events 2018/19

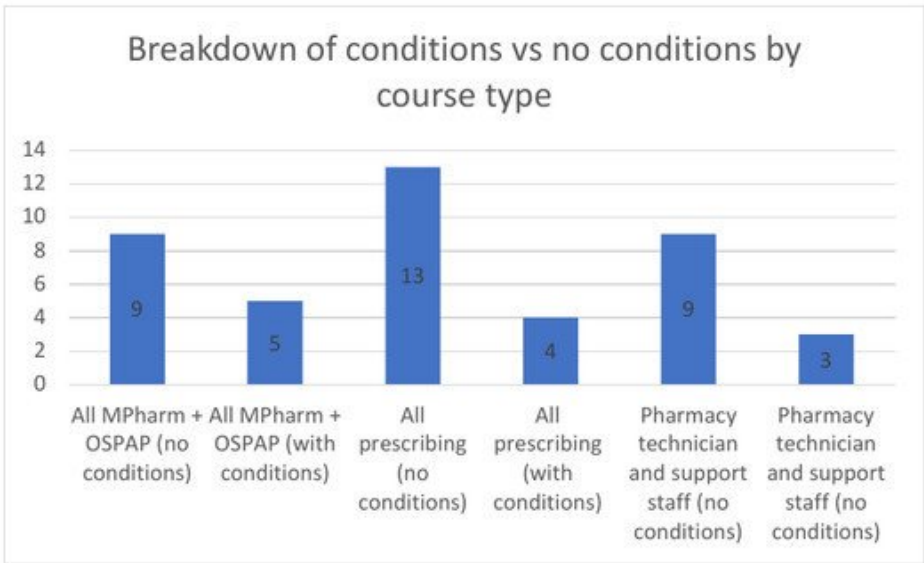
In 2018/19, the Quality Assurance (Education) team carried out a total of 36¹ events in relation to accreditation/recognition. Of these accreditation/recognition events, a total of 43 courses² were examined. The outcomes of the events are summarised and detailed below. This compares with 45 events relating to 50 courses in the previous academic year.

All courses and conditions

Of the 43 courses that underwent accreditation, reaccreditation, recognition or ongoing approval, 31 (72%) were courses subject to no conditions. 12 (28%) of the courses underwent accreditation, reaccreditation, recognition or ongoing approval with conditions.



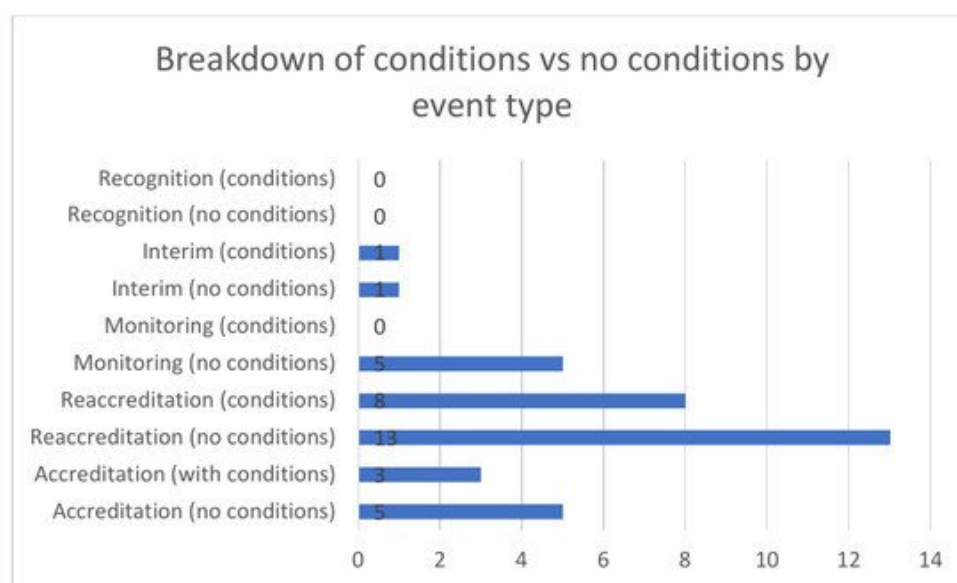
The following chart illustrates the outcome of events by course type:



¹ The 36 events do not include an event that was in relation to meeting students on a MPharm 2+2 course.

² This figure includes one pharmacy technician qualification recognition event for delivery in England and Wales

The following chart illustrates the outcome of events by accreditation/recognition event type:



MPharm

MPharm (4 year) events

In 2018/19 there were 6 MPharm re/accreditation events, the outcomes of which are as follows:

- Step 2 progression to Step 3 (no conditions) – 1 provider
- Step 6 progression to Step 7 (**with conditions**) – 1 provider
- Reaccreditation for 6 years with an interim event in 3 years (no conditions) – 3 providers
- Reaccreditation for 6 years with an interim event in 3 years (**with conditions**) – 1 provider

In respect of the Step events, one provider progressed from Step 6 to 7 with two conditions in relation to the development of a delivery plan for the next academic year, teach out agreements, and a monitoring revisit in 2019/20.

In respect of the reaccreditation events, one provider was given a condition. The condition was in relation to developing a more meaningful and robust IPE strategy to meet criterion 5.6.

MPharm (5 year) events

In 2018/19 there were two MPharm 5-year degree accreditation events as follows:

- 5-year progression from Step 1 to Step 2 (**with conditions**) – 1 provider³
- 5-year Step 1 (no conditions) – 1 provider

³ In 2017/18 two providers were accredited to Step 1 of the 5-year MPharm programme. In 2019, one provider decided not to proceed with the 5-year progression from Step 1 to Step 2.

In respect of the 5-year progression from Step 1 to Step 2, one provider was given a condition. The condition was in relation to not allowing students to transfer to the 4-year MPharm degree programme following academic failure once they had entered the first professional pre-registration placement module, this was to meet criteria 1.1e and 5.9.

MPharm 2+2 events

There were no 2+2 events held in 2018/19.

Interim events

The interim event takes place three years into the six-year accreditation cycle to observe educational activities related to practice and placement activities, and to ensure that all the Standards continue to be met. If significant issues are identified, the GPhC can impose conditions and/or recommendations. In 2018/19 there were a total of two interim events, the outcomes of which were as follows:

- Ongoing accreditation confirmed (no conditions) – 1 provider
- Ongoing accreditation confirmed (**with conditions**) – 1 provider

In respect of the provider given a condition at the interim event, the condition was in relation to the 2016 reaccreditation where the school must continue to submit an annual report to the GPhC that charted progress against the stated admissions strategy. This was to meet criterion 2.7.

OSPAP

In 2018/19 there were two OSPAP degree accreditation events as follows:

- Reaccreditation for 3 years (no conditions) - 1 provider
- Reaccreditation for 3 years (**with conditions**) - 1 providers

During this year's OSPAP events, one provider was approved with no conditions. In respect of the provider who was set one condition, this was in relation to **Standard 5** and required the GPhC to be send a detailed curriculum and delivery plan.

Independent Prescribing

In 2018/19 there were seventeen accreditation events. 9 events were held to the pre-2019 standards (including two monitoring events) and 8 events were held to the 2019 standards.

the outcomes of the events held to the **pre-2019 standards** were as follows:

- Reaccreditation for three years (no conditions) – 4 providers
- Reaccreditation for three years (**with conditions**) – 1 provider
- Accreditation for three years (no conditions) – 1 provider

- Accreditation for three years (**with conditions**) – 1 provider

the outcomes of the events held to the **2019 standards** were as follows:

- Reaccreditation for three years (no conditions) – 5 providers
- Reaccreditation for three years (**with conditions**) – 1 provider
- Accreditation for three years (no conditions) – 1 provider
- Accreditation for three years (**with conditions**) – 1 provider

Of the two providers who were reaccredited to the **pre-2019 standards** with conditions, the first provider was set one condition in relation to **Standard 3, impacting Criteria 3.2**. The condition was for the provider to accurately map the GPhC learning and assessment outcomes to the programme. The second provider was set one condition in relation to **Standard 5, impacting Criteria 5.1**. The condition was for the University to implement a valid and reliable quality assurance process for the full range of assessments that would take place during the period of learning in practice. This is because the team considered that the assessments undertaken by the DMPs and other assessors in the workplace were not fully under the control of the University quality assurance procedures.

The provider who was reaccredited to the **2019 standards** had one condition in relation to **Standard 9, impacting Criteria 9.5**. The condition was for the course provider to describe how they would provide feedback to DPPs on their performance. The provider who was accredited to the **2019 standards** had one condition in relation to **Standard 7, impacting Criteria 7.1**. The condition was for the course provider to implement mechanism(s) to ensure that all assessments were robust and reliable, and to ensure that students were submitting their own work.

IP monitoring events

Monitoring events are held after completion of the first cohort to review the student experience and to ensure that the accreditation criteria continue to be met. If significant issues are identified, the GPhC can impose conditions and/or recommendations. The monitoring events were held under the **pre-2019 standards**. In 2018/19 there were a total of two monitoring events, the outcomes of which were as follows:

- Monitoring event (no conditions) – 2 providers

It is expected that no monitoring events to the **2019 standards** will happen until the 2020/21 academic year. There are two outstanding monitoring events that will need to be held under the **pre-2019 standards** during the 2020/21 academic year.

Level 2 (support staff)

Following the Councils decision in May 2018 to restart the approval process for level 2 programmes, the education team have continued to approve support staff programmes.

In 2018/19 there were four accreditation events involving fourteen programmes, the outcomes of which are as follows:

- Reaccreditation for three years (no conditions) – 3 providers (10 programmes)
- Reaccreditation for three years (**with conditions**) – 1 provider (3 programme)
- Accreditation for three years (**with conditions**) – 1 provider (1 programme)

In respect of the reaccreditation and accreditation with conditions cited above, the four programmes are in relation to one provider. There was one condition imposed in respect to all four programmes. The condition was in relation to the provider reviewing its assessment strategy to include assessment of the application of students' knowledge and skills in practice. This is because the assessment of students' fitness for purpose was singularly reliant on MCQ assessments.

Level 3 (pharmacy technician)

In 2019 the GPhC began to implement the October 2017 initial education and training of pharmacy technicians' standards. These standards require the integration of competence and knowledge in the delivery of the qualification/course. In 2018/19 there were two events held to these standards. No conditions were imposed. Of the two events, one was a recognition whereby the GPhC approved the learning outcomes and assessment structure of the national qualification (England and Wales). The second was the accreditation of a course developed by a private provider. Further events are planned for 2019/20 which will include approving provision for the apprenticeship iteration of the pharmacy technician qualification and provision in Scotland.