

Report on the responses to the Consultation on the CPD framework part 2

April 2014

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About the consultation

The CPD framework part 1 was published in May 2013 and this reflected the CPD regulations as made by the Assembly in August 2012.

At the time of publication, it was recognised that within the regulations, no provision had been made to allow a registered person to request a hearing.

To address this, in February 2013 the Department of Health, Social Services and Public Safety (DHSSPS) published amendments to the Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2012 which were consulted upon.¹

The amendments to the CPD regulations, which came into operation on 31 May 2013 informed the second iteration of the framework which flows from these legislative requirements.

On 14 November we launched a consultation on the CPD framework part 2. In the consultation we sought views on:

1. Applications for extenuating circumstances – timing of application and information to be provided
2. Restoration to the Register after removal for CPD non-compliance -procedure for restoration and information to be provided before and after restoration
3. Information to be supplied by registrants about CPD – Evaluation, proposal to remove the 25% cap on simulation and future application of learning.

Introduction

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 CPD framework part 2.

The consultation and views of consultees were discussed and considered by the CPD taskgroup at its meeting held on 26 February 2014.

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.

¹ The DHSSPS held a consultation for 8 weeks from 31 December 2012 to 22 February 2013
<http://www.dhsspsni.gov.uk/showconsultations?txtid=60977>

Purpose of report

This report provides a summary of the responses to the consultation on the CPD framework part 2 held from 4 November 2013 to 23 January 2014.

The report provides a breakdown of the respondents to the consultation, key statistics and draws out key themes to emerge from the consultation. A commentary on the responses to each of our proposals is also provided.

A list of organisations and individuals that responded to the consultation is provided in appendix one.

Summary of recommendations

Extenuating circumstances

30 April deadline and within 21 days

In the main, respondents were in favour of greater flexibility when considering applications for extenuating circumstances. A definitive deadline was considered appropriate for 'planned' extenuating circumstances' i.e. maternity, hospitalisation but not for 'unpredictable' or 'life changing' circumstances.

It was suggested that the 21 days may be better used as a guideline rather than requirement as the start date of the 'untoward event' could be difficult to determine in some cases. The most frequent comment made was that 21 days may not be an adequate timeframe to make an application as it very much depends on the nature of the extenuating circumstance.

The deadline of 30 April will remain as will the requirement to submit an extenuating circumstances (EC) application form 'within 21 days of the untoward event occurring'.

However, we will not stipulate this requirement as a 'must'. We have amended the statement and reworded this to say:

'The registrant **should** inform the Registrar of the change of circumstance by submitting an application form **normally** within 21 days of the untoward event arising, and before the 30 April deadline for applications.'

Late applications

A few respondents queried what would happen if something occurred after 30 April that prevented CPD submission. It was argued that a registrant may have completed a proportionate amount of CPD but are prevented from completing this before 31 May due to an event.

With any late applications received after the application deadline (30 April) the registrant should provide a reason for the delay and these will only be considered at the discretion of the Registrar.

Next of kin

The provision for a 'next of kin' to complete and submit the form on behalf of the pharmacist was highlighted as problematic. A few consultees felt it was unreasonable to expect a family member to know that a form has to be completed and submitted on the pharmacist's behalf.

We will allow the 'next of kin' to contact the Pharmaceutical Society NI on behalf of the registrant as well as complete the form.

Bereavement

We have omitted 'bereavement' from the list of 'generally not acceptable' extenuating circumstances. Recent bereavement or serious illness within close family is accepted but we would stress that all extenuating circumstances applications will be considered on its own merits and on a case by case basis.

Keeping in touch days

Many respondents were not in favour of the proposal that if a registrant is on maternity leave and undertakes KIT days will no longer be exempt from CPD obligations for that year.

We will no longer require those on maternity leave who undertake KIT days to submit CPD portfolio.

A registrant can undertake up to 10 statutory KIT days and be exempt from their CPD requirements. Any work undertaken by the registrant over and above these statutory KIT days will be considered 'locum work' and the registrant will be eligible to make a CPD submission.

Restoration of a name or an annotation to a name to the register after non-compliance with CPD requirements

30 hours Continuing Education (CE) and personal development plan

The requirement for 30 hours CE and a personal development plan as part of an application to be restored will be adopted. This will provide the Registrar with sufficient assurance that the applicant is prepared for restoration to the register.

No additional requirements will be sought.

Restoration of a name or annotation to the register after CPD non-compliance (supporting evidence)

The vast majority of respondents (17/19) agreed that supervised practice, formal study or private studies are all acceptable and appropriate activities to support an application for restoration to practice.

We have also included in the list of acceptable activities under formal study 'attendance at conferences'.

Post restoration

In the consultation we proposed that an additional 15 hours of CPD will be required by the registrant within 6 months of their return to the register.

We have taken on board comments from consultees that this is potentially an excessive amount to ask registrants to undertake in addition to the standard annual submission of 30 hours as part of the CPD year.

15 hours of CPD will be required from the registrant within 6 months of their return to the register and will be treated as an early submission and a component of the 30hour compulsory annual submission.

Information to be provided by registrants about CPD

An overwhelming majority supported this proposal (18/20) to remove the 25% 'cap' on recording learning activity in the evaluation stage of the CPD cycle as either 'future application of learning' or 'simulation' .

This proposal will be adopted.

Responses to consultation questions

Overview of consultees - who we heard from

A total of 20 responses to the consultation were analysed, comprising 12 responses from individuals and 8 responding on behalf of an organisation.

Health and Social Care Organisation	1
Pharmacy	2
Pharmacy representative body	4
Pharmacy regulatory body	1
Individual pharmacist	12

Extenuating circumstances

What we proposed

If a registrant makes an application for extenuating circumstances they should complete and submit the extenuating circumstances (EC) form to the Pharmaceutical Society NI within 21 days of the untoward event arising and before the 30 April submission deadline in any CPD year (the CPD year commences on 1 June and ends 31 May the following calendar year).

What we heard

Q1. Do you agree with the 30 April application deadline for extenuating circumstances, one month before the end of the CPD year and the deadline for CPD submission?

	Yes	No	Not sure
Number	5	11	4
Percentage	25%	55%	2%

Over half of the respondents disagreed with the 30 April application deadline for extenuating circumstances.

Some consultees felt that insufficient time had been allowed to ensure all registrants are fully aware of the deadline and suggested this is enforced in future years, perhaps 2015.

The Pharmacy Forum and Boots whilst agreeing in principle with a stipulated deadline for 'planned' extenuating circumstances i.e. maternity/paternity/hospitalisation felt that a stringent deadline may not be appropriate for those 'unpredictable' situations/events.

One consultee stated that 'a set date like this is always going to produce exceptions that will need a range of management mechanisms in place.'

In the main, respondents were in favour of greater flexibility when considering applications for extenuating circumstances.

CPNI and Gordons Chemists are in favour of stipulating 30 April as guidance rather than an immovable deadline.

A few respondents queried what would happen if something occurred after 30 April. It was argued that a registrant may have completed a proportionate amount of CPD but are prevented from completing this before 31 May due to an event.

The Pharmacy Forum believes that all late applications should be considered not just at the discretion of the Registrar.

Gordons believe that all applications should be considered on an individual basis and there should be no definitive list of such circumstances.

Boots, the Pharmacy Forum and other consultees disagreed that bereavement is a 'generally not acceptable extenuating circumstance' as it would depend on the nature of the bereavement and discretion should be given in this area.

Gordons recommended that unemployment is considered as an extenuating circumstance given the economic climate and the many newly qualified pharmacists who will have difficulty in meeting the CPD requirements due to lack of work.

The Forum calls for a provision to be made for a career break of up to one year and for it to be considered as an extenuating circumstance. During this time the pharmacist would not practice but be allowed to remain on the register. This does not pose any greater risk to public safety than someone who has been on maternity/paternal leave for up to 1 year.

Q.2 Is the requirement to submit an extenuating circumstances (EC) application form '*within 21 days of the untoward event occurring*' a reasonable timeframe for a registrant to inform the Pharmaceutical Society NI of an extenuating circumstance?

Our proposal

The registrant must inform the Registrar of the change of circumstance by submitting an application form within 21 days of the untoward event arising, and before the 30 April deadline for applications.

In the meantime, the registrant must ensure that they maintain their CPD records, insofar as they are able, in readiness to make a CPD portfolio submission by the 31 May deadline.

The outcome of the application will be notified formally, in writing, to the registrant, usually within 21 days.

What we heard

	Yes	No	Not sure
Number	3	12	5
Percentage	15%	60%	25%

The most frequent comment made was that 21 days may not be an adequate timeframe to make an application as it very much depends on the nature of the extenuating circumstance.

CPNI and Gordons consider the requirement to be completely unacceptable and to suggest that registrants should inform the Pharmaceutical Society NI within 21 days of an untoward event is completely unrealistic.

Boots and the NPA whilst agreeing that the timeframe is likely to be achievable in the majority of cases, there will be a few, likely to be a small number, who are incapable of submitting the request within the 21 days; due to the nature of the extenuating circumstance.

It was suggested that the 21 days may be better used as a guideline rather than requirement as the start date of the 'untoward event' could be difficult to determine in some cases e.g. a situation could progressively get worse to the point where the registrant feels unable to comply with the CPD requirements.

The provision for a 'next of kin' to complete and submit the form on behalf of the pharmacist was highlighted as problematic. A few consultees felt it was unreasonable to expect a family member to know that a form has to be completed and submitted on the pharmacist's behalf.

It was suggested that informing the Pharmaceutical Society NI for example by telephone, would be sufficient with all relevant documentation to be submitted and scrutinised appropriately in retrospect, when the registrant's situation has improved to the extent that ongoing professional registration is a concern.

Boots emphasised that the Registrar must be able to exercise discretion where needed. The NPA felt that cases need to be reviewed individually with extensions given if the 21 day deadline for the submission of the application form cannot or has not been met.

Gordons, CPNI, the Forum and other individual pharmacists disagree with the proposal that if a registrant is on maternity leave and undertakes KIT days will no longer be exempt from CPD obligations for that year.

This was described as 'fundamentally wrong' and 'counterproductive' by the Forum and Gordons felt it would defer pharmacist from returning to practice. It was recommended that a certain number of KIT days should be allowed without affecting the CPD exemption decision.

Our response

We have revised the requirements for receipt of applications for extenuating circumstances applications.

The deadline of 30 April will remain as will the requirement to submit an extenuating circumstances (EC) application form 'within 21 days of the untoward event occurring'.

However, we will not stipulate this requirement as a 'must'. We have amended the statement and reworded this to say:

'The registrant **should** inform the Registrar of the change of circumstance by submitting an application form **normally** within 21 days of the untoward event arising, and before the 30 April deadline for applications. Each application for extenuating circumstances will be considered on its own merits and on a case by case basis.'

The 30 April deadline is appropriate as we believe registrants should have substantially completed their CPD as they will be 11 months into the CPD year.

We strongly encourage registrants to ensure they maintain their CPD records throughout the CPD year, in readiness to make a CPD portfolio submission, and not left to the final month before the submission deadline.

On this basis, it is only in cases where a registrant's ability to undertake CPD activity throughout the CPD year has been significantly affected that an application for extenuating circumstances should be made.

Late applications

With any late applications received after the application deadline (30 April) the registrant should provide a reason for the delay and these will only be considered at the discretion of the Registrar.

Next of kin

We will allow the next of kin to contact the Pharmaceutical Society NI on behalf of the registrant as well as complete the form.

Guide not definitive list of extenuating circumstances

Table 1(a) lists some examples of extenuating circumstances which will be generally acceptable but we would stress that this list should be used only as a guide and is not meant to be exhaustive or prescriptive.

We have omitted 'bereavement' from the list of 'generally not acceptable' extenuating circumstances. Recent bereavement or serious illness within close family is accepted but again we would stress that all extenuating circumstances applications will be considered on its own merits and on a case by case basis.

Keeping in touch days

We will no longer require those on maternity leave who undertake KIT days to submit CPD portfolio.

A registrant can undertake up to 10 statutory KIT² days and be exempt from their CPD requirements. Any work undertaken by the registrant over and above these statutory KIT days will be considered 'locum work' and the registrant will be eligible to make a CPD submission.

² Whilst undertaking keeping in touch (KIT) days the registrant has an ethical obligation, under principle 6 of the Code of Ethics (2009), to ensure they have the requisite knowledge and skills to allow the safe and effective practice of pharmacy.

Restoration of a name or an annotation to a name to the register after non-compliance with CPD requirements

Our proposal

When a registrant has been removed for non-compliance with their CPD requirements they can apply to be restored by making an appropriate application to the Registrar.

Part of the application for restoration to the register requires the applicant to evidence a minimum of 30 hours documentary evidence of personal learning and development or Continuing Education (CE). This will provide the Registrar with sufficient assurance that the applicant is prepared for restoration to the register.

What we heard

Q3. Should there be a requirement of a minimum of 30 hours documentary evidence of personal learning and development or Continuing Education (CE) to be produced by an applicant prior to restoration to the register (this is in addition to the annual CPD requirement of 30 hours post-restoration)?

	Yes	No	Not sure
Number	8	10	2
Percentage	40%	50%	10%

Continuing Education (CE)

A few consultees queried the acceptance of Continuing Education (CE) to be restored to the register. The Forum whilst agreeing that 30hours is appropriate felt that CPD or removal for non-compliance should not be confused with revalidation of competency or fitness to practise. They add that CPD activity is not measuring competency in any area of practise and at present does not constitute revalidation.

CPNI described asking for an additional 30hours as excessive and instead suggested that a portfolio of documentary evidence of participation in additional learning activities.

It was considered appropriate for the applicant to be restored when the reason for non-compliance is rectified – unless there are fitness to practise concerns.

It was suggested that a smaller additional requirement would be appropriate in some circumstances e.g. 5 – 10hours or 15 hours. According to some consultees, the number of additional hours requested depends on the reasons for non compliance. The NPA said the requirement depends on a number of factors including:

- the applicant
- based on their learning needs
- previous CPD records
- reason they were suspended
- timeframe e.g. If when they were suspended they knew they had to complete sixty hours CPD then that could be reasonable. However if for example they are only given a month or two notice and especially if that is over the summer when courses aren't running then that could be difficult.

Boots expressed ‘grave concern’ that a minimum of 30hours might not be achievable in practice, leading to removal becoming a ‘one-way door’. Reasons cited for this not being achieved included:

- Posts offering supervised practice (paid or unpaid) may be impossible to obtain because of the cost implications of supervision for the host pharmacy.
- Those removed from the register would not be eligible for formal study funded by the NHS or the Pharmaceutical Society NI. Thus it may not be possible for a person seeking registration to gain the additional 50% of learning activity above their own private study.

Our proposal

As well as a completed application form and payment of the prescribed fee, a registrant wishing to apply for restoration of a name or an annotation to a name to the register will be required to submit to the Registrar:

- a personal development plan and
- a portfolio of 30 hours documentary evidence of participation in additional learning activities. (this shall be in addition to the annual CPD requirement of 30 hours post-restoration)

Q4. Are there any other requirements which the Registrar should take into account besides those listed?

	Yes	No	Not sure	No answer
Number	4	13	1	2
Percentage	22%	72%	5%	

What we heard

The vast majority did not identify any other requirements the Registrar should take into account.

The Forum called for greater clarity and rewording of Page 29, 3(C) as it has been interpreted in different ways by its Board

‘The granting of an application by the Registrar is subject to the condition that where required, the applicant agrees to comply with undertakings with regard their CE activity’.

‘Undertakings’ was considered to be open to interpretation.

The Forum also questioned the expertise of the Registrar to determine the content and direct the personal development plan particularly in relation to specialist roles and non-patient facing roles.

Removal from the register for non-submission / Appeals process

More detail was sought in relation to, what is considered a reasonable reason for appeal.

Further clarification was also requested around the removal from the register of a registered pharmacist straight after non-submission without any follow up. It was felt that at least one additional step was needed before the pharmacist is removed.

Maternity leave

Some consultees pointed to the requirement for those on maternity leave who are expected to apply for an exemption or produce a partial submission depending on when they started their maternity leave and if they have completed KIT days.

In this inaugural year of compulsory CPD, it was felt that this requirement has not been widely enough publicised for those on maternity leave but could be enforced in future years perhaps 2015.

The NPA called for a more flexible approach whereby the Registrar should agree the CPD requirement, including the number of additional hours, with the applicant which in their opinion is likely to lead to better outcomes.

The PSI consider that the portfolio of documentary evidence and the personal development plan should also take into account any additional activities that an applicant would have been required to complete (by the Registrar/Council) in relation to their removal from the Register if for non-compliance with the CPD system.

In answering 'no' to this question, the PSI assumes that the Registrar is also required to consider whether or not the applicant for restoration complies at that point with the initial criteria for registration and that no issues have arisen while the applicant was 'off' the Register which would give rise to any concern if s/he were applying for registration as if for the first time.

Our response

In response to respondents' questioning of the acceptance of Continuing Education (CE) to be restored to the register, we would clarify that if a person is 'off the Register' they cannot undertake CPD therefore CE is acceptable.

The vast majority did not identify any other requirements the Registrar should take into account. The requirement for 30 hours CE and a personal development plan as part of an application to be restored will be adopted.

This will provide the Registrar with sufficient assurance that the applicant is prepared for restoration to the register. No additional requirements will be sought.

Restoration of a name or annotation to the register after CPD non-compliance (supporting evidence)

Our proposal

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

- 1. Supervised practice** - a period during which the registrant practises under the supervision of a registered health professional (normally a pharmacist).
- 2. Private study** - a period of structured study. If this approach is chosen the applicant can use resources such as on-line information, libraries and journals. (Private study can only make up a maximum of 50% of the total learning activities.)
- 3. Formal study** - a period of structured study which is provided by a person or organisation. For example,
 - return to practice programmes run by educational institutes, health trusts, health boards or other organisations;
 - relevant CE courses;
 - distance learning modules or programmes offered by professional organisations.

What we heard

Q6. Do you agree that supervised practice, formal study or private studies are all acceptable and appropriate activities to support an application for restoration to practice?

	Yes	No	Not sure	No answer
Number	17	1	1	1
Percentage	89%	5%	5%	

The vast majority agreed that supervised practice, formal study or private studies are all acceptable and appropriate activities to support an application for restoration to practice.

The Forum and Boots question the restriction that private study can only make up 50% of total learning activities when this is not a restriction placed upon any other pharmacist in a given CPD year and is inequitable. The Forum calls for this restriction to be removed.

The Forum adds that supervised practice or formal study may not be relevant or indeed easy to achieve in some specialist roles or positions of seniority.

Whilst agreeing in theory with proposed activities, Boots also question whether these will actually be available in practice and identify the following challenges:

- The existence of supervised practice would depend heavily on the goodwill of pharmacy contractors at a time of heightened financial pressure on pharmacies.

- For a pharmacy to offer a person seeking restoration a position of supervised practice, the pharmacy owner would need to ensure that a supervising pharmacist was present at the same time (as the person would not themselves be able to undertake regulated activity without direct supervision).
- The act of supervising, and preparation of any resulting evidence, would be an additional cost on the pharmacy, even if the supervised practice position was unpaid. (And if the position was unpaid, it is unclear how the person would otherwise support themselves financially during this time.)

Boots believes it is also unlikely that an unregistered person would be eligible to participate in courses organised by NHS bodies, NI Centre for Pharmacy Learning and Development or the Pharmaceutical Society NI.

Q7. Are there any additional activities which could be accepted?

	Yes	No	Not sure
Number	7	7	6
Percentage	35%	35%	30%

Q8. If you have answered yes, please provide further details

The NPA believe that if an applicant can demonstrate that an additional activity would be beneficial to their practice then that activity should be considered on its merits, particularly as the aim of CPD is to ensure registrants keep up to date with changes that affect their sphere of practice.

An individual pharmacist stated that whilst everything seems to be covered ‘why close it off?’

Specific additional activities suggested by a few consultees include

- Teaching, training, assessment of other staff
- Attendance at a conference or seminar (delegate or presenter)
- Participation in practice related committees or groups (within the context of CPD).

The Forum feels strongly that the framework needs to describe clearly, the reasons or circumstances under which the Registrar would remove a specialist annotation to the register e.g. prescriber.

Our response

The applicant’s personal learning and development or CE activity can be made up of a combination of supervised practice, formal study or private studies.

We have also included in the list of acceptable activities under formal study ‘attendance at conferences’.

Post restoration

Our proposal

Rationale for up to 15 additional hours CPD in 6 months post restoration

Where a person has applied and been restored to the register after removal for CPD non-compliance, 15 hours of additional CPD is required by the registrant within 6 months of their return to the register.

This is CPD activity supplementary to the annual requirement of 30 hours applicable to all registrants. This will provide the Registrar with early verification that the newly restored registrant is compliant with their CPD requirements.

Q9. Do you agree that the provision of up to 15 hours satisfactory CPD activity to the Registrar within six months of restoration to the register is fair and proportionate and should be the only measure available to the Registrar at that time?

Q10. Please provide additional comments. If you have answered no, or, not sure, please explain why, and, suggest alternative provisions.

	Yes	No	Not sure
Number	7	12	1
Percentage	35%	60%	5%

Some consultees considered an additional 15 hours on top of 30 hours CPD unrealistic particularly after an applicant has successfully been restored to the register.

It was considered by some consultees that removal and restoration was enough and a reasonable indicator that the registrant is adhering CPD requirements going forward.

Gordons and CPNI agree that if successful in restoration to the register, people should be treated the in the same way as all other registrants.

The Forum describe the additional requirement as excessive and could potentially result in registrants completing 30 hours of CE + 15 hours supplementary + 30 hours statutory CPD requirement = 75 hours of activity, as it could all occur in the same year in a 'worst case' scenario.

CPNI felt that this is likely to be detrimental to a registrant's positive engagement with CPD in the future. Gordons agreed believing that this proposed approach would have a negative effect on the registrant's attitude towards CPD.

Gordons and CPNI proposed an alternative solution and suggested providing a CPD mentor throughout the subsequent year to help support and guide the registrant.

NPA believe this requirement should be assessed on an individual basis with the amount dependent on the CPD requirement of the applicant. It may be appropriate to consider the pre and post reinstatement requirements together.

Whilst Boots agrees that up to 15 hours of additional CPD within 6 months of their return to the register can be requested, they reiterate their concerns with regards to the activities achieved in practice.

The Guild of Healthcare Pharmacists believe that if the Registrar requires early verification that the restored registrant is now complying with the CPD requirement, then requesting submission of 15 hours (50% of annual requirement) within six months is reasonable, as long as it is within the standard 30 hours, and not in addition to the annual requirement.

Our response

In the consultation we proposed that where a person has applied to be restored to the register after removal for CPD non-compliance 15 hours of additional CPD is required by the registrant within 6 months of their return to the register.

We have taken on board comments from consultees that this is potentially an excessive amount to ask registrants to undertake in addition to the 30 hours as part of the CPD year.

Going forward 15hours of CPD will be required from the registrant within 6 months of their return to the register and will be treated as an early submission and a **component of the 30hour compulsory annual submission.**

Information to be provided by registrants about CPD

Our proposal

We proposed to remove the 25% 'cap' on recording learning activity in the evaluation stage of the CPD cycle as either 'future application of learning' or 'simulation'.

This means that the evaluation stage in all CPD cycle entries may be recorded in circumstances where it has not been possible to close cycles in practice.

What we heard

Q11. Do you agree with the removal of the 25% cap on the use of simulation and/or 'future application of learning', detailed in the CPD framework (May 2013), thereby allowing registrants who are not able to close a CPD cycle to use these as alternative means of evaluation in some or all CPD cycles?

	Yes	No	Not sure
Number	18	1	1
Percentage	90%	5%	5%

An overwhelming majority supported this proposal.

Whilst supporting this proposal, one individual pharmacist had concerns that lifting this cap for all registrants could result in 'future application of learning' being documented unnecessarily - some registrants may state that they haven't had an opportunity to close the cycle when perhaps they did, because this could be deemed the easier option.

An alternative suggestion was put forward: those registrants who have been practising for at least 6 months of the CPD year could have a 50% cap on the use of simulation/future application of learning, and those who have been practising for less than 6 months of the CPD year or not at all could have the cap lifted.

The PSI believes that a total removal of any cap on future/simulated learning may be challenging from an evaluation perspective. Evaluation of such records could be problematic if this application of learning has no follow-up (i.e. if a subsequent year's records do not capture the actual application of learning and further reflection). It would be important that the evaluation of a CPD cycle can accommodate the actual rather than the simulated or future experiential learning.

Our response

The Council of the Pharmaceutical Society NI recognised there may be difficulty or limited opportunities for some registrants to apply their learning in their practice and thereby complete or 'close' the CPD cycle within a CPD year.

Where this it is not possible, it will be acceptable for a registrant to record an example of 'simulated role play' or a 'future application of learning'.

The 25% cap on the use of simulation and/or 'future application of learning' will be removed thereby allowing registrants who are not able to close a CPD cycle to use these as alternative means of evaluation in some or all CPD cycles.

An overwhelming majority supported this proposal (18/20) to remove the 25% 'cap' on recording learning activity in the evaluation stage of the CPD cycle as either 'future application of learning' or 'simulation' .

This proposal will be adopted.

We would emphasise that to effectively complete or 'close' the evaluation stage of a CPD cycle, the registrant must aim, whenever possible, to apply their learning in their practice.

Further comments

Q13. Do you have any further comments about the draft CPD framework part 2?

2013/14 CPD year trial year

Gordons and CPNI believe that this CPD year should be treated as a 'trial' or 'pilot year' to allow all registrants to familiarise themselves with the final version of the CPD framework. They consider implementing a complex CPD framework mid-year, without having been thoroughly worked through will result in assessment against a framework with elements which have changed mid-year.

They believe there will likely be confusion on specific issues still to be agreed, with the potential for registrants to find themselves in a position of non-compliance as a result.

Further clarity – process before removal

Further details were requested in relation to circumstances when a portfolio has not been submitted and whether the person is directly removed from the register. An official provision for evaluation of individual circumstances (all to be confirmed against official documentation at an appropriate time) was recommended.

Situations which may be regarded as 'extenuating circumstances'

A few consultees suggested the following circumstances to be included as an acceptable extenuating circumstance:

- living abroad for a year but not practising as a pharmacist
- those with commitments to military services etc.
- career break

Adoption leave

Further clarity was sought in relation to adoption leave. There is a statement in the framework that adoption leave covers 26 weeks. It was highlighted by a few consultees that statutory adoption leave is 52 weeks and is made up of:

- 26 weeks of Ordinary Adoption Leave
- 26 weeks of Additional Adoption Leave

In addition, only one person in a couple can take adoption leave. The other partner may get paternity leave instead.

Q14. Equality issues

A few consultees highlighted the following equality considerations:

It was considered unfair that those returning from maternity leave prior to 31 May will be required to submit CPD– and for those returning 1 June means will have 12 months before a submission is required.

Gordons believe that those registrants on maternity leave and those experiencing difficulty securing employment, in particular newly qualified pharmacists, will be adversely impacted by the proposed CPD framework.

CPNI believe the proposed CPD framework will have an adverse impact on older registrants, unemployed registrants, newly qualified graduates unable to secure employment as a pharmacist and registrants who are currently on a career break or on maternity leave.

CPNI believe the remainder of equality issues cannot be addressed within the current CPD framework model; however the alternative CPD solution would help minimise the equality impact.

Our response

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

We are committed to, and will review the new CPD process we will ensure the processes are objective, transparent and meet equality requirements.

Appendix One

Respondents to the consultation

Name	Category
Alison Duffin	Individual pharmacist
Anonymous	Individual pharmacist
Eva McRory	Individual pharmacist
Evelyn Glass	Individual pharmacist
Janet Lawson	Individual pharmacist
Jayne Agnew	Individual pharmacist
Kathryn Betts	Individual pharmacist
Mark Overell	Individual pharmacist
Paul Rafferty	Individual pharmacist
Roisin O'Hare	Individual pharmacist
Simon Alexander	Individual pharmacist
Steven Marley	Individual pharmacist
HSCT organisation	Organisation
National Pharmacy Association (NPA)	Organisation- Pharmacy representative body
Pharmacy Forum NI	Organisation- Pharmacy representative body
Guild of Healthcare Pharmacists	Organisation- Pharmacy representative body
Pharmaceutical Society of Ireland	Organisation- Regulator
CPNI	Organisation- Pharmacy representative body
Boots UK	Organisation
Gordons Chemists	Organisation