Report on the responses to the

Consultation on the CPD framework and standards

May 2013

Contents

1. Who we are

1.1 The Pharmaceutical Society of Northern Ireland is the regulatory body for pharmacists in Northern Ireland.

1.2 Our primary purpose is to ensure that practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality safe care to patients.

1.3 It is 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 registrants, acting as a complaints portal and taking action to protect the public; and
- ensuring high standards of education and training for pharmacists in Northern Ireland.

About the consultation

1.4 Since January 2005, Continuing Professional Development (CPD) has been a professional requirement of registration with the Pharmaceutical Society of Northern Ireland. From June 2013, with the enactment of new legislation, CPD will become a statutory legal requirement of registration for pharmacists in Northern Ireland.

1.5 The Pharmaceutical Society NI produced a new CPD framework and standards for consultation, to support pharmacists in how they should approach their professional development. The standards for CPD outlined in the framework are designed to ensure that all registered pharmacists are clear about the minimum requirements they must adhere to when undertaking CPD activity.

1.6 Our public consultation was held for 14 weeks from 1 November 2012 and closed on 7 February 2013. The consultation sought views on a number of key areas including:

- Proposals for 100% submission of portfolios
- The requirements and conditions that must be met by all registrants in respect of their CPD
- The circumstances in which registrants can be regarded as having failed to comply with the CPD requirements;
- The consequences for a registrant who fails to comply with the Pharmaceutical Society NI's CPD requirements or makes a false declaration about their compliance; and
- The procedure for restoration to the register after CPD non-compliance.

Consultation engagement

1.7 We used a range of tools to maximise engagement with stakeholders. These tools included:

- **Correspondence with key stakeholders:** All registrants and key stakeholders were emailed details of the consultation with instructions on how to respond. Reminder emails were also sent throughout the consultation process.

- A letter from the Registrar and the President informing registrants of the proposals and information about the consultation process was also sent to all registrants.

- **Website:** The consultation document was available to download from the website along with a response form. An online webcast explaining the purpose of the consultation and explaining the six major changes being proposed to the current CPD process was also available on the website. The webcast had 490 page views.

- **Consultation information events:** We held three information events which were led and facilitated by members of Council and senior Pharmaceutical Society NI staff including the Registrar and the Post-registration Lead. These events were attended by approximately 140 people and provided an opportunity to engage with our stakeholders in a meaningful way and hear firsthand, feedback on our proposed approach to CPD.

- **Meetings with organisations:** There were some specific engagements with organisations such as the Guild of Healthcare Pharmacists; the Pharmacy Forum and Community Pharmacy Northern Ireland.

2. Purpose of report

2.1 This report provides a summary of the responses to the consultation on the CPD framework and standards held from 1 November to 7 February 2013.

2.2 The report provides key statistics, draws out themes and includes a commentary on the responses to each of our proposals. This analysis aimed to summarise general themes and issues and highlight areas of agreement, as well as to reflect diversity of opinion. It took account of the full range of views presented in responses.

2.3 A breakdown of responses by individuals/organisations is presented in appendix A.

3. Approach and analysis

3.1 The analytical framework used in our analysis of the consultation responses was an electronic Excel database specifically written for this consultation. The fields used to record the material in the database were based on the questions set out in the consultation document. This enabled a combination of quantitative and qualitative analysis to be undertaken.

3.2 Data was entered into Microsoft Excel, where it was analysed to produce tables and pie-charts. Data from open-response questions were all placed into similar Excel databases, and the text subjected to thematic analysis.

3.3 Quantitative responses

3.4 Responses to the quantitative questions have been analysed and are presented throughout the report.

3.5 These included those submitted through the online questionnaire and those submitted in hard copy format. Breakdowns of responses by individuals/organisations are presented in appendix A.

3.6 Quantitative data has been analysed – indicating frequencies and percentages of those making a particular response (as well as the overall total). We have also included the frequency/percentage of no answer /those who did not make an answer to the questions, yet submitted a questionnaire in some way.

3.7 Qualitative responses

3.8 Qualitative responses were all considered and each response was coded in order to identify themes.

3.9 We also followed this coding approach for responses received which didn't answer the question directly but provided and commentary. This approach allowed us to highlight recurrent themes which emerged in response to each question.

3.10 No differential weighting was given to responses, and all responses were read and considered. Comments and points from individuals were considered alongside the views of organisations. Where the views of a particular organisation/individual were considered to be particularly relevant to a question or issue this has been highlighted in this report.

3.11 Publication of responses

3.12 In the report, comments and direct quotes are attributed to the grouped consultee category to which they fit i.e. individual pharmacist. With regards to organisations, we have in most instances directly attributed comments/quotes.

4. Overview of consultees - who we heard from

4.1 A total of 84 responses to the consultation were analysed, comprising 63 responses from individuals and 21 responding on behalf of an organisation. The vast majority of these respondents represented the pharmacy sector.

Organisation	
Health and Social Care organisation	6
Government department	1
Pharmacies	6
Pharmaceutical Company	1
Professional body	2
Representative body	3
Pharmacy organisation	1
Oversight body	1

4.2 This figure includes all those who answered any of the consultation questions, as well as respondents which didn't directly respond to the consultation questions but provided more general comments.

4.3 Interpretation of the findings

We would like to thank all those who took the time to respond to the consultation. We have received a wide range of constructive comments and suggestions, and have given careful consideration to all the views expressed, in developing this report.

4.4 The Council of the Pharmaceutical Society NI set up a taskgroup to consider the consultation responses and make recommendations to Council on any possible changes to the content of the draft CPD standards and framework. The consultation and views of consultees were discussed and considered by all of Council and the final CPD framework was subsequently approved by Council.

4.5 As a result of the feedback from consultees, we have made some changes to our original proposals. These have been set out in the 'our response' sections throughout this report.

Section 1: Standards for Continuing Professional Development

5. Our proposals

5.1 We proposed 7 mandatory standards for all pharmacists to adhere to when undertaking their continuing professional development. These standards were designed to ensure that all registered pharmacists are clear about the minimum requirements they must adhere to when undertaking CPD activity.

5.2 Response to the consultation

Q1. Do you agree that the standards for CPD are clear and proportionate?

	Yes	No	Not sure	Didn't answer	Just comment
Number	36	36	7	1	2
Percentage	43.9%	43.9%	8.5%	1.2%	2.4%

Too many mandatory standards

5.3 Many of the respondents who answered no or not sure to this question expressed concern about the mandatory nature of the proposed standards. Some expressed the view that the standards were excessive, overly burdensome and disproportionate with too many mandatory standards in which a registrant could fail (non-compliance) and ultimately be removed from the register. For example, one pharmacist stated:

> 'There are too many mandatory conditions which we feel could unfairly result in 'failure' if any one of these conditions were not met.'

Desirable standards

5.4 Some consultees did not consider it necessary to make all the standards mandatory and proposed that many of the standards should be expressed as recommendations/desirable standards.

5.5 One pharmacist explained:

> 'In my experience the simpler the standards the better the outcome. I would have as little as possible detailed as standards and provide the remaining details as guidance.'

5.6 Some argued the only mandatory requirement should be 30 hours of CPD to be completed in each CPD year. For example, Boots suggested that

> '…other than having to complete and submit the required amount of CPD we feel that the rest of the standards would be better expressed a 'recommended' or 'desirable'. This would help in the assessment of submitted entries as it would remove the element of automatic failure for factors which could easily be remedied by pharmacists after brief feedback (such as entering incorrect dates.) This would reduce the costs of implementing the changes.'

5.7 Similarly Community Pharmacy NI (CPNI) argued:

> 'Our view is that there are too many mandatory conditions which could individually result in failure (non-compliance). We strongly believe that the Society should instead, consider having one Mandatory Standard i.e. Complete a minimum of 30 hours of CPD, with some of the others prioritised in a sub-series of Desirable or Recommended Standards. We would strongly recommend that the prescriptive presentational standards based on the CPD cycle model should be removed from this section and instead included within a guidance document.'

5.8 CPNI went further expanding on their proposed alternative approach.

> 'Our proposal might result in pharmacists receiving a Green, Amber or Red award, where green means all criteria (essential and desirable) have been fulfilled, amber represents an assessment where 30 hrs CPD has been achieved but one or more of the desirable criteria have not been met, and red represents failure to meet the statutory 30 hour CPD requirement. In such a system while both green and amber would be judged to be "compliant" with the statutory requirement, an amber warning signal would encourage pharmacists to ensure they address all criteria in future submissions.'

Patient/Public safety contribution to CPD

5.9 A significant number of consultees had concerns with the requirement that all pharmacists must demonstrate how their CPD has contributed to patient/public safety. A typical comment was that pharmacy is a diverse profession with registrants working in a wide range of settings - not all of which relate directly to patient/public safety. For example, the Health and Social Care Board said:

> 'CPD is fundamentally about maintaining professional competence to safeguard patient safety. However, in a diverse profession such as pharmacy, direct link to patient safety is not always apparent. It is not clear as to what occurs if the linkage is debatable, or if no link is demonstrated what would occur.'

5.10 An individual pharmacist stated:

> 'The standards ask how your CPD has contributed to Public/Patient safety. This needs clarified. Public/Patient safety also needs defined as learning is about professional development which can impact on safe practice but not necessarily always. The way the standard is presented it would appear that only pharmacists with a public facing role or pharmacists who are presently working on public/patient safety issues can record their CPD accurately.
>
> How do pharmacists who work in academia, management, consultancy or non- public facing roles record their learning?'

5.11 Co-operative Pharmacy further illustrated the challenge in relating public safety to CPD:

> 'Not all CPD may impact directly upon patient or public safety but may still demonstrate reflective learning that improves a pharmacists skills such as learning how to use excel or sage 50 accounts for business.'

5.12 The DHSSPS and the Pharmacy Forum questioned the interpretation of the legislation covering this issue, pointing to the Continuing Professional Development Regulations (Northern Ireland) 2012 [Regulation 2(6)] which states that CPD must be relevant to two stated conditions (a) public safety or (b) relevant to current scope of practice- and that this should be the correct reference point.

5.13 Boots suggested that the standard is amended to read: 'Where possible or relevant record how your CPD has contributed to public/patient safety.'

5.14 The NPA and the Pharmacy Forum also proposed that Standard 6 'Record how your CPD has contributed to patient/public safety' is amended with the addition of the phrase 'if applicable'.

Submission date

5.15 Some consultees expressed concern that the submission deadline is too tight as the CPD year ends on 31st May and the date for submission is 1 June.

5.16 Boots felt that this would seem to preclude pharmacists from carrying out any CPD activity in late May, given the need to write up records in time for submission by 1 June.

5.17 It was suggested that there should be a 28 day period of grace before a portfolio is submitted – similar to what happens currently.

Recording format

5.18 Many respondents registered their concern with the recording format and the form and manner stipulated by which they must complete their portfolios.

5.19 The general feeling was that registrants would be assessed on how well they can write up their CPD rather than the quality of learning activity they have completed.

5.20 An individual pharmacist felt that this proposal would disadvantage some pharmacists:

> 'It particularly worries me that although you may be an excellent pharmacist and effectively complete all the required CPD hours easily, you may still fail based on how you write up your CPD. In effect, it is as much a test of your ability in the written English language rather than as a pharmacist.'

5.21 Another individual pharmacist echoed these sentiments:

> 'I am not happy with the recording format and the essential assessment criteria which I think will result in an exercise in how to complete the documentation correctly rather than a concentration on the material learnt and how this will improve the registrant's practice and improve public health and safety.'

Online submission

5.22 The reliance on online submissions was raised by a small number of consultees particularly in relation to potential barriers for older pharmacists. It was recommended that the Pharmaceutical Society NI set up focus groups to ensure the views of these senior members of the profession are given full consideration before finalising the assessment process.

5.23 The limits in the number of characters a person may input online was also highlighted as a barrier by one consultee.

4-12 cycle format

5.24 A few consultees questioned the rationale of 4 - 12 cycles and recommended more flexibility. Some individual respondents felt that it should not be mandatory for at least 50% cycles to be submitted as scheduled learning cycles. Further, it was suggested that if CPD is relevant and it has been completed and documented then it should be acceptable whatever form it has taken.

5.25 Boots commented that pharmacists could have difficulty in matching the requirements set out in terms of 'hours per year' and 'cycle entries' as they argue, there is 'no obvious link between the hours and cycles.'

5.26 The proposed standards and the CPD framework were described as inconsistent and disproportionate to the CPD requirements set by GPhC and in comparison with other healthcare professionals.

Dual registration

5.27 The issue of dual registration and the demands on those registered with the Pharmaceutical Society Ireland (PSI) and the General Pharmaceutical Council (GPhC) who will be subject to 2 different sets of CPD obligations was also highlighted by two consultees.

30 hours

5.28 The responses from the consultation show broad support for the requirement of undertaking 30 hours of CPD activity in any CPD year.

5.29 The continued use of 30 hours was questioned by a few respondents, with one respondent commenting that this was 'one area in which the Pharmaceutical Society NI and the GPhC are 'out of step' which may cause difficulties for registered pharmacists in Northern Ireland who are seeking registration and employment in Great Britain.'

5.30 The Professional Standards Authority (PSA) requested more information about how specific requirements i.e. 30 hours per year and between 4 and 12 cycles are developed. It was suggested that if the evidence is not available, then the Pharmaceutical Society NI could make use of comparisons with fitness to practise data and the experiences of other regulators.

5.31 The PSA also recommended that greater reference is made to the Code of Ethics and professional guidance to provide clarity about the purpose and intended outcomes of the proposals and so that it is 'made clear to registrants that the

purpose of CPD is to ensure they are equipped to continue to meet the regulators standards of professional practice.'

5.31 Our response

5.32 As a result of feedback from consultees - not just from this question but from other questions- we have made some changes to our original proposals and amended the following three standards:

Standard 3

5.33 We propose to adopt the standard of 'a minimum of 4 cycle entries' but will not stipulate a maximum limit. We want to see evidence that a registrant has undertaken activities that are broad and within their scope of practice. Setting the minimum number of cycles at 4 will enable registrants to address the breadth and depth of learning in relation to their scope of practice and enhances the registrant's opportunity for successful CPD.

5.34 We have considered the arguments put forward for no upper limit and have decided not to enforce this as a requirement.

5.35 Standard 3 will now read:

'Complete a minimum of 4 CPD cycle entries per year relevant to the safe and effective practice of pharmacy and to your scope of practice. Maintain appropriate evidence of participation.'

Standard 4

5.36 Whilst we encourage a reflective approach to learning and practice we have considered feedback from consultees that some portfolios may have more scheduled learning. We have therefore amended the standard and built in some flexibility.

5.37 Standard 4 will now read:

'Develop a reflective approach to learning ensuring that there is a predominance of scheduled learning activity, where prior learning needs have been identified.'

Standard 6

5.38 In the consultation we proposed that registrants would be asked to record how their CPD linked to patient/public safety. A significant number of consultees highlighted the challenge in exclusively demonstrating how their CPD has contributed to patient/public safety, with a typical comment being that that pharmacy is a diverse profession with registrants working in a wide range of settings - not all of which relate directly to patient/public safety.

5.39 The Pharmacy (1976 Order) (Amendment) Order 2012, Article 4 (A) (7) (b) (i) (ii) states that:

'The framework adopted by Council under paragraph (6) (a)
(b) must require that any continuing professional development that is undertaken by a registered person in accordance with it is relevant to

(i) the safe and effective practice of pharmacy, **and**
(ii) a learning need for the individual registered person that is relevant to the current scope of practice of that individual registered person and the environment in which they practise'

5.40 A registrant's CPD must have relevance to the safe and effective practice of pharmacy and their current scope of practice. We have therefore amended standard 6 to accurately reflect the legislation.

5.41 Standard 6 will now read:

'Record if your CPD is relevant to the safe and effective practice of pharmacy ***and*** to your scope of practice.'

5.42 The record in the compulsory fields has also been amended to reflect this important change.

5.43 We note concerns with the recording format and the form and manner stipulated by which registrants must complete their portfolios. We will work with the profession to ensure that adequate support is available and registrants have a clear understanding of what is required when recording their CPD.

Section 2: Amount and type

6. Our proposals

6.1 Eight is the average number of cycles in an annual CPD portfolio record submitted by registrants to the Pharmaceutical Society of Northern Ireland.

6.2 To help registrants meet the 30 hours requirement and make a successful submission, the CPD framework states that a minimum of 4 and a maximum of 12 cycle entries should be submitted in an annual CPD portfolio record submission.

6.3 Response to the consultation

Q2. Do you agree that it is helpful to stipulate registrants 'a minimum of 4 and a maximum of 12 CPD cycle entries' in their annual submissions?

	Yes	No	Not sure	Didn't answer
Number	38	33	9	2
Percentage	46.3%	40.2%	11.0%	2.4%

6.4 Some respondents who expressed support for setting a minimum and a maximum number of cycles in a CPD submission commented that this is helpful, constructive and directional with clarity welcome, in terms of quantifying the expectation.

Useful guidance

6.5 Whilst considering 4-12 cycles as a useful guide, some consultees recommended rather than making it mandatory it should be guidance.

6.6 Some respondents suggested that meeting the 30 hours requirement was the most important consideration and that registrants should not be penalised for failing to meet the minimum or exceeding the maximum number of cycles to be submitted.

> 'Only one criteria should apply namely 30 hours and the number of cycles is irrelevant.' (Individual pharmacist)

6.7 Similarly another individual pharmacist said:

> 'Surely the number of cycles is irrelevant if the 30 hour requirement is met. Also there are pharmacists who have submitted more than 12 cycles and their CPD has passed. Under the new system they would fail.'

6.8 A wide range of views were specifically expressed on the upper and lower limits.

No cycle limit

6.9 Some respondents felt that there should not be any limits on the number of cycles made by a pharmacist in one year. Respondents felt that the number of cycles submitted can very much depend on the registrant's style of learning, their job role, where they are employed and an individual's learning needs.

No upper limit

6.10 The upper limit was described as being potentially restrictive particularly for those 'going through a 'development period (such as undertaking a post graduate course.)' (Boots)

6.11 An individual pharmacist described their experience:

> 'I feel the maximum of 12 is not adequate, as personally I like to do several short bursts of CPD - particularly the unscheduled, as situations arise in my day to day work and I find occasion to research a topic and answer a particular need of that time - there are short periods of time so to accumulate the requisite hours I would prefer the maximum in cycles to be increased to 20. I feel the minimum of 4 is low in that any individual should surely have more than 4 occasions to further their learning in 1 year.'

6.12 The Western Health and Social Care Trust questioned the need for a maximum number of cycles:

> 'Why stipulate a maximum? Would this mean if someone had 13 cycles they would be deemed to have failed for doing too much CPD? We need a CPD framework that has rigor but also recognises that each pharmacist's needs with respect to CPD are unique, and having flexibility is important for this reason. Be more flexible.'

6.13 RQIA agreed that there should be at least a minimum of 4 cycles; however felt that there should be no upper limit for the number of CPD entries that must be completed.

> 'There may be cycles where one person may interpret and write up learning more speedily than others and therefore the learning is recorded in a lesser time and so the pharmacist will require more cycles to complete the 30 hours required.
>
> Some learning may take a very short time and similarly would require more cycles to complete the 30 hours required.'

Cycle approach restrictive

6.14 Three organisations (CPNI, Medicare Pharmacy Group and VIVOMED) felt that an assessment of CPD based on CPD cycles is a very restrictive approach:

> 'The concept of cycles again bears no relationship to anything other than a prescription for report. It does nothing for creativity or quality.' (Medicare Pharmacy Group.)

6.15 CPNI held the view that the focus on CPD cycles within the proposals is a 'fundamental flaw' and that the focus should 'move from an academic assessment on

the presentation of the submission of cycles, to a proper recognition and acceptance of the actual extent of the learning activity undertaken.'

6.16 CPNI also believe it would be unwise to base an assessment process on a model with existing problems, as they are fully aware of 'the frustration of those pharmacists who have already had perfectly reasonable CPD cycles representing many hours of actual activity assessed as failing to comply.'

Alternative models

6.17 A small number of consultees proposed alternatives to the model with one pharmacist suggesting that perhaps 2 to 12 cycles may be more appropriate. A few respondents felt that as eight is the average currently submitted then this is the number that should be submitted.

> 'Perhaps more flexibility in the number of cycles submitted could be allowed if only 8 cycles per registrant were assessed? If any significant issues were raised in the assessment of a random 8-cycle sample, the rest of the registrant's cycles could then be looked at.' (Individual pharmacist)

6.18 Similarly, another pharmacist agreed:

> 'Perhaps it would be better to just stipulate you must submit 8 cycles (5 scheduled, 3 unscheduled) then everyone knows what is expected.'

6.19 CPNI called for the focus to shift from a 'fixed marking scheme based mainly on presentation towards recognition and acceptance of the actual level of learning undertaken by the pharmacist.'

6.20 The Pharmaceutical Society NI was asked to consider the General Pharmaceutical Council (GPhC) process which is based on the number of learning entries.

Assessors

6.21 A pharmacist queried how the assessor will effectively judge relevance to practice particularly if this extends beyond one field of work. It was felt by a few consultees that the proposed minimum of and a maximum of 12 CPD cycle entries is more for the benefit of the assessors rather than the pharmacists.

> 'This stipulation is looking after assessor's needs and not the pharmacist submitting their CPD as I noted from comments made by assessors that they do not want too many cycles to assess as it is more time consuming.' (Individual pharmacist)

6.23 The Professional Standards Authority (PSA) questioned the validity of a judgement based simply on the percentage of cycles that meet the assessment criteria, as this 'assumes that all activities undertaken are of equal value in the eyes of the regulator and does not consider the overall effect of learning.'

Scheduled and unscheduled learning

6.24 A few respondents felt that further clarity/detail was required in relation to the use and admissibility of scheduled and unscheduled learning, particularly where

percentages are used. Clarity was also sought whether unscheduled learning relates to the number of hours or the number of cycles.

6.25 Boots felt that the requirement for no more than half of the entries to be 'unscheduled' acts against work based learning despite the fact that most of their time working in patient facing roles in a pharmacy workplace.

6.26 One individual pharmacist felt that CPD shouldn't be set as a specified mandatory scheduled/unscheduled split – 'if the CPD is relevant and it has been completed and documented then it should be acceptable whatever form it has taken.'

Guidance –pro rata submissions

6.27 It was further suggested that guidance around pro rata submissions should be provided in relation to the number of hours/cycles.

6.28 Our response

Minimum 4 cycles; no upper limit

6.29 The legislation[1] requires that the framework adopted by the Council must include provision relating to the amount and type of continuing professional development a registered person is required to take.

6.30 A range of views were expressed in relation to the proposal that a minimum of 4 and a maximum of 12 cycle entries should be submitted in an annual CPD portfolio record submission.

6.31 CPD is a learning cycle that engages learners to meet their professional needs with measurable outcomes. We want to see evidence that a registrant has undertaken activities that are broad and within their scope of practice.

6.32 We have considered the feedback from the consultation and have decided not to enforce an upper limit of 12 cycles as a requirement. We therefore will adopt the standard of 'a minimum of 4 cycle entries' but will not stipulate a maximum limit.

6.33 Having a minimum number of cycles set at 4 enables registrants not only to improve their chances of CPD success; it also shows the regulator that they have a breadth and depth of learning relevant to their scope of practice- which is not, cannot and should not be single faceted.

Scheduled/unscheduled learning – ensure a predominance of scheduled learning activity

6.34 Whilst we encourage a more reflective approach to practice we also recognise that not all CPD activity can be planned for. There are always occasions for spontaneous or opportunistic learning (unscheduled) activity in day-to-day practice which can be very constructive and valuable in bringing benefit to your practice and improving patient outcomes.

[1] The Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012

6.35 In the consultation, it was proposed that registrants must ensure that at least half of CPD cycle entries are scheduled learning.

6.36 Following further consideration, instead of stating a fixed percentage of scheduled and unscheduled learning, registrants will be asked to ensure that there is a predominance of scheduled cycles in a portfolio submission.

6.37 In relation to unscheduled/scheduled learning cycles we are keen to emphasise the importance of scheduled learning to registrants. We reflect this in the framework by expressing and instructing registrants that we wish to see a predominance of scheduled learning cycles.

6.38 Lifelong learning is embraced as a core principle for professional practice in pharmacy. The culture of lifelong learning emphasies that pharmacists plan in advance and spend less time on reacting to circumstances, therefore the framework document requires predominance of learning to be proactive rather than reactive.

6.39 Whilst we are not discounting the value of unscheduled learning, we are keen to ensure that registrants embrace a more reflective approach to practice so they are constantly reflecting how they can proactively embrace change in this ever evolving sector of healthcare.

6.40 If a CPD portfolio has a predominance of unscheduled learning cycles in a CPD submission i.e. more than 50% –we reserve the right to examine these registrant's portfolios in the following CPD year in a supportive way to observe if they have been able to embrace a more reflective and formative approach to practice. This is primarily in the interest of the registrant to support them to embrace a more reflective approach to practice.

Section 3: Information to be provided by registrants about CPD

7. Our proposals

7.1 We proposed that 'simulated role play' be introduced to accommodate registrants who are unable to complete/'close' a CPD cycle by completing the evaluation stage, because they are unable to apply their learning to their practice due to lack of opportunity.

7.2 Responses to the consultation

Q3. Do you agree that it is appropriate to give registrants the option to with record how they have applied their learning in practice or describe how they will apply their learning in future?

	Yes	No	Not sure	Didn't answer	Just comment
Number	72	1	5	3	1
Percentage	87.8%	1.2%	6.1%	3.7%	1.2%

7.3 A significant majority of respondents shared our view that not all learning, training or development can immediately be put into practice.

> 'Yes as a pharmacist in industry this makes sense – there are occasions where colleagues are trained on topics which may not be used immediately – but may be needed on a development project in 6 months time.'

> 'Registrants who are not currently in employment must be accommodated and to give them this option is an appropriate way to do this.'

Must be equally offered to all registrants

7.4 A small number of consultees expressed qualified support for this proposal. For example, CPNI reiterated its opposition to the focus on cycles and the mandatory standards focusing on presentation. In addition, CPNI argued that if this proposal is to be applied then this option must be equally offered to all registrants.

Simulated roleplay

7.5 We received positive comments in support of the proposed introduction of 'simulated role play' for those registrants who found it difficult to describe how they will apply their learning in practice and thereby 'close' their CPD cycle by completing the evaluation stage of the CPD cycle.

7.6 It was noted by some respondents that this proposal would be particularly helpful to registrants who wish to progress their careers outside their normal practice area; those working in a rural or remote pharmacy settings; registrants wishing to move between pharmacy sectors; registrants on long term leave e.g. sick or maternity; or, unemployed pharmacists.

7.7 Some respondents suggested that further guidance was needed around when they would be allowed to use the option of 'simulated role play' and how it would operate practically.

7.8 Concerns were expressed that this flexibility in the implementation of learning into practice could be abused. It was suggested by one consultee that in order to safeguard against abuse, where the registrant is indicating how they will apply their learning, there should be a statement as to why they have been unable to apply the learning to date, for example, the registrant is currently not practising.

7.9 Other comments on the proposals included:

- Concern with how the use of language and tense will be interpreted by the assessor
- Possible confusion for pharmacists to know when they are allowed to use the 'apply learning in future' option and concern that this would lead to failure of a cycle as a result.
- A view was expressed by a few pharmacists that registrants should not have to undergo simulated role plays and a description of how learning can be applied in future should be acceptable. One consultee felt that 'simulated role play is contradictory to the point of CPD and overcomplicating the issue.'

Section 4: Information to be provided by registrants about CPD

Our proposals

8. A CPD entry must contain evidence of how a pharmacist has applied learning in practice. (On some occasions, it might not be appropriate for the pharmacist to implement their learning for example, the administration of an Epipen or the performance of Cardiopulmonary Resuscitation (CPR))

8.1 If there are no means of generating evidence a simulation might be considered appropriate. It is proposed a maximum of 25% of learning activity (7.5hours) may be accepted in this way.

8.2 Responses to the consultation

Q4. If 'simulated role play' is permitted, do you agree that it is important to cap the number of cycles to be submitted in this way to 25%?

	Yes	No	Not sure	Didn't answer
Number	26	41	12	3
Percentage	31.7%	50%	14.6%	3.7%

No cap at 25%

8.3 Many were in favour of the general principle of simulated role play but some consultees were not in favour of 'capping the number of cycles' to be submitted in this way to 25% with a few consultees stating that they would be in favour of an extension to 50% or higher.

8.4 A few consultees posed the question if it is deemed to be an acceptable mechanism why does it have to be capped.

8.5 The RQIA called on the Pharmaceutical Society NI to recognise that there are an increasing number of pharmacists who are not employed in a hospital or community pharmacy and the opportunity to improve learning with a direct link to patient and public safety may be less frequent. In addition, they argued that:

> 'This percentage must be reviewed and a much higher percentage considered…
>
> The CPD framework should also make consideration for those pharmacists particularly returning to work, newly qualified and locums who are not in regular employment due to the economic downturn and fewer recruitment opportunities. For these pharmacists the prospects to apply the learning will not be consistent and could pose difficulties in achieving the 75% of applied learning as currently suggested.'

8.6 Many consultees highlighted the constraints that a 25% cap would bring for , the unemployed, newly qualified pharmacists not in regular employment, particularly given the current economic context.

> 'I feel this will unfairly detriment some members of the profession. Given the current economic situation with large numbers of pharmacists out of work it may be impossible for them to achieve a minimum of 75% non-simulated cycles. The same would also apply to ladies on maternity leave.'

> 'No because situations can change markedly. An individual can lose or change jobs leading to a very different area of practice. We should not penalise good and planned intention; also I think it is good to see those who are evidently preparing for the future, not just for the moment. Also, in the context where pharmacists are unemployed and seeking employment, their unemployment status should not bar them from maintaining their registration and being available for work.' (DHSSPS)

Disadvantage groups

8.7 A few respondents believe the cap would disadvantage the disabled, long term sick and expectant mothers who may not have the opportunity to apply their knowledge in the 'live' pharmacy setting.

> 'There is no reason why any cap should be applied to simulated role play. Indeed to do so would severely disadvantage disabled or ill or indeed expectant pharmacist mothers who may not have the opportunity to apply their knowledge in the 'live' pharmacy setting.

Cap appropriate

8.8 One consultee however felt that setting a cap was appropriate 'otherwise it could be abused if above 25%.' Whilst another felt the cap was appropriate 'since nothing can substitute for the real life situation when you are faced with questions or scenarios you may not have previously encountered or imagined.'

Guidance on how it will operate

8.9 Some respondents suggested that further guidance was needed around when they would be allowed to use the option of 'simulated role play' and how it would operate practically.

Review

8.10 The HSCB recommend that a review is built in, through seeking views of registrants after the first year and reviewing the proportion with simulated role play.

Alternative approaches

8.11 One respondent proposed a sliding scale for those who are working fewer hours per week, studying for qualifications outside their normal area of practice, or for those who have been out of work for a proportion of the year for whatever reason.

8.12 One individual pharmacist who was not sure if they supported the cap at 25% proposed an alternative approach:

'This would depend on the opportunities an individual pharmacist had to put their learning into practice in their work – perhaps a sliding scale could be increased for those who are working fewer hours per week. For example:

- 40 hours per week plus – cap simulated role play at 25%
- 20-40 hour per week – 25-50% simulated role play permitted
- 10-20 hours per week – 50-75% simulated role play permitted
- <10 hours per week – 75-100% simulated role play permitted

8.13 Another consultee emphasised that it is wrong to cap the number of simulated cycles at 25% because each pharmacist has unique situations requiring a greater degree of flexibility.

'I stress more flexibility. I would not have a cap on the number of simulated cycles. Possible alternatives are:

1. Require 2/3 simulated cycles to 1 applied learning cycle.
2. Statement /evidence required from registrants before allowing simulated cycles
3. A combination of 1 and 2

'Pharmacists' unemployed or semi-retired, should be afforded this option or a pro rata number of CPD hours commensurate with their working year.'

Comparison with other professions

8.14 One respondent commented that it was unclear if other professions adopted a similar approach to the one being proposed by the Pharmaceutical Society NI. Concern was expressed that 'simulated role play' creates a precedent in the pharmacy profession in Northern Ireland which may be at variance with CPD practice in other healthcare professions.

8.15 Our response

8.16 The change to the evaluation stage of the CPD cycle in future means that a registrant must be able to tell us how they have either:

1. Applied their learning to practice
   or
2. How they will apply their learning in practice

8.17 This relaxation of the evaluation criteria will be equally offered to all registrants.

8.18 A maximum of 25% of learning activity (that is, 7.5 hours out of a 30 hour submission) will be accepted in this way. Whether simulated or a narrative describing how a cycle will be closed, this cannot exceed 25% of any submission. We want to see people proactively learning and an approach to learning, based on evidence.

Review after one year

8.21 In introducing this relaxation to the evaluation stage of the CPD cycle the Pharmaceutical Society NI will commit to reviewing the cap after June 2015. This policy will have been in operation for a year and the Pharmaceutical Society NI will also seek to gain feedback from registrants to inform thinking and future implementation.

Section 5: Calling your CPD for assessment

9. Our proposals

9.1 In order to confirm registrant compliance with the declaration regarding completion of 30 hours CPD on their annual retention form, from June 2013 the framework proposes that it will be compulsory for ALL registrants to maintain and submit a CPD portfolio record annually from which a sample will be generated for assessment.

9.2 Responses to the consultation

Q5. Do you agree that it is reasonable and proportionate to make annual CPD submission compulsory for ALL registrants of the Pharmaceutical Society NI?

	Yes	No	Not sure	Didn't answer
Number	29	42	7	4
Percentage	35.4%	51.2%	8.5%	4.9%

Support 100% submission

9.3 Those respondents who provided comments in support of 100% compulsory submission felt that registrants are carrying out CPD anyway therefore it should not be an issue. In addition, it was felt that it is essential to ensure that all pharmacists are maintaining and developing the appropriate knowledge and skills necessary in the ever changing healthcare environment.

Effective communication throughout the year

9.4 Among those respondents who agreed with 100% submission, it was emphasised that given this change, there must be effective communication throughout the year with registrants to ensure they are aware of important deadlines. For example the NPA stressed that;

> 'Clear information must be provided to registrants on when the 'final submission date' is and what communication they can expect from the Society notifying them of important milestones in the CPD year. '

9.5 Similarly the Pharmacy Forum agreed with the importance of communicating with registrants particularly those submitting paper based submissions:

> 'Whilst we understand the efficiencies that recording portfolios online provides, we support the continuance of paper portfolios by those registrants who choose to record their CPD in this way, and call for the Council to ensure that all relevant communications methods are used to remind registrants of the deadlines.
>
> In the cases of submission by paper copy, we are unclear how feedback will be given to the registrant and would ask that this be clarified.'

Clarity targeted and random sample

9.6 Further clarification was sought on the process of targeted and random sampling with one respondent recommending that targeted sampling is consulted upon.

Notified in advance

9.7 The NPA asked if a registrant's portfolio has been selected for assessment, will they be notified in advance whilst another consultee felt that once chosen they should be removed from the sampling pot.

Risk criteria

9.8 Both the Pharmacy Forum and the NPA sought clarity around the risk criteria that the Pharmaceutical Society NI will use to determine high or low risk practitioners, and how this will be applied in selecting portfolios for assessment. The Forum stated that before they can support this proposition these criteria must be published and consulted on.

Against 100% submission

9.9 Many respondents registered their disagreement with the proposal to make annual CPD submission compulsory for all registrants, as neither reasonable, necessary nor proportionate.

Rationale questioned

9.10 A few consultees questioned the rationale for 100% submission and why this would be a necessary part of the CPD framework when 90% will not be examined. CPNI stated that they were not aware of any evidence to suggest that a system of mandatory 100% submission would bring any improvements in the level of CPD undertaken.

9.11 CPNI noted that that the policy of 100% submission has not been introduced by the GPhC. Some respondents also felt that it is important that the Pharmaceutical Society NI is broadly in line with the other regulators and professions in this regard. NICPLD argued that

> '…the practice should broadly be in line with the requirements specified by other healthcare regulators for their members. If it is not, then we feel that this would not be a reasonable approach. We are currently unaware of any other healthcare regulator using this approach. '

Increased burden and costs for all

9.12 Some respondents held the view that annual submission will increase costs for all parties involved.

> 'To enforce this on an annual basis when it will not be assessed is disproportionate. Additionally, the time taken to document in the highly prescriptive way reduces time available for learning.' (Individual pharmacist)

'With the workload required to produce a portfolio to the prescriptive standard (if this is direction taken) leaving approximately 1900 portfolios to 'gather dust' each year seems wasteful and unnecessary.' (Individual pharmacist)

'This may in turn lead to an increased burden on the Regulator with regard to the amount of scrutiny required or reassessment required.' (Guild of Healthcare Pharmacists (Craigavon Area Hospital))

'I would worry that there might be a problem if too many people tried to send their CPD entries on the same day that the website might not cope.' (Individual pharmacist)

'The submission of such a large number of portfolios is unwieldy, requires unnecessary storage and security arrangements to provide reasonable confidentiality for all concerned.' (Individual pharmacist)

'The PSNI might face its own problems in future if for example in a fitness to practise case it was disclosed that a pharmacist had been submitting very poor CPD for many years, but the regulator had taken no action because the records had not been examined at any point.' (Boots)

'I think that the sheer logistical problems associated with 100% submission have not been fully considered. I believe that the cost associated with storage and data protection requirements are enough reason to continue with the current procedure of random sampling.' (Individual pharmacist)

9.13 Two respondents felt that if all portfolios are submitted then all should be marked. Whist another pharmacist felt that it was important to receive feedback on submissions at fairly regular intervals and suggested that perhaps a larger sample should be assessed annually to ensure one is complying correctly.

Current system maintained- Random sample

9.14 However, the majority of those respondents who disagreed with 100% submission and provided comments felt that the current system should be maintained.

9.15 Some consultees felt that a signed declaration was sufficient- unless that pharmacist is included within the 10% selected for assessment and/or the annual declaration states that the pharmacist has not completed the 30 hours CPD.

No trust in the profession

9.16 Some respondents felt that 100% submission implies that the Pharmaceutical Society NI has little or no trust in pharmacists.

'It is an indictment of the Society that it does not trust its own membership. I would expect that those pharmacists who refuse to comply with CPD would be punished, but I think that the profession as a whole should be held in the highest regard. Pharmacists should be trusted, if our own Society does not then who else will.' (Individual pharmacist)

Retention of portfolios

9.17 Some respondents sought further clarity around the timescale for retention of portfolios noting that there is no reference to the time scale for retention for the 90% of records which may not be annually assessed.

9.18 In the consultation document, it states that copies of the CPD portfolio will be retained for a period of 5 years after the assessment has been completed.

Submission deadline

9.19 Respondents also reiterated their concerns about the submission deadline. It was suggested that there should be a 28 day period of grace before a portfolio is submitted – similar to what happens currently.

9.20 Our response

9.21 Since January 2005, Continuing Professional Development (CPD) has been a professional and ethical requirement of registration with the Pharmaceutical Society of Northern Ireland. With the enactment of new legislation, from June 2013 CPD will become a statutory legal requirement of registration.

9.22 The Pharmaceutical Society of Northern Ireland intends to proceed with 100% submission. From June 2013, it will be compulsory for **all** registrants to maintain and **submit** a CPD portfolio record annually from which a sample will be generated for assessment.

9.23 We believe that 100% submission of all CPD portfolios by all registered pharmacists in Northern Ireland is an extremely positive commitment to lifelong learning by the profession. It is an important confidence building assurance we can provide to patients and the public that we take our role seriously in terms of providing public protection.

9.24 Currently pharmacists in Northern Ireland provide a self-declaration that they have undertaken CPD; we are validating and amplifying what the profession is telling us and capturing this information, sending a clear and positive message to patients and the public, that all pharmacists are maintaining and developing the appropriate knowledge and necessary skills. As a small regulator, we have the capacity to facilitate 100% submission, in comparison to other healthcare regulators.

9.25 The Pharmaceutical Society NI will sample a number of CPD portfolio records to verify that the information documented by registrants is correct and meets our standard for assessment. The qualitative sample of 10% of the register provides further assurance to the public.

9.26 We will also provide a definition of ‘targeted sampling’ to be included in the glossary of terms and articulate more clearly what we mean by a ‘risk based approach’ to sampling and provide registrants with a clear rationale for decision making.

9.27 We recognise that this is a significant change for registrants in Northern Ireland and we are committed to continuous and effective communication throughout the year highlighting key dates, a visual count-down to submission, deadline and frequent reminders of approaching submission deadline.

Section 6: Criteria for assessment

10. Our proposals

10.1 The assessment criteria were developed around the prompt questions in each stage of the learning cycle: for scheduled learning; there are nine assessment criteria, and for unscheduled learning, there are two assessment criteria.

10.2 A minimum of half cycle entries must be scheduled learning cycles, where prior learning need is identified. Each scheduled CPD cycle entry is assessed against nine assessment criteria, five of which are denoted as essential.

10.3 These five essential criteria are regarded as representing the more significant steps in the learning cycle. For a cycle entry to be deemed acceptable all five essential criteria* must be met. By failing any one of the 'essential' criteria the cycle entry will not meet standard.

10.4 Responses to the consultation

Q6. Do you agree that the application of the five essential criteria* is a fair and robust means of assessment of a CPD cycle entry?

	Yes	No	Not sure	Didn't answer
Number	28	38	13	3
Percentage	34.1%	46.3%	15.9%	3.7%

Promotion of essential criteria

10.5 Few respondents gave reasons for agreeing; however those that did explained that the criteria seemed reasonable and provided useful guidance on how to write up the cycles.

10.6 A few respondents stressed the importance of ensuring the criteria are clear. The Pharmacy Forum recommended that in order to ensure maximum compliance, clear promotion of the Essential Criteria is used throughout the whole process, so that registrants will be familiar with what is required.

10.7 The NPA suggested that the Pharmaceutical Society NI should denote the five essential criteria on all paperwork supplied to registrants.

10.8 The Professional Standards Authority (PSA) suggested that reference should be made to the Code of Ethics and overarching professional standards. This, they argue would bring greater clarity to the proposals about assessment, 'as it would enable meaningful judgements to be made about compliance.'

Non-essential criteria

10.9 Some respondents questioned the need for non-essential criteria stating that the inclusion only adds confusion to the process. One individual pharmacist said:

> 'I think the five essential criteria are enough, but I do not think the non-essential questions should be asked as this adds confusion to the process for pharmacists – why would you ask a question if it doesn't matter if it is answered or not?'

10.10 Inconsistencies within the framework document and clarity in relation to what is mandatory were highlighted by the DHSSPS:

> 'If only some are important or essential, why are the others included? Does it not make more sense to say that these are the elements that need to be completed in a cycle return?
>
> For example, Section 9 under CPD Non-Compliance indicates that failure to record the dates of CPD activity is an element of failure yet it is not part of the essential criteria. 'What is of additional concern is 'failing to answer any of the 5 essential criteria successfully' doesn't carry any clarification as to how 'successfully' is to be judged?'

10.11 Boots held the view that four of the five criteria relate only to the process of creating the cycle entry (identifying learning needs, describing planned activities, summary of learning, and leaning needs being addressed.) While failure to follow a structured method for completing entries is not helpful to the assessor, Boots contend that this should not automatically be taken as indicating that relevant CPD has not been done.

Too many mandatory requirements

10.12 Similar comments were made in response to this question, to earlier ones, that there were too many mandatory standards; meeting the 30 hours requirement was the most important consideration and the recording format was too stringent, prescriptive and presented a number of challenges for the registrant.

Record CPD

10.13 As per previous questions concern was expressed that registrants would be assessed on how well they can write up their CPD rather than the quality of learning activity they have completed. One individual pharmacist said:

> 'The essential criteria reflect more on the ability of the candidate to explain in writing their process of learning and may not actually represent the quality of learning or how it was used in the candidates practice.'

10.14 Similarly another pharmacist and RQIA said

> 'Overly prescriptive requirements lead to an academic exercise which does not reflect actual learning activity.'
>
> 'Whilst RQIA would acknowledge that there must be some method of measuring appropriateness and ensuring the pharmacist is meeting the desired outcomes, there will be variation on how each pharmacist completes

the cycles. It is concerning that there may be instances where the pharmacist is being assessed on how they record the information learned rather than the end result.

Is there a danger that the CPD framework is concentrating on the pharmacist's ability to record the completion of each cycle, rather than the fact that the pharmacist has achieved new learning?'

Criteria for assessment

10.15 Concerns were expressed about the criteria used when assessing how a CPD portfolio is presented and recorded:

> 'Perhaps I am mistaken but I believe that if the verb is conjugated in the wrong tense this can lead to a failure in the current PSNI evaluation process. This type of action if correct does not inspire confidence in the new approach where there are more mandatory conditions and criteria to meet.'

> 'There is a danger that the standards are overly complicated and overly reliant on presentational skills rather than content. For me, it is very concerning that I may fail on one of the criteria whilst easily meeting all the other criteria.'

10.16 As per previous questions, the role and competency of the assessor was highlighted. One consultee advised that the assessment is overseen by a qualified pharmacist with educational training.

> 'I feel it would be much more appropriate for assessment based on the five criteria should be at least overseen by a qualified pharmacist with some educational training e.g. from the Department of Pharmacy QUB and a practicing pharmacist in the area being discussed whether hospital community or industrial.'

Alternative approach

10.17 A few respondents who disagreed with the criteria for assessment proposed alternative approaches.

> 'We recommend each criterion should be given a weighting, with those listed as essential given a higher proportion of the total score. This would asses each cycle in its entirety and provides a better reflection of a cycles worth.' (Individual pharmacist)

> 'Again too black and white in the assessment criteria. Why not have a graded process? Meeting all five gets you 100%, 4 out of 5 gets you 80% etc. All or nothing is a bit unrealistic.' (Individual pharmacist)

10.18 CPNI propose that a pharmacist could receive a green, amber, red award where green means all criteria (essential and desirable) have been fulfilled, amber represents an assessment where 30 hours CPD has been achieved but one or more of the desirable criteria have not been met and red represents failure to meet the statutory 30 hour CPD requirement. In such a system while both green and amber would be judged to be 'compliant' with the statutory requirement an amber warning

signal would encourage pharmacists to ensure that they address all criteria in future submissions.

10.19 Our response

10.20 The inclusion of the 5 essential and 4 non-essential criteria will be included in the framework document. We acknowledge feedback from consultees that it is vital for the criteria to be clearly understood by registrants and have made some amendments to how this information is presented.

10.21 The methodology used to establish the criteria has been developed over the last seven years. These assessment criteria were developed by Queen's University Belfast after extensive research on experiential and work-based learning and the evaluation of a Department of Health, Social Services and Public Safety (DHSSPS) funded pilot project which preceded the establishment of the Pharmaceutical Society NI's current CPD process in January 2005.

10.22 The criterion contextualises the process for capturing CPD activity –from the beginning to the end of the learning process. The 9 criteria are essentially a guide for registrants to help them complete each stage of the learning process. Within the criteria there are 5 deemed to be essential and this has been highlighted.

10.23 The CPD Assessment Guide provides clear guidance on how to complete unscheduled and scheduled learning succinctly to meet all essential criteria and this will be referenced in the CPD framework.

10.24 Some consultees raised concerns about whether assessors had sufficient knowledge, and were in an appropriate position to objectively assess registrants whose scope of practice. CPD assessors will be appointed on the basis of their ability to review information objectively against the criteria specified in the CPD framework. The CPD record form has also been amended to include a question asking registrants 'what pharmacy sector(s) do you work in?

Section 7: Extenuating circumstances

11. Our proposals

11.1 In extenuating circumstances, the Pharmaceutical Society of Northern Ireland has the power to waive a registrant's CPD requirements.

11.2 We recognise that illness and difficult or distressing life events do occur and that it is a normal part of life to have to manage these and continue to work. Such difficulties are not normally accepted in mitigation for non-compliance with the CPD requirements and, will only very exceptionally be accepted as extenuating circumstances by the Pharmaceutical Society NI.

11.3 When a registrant presents a 'reasonable excuse' which prevents the registrant from completing their CPD requirements, the Pharmaceutical Society NI must be informed at the earliest opportunity.

11.4 Any request for a deferral or an exemption will be considered through an application process for 'Extenuating Circumstances'. Each application will be considered on a case by case basis.

11.5 Responses to the consultation

Q7. Do you agree that the application process for 'extenuating circumstances is clear and proportionate for registrants wishing to apply?

	Yes	No	Not sure	Didn't answer	Just comment
Number	44	19	14	4	1
Percentage	53.7%	23.2%	17.1%	4.9%	1.2%

Support proposal

11.6 Few respondents gave reasons for agreeing; however those that did welcomed this proposal and felt it was very important to make provision for altered circumstances, particularly those that are outwith the control of the registrant.

11.7 It was recommended that the form is made very accessible for all members including those who are not IT literate and lack confidence using computers.

Timescales

11.8 NICPLD agrees that the application process is clear but expressed reservations about the time-scales involved;

> 'If a letter is to arrive with PSNI by 5th June, a registrant is likely to be notified by the Society of the outcome of their application by 10-12th June and then only have approximately 3 weeks to finalise their submission if extenuating circumstances are not granted. If extenuating circumstances are not granted, this may put excessive pressure on an individual to finalise by 30th June.'

Criteria missing

11.9 A few respondents told us that the criteria do not cover every eventuality or change of circumstance and that each case or application should be considered on its own merits, on a case by case basis, by a group of their peers.

11.10 One respondent commented that 100% submission could potentially result in an increasing number of pharmacists making applications for extenuating circumstances. In their view, with a less regimented and inflexible approach there would be little need for an approved list of extenuating circumstances.

Unemployed pharmacists

11.12 Some consultees said they were unsure about the introduction of an application process for 'extenuating circumstances' citing that if periods of unemployment are not an acceptable criterion then the criteria must be reviewed to ensure that pharmacists who are not in regular employment, as a pharmacist, are not discriminated against.

11.13 It was also suggested that some additional mechanism is considered, to take into account of those pharmacists who are not in regular employment: perhaps giving some consideration to extending the number of cycles which can be submitted as 'simulated role play' might be considered.

> 'In the current climate with more qualified pharmacists registering each year than there are vacant positions, and with many redundancies across the region, long term unemployment will affect more and more each year. It is unfair to suggest that this is not a valid reason for deferral; particularly so if a cap on simulated role play is in place.' (Individual pharmacist)

11.14 Concern was expressed by a locum pharmacist that if someone has been long term unemployed they would not be able to 'apply learning' and therefore close a cycle.

Lack clarity

11.15 A few consultees felt that the procedure lacked clarity, was too prescriptive and the timelines overly ambitious particularly if a 'late' application was refused by the Pharmaceutical Society NI. Also one respondent commented that they did not like the term 'reasonable excuse' and suggested that a more appropriate phrase should be used.

Proposals make it difficult for regulator to take action

11.15 The Professional Standards Authority (PSA) believe that the CPD requirements 'do not set unreasonable expectations of registrants' and hold the view that the procedures listed below, make it 'relatively difficult for the PSNI to take action when they fail to meet them.'

- exemptions and deferrals accepted under extenuating circumstances;
- partial submissions will be accepted if registrants haver worked for fewer than 6 consecutive months;
- gaps of up to 12 months in a CPD portfolio may be tolerated; Registrants may appeal the Registrar's final decision through a formal appeals process and
- registrants will have a 28 day window in which to make representations in response to a 'notice of intention to remove.

11.16 This, the PSA view could potentially undermine the purpose of introducing a compulsory scheme.

11.17 Our response

11.18 Any request for a deferral or an exemption will be considered through an application process for 'Extenuating Circumstances'.

11.19 All applications will be considered in an equitable and sympathetic manner and each application will be judged on its own individual strength and supporting evidence but we stress that it is important that registrants identify and report issues early and make an appropriate application for extenuating circumstances. This will help expedite the application process.

11.20 As a general rule, those practicing will be expected to comply with the CPD requirements as outlined in the framework.

Section 8: Remedial measures

12. Our proposals

12.1 The remedial measures that may be imposed include, but are not limited to, a requirement to:

- make entries in the form and manner specified in the CPD framework;
- make entries that accurately reflect the CPD activities already undertaken by you;
- undertake additional CPD activities;
- undertake additional CPD activities which relate to the safe and effective practice of pharmacy;
- undertake additional CPD activities which relate to a learning need for you that is relevant to:
  - the current scope of pharmacy practice;
  - any specialisation;
  - the environment in which you practise; or the management or recording of your CPD.
- the Registrar may decide to impose a requirement to take one or more remedial measures, the Registrar must notify the registered person of:
  - the measures to be taken;
  - the reasons for imposing the requirement; and
  - the date (if any) by which the registered person must comply with each measure.

12.2 Responses to the consultation

Q8. Do you agree that the remedial measures that will be applied to registrants after CPD non-compliance are clear and proportionate?

	Yes	No	Not sure	Didn't answer
Number	28	41	10	3
Percentage	34.1%	50%	12.2%	3.7%

12.3 The main issues to emerge at question 8 involved the resubmission of portfolios and how CPD is recorded.

Resubmission of portfolio

12.4 Concern was expressed by many respondents that the remedial measures do not include the opportunity to re-submit the original portfolio.

12.5 Some respondents have interpreted the CPD regulations 2012 as allowing re submission of a previously submitted portfolio:

> 'I understand within the regulations there is an option for resubmission of the original portfolio which may have been assessed to have failed. The current PSNI proposal does not allow for this option.' (Medicare Pharmacy Group)

12.6 The Pharmacy Forum commented that even at the stage of remedial measures being proposed a registrant should have the right to appeal such a direction.

12.7 The Pharmacy Forum contend that such a provision has been made in the Pharmacy (1976 Order) (Amendment) Order 2012, 4A (13) and call for a clear statement in the framework, detailing the registrant's rights, in line with the legislative provisions. The Forum argues that without such a statement the current Framework is 'fundamentally flawed and would be subject to legal challenge.'

12.8 In particular, many respondents felt that it was unfair and unjustified not to give the registrant the option of reworking and resubmitting their original portfolio, instead proposing that the registrant submits three new cycles detailing additional CPD undertaken after 1 June of the subsequent year.

> 'CPD must not become in the eyes of registrants a punitive exercise in the event of a failure.' (Individual pharmacist)

Presentational issue- how CPD is recorded

12.9 In particular it was argued by many respondents that if the issue is 'presentational' then resubmission should be allowed,

> 'I do not believe these to be appropriate. If a registrant has failed simply because of how the cycle was written up, I think they should be allowed to re-submit the same cycle again. I do not think that they should have to submit a completely new cycle.' (Individual pharmacist)

> 'Remedial measures must allow resubmission of completed CPD cycles where failure is simply due to an inability to produce correctly documented evidence.' (Individual pharmacist)

> 'I think it is unfair to expect extra cycles to be carried out for presentation issues which have led to the failure. Re-submission of the portfolio, presented in a better format, would be a reasonable request, if presentation is the problem.' (Individual pharmacist)

12.10 The DHSSPS sought clarity around what would appear to be a 'contradictory statement:

> '…the information you have recorded about your CPD has not been recorded in the manner specified in the CPD framework and/or fails to adequately record the dates the CPD has been undertaken. However, the dates on which CPD are undertaken are not essential in Section 4 – Criteria for Assessment.'

Case by case

12.11 It was suggested that remedial measures should be considered on a case by case basis:

> 'I believe that if a registrant's submission fails the assessment, the remedial action(s) should be considered on a case-by-case basis in consultation with the registrant themselves.' (Individual pharmacist)

Constructive feedback and guidance

12.12 Constructive feedback and guidance as part of the process was highlighted as important by a few respondents.

28 days not sufficient

12.13 Some respondents do not believe that 28 days is a sufficient period to allow the evidence for a written submission to be compiled and completed. One pharmacist suggested a longer timeframe of 6 months:

> 'A 28 day period is too short for an individual to revise their portfolio. It should be a minimum of 6 months in order to allow a decent attempt to address any issues. (Individual pharmacist)

CPD non compliance

12.14 The failure to ask any questions on CPD non compliance was described as a 'serious omission' by the DHSSPS:

> 'No question is asked regarding the conditions surrounding CPD non-compliance – 'failure to comply'; rather the focus is on remedial measures. This seems to me to be a serious omission from the consultation in that registrants will be particularly concerned about compliance matters'

12.15 Furthermore, some respondents called for the consultation on the criterion for non compliance:

> 'Clear criteria must be proposed and consulted upon for circumstances which warranted removal.' (Individual)

> 'This enables the registrar to remove someone from the register directly as a result of CPD non-compliance - this is extremely harsh. We would prefer that clear criteria should be proposed and a consultation made regarding situations which require a removal from the register.'
> (Liam Bradley ltd t/a Bradley's pharmacy)

Assessor judgement

12.16 Again a common theme throughout the consultation was that of the knowledge and capability of the assessor.

> 'Needs some additional contextual background in order to be properly understood. For example, 'make entries that accurately reflect the CPD activities already undertaken by you.' How would an assessor know if the entries are adequately reflective of what was done. How extensive an answer is required to make it adequate?' (DHSSPS)

> 'Who judges relevancy of CPD? The assessors will be 'experts in their field'. Does this mean they are non-pharmacists? How could they assess the relevance of pharmaceutical issues?' (Individual pharmacist)

Further clarity

12.17 Further clarity and information was sought around a number of issues:

- How the process of remediation will be applied, including how many additional cycles registrants may be expected to complete (NPA)
- 'The remedial measures are clear but what timeframe do these need to be completed over e.g. 3 months, 6 months, 1 year?' (South Eastern HSC Trust)
- 'The CPD framework does not clearly state what the maximum timeframe is for the Society to assess the appeal.
- Unclear as to how and when these remedial measures will be applied.
- There is no guidance currently stated relating to how and when these remedial measures would be applied and this requires clarification.
- Within the CPD framework there does not appear to be scope for a pharmacist to appeal against the decision that the submitted CPD portfolio has not met the standard. Although the consultation infers that there is quality monitoring, there is no opportunity for the pharmacist to appeal at this stage. (RQIA)
- There doesn't seem to be provision to appeal the assessment of the CPD (to have it re-marked, as it were). (Individual pharmacist)
- Clarification on the circumstances under which removal because of CPD noncompliance was requested
- 'Clarity is required for all registrants regarding appropriate technical completion of CPD cycles particularly due to the demoralising effect of 'failing' a CPD portfolio on a technical submission when a great deal of work in completing CPD cycles and CE learning has been undertaken prior to submission.' (Guild of Healthcare Pharmacists)

12.18 Our response

12.19 The opportunity for remediation provides an opportunity for a registrant to remain in practice and take corrective action in regard to the planning, completion and actioning their lifelong learning.

12.20 Our proposed process, which has been operating for 7 years evidences the value of submitting three new cycles and is based on feedback obtained from 2 independent assessors.

12.22 Resubmission of portfolios will only be allowed in exceptional circumstances with the prior agreement of the Registrar. Exceptions will only be considered on a case by case basis and will be guided by the assessment reports on whether a minor corrective action is required to an original portfolio or whether new cycles are required.

12.23 Where registrants have declared a scope of practice and the CPD activity does not relate to this practice remedial activity will require the submission of new cycles.

12.24 We have provided clarity in relation to remedial measures in the framework document in the following areas:

a. The flow chart on page 29 has been amended to include:
   - the starting point has been specified
   - Timelines have been included where they apply e.g. 28 days and being clear if the total process is within 28 days or if there is the potential for two separate 28 day periods.
   - Page 30 uses the term ‘supplementary notice’. This term has been added to the flowchart so that the flowchart can be linked to the description of process on page 30.

b. We have also provided clarity on what remedial measures means in terms of first and second reassessment and the timelines involved.

c. We have also explained what discretionary power the Registrar has to allow resubmission of a previous submission with amendments – this will be the exception and not the rule**.**

Section 9: Appeals process

13. Our proposals

13.1 The registrant can invoke the appeals process to the Statutory Committee within 28 days of notification of a decision by the Registrar. During this time, the Registrar has the power to suspend registration pending the outcome of the appeal.

13.2 Responses to the consultation

Q9. Do you agree that the Appeals Process that may be invoked by registrants is fair and proportionate?

	Yes	No	Not sure	Didn't answer
Number	27	41	12	2
Percentage	32.9%	50%	14.6%	2.4%

Right to appeal

13.3 The main theme to emerge at question 9 was the right to appeal and not just by invitation from the Registrar. It was emphasised that this is a fundamental safeguard that must be in place.

Reflect the regulations

13.4 There were calls for the framework to accurately reflect the CPD regulations 2012. The Pharmacy Forum expressed grave concern that elements of the CPD regulations 2012 were not reflected in the framework:

> 'Specifically the safeguards and rights given to the registrant at Para 5 (5) (e), under the section 'Notice of Intention to Remove: stage 1'- 'The Registrar must – invite R (the registrant) to indicate whether or not R wishes the matter to be considered at a hearing", are not, at any point referenced in the published CPD framework.
>
> This is a major omission and this framework cannot proceed, and will not be supported, without this section being rewritten and the safeguards being added. This equally applies to the 'Stage 2' which again is not fully described or explained.'

The Pharmacy Forum continued:

> 'In the final bullet point under the section 10 'Appeals Process', the following statement is made, 'The registrant can make representation at the hearing (an appeal hearing of the Statutory Committee) at the Registrar's invitation'.
>
> The Pharmacy Forum believes that a registrant has a fundamental right to make representation at any appeal hearing and this is not subject to the invitation of the Registrar. Our view is informed by the import of 8 (2) (c) of the CPD regulations, where it is stated the registrar must inform the registrant of his/her right of appeal to a statutory committee and our understanding of appearance at any statutory committee includes the right of the registrant to appear.'

13.5 CPNI suggests that the decision should not be taken by the Registrar alone but rather in practice he should act under the advice of the Scrutiny or Statutory Committee.

Powers of Registrar

13.6 Concern was expressed that too much power rested with one individual in this whole process, namely the Registrar.

> '…we do not agree with the power of the Registrar to suspend a registrant from practicing pending Appeal, again no criteria have been provided to inform such action, we also believe this may be viewed as subjective and subject to challenge with potential liability issues.' (CPNI)

13.7 The Pharmacy Forum believe this 'power' has been a misinterpretation of the Regulations as there appears to be adequate safeguards in the Regulations though these are not reflected in the framework.

Criteria undefined and must be consulted upon

13.8 In order to remove potential subjectivity, some respondents called for the criteria to be agreed and consulted upon with regards to the circumstances which would warrant a removal from the register.

13.9 The Professional Standards Authority (PSA) believe that the Pharmaceutical Society NI could strengthen its proposals by removing or further formalising the Registrar's discretionary powers in relation to the procedures for returning to the register after 12 months (in particular when a personal development plan is required) and for restoring to the register following removal for CPD non-compliance.

13.10 This they argue could be made more robust, more transparent and fairer if the Pharmaceutical Society NI were either to set a requirement for all registrants going through these procedures or to publish the criteria on which the decisions about what information they must supply will be made.

Consideration of liability issues

13.11 The Pharmaceutical Society NI was asked by some respondents to consider the potential impact and liability issues associated with the suspension of a registrant e.g. loss of earnings and employment, particularly where the pharmacist is successful on Appeal.

13.12 Clarification was also sought on whether the registrant will be offered compensation if the appeal is upheld in the registrants favour.

> 'If the registrants appeal is upheld, will he or she be compensated, e.g. loss of earnings, will they be reinstated in their previous job, if this has been awarded to another pharmacist?' (Individual pharmacist)

Our response

13.13 The DHSSPS consultation on proposed amendments to the Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2012 closed on 22 February 2013. The proposed amendments relate to a provision for a registered person to request a hearing upon receipt of the registrar's Notice of Intention to remove their name from the register for non-compliance with the Continuing Professional Development framework.

13.14 The following components of framework: appeals, removal and restoration to practise will be addressed at a later stage following the outcome of the DHSSPS consultation and when the disjoint with the legislation is clarified (Pharmacy Order and regulations).

13.15 Comments and feedback from consultees on these issues in this consultation exercise will be considered in the future development of our policy in these areas.

Section 10: Restoration to practice after non-compliance with CPD requirements

14. Our proposals

14.1 A registrant can apply to be restored to the register after removal from the register for CPD non-compliance on submission of appropriate documentation.

14.2 When the Registrar has issued a 'notification of removal' the registrant can apply for restoration to practice on:

- completion of the relevant application form;
- payment of the prescribed fee;
- presentation of additional documents, information or evidence as the Registrar may require; and,
- compliance with undertakings with regard to continuing professional development as the Registrar considers appropriate in the applicant's case.

14.3 Responses to the consultation

Q10. Do you agree that the proposed new procedure for 'restoration to practice' for registrants after their removal for CPD non-compliance is rigorous and provides sufficient safeguards for patients and the public?

	Yes	No	Not sure	Didn't answer
Number	32	24	22	4
Percentage	39.2%	29.3%	26.8%	4.9%

14.4 Of those that agreed with the proposed new procedure, 7 provided comments.

Fees

14.5 The NPA requested more information in relation to fees and additional documents that the Registrar may require in relation to procedures for restoration to practice.

14.6 The DHSSPS asked if the registrant has proved on appeal that he/she should not have received notification of removal or that the Pharmaceutical Society NI's actions were not justifiable, what action will the Society take to make reparation? It was emphasised that the pathways here must be fair and it is important that there are checks and balances that keep both parties 'honest'.

14.7 Two respondents expressed qualified support for the proposal. The Pharmacy Forum stated that it could support the proposals 'on the basis that changes are made to the 'Removal from the Register' section of the Framework then the proposals for restoration appeal to be acceptable.

14.8 An individual pharmacist said that whilst on the surface the proposal appears to be fine it was stressed that the application process must be clearly defined and should not be difficult or open to interpretation.

Not enough detail

14.9 The main theme of comments from those that answered no/not sure was that there was not enough detail in the procedure prescribed.

14.10 Proposals were considered to be too vague and unclear with respondents calling for a more robust, rigorous and clearly defined process in place, in order to avoid subjective assessment in its application.

14.11 A few respondents questioned whether the proposals as presented would stand up to legal challenge:

> 'This process should be clear and robust so as to stand up to legal challenge and avoid subjectivity.' (Individual pharmacist)
>
> 'Your proposal lacks detail and will inevitably end up in court to be clarified' (Individual pharmacist)

Temporary suspension rather than removal

14.12 Some respondents stated that in cases where CPD non compliance was not a fitness to practise issue, a temporary registration suspension would seem more appropriate rather than removal and restoration.

> 'During the suspension the registrant would be given a time frame in order to comply with CPD standards and could then be removed from the register in the case of non-compliance.' (Locum pharmacist)
>
> 'I am unsure about this part of the proposal. I do feel there is a vast difference between a competent pharmacist who is unable to produce a complicated CPD document and a pharmacist who is less competent but is able to jump through the hoops imposed by the new structures. CPD can only detect individuals, who are bad at writing up CPD, incompetent/dangerous/dishonest pharmacists' (Pharmacy Manager)
>
> 'This is a very difficult situation but it is important- especially where CPD doesn't actually involve either an error or direct damage to patients.' (Individual pharmacist)

14.13 Respondents sought clarity around a number of issues including:

- How long will the registrant be off the register?
- Is the registrant able to apply for restoration immediately after removal?
- What is the time-scale for CPD non-compliance?'
- Can the registrant only be removed once the non compliance?
- Additional documents that the registrar may require in relation to procedures for restoration to practice.
- Why is there a fee involved if the person has completed all other steps and what will the fee be?

14.14 It was also recommended that should be reviewed the following year as part of the process.

14.15 Our response

14.16 The DHSSPS consultation on proposed amendments to the Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2012 closed on 22 February 2013. The proposed amendments relate to a provision for a registered person to request a hearing upon receipt of the registrar's Notice of Intention to remove their name from the register for non-compliance with the Continuing Professional Development framework.

14.17 The following components of framework: appeals, removal and restoration to practise will be addressed at a later stage following the outcome of the DHSSPS consultation and when the disjoint with the legislation is clarified (Pharmacy Order and regulations).

14.18 Comments and feedback from consultees on these issues in this consultation exercise will be considered in the future development of our policy in these areas.

Section 10: General questions about the CPD framework

15. Responses to the consultation

Q11. Are you satisfied that the draft framework document addresses relevant aspects of the CPD process in sufficient detail?

	Yes	No	Not sure	Didn't answer	Just comment
Number	31	26	18	5	2
Percentage	37.8%	31.7%	22.0%	6.1%	2.4%

Not clear, over prescriptive

15.1 Respondents felt that the framework was not clear in many regards yet on other matters it appeared to be more detailed and over-prescriptive.

> 'In some areas the approach being proposed is overly prescriptive and disproportionate while in other areas it is vague and lacking in important information.'

15.2 The Pharmacy Forum stated that pharmacy is a diverse profession therefore a 'one-size-fit all' approach is not appropriate. Again it was reiterated that practitioners must be able to undertake CPD that is relevant to their practice of pharmacy.

15.3 Recurring themes included:

- Too many mandatory standards (in addition to the mandatory requirement of completion of 30 hrs of CPD)
- Too many 'hurdles to jump and too many hazards to allow pharmacists to fail.'
- Process driven
- Too complicated
- Vague
- Powers of registrar and criteria for action undefined
- Restoration to practice after non-compliance process is unclear
- Too many opportunities to fail and be non compliant
- Does not address the needs of the profession
- Is based on how learning is written up rather than the learning outcome and how it improves practice and public safety.
- Deadline for portfolio submission too tight (1 June CPD year ends 31 May)
- The requirement to demonstrate how CPD has contributed to Public/Patient safety

Comparison with other professions and regulators

15.4 Comparison with other professions and healthcare regulators approach was highlighted e.g. GDC record verifiable and non-verifiable CPD.

15.5 The GPhC model where the individual entries are judged on merit and an entry is not failed simply because something has not been documented correctly so that essential criteria are missed was advocated to be a better approach.' (Individual pharmacist)

15.6 The issue of dual registration was highlighted, as per previous questions. The requirement to submit to separate CPD portfolios, it was suggested, 'will have an unintended impact in that it will reduce the levels of support provided from non NI based companies.' (Cooperative Pharmacy)

Assessors

15.7 One respondent disagreed with content of appendix 3 – the public recruitment of independent assessors. Referring to their own past experience of failing a CPD cycle, they suggested that future assessment of CPD should be undertaken by peers – community pharmacists assessing community pharmacists, and hospital pharmacists assessing hospital pharmacists etc.

15.8 At the very least, it was suggested that this is explicitly made clear to pharmacists when writing up their CPD that the assessors are lay people, and it should be written in such a way that a lay person could connect the information in the summary of learning to the evidence of application.

15.9 The NPA suggested that it may be useful to provide registrants with a flow chart with key dates and milestones clearly identified in the final framework document.

Improvements to the flowchart

15.10 Improvements to the flowchart on page 32 were suggested. Amendments included:

- Specifying the starting point.
- Include timelines where they apply e.g. 28 days and being clear if the total process is within 28 days or if there is the potential for two separate 28 day periods.
- Explain abbreviation FtP as footnote
- Both 'Assess portfolio record boxes should be coloured the same to denote ... go back to start
- Are endpoints 'close' and 'assessment complete' the same ... if so use same terminology
- Pg 30 uses the term 'supplementary notice'. Use this term in the flowchart so that the flowchart can be linked to the description of process on page 30
- The flowchart does not appear to indicate that an appeal can be launched after 'Removal of entry or annotation'. Is this intended?

15.11 Further clarification of a Significant Events Analysis policy (SEA) was suggested where practitioners can discuss mistakes/adverse events in a non-judgemental way so policies can be amended to make patient care safer'

Process alienate older pharmacists

15.12 There was concern that the process could result in alienating older pharmacists, who may be put off by the process and may allow themselves to go off the register.

15.13 There were calls for the framework to be revisited and revised to accurately reflect the legislation with the additional safeguards, which are part of the Regulations, being more explicitly referenced.

Section 11: General questions about the CPD framework

16. Responses to the consultation

Q12. Do you agree that a proportion of those portfolios selected for CPD assessment/sampling should be taken from pharmacists who are 'returning to practice' and those in 'patient-facing' roles?

	Yes	No	Not sure	Didn't answer	Just comment
Number	38	22	16	4	2
Percentage	46.3%	26.8%	19.5%	4.9%	2.4%

Reasonable approach

16.1 Those who agreed felt that the proposal was reasonable, that a broad spectrum of pharmacists are assessed. One respondent supported the selection of portfolios from those in patient facing roles as they 'have the potential to cause greatest risk to the public.'

16.2 The Professional Standards Authority (PSA) said it was encouraged to see the Pharmaceutical Society NI developing a risk based model for the targeted sampling of CPD portfolios and would be interested to learn more about this approach and how it progresses.

16.3 The PSA suggested that in order to aid those pharmacists return to practice, refresher/specific training courses should be undertaken. One pharmacist recommended that those returning could shadow other pharmacists and regain practical experience 'instead of writing CPD and personal development plans'.

Fixed percentage from each category

16.4 A small number of consultees expressed qualified support for the proposal with one respondent suggesting that there should be a fixed percentage from each category.

16.5 One pharmacist agreed and suggested that the proportion should be exactly the same as pharmacists in other roles and that this must include academics, administrators, business owners/CEOs, employees, hospital, and community pharmacists in the same proportion. Another consultee emphasised that as well as different areas of pharmacy, all age groups must be considered.

Identification of pharmacists in patient facing roles

16.6 Further clarity was sought by some respondents in relation to how pharmacists in patient facing roles are identified and what is deemed to be risky practice. For example, the NPA requested that;

> '…the Council to provide further guidance on 'risky' practice. Council are to pursue targeted selection we ask for guidance on how to manage the assessment of registrants who change from one area of practice to another or who are 'portfolio workers' practicing across a range of settings.'

16.7 An individual pharmacist felt that;

> 'The only fair way to do this is to have a random sampling across all pharmacists on the register. Otherwise, how do you define the sub-groups to be targeted and why should say a desk bound pharmacist who does the occasional locum in hospital or community be any less a risk to the public then say a pharmacist who works in a 'patient facing' position on a continual basis. You cannot have sub-groups on the practicing register.'

16.8 The challenge in identifying those pharmacists in 'patient-facing' roles was identified by a few respondents, including the Guild of Healthcare Pharmacists:

> 'Non patient-facing pharmacists (e.g. office based / managers) can have an indirect influence on patient safety that could be equal or be more profound that 'patient-facing' pharmacists'.

16.9 The Western HSC Trust also highlighted the potential challenges:

> 'It is wrong to make distinctions or worthiness between pharmacist's work. A pharmacist with no patient-facing roles could cause as much harm to a patient in terms of protocols, guidelines, SOPs they draw up or fail to draw up for the workplace.'

16.10 Boots said it was 'unclear as to how the Pharmaceutical Society NI will decide on how pharmacists are in patient facing roles other than by self-declaration.'

Targeted sampling concerns

16.11 The RQIA requested further information with regards to targeted sampling and risk:

> 'How will the Society incorporate risk management with regard to patient and public safety for those who are in regular employment in patient facing roles versus those who are not in regular employment and returning to practice. Since the majority of registrants will be employed in a patient facing role it is inevitable that a proportion of their portfolios will be selected as part of the overall 10%. Do PSNI intend to identify to all how the overall random selection of 10% will be subsequently divided between different groups, i.e. hospital/community/others.'

16.12 Some respondents raised concerns around targeted sampling arguing that this could be viewed as discriminatory.

16.13 An individual pharmacist warned that

> 'Targeted sampling would be a discriminative process considering CPD is a legal requirement for ALL pharmacists on the PSNI register and not just those who are 'returning to practice' or in 'patient facing roles'.

16.14 Similarly, CPNI opposed outright targeted sampling, providing the following reasons:

> 'We absolutely disagree with such a process; the positive inclusion of certain groups of registrants would counter the principals of random sampling. We believe that random sampling is the only fair mechanism for selection of portfolios.'

16.15 The requirement for all portfolios to be submitted makes this proposal unnecessary, the Western HSC Trust argued:

> 'Why create a hierarchy of risky pharmacists? There is no need for it. It will cause greater procedural problems, and anyway ALL pharmacists have to submit their CPD portfolio each year. The fact that all pharmacists will have to submit their CPD portfolio each year makes this practice unnecessary.'

16.16 Females in particular were highlighted as a group that could be discriminated against in this process.

> 'No, I think this is discriminatory and unfair to people returning to practice which is often by nature women returning from maternity leave. I personally think all pharmacists should be equally sampled regardless of job role, patient facing or not.'

> 'I don't think a specific proportion should be taken from those returning to practice as presumably the majority of these will be women returning to work after taking time out to have a family which may then raise the issue of sexual discrimination.'

Random sample

16.17 Many of those respondents who answered no to this question advocated random sampling.

16.18 Respondents felt that this was the only fair way and the only way to address concerns around discrimination and would ensure that all on the register would have an equal probability of being selected.

16.19 Boots reiterated their preference for only a sample of the register required to submit records, all of which are then assessed and feedback given as appropriate.

Non practicing register

16.20 One respondent felt that a non practicing register should be introduced:

> 'I do believe we should have a non-practicing register and those who do not wish to complete the Mandatory CPD or retired or older members of profession can remain on this and still be involved with the profession but the public would be safeguarded as they would be prevented from delivering all forms of pharmaceutical services to the public.'

16.21 Our response

16.22 A proportion of those portfolios selected for CPD assessment/sampling will be taken from pharmacists who are 'returning to practice' and those in 'patient-facing' roles. We believe that risk-based regulation can enable us more effectively to deliver our statutory purpose - to protect, promote and maintain the health and safety of the public, in particular.

16.23 The development of a risk based model for the targeted sampling of CPD portfolios is in line with the principles of good regulation identified by the 'Better Regulation Executive' in 2000. We have adopted the key principles outlined, particularly that regulation is targeted - we will ensure that our activity is focused on areas of greatest risk and/or what is deemed to be in the interests of public safety.

16.22 Our approach is also influenced by the findings from the commissioned research from Manchester University[2] around risk-based assessment of registrants in patient-facing roles and those returning from a career break.

16.23 An explanation of the targeted sampling process will be provided to registrants. A 'Frequently Asked Questions (FAQ) document will be provided to aid registrants and ensure they are clear about the new CPD process.

16.24 We intend to review the new CPD process and the targeted sampling approach.

[2] 'Assessing Risk associated with contemporary pharmacy practice in Northern Ireland.' (June 2011) The University of Manchester.

Q13. Do you have any further comments about the draft CPD framework?

17. A wide range of comments and suggestions were made in response to this question.

17.1 Comments were made that the framework was arbitrary and disproportionate with too many conditions/standards with which the pharmacist can fail.

17.2 Other comments included:

- 'The proposals appear to be something to fear'
- The framework is very discouraging. The CPD framework should be a model of CPD promotion and encouragement and used as a constructive tool to improve pharmacists' competence
- The CPD framework is difficult to understand
- Will alienate pharmacists further
- Too many mandatory conditions and reading the document gives an impression that the likelihood of failure is significant
- Surely the focus should be on encouraging and aiding learning, not striking pharmacists from the register.

Comparison other professions and healthcare regulators

17.3 Quite a number of comments were made in relation to other professions and healthcare regulators.

> 'Pharmacists in Northern Ireland should not be subject to excessive CPD requirements that are not required of their UK (and beyond) counterparts and other professions.'

17.4 Some respondents felt that the proposals were disproportionate in comparison with other professions such as dentists and doctors.

17.5 Cooperation and joint working with other pharmacy professional bodies and other healthcare regulators was recommended.

17.6 The NPA requested that consideration is given to establishing a memorandum of understanding (MoU) between the GPhC and the PSI to allow registrants to submit for assessment to the Pharmaceutical Society NI, CPD carried out as members of these organisations. The NPA believe that 'alignment of core elements between different regulators would be welcomed by registrants and demonstrate that submission of CPD is not merely a bureaucratic paper exercise.'

Support

17.7 The Guild of Healthcare Pharmacists (Craigavon Area Hospital) emphasised that for CPD to be meaningfully applied the Pharmaceutical Society NI and the Pharmacy Forum must both commit to enabling registrants to fully participate in continuing education. Registrants must also be given explicit support to engage with their employers to make CPD fit work-life balance.

17.8 The Guild of Healthcare Pharmacists also suggested that opportunities are explored in technology such as access to webinars and online learning and asked if registrants of the Pharmaceutical Society NI will be able to share in the learning events

produced for members of the Royal Pharmaceutical Society via a reciprocal agreement.

Recording CPD

17.9 Again, as per previous questions, the issue of how CPD is recorded was raised. One pharmacist stated:

> 'When assessment is largely based on how the written records are presented, I do not consider this appropriate or fair. Evidence of participation in learning should be enough. CPD should be about the learning and not about the 'writing up'. It seems we have this all the wrong way round.'

Evaluation

17.10 The DHSSPS emphasised the importance of assuring the profession that the evaluation process is robust and assessors are competent:

> 'The evaluation and the processes of evaluation has been a recurring issue for the Society and it would be important to provide the assurances to the profession that evaluation is being carried out in a way that ensures consistency and integrity of the process.
>
> It also seems important that there is a visible statement of the CPD or competency requirements of evaluators that would engender confidence, given that they are making judgement that may affect an individual's career. Appendix 3 begins to address this but needs to be made more robust.'

Online submission

17.11 The limitations and potential problems associated with online submissions were highlighted. For example, an individual pharmacist called for an increase to the characters/word limit in the online entries. Another pharmacist recommended that online CPD is subject to plagiarism software to ensure that shortcuts are not taken by Pharmacists that work in groups.

Remedial measures and power of the Registrar

17.12 Absence of criterion to be used by Registrar in suspending registrants prior to investigation by relevant committees was described as a critical omission. It was felt that the 28 day notice of removal was not a sufficient period in all circumstances for a new submission to be completed and submitted.

Retention of CPD portfolios

17.13 Clarity was also requested in relation to how long CPD records will be kept for the future.

Equality issues

18. Responses to the consultation

Q14. Do you think that applying the Standards and Guidance outlined in the CPD Framework will have an adverse impact on any of the aforementioned categories that should be considered before further development?

If so, please identify which groups could be affected and how this might be addressed.

18.1 The groups identified by some respondents as being potentially affected by the proposals in the CPD framework included

- Women
- Older pharmacists
- Those who work part time
- Newly qualified pharmacists

Older pharmacists

18.2 It was viewed by some of the respondents that the current proposals and process may alienate older pharmacists, particularly in relation to online submission.

18.3 The Pharmaceutical Society NI was urged to engage directly with older, retired or part time pharmacists to ensure their views are given full consideration before finalising the assessment process.

Females – part time workforce and maternity leave

18.4 It was felt that the limitation of simulated role play to 25% could be perceived to discriminate indirectly against women (who make up the majority of the part-time work force).

18.5 It was felt by some that the process of targeted sampling may disproportionately affect female pharmacists for example, those returning to practise following a period of maternity leave.

18.6 RQIA stated:

> 'An increasing percentage of the pharmacy register are women. Typically, females are more likely to work part time hours and/or take a career break and subsequently return to practice. It is likely that because of this the CPD requirements will impact on them disproportionally. While RQIA recognises that all practising pharmacists must be able to demonstrate competence, this may be more difficult for this group.'

Disabilities

18.7 It was felt that the framework could discriminate against pharmacists who have disabilities such as dyslexia, visual impairment and other conditions.

Newly qualified pharmacists

18.8 Newly qualified pharmacists and retirees were identified as groups likely to be impacted:

> 'The CPD process must reasonably support people who are not currently employed to comply with requirements. The people I would consider most likely to be challenged by capping 'simulated role play' are recent graduates, those on career breaks (perhaps affecting more women than men) and retirees.'

Our response

18.9 We will monitor, evaluate and review the implementation of the Framework.

18.10 Comments have been made in relation to older pharmacists and that the current proposals and process may alienate older pharmacists, particularly in relation to online submission. Whilst the Pharmaceutical Society NI prefers that registrants submit their CPD portfolio online, we will accept paper portfolios.

18.11 Concerns have also been expressed that the process of targeted sampling may disproportionately affect female pharmacists for example, those returning to practise following a period of maternity leave. Sampling will involve a mixture of random and 'targeted' sampling- not just 'targeted'. Our approach to 'targeted sampling' is influenced by the findings from the commissioned research from Manchester University[3] and the recommendations from the 'Better Regulation Executive'.

18.12 We are committed to, and will review the new CPD process and the targeted sampling approach. We acknowledge that any risk-based approach involves differentiating between target groups on the basis of perceived risk and this can raise potential equality issues particularly given that females make up over 65% of the register and are more likely than men to take career breaks, maternity leave and to work part time. In implementing this policy we will ensure the processes are objective, transparent and free from discrimination.

[3] 'Assessing Risk associated with contemporary pharmacy practice in Northern Ireland.' (June 2011) The University of Manchester.

Appendix A

Name	Responded as Individual or Behalf of an Organisation
Brendan Anglin	Individual
Brian Bell	Individual
Colum Coyle	Individual
Emer Geoghegan	Individual
Francis G (Frank) Foy	Individual
G.W. Field	Individual
Hilary Dickson	Individual
Martin McVeigh	Individual
	Individual
Robert Bell	Individual
Vincent Campbell	Individual
Raymond Anderson	Individual
Patrick Kennedy	Individual
Mark Hunter	Individual
Sheelagh Hillan	Individual
Alison Earney	Individual
Barbara Rice	Individual
Paula Morgan	Individual
Sarah Brownlee	Individual
Sian Cousins	Individual
Martin Kerr	Individual
Eoghan O'Brien	Individual
Lorna McGrath	Individual
Gareth Peeples	Individual
Edel O'Hara	Individual
Victoria Goble	Individual
Helen Hastie	Individual
Gordon McIvor	Individual
Helen Allsop	Individual
Kathleen Leona Doherty	Individual
Mairead Dornan	Individual
Bernadette McCullagh	Individual
Michael Ogilby	Individual
Ryan Catney	Individual
Julia Tolan	Individual
Scott Gill	Individual
Jane Fleming	Individual
Jay Floyd	Individual
Rebecca Millar	Individual
Fionnuala Rafferty	Individual
Allister Heslip	Individual
Peter Rice	Individual
Nicola Martin	Individual
Declan Bateson	Individual
Allen Mathewson	Individual
Paul Hughes	Individual
Thomas John Dobson	Individual

Brendan Gormley	Individual
Peter Dickson	Individual
Dave MacRae MPS	Individual
Aideen O'Kane	Individual
Katherine Kidd	Individual
Jacqui Dougan	Individual
Diane Miller	Individual
Linda Stewart	Individual
Iain Jack	Individual
Ian Carrington	Individual
Gerard Greene	Individual
Gordon Addy	Individual
Mark Overell	Individual
Norman Morrow	Individual
Anonymous - no details given	Individual
Aidan Hughes	Individual

Organisation	Responded as Individual or Behalf of an Organisation	
Pharmacy Department, Altnagelvin, Western Health and Social Care Trust	Organisation	Health and Social Care organisation
Western Health and Social Care Trust	Organisation	Health and Social Care organisation
Southern Health and Social Care Trust	Organisation	Health and Social Care organisation
Northern Health and Social Care Trust	Organisation	Health and Social Care organisation
HSCB	Organisation	Health and Social Care organisation
The Regulation and Quality Improvement Authority	Organisation	Health and Social Care organisation
DHSPPSNI	Organisation	Government department
TMSK Ltd	Organisation	Pharmacy organisation
Co-operative Pharmacy	Organisation	Pharmacy organisation
Liam Bradley ltd t/a Bradleys pharmacy	Organisation	Pharmacy organisation
Medicare Pharmacy Group	Organisation	Pharmacy organisation
Boots	Organisation	Pharmacy organisation
VIVOMED	Organisation	Pharmacy organisation
Pfizer Worldwide Research and Development	Organisation	Pharmaceuticals
NICPLD NI Centre for Pharmacy Learning Development	Organisation	Pharmacy organisation
RCGP NI Royal College General Practitioners	Organisation	Professional body(GPs)
Pharmacy Forum of the Pharmaceutical Society NI	Organisation	Professional body
Guild of Healthcare Pharmacists Craigavon Area Hospital	Organisation	Representative body
CPNI	Organisation	Representative body
National Pharmacy Association	Organisation	Representative body
Professional Standards Authority	Organisation	Oversight body