

December 4th, 2023

Notice Of Meeting

You are requested to attend the meeting to be held on **Tuesday, 5th December 2023** at **10:00 am** in **Hilton Templepatrick, Hybrid**.

Agenda

1.0 Welcome & Apologies

Apologies received from:

1. Mark McCrudden
2. Chanel Jones
3. Phillip Knox
4. Laura Hughes
5. Colleen Duffy

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

For Approval

Council is asked to approve and adopt the Minutes of meeting dated 19 September 2023 as a true and accurate record of events.

 **Council Minutes - Public Meeting - draft19092023 (002).docx**

Page 1

6.0 Finance & Performance Committee

For Approval

6.1 Budget 2024-25

For Approval

Council is asked to consider the recommendations from the Finance and Performance Committee to approve the budget 2024-25

 **Draft Budget 2024-25 Presentation.pdf**

Page 9

 **Draft Budget 2024-25 Summary V2 (002).pdf**

Page 12

 **Copy of Draft Budget 24-25 FP 13Nov -no attachments.pdf**

Page 17

6.2 Direct Debit Collection

For Approval

Council is asked to consider recommendations from the Finance & Performance Committee to proceed with the Direct Debit Collection.

 **231124 DD cover paper.pdf** **Page 23**

 **231124 DD paper to Council.pdf** **Page 24**

 **231124 Appendix A DD paper to Council.pdf** **Page 26**

7.0 Consultation

For Approval

 **Cover Paper for the Review of Consultations (005).docx** **Page 29**

 **Appendix 1 Report on Consultation and EQIA processes v5 (003) (002) (002) mn 2.docx** **Page 33**

 **Appendix 2 Policy for Carrying Out Public Consultations 2019 Final (2).docx** **Page 54**

 **Appendix 3 Policy for carrying out Equality Screening.docx** **Page 60**

FOR NOTING ONLY

8.0 NICPLD comments Standards FTY 2024/25

To Note

 **NICPLD comments Standards FTY 2425.docx** **Page 70**

 **Council Cover Paper.docx** **Page 91**

9.0 Pharmacy Futures Phase 3 - Summary for Council

To Note

 **Pharmacy Futures Phase 3 - Summary for Council 27 Nov 2023.docx** **Page 92**

10.0 Finance & Performance Committee

To Note

10.1 Cash Projections

To Note

Council is asked to note the 2023-24 Q1 Dashboard and Cash Projection

 **F&P Dashboard QTR 1 2023-24.pdf** **Page 96**

 **Copy of Cash Projection Q1 2023-24 V3 02.11 without appendices_.pdf** **Page 99**

11.0 President's Report

For Information

Verbal Report

12.0 CEO's Report

For Information

Verbal report.

13.0 Report on Progress against Strategy

For Information

Council is asked to review the attached report. Executive Summary provided.

 *Copy of Corporate Strategy - Council Progress Report - Dec 2023.pdf*

Page 106

14.0 CPD

For Information

 *Council Paper December 2023 - CPD Framework 2021 review.docx*

Page 124

 *CPD Framework PID October 2023 Draft 3.pdf*

Page 127

 *CPD-Framework-2021.pdf*

Page 146

15.0 Correspondence Log

For Information

Council is asked to review the content of the following correspondence:

- 1.

16.0 Any Other Business

For Information

1. Council Communications - decisions

17.0 Date of next Council Public Meeting

For Information

The next Council Public meeting is scheduled for 05 March 2024 at 09:30

Invitees

Mrs Joan Duffy

Ms Colleen Duffy

Mr Brendan Garland

Mr Scott Gill

Mrs Laura Hughes

Ms Chanel Jones

Mr Philip Knox

Mrs Michaela McAleer

Mr Mark McCrudden

Mr Gary McMurray

Mr Barry Mimmagh

Ms Carol Moore

Professor Patrick Murphy

Mr Mark Neale

Dr Geraldine O'Hare

Mr Jonathan Patton

Ms Alison Ragg



Minutes of the Council Public Meeting
Hybrid
19 September 2023 @ 09:30

	Agenda Item - Present	Council Members: Dr Geraldine O'Hare (President) Ms Alison Ragg Ms Carol Moore Prof Patrick Murphy Mr Brendan Garland Mr Philip Knox Ms Colleen Duffy Mr Gary McMurray Ms Chanel Jones Mr Scott Gill Mr Mark McCrudden Mr Barry Mimmagh Visitors: Mr Christopher Pawluczyk and Colette Higham – PSA In Attendance: Ms Michaela McAleer (Chief Executive) Ms Laura Hughes (Registrar) Ms Joan Duffy (Director of Business Operations) Mr Mark Neale (Director of Public Affairs) Ms Zulema Horner (Executive Assistant) Mr Stephen Moohan	Apologies Mr Jonathan Patton (Vice President)
			Action
1.0	Welcome & Apologies	The President welcomed Council members to the meeting and welcomed Christopher Pawluczyk and Colette Higham from PSA. The President expressed thanks and appreciation to June Alexander for her 7 years of service upon her recent departure from the Pharmaceutical Society	

		NI.	
2.0	Deputations	The President was in attendance throughout. No deputation required.	
3.0	Conflicts of Interest	No conflicts of interest were raised.	
4.0	Tabling of Any Other Business	No other business was tabled.	
5.0	Minutes & Key Actions from last meeting For Approval	<u>Minutes:</u> Council approved and adopted the Minutes of the Public meeting of 09 May 2023 as a true and accurate record of events. <u>Actions:</u> There were no outstanding actions. Key Decision / Action: Council approved and adopted the Minutes of the Public meeting of 09 May 2023 as a true and accurate record of events.	Proposed by: Mr Brendan Garland Seconded by: Mr Gary McMurray



6.0	Strategic Reserves Policy For Approval	The President thanked Stephen and the Finance and Performance Committee for their work and detailed account of the policy. The Chair, Gary McMurray, pre-empted the discussion by explaining Stephen Moohan’s involvement with the Finance and Performance Committee and his contribution with the Reserves Policy draft. Gary also stated that the Finance and Performance Committee will be monitoring the Society’s reserves, and the actual levels of reserves will be tracked on an annual basis. Stephen directed the Council’s attention to the Reserves Policy draft document. The Reserves Policy document details the Society’s financial position and the information will track the organization’s performance, support better decision-making and efficient funds management. Council approved the Strategic Reserves Policy.	Proposed by: Mr Mark McCrudden Seconded by: Mr Scott Gill
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7.0	Terms of Reference- Finance and Performance Committee For Approval	The Council was asked to note and ratify the revised Terms of Reference for the Finance and Performance Committee. The Chair, Gary McMurray, addressed the Council with an overview of the changes to the Terms of Reference document. The President thanked everyone who responded with comments. Council approved the changes Terms of Reference. Key Decision / Action: Council approved the changes Terms of Reference.	Proposed by: Mr Brendan Garland Seconded by: Mr Scott Gill
8.0	Proposed Schedule of Council meetings For Information	The President directed the Council to the cover note and explained the context of the Proposed schedule of Council meetings for 2023-24. The President acknowledged that the various committees are very active, and is aware that most of the work takes place on these committees along with working groups. Due to the aforementioned healthy committee activity and working groups at present, the Council is asked: • To consider 4 council meetings as opposed to 6, and for a 5th Council meeting possibly in the summer months of 2024 to be found. • Views on evening council meetings. Council approved a schedule of 5 Council meetings, with the option of a	

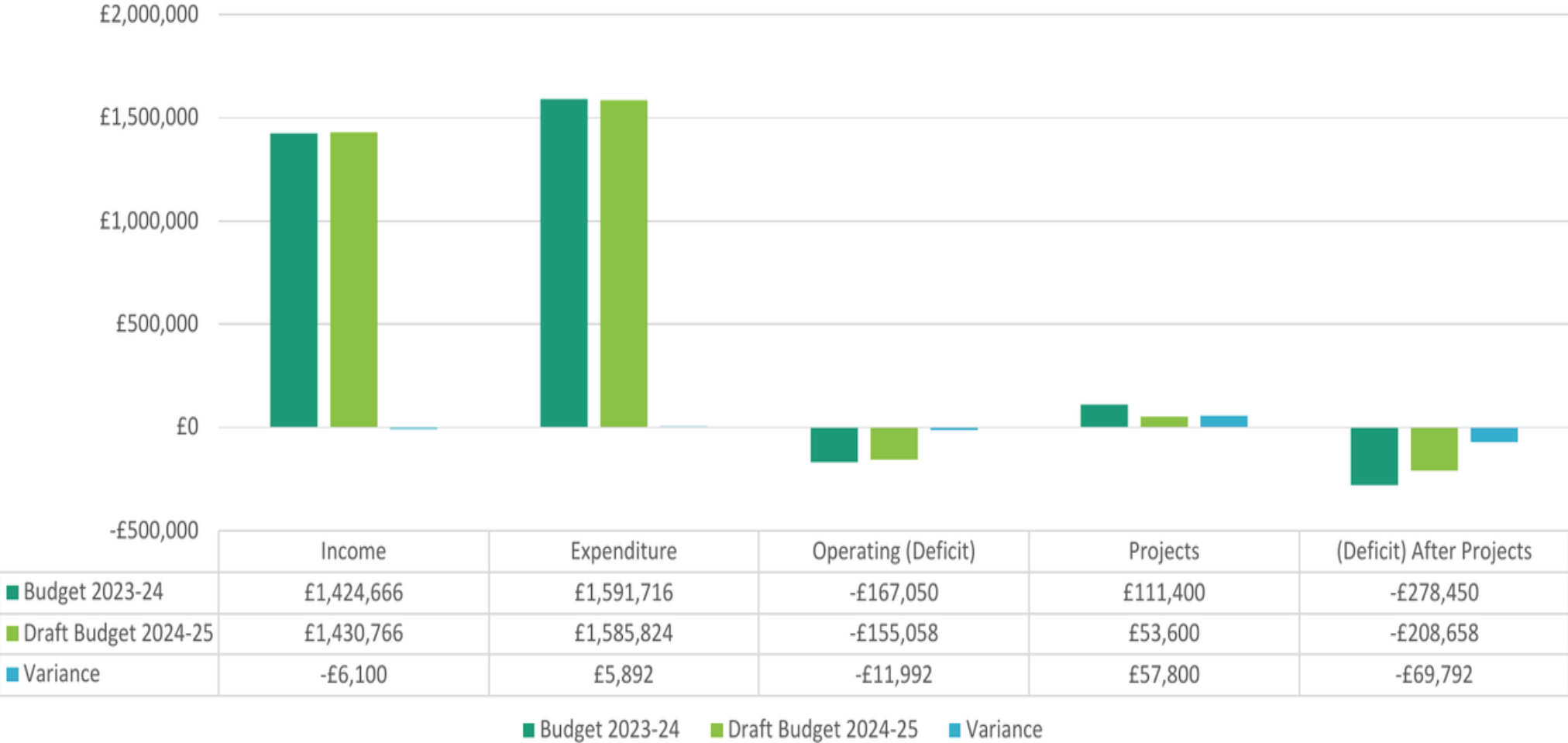
		summer and evening meeting. Action: Agree a summer and evening meeting for 2024	Proposed by: Mr Barry Mimmagh Seconded by: Ms Alison Ragg
9.0	President's Report For Information	The President acknowledged the busy period from our last meeting in May and expressed her gratitude for all the work being carried out by all the members of the committees throughout the summer months. The President formally acknowledged correspondence with Cathy Harrison by way of a congratulatory letter on behalf of the council following her professorship award. Cathy's response letter expressed gratitude and delight to have the opportunity to attend future council meetings (once a year). The President updated Council on her meetings and invitations, as follows: • The President provided an update on the development of the Corporate Strategy and the Council Session taking place after the Council Meeting on the Strategy. • Pharmacy Forum conducted a webinar, promoting public appointments and pharmacists looking at public appointments. • The President and Michaela met with the PSA on the 17th May. • Chairs Meeting of all Health Care Regulators with Caroline Corbyn of PSA on the 6th July • Professor Paul McCarron regarding an external council meeting at the Ulster University conference room next year. • The President was in London for the PSA round chair table meeting on the 10th July. The President expressed appreciation to be part of discussions in terms of workforce planning, backlogs and recruitment of	

		council members across the regulating bodies. • Meeting with Sean Kelly and his mother, an enthusiastic 16 year old who had written a letter to the PSNI expressing his interest in public life. • The President has directed the Council to meet and discuss Centenary celebrations. • The President mentioned attendance at the Council's Chairs' meeting on the 23rd August, an informal arrangement where the chairs of the committees work with current working groups can come together to share what is currently happening. • Meeting in Dublin with PSI and to meet with Christine Collins from RQIA, but both meetings were cancelled and consequently rescheduled. • The President suggested council member attendance to the NICON conference in October. • The President and Michaela intend to invite Duncan Rudkin, CEO, GPHC and Gisela Abraham, Chair of GPHC to attend council. Action: Look at the NICON conference and any other event anyone would consider useful as a council member, and if they would like to attend notify the President for consideration.	
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10.0	CEO's Report For Information	The CEO updated the council on the following; • The Covid-19 inquiry, the society has been asked to provide a draft statement to module 3 of the Covid 19 inquiry. This module focuses on the impact of the pandemic on health systems across jurisdiction. It has also been indicated that the society will be expected to be involved in statements relating to other modules, updates to follow. • There is a consultation currently running by the society on the knowledge of English, which proposes regulations and associated guidance to ensure pharmacists in Northern Ireland have adequate knowledge of the English language to safely and effectively perform their tasks. • EDI, we have an internal working group and looking to reconstitute it due to new staff and departures.	
11.0	Report on Progress against Strategy For Information	The CEO stated we are working on a new strategy for 2024-28. She acknowledged that the current strategy 2017-23 has been extended for further period, and she has provided council with an update on each of the goals and objectives set out on that strategy. The CEO asked Council to consider if all of the specific objectives and timelines might need to be revised for the remainder of 2023-24 and to take into account difficulties we have had in the past in meeting objectives that have been reliant on developments outside of our control. She also asked to consider that we don't have an operational Assembly and this has impacted on our ability to advance policy with the DoH and a number of key strategic objectives. The President confirmed that Vice President, Jonathan Patton, is working on updates on the extended strategy via a working group for a limited period of time. Prof Patrick Murphy confirmed in Jonathan's absence that a paper has been created and no significant changes are reported but we will await the updated document for further consideration. The President noted that the current strategy runs until end of May 2024.	

		Action: Update on the extended strategy paper.	
12.0	Correspondence Log For Information	None	
13.0	Any Other Business For Information	None	
14.0	Date of next meeting To Note	The next Public Council meeting is scheduled for 5 th December 2023 @ 09:30	

Draft Budget 2024-25 Summary



Income & Expenditure Variance on prior year budget

INCOME

Partnership Income decrease (£14K)

Retention Fee Increase £12k

CRA Income Increase £9k

EXPENDITURE

Staff Salaries increase PSNI £29k, P Forum £30k

Staff Pension Scheme increase £57k (based on employer contributions being 10%, Proposal going to Remuneration Committee Dec 23

Bank Charges increase £12k – Go Cardless cost for DD platform

Travel & Subs decrease (£6k) attend hybrid meetings where possible, overnight stay by exception only

Rewarding Excellence decrease (£13k) – dinner every other year

Fitness to Practice decrease (£125k) – like for like basis, based on cost efficiencies from FtP deepdive and in-house resource

Professional & Consultant Fees increase £14k – HR Support, Evelyn management fee

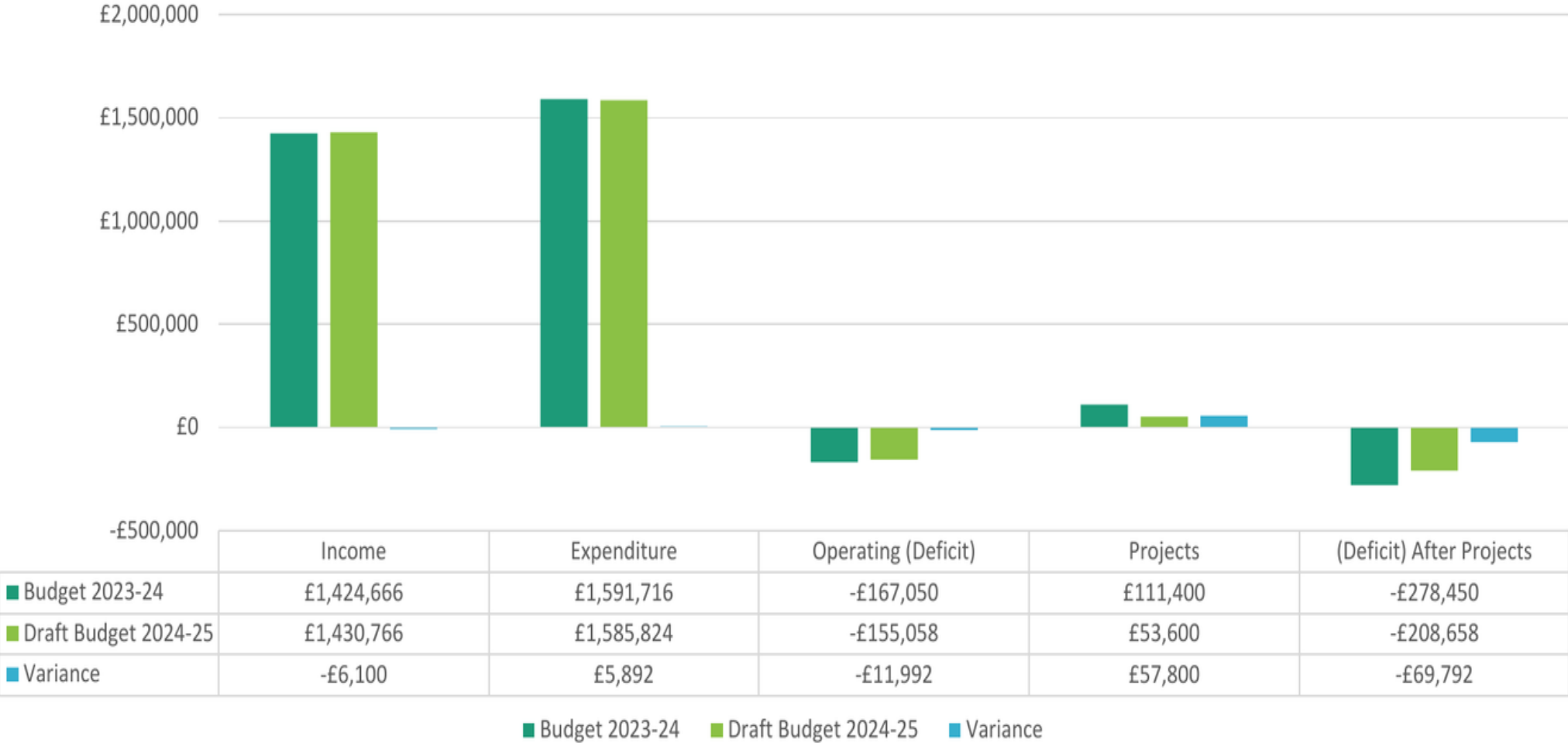
Foundation Training Year Expenses increase £10k – CRA assessment increased from £30k to £40k in 2024-25

Accreditation decrease (£10k) – Accreditation of NICPLD FTY program not required, MOU in place

Projects £54k

- CRM – Registration on-line on-going development - £10k
- Adjudication Module of CRM - £22k – Project carried forward from 2022-23
- New Website £12k, budgeted in 2023-24 moved to 2024-25
- Centenary Celebration £10k

Draft Budget 2024-25 Summary



Draft Budget 2024-25 v's Budget 2023-24

Income & Expenditure Headlines

INCOME

Partnership Income decrease (£14K)

Retention Fee Increase £12k

CRA Income Increase £9k

EXPENDITURE

Staff Salaries increase PSNI £29k, P Forum £30k

Staff Pension Scheme increase £57k (based on employer contributions being 10%, Proposal going to Remuneration Committee Dec 23

Bank Charges increase £12k – Go Cardless cost for DD platform

Travel & Subs decrease (£6k) attend hybrid meetings where possible, overnight stay by exception only

Rewarding Excellence decrease (£13k) – dinner every other year

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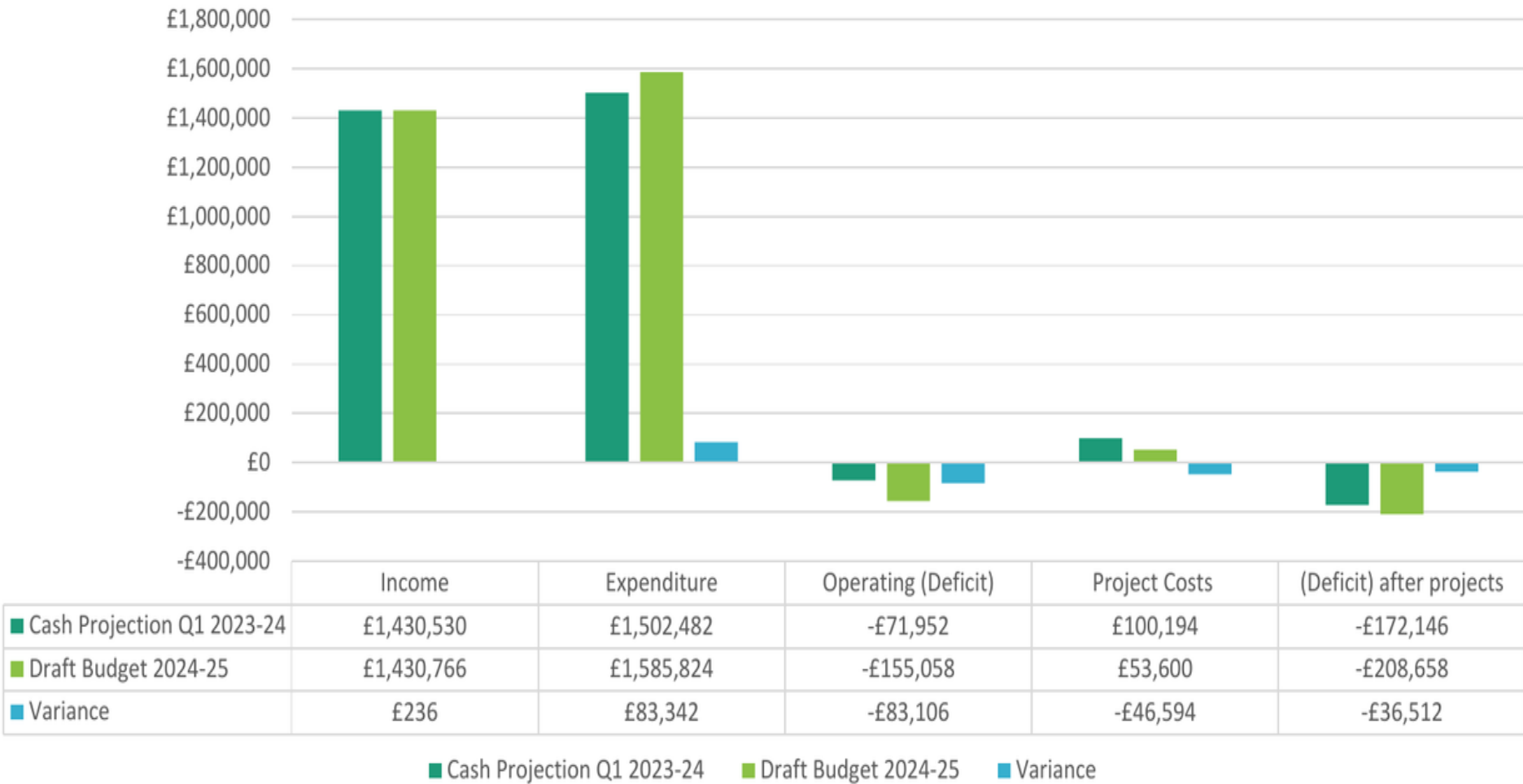
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Cash Projection Q1 23-24 v's Draft Budget 2024-25



Cash Projection Q1 23-24 v's Draft Budget 2024-25

Income & Expenditure Headlines

INCOME

In line with Cash Projection Q1 2023-24

EXPENDITURE – Cash Projection Q1 23-24 v's Draft Budget 2024-25

Staff Salaries increase in Draft Budget PSNI £86k – vacant posts not replaced in 2023-24, a number of temporary posts included in the Draft Budget to take forward pieces of work until the out-workings of the structural review take place.

Staff Pension Scheme increase in Draft Budget £61k (based on employer contributions being 10%, Employers contributions in 2023-24 3.25%) Proposal going to Remuneration Committee Dec 23

Bank Charges increase in Draft Budget £10k – Go Cardless transaction fees (max amt)

CRA Exam increase in Draft Budget £10k – CRA cost through GPhC increased from £30k in 2023-24 to £40k 2024-25

Rewarding Excellence decrease in Draft Budget (£13k) – dinner every second year

FtP decrease in Draft Budget (£72k) – full year of savings as a result of the FtP deep-dive exercise

Professional & Consultancy fees decrease in Draft Budget (£19k) - £14k of one-off HR consultancy fees in 2023-24

Accreditation Costs decrease in Draft Budget (£10k) accreditation of the NICPLD FTY training not required, covered under the MOU.

DRAFT BUDGET 2024-25											Pharmaceutical Society Funding Register Register
		P Forum Revised Draft Budget 23- 24	Regulator Revised Draft Budget 23-24	Budget 2023-24	Cash Projection Q1 2023-24	P Forum Draft Budget 24-25	Regulator Draft Budget 2024-25	Draft Budget 2024-25			Details of revised Budget 2023-24
Income											
1	Deposit Interest (Fixed Term)	£0	£21,000	£21,000	£21,000	£0	£21,000	£21,000	0.00		Estimated £16k interest on Flagstone (average £400k@4%) plus £5k interest on Evelyn portfolio
2	PSNI dividends on investment portfolio with Evelyn	£0	£25,000	£25,000	£25,000	£0	£25,000	£25,000	0.00		
3	Partnership Income	£0	£14,400	£14,400	£22,500	£0	£0	£0	-14,400.00	Building refurb	NMC using facilities, aim to attract other users once refurb complete - based on 2 pm
4	Sundry Income	£0	£3,000	£3,000	£3,148	£0	£3,000	£3,000	0.00		
Pharmacy Forum Income											
4	Grant Income (PF)	£0	£0	£0	£0	£0	£0	£0	0.00		
5	Calculations Course (PF)	£1,200	£0	£1,200	£1,200	£1,200	£0	£1,200	0.00		
6	Rewarding Excellence (PF)	£2,500	£0	£2,500	£2,500	£2,500	£0	£2,500	0.00		
Retention											
7	Retention Fees	£0	£1,143,056	£1,143,056	£1,133,106	£0	£1,154,598	£1,154,598	11,542.00	2986 on register 11/10/23, less 25 removals for non payment & non compliance & 60 withdrawals from the register	2967 on register Apr23, less 45 removals for non payment & non compliance & 50 withdrawals from the register
8	Penalty fee(default in payment, pharmacist)	£0	£375	£375	£0	£0	£375	£375	0.00		
Registration											
9	New Registrants (from FTY Programme) July	£0	£51,342	£51,342	£55,322	£0	£55,322	£55,322	3,980.00	Estimate 139	Estimated 143 joining the register from the FTY Programme in Nov22, Actual number expected to join the register 129
10	Registration Fees (JFAR&Re-Reg)	£0	£19,900	£19,900	£20,298	£0	£20,298	£20,298	398.00	In line with cash projection 23-24	50
11	Restoration (If removed by Stat Comm)	£0	£121	£121	£0	£0	£121	£121	0.00		
FTY											
12	Foundation Training Year (student registrant fee)	£0	£35,020	£35,020	£35,020	£0	£30,900	£30,900	-4,120.00	Estimate 150	Estimated 150 students in Nov, numbers have reduced and it is now estimated that the figure will be 120 in June 24. The pharmacy workforce review are expecting a further 50 students into the Programme in Sept24
12(i)	Penalty fee(default in payment, student)	£0	£20	£20	£0	£0	£20	£20	0.00		
13	CRA Income	£0	£20,880	£20,880	£25,056	£0	£29,580	£29,580	8,700.00	Estimate 170 - 120 June 24 a further 50 expected out of the pharmacy workforce review	Estimated 143 students in Nov 22, actual number of student applications is 112, we are expecting approx. 8 repeats
Registration of Premises											

	DRAFT BUDGET 2024-25										
		P Forum Revised Draft Budget 23- 24	Regulator Revised Draft Budget 23-24	Budget 2023-24	Cash Projection Q1 2023-24	P Forum Draft Budget 24-25	Regulator Draft Budget 2024-25	Draft Budget 2024-25			Details of revised Budget 2023-24
15	Premises new/name change	£0	£1,130	£1,130	£1,130	£0	£1,130	£1,130	0.00		
16	Premises Retention Fee	£0	£85,405	£85,405	£85,250	£0	£85,405	£85,405	0.00		Estimated 553 in Nov22, number of premises currently on the register 551
16(i)	Premises Penalty Fee (default in payment, premises)	£0	£317	£317	£0	£0	£317	£317	0.00		
	TOTAL INCOME	£3,700	£1,420,966	£1,424,666	£1,430,530	£3,700	£1,427,066	£1,430,766			

17	Staff Salaries (Inc. NI)	£0	£760,668	£760,668	£703,672	£0	£789,592	£789,592	28,923.93		
18	Staff Salaries (PF)	£117,897	£0	£117,897	£115,122	£147,866	£0	£147,866	29,969.61		
19	Staff Pension Scheme (including PF)	£4,057	£26,719	£30,775	£26,516	£13,716	£74,074	£87,790	57,014.51	Based on employer contributions being 10% (3.25% = £28k, 8% = £63k)	
20	Pension Payment to former staff member	£0	£7,917	£7,917	£7,994	£0	£8,076	£8,076	158.34		
21	Staff Health Plan (including PF)	£2,839	£14,886	£17,725	£14,732	£4,644	£15,342	£19,986	2,261.29		
22	Staff Training & Development (including PF)	£1,700	£10,350	£12,050	£11,960	£1,700	£8,000	£9,700	-2,350.00		
23	Governance Costs & Training	£0	£42,279	£42,279	£44,184	£0	£40,913	£40,913	-1,366.00	In line with prior year - change Council from 6 to 5 meetings - same fees	President x30 days, Council x6pa, ARC x4pa, F&P x4pa, Remuneration x2pa, Chairs x4pa, Task & Finish Groups 4x4pa, Annual appraisals. Presidents travel budget London x6, 3 overnight
24	Rent Rates & Insurance	£0	£9,310	£9,310	£8,984	£0	£9,776	£9,776	465.50	Increase 5% on prior year	EL&PL Building & professional Indemnity £8.5k, Accidental travel insurance £500, ground rent £50, water charges £260
25	Bank Charges	£0	£12,055	£12,055	£13,701	£0	£24,000	£24,000	11,945.00	Increase EMS online payments from £10.5k to £12.5k, £10k Go Cardless transactions for DD facility	Credit card £25*3=£75, BOI £60, Realex £900, BOI audit £30, BOI EFT fees £50, Notified mthly fee BOI £440, EMS fees Registrants & Premises £10.5k
26	Office Stationary (including PF)	£1,000	£7,200	£8,200	£8,079	£1,000	£7,200	£8,200	0.00	In line with 24-25 cash projection	£600 pm plus P Forum

	DRAFT BUDGET 2024-25										
		P Forum Revised Draft Budget 23- 24	Regulator Revised Draft Budget 23-24	Budget 2023-24	Cash Projection Q1 2023-24	P Forum Draft Budget 24-25	Regulator Draft Budget 2024-25	Draft Budget 2024-25			Details of revised Budget 2023-24
27	Printing & Photocopier (including PF)	£720	£9,200	£9,920	£7,945	£720	£8,200	£8,920	-1,000.00	Take out annual report £1k	Printing - Annual Report £1k, other print £500. Photocopier - Leasing £3k, Copytext £1.5k, Toners £3.2k. P Forum , in-house printing £720
28	Postage (including PF)	£150	£1,500	£1,650	£1,685	£150	£1,500	£1,650	0.00		£1k weekly postage collection, Company policy from 01.06.23 mailshots by email other post £500. P Forum misc. post £150
29	Telephone	£0	£15,660	£15,660	£19,922	£0	£19,922	£19,922	4,262.00	In line with cash projection	BT Business Qtrly Charge £4.3K, BT Cloud Voice £4k, BT Alarm Line £500k, Mobile phone bill £6.5k, BT conference £360
30	Travel & Subsistence(including PF)	£10,090	£21,373	£31,463	£24,025	£11,369	£13,634	£25,003	-6,459.88	Attend hybrid meetings where possible, travel by exception and prior approval	
31	Conferences/Events (PF)	£2,475	£0	£2,475	£2,450	£2,475	£0	£2,475	0.00		P Forum - All Ireland Conference £325x3, RPS dinner £800, 2 launch events £700,
32	Rewarding Excellence (PF)	£12,685	£0	£12,685	£12,685	£0	£0	£0	-12,685.00	Rewarding excellence dinner every other year	23-24 Rewarding Excellence - realigned to biennial cycle from '24 (Catering and wine £6900, photographer & harpist £475, design and print £1150, medals (2 gold , 3 fellow, and financial awards student, =£2475 & potentially 3 more fellows = £1000) , flowers £685,
33	Election Costs (PF)	£0	£0	£0	£0	£1,500	£0	£1,500	1,500.00		next Spring '25
34	Subscriptions & Annual Fees (including PF)	£10,110	£32,750	£42,860	£44,094	£9,670	£34,770	£44,440	1,580.00	Minutepad £6.5k, Zahara £3k, Risk Register £7.9k, Sage £7k, legal subs£250, CEF-CEO £720, CEF-president£250, Consultant Institute £500, Survey monkey £385, Nikon £500, Mailchimp £720, Egress £500, NI Chairs £330, Event expresso £165, Vimeo £80, Lucid chart £120, Westlaw subs £3.5k, Regulator subs £1000, Breathehr £1200 Misc. £150. P Forum CPA £2.75k, PGEU £4.75k, RPS £132, mail chimp subs £720, NHS Confer £330, Nikon £300, Vimeo £250, ZOOM £188, Canva £100, Misc. £150	Minutepad £5k, Zahara £3k, Risk Register £7.9k, Sage £7k, legal subs£250, Bar subs £180, CEF-CEO £720, CEF-president£250, Consultant Institute £500, Survey monkey £385, Nikon £500, Mailchimp £720, Egress £500, NI Chairs £330, Event expresso £165, Vimeo £80, Lucid chart £120, Westlaw subs £3.5k, Regulator subs £1000, Breathehr £500, Misc. £150. P Forum CPA £2.75k, PGEU £4.75k, RPS £132, mail chimp subs £1152, NHS Confer £330, Nikon £300, Vimeo £250, ZOOM £188, Canva £100, Misc. £150
35	Audit & Accounting Services	£0	£8,550	£8,550	£8,556	£0	£8,550	£8,550	0.00	In line with 23-24	External Audit £7,800, Corporation Tax £750. £6.6k cost saving for accountancy services offset against in house resource.
36	Internal Audit	£0	£11,700	£11,700	£11,700	£0	£11,700	£11,700	0.00	3 year contract	3 year 1+1 contract awarded to ASM April 23
37	Electricity/Gas	£0	£13,000	£13,000	£12,456	£0	£13,000	£13,000	0.00	based on cash projection	Increase of 5% on prior year actual
38	IT Service, equipment & development	£3,600	£63,500	£67,100	£61,611	£3,600	£59,100	£62,700	-4,400.00	Nitec Support & Microsoft licences £32k, Fortesium support - ROL £9k, FfP £2.4k, Adjudication £2.4k, Website £2.4k BT & Virgin broadband £1600, Zoom £200, Hosting £2.1k, Qualys pens testing £3k, Hardware £4k	Nitec Support & Microsoft licences £32k, Fortesium Support - ROL £9k, FfP £2.4k, Adjudication (half year) £1.2k, Website £3k. BT Broadband £800, Virgin Broadband £800 Zoom £200, Hosting £2.1k, Qualys pen testing £3k, Software £3k, Hardware £6k.

DRAFT BUDGET 2024-25											
		P Forum Revised Draft Budget 23- 24	Regulator Revised Draft Budget 23-24	Budget 2023-24	Cash Projection Q1 2023-24	P Forum Draft Budget 24-25	Regulator Draft Budget 2024-25	Draft Budget 2024-25			Details of revised Budget 2023-24
39	Office Cleaning/Waste Management	£0	£15,130	£15,130	£13,738	£0	£15,230	£15,230	100.00	Cleaning contract - £13.9, Window cleaning £300, Powerhosing £400, Waste collection £450, Hygiene charge £180	Cleaning contract -increased from 3to5days pw £13.2k, carpet cleaning £600, Powerhosing £400, window cleaning £300, Waste collection £450, Hygiene charge £180
40	General expenses	£750	£10,700	£11,450	£11,372	£750	£9,200	£9,950	-1,500.00	H&S assessment £500, Restore shredding £2k, Taxi £600, Courier £1.5k, Sundry & kitchen £600, Storage £1.8k, Recycling £500, Catering Council & other meetings £700, Misc. £1k. P Forum catering £750	H&S assessment £500, Restore shredding £2k, Taxi £900, Courier £1.5k, sundry papers & kitchen £600, Storage £3k, Recycling £500, Catering Council & other meetings £700, Misc. £1k. P Forum catering £750
41	Fitness to Practice *	£0	£213,414	£213,414	£160,546	£0	£88,680	£88,680	-124,734.00	Savings relating to FtP Deepdive	
43	Legal Fees - General	£0	£12,000	£12,000	£17,400	£0	£12,000	£12,000	0.00		Regulation drafting in projects
44	Professional & Consultant Fees	£0	£4,100	£4,100	£36,408	£0	£17,900	£17,900	13,800.00	Pension advisor £3.2k, HR support £700, HR clinics £1.2k (4pa), HR advice £3k, Evelyn management fee £9.2k (netted off against income in prior years)	Pension advisor £3.2k, ELC £900
45	PSA Levy	£0	£7,900	£7,900	£8,045	£0	£8,447	£8,447	547.25	5% increase on 23-24 rates	
46	Inland Revenue - Tax	£0	£1,900	£1,900	£1,900	£0	£2,000	£2,000	100.00		
47	Recruitment (agency fees)	£1,000	£2,440	£3,440	£4,691	£900	£1,800	£2,700	-740.00	NIJobs £900x2adverts, plus 1 PF advert	Company Policy from 01.06.23 advertise through JobNI,Diverse Jobs and Social Media Platforms.
48	Communications	£0	£8,000	£8,000	£8,000	£0	£3,000	£3,000	-5,000.00	Stakeholder events £3k	Launch of the Code £2k, Policy design & publication of code £3k, Stakeholder events £3k
49	Foundation Training Year Expenses (including PF)	£3,510	£30,000	£33,510	£33,390	£3,510	£40,000	£43,510	10,000.00	CRA assessment £40k in 24-25	CRA 2 assessment periods - agreed £30k for 23-24. Likely to increase 24-25 £40k plus. Forum - Calculations training expenses 2 trainers £2750 (including travel expenses), 2 sat staff support £220, 2xE270 prep for new materials
50	CPD/Revalidation Process (including PF)	£9,000	£17,150	£26,150	£26,125	£9,000	£18,865	£27,865	1,715.00	CPD assessments 10% increase	CPD assessment stage 1 &2, verification & re assessment £17,150 Forum- New service level agreement with 3 new facilitators. 15 x 3hr sessions @£150 = 2250 , train new facilitators £1800, video resource for new framework £5K

	DRAFT BUDGET 2024-25										
		P Forum Revised Draft Budget 23-24	Regulator Revised Draft Budget 23-24	Budget 2023-24	Cash Projection Q1 2023-24	P Forum Draft Budget 24-25	Regulator Draft Budget 2024-25	Draft Budget 2024-25			Details of revised Budget 2023-24
51	Facilities Expenses (Building)	£0	£8,783	£8,783	£8,793	£0	£8,783	£8,783	0.00		General maintenance £5k, Boiler service £180, Fire ext. service & fire risk assessment £800, Annual alarm service £588, PAT testing £335, keyholding service £220, call out x 5 £460, Havlin locks £200, Misc. £1000 (Office furniture/decoration & lighting taken out as this will be included in the building refurb budget)
52	Accreditation	£0	£10,000	£10,000	£10,000	£0	£0	£0	-10,000.00	Accreditation of the NICPLD FTY programme £10k taken our MOU in place	Accreditation of the NICPLD Foundation Training Year programme £10k 23-24, £10k 24-25
53	Procurement of services (PF)	£0	£0	£0	£0	£0	£0	£0	0.00		Offset against increase in P Forum salaries
	TOTAL EXPENDITURE	£181,582	£1,410,134	£1,591,716	£1,502,481	£212,570	£1,373,254	£1,585,824	5,892.44		

		P Forum Revised Draft Budget 23-24	Regulator Revised Draft Budget 23-24	Budget 2023-24	Cash Projection Q1 2023-24			Budget 2024-25			
	PROJECT COSTS										
	Projects that require legislative changes										
	Technicians Register	£0	£0	£0	£0	£0	£0	£0		2026/27	No cost in 23-24
	Aptuk- Education pathway for technicians	£0	£0	£0	£0	£0	£0	£0		2025/26	
	Rebalancing (guidance)- Pharmacy Forum	£0	£0	£0	£0	£0	£0	£0		in house	in house recourse
	Other Projects										
	CRM ROL	£0	£15,000	£15,000	£18,000	£0	£10,000	£10,000		ROL development (capital spend)	
	Adjudication module CRM	£0	£0	£0	£0	£0	£21,600	£21,600		Carried forward from 2022-23	
	New Website	£0	£12,000	£12,000	£0	£0	£12,000	£12,000		Budgeted in 23-24 - move to 24-25 (live by April 25)	C/fwd. from 22-23
	New Corporate Strategy	£0	£20,000	£20,000	£24,394	£0	£0	£0		Completed in 2023/24	Estimated cost - currently out to tender (April23)
	L&D Development Plan- Council Members	£0	£14,400	£14,400	£14,400	£0	£0	£0		Completed in 2023/24	Paper going to F&P for approval May 23

	DRAFT BUDGET 2024-25										
		P Forum Revised Draft Budget 23-24	Regulator Revised Draft Budget 23-24	Budget 2023-24	Cash Projection Q1 2023-24	P Forum Draft Budget 24-25	Regulator Draft Budget 2024-25	Draft Budget 2024-25			Details of revised Budget 2023-24
	Projects flowing from Corporate and Business	£0	£50,000	£50,000	£20,000	£0	£0	£0		Completed in 2023/24	Placeholder
	Centenary Celebrations	£0	£0	£0	£0	£0	£10,000	£10,000		Placeholder	
	HR Review	£0	£0	£0	£11,400	£0	£0	£0			
	DD Portal	£0	£0	£0	£12,000	£0	£0	£0			
	TOTAL PROJECT COSTS	£0	£111,400	£111,400	£100,194	£0	£53,600	£53,600			

	SUMMARY			Budget 2023-24	Cash Projection Q1 2023-24			Draft Budget 2024-25			
	Income			£1,424,666	£1,430,530			£1,430,766			
	Expenditure			£1,591,716	£1,502,481			£1,585,824			
	Operating (Deficit)			-£167,050	-£71,951			-£155,058			
	Project Costs			£111,400	£100,194			£53,600			
	(Deficit) after projects			-£278,450	-£172,145			-£208,658			

Project grading
1. Definite, 2. Probable,
3. Possible, 4. Remote

	CAPITAL SPEND										
	Building Refurb						£400,000- £900,000				

Pharmaceutical Society NI – Briefing Paper

Date: 22 November 2023

Title: Collection of Annual Retention Fees by Direct Debit

Type of Paper

- *For Information*

Action required by Council

Council is asked to ratify the recommendation of Finance and Performance Committee to proceed with enabling the collection of the 2024/25 Pharmacist Annual Retention Fees by Direct Debit using Go Cardless as a provider via an upgrade of the Regulator On Line software.

BACKGROUND

The 2023/24 business plan commits Pharmaceutical Society NI to “Develop, test and implement a system for payment of fees by Direct Debit”.

The paper sets out the information considered in arriving at the recommendation set up above.

The paper also notes the steps which required to ensure Article 15 of the Pharmacy (Northern Ireland) Order 1976 is complied with.

Business Case for collection of Annual Retention Fees by Direct Debit

Introduction and Legal position

Considering the cost-of-living issues facing the population, there was a decision to ascertain if payment of Annual Retention fees in instalments by Direct Debit could be instigated to help registrants manage their cashflow.

Internal legal advice states “Article 15 [of the 1976 Order] does not appear to stipulate when the retention fee is paid or require that it is paid before the person is retained (i.e. it does not require payment as a prerequisite to retention).

It also provides for a demand for payment of the retention fee and removal by Council if he fails to pay the retention fee within 2 months. If quarterly payments are allowed, consideration would need to be given to when it would be appropriate to send such a demand.”

Internal legal advice is that legislation is silent on quarterly direct debit collection for annual retention, though notes that a consultation exercise may be appropriate.

For clarity, it should be noted that the advice only refers to Pharmacist retention fees.

In order that retention fees can be collected effectively by Direct Debit, Article 15¹ of the Pharmacy (Northern Ireland) Order 1976 must be adhered to. Appendix A notes potential ways of adhering to Article 15 whilst collecting by Direct Debit and also notes some practical issues to be aware of that will flow from quarterly Direct Debit collection.

Finance and Performance Recommendation

Finance and Performance Committee recommended that Pharmaceutical Society NI offer registrants to pay their Annual retention by way of quarterly Direct Debit with collections for retention year 2024/25 being scheduled as follows:

1. End of May 2024
2. End of August 2024
3. End of November 2024
4. End of February 2024

Delivery Method

Direct Debits will be enabled by amendments to the payment process in our Regulator On Line software enabling registrants to decide whether to pay in full by debit card, or select the quarterly Direct Debit Option. The developers of Regulator

¹ [Pharmacy \(Northern Ireland\) Order 1976 \(legislation.gov.uk\)](#)

On Line will create a link to Direct debit software provided by a specialist Direct Debit collection company. A link has been previous created between the 2 pieces of software therefore we have confidence that the technology element will be ready in time for roll out at the annual retention for year 2024/25.

There will be costs to the Society in terms of technical development, collection costs of Direct Debits and interest not earned.

Finance and Performance have considered these matters and are content to proceed.

It must also be noted that in the absence of changes to primary legislation there will be need for changes to our internal processes in terms of notifying Pharmacists that fees are due in order to ensure compliance with the primary legislation while enabling Pharmacists to spread the burden of retention fees.

Appendix A

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Practicalities of collecting Retention Fees by Direct Debit

Section 15 part 3 of The Pharmacy (Northern Ireland) Order 1976

(3) If a person on whom a demand has been made in the prescribed manner for payment of a retention fee payable by him under this Article fails to pay the fee within two months after the date on which the demand therefor was made, the Council may direct the removal of his name from the appropriate register; but, if, either within the year in respect of which the fee is payable or within such longer period as the Council may allow, the person whose name has been removed from the register pays to the Society the retention fee, together with such additional sum (if any) by way of penalty for the default as may be prescribed, his name shall be restored to the appropriate register and, if the Council so directs, the restoration shall have effect as from the date on which his name was removed from that register.

Internal legal advice by email on 24 January 2023 states:

“Article 15 does not appear to stipulate when the retention fee is paid or require that it is paid before the person is retained (i.e. it does not require payment as a prerequisite to retention).

It also provides for a demand for payment of the retention fee and removal by Council if he fails to pay the retention fee within 2 months. If quarterly payments are allowed, consideration would need to be given to when it would be appropriate to send such a demand. “

The key to successful implementation of payment by Direct Debit that enables Council to carry out their function to direct the removal of a registrant for non-payment of annual fee is to change our internal procedures in one of two ways:

Method A

1. Add a function to the “landing” page of Regulator On Line (RoL) software to require that the registrant actively chooses to accept receipt of annual retention notices by email. The wording needs to emphasise that the Registrant has the opportunity to change their consent at any time, and there needs to be a function in RoL to enable the change of consent at any time.
2. Should a registrant opt not to choose to accept the email of annual retention notices, then it would be ideal if the choice is re-presented to the registrant periodically at later logins to RoL.
3. On the basis that the Direct Debit payment schedule for a retention period is the date below or the first banking day thereafter:
 - a. 28 May
 - b. 28 August
 - c. 28 November

Appendix A

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d. 28 February

An email is sent to all registrants who have accepted notice by email, and have chosen direct debit as payment method, a notice for payment stating the next instalment is due to be collected by direct debit on or before the stated date.

4. The notice should also include the stipulation that should a Direct Debit fail and not be successfully completed within 7 calendar days of said failure, payment in full within 7 further calendar days was mandatory, otherwise Council would be advised of this failure to pay, and could direct removal from the register.

Method B

1. Council decide to send all annual retention notices by email to the registered email address supplied by and upkept by the registrant.
2. Add a function to the "landing" page of RoL software to require that the registrant actively chooses to accept receipt of annual retention notices by email. The wording needs to emphasise that the Registrant has the opportunity to change their consent at any time, and there needs to be a function in RoL to enable the change of consent.
3. Should a registrant opt not to choose to accept the email of annual retention notices, then it would be ideal if the choice is re-presented to the registrant periodically at later logins to RoL.
4. Direct Debit payment is rolled out as in Method A above.
5. Should anyone choose not to pay (either by setting up a direct debit, or by paying in full as currently the case) by a date at Council's choosing, then the Society could send hard copy notices to those who have yet to pay. This mirrors the current process, except the initial notice will be sent by email.
6. It should be noted that it is possible someone could object to the sending of the initial notice by email, however this issue would be superseded by the step where the Society sends a hard copy notice to those who have not paid by the date prescribed by Council.

Administration

The Direct Debit information will be fed back into RoL against the specific registrant, therefore there will be no extra work for the Registration co-ordinator inputting this data.

There will be some extra work for finance in that there is no direct link between RoL software and our Sage accounting software. This work will be the inputting of 4 payment per Direct Debit registrant as opposed to one data input.

Appendix A

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Finance processes have been developed together with reporting from RoL, however, to enable reports from RoL to be exported into Excel, mapped to payments received data from sources including card payments and direct debit schedules, and a report then imported into Sage. It takes some time but is not onerous.

The extra work will be involved in reconciling payments not received 4 times per year as opposed to annually. Depending on the number of non-payments, this could be time consuming, however excel lookups will minimise the time taken for this process.

Council will potentially be presented with registrants proposed for removal due to non-payment at four meetings during the year.

Issues to resolve:

Should a registrant choose to work for part of a year and pay by Direct Debit, however, stop the direct debit and choose not to pay the balance in full, then though Council can direct them to be removed from the register for non-payment, the Society may not receive the full annual fee as it should, if the registrant decides to not to request restoration to the register.

It is the case though that a registrant may not pay their current annual retention, and work legally until Council directs their removal in August, so this is a risk already carried.

Cover Paper for the Review of the Policy and Procedure for Conducting a Public (Major) Consultation and the Policy and Procedure on Equality Screening and Equality Impact Assessments

Background

This review was undertaken in fulfilment of the Council's Corporate Strategy 2017-2023 objective 6D: *We will review our consultation protocols*. The attached paper provides an overview of the current policy and procedure relating to public consultation, provides analysis against best practice and identifies a number of issues and makes a series of recommendations.

On the direction of the Director of Public Affairs this paper is forwarded to SMT for consideration and comment. It is proposed to raise the report and recommendation if required with the Finance and Performance Committee / Council if required.

Key Recommendations and Issues to Consider

- i. Integration of all updated relevant internal documents into a single internal document.
- ii. The development of an improved explanatory principle-based statement on the consultation page which covers, policy development, stakeholder engagement, public consultation and Equality Impact Assessments. This also contain any relevant aspects of the internal policy document as part of a strategy encourage a wider range of responses. This work should be aligned with review of website.
- iii. A more proportionate and appropriate Council approval framework for policy development and public consultations is

developed, to align with Corporate Strategy, Annual Business Plan, and revised consultations policy.

- iv. Clarification in the policy that the Director of Public Affairs (DPA) is responsible for the management of all consultations, as is current practice, to ensure consistency across all relevant work areas.
- v. The Society's normal consultation period to be changed to twelve weeks to allow for the capacity of individual and smaller groups to respond and to allow capacity building of respondents if required. With a minimum period of consultation containing an EQIA of eight weeks.
- vi. Amendment to the policy to reflect the willingness of the Society to offer knowledge capacity building on request to public or patient groups to assist them engage effectively in consultations.
- vii. Setting of a global response rate annual target, and specific response rate targets for the Pharmacy profession and the public, (including public representing stakeholder groups)
- viii. Consideration of the establishment of an online panel of stakeholders to assist early identification of any equality impacts of a proposed policy change and to give feedback an ad hoc basis.
- ix. Clarification to be included in the policy that a maximum of twelve weeks is available before the feedback report is published, however, if further time is required, a short statement should be published on the website outlining why this is the case and that the findings once complete will be presented at the next available Council meeting with the process being overseen by the DPA.

- x. Consideration of appropriate training on the consultation process, communication with people with disabilities and plain English writing skills to be given to relevant staff.
- xi. Consideration of progression towards a plain English award for all Society documents
- xii. Consideration of an independent audit of the Consultation policy and procedures every Corporate Strategy period.
- xiii. The development of an accessible public facing Equality, Diversity and Inclusion (EDI) policy and EDI Action plan.
- xiv. A public statement of the principles of Equality Screening and Equality Impact Assessments (EQIA) policy. This may be contained in the EQIA screening document or as part of the general EDI policy if developed.
- xv. Any action identified in the EQIA are transferred to an EDI Action Plan and any required actions identified and addressed within appropriate timeframes.

Attached Papers

Appendix 1 – Review Report

Appendix 2 – Policy and Procedure for carrying out a Public (Major) consultation.

Appendix 3 – Policy and Procedure on Equality Screening and Equality Impact Assessments

Action required by Council

1. Council is asked to consider the review document and related appendices and provide any feedback it considers appropriate on the recommendations and issues identified and proposed next steps.
2. Council is asked to approve the updating of the Consultation Document in line with the proposals

Review of the Policy and Procedure for Carrying out a Public (Major) Consultation and the Policy and Procedure on Equality Screening and Equality Impact Assessments

1. Introduction

- 1.1 The current review was undertaken in fulfilment of the Pharmaceutical Society NI (the Society) Corporate Strategy 2017-2023¹ objective 6D to review the Society's current public consultation protocols.
- 1.2 Public consultation is a process that involves the public and other stakeholders, providing their views and feedback on a proposal to consider in the decision-making process. It can take place at practically any stage of the policy cycle, from objective setting and design to delivery and evaluation, and at each stage it can inform the public and other stakeholders' opinions as well as help identify less well-known alternatives and overlooked consequences. It can be a one-off endeavour or an ongoing dialogue between the decision maker and the relevant stakeholders.
- 1.3 Underpinning effective consultation are two key assumptions. Firstly, that stakeholders are perfectly capable of making sense of complex issues. Secondly, those decision-makers are not necessarily experts on the issues for which they are deciding. Evidence suggests that this holds true for most cases.
- 1.3 The general approach amongst public bodies to public consultation has ranged from minimal short-term programs to meet any regulatory requirements to a longer-term focus on relationship building and proactive risk management. Today, the terms Public Consultation and Stakeholder Engagement are emerging as inclusive and continuous dialogue between the decision-maker and stakeholders that encompasses a range of activities and approaches and spans the entire life of the project.

2 Pharmaceutical Society NI

- 2.1 The Pharmaceutical Society NI (the Society) is not a public authority and has no statutory duty under Section 75 of the Northern Ireland Act 1998 and no general statutory duty to consult on its regulatory policies and decisions, unlike other UK health regulators.² The Society does have specific statutory requirements to consult on aspects of the Continuous Professional

¹ Corporate Strategy 2017-2022 available at <https://www.psni.org.uk/wp-content/uploads/2013/06/Corporate-Strategy-2017-22-Final-Version-.pdf> (accessed March 2023) and Corporate Strategy Addendum 2022 to 2023 available at <https://www.psni.org.uk/wp-content/uploads/2022/06/Corporate-Strategy-2017-2022-Addendum-Note-Final.pdf> (accessed March 2023).

Development requirements³, in relation to the Knowledge of English Regulations and Guidance for registrants,⁴ and the roles of Responsible pharmacists⁵ under the Pharmacy Order 1976 and with the Department of Education on education and examination matters.⁶

- 2.2 However, the Society has committed to using public consultation when appropriate and has recognised that engagement and consultations play a vital role in assessing the views of those who will be affected by its policy decisions, helping to raise awareness of issues, and assisting in the development of robust policies to fulfil the organisation's mission of safeguarding patients and the public through high quality pharmacy services.⁷
- 2.3 Engagement and consultations are also at the heart of the Pharmaceutical Society NI's commitment to openness and inclusivity and in fulfilling the Society's commitments on ensuring equality and diversity in all its policies. An essential part in this process is the Society's policy and procedure on Equality Screening and Equality Impact Assessments which will be reviewed in Section B of this report.
- 2.4 As part of the commitment to good practice, the Society's consultations policy and procedure is informed by the good practice in the UK Government's 2018 consultation principles⁸, the NI Direct Consultation Guidelines 2023⁹ and the

² For example, the General Pharmaceutical Council in Great Britain must consult before setting any standards or requirements under the Pharmacy Order 2010.

³ Under Article 4A (4) and (5) Pharmacy Order 1976 The Council shall consult such persons as it considers appropriate in relation to the standards and criteria of Continuous Professional Development. Order available at <https://www.legislation.gov.uk/nisi/1976/1213/contents> (accessed February 2023).

⁴ Under Article 8AA Pharmacy Order 1976 available at <https://www.legislation.gov.uk/nisi/1976/1213/contents> (accessed February 2023)

⁵ Under Article 25A (3) of the Pharmacy (Northern Ireland) Order 1976(18) available at <https://www.legislation.gov.uk/nisi/1976/1213/article/25A> (accessed March 2023) inserted by Article 9 of the Pharmacy (Responsible Pharmacists, Superintendent Pharmacists etc.) Order 2022 available at

⁶ The Council shall consult with the Department of Education in relation to the examination, language requirements, scholarships, the venues for examinations and which examination it accepts to ascertain the proficiency of candidates under the Pharmacy Order 1976.

⁷ Pharmaceutical Society NI Corporate Strategy 2017-2022 Mission Statement. Available at <https://www.psni.org.uk/wp-content/uploads/2013/06/Corporate-Strategy-2017-22-Final-Version-.pdf> (accessed February 2023)

⁸ UK Cabinet office consultation principles 19 May 2018 available at <https://www.gov.uk/government/publications/consultation-principles-guidance> (accessed February 2023)

⁹ NI Direct Consultation Guidelines 2023 available at <https://www.nidirect.gov.uk/articles/public-consultations> (accessed February 2023)

Gunning principles¹⁰ This guidance helps the Society to decide when, with whom and how to consult.

- 2.4 The current policy and procedure for consultations is outlined in Section A of this report.

3. **Section A: Policy and Procedure for carrying out a Public (Major) Consultation**

- 3.1 The internal policy and procedure document for consultations was approved in May 2019 (Appendix 1) and was scheduled for revision in May 2020. This revision has been delayed by the COVID pandemic and other work streams.

- 3.2 The document refers to several other internal documents and while the majority of these documents remain available, some of the directions contained therein are now out of date and not in line with current practice. The processes outlined below have been updated with revised terminology and the practices currently in use.

- 3.3 To facilitate understanding of the process, it is necessary to briefly identify the steps involved in how a decision is made on whether an identified matter requires a major or minor consultation. The process of determining what type of consultation is appropriate, or indeed if a consultation is necessary, is contained in an internal document, '*Summary of the Practice for reviewing and initiating Standards and Guidance*'. This information has been summarised below at 3.4 - 3.6.8 using other referenced internal documents where required to explain the current consultation process.

- 3.4 The consultation process may be triggered either by a planned or a prompted review.

Planned reviews.

Every five years the Society conducts a review of its Code of Ethics; within a two-year window, all associated standards and guidance are reviewed as part of a rolling standards review programme. A possible outcome is a recommendation to discontinue a Standard and/or Guidance document.

¹⁰ The Constitution institute (2018) 'The Gunning Principles – Implications', available at <https://www.consultationinstitute.org/the-gunning-principles-implications/> (accessed February 2023)

Prompted reviews.

In parallel, the Society carries out regular horizon-scanning exercises and engagement with stakeholders. These exercises highlight changes in the wider pharmacy and healthcare contexts; changes to legislation; risks and opportunities; regulatory changes; fitness to practise issues; recent government publications; national events and notable media articles.¹¹

Current practice is that in order to launch a prompted review¹², on a report and the recommendation of the Registrar (and now coordinated by the Director of Public Affairs), to the Finance and Performance Committee, if urgent, but normally to Council¹³ who will satisfy itself that the external evidence, emerging situation or changes to the law are likely to result in any aspect of the current Standard or Guidance being unfit for purpose and therefore placing the public at risk; and/or there being a gap in the current provision within Standards and Guidance requiring the initiation of new Standards and/or Guidance.

Review process

All review processes are driven by the Executive Team based on the Corporate Strategy with regular updates by the Director of Public Affairs (DPA) to Council at key milestones.

A proposed project is outlined in a Project Initiation Document containing.

- a) A literature review: (in the case of a prompted review focusing on the issue/area identified as likely to prompt change).
- b) Stakeholder engagement which should include, but not be restricted to the following groups:
 - 1) Patients' groups
 - 2) Pharmacists
 - 3) Pharmacy representative bodies
 - 4) Other regulators
 - 5) Other identified stakeholders

¹¹ Internal procedure document – Monitoring and Horizon scanning – not attached.

¹² Internal procedure document - Summary of the Practice for reviewing and initiating Standards and Guidance – not attached.

¹³ The current guidance, 'Summary of the Practice for reviewing and initiating Standards and Guidance' states that matter should be brought to the ESR Committee which is no longer in operation. The current practice is If the matter is urgent in the absence of Council, the recommendation would be referred to the Finance and Performance Committee although practice is that the matter will be referred directly to Council for decision and updates supplied to Council as required.

This review report including the Project Initiation Document will be presented to the Finance and Performance Committee or Council, with one of the following recommendations supported by evidence from processes a and b above.

- a. No change is deemed necessary.
- b. Minor changes are required (which may not require full public consultation).
- c. Significant identified changes required (which are likely to require a full public consultation).
- d. New Standard and or Guidance required (which is likely to require a full public consultation).

The main policy document refers to an internal policy document for guidance, 'Principle considerations to launching a public consultation'¹⁴ which comments that:

The Committee will base its recommendations according to the following criteria:

- 1) No change is deemed necessary if:
 - i. There is no evidence emerging from the review process that suggests the current Standards or Guidance fail to reflect current practise; fail to adequately protect the public; or fail to be adequately accessible and understood by registrants and/or the public.
- 2) Minor changes are deemed necessary if:
 - ii. There is no evidence emerging from the review process that suggests the current Standards or Guidance fail to reflect current practise or fail to adequately protect the public. However, there is evidence emerging from the review process that the current Standards and/or Guidance fail in any aspect to be adequately accessible and/or understood by registrants and/or the public.
- 3) Significant change is deemed necessary if:
 - iii. There is evidence emerging from the review process that suggests that current Standards and/or Guidance fail to reflect current practise and or fail to adequately protect the public,

¹⁴ Internal Policy Document 'Principles considerations to launching a public consultation' – not attached.

however, the current Standards and/or Guidance are considered of sufficient relevancy to the issues to be amended.

4) New Standard and/or Guidance is required if:

- iv. There is evidence emerging from the review process that suggests that current Standards and/or Guidance fail to reflect current practise and or fail to adequately protect the public. The current Standards and or Guidance are considered of insufficient relevancy to the issues to be amended.

To ensure a public consultation is appropriate, will be of use and best utilises the Society's resources, appropriate decisions are made as to what warrants a public consultation. In circumstances where a policy, standard or guidance requires revisions or updates which are not obviously significant, Council may consider if any of the following key questions are answered in the affirmative:

1. Will the document/policy/operation be substantially changed?
2. Has a new principle/process or duty been added?
3. Has the change been brought about due to a change in law or as a result of fitness to practise learnings?
4. Has the change been brought about due to an issue of public safety?
5. Has the change been brought about due to an issue of major public concern?
6. Is there evidence that public opinion has shifted since the original document was consulted upon?

The decision to publicly consult must be approved by Council.

3.5 Minor (targeted) Consultation

Where the proposed changes are not substantive, such as where language is being modernised or legislative references have been updated, or where operational changes are of a minor nature a full public consultation may not be required.

As part of the planning for these minor changes, however, a proportionate equality screening is undertaken to give due regard to the impact of the proposed policy/operational change on the creation of inappropriate barriers or otherwise disadvantaging people with protected characteristics.

Relevant stakeholders are consulted and draft changes in the policy are forwarded to Council for discussion and approval.

Once approved by Council, the public and registrants will be informed.

3.6 Public (Major) Consultation

The decision to pursue significant identified changes or introduce new Standards and/or Guidance will trigger a public (major) consultation process.

3.6.1 Early engagement

Engagement should begin early in policy development when the policy is still under consideration and views have the greatest potential to help shape policy development. When reviewing Standards, and Guidance, the Society will undertake effective early and direct engagement with relevant stakeholders and the public to ensure their views are heard at the right time.

Early notification is currently given via a website and social media call for evidence and / or early direct engagement with relevant stakeholders including Section 75 groups contacted by email or in person. Direct email notification to registrants may also be used. Call for evidence are also detailed in the external newsletter.

Full consultation details are reported in the consultation section of the Society's website¹⁵ with links on social media and details emailed to all relevant stakeholders and reported in the external newsletter. Direct email notification to registrants may also be used. The Society also holds special events – such as focus groups, webinars and attends key national conferences as engagement opportunities and to advertises ongoing work including calls for evidence and consultations.

3.6.2 Equality screening

Consultations should follow the Policy and Procedure on Equality Screening and Equality Impact Assessments. See Section B below.

3.6.3 Timings

Current policy is that in normal circumstances, all public (major) consultations will last for a minimum of 8 weeks. However, in certain cases, either due to time pressures or the nature of the consultation, a consultation may be shorter. In

¹⁵ The Society's consultation website page is available at <https://www.psn.org.uk/publications/consultations/> (accessed February 2023)

these cases, a full explanation for the change should be given to Council. All public consultations will be open for any member of the public to respond to.

Where possible, consultations should not be run when the majority of the consultation time falls over a major holiday period. Where possible, consultations should not be run during Council, Assembly or Westminster election periods.

3.6.4 Making information useful and accessible.

Whilst it is acknowledged that the public consultations produced will be of significant interests to registrants and health professionals, in light of the Society's primary objective to protect the public, ensuring members of the public are able to engage with public consultations is crucial. All consultations should be written in a way likely to be accessible and useful to stakeholders with a substantial interest in the subject, but also members of the public who do not have specialist knowledge.

In this regard information provided should be easy to comprehend, in an easily understandable format, use plain language and clarify key issues, particularly where the consultation deals with complex subject matter. Upon request all efforts are made to provide a consultation in an accessible and usable format for people with learning or physical disabilities.

Sufficient information should be made available to stakeholders to enable them to make informed comments. Relevant documents should be posted online to enhance accessibility and opportunities for reuse. All consultations are housed in the consultation section of the Pharmaceutical Society NI website.

3.6.5 Data protection

Consultations and particularly, the collection, retention, and process of consultation responses, should be compliant with the Society's data protection policies and be compliant with UK Data Protection Act 2018.¹⁶ (DPA)

3.6.6 Action at Council

Based on the findings of the public consultation report, the proposed changes will be either further amended or accepted as is, based on deliberation of the Council following advice from the Director of Public Affairs (DPA) or other relevant Society staff. Legal advice may be sought if required on any agreed and proposed changes.

¹⁶ The Data Protection Act (2018) available at <https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted> (accessed March 2023)

Upon Council approval, the Feedback report will be published, and a Publication and Promotion Plan will be developed by the DPA for the approved changes.

3.6.7 Feedback and transparency

A feedback report stipulating the number of responses received and how these have been used in formulating policy should be produced and published on the Pharmaceutical Society NI website following approval by Council.

A consultation responses report should be published within 12 weeks of the consultation closing. In exceptional circumstances, when this is not possible, a short statement should be published on the website outlining why this is the case and when a response is likely to be posted.

3.6.8 Managing public consultations.

The Director of Public Affairs (DPA) is responsible for the management of public consultations, ensuring, quality of documents and accessibility of information and timeliness of the process. It should be noted that public consultations will form part of a wider policy review and change process. A relevant staff lead will be responsible for this broader process of review and change. It is therefore crucial that early engagement between the DPA and relevant staff lead occurs, to ensure the public consultation aspect of a project is planned for and developed in good time.

i. Review of Section A: (Policy and Procedure for carrying out a Public (Major) Consultation)

Enquiries were undertaken to establish consultation best practise both by public bodies and by other health regulators in the United Kingdom.

4.1 Number of Consultations

The Society undertook six consultations between 2019 and 2022 compared to eleven undertaken by the General Pharmaceutical Council, six by the General Dental Council, six by the NMC, twenty-six by the General Optical Council and three by the GMC.

It is clear that the number of consultations undertaken is not related to the scale of the regulator nor the number of registrants and there is no evidence that the number of consultations undertaken by the Society was inappropriate.

4.2 The number of responses received.

The GMC in one 2019 consultation received 789 responses with 43 from groups, 616 responses from doctors and 103 from patients and members of the public. The GPhC received 483 responses to a 2022 consultation on a proposal to continue to hold remote hearings where it is fair and practical to do so and received 460 from individuals and 23 from groups. They also carried out a survey of their online public panel members and received a total of 148 responses.

On average over six consultations between 2019 and 2022, the Society received an average of 10 responses per consultation with a range between 38 (on CPD) and 5 (on threshold criteria). Most responses are from the same pharmacy representative organisations however, on matters that are directly related to pharmacists (e.g., CPD, 38 responses) or the public (Provision of Services, 24 responses) the response rate was higher with members of the public / patients and pharmacists responding. While it is reasonable to consider that the number of registrants and jurisdictional population has an impact on response rates to health regulators' consultations and that the Society's response rates are not small in comparison, however, this may be an area to consider targeting improvement activity to wider the respondent diversity.

Currently consultation responses to the Society are analysed by hand by the policy team and any substantial increase in numbers may prove problematic with the resources currently available. The Society recently used survey software to analysis responses for an online call for evidence which while useful, only dealt with eight responses. However, an integration of suitable software to collect and analysis consultation responses may prove useful in the future.

While the potential catchment populations for consultations between regulators make direct comparison impossible, the available information would suggest there is a firm connection between the Society's consultations and responses from pharmacy related organisations, however greater emphasis is required to establish links and access to generate more responses from the general public and patients.

4.3 Engagement

4.3.1 Webpage

The majority of regulators including the Society have a general principle statement on why they undertake consultations¹⁷. Some regulators, for example, the General Optical Council, has more extensive publicly accessible policy documents¹⁸ and the GMC has several internal website links with a range of information including how they consult and how the responses are used.

Analysis of the information available would suggest that a more explanatory principle based statement for the Society's webpage may be useful as part of a strategy to encourage a wider range of responses and in understanding the importance of the public and profession providing us with their views.

4.3.2 Engagement with stakeholders

There is a growing trend amongst the majority of public health departments in the GB and Northern Ireland, and by UK regulators to use formalised panels of stakeholders or maintain contact with established patient groups for survey and consultation purposes.

In the UK Department for Environment, Food and Rural Affairs (Defra), consultation policy has been guided by an informal external advisory stakeholder group to help them better understand the experience of consultations from the user perspective. Through this partnership, Defra has improved both the management and delivery of its consultations.

This trend is also reflected amongst UK regulators. The GPhC has recruited a panel to gather information about pharmacy services and about their work. Anyone can join the panel except for people who are on their registers of pharmacists and pharmacy technicians. A small payment of £5 is offered following registration and shopping vouchers are offered on the completion of each survey. The GPhC also hold special events – such as focus groups, webinars and conferences and attend key national conferences as form of engagement. In addition, they have Memoranda of Understanding (MOUs) with a number of organisations to share information.

In Northern Ireland, government health departments use the facility of the Citizen Space and the Patient Client Council to advertise consultations and organise and promote focus groups or other stakeholder meetings. Some government departments use partnerships with voluntary sector groups to promote consultation on areas of mutual interest.

¹⁷ The Society's consultation introduction can be accessed here <https://www.psni.org.uk/publications/consultations/> (accessed February 2023) For comparison the GPhC statement can be accessed here <https://www.pharmacyregulation.org/get-involved/consultations> (accessed February 2023)

¹⁸ General Optical Council's Policy on their Approach to Consultation. Accessible at <https://optical.org/media/plojxfv/consultation-policy-final-june-2022.pdf> (accessed February 2023)

Regulators and government departments have used a range of innovative digital tools, including blogs, live chats and online communities, to connect with stakeholders on diverse issues both before the launch of any formal consultations and in real time as they progress. A UK government call for ideas on the UK Digital Strategy launched via twitter reached an estimated reach of 16.3 million views.

The Society makes full use of its website, social media, newsletters, and direct emails to establish and maintain contact with registrants and stakeholders and has expanded its use of focus / advisory groups in consultations. Regular communications surveys are undertaken to improve the impact and accessibility of the Society's communication. In addition we have further developed our social media presence with the establishment of a LinkedIn page and regular blogs by the senior team are being considered.

The Society is continuing to maintain and develop relationships with pharmacy organisations, Section 75 groups, and key stakeholders, however contact with the public and patients has been restricted by the available resources and a lack of access to government sponsored patient portals such as the Patient Client Council.

Renewal of regular attendance at health based or Section 75 group and health-based conferences following the pandemic embargo would be beneficial to expand and maintain contacts with patients and the public. Further outreach is also required to establish links with other community and voluntary health and patient consultation groups

Evidence from UK regulators indicates that to encourage feedback from outside the usual respondents that a mix of approaches, not a single method of communication/engagement, was the most effective. For example, events, electronic discussions and roadshows could all be useful as part of a multi-activity strategy. Some potential consultation groups reported that it was seen as still important to 'get people around the table'.

Consultations should be tailored to the needs and preferences of particular groups, such as older people, younger people or people with disabilities that may not respond to traditional consultation methods.

It is important to build relationships at the level of staff engaged in consultation activity, with these potential contributors to develop and maintain frequent informal contact. Consideration should be given by the Society to the establishment of an informal panel of stakeholders to give feedback on an ad hoc basis from this renewed engagement.

4.3.3 Timings

Government guidelines state the length of the consultation should be judged on the basis of legal advice and taking into account the nature and impact of the proposal. Consulting for too long will unnecessarily delay policy development. Consulting too quickly will not give enough time for consideration and will reduce the quality of responses.

The practical guide to Policy Making in Northern Ireland (2016)¹⁹ accepted by the Equality Commission NI recommends a minimum period for a public consultation exercise, especially one involving an Equality Impact Assessment (EQIA), of eight weeks.

While the majority of public consultations undertaken by the public sector and UK health regulators are for twelve weeks, there is an acceptance that a longer or shorter consultations may be used where appropriate and justified.

The current Society guidance comments that in normal circumstances all public (major) consultations will last for a minimum of 8 weeks. However, in some cases, either due to time pressures or the nature of the consultation, a consultation may be shorter. In these cases, a full explanation for the change should be given to Council.

Following review, it is suggested that the Society's policy should be amended to follow best practice in allowing for twelve weeks to be the standard consultation period in normal circumstances to encourage a higher response rate and allow for increased engagement with the public and patients with limited resources to respond. Secondly, that eight weeks is the minimum period acceptable for any consultation requiring an EQIA, and that anything shorter should be exceptional and that an explanation and approval would be required.

4.3.4 Making information useful and accessible.

The Society's guidance acknowledges that ensuring members of the public are able to engage with consultations is crucial and that all consultations should be accessible and useful to stakeholders with a substantial interest in the subject, but also to members of the public who do not have specialist knowledge. The Society will upon request ensure that all efforts are made to provide a consultation in an accessible and usable format for people with learning or physical disabilities and other groups that may not respond to traditional consultation methods.

¹⁹ A practical guide to Policy Making in Northern Ireland (2016) available at https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/ofmdfm_dev/practical-guide-policy-making-amend-nov-16.PDF (accessed February 2022)

The Society is actively examining ways to improve assess for the public, patients, and people with learning or physical disabilities²⁰ and the policy on consultations may require amendment to reflect the potential of the Society to offer knowledge capacity building on request to public or patient groups to assist them engage effectively in consultations.

The policy should be amended to clarify that the commitment to making information useful and accessible also applies to feedback from the consultation process.

The review found further examples of good practice including relevant staff training in the consultation process, training in communication with people with disabilities and plain English writing for consultations. Some regulators ensure that their papers are easy to read by having them checked by an independent third party.²¹

4.3.5 Data protection

The policy requires amendment to refer to the UK Data Protection Act 2018.²² (DPA)

4.3.6 Actions at Council

The review would suggest that the Society's current consultation process is cumbersome with the process reliant on frequent input from Council in the absence of an appropriate committee.

The process involves initial Council approval of the Project Initiation Document (PID), further approval of the consultation papers and approval and actioning the feedback report. Due in part to the timing of Council meetings and the two to three week paper approval process before presentation to Council. This emphasises work efforts on reporting to the Council meeting schedule rather than on ensuring that the best evidence is collected and analysed for presentation to Council.

The review would suggest that better practice would be that consultations in general should be undertaken in line within a business planning framework based on

²⁰ For example, a course on Plain English is being organised for all Society staff.

²¹ For example, the GPhC use the Word Centre for some of their documents to certify that the document meets plain English standards Word Centre accessible at <https://wordcentre.co.uk/> (accessed March 2023)

²² The Data Protection Act (2018) available at <https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted> (accessed March 2023)



The framework of these policies / processes would be approved by Council who would be informed of any change to the consultation process and the rationale for their establishment.

Responsibility for the day-to-day management and decision making within this framework would lie with the Senior Management Team (SMT) and they would deliver within this, without the need to continually revert back to Council except on appropriate strategic matters.

Feedback reports would be presented to Council with recommendations for decision.

Any matter judged by the SMT to require a prompted review which cannot be accommodated within the annual business plan's contingency plan or is a matter of strategic significance would be referred to Council for initial direction and thereafter become the responsibility of the SMT to implement Council's decision.

4.3.7 Feedback and transparency

Government guidance and practice in other UK regulators is reflected in the Society's guidance which states that a consultation responses report should be published within twelve weeks of the consultation closing. If this is not possible a short statement should be published on the website outlining why this is the case and when a response is likely to be posted.

However, practice has developed within the Society that consultation feedback is brought to the next meeting of Council which normally meets every eight to ten weeks. In addition, as previously reported, papers are required two to three weeks before Council sometimes leaving little time for analysis dependant on the date of closure of the consultation and the next scheduled Council meeting. This may have developed as the intermediate decision-making committee stage between the policy team and the Council decision makers has been lost through reorganisation.

It is suggested that clarification is required in the guidance that a maximum of twelve weeks is available before the feedback report is published, however, if further time is required, a short statement should be published on the website outlining why this is the case and that the findings once complete will be presented at the next available Council meeting with the process being overseen by the Director of Public Affairs (DPA).

Evidence from UK regulators indicates that to encourage future consultation responses from outside the usual respondents that it was important to demonstrate and provide direct feedback on impact on their engagement to smaller groups.

4.3.8 Managing public consultations.

It is suggested that the guidance should be amended to reflect that the DPA is responsible for the management all consultations, as is the current practice, and to ensure consistency across all relevant areas.

5. **Section B: - Policy and Procedure on Equality Screening and Equality Impact Assessments**

- 5.1 The internal Policy and Procedure on Equality Screening and Equality Impact Assessments was approved in May 2019 with no scheduled date for revision.
- 5.2 The policy, which is clearly set out in Appendix 2, notes that while the Society is not a public authority and has no statutory duty under the Section 75 of the Northern Ireland Act 1998, it is committed to maintaining high standards in the application of equality and diversity in its functions and the integration of its values into its work. This is in compliance with Equality and Diversity policy as stated in the Council's Corporate Governance Handbook 2021²³.
- 5.3 An objective of the policy is to ensure the Society is in compliance with the Standards of Good Regulation 2018 from the Professional Standards Authority (PSA), which states in Standard 3 that, a good regulator will: 'understand(s) the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics'.
- 5.4 The Society reflected upon this Standard and the Equality Screening and an Equality Impact Assessment principles of the Northern Ireland Act 1998, when developing this policy.

Equality assessment is a policy development tool which assists the Society to consider the needs and effects of a policy on people within the nine Section 75

²³ Pharmaceutical Society NI Corporate Governance Handbook, Equality and Diversity Policy. P81 'Under review'. available at <https://www.psn.org.uk/wp-content/uploads/2021/01/Corporate-Governance-Handbook-January-2021-1.pdf> (accessed February 2023).

equality groups. The use of equality assessments enable openness, transparency and early engagement in the policy development process.

The current policy requires that at the early stage in the development of a new policy or the revision of an existing policy, the Society, carries out an Equality Screening exercise. The outcome of this exercise will be to 'screen out' the policy, (it has no equality impact) or 'screen in' the policy (it may have an impact on equality and diversity). If the policy is screened in a full equality assessment of the policy will be carried out.

This process is fully explained in Appendix 2.

6. **Review Of Section B: Policy and Procedure on Equality Screening and Equality Impact Assessments**

6.1 While the regulatory framework is different between Great Britain and Northern Ireland a review of best practice in both UK Government and Health regulators did suggest some minor changes to the Society's current screening policy although the policy and procedure remains for purpose.

6.2 Many U.K. Government and Health regulators are reviewing their base equality and diversity policies to take account of changing societal attitudes and health inequalities exposed by the pandemic. For example, the GPHC revised its policies in 2021 noting that, *'Inequality and exclusion are bad for people's health. Therefore, this strategy is fundamental to our core purpose as a regulator and our vision for safe and effective pharmacy care at the heart of healthier communities.'*²⁴

6.3 The Pharmaceutical Society NI does not currently have an Equality and Diversity policy outside that contained in the Council's Corporate Governance Handbook, which is presently under review.²⁵ Practice in other regulators would suggest that a public facing policy would be advantageous and could contain the principles expressed in this internal Equality Screening and Equality Impact Assessments policy when complete.

6.4 Good practice identified from government and other UK health regulators includes:

²⁴ General Pharmaceutical Council 2021, Delivering equality, improving diversity, and fostering inclusion: Our strategy for change 2021–26. Available at <https://www.pharmacyregulation.org/sites/default/files/document/gphc-equality-diversity-inclusion-strategy-november-2021.pdf> (Accessed March 2023)

²⁵ Pharmaceutical Society NI Corporate Governance Handbook, Equality and Diversity Policy. P81 'Under review'. available at <https://www.psn.org.uk/wp-content/uploads/2021/01/Corporate-Governance-Handbook-January-2021-1.pdf> (accessed February 2023).

1. An accessible publicly facing equality, diversity and inclusion policy (EDI) including an Equality Action plan.
2. A public statement of the principles of Equality Screening and Equality Impact Assessments (EQIA) policy. This may be contained in the EQIA screening document or as part of the general EDI policy if developed.
3. Any action identified in EQIA screenings are transferred to the Equality Action Plan. The Equality Action plan will be reviewed within the appropriate timeframes and actions identified addressed.
4. Proactive engagement with stakeholders including any online panel of stakeholders to identify any equality impacts of a proposed policy change.

7. Key Recommendations and Issues to Consider

7.1 Section A: Review of the Policy and Procedure for carrying out a Public (Major) Consultation

- i. Integration of all updated relevant internal documents into a single internal document.
- ii. The development of an improved explanatory principle-based statement on the consultation page which covers, policy development, stakeholder engagement, public consultation and Equality Impact Assessments. This also contain any relevant aspects of the internal policy document as part of a strategy encourage a wider range of responses. This work should be aligned with review of website.
- iii. A more proportionate and appropriate Council approval framework for policy development and public consultations is developed, to align with Corporate Strategy, Annual Business Plan, and revised consultations policy.
- iv. Clarification in the policy that the Director of Public Affairs (DPA) is responsible for the management of all consultations, as is current practice, to ensure consistency across all relevant work areas.
- v. The Society's normal consultation period to be changed to twelve weeks to allow for the capacity of individual and smaller groups to

respond and to allow capacity building of respondents if required and a minimum period of a consultation containing an EQIA of eight weeks.

- vi. Amendment to the policy to reflect the willingness of the Society to offer knowledge capacity building on request to public or patient groups to assist them engage effectively in consultations.
- vii. Setting of a global response rate annual target, and specific response rate targets for the Pharmacy profession and the public, (including public representing stakeholder groups)
- viii. Consideration of the establishment of an online panel of stakeholders to assist early identification of any equality impacts of a proposed policy change and to give feedback an ad hoc basis.
- ix. Clarification to be included in the policy that a maximum of twelve weeks is available before the feedback report is published, however, if further time is required, a short statement should be published on the website outlining why this is the case and that the findings once complete will be presented at the next available Council meeting with the process being overseen by the DPA.
- x. Consideration of appropriate training on the consultation process, communication with people with disabilities and plain English writing skills to be given to relevant staff.
- xi. Consideration of progression towards a plain English award for all Society documents
- xii. Consideration of an independent audit of the Consultation policy and procedures every Corporate Strategy period.

7.2 Section B: **Policy and Procedure on Equality Screening and Equality Impact Assessments**

- i. The development of an accessible public facing Equality, Diversity and Inclusion (EDI) policy.
- ii. A public statement of the principles of Equality Screening and Equality Impact Assessments (EQIA) policy. This may be contained in the EQIA screening document or as part of the general EDI policy if developed.

- iii. Any action identified in the EQIA are transferred to an EDI Action Plan and any required actions identified and addressed within appropriate timeframes.

8. List of Appendices

Appendix 1	Policy and Procedure for carrying out a Public (Major) Consultation
Appendix 2	Policy and Procedure on Equality Screening and Equality Impact Assessments



Policy and Procedure for carrying out a Public (Major) Consultation

May 2019

Review date May 2020

Principles for engagement and consultations

Engagement and consultations play a vital role in assessing the views of those who will be affected by policy decisions, helping to raise awareness of issues, opportunities and assisting the Pharmaceutical Society NI to create robust policies to help fulfil its mission of safeguarding patients and the public through high quality pharmacy.¹

Engagement and consultations are at the heart of the Pharmaceutical Society NI's commitment to openness and inclusivity and in fulfilling the organisation's commitments on ensuring equality and diversity.

The Pharmaceutical Society NI consultation policy and procedure is informed by the good practice in the Government's 2016 consultation principles.²

Purpose of a public (major) consultation

Public consultations are to be used by the organisation to receive feedback on policy proposals to determine if the detail of the proposals is appropriate, how it might be improved, and that there are no unforeseen consequences. Public consultation is part of a wider engagement process and if the public consultation results in overwhelmingly negative feedback in relation to the principles and practicalities of the proposals, the pre-consultation engagement should be reviewed.

¹ Pharmaceutical Society NI Corporate Strategy 2017-2022 Mission Statement. Available at <https://www.psni.org.uk/wp-content/uploads/2013/06/Corporate-Strategy-2017-22-Final-Version-.pdf>

² UK Government Consultation Principles 2016. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/492132/20160111_Consultation_principles_final.pdf

Ensuring that a public (major) consultation is appropriate

To ensure a public consultation is appropriate, will be of use and best utilises the organisation's resources, appropriate decisions must be made as to what warrants a public consultation. In circumstances where a policy, standard or guidance requires revisions or updates which are not obviously significant, the decision to launch a full consultation will be informed by considering if any of the following key questions are answered in the affirmative:

1. Will the document/policy/operation be substantially changed?
2. Has a new principle/process or duty been added?
3. Has the change been brought about due to a change in law or as a result of fitness to practise learnings?
4. Has the change been brought about due to an issue of public safety?
5. Has the change been brought about due to an issue of major public concern?³
6. Is there evidence that public opinion has shifted since the original document was consulted upon?

Where the proposed changes are not substantive, such as where language is being modernised or legislative references have been updated, or where operational changes are of a minor nature a full public consultation may not be required.

As part of the planning for these minor changes, however, a proportionate equality screening should be undertaken to give due regard to the impact of the proposed policy/operational change on the creation of inappropriate barriers or otherwise disadvantaging people with protected characteristics.⁴ In such minor changes a registrant, and where appropriate, public awareness campaign of the changes should be considered.

With regard to Standards and Guidance documents, where a Public (Major) consultation is not required, a minor consultation may be appropriate in which relevant stakeholders will be engaged and resultant changes in the policy are forwarded to Council for discussion and approval.⁵

Public (major) consultations policy

Early engagement

Engagement should begin early in policy development when the policy is still under consideration and views have the greatest potential to help shape policy development. When reviewing Standards, and Guidance, the organisation has a procedure which includes effective early and direct engagement with relevant stakeholders and the public to ensure their views are heard at the right time. (See *Practise for Reviewing Standards* document).

³ See Policy document, Principle considerations to launching a public consultation. (internal document)

⁴ See Policy and Procedure on Equality Screening (Internal Document)

⁵ See Summary of the Practice for reviewing and initiating Standards and Guidance (Internal Document)

Equality screening

Consultation should follow the Policy and Procedure on Equality Screening and Equality Impact Assessments.

Timings

In normal circumstances all public (major) consultations will last for a minimum of 8 weeks. However, in certain cases, either due to time pressures or the nature of the consultation, a consultation may be shorter. In these cases, a full explanation for the change should be given to Council. All public consultations will be open for any member of the public to respond to.

Where possible, consultations should not be run when the majority of the consultation time falls over a major holiday period. Where possible, consultations should not be run during Council, Assembly or Westminster election periods.

Making information useful and accessible

Whilst it is acknowledged that the public consultations produced will be of significant interests to registrants and health professionals, in light of our primary objective to protect the public, ensuring members of the public are able to engage with public consultations is crucial. All consultations should be written in a way likely to be accessible and useful to stakeholders with a substantial interest in the subject, but also members of the public who do not have specialist knowledge.

In this regard information provided should be easy to comprehend, in an easily understandable format, use plain language and clarify key issues, particularly where the consultation deals with complex subject matter. Upon request all efforts should be made to provide a consultation in an accessible and usable format for people with learning or physical disabilities.

Sufficient information should be made available to stakeholders to enable them to make informed comments. Relevant documents should be posted online to enhance accessibility and opportunities for reuse. All consultation documents should be housed in the consultation section of the Pharmaceutical Society NI website.

Data protection

Consultations and particularly, the collection, retention and process of consultation responses, should be compliant with the organisation's data protection policies and be GDPR compliant.

Feedback and transparency

A feedback report stipulating the number of responses received and how these have been used in formulating policy should be produced and published on the Pharmaceutical Society NI website. A consultation responses report should be published within 12 weeks of the consultation closing. When this is not possible a short

statement should be published on the website outlining why this is the case and when a response is likely to be posted.

Managing public consultations

The Head of Public Affairs (HPA) is responsible for the management of public consultations, ensuring, quality of documents and accessibility of information and timeliness of the process. It should be noted that public consultations will form part of a wider policy review and change process. A relevant staff lead will be responsible for this broader process of review and change. It is therefore crucial that early engagement between the HPA and relevant staff lead occurs, to ensure the public consultation aspect of a project is planned for and developed in good time.

This policy shall be reviewed no later than May 2020

Appendix 1

Procedure for public consultation

1. Early engagement

The staff lead embarking on a Standard or change review process, which may involve a public consultation, liaises with the HPA to ensure potential public consultation requirements, resources issues and equality screening are considered in the Project Initiation Document.

Responsible person: Relevant project lead and HPA

2. Content of consultation

The HPA should establish from Council, in conjunction with project staff lead, the proposals/document the relevant Committee or Council wish to consult on and what is the desired timeframe. At this stage consideration should be given to specific Committee and Council dates that consultation documents and feedback report should target, reflecting on the wider planning of the review process.

Responsible person: HPA

3. Developing consultation document

The Policy Officer in consultation with the Project Lead and HPA will construct a consultation document, consultation questions and equality impact assessment (if required). Consultation documents should, as far as is appropriate, follow the consultation document template at Appendix 2.

Responsible person: HPA

4. Approval by Committees and Council

When Council has agreed that a consultation should be carried out, the consultation should be carried out in accordance with this policy. All consultations should be noted by the Corporate Communications Committee.

Responsible person: HPA

5. Publication of consultation documents

Consultation documents accompanied by a press release should be placed on the Pharmaceutical Society NI website. Correspondence should be sent to all registrants and relevant stakeholders informing them of the consultation and providing a link to the documents and information on how to respond. The press release should be circulated to all appropriate media outlets.

Responsible person: Policy Team

6. Receipt of responses

All responses should be received and stored Policy Officer and noted by the Project Lead and HPA.

Responsible person: Policy Team

7. Consultation report

A consultation report outlining the number of responses and analysis of responses should be produced by the Policy Officer, with recommendations to the relevant committee and staff lead where appropriate.

Responsible person: Policy Team

8. Publication of consultation report

Upon presentation of the consultation report to the relevant committee and approval the consultation report should be placed on the Pharmaceutical Society NI website.

Responsible person: Policy Team



Policy and Procedure on Equality Screening and Equality Impact Assessments

May 2019

Principles for Policy and Procedure on Equality Screening and Equality Impact Assessments

The Pharmaceutical Society NI is not a public authority and has no statutory duty under the Section 75 of the Northern Ireland Act 1998. The organisation is committed to maintaining high standards in the application of equality and diversity in its functions and the integration of its values into its work.

An objective of this policy is to ensure the organisation is in compliance with the Standards of Good Regulation 2018 from the Professional Standards Authority (PSA), which states in Standard 3 that, a good regulator will:

'understand(s) the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics'.

The Pharmaceutical Society NI has reflected upon this Standard and the Equality Screening and an Equality Impact Assessment principles of the Northern Ireland Act 1998, when developing this document.

Equality assessment is a policy development tool which assists us to consider the needs and effects of a policy on people within the nine Section 75 equality groups. Equality assessments enable openness, transparency and early engagement in the policy development process.

At the early stage in the development of a new policy or the revision of an existing policy, the organisation, will carry out an Equality Screening exercise. The outcome of this exercise will be to 'screen out' the policy, (it has no equality impact) or 'screen in' the policy (it may have an impact on equality and diversity).

All Equality Screening exercises will be signed off by the relevant member of the Senior Management Team.

Those policies 'screened in', will undergo an Equality Assessment.

The Council of the Pharmaceutical Society NI has responsibility for most regulatory policies and will therefore be the final decision maker in relation to the Equality Assessment of any Council policy. All relevant Equality Assessments will be placed before Council as part of its final decision-making process.

A number of policies and operational practices will be the responsibility of the Executive of the Pharmaceutical Society NI and the Senior Management Team will be the final decision makers in relation to the Equality Assessment of any Executive/operational policy. All Equality Assessments in relation to Executive policies and procedures will be signed off by the relevant member of the Senior Management team.

See Appendix A

Equality Screening

What is Equality Screening?

Equality Screening is a process that identifies policies that are likely to have an impact on the creation of inappropriate barriers or otherwise disadvantaging people with protected characteristics and helps to draw considerations of equality and diversity into the policy making process. Screening is one of the ways of demonstrating that we understand the diversity of our registrants, their patients and service users and ensure that our processes do not impose inappropriate barriers to other wise disadvantage people with protected characteristics.

What policies should be screened?

Acknowledging that the Pharmaceutical Society NI is not a public authority, a proportionate approach to defining a 'policy' is considered appropriate. A 'policy' for the purposes of this document, is defined as: *any regulatory strategy, policy or practice that is likely to have a direct impact on members of the public, pharmacists, pharmacy owners or other stakeholders and associates.*

Where a decision or activity, proposed or existing, comes within the definition of a 'policy', then, it should be subject to equality screening and/or an Equality Assessment before it is adopted or implemented.

When should screening take place?

Screening should be considered before and at the time that a decision or policy is being considered, and not afterwards. It is good practice that screening will be completed at the earliest opportunity in the policy development or review process. This helps to ensure that the policy itself and alternative options are still under active

consideration and is at a time when mitigating measures or alternative policy proposals can be given realistic consideration.

Who screens a policy?

The equality assessment should be carried out by the policy writer with assistance and oversight from the policy team.

Who signs off on Equality Screening?

All Equality Screening exercises will be signed off by the relevant member of the Senior Management Team.

When appropriate, Equality Screening reports, which 'screened out' a policy, will be presented to Council at an appropriate decision-making juncture.

Details on how Equality Screening should be carried out can be found at **Appendix B**

2. Equality Assessments

What is an Equality Assessment?

An Equality Assessment is a thorough and systematic analysis of a policy, which should encompass all groups contained within each category (for example, dependency as a category is to include those with and those without dependants) as well as multiple identity and sub-sectional groups for example women with learning disabilities. While an Equality Assessment should encompass and address all nine categories, it is not intended that each category will be given equal emphasis throughout the assessment process; instead the Equality Assessment must be responsive to emerging issues and prioritise accordingly.

When should an Equality Assessment A be carried out?

An Equality Assessment should be conducted where screening has concluded that the policy under consideration is likely to have a Major impact on a Section 75 group(s) or the Screening exercise was unable to adequately collate the data necessary to assess a policy, its impacts and effects on the creation of inappropriate barriers or otherwise disadvantaging people with protected characteristics.

Who carries out an Equality Assessment?

An Equality Assessment should be carried out by the policy writer with assistance and oversight from the policy team.

Who considers/signs off on an Equality Assessment?

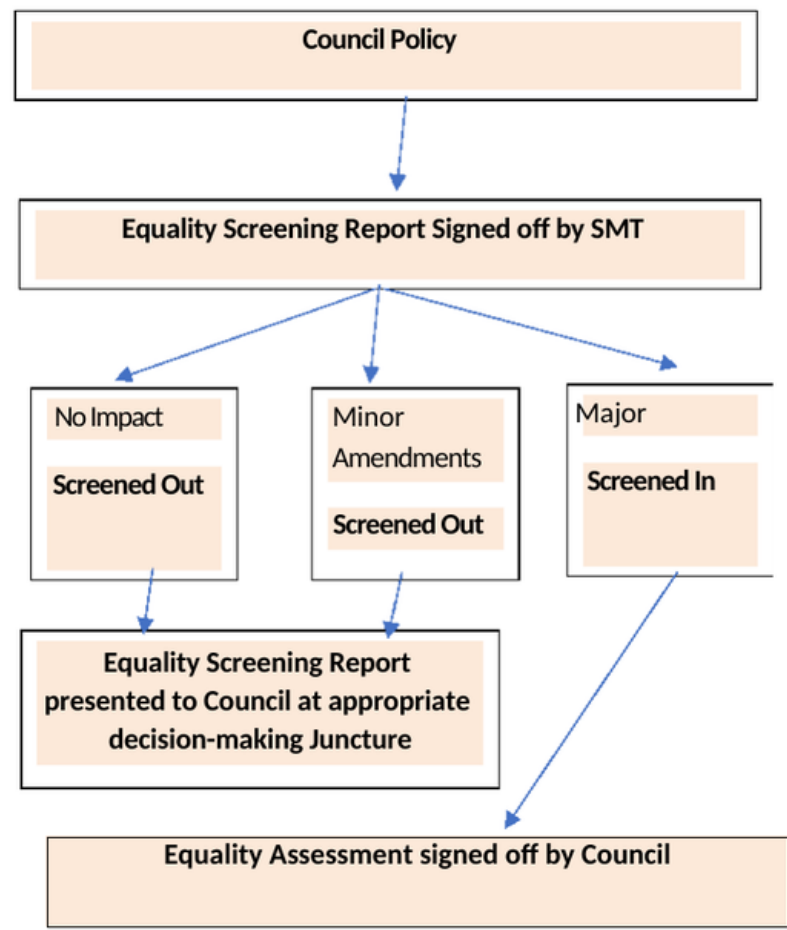
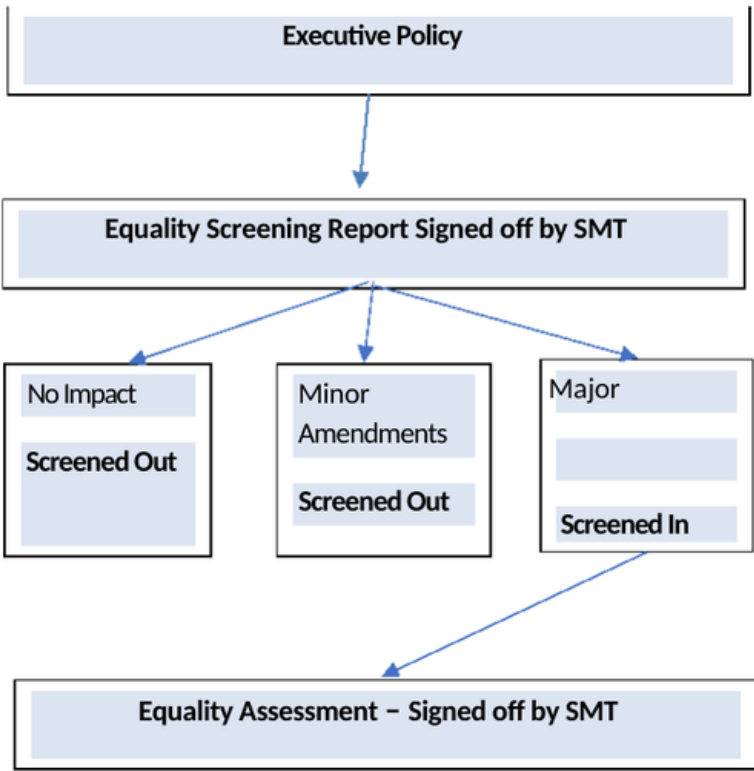
For Executive/operational policies the relevant member of SMT should sign off on an Equality Assessment and the related policy.

For Council policies, Council will consider and sign off an Equality Assessment and the related policy.

Details on how an Equality Assessment should be carried out can be found in **Appendix C**

Appendix A

Equality Assessment Process



Appendix B

Equality Screening

For each of the 9 quality of opportunity categories

- Religious belief
- Political opinion
- Racial group
- Age
- Marital status
- Sexual orientation
- Men and women generally
- Disability
- Dependants

Consider the screening question

Will the proposed policy or decision impose inappropriate barriers or otherwise disadvantage people with protected characteristics. (Answer = No, Yes – in a Minor way, Yes – in a Major way)

Screening in or out

If the conclusion is none in respect of the above question, then the organisation may decide to screen the policy out. If a policy is 'screened out' as it does not impose inappropriate barriers or otherwise disadvantage people with protected characteristics, the organisation should record the reasons for the decision taken.

If the organisation's conclusion is major in respect of the question, then consideration should be given to subjecting the policy to the Equality Assessment procedure.

If the organisation's conclusion is minor in respect of one or more of the equality categories, then consideration should still be given to proceeding with an Equality Assessment, or to adopt:

- measures to mitigate the adverse impact

In favour of a 'major' impact

- a) The policy is significant in terms of its strategic importance;
- b) Potential equality impacts are unknown, because, for example, there is insufficient data upon which to make an assessment or because they are complex, and it would be appropriate to conduct an equality impact assessment in order to better assess them;
- c) Potential equality impacts are likely to be adverse or are likely to be experienced disproportionately by groups of people including those who are marginalised or disadvantaged;

- d) Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a policy about which there are concerns amongst affected individuals and representative groups, for example in respect of multiple identities;

In favour of 'minor' impact

- a) The policy is not unlawfully discriminatory and any residual potential impacts on people are judged to be negligible;
- b) The policy, or certain proposals within it, are potentially unlawfully discriminatory, but this possibility can readily and easily be eliminated by making appropriate changes to the policy or by adopting appropriate mitigating measures;
- c) Any asymmetrical equality impacts caused by the policy are intentional because they are specifically designed to reduce barriers for people with protected characteristics;
- d) By amending the policy there are better opportunities to reduce barriers for people with protected characteristics.

In favour of none

- a) The policy has no relevance to imposing inappropriate barriers or otherwise disadvantaging people with protected characteristics.
- b) The policy is purely technical in nature and will have no bearing in terms of its likely impact on imposing inappropriate barriers or otherwise disadvantaging people with protected characteristics.

Ensuring Adequate Data

The organisation should ensure that screening decisions are based on relevant information, which may be qualitative and/or quantitative. Examples of the sources of information/data include:

- Information obtained from consultations (qualitative and/or quantitative).
- Statistical data held in respect of the policy, (e.g. NISRA equality information).
- Information from the organisation's annual Equality and Diversity survey of registrants.

It is important that the information is relevant to the policy being screened. Relevant information will enable the clear demonstration of the reasons for a policy being 'screened in' for equality impact assessment, 'screened out' from an equality impact assessment and the identification (or not) of appropriate mitigation measures or alternative policy proposals.

The absence of information does not necessarily indicate that there are no impacts on the creation of inappropriate barriers or otherwise disadvantaging people with protected characteristics. When appropriate and proportionate, efforts to obtain

relevant information, whether quantitative or qualitative in the event of data not being available should be made.

Maintaining records

It is good practice to keep adequate records that show how the Pharmaceutical Society NI has considered the equality assessment for the Information of Council and the PSA.

This includes the information which informed the Pharmaceutical Society NI's decision making process as to whether to screen the policy in for an Equality Assessment, a copy of the Equality Assessment if undertaken and any mitigation measures taken. The maintenance of adequate records promotes transparency and discipline in the decision-making process.

Appendix C

An Equality Assessment should cover the following:

1. Defining the aims of the policy.

- Defining the intended outcomes, in terms of results and visible effects ultimately on members of the public, will guide the subsequent development of an Equality Assessment.
- Consider who is affected by the policy and who are the main stakeholders in relation to this policy?
- Are there associated policies?

2. Consideration of available data and research.

- Collect and analyse existing quantitative data by relevant equality category as a minimum base from which to judge outcomes;
- Consider how to collect the information which will enable the organisation to make a judgment of the extent of impact on the nine equality categories.
- Identify gaps in available information for equality categories and where more detailed data is needed, take steps in order to have the optimum information on which to consult or further engage with stakeholders and base subsequent decisions;

3. Assessment of any impacts.

- The decision maker must use the information gathered to decide whether there is, or is likely to be, a differential impact, whether direct or indirect, upon the relevant group (or groups)

4. Consideration of:

- measures which might mitigate any adverse impact; and
- alternative policies which might better achieve this aim.

5. Stakeholder engagement.

- The organisation should ensure that relevant stakeholders are engaged in relation to the Equality Assessment and given a fair opportunity to to present pertinent information and give the organisation a sound basis for decision, without rendering decision making unmanageable. It is important to ensure that proportionate time and resources are dedicated to the consultation/engagement process to encourage and maximise participation.

6. Decision

- In relation to policies which the organisation will publicly consult upon, Council should consider an initial Equality Assessment upon approving the draft policy for public consultation. Council should consider a second Equality Assessment based on feedback from the public consultation, prior to making its final decision to approve the policy.
- In relation to policies which the organisation does not intend to carry out a public consultation on (for example a minor review of Guidance), Council should consider the Equality Assessment before making a final decision to approve the policy.

7. Monitoring for any adverse impact in the future.

- The impact of the policy should be proportionately monitored in order to find out its effect on the relevant groups and subgroups within the equality categories and the results reviewed. Consideration should be given to reviewing the policy if greater adverse impacts than predicted are present.



Standards For Foundation Training Year 2024/2025

(Updated December 2023)

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Reforms to the initial education and training of pharmacists

New Standards for the initial education and training of pharmacists were introduced by the Pharmaceutical Society NI and the General Pharmaceutical Council in 2021. The new Standards cover the first five years of the training continuum which consists of the four-year MPharm degree, followed by a 12-month foundation training year. Key changes mandated by the new Standards are for a much higher proportion of experiential learning and better integration across the continuum. This will prepare pharmacists to work at a higher clinical level across all sectors of the profession and, importantly, newly qualified pharmacists will ultimately also register as independent prescribers. The introduction of these changes began in July 2021 with full application of the new Standards anticipated by 2025/2026.

Within Northern Ireland, a phased approach to reforms is being adopted to ensure a smooth and gradual transition to the wider Initial Education and Training of Pharmacists Standards (2021). This has included the introduction of '*a foundation training year*' replacing what was formerly known as the pre-registration training year. The NI Centre for Pharmacy Learning and Development (NICPLD) will oversee the delivery of the Foundation Training Year (FTY) which will be quality assured by the Pharmaceutical Society NI.

Further information about the reform of initial education and training is available on our website – <https://www.psnl.org.uk/pre-registration/information/>

These Standards for FTY, produced by the Pharmaceutical Society NI, set out the requirements for the implementation of the FTY in NI. They specify the requirements for training and apply to trainee pharmacists, prospective trainee pharmacists, Educational Supervisors and employing organisations. The primary purpose of these Standards is to ensure that trainee pharmacists receive appropriate training, supervision and support during the Foundation Training Year (FTY) so that they are well prepared to sit the Common Registration Assessment (CRA) and, thereafter, practise as independent practitioners.

Terminology

The Pharmacy (Northern Ireland) Order 1976 states that *'there shall be kept a register of students'*. Students are considered trainee pharmacists and will be referred to in the Standards for Foundation Training Year as **'trainee pharmacists'**.

The term **'trainee pharmacist'** refers to any registered person undertaking the Foundation Training Year in Northern Ireland with the aim of being admitted to the Register of Pharmaceutical Chemists.

The term **'Educational Supervisor' (ES)** refers to any registered pharmacist who agrees to mentor a trainee pharmacist, accepts the associated governance responsibilities of supervising a trainee pharmacist and meets the published criteria for being an Educational Supervisor as specified by the Pharmaceutical Society NI.

The term **'relative'** refers to a person connected by blood (parent, sibling, offspring, cousin, niece and nephew), marriage or civil partnership. The term **'notification'** – Regulation 10 of the Pharmaceutical Society of Northern Ireland (General) Regulations (Northern Ireland) 1994/202 sets out the notification requirements, thus notification, under these Standards, requires that the trainee pharmacist first notifies NICPLD who, in turn, notify the Registrar at the Pharmaceutical Society NI.

The term **'health'** refers to a trainee pharmacist's fitness to undertake all elements of the FTY.

1. Aims and objectives of the Foundation Training Year

The primary aim of the FTY experience in Northern Ireland is to reinforce among the trainee pharmacists an awareness that they are to become members of a healthcare profession and to develop a professional attitude and a sense of responsibility, embracing the requirements of The Code (Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland 2016) and its associated Standards and Guidance.

The FTY takes place after students graduate with their MPharm degree. It consolidates their initial learning and education through workplace-based, practical training in a clinical setting or settings. The training enables trainee pharmacists to build upon their pharmacy knowledge, understanding, skills and behaviours, and previous experience and to apply them to enhance their knowledge and skills in preparation for registration.

2. Registering as a trainee pharmacist

In level 4 of their undergraduate studies, student pharmacists will need to complete a two-step process to enter the FTY. The first step involves applying to the Pharmaceutical Society NI to join the 'register of students' as a trainee pharmacist. The second step involves applying to the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) to join the FTY programme by submitting details of planned training arrangements.

In order to register with the Pharmaceutical Society NI for the FTY, a Level 4 student pharmacist must:

- (1) apply by the date stipulated by the Pharmaceutical Society NI, using only the specified online application (paper applications will be considered at the discretion of the Registrar);
- (2) submit documentary evidence that they have been awarded an MPharm degree/or equivalent qualification¹ in pharmacy at a UK-based University recognised by the Pharmaceutical Society NI.

It is only possible to start the FTY provided the Pharmaceutical Society NI has received written evidence from the university awarding the degree that the potential trainee has been successful. The university degree certificate must be uploaded to the Pharmaceutical Society NI online portal, via an MPharm Upload application and then a solicitor certified copy must be posted to the Pharmaceutical Society NI office for verification.

- (3) pay in full the required fee to the Pharmaceutical Society NI;
- (4) be familiar with and accept the rules and regulations relating to the FTY as specified by the Pharmaceutical Society NI and outlined in these Standards;
- (5) be in good health;
- (6) affirm that they will abide by the Code and Professional Standards and Guidance documents; and
- (7) be fit to practise as a trainee pharmacist. A statutory declaration must be made that there is nothing in their history, conduct or character

¹ OSPAP overseas pharmacist assessment programme

that, having regard to patient safety and public health, would render it unsafe for them to undertake the FTY.

- (8) In addition, an applicant wishing to be registered as a trainee pharmacist must:
- i. not have been refused permission to join the General Pharmaceutical Council (GPhC) training programme/register;
 - ii. not have previously failed the Common Registration Assessment three times with the GPhC or where there is any other reason that has resulted in refusal by the GPhC to permit him/her to undertake or complete training in Great Britain;
 - iii. not have taken longer than 24 months from graduation to commencement of the FTY (subject to paragraph (10) below).
- (9) In order to ensure that their knowledge and skills are up-to-date and relevant to current pharmacy practice, **applicants for registration as a pharmacist** must complete their initial pharmacy education and training successfully and apply to register with the Pharmaceutical Society NI within:
- eight years of beginning the MPharm degree, or
 - four years of beginning the OSPAP postgraduate diploma (subject to paragraph (10) below).

It should be noted that, if undertaking a PhD immediately after graduation, the eight-year stipulation will still apply.

The Registrar will consider extenuating circumstances to extend these time limits on a case-by-case basis on submission of supporting evidence.

- (10) To apply to join the FTY programme with NICPLD, a student pharmacist must:
- organise a FTY placement in an establishment that has been approved for this training purpose (Section 6) under the supervision of an accredited ES (Section 7);
 - have applied to join the 'register of students' with the Pharmaceutical Society NI; and apply to NICPLD to join the FTY programme by the date stipulated by NICPLD, providing confirmation of the date of commencement of training, where

they are to undertake training and the name(s) of their ES(s) for the duration of training.

- Suitable sites for training include community pharmacies and hospital pharmacies.

If there is any doubt about any aspect of the requirements, clarification should be sought from NICPLD (nicpld-fty@qub.ac.uk).

The training period will not be recognised unless all of the conditions specified above are met in full.

3. Trainee pharmacist employment conditions

- (1) Employment for the FTY is acceptable if it is full-time and is undertaken during the normal working hours of the establishment concerned. In exceptional circumstances, the trainee pharmacist may wish to be considered for training other than in a full-time capacity. In such situations, the trainee pharmacist must contact NICPLD for further guidance.
- (2) Periods of training must total one continuous year (12 months) and include accepted holiday entitlement including public holidays whilst not exceeding the permitted total absence specification.
- (3) The trainee pharmacist will be expected to work 35-45 hours per week. If an establishment opens for an extended period each day, the hours of employment must be agreed with the employer prior to commencing employment ensuring the total number of hours worked per week does not exceed 45 hours.
- (4) If the trainee pharmacist is absent on sick leave, or for any other reason (excluding normal holiday entitlement), for more than the equivalent of one working week, they must inform NICPLD and provide a valid and documented reason. A maximum total absence of 42 days (inclusive of annual leave, sick leave, public and bank holidays and any other statutory leave entitlement) out of the 12-month training year is allowed before an extension to training is required. NICPLD has discretion regarding any allowances that can be made.
- (5) The FTY must not be undertaken in an establishment in which the trainee pharmacist has a potential conflict of interest. For example, where there is significant financial interest or where the individual is related² to an owner, director or employee (including an ES) of the pharmacy where they will be training.

² See definition on page 4.

4. Foundation Training Year: Requirements for trainee pharmacists

- (1) The trainee pharmacist is required to demonstrate that they have developed adequate competence during their training such that, upon joining the Pharmaceutical Register, they will be able to undertake all the duties of a pharmacist.

Competence is having the necessary skills, knowledge and attitudes to consistently undertake the role of a pharmacist. Learning outcomes have been specified and published which make explicit the competencies to be developed during the course of the FTY. All learning outcomes must be achieved before the final declaration document can be signed by the ES.

- (2) The trainee pharmacist is required to prepare a portfolio evidencing their completion of the learning outcomes. The trainee pharmacist must achieve a satisfactory standard in all learning outcomes in order to complete the FTY.
- (3) The trainee pharmacist must complete all mandatory elements of training, including all mandatory training days.
- (4) The trainee pharmacist's progress will be assessed regularly by their ES via the process of appraisal. The purpose of appraisal is to help both the ES and trainee pharmacist to regularly monitor progress during the 12-month FTY. Appraisal should be a transparent process, providing constructive feedback to inform ongoing development of the trainee pharmacist and to address any issues in a timely manner.
- (5) Appraisals relating to the trainee pharmacist's progress must be submitted online to NICPLD within the deadlines specified.
- (6) The trainee pharmacist must pass the CRA within a maximum of three entries (Section 5).
- (7) If the trainee pharmacist fails to make satisfactory progress throughout the year and/or fails to attain a satisfactory standard at the end of the FTY, their training will be reviewed. They may be required to extend their training (subject to the availability of funding) for a further period until they are deemed to have achieved a satisfactory standard by appraisal/passing the CRA.

- (8) If the trainee pharmacist experiences any problems in relation to the training provided, the matter should first be discussed with the ES and employer and then, if necessary, with the FTY Lead at NICPLD. The expectation is that problems are best addressed and managed in the first instance at a local level and at an early stage.
- (9) While recognising the important role of the ES, the trainee pharmacist must always take responsibility for their own learning.

5. Requirements for the Common Registration Assessment

Trainee pharmacists undertaking FTY in NI shall be eligible to sit the Common Registration Assessment after satisfactory completion of not less than 45 weeks of FTY having obtained a satisfactory 39-week appraisal from their ES, providing:

- i. they have paid an examination fee of £174; and
- ii. after completion of not less than 39 weeks of the Foundation Training Year, an Educational Supervisor, approved by the Council of the Pharmaceutical Society NI, has submitted a satisfactory 39-week appraisal report.

Further information is available via this link: [General Information about the Foundation Training Year - Pharmaceutical Society of Northern Ireland \(psni.org.uk\)](http://psni.org.uk)

6. Foundation Training Year: Requirements of employers

- (1) All establishments in which FTY is provided must be approved for this purpose. The relevant section of the NICPLD FTY application must be completed by the pharmacy owner/superintendent or registered pharmacist to ensure premises meet the standards for the delivery of the FTY programme.
- (2) Applications for approval for FTY trainee to undertake training in the proposed establishment should be made on the NICPLD Foundation Training Year application.
- (3) The employer must ensure that a suitably qualified ES is available to supervise the trainee pharmacist before offering employment and that the pharmacist will be able to fulfil the role of ES as specified.
- (4) The workplace learning experience provided by the employer should enable the trainee pharmacist to develop and evidence the competencies specified in the learning outcomes.
- (5) If any aspect of competency development cannot be ensured at the employing establishment, alternative arrangements to develop the competency must be put in place. These should be agreed with the trainee pharmacist.
- (6) Facilities within the establishment should allow the trainee pharmacist to keep up to date with recent developments relevant to the practice of pharmacy.
- (7) Trainee pharmacists are considered supplementary to the workforce. The employer must agree to allow the trainee pharmacist to attend the mandatory NICPLD FTY training days.
- (8) An employer must be aware of all the requirements relating to the FTY.
- (9) An employer, who is not the ES, must be aware of the duties and responsibilities of such and commit and agree to facilitate the ES in carrying out their duties.
- (10) The FTY must not be undertaken in an establishment in which the trainee pharmacist has a potential conflict of interest, for example, where there is significant financial interest or where the individual is

related to an owner, director or employee (including an Educational Supervisor) of the pharmacy where they will be training.

- (11) An employer/superintendent pharmacist must ensure that the trainee pharmacist will have onsite Protected Development Time agreed by both the trainee pharmacist and the ES. Training needs should be reviewed regularly. A minimum of the equivalent of four hours per working week must be dedicated to Protected Development Time. This time is in addition to and should not include time out of the workplace to attend FTY training days run by NICPLD.
- (12) The trainee pharmacist should be given access to the internet, if required during designated Protected Development Time, to support their professional development. Trainee pharmacists must adhere to the employer's standards on internet behaviour.

7.

7. Foundation Training Year: Requirements of Educational Supervisors

- (1) A pharmacist can only act as an ES if:
 - they hold three years' post-registration relevant experience within the previous five years in the sector in which they wish to tutor e.g., community or hospital pharmacy;
 - are a registered pharmacist with the Pharmaceutical Society NI; and
 - have no sanctions or conditions on their registration.
- (2) A pharmacist who wishes to act as an ES must first complete an accredited training course run by the NICPLD.
- (3) To renew accreditation, a pharmacist must undertake annual training to become an accredited ES.
- (4) No ES should agree to supervise a trainee pharmacist where there is a potential conflict of interest, for example, where there is significant financial interest or where the trainee pharmacist is related to an owner, director, or employee (including an Educational Supervisor) of the pharmacy where they will be training.
- (5) The primary objective of the FTY is to ensure that trainee pharmacists receive the appropriate level of training and are robustly and fairly assessed against criteria described by the learning outcomes and appraisal process. This is best achieved when each trainee pharmacist has a dedicated ES as their exclusive mentor. Such an arrangement ensures that the trainee pharmacist receives appropriate supervision, mentoring and support to help them prepare for practice and to be fully prepared for the CRA whilst also allowing the ES to be well placed to deliver robust and accurate assessments.

Except for one particular circumstance, the ES must personally supervise only one trainee pharmacist at a time. The exception to this rule can be at the beginning or end of a period of training, only in circumstances where the outgoing trainee pharmacist started training late due to not achieving their MPharm in the normal timeframe. Both trainee pharmacists must consent to the overlap. A maximum of twelve weeks' overlap may be approved by NICPLD subject to the conditions set out in the explanation being satisfied. Any such

arrangement will be quality assured by the PSNI.' An employer can request an application form for an overlap in ES mentoring by contacting NICPLD.

The application must:

- clearly demonstrate that all other options for ES mentoring have been exhausted;
- provide details of efforts made by the employer/ES to minimise the potential adverse effects on training which may arise from an ES supervising two trainee pharmacists simultaneously;
- provide evidence that both trainee pharmacists affected have consented to the overlap; and
- outline proposed arrangements to minimise the impact of any proposed overlap on the trainee pharmacists' progress in evidencing the learning outcomes.

Please note that training will only be recognised if the overlap arrangement has been approved in advance by NICPLD.

- (6) An ES must be aware of all the requirements of the FTY programme.
- (7) An ES must be aware of, and accept, the supervisory responsibilities as specified below:

ESs are responsible for the supervision and delivery of the FTY. In conducting their supervisory responsibilities, ESs are expected to provide training, deliver constructive feedback to trainee pharmacists about performance in practice, conduct assessments objectively and act as a mentor to their trainee pharmacist. They are also expected to work with the trainee pharmacist to help them develop the necessary professional skills so that they have the right attitude expected of healthcare professionals, have good communication skills, can work with others and can demonstrate leadership. An important part of the ES role is making the final declaration that the trainee pharmacist is fit to practise. The ES will gather evidence for this throughout the year from the verification of learning outcomes via the online ePortfolio and the appraisal process.

Other responsibilities of the ES include:

- helping the trainee pharmacist plan training and identify training needs;

- providing timely and constructive feedback on the trainee pharmacist's performance;
 - providing an assessment of the trainee pharmacist's progress in a robust, objective and fair manner;
 - encouraging the trainee pharmacist to reflect on their own performance;
 - working with the trainee pharmacist to set objectives for learning and development;
 - providing training opportunities to enable the trainee pharmacist to meet the learning outcomes;
 - welcoming feedback from the trainee pharmacist to help them identify their own learning needs in relation to being an ES;
 - listening and respecting the views of the trainee pharmacist;
 - acting as a role model;
 - conducting quarterly appraisals and submitting to NICPLD in a timely manner; and
 - providing support if the trainee pharmacist encounters difficulty.
- (8) The Pharmaceutical Society NI expects that trainee pharmacists will be well supported and will receive an appropriate level of training. This is best achieved when each trainee pharmacist has an ES who is responsible for ensuring a robust and fair assessment of the trainee pharmacist in line with the FTY requirements.

In any period of training at one approved training site, and in order to undertake their supervisory responsibilities, an ES normally shall be engaged full-time at the same training site as the trainee pharmacist.

The Pharmaceutical Society NI defines full-time as a pharmacist working a minimum of 30 hours over a minimum of four days each week at the training site where the trainee pharmacist is based.

Where training occurs in the community pharmacy setting, and where the majority of clinical pharmacy services and training experiences are provided at the same premises, the expectation is that the trainee pharmacist and ES will be located together at the same training site. The ES will provide the majority of the training experience whilst fulfilling their supervisory and assessment responsibilities for a minimum of 30 hours over a minimum of four days each week at the same training site at which the trainee pharmacist is based.

If an ES is of the view that training would be enhanced by gaining experience in another pharmacy business, approval may be sought by contacting NICPLD to discuss their reasons for requesting this arrangement at an alternative pharmacy. The ES is required to submit a training plan, in advance, which indicates:

- the number of days the trainee pharmacist will be away from the approved training site (up to a maximum of five days per training year);
- what areas of pharmacy practice will be covered;
- what learning outcomes will be met;
- what governance arrangements will be in place to ensure continuity of training and verification by the ES; and
- confirmation that an accredited ES will be available on site.

Where training occurs in a hospital pharmacy setting, and where the trainee pharmacist is required to meet the learning outcomes across a range of disciplines by visiting multiple departments and, as it is recognised that other healthcare personnel may need to be involved in the delivery of this training, the following must apply:

- the nominated ES still has overall responsibility for conducting assessment of outcomes of training and for submission of those assessments and must, therefore, be directly involved in the planning and delivery of the training provided; and
- arrangements must be in place to ensure that there is clear and ongoing communication about the trainee pharmacist's progress between the ES and other personnel supervising the different aspects of the training experience.

The expectation is that the ES, in this instance, will still be situated at the same hospital training site as the trainee for a minimum of 30 hours over a minimum of four days each week. This is to ensure that the ES is available for a sufficient period of time to provide support and to intervene, if required, to ensure that adequate training is being provided, to provide feedback and to monitor and assess progress.

Irrespective of sector of practice, the ES is accountable for making the final declaration that the trainee pharmacist is fit to practise and, consequently, must have appropriate first-hand knowledge of the individual's performance. In order to fulfil their duties and supervisory responsibilities, including being adequately informed to make the final declaration, the Pharmaceutical Society NI expects that an ES will be

working at the same training site as the trainee pharmacist for a minimum of 30 hours over a minimum of four days per week.

- (9) An ES is responsible for a sole trainee for the duration of the 12-month training period. If an ES is not in a position to supervise a trainee pharmacist for the requirement of a minimum of 30 hours over a minimum of a four-day week, a co-supervision arrangement must be considered. Where two pharmacists share supervisory responsibilities, the trainee pharmacist must consent to the co-supervision arrangement. Approval for co-supervision should be sought from NICPLD.

In a co-supervision arrangement, the total hours worked by both ESs must meet the minimum full-time requirement as previously described. In such an arrangement, both ESs will contribute to the quarterly appraisals and to the validation of evidence submitted via the reflective ePortfolio to demonstrate attainment of the learning outcomes. Both ESs must co-sign the final declaration.

Please note that co-supervision will only be recognised after approval by NICPLD.

- (10) While it is the responsibility of each trainee pharmacist to inform NICPLD, in writing by the date specified prior to the commencement of training, where they are to undergo training and the name(s) of their ES(s), the ES should confirm with each trainee pharmacist that this has been completed before allowing the commencement of the FTY.
 - (i) NICPLD must be informed of any proposed change of ES in advance and as soon as possible, training will only be recognised after the change has been approved.
 - (ii) In some circumstances, the trainee pharmacist may be required to find an alternative suitable training position, for example, if no alternative ES is available.
- (11) If an ES receives unsatisfactory feedback from trainee pharmacists over a two-year period, they will lose accreditation as an ES for a period of one year. They will be required to attend further training to develop their mentoring skills before accreditation will be awarded again.
- (12) An ES must provide opportunities for the trainee pharmacist to demonstrate all of the specified learning outcomes.
- (13) An ES must ensure that the trainee pharmacist will have onsite Protected Development Time of at least four hours per working week.

8.

8. Educational Supervisor responsibilities

- (1) As an ES, a pharmacist is expected to role model professional attributes and competencies.
- (2) An ES is expected to complete any assessment of the trainee pharmacist promptly and professionally. This must not be delegated to any other individual.
- (3) An ES is expected to provide regular feedback to the trainee pharmacist on progress to help them identify strengths and weaknesses and, in association with the trainee pharmacist, to plan activities to ensure the trainee pharmacist reaches the required standard by the end of the training period. Review meetings should be held with the trainee pharmacist to discuss training needs. These meetings should be held regularly and at least twice per month. Good practice would be that the outcomes of these discussions are documented.
- (4) If an ES is concerned about the progress of the trainee pharmacist, they must inform the FTY Lead at NICPLD of their concern as soon as possible.
- (5) An ES must make a final declaration that the trainee pharmacist is eligible for registration. If an ES is unwilling to make this final declaration, they must inform the trainee pharmacist and indicate what further training is necessary. NICPLD must be informed. Whilst situations will be reviewed on a case-by-case basis, a further continuous three months' assessed training is the expected minimum additional training period. The ES is under no obligation to accept the trainee pharmacist for this extended training period.

Council Cover Paper

91

Date: 05 December 2023

Title: Standards for Foundation Training Year

Type of Paper: To Note

Action by Council:

Council is asked to note the content of the attached paper.

Background:

Standards for the Foundation Training Year are reviewed each calendar year and presented to Council for noting.

Where there are any significant matters of concern to be raised with Council or significant amendments to be approved, these will be facilitated under a separate Council Paper.

At this review, no significant matters have been identified.

Action by Council:

Council is asked to note the content of the attached paper.

For further information, please contact:

Laura Hughes, Registrar & Director of Regulation



Pharmacy Forum NI Report Cover Sheet

Date: 27th Nov 2023

Title: Pharmacy Futures NI – outcomes of activity from Feb-May 2023

Categories: To note

Purpose of paper/report:

To provide an executive summary to the Council of the Pharmaceutical Society NI of the outputs and outcomes of phase 3 of Pharmacy Futures NI from Feb-May 2023.

Section: -

1. Background
2. Budget
3. Key outputs and outcomes
4. Conclusion

Action: Council to note.

Pharmacy Forum NI Lead: Julie Greenfield

Pharmacy Futures NI phase 3

1. Background

Pharmacy Forum NI previously delivered Phases 1 and 2 of the Attract, Recruit, Retain campaign – with funding from DoH – branded as Pharmacy Futures NI to assist with short-term outcomes of the [Pharmacy Workforce Review](#) (PWR)

More information can be found on the website @ [Pharmacy Futures NI.com](https://PharmacyFuturesNI.com).

2. Budget

Pharmacy Forum NI provided a business case to deliver identified elements within Phase 3 of Pharmacy Futures NI that were practicable to deliver within the time frame of mid-February to May 2023, which was approved by Council in January 2023.

Total project cost agreed: £26,654

Actual spend: £22,595.44

Underspend of £3,879.55 mainly attributable to temporary staff cover resigning mid-project (£2,778 underspend); external accountancy fees not required to audit (£500); and no requirement to use reserve funds for ad hoc design due to postponement of event (£600).

Additional spending of £1,361.40 occurred in financial year 2023/24 to support the postponed schools outreach programme, from Procurement of Services budget.

Overall, total spend came in below project budget.

3. Key outputs and outcomes

The work of the programme during this phase was classified under three elements:

- i. Maintaining and updating the [Pharmacy Futures NI](#) website as the single point of contact for advice on NI pharmacy careers and workforce opportunities. The main output for this element was ongoing maintenance and updates of the website, delivered by our provider (Elmhouse Creative), including a new evaluation page.
- ii. A programme to promote role models in all areas of pharmacy practice and support a vibrant professional community in NI.
The main output of this element was the recruitment of 32 pharmacists, pharmacy technicians and students to become members of the Pharmacy NI Champions team, with 20 of these completing a two-part training taking place at the HSC Leadership Centre during April and May 2023.
- iii. A schools outreach programme to promote pharmacy careers for students choosing university, apprenticeships or Further Education (FE) courses. This programme included the creation of a new suite of printed and digital assets.

The main outputs of this third element included all agreed new materials being commissioned, designed and produced, and existing materials being refreshed within the project timeframe. Among these materials were: branded business cards with QR codes to the website; lanyards; desktop strut cards; and pullup stands (see Figure A below).

A new dynamic PowerPoint was designed and delivered as a tool to allow Champions to speak directly to school groups and has since been utilised by Champions and other pharmacists in outreach activities. Most notably a new 5-minute video, targeted at post-primary school pupils – “[Pharmacy, the Future and You](#),” – was produced and delivered, and featured several of the new cohort of Champions.

The launch of the Phase 3 schools outreach was postponed from the original project timeframe due to advice from education sector contacts that optimum delivery time would be at the commencement of the new academic year.

Preview - The new campaign materials – including a preview of the new video – were unveiled to the audience at the annual NI Pharmacy Conference at the Waterfront Hall’s ICC exhibition centre on 31st May 2023.

BBC’s Health Correspondent, Marie Louise Connolly, in compering the event, expressed enthusiastic approval of the video.

Launch - Delivered on 25th September 2023 – World Pharmacists Day – at W5 (who undertook promotion of the event to all post-primary schools). An audience of over 130 pupils, representing 10 schools from across NI attended. (See figure B for images from the event). Evaluation responses from both careers teachers and exhibitors at the event were universally positive.

- CPhO Cathy Harrison delivered a keynote address using our new dynamic PowerPoint presentation.
- Both Northern Ireland schools of pharmacy promoted their MPharm degrees.
- Southeastern Regional College talked about pharmacy technician courses.
- 8 Champions delivered two-minute talks on their career histories.
- Boots, Medicare, the GP Pharmacists Federation, QUB, UU, SERC, the Royal Victoria Hospital Belfast and Pharmacy Forum all exhibited at a careers fair as part of this event, alongside additional champions.
- A DoH media team filmed the event and shared a [short video promoting it](#) featuring our Champions on their social media channels – with over 7000 views on Twitter.
- The event was supported by a full event and stakeholder communications project plan, and two Pharmacy Forum NI tweets related to the event were among the highest performing tweets of 2023.
- Twitter posts related to this event, and subsequent outreach to schools about the campaign, have received a combined 18258 views.

Feedback after the event was universally positive and has led to further activity by both our own Champions, and other representatives of the pharmacy sector, in reaching out to schools and colleges to promote the campaign.

Of note, was an email sent by Cathy Harrison just after the event, in which she expressed being highly impressed by the Pharmacy Forum NI’s work.

4.[3.] Conclusion

The Pharmacy Forum sought funding of £26,654 to complete identified elements of Pharmacy Futures phase 3 in the remaining months of this financial year (mid Feb

– end May 2023). **Spending in the end was £22,571** in the reporting period, with an additional £1361 spent on an event in September 2023.

Overall the campaign has been very well received by all key stakeholders and target audiences.

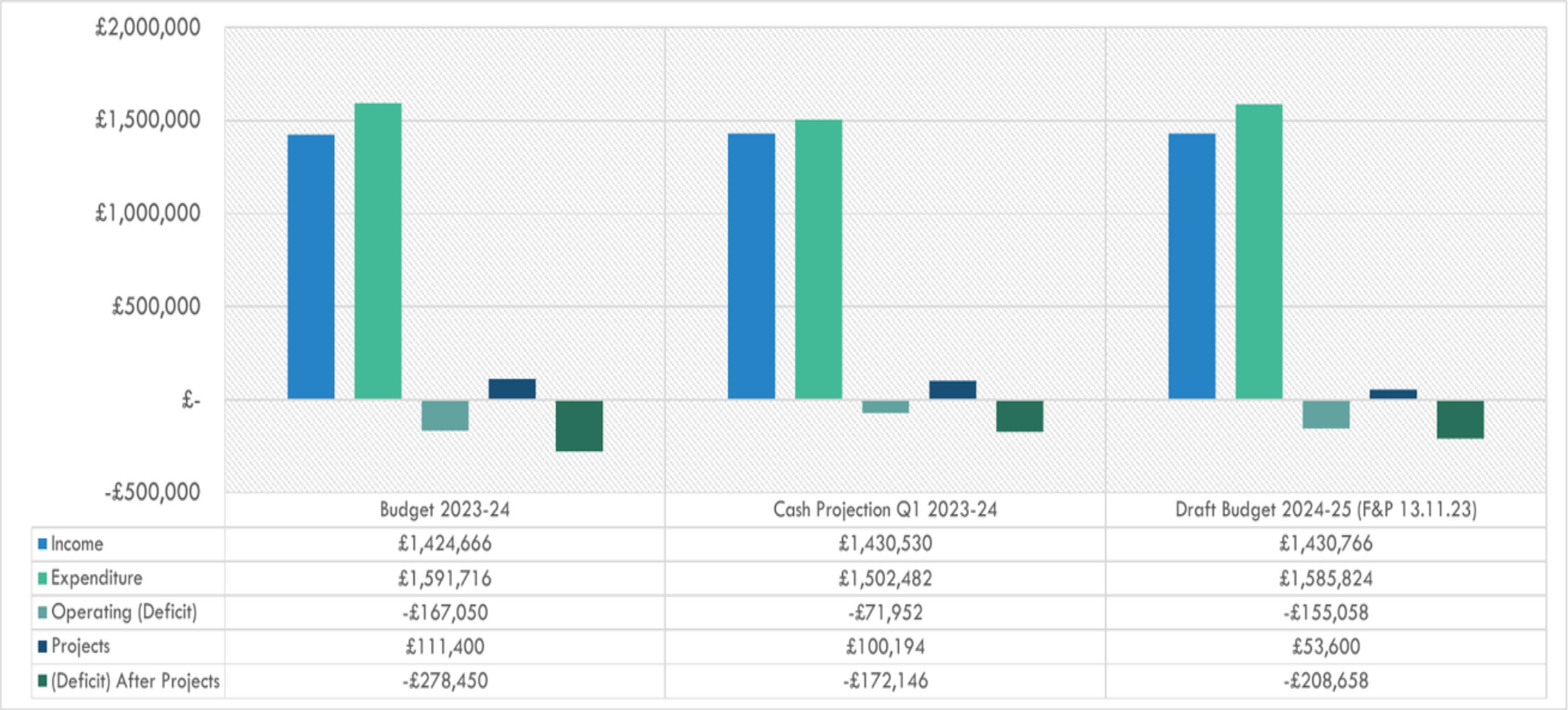
A full breakdown of the project components to be delivered in this phase, within the identified timeline, was made available in the paper delivered to the Finance and Performance Committee on 7 November 2023.

Figure A: Materials commissioned for Phase 3



Figure B: Images from 25th Sept 23 Launch





FINANCE & PERFORMANCE DASHBOARD QTR.1 2023-24

CASH PROJECTION VARIANCES

INCOME – Projecting £6k increase on Budget 2023/24

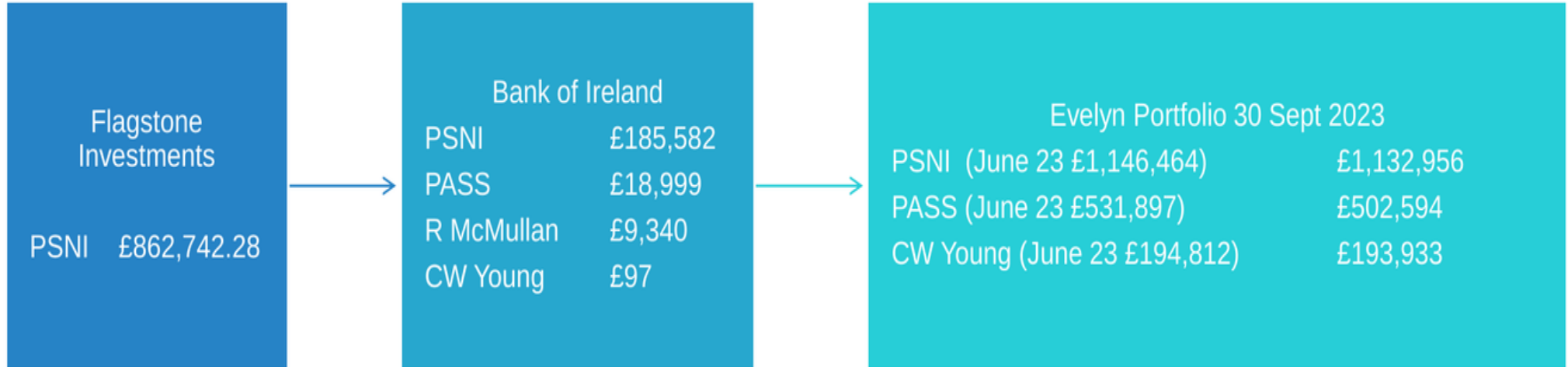
EXPENDITURE – Projecting £89k decrease on Budget 2023/24

Main Headlines

- Staff Salaries, projecting £57k underspend on Budget
- Fitness to Practice, projecting £53k underspend on Budget
- Professional & Consultant Fees, projecting (£32k) overspend on Budget

PROJECTS – Projecting £11k underspend on Budget

BANK BALANCES, FLAGSTONE INVESTMENTS, BOI BALANCES & EVELYN PORTFOLIO 2023-24 @02.11.23



CASH PROJECTION 2023-24 Actual Q1, Forecast Q2,3,4

		Approved Budget 23-24	Q1 Actual (June- Aug23)	Q2 Forecast (Sept-Nov23)	Q3 Forecast (Dec- Feb24)	Q4 Forecast (March-May24)	Cash Projection Q1 Actual, Q2,3,4 Forecast	Variance	Cash Projection Details	Budget Details
INCOME										
1	Deposit Interest (Fixed Term)	£21,000	£0	£0	£0	£21,000	£21,000	£0		Estimated £16k interest on Flagstone (average £400k@4%) plus £5k interest on Evelyn portfolio
2	PSNI Dividends on investment portfolio with Evelyn	£25,000	£0	£0	£0	£25,000	£25,000	£0		
3	Partnership Income	£14,400	£0	£16,500	£3,000	£3,000	£22,500	£8,100		NMC using facilities, aim to attract other users once refurb complete - based on 2 pm
4	Sundry Income	£3,000	£2,848	£100	£100	£100	£3,148	£148		
	Pharmacy Forum Income									
5	Grant Income (PF)	£0	£0	£0	£0	£0	£0	£0		
6	Calculations Course (PF)	£1,200	£0	£0	£0	£1,200	£1,200	£0		
7	Rewarding Excellence (PF)	£2,500	£0	£0	£2,500	£0	£2,500	£0		
	Retention									
8	Retention Fees	£1,143,056	£1,132,310	£796	£0	£0	£1,133,106	-£9,950	2847 retained on the register	2967 on register Apr23, less 45 removals for non payment & non compliance & 50 withdrawals from register
9	Penalty fee(default in payment, pharmacist)	£375	£0	£0	£0	£0	£0	-£375		
	Registration									
10	New Registrants (from FTY program) July	£51,342	£35,422	£9,950	£9,950	£0	£55,322	£3,980	114 registered, potentially a further 25 after CRA Nov23	Estimated 143 joining the register from the FTY Programme in Nov22, Actual number expected to join the register 129
11	Registration Fees (JFAR&Re-Reg)	£19,900	£8,358	£3,980	£3,980	£3,980	£20,298	£398	Estimate 51	50
12	Restoration (If removed by Stat Comm)	£121	£0	£0	£0	£0	£0	-£121		
	FTY									

CASH PROJECTION 2023-24 Actual Q1, Forecast Q2,3,4

		Approved Budget 23-24	Q1 Actual (June- Aug23)	Q2 Forecast (Sept-Nov23)	Q3 Forecast (Dec- Feb24)	Q4 Forecast (March-May24)	Cash Projection Q1 Actual, Q2,3,4 Forecast	Variance	Cash Projection Details	Budget Details
13	Foundation Training Year (student registrant fee)	£35,020	£0	£0	£0	£35,020	£35,020	£0		Estimated 150 students in Nov, numbers have reduced and it is now estimated that the figure will be 120 in June 24. The pharmacy workforce review are expecting a further 50 students into the Programme in Sept24
13(i)	Penalty fee(default in payment, student)	£20	£0	£0	£0	£0	£0	-£20		
14	CRA Income	£20,880	£2,784	£1,566	£0	£20,706	£25,056	£4,176	144 FTY students (119 plus 25 resits Nov23)	Estimated 143 students in Nov 22, actual number of student applications is 112, we are expecting approx. 8 repeats
	Registration of Premises						£0			
15	Premises new/name change	£1,130	£339	£339	£339	£113	£1,130	£0		
16	Premises Retention Fee	£85,405	£0	£0	£85,250	£0	£85,250	-£155		Estimated 553 in Nov22, number of premises currently on the register 551
16(i)	(default in payment, premises)	£317	£0	£0	£0	£0	£0	-£317		
	TOTAL INCOME	£1,424,666	£1,182,061	£33,231	£105,119	£110,119	£1,430,530	£5,864		

EXPENDITURE										
17	Staff Salaries (Inc. NI)	£760,668	£176,123	£155,830	£165,605	£206,114	£703,672	£56,996		
18	Staff Salaries (PF)	£117,897	£24,465	£30,328	£29,731	£30,598	£115,122	£2,775		Increase Hrs of Policy & Coordinator roles from 22.5hrs per week to 37hrs per week, Increase of 10hrs per month in P Forum Managers role
19	Staff Pension Scheme (including PF)	£30,775	£6,592	£6,237	£6,843	£6,843	£26,516	£4,259		
20	Pension Payment to former staff member	£7,917	£1,992	£1,992	£1,992	£2,018	£7,994	-£77		

Protecting Registering Regulating

CASH PROJECTION 2023-24 Actual Q1, Forecast Q2,3,4

		Approved Budget 23-24	Q1 Actual (June- Aug23)	Q2 Forecast (Sept-Nov23)	Q3 Forecast (Dec- Feb24)	Q4 Forecast (March-May24)	Cash Projection Q1 Actual, Q2,3,4 Forecast	Variance	Cash Projection Details	Budget Details
21	Staff Health Plan (including PF)	£17,725	£3,132	£2,600	£4,500	£4,500	£14,732	£2,993		
22	Staff Training & Development (including PF)	£12,050	£0	£1,260	£5,000	£5,700	£11,960	£90		
23	Governance Costs & Training	£42,279	£7,927	£12,930	£11,703	£11,624	£44,184	-£1,905		President x30 days, Council x6pa, ARC x4pa, F&P x4pa, Remuneration x2pa, Chairs x4pa, Task & Finish Groups 4x4pa, Annual appraisals. Presidents travel budget London x6, 3 overnight
24	Rent Rates & Insurance	£9,310	£8,674	£0	£260	£50	£8,984	£326		EL&PL Building & professional Indemnity £8.5k, Accidental travel insurance £500, ground rent £50, water charges £260
25	Bank Charges	£12,055	£10,101	£1,000	£1,300	£1,300	£13,701	-£1,646		Credit card £25*3=£75, BOI £60, Realex £900, BOI audit £30, BOI EFT fees £50, Notified mthly fee BOI £440, EMS fees Registrants & Premises £10.5k
26	Office Stationary (including PF)	£8,200	£2,679	£1,800	£1,800	£1,800	£8,079	£121		£600 pm plus P Forum
27	Printing & Photocopier (including PF)	£9,920	£1,449	£1,702	£3,092	£1,702	£7,945	£1,975		Printing - Annual Report £1k, other print £500. Photocopier - Leasing £3k, Copytext £1.5k, Toners £3.2k. P Forum , in-house printing £720
28	Postage (including PF)	£1,650	£335	£200	£950	£200	£1,685	-£35		£1k weekly postage collection, Company policy from 01.06.23 mailshots by email other post £500. P Forum misc. post £150
29	Telephone	£15,660	£4,937	£4,995	£4,995	£4,995	£19,922	-£4,262	BT Cloud voice costs doubled - under investigation	BT Business Qtrly Charge £4.3K, BT Cloud Voice £4k, BT Alarm Line £500, Mobile phone bill £6.5k, BT conference £360
30	Travel & Subsistence(including PF)	£31,463	£1,977	£6,201	£6,701	£9,146	£24,025	£7,438	hybrid meetings where possible, travel by exception	
31	Conferences/Events (PF)	£2,475	£0	£1,450	£500	£500	£2,450	£25		P Forum - All Ireland Conference £325x3, RPS dinner £800, 2 launch events £700,
32	Rewarding Excellence (PF)	£12,685	£0	£0	£12,685	£0	£12,685	£0		23-24 Rewarding Excellence - realigned to biennial cycle from '24 (Catering and wine £6900, photographer & harpist £475, design and print £1150, medals (2 gold , 3 fellow, and financial awards student, =£2475 & potentially 3 more fellows = £1000) , flowers £685,
33	Election Costs (PF)	£0	£0	£0	£0	£0	£0	£0		next Spring '25

CASH PROJECTION 2023-24 Actual Q1, Forecast Q2,3,4

		Approved Budget 23-24	Q1 Actual (June- Aug23)	Q2 Forecast (Sept-Nov23)	Q3 Forecast (Dec- Feb24)	Q4 Forecast (March-May24)	Cash Projection Q1 Actual, Q2,3,4 Forecast	Variance	Cash Projection Details	Budget Details
34	Subscriptions & Annual Fees (including PF)	£42,860	£4,667	£11,291	£14,818	£13,318	£44,094	-£1,234		Decision Time Meeting Portal £5k, Zahara £3k, Decision Time Risk Register £7.9k, Sage £7k, legal subs£250, Bar subs £180, CEF-CEO £720, CEF-president£250, Consultant Institute £500, Survey monkey £385, Nikon £500, Mailchimp £720, Egress £500, NI Chairs £330, Event expresso £165, Vimeo £80, Lucid chart £120, Westlaw subs £3.5k, Regulator subs £1000, Breathehr £500, Misc. £150. P Forum CPA £2.75k, PGEU £4.75K, RPS £132, mail chimp subs £1152, NHS Confer £330, Nikon £300, Vimeo £250, ZOOM £188, Canva £100, Misc. £150
35	Audit & Accounting Services	£8,550	£0	£7,800	£756	£0	£8,556	-£6		External Audit £7,800, Corporation Tax £750. £6.6k cost saving for accountancy services offset against in house resource.
36	Internal Audit	£11,700	£0	£3,900	£3,900	£3,900	£11,700	£0		3 year 1+1 contract awarded to ASM April 23
37	Electricity/Gas	£13,000	£2,993	£3,113	£3,350	£3,000	£12,456	£544		Increase of 5% on prior year actual
38	IT Service, equipment & development	£67,100	£14,849	£17,350	£14,306	£15,106	£61,611	£5,489	Fortesium support FtP £1.2k not due until Q3, Adjudication £1.2k & website £3k due Q1 2025/26	Nitec Support & Microsoft licences £32k, Fortesium Support - ROL £9k, FtP £2.4k, Adjudication (half year) £1.2k, Website £3k. BT Broadband £800, Virgin Broadband £800 Zoom £200, Hosting £2.1k, Qualys pen testing £3k, Software £3k, Hardware £6k.
39	Office Cleaning/Waste Management	£15,130	£2,922	£3,512	£4,012	£3,292	£13,738	£1,392		Cleaning contract -increased from 3to5days pw £13.2k, carpet cleaning £600, Powerhosing £400, window cleaning £300, Waste collection £450, Hygiene charge £180
40	General expenses	£11,450	£3,572	£2,600	£2,600	£2,600	£11,372	£78		H&S assessment £500, Restore shredding £2k, Taxi £900, Courier £1.5k, sundry papers & kitchen £600, Storage £3k, Recycling £500, Catering Council & other meetings £700, Misc. £1k. P Forum catering £750
41	Fitness to Practice *	£213,414	£36,319	£57,095	£40,200	£26,932	£160,546	£52,868	Expect to see savings relating to FtP deepdive in Q4	
43	Legal Fees - General	£12,000	£0	£3,000	£6,000	£8,400	£17,400	-£5,400	Confidential HR matter President £3k	

Protecting Registering Regulating

CASH PROJECTION 2023-24 Actual Q1, Forecast Q2,3,4

		Approved Budget 23-24	Q1 Actual (June- Aug23)	Q2 Forecast (Sept-Nov23)	Q3 Forecast (Dec- Feb24)	Q4 Forecast (March-May24)	Cash Projection Q1 Actual, Q2,3,4 Forecast	Variance	Cash Projection Details	Budget Details
44	Professional & Consultant Fees	£4,100	£6,143	£15,905	£10,180	£4,180	£36,408	-£32,308	HR Clinic's £1,500, Confidential £11,089 plus £3k & extra work out of HR review £5700 not in budget. £9,200 Management fee Evelyn (netted off income in prior years)	Pension advisor £3.2k, ELC £900
45	PSA Levy	£7,900	£0	£0	£8,045	£0	£8,045	-£145		
46	Inland Revenue - Tax	£1,900	£0	£0	£1,900	£0	£1,900	£0		
47	Recruitment (agency fees)	£3,440	£3,795	£896	£0	£0	£4,691	-£1,251	Temp staff Q1 £2,898, NI Job advert Q1 £896, forecast NI Job advert x 1	Company Policy from 01.06.23 advertise through JobNI, Diverse Jobs and Social Media Platforms.
48	Communications	£8,000	£0	£0	£6,500	£1,500	£8,000	£0		Launch of the Code £2k, Policy design & publication of code £3k, Stakeholder events £3k
49	Foundation Training Year Expenses (including PF)	£33,510	£28,680	£0	£0	£4,710	£33,390	£120		CRA 2 assessment periods - agreed £30k for 23-24. Likely to increase 24-25 £40k plus. Forum - Calculations training expenses 2 trainers £2750 (including travel expenses), 2 sat staff support £220, 2x£270 prep for new materials
50	CPD/Revalidation Process (including PF)	£26,150	£11,924	£4,686	£4,515	£5,000	£26,125	£25		CPD assessment stage 1 & 2, verification & re assessment £17,150 Forum- New service level agreement with 3 new facilitators. 15 x 3hr sessions @£150 = 2250, train new facilitators £1800, video resource for new framework £5K
51	Facilities Expenses (Building)	£8,783	£3,493	£2,000	£2,000	£1,300	£8,793	-£10		General maintenance £5k, Boiler service £180, Fire ext. service & fire risk assessment £800, Annual alarm service £588, PAT testing £335, keyholding service £220, call out x 5 £460, Havlin locks £200, Misc. £1000 (Office furniture/decoration & lighting taken out as this will be included in the building refurb budget)

CASH PROJECTION 2023-24 Actual Q1, Forecast Q2,3,4

		Approved Budget 23-24	Q1 Actual (June- Aug23)	Q2 Forecast (Sept-Nov23)	Q3 Forecast (Dec- Feb24)	Q4 Forecast (March-May24)	Cash Projection Q1 Actual, Q2,3,4 Forecast	Variance	Cash Projection Details	Budget Details
52	Accreditation	£10,000	£0	£0	£0	£10,000	£10,000	£0		Accreditation of the NICPLD Foundation Training Year programme £10k 23-24, £10k 24-25
TOTAL EXPENDITURE		£1,591,716	£369,740	£361,673	£380,740	£390,328	£1,502,482	£89,234		
PROJECT COSTS										
Projects that require legislative changes										
4	Technicians Register	£0	£0	£0	£0	£0	£0	£0	No cost in 23-24	
Other Projects										
1	CRM - Adjudication module	£0	£0	£0	£0	£0	£0	£0	£21,600 budgeted in 22-23 was expected to be completed by May23 - carry forward to 24-25	
1	CRM - updated CPD portal	£15,000	£0	£0	£18,000	£0	£18,000	-£3,000		
1	New Website	£12,000	£0	£0	£0	£0	£0	£12,000	C/fwd to 24-25 (live in April25)	
1	DD Portal CRM	£0	£0	£0	£12,000	£0	£12,000		Business Case going to F&P Nov 23	
1	New Corporate Strategy	£20,000	£0	£24,394	£0	£0	£24,394	-£4,394	£20k plus VAT	
1	L&D Development Plan	£14,400	£0	£0	£14,400	£0	£14,400	£0		
1	HR Review (prior year budget)	£0	£5,130	£6,270	£0	£0	£11,400	-£11,400	£11400 budgeted prior year was expected to be completed By May23	
2	Projects flowing from Corporate Strategy and Business Plan	£50,000	£0	£0	£10,000	£10,000	£20,000	£30,000	Placeholder	
TOTAL PROJECT COSTS		£111,400	£5,130	£30,664	£54,400	£10,000	£100,194			

Protecting Registering Regulating

CASH PROJECTION 2023-24 Actual Q1, Forecast Q2,3,4

	Approved Budget 23-24	Q1 Actual (June- Aug23)	Q2 Forecast (Sept-Nov23)	Q3 Forecast (Dec- Feb24)	Q4 Forecast (March-May24)	Cash Projection Q1 Actual, Q2,3,4 Forecast	Variance	Cash Projection Details	Budget Details
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	SUMMARY	Approved Budget 23-24	Cash Projection Actual Q1, Forecast Q2,3,4							
	Income	£1,424,666	£1,430,530	£5,864						
	Expenditure	£1,591,716	£1,502,482	£89,234						
	Operating (Deficit)	-£167,050	-£71,952							
	Project Costs	£111,400	£100,194	£11,206						
	(Deficit) after projects	-£278,450	-£172,146							
Project grading 1. Definite, 2. Probable, 3. Possible, 4. Remote										

CORPORATE STRATEGY PROGRESS REPORT - Dec 2023					
Objective 1: To deliver high quality pharmacy regulation that is proportionate and cost-effective					
No	Goals	Current Status	Tending towards	Update - Dec 2023	SMT
a	We will meet all performance standards in annual PSA appraisals in at least 4 of the next 5 years.			16/17 – Met 24 out of 24 Standards – PSA Report published Feb 2018 17/18 – Met 24 out of 24 Standards – PSA Report published April 2019 18/19 – Met 22 out of 24 Standards – PSA Report published Sept 2020 19/20 – Met 15 out of 18 Standards (PSA introduced revised Standards of Good Regulation) – PSA Report published July 2021 20/21 – Met 17 out of 18 Standards – June 2022 21/22 – Met 18 out of 18 Standards	MM
b	We will secure policy agreement with DoH to make legislative and non-legislative changes required to modernise pharmacy regulation and, following policy agreement, develop an implementation plan for delivery, including delivery of actions specified by May 2023. (Revised 10/1/22).			Policy agreement has not yet been secured with the Department in relation to the following legislative and non-legislative reforms: IETP Reform, Pharmacy Technicians, Premises Standards and Section 60 Orders. The timeframe of May 2023 for an implementation plan for delivery is therefore unachievable.	MM
c	We will secure policy agreement with DoH for the statutory regulation and registration of technicians and, following approval, consult upon entry routes to the register.			The Pharmacy Workforce Review Board report sets out the intention to register technicians. The Minister wrote to us in June 2022 asking that we aim to commence registration in June 2024. We have been advised by the Department that this anticipated registration date has been delayed to Dec 2025 due to legislative timetabling.	MM

Same

Same

Same

d	We will employ a financial strategy (to be reviewed annually to increase efficiency and cost-effectiveness and report against targets therein bi-annually.			3 year plan to be considered by council in committee session at December 2023 meeting.	JD	change
e	We will collaborate with other relevant Regulators and PSA to effect change designed to maximise use of shared principles and practices.			We continue our membership of CEORB and partnership working with other regulators. We will meet with the PSA the week after every council meeting moving forward.	MM	same
f	We will deliver reforms developed as a consequence of Rebalancing Medicines Legislation and Pharmacy Regulation, including the issue of criminal prosecution for dispensing errors and delivery of standards and guidance around RPs and SPs.			Premises Standards were approved by Council in 2018. The commencement of the Premises Standards has been further delayed due to the Department requiring an IT solution to carry out inspections applying the standards. An estimate of 18 months for this work to be completed was put forward by the Dept. The two recent Pharmacy Orders commenced on 1st December 2022. We will need to seek agreement with DOH with regards to bringing this work forward.	MM	same

CORPORATE STRATEGY PROGRESS REPORT - JANUARY 2023					
Objective 2: To set pharmacy standards that are evidence-based, output-focused, achievable and necessary for patient and public safety					
No	Goals	Current Status	Tending towards	Update - Dec 2023	SMT
a	We will review and, where appropriate, enhance the current set of pharmacy standards. We will complete a full review of the Code by May 2023 followed in next corporate strategy by phased review of Standards related to the Code.			Review has been completed and the revised code is currently out for consultaion. 23-24 will focus on refreshing the Independent Prescribing standards and the Online Pharmacy standards.	MN
b	We will test the ongoing efficacy of pharmacy standards in context of the newly emerging HSC reform programme as part of Goal 2(a).			The HSC reform programme and the impact on Pharmacy service provision remains unclear. However, we continue to liaise with the Strategic Performance and Planning Group of the Department of Health in regards to the new developments.	MN
c	We will test and report on the feasibility of developing and applying new standards over and above Minimum Standards designed to encourage improved service quality to ensure that they remain fit for current and future practice. Subject to review at the next Corporate Strategy review.			This remains difficult until the developments in 2b are clearer.	MN

change

CORPORATE STRATEGY PROGRESS REPORT - JANUARY 2023					
Objective 3: To conduct Fitness to Practise processes that are robust, timely and fair					
No	Goals	Current Status	Tending towards	Update - Dec 2023	SMT
a	We will improve timeliness, efficiency and cost of Fitness to Practise processes and report on progress made.			In keeping with the financial strategy objectives a review of FTP costings has been completed and a number of actions have taken or planned to be taken which will see significant savings in Ftp cases.	CEO/LH
b	We will ensure regular reports on learning from Fitness to Practise cases are effectively disseminated to pharmacists and other interested parties.			Reminders being placed on Facebook and key learnings shared via the regulatory Newsletter.	MN
c	We will develop Fitness to Practise processes for Pharmacy Technicians.			Agreement on legislation needs to be secured with the Department in relation to Pharmacy Technicians prior to any meaningful work in this area being commenced.	CEO

change

same

change

CORPORATE STRATEGY PROGRESS REPORT - JANUARY 2023					
Objective 4: To ensure that pharmacy education and professional development is fit for purpose					
No	Goals	Current Status	Tending towards	Update - Dec 2023	SMT
a	We will review the Pre-Registration Framework and implement necessary improvements including developing a plan for, and commencing transition to a Foundation Training Year.			The first year of FTY has been completed and an assurance report from NICPLD received and council informed.	LH
b	We will review and improve undergraduate and accreditation standards with our partners. We will work with our partners on delivery of the implementation plan for undergraduate and accreditation standards.			Accreditation completed and reports to council have been provided.	LH
c	We will explore the feasibility of developing a joint education strategy with both NI Universities and GPhC. We will lead on the development of the new IET Standards and their implementation.			Please revert to 1b in relation to the legislative barrier to this work and timelines being met with regards to the annotation of future registrants as Independent Prescribers.	LH

same

same

same

d	We will review CPD processes and develop a strategy for the establishment of a continuing Fitness to Practise regime. We will undertake to engage with stakeholders in relation to the development of a Continuing Fitness to Practise Strategy.			A review of the IT system supporting the CPD framework including obtaining focus group feedback from registrants is being finalised. Changes to the IT system and any minor changes to the framework will be operationalised in the CPD 2024 cycle.	LH	change
e	Post Registration Education and Training. Develop a PSNI policy position and implementation strategy for Post Registration Education and Training arrangements for pharmacists and pharmacy technicians, when registered, operating within Northern Ireland. (Added 10/1/22).			The UK wide Post- registration assurance of practice advisory group has been established with representation from both Council and the Director of Regulation, the associated task and finish group will be established in due course, the momentum regarding this agenda appears to have slowed due to competing priorities.	LH	change

CORPORATE STRATEGY PROGRESS REPORT - JANUARY 2023					
Objective 5: To be an accountable organisation with effective governance and operations					
No	Goals	Current Status	Tending towards	Update - Dec 2023	SMT
a	We will establish effective deputising arrangements for the Registrar.			As reported under Goal 1(f), this came into operation in December 2022. Examination of the Deputy Registrar role and how it should be integrated into the PSNI's structure will form part of a wider piece of work looking at our structures, processes and people. The HR structural review is at an advanced stage.	MM
b	We will secure policy agreement with DoH on resolving the current Pharmacy Professional Leadership linkage with the Regulatory function. We will agree a plan to deal with the link between the Leadership and Regulatory functions.			In the absence of any progression on a policy agreement with DOH, a short life working group, chaired by a council member has been agreed to take forward the outworkings of an internal audit looking at the relationship between the PSNI and the Pharmacy Forum.	MM
c	We will annually review audit schedules, risk management processes and performance measurement organisationally and implement necessary changes for improvement.			We have agreed the 3 year audit plan for 23-26 Business plan objectives for 23-24 are in place in relation to risk management strategy. A new performance dashboard is also planned which will see the development of new metrics to measure success and outcomes to improve committee and council oversight of operations.	MM
d	We will develop a new IT Strategy and deliver against relevant goals, reporting to Performance and Finance Committee at least twice per year.			IT strategy implemented 2019, Full review completed 2021, approved by Council Nov 2021. Actions reviewed by the Finance & Performance Committee.	JD

same

same

change

same

CORPORATE STRATEGY PROGRESS REPORT - JANUARY 2023					
Objective 5: To be an accountable organisation with effective governance and operations					
No	Goals	Current Status	Tending towards	Update - Dec 2023	SMT
e	We will review and improve organisational governance.			Planned review of corporate governance handbook planned for Q3 23-24.	MM
f	We will formulate and implement a new HR Strategy to improve organisational resilience, efficiency and effectiveness and deliver against relevant goals, reporting to Performance and Finance committee at least twice per year.			Key elements of HR review complete and due to go to remcom shortly. Job evaluations complete and individual meetings will commence with staff in Dec and Jan. A full review of the staff handbook has been completed and has been released to staff. A programme of staff engagement has begun and will be delivered throughout 23-24.	JD
g	We will work with Government and other relevant agencies to ensure robust arrangements are in place to manage the effects upon pharmacy regulation in NI resulting from the UK's exit from the EU - including the provision of suitable transition arrangements. Key issues around recognition of qualifications and recent MHRA approach to PSNI re development of guidance on medicines use in N.I.(NIMAR).			Have met with GPhC and PSI for preliminary discussions on future recognition - have signed a data sharing agreement with PSI. Government policy continues to evolve in this area. BEIS are leading on mutual recognition and we are in contact with them.	MM

same

change

same

CORPORATE STRATEGY PROGRESS REPORT - JANUARY 2023						
Objective 6: To communicate effectively, be accessible and responsive						
No	Goals	Current Status	Tending towards	Update - Dec 2023	SMT	
a	We will improve and report on communications effectiveness.			Within 23-24 it is planned to produce a Communications and Stakeholder Engagement Plan to include social media strategy, webinars and live events. We will also create and publish a register of activities.	MN	same
b	We will develop a new strategy designed to enhance the public, pharmacy, media and political profile of the organisation. We will implement our Communications Strategy and report on its effectiveness including the response to and effectiveness of our Reach Out programme.			The Comms Strategy was updated and delivered to Council in Nov 2021. See planned activity for 23-24 as noted at objective 6(a)	MN	same
c	We will develop a "Reach Out" Programme to better engage with the public and pharmacists on regulation (What, Why, When and How).			See planned activity for 23-24 as noted at objectives 6(a) &(b)	MN	same
d	We will review our current public consultation protocols.			A review of the Policy and Procedure for Carrying out a Public (Major) Consultation and the Policy and Procedure on Equality Screening and Equality Impact Assessments has been completed and forms part of this council meeting agenda.	MN	change
e	We will review and improve external and internal complaints processes.			This item forms part of the council meeting agenda	MN	change

Pharmaceutical Society NI Council Paper

05 December 2023

Title: Review of CPD Framework 2021

Type of Paper: For Update and Information

Action required by Council

For information

Purpose of paper

The purpose of this paper is to:

1. Brief Council on the current project to review the CPD Framework 2021, including all supporting resources available to registrants, to include:
 - CPD Framework 2021 document.
 - Annual CPD Portfolio – A Guide to Completion, Submission & Assessment.
 - Generally acceptable circumstances, generally unacceptable circumstances (extenuating circumstances) resource documentation.
 - Documentary evidence resource documentation.
2. Advise Council on the three key areas of work required for commencement and completion of the project, which are:
 - Review the Continuing Professional Development Framework for Pharmacists in Northern Ireland 2021 by 30 November 2023.
 - Finalise amendments to the Framework document and develop associated documentation to support these amendments by mid-January 2024
 - Develop and implement the revised CPD Framework processes and IT systems by end March 2024.

Why is there the need for a review?

Having completed the first full year with the CPD Framework 2021 system in place, it is timely we review how successful the implementation was.

It would have been the plan to assess its suitability and how it supports registrants.

Notes have been taken of the encountered problems as registrants have used the system. This 'shopping list' will identify pragmatic changes to the current system.

We have to react to issues and concerns from the registrants in relation to functionality.

We are now committed to additional funding being available.

Review of the system needs to happen prior to implementation.

It is anticipated this review leads to enhanced user experience in the 2023 – 24 submission year.

Project Objectives

- Review of the CPD Framework 2021, associated supporting documentation and IT systems.
- Deliver the project for the 2023 – 24 CPD submission year.
- Deliver a system that improves the user experience of the individual registrant and makes their CPD reflective of current practice.
- Deliver an independently led CPD system.

Project Deliverables

- Current Framework 2021 document and supporting documentation to be reviewed and amendments made;
 - Continuing Professional Development Framework for Pharmacists in Northern Ireland 2021
 - Annual CPD Portfolio – A Guide to Completion Submission & Assessment
 - Generally unacceptable circumstances, Generally Acceptable Circumstances.
 - Documentary Evidence
- Review and rewrite of Unscheduled cycles.
- Feedback sought from registrants and assessors to inform IT revised build.
- IT system to be developed and tested.
- Pilots of new build to be undertaken.
- Agreement on communications to the profession.
- Stakeholders to be advised of changes/introduction of changes/amendments.
- Launch of revised IT system with a clear timeline on when this will happen.
- Ongoing resolution of issues as they are raised during bedding in period.
- Ongoing resolution as issues arise prior to 2024- 25 CPD year.

Benefits of the project

- Provide a modern approach to recording and assessing of CPD.
- Improved IT system in relation to CPD moving forward.
- Build on the existing CPD process whilst ensuring that patients and the public are main focal point of outcomes.
- Support an outcomes-based approach to quality assurance and innovation of CPD.
- Provides a quality assured assessment process that is fit for purpose and outlines the process if a CPD submission does not meet the standard required upon assessment.

Completion of work to date on the project

- Initial briefing to SMT, 28 September 2023.
- Project Initiation Document drafted 25 October 2023.
- CPD Framework 2021 – suggested amendments and first draft compiled 09 November 2023
- Registrant Focus Groups met Tuesday 07 and Thursday 09 November, providing comprehensive feedback on IT issues.
- Assessor feedback provided via email (the plan is to formalise this by way of a structured questionnaire moving forward).
- CPD Focus Group User Feedback Report provided by software development organisation, 10 November 2023.

Next Steps

- Meeting with software developers to discuss actions being taken forward, Wednesday 15 November.
- 'Storyboarding' of ideas being taken forward to be completed by software developers by 30 November.
- IT programming and building commences 2 January 2024, followed by rigorous testing.
- Ongoing IT issues will be resolved as they arise throughout the process.
- In tandem with this, resource documentation will be reviewed and recommendations made – (1) Annual CPD Portfolio – A Guide to Completion Submission & Assessment, (2) Generally unacceptable circumstances, (3) Generally Acceptable Circumstances. (4) Documentary Evidence.
- Develop a CPD communication strategy to enhance the profile of CPD. Implement as part of the overall Communications Strategy and report on its effectiveness. All communications must fall in line with corporate policy and approval will be sought through SMT prior to dissemination to the profession.
- Targeted updates provided to Council, as appropriate, by the Registrar, both verbal updates and written papers.

Constraints

We are not in a position to consult on a new CPD Framework at this time, limiting what we can amend.

Action required by Council

No action required at this time.

Appendix 1 - Project Initiation Document

Appendix 2 - CPD Framework

For further information

Sharon Bell

Post Registration CPD Quality Assurance Facilitator



Review of CPD Framework 2021 and CPD IT systems Project Initiation Document

Created: 25 October 2023

Version 3

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Introduction

The purpose of this project initiation document is to establish the key deliverables needed to commence the **Review of the CPD Framework 2021, supporting documentation and CPD IT systems.** and to establish timings for each task required.

The three key areas of work required for commencement of the review of the CPD Framework 2021 and IT systems are:

- (a) Review the current CPD Framework 2021
- (b) Finalise amendments to the CPD Framework 2021 and develop the associated documentation to support these amendments, and
- (c) Develop and implement the revised CPD Framework processes and IT systems.

Background

Continuing Professional Development (CPD) is a career-long ongoing process, involving the tracking and documenting of skills, knowledge and experience gained, both formally and informally, beyond any initial education and training.

It helps pharmacists to keep their practice and proficiency up to date to maintain standards. It also improves patient and public confidence in the profession.

CPD is a legal requirement for all registered pharmacists. Every registered pharmacist must meet the requirements of Standard 5 of the Pharmaceutical Society NI's Code: Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland – to maintain and develop professional knowledge, skills and competence.

What is the CPD Framework?

Legislation

Article 4A of the Pharmacy (Northern Ireland) Order 1976 (as amended) requires the Pharmaceutical Society NI to develop, publish and maintain a CPD Framework for all registered pharmacists in Northern Ireland. 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.

The Framework outlines what pharmacists have a statutory obligation to do, how to do it and by when. It also outlines the process which commences if a CPD submission does not meet the standard required upon assessment.

Who must undertake CPD?

At time of writing (26 September 2023), there are 2987 registered pharmacists in Northern Ireland.

The Council of the Pharmaceutical Society NI launched a 12-week public consultation on proposals to update its Continuing Professional Development (CPD) Framework in Autumn 2019, which closed on Tuesday 21 January 2020. At this time, a review of the then previous Framework had been carried out and Council were proposing a simplified and shorter document, focused on ensuring that pharmacists fully understood their obligations, supported by further guidance to help explain the process.

Some of the main proposals included changes to the number of CPD cycles, the total number of CPD hours, and the overall pass mark, intending to bring the latter into line with post-graduate qualifications. Changes were also proposed to the requirements for those joining the register after more than 12 months out of pharmacy practice.

The revised CPD Framework was approved by the Council at its meeting on 10 March 2020.

The proposed new framework was to be introduced in the CPD year 2020/21, however the Covid-19 global pandemic curtailed these plans and as a result, the CPD Framework was introduced in the CPD year 2021/22 and henceforth referred to as CPD Framework 2021.

Why is there the need for a review?

Having completed the first full year with the new CPD Framework system in place, it is timely we review how successful the implementation was.

It would have been the plan to assess its suitability and how it supports registrants.

Notes have been taken of the encountered problems as registrants have used the system. This 'shopping list' will identify pragmatic changes to the current system.

We have to react to issues and concerns from the registrants in relation to functionality.

Budgetary constraints at implementation affected the ability to design a more user-friendly system. We are now committed due to additional funding being available.

Review of the system needs to happen prior to implementation.

It is anticipated this review leads to enhanced user experience in the 2023 – 24 CPD submission year.

Next steps

There is a requirement for the PSNI to ensure CPD is relevant, fit for purpose and registrants continue to meet the standards of proficiency. Equally the PSNI must ensure that its recording and assessment processes and IT system facilitates any revised outcomes. It is only when the CPD Framework, supporting materials, assessment standards and quality assurance of the full assessment process is in place can the process be considered fit for purpose.

This will involve:

- An IT review, supported by focus groups.
- Minimal changes to the current CPD Framework 2021 document involving sense checking the current document and tracking changes.
- Any essential changes to the CPD Framework 2021 will be reviewed and corrected.
- This will involve a rewrite of supporting guidance documents as follows:
 - Annual CPD Portfolio – A Guide to Completion Submission & Assessment
 - Generally unacceptable circumstances, Generally Acceptable Circumstances.
 - Documentary Evidence

Project Objectives

General

- a) To commence a review of the CPD Framework 2021, associated supporting documentation and IT systems.
- b) To deliver the project for the 2023 – 24 CPD submission year.
- c) To deliver a system that improves the user experience of the individual registrant and makes the CPD reflective of current practice.
- d) To deliver an independently led CPD system.

Project Scope

The project will ensure that current documentation, supporting material, communications strategies and implementation schedules are created to support the amendments to the existing Framework. This review will be comprehensive and facilitate the quality assurance of the CPD process. A revised IT system will be built to support any new processes. Once the review process is completed, new documentation drafted and agreed, the revised system will be piloted with key

stakeholders. Further to this, any ongoing IT issues will be resolved as they arise throughout the process.

A comprehensive list of all issues has been compiled and it is the aim of this project piece that all individual issues will be resolved to a satisfactory level.

Required actions

- Review of all current documentation relating to the current CPD Framework 2021, namely:
 - Annual CPD Portfolio – A Guide to Completion Submission & Assessment
 - Generally unacceptable circumstances, Generally Acceptable Circumstances.
 - Documentary Evidence
- Communications strategy to attract registrants, in collaboration with Fortesium, to invite interested registrants to CPD Focus Group discussions.
- Meet with registrant focus groups in collaboration with Fortesium to provide constructive feedback on the CPD platform.
- Assessor feedback on IT development issue to be ideally sourced in tandem with registrant focus groups.
- Decision making strategy to be devised by PSNI with Fortesium to support wish list of agreed work moving forward.
- Consideration given to testing the revised build with pilot group.
- PR work necessary – listen, act, communicate and deliver.

Assessor feedback

The current mechanism is by email. The future model will move to a structured questionnaire inviting responses and feedback.

Assessment process must be completely independent.

Seek to formalise the relationship position with current CPD assessors.

Quality Assurance Exercises

- Design and implement 'consistency forum workshops.'
- Utilise the Power Bi function and reporting system to inform and understand if variances occur,
- These training exercises will proceed the assessment timelines.

Project Deliverables

- Current Framework 2021 document and supporting documentation to be reviewed and amendments made;
 - Continuing Professional Development Framework for Pharmacists in Northern Ireland 2021
 - Annual CPD Portfolio – A Guide to Completion Submission & Assessment
 - Generally unacceptable circumstances, Generally Acceptable Circumstances.
 - Documentary Evidence
- Review and rewrite of Unscheduled cycles.
- Feedback sought from registrants and assessors to inform IT revised build;
- IT system to be developed and tested;
- Pilots of new build to be undertaken;
- Agreement on communications to the profession;
- Stakeholders to be advised of changes/introduction of changes/amendments;
- Launch of revised IT system with a clear timeline on when this will happen;
- Ongoing resolution of issues as they are raised during bedding in period.
- Ongoing resolution as issues arise prior to 2024- 25 CPD year.

Constraints

General

- Capacity within the PSNI to support the project;
- Capacity within Fortesium to support the building of the revised IT system;
- Building in of any possible Public Health restrictions delaying rollout of the revised build.
- We are not in a position to consult on a new CPD Framework, limiting what we can amend.

Interdependencies

A number of smaller projects with associated documentation, make up the larger overall project, as follows:

- CPD Framework 2021 – review and amend as necessary.
- Annual CPD Portfolio: A Guide to Recording, Submission and Assessment – review and amend as necessary.
- Standard 5 of the Pharmaceutical Society NI's Code: Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland – to maintain and develop professional knowledge, skills and competence. Review and amend as necessary, as part on ongoing work.

Benefits

- Will provide a modern approach to recording and assessing of CPD.
- Improved IT system in relation to CPD moving forward.
- Build on the existing CPD process whilst ensuring that patients and the public are main focal point of outcomes.
- Support an outcomes-based approach to quality assurance and innovation of CPD.

- Provides a quality assured assessment process that is fit for purpose and outlines the process if a CPD submission does not meet the standard required upon assessment.

Project Infrastructure

It is intended to bring together a project team made up of current employees from Fortesium and the PSNI. The project team will be led by Sharon Bell.

Project Lead

The project lead is the individual responsible for ensuring that the Project meets its objectives and delivers its stated benefits. The project lead is accountable for the success of the project and is responsible for enabling the PSNI and Fortesium to bring into operation the project objectives to meet the new business needs and deliver an independent, fit for purpose system of recording, assessing and quality assurance of CPD.

The role of the Project Lead will be to ensure progression of the project. The lead will be responsible for maintenance of action logs, progression of appointed actions and ensuring the Project Team remain on track to deliver a successful project.

The Role of the Project Team

The role of the Project Team will be to oversee the whole Project. The Team is accountable for the success of the project and will be responsible for approval of all major plans and authorisation of any deviation from plans.

The Team will be responsible for confirming completion of the Project.

Project Team – Draft Membership

Name	Role	Organisation
Sharon Bell	Professional Regulator CPD Project Lead	PSNI
Laura Hughes	Professional Regulator CPD Project Support	PSNI
Laurence Fay	IT developer (Lead)	Fortesium
Stephen Moohan	Professional Regulator CPD IT Project Support	PSNI
Simon McClenaghan	Professional Regulator CPD Comms. Support	PSNI

Meeting dates for Project Team (monthly)

Date	Location
19 September 2023	MS Teams
20 September 2023	PSNI
26 September 2023	MS Teams
23 October 2023	MS Teams

Project Plan

List of actions to be completed at Appendix 1

Communication Plan

A draft Communication Plan is attached at Appendix 2. This will require refinement and further consideration as the project work progresses. A minimum 6 month period should be considered to allow for necessary communications and piloting (October 2023 – March 2024). It will be necessary to extend this throughout 2024 – 25 prior to CPD submission in May 2025

Corporate Communications

All communications must fall in line with corporate policy and therefore approval sought through SMT prior to dissemination to the profession.

Ongoing communications with Pharmacy Forum NI as part of wider engagement with the pharmacy profession.

Formalised communications with Fortesium.

Develop a CPD communication strategy designed to enhance the profile of CPD. Implement as part of the overall Communication Strategy and report on its effectiveness.

Communication plan will capture the PR message – showcase message.

Updates and amendments to PID

A list of amendments and amendments to this document are to be listed in Appendix 3

Date: 25 October 2023, version 3

Appendix 1 - Project Plan

Number	Action	Responsible Person	To be completed by	Status
1	Comments/suggested revisions on CPD Framework 2021	SB	17/10/2023	Ongoing
2	Agree dates for registrant focus groups – IT issues	SB/LF	26/09/2023	Completed
3	Draft communications seeking focus group attendees - to share with LH & LF	SB	27/09/2023	Substantially complete - ongoing
4	PID to be developed	SB	28/09/2023	Substantially complete - ongoing
5	Supporting documentation to be reviewed, updated/developed	Lead – SB Support - LH	31/01/2024	Ongoing
6	Registrant feedback sought	LF/SB	18/11/2023	Ongoing – Focus groups 7 & 9 Nov
7	Assessor feedback sought	SB	24/10/2023	Ongoing - emails
8	Agreement on build requirements and timescales	SB/LH/LF	30/11/2024	Ongoing
9	Fortesium to complete story board and sign off on layout/wording	SB/LH/LF	20/12/2023	
10	Develop comms plan for the project	SB/PSNI	04/01/2024	
11	Fortesium to build IT system	Fortesium/LF	30/01/2024	

12	Fortesium to test IT build	Fortesium/LF	13/02/2024	
13	Run pilot CPD portfolios	SB/LF	15/03/2024	
14	Ongoing resolution of issues and linked comms	SB/Fortesium/PSNI	31/05/2024 and continuing to 2024 - 2025 CPD submission year	

Appendix 2 - Communication

Stakeholder	Stakeholder interest	Level of engagement	Frequency of Communication	Communication methods	Accountability	Stakeholder roles and responsibilities
Project Team	To oversee implementation of review of CPD Framework 2021, associated documentation, stakeholder engagement and roll out of new build	Regular communication	Monthly	Update from Project Lead – verbal update to Laura Hughes and written update to SMT Email and MS Teams meetings Fortesium	Project Lead	To provide advice and support on the implementation of decisions and resulting actions
Pharmaceutical Society of NI	Professional regulation	PSNI representatives on project team	Fortnightly	Membership of project team	Project Lead	To provide update to all members
PSNI Council	Professional regulation	Targeted updates	As appropriate	Laura Hughes and written updates	Project Lead	To provide update to all Council members
Registrants	Responsible for meeting standard in	Targeted updates	As appropriate	Emails Focus Groups	Project Lead	To engage members in the review and

Stakeholder	Stakeholder interest	Level of engagement	Frequency of Communication	Communication methods	Accountability	Stakeholder roles and responsibilities
	CPD submission					improvement process. To continue to deliver a quality service during the period of review, rebuild and change. To ensure registrants have all appropriate resources to understand and effectively complete CPD submissions, including feedback.
Assessors	Responsible for ensuring consistency in assessing the portfolios submitted	Targeted updates	As appropriate	Emails	Project Lead	To ensure assessors engage with the review and improvement process.

Stakeholder	Stakeholder interest	Level of engagement	Frequency of Communication	Communication methods	Accountability	Stakeholder roles and responsibilities
	A quality assured system of assessment					To ensure assessors continue to deliver a quality service during the period. Ensure all assessors evaluated using benchmarking criteria. Training/updating of skills mix

Stakeholder	Stakeholder interest	Level of engagement	Frequency of Communication	Communication methods	Accountability	Stakeholder roles and responsibilities
Professional staff and other bodies e.g. PFNI, PDA, GHP, CPNI, UCA, NICPLD	Implications of changes to CPD requirements and associated recording/IT portal	Targeted updates	As necessary and appropriate	Briefings on specific topics	Project lead	To fully engage in the improvement process Active participation in the end-to-end communication process To continue to deliver a quality service during the period of review, rebuild and change.
Fortesium	To facilitate stakeholder engagement and roll out of new build, including testing	Targeted updates	Weekly/Fortnightly, as required	In-person focus groups MS Teams meetings	Project Lead	To participate in the communication process Internal communications

Appendix 3
Updates and amendments to PID

Update	Completed by	When
Revisions requested by SMT 28 September 2023	Sharon Bell	24 October 2023
Revisions requested by Laura Hughes 24 October 2023	Sharon Bell	25 October 2023

Continuing Professional Development Framework for Pharmacists in Northern Ireland

June 2021



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About the Pharmaceutical Society NI

1. The Pharmaceutical Society NI is the regulatory body for pharmacists and pharmacies in Northern Ireland.
2. Its primary purpose is to ensure that practicing 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 is 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 the fitness to practise of pharmacists, acting as a Concerns portal and protecting patients and the public; and
 - ensuring high standards of education and training for pharmacists in Northern Ireland.

Why Continuing Professional Development?

4. Continuing Professional Development (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 to keep their practice and proficiency up to date to maintain standards. It also improves patient and public confidence in the profession.
6. CPD is a legal requirement for all registered pharmacists. Every registered pharmacist must meet the requirements

of Standard 5 of the Pharmaceutical Society NI's Code: [Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland](#) – to ***maintain and develop professional knowledge, skills and competence.***

What is the CPD Framework?

7. [Article 4A of the Pharmacy \(Northern Ireland\) Order 1976 \(as amended\)](#) 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 have a statutory obligation to do, how to do it and by when. It also outlines the process which commences if a CPD submission does not meet the standard required upon assessment.

Who must undertake CPD?

10. **All registered pharmacists** must make an annual CPD submission and declaration to the Registrar, **by 31 May** or other date, as instructed by the Council of the Pharmaceutical Society NI, except for those pharmacists who have been granted an exemption by the Registrar through the [Extenuating Circumstances](#) process (see points 15 & 18).
11. CPD can be recorded and saved, throughout the CPD year, on the pharmacist's Membership Online (ROL) account in preparation for CPD submission before the end of the CPD year.

12. The CPD submission period, during which CPD portfolios and declarations can be compiled and submitted online, starts on 01 April and ends at midnight on 31 May.
13. Pharmacists who wish to submit a paper portfolio must use the forms specified in the [CPD Resources section](#) of the Pharmaceutical Society NI website – www.psnl.org.uk
14. Pharmacists submitting paper portfolios must ensure that their submission and declaration are received by the Registrar at 73 University Street, Belfast BT7 1HL, by the 31 May deadline.
15. Certain categories of pharmacists will be exempt from CPD submission:
 - those granted an exemption by the Registrar following an application for extenuating circumstances;
 - those on the Visiting Practitioners Register who are undertaking requirements in their home state (in line with post Brexit arrangements); and
 - those that have applied for and have been granted voluntary withdrawal from the Register during the CPD year, ie no later than 31 May.
19. Generally acceptable circumstances are those that are beyond the normal difficulties experienced in life and have caused exceptional interference with the pharmacist's ability to work and/or undertake CPD activities and include:
 - Short-term problems
 - Short-term illness
 - Family caring responsibilities
 - Unpaid leave
 - Annual leave
 - Career break
 - Unenforced furlough (without medical certificate or employer verification)
 - Unenforced self-isolation (without medical certificate or employer verification)
 - Non-serious disruptions or events such as holidays, travel, etc.
 - Excessive demands on personal time
 - Pressures of employment
 - Working occasional/minimal hours
 - Registration with another Regulator
 - Working outside Northern Ireland
 - Financial Problems
 - Unemployment
 - Decision to withdraw from the Register
 - Circumstances which have occurred outside the CPD year.

Failure to comply with the CPD Framework

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

Extenuating Circumstances

17. The [CPD legislation](#) allows the Registrar to consider granting extenuating circumstances where the pharmacist has a 'reasonable excuse'.
18. Generally unacceptable circumstances which will not be taken into consideration by the Registrar include:
 - Long-term illness
 - Acute personal or emotional circumstances
 - Hospitalisation
 - Family illness
 - Victim of crime
 - Criminal investigation, proceedings or other legal matters
 - Enforced furlough
 - Enforced self-isolation
 - Maternity leave
 - Paternity leave

20. There is no automatic entitlement to extenuating circumstances.
21. Pharmacists should apply within 21 days of becoming aware of the grounds that they consider to be extenuating circumstances.
22. The operational deadline for receipt of applications is **30 April** each year.
23. The Registrar will consider each application and advise of the outcome which could be:
 - request declined
 - requirement to complete a partial submission or
 - exemption from submission
24. The Registrar's decision is final.
25. The granting of extenuating circumstances relates only to the current CPD year and does not apply to any subsequent years.

Selection of Portfolios for Assessment

26. The Registrar has the authority to audit and assess all CPD submissions. A combined approach of random and focused selection will be used to select portfolios to be assessed (the size of sample to be directed by the Council of the Pharmaceutical Society NI) including but not limited to the following criteria:
 - a random selection of a proportion of all CPD portfolios submitted;
 - all, or a random selection of a proportion of late CPD submissions;
 - a random selection of a defined proportion of portfolios submitted by pharmacists who have changed their scope of practice in the past year;
 - a random selection of a proportion of portfolios submitted by pharmacists who have recently rejoined the Register having not

practiced as a pharmacist for a period of 12 months or more.

Assessment Process

27. Any CPD portfolio selected for assessment will be allocated to an Independent Assessor (IA).
28. The IA will assess 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 IA's recommendation will be that the portfolio has:
 - met the required standard; or
 - not met the required standard.
30. If the IA concludes that the required standard is not met, the CPD portfolio will be subject to a verification assessment by a second IA.
31. If the second IA agrees that the standard has not been met, then the recommendation will be confirmed as 'not met standard'.
32. If the second IA concludes the standard has been met, then the portfolio will be subject to an arbitration assessment by a third IA.
33. The decision of the third IA shall form the final recommendation to the Registrar.

Quality Control of Portfolios after first assessment

34. A defined number of portfolios, at first assessment stage, are marked as 'control' portfolios. These portfolios are assessed by all IAs and the results reviewed by the Registrar for quality control purposes.
35. The first IA to be assigned a control portfolio will be its assessor and only their recommendation will be binding. All other IAs will assess the portfolio for QA purposes only.

Figure 1: CPD Framework Requirements



Amount & Type of CPD Required Form & Manner

36. Pharmacists must keep their CPD portfolio of evidence properly documented and must submit in the form and manner outlined by the Pharmaceutical Society NI by way of the online portal of a paper submission for assessment. Please refer to the [CPD Resources](#) section of the organisation's website – www.psn.org.uk
37. 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 Resources](#) section of the Pharmaceutical Society NI website – www.psn.org.uk
38. Each cycle must be recorded as detailed under the four domains of successful learning (see [Figure 2](#))
 - Reflection
 - Planning
 - Action
 - Evaluation
39. If selected for assessment, pharmacists must provide any additional supporting evidence, if requested by the Registrar and by the deadline specified.
40. Any documentary evidence provided should be verifiable by a third party, where appropriate.

Current Scope of Practice

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

43. 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.
44. At least 75% (in the case of remediation at least 2 cycles) of the total number of cycles, must be directly evaluated within pharmacists' current practice and environment.
45. This allows up to 25% (in the case of remediation up to 1 cycle) of the total number of cycles, to have the learning outcomes evaluated using simulated practice or by evaluating their application to a situation in future practice or sectors.
46. 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 an education supervisor (formerly pre-registration tutor) role.

Schedule and Unscheduled CPD

47. CPD cycles should be scheduled to address an identified learning need relating to the current scope of practice and environment.
48. A scheduled learning cycle is where a prior learning need has been identified and is addressed through a planned and structured approach.
49. At least 50% of CPD cycles must relate to scheduled learning activities.
50. 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 which often requires immediate action, activity and outcomes.

51. For unscheduled learning cycles, the reflection, planning and action phases should still be written into the cycles. The essential criteria remain the same.
52. A maximum of 50% of CPD cycles may relate to unscheduled learning activities.

Minimum number of hours

53. A full CPD portfolio submission must include a minimum of 30 hours' CPD activity as recorded in the Action phase of the cycles.
54. A partial CPD portfolio submission must include a minimum of 15 hours' CPD activity as recorded in the Action phase of the cycles.
55. Pharmacists submitting more than 30 hours of CPD activity 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

56. There is no limit to the number of CPD hours or cycles pharmacists can record and save in their Membership Online (ROL) account or, indeed, in paper form.
57. However, when selecting CPD cycles for their portfolio, pharmacists must submit no less than 4 and no more than 10 individual CPD cycles.

Essential Criteria for Assessment

58. To meet the standard, CPD cycles must comply with the six essential criteria (see [Figure 2](#)) recorded under the four domains of successful learning (see point 38).
59. Pharmacists must demonstrate how they identified, planned and actioned the learning activity in response to an identified learning need.
60. In evaluation, at least 75% of the cycles (in the case of remediation, 2 cycles)

must demonstrate how learning has been applied in the context of their current scope of practice and environment.

Standard Required

61. To meet the standard, 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 that meet standard must contain at least 50% of all CPD hours submitted.

Failure to Comply

62. Article 2 of the [CPD Regulations](#) is clear that a pharmacist will fail to meet the requirements if they:
 - do not comply with the requirement to submit a CPD portfolio;
 - do not comply with the requirements and conditions of the CPD Framework and the form and manner in which a portfolio 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.
63. Where a pharmacist is deemed not to have complied with the CPD Framework, Article 3 of the [CPD Regulations](#) gives the Registrar the powers 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

64. Where a recommendation is made, after a verification or adjudication assessment, that a portfolio has not met the standard, the Registrar can apply remedial measures.
65. The first stage of remediation is Reassessment 1. This requires the pharmacist to submit 3 new CPD cycles, totalling a minimum of 10 hours, undertaken in the current CPD year (ie, CPD activity undertaken since 01 June).
66. The pharmacist will have 9 weeks to submit a reassessment portfolio. This will be assessed for compliance against the essential criteria.
67. To meet the standard, a minimum of 2 of these cycles must achieve a mark of 50% or more and those cycles that meet standard must contain at least 50% of the CPD hours submitted.
68. The pharmacist's portfolio will be allocated to an Independent Assessor (IA).
69. The IA will assess 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.
70. The IA's recommendation will be that the portfolio has:
 - met the required standard; or
 - not met the required standard.
71. If the IA concludes that the required standard is not met, the CPD portfolio will be subject to a verification assessment by a second IA.
72. If the second IA agrees that the standard has not been met, then the recommendation will be confirmed as 'not met standard'.
73. If the second IA concludes the standard has been met, then the portfolio will be subject to an arbitration assessment by a third IA.
74. The decision of the third IA shall form the final recommendation to the Registrar.
75. The pharmacist only enters Reassessment 2 if their portfolio does not meet the standard at Reassessment 1.
76. The second stage of remediation is Reassessment 2. The requirements and assessment process for Reassessment 2 are the same as those for Reassessment 1.
77. If the portfolio does not meet standard at Reassessment 2, the steps outlined in the [CPD Regulations](#) will be followed. This may lead to a decision to remove the pharmacist from the Register.

Appealing a decision to remove a name from the Register

78. 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.
79. The Registrar has the authority to suspend a pharmacist's registration while the appeal process is undertaken.

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 need(s)?
Action	4. Did the pharmacist include a summary of the related activities they have completed to meet the learning need(s) 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 need(s) identified has/have been fully addressed within the specific cycle?

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

80. An applicant may apply to the Registrar for restoration of a name or an annotation to a name to the Register any time after being removed for CPD non-compliance.
81. The applicant, under Regulations 10 (2 & 3) and 11 (2 & 3) of the [CPD Regulations](#), will be required to submit to the Registrar:
 - a completed application form for restoration to the Register;
 - payment of the prescribed fee;
 - a personal development plan; and
 - a CPD portfolio of 30 hours' CPD learning activity.
82. The portfolio will be subject to assessment by an independent assessor to ensure that it meets standard. Where the portfolio does not meet standard, the pharmacist will be required to re-submit those cycles that do not meet standard within a set timeframe.
83. Pharmacists making such CPD submissions, at or shortly after application, will not be required to make a CPD annual submission later in that CPD year.
84. The granting of a restoration to the Register by the Registrar is subject to the applicant's agreement to comply with the above requirements within the required timeframes.
85. Where an application for restoration of a name or an annotation to a name to the Register is refused, the applicant may appeal to the [Statutory Committee](#) of the Pharmaceutical Society NI.

Requirements on joining the Register

86. A pharmacist applying to join 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 3 CPD cycles, totalling a minimum of 10 hours, undertaken in the current CPD year (ie CPD activity undertaken since 01 June).

87. The portfolio will be subject to assessment by an independent assessor to ensure that it meets standard. Where the portfolio does not meet standard, the pharmacist will be required to re-submit those cycles that do not meet standard within a set timeframe.
88. Pharmacists making such CPD submissions, at or shortly after application, may include the same cycles (only those which met standard) for their CPD annual submission later in that CPD year.

Requirements on re-joining the Register

89. A pharmacist applying to re-join the Register, having voluntarily withdrawn from the Register during a previous CPD year but having failed to submit a CPD portfolio for that year, will be required to make a full CPD portfolio submission within 2 months of re-joining the Register.
90. The portfolio will be subject to assessment by an independent assessor to ensure that it meets standard. Where the portfolio does not meet standard, the pharmacist will be required to re-submit those cycles that do not meet standard within a set timeframe.
91. Pharmacists making such CPD submissions, at or shortly after application, may include the same cycles (only those which met standard) for their CPD annual submission later in that CPD year.
92. Pharmacists will be required to meet any other requirements in place at the time of their application.

Confidentiality and Data Protection

93. When using examples from practice to evidence CPD learning, pharmacists must ensure that they maintain patient confidentiality as per the Pharmaceutical Society NI's [Code of conduct ethics and performance](#).
94. The Pharmaceutical Society NI keeps personal files/records on all registrants. All data is handled in confidence and in accordance with the [General Data Protection Regulation \(GDPR\) 2018](#). The organisation's Data Protection Policy is available upon request.
95. Under GDPR, information will be retained for the shortest time possible. Where a registrant provides hard copy documents which the organisation does not need to retain, these will either be returned or confidentially shredded.

Transitional Arrangements

- A. This Framework takes effect **from 01 June 2021** and will apply to **CPD year 2021/22** and subsequent CPD years until further notice.
- B. Any pharmacist entering into remedial arrangements arising from CPD Year 2020/21 will be subject to the CPD Framework requirements in place during that CPD year.
- C. Any pharmacist who is applying to join, re-join or be restored to the Register on or after 01 June 2021 will be bound by the requirements of this CPD Framework.

Further Guidance

The [CPD Resources section](#) of the organisation's website can be used to access links to:

- Relevant legislation
- Guidance documents
- Application forms
- Recording format for paper submissions
- Frequently asked questions

This CPD Framework was published on 01 June 2021