

## ALL SUBMISSIONS AND STATISTICAL OVERVIEW OF RESPONSES

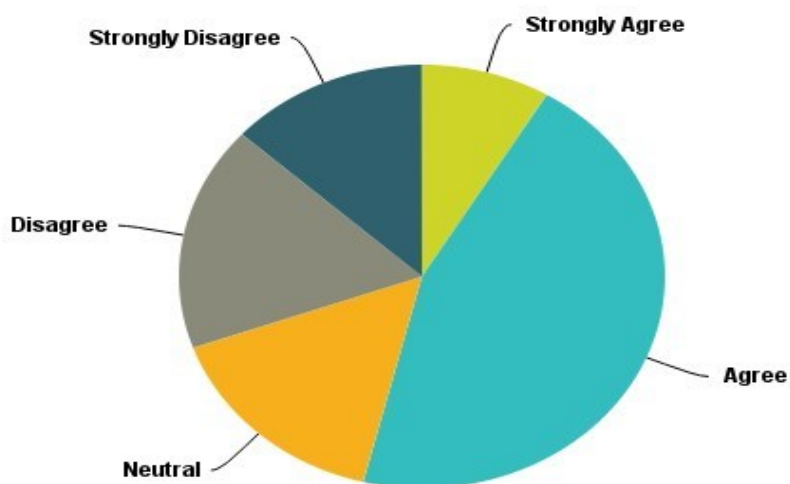
### PUBLIC CONSULTATION ON THE DRAFT PHARMACEUTICAL SOCIETY OF IRELAND (CONTINUING PROFESSIONAL DEVELOPMENT) RULES 2015

*A summary report of the consultation submissions received along with PSI responses has been published separately.*

#### Rules 1-3

**Q4 Do you agree that the 1st January 2016 is a reasonable commencement date for the operation of these Rules (other than Rule 14, paragraphs (b), (c) and (d) of Rules 15 and 16, and paragraphs (a), (b) and (c) of Rule 18)?**

Answered: 128 Skipped: 2

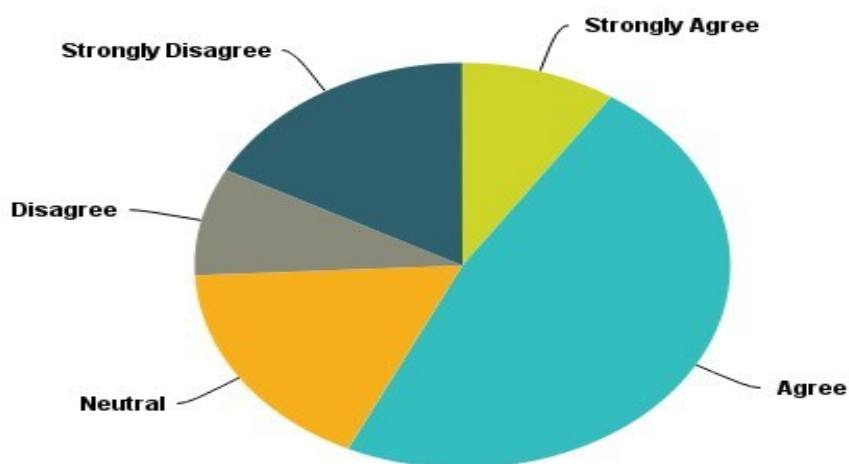


Answer Choices	Responses
Strongly Agree	8.59% 11
Agree	45.31% 58
Neutral	15.63% 20
Disagree	17.19% 22

Strongly Disagree	13.28% 17
Total	128

**Q5 Do you agree that the 1st January 2017 is a reasonable commencement date for the operation of Rule 14, paragraphs (b), (c) and (d) of Rules 15 and 16, and paragraphs (a), (b) and (c) of Rule 18 dealing with the practice review process (i.e. the practice review of the quality assurance system based on the Ontario model)?**

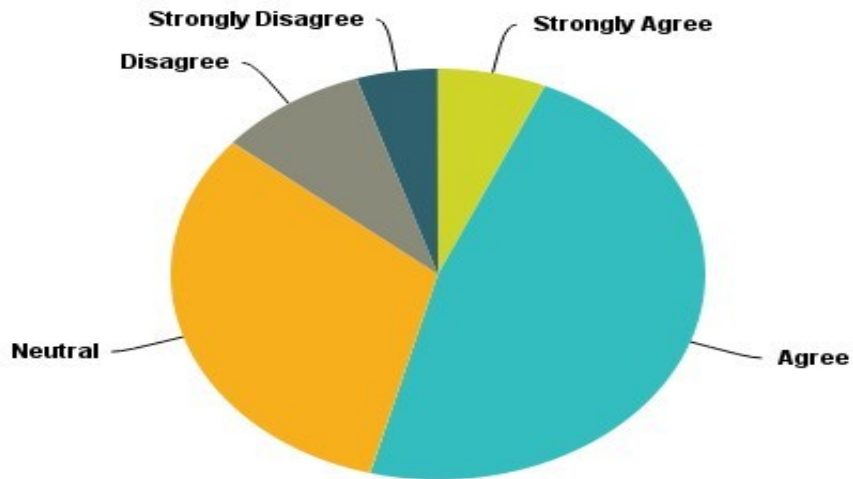
Answered: 128 Skipped: 2



Answer Choices	Responses
Strongly Agree	9.38% 12
Agree	47.66% 61
Neutral	17.19% 22
Disagree	8.59% 11
Strongly Disagree	13.28% 22
Total	128

### Q6 Do you agree that Rules 1-3 are adequate for the introductory purposes of these Rules?

Answered: 122 Skipped: 8



Answer Choices	Responses
Strongly Agree	6.56% 8
Agree	47.54% 58
Neutral	31.97% 39
Disagree	9.02% 11
Strongly Disagree	4.92% 6
Total	122

#### Rules 1-3 Comments

No	Name	SUBMISSION
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1	Liam O'Halloran	the current institute if pharmacy model is very basic covering topics that are overly familiar to pharmacists for example any pharmacist who does not have a firm understanding of coc or htn should not be registered in the first instance. the institute should serve a structured credit based system with pharmacists encouraged to develop their knowledge towards attainment of a recognised qualification such as a doctor of pharmacy or clinical masters as per other countries and so a defined standard can be met as opposed to a box ticking exercise of having attended a couple of hours of an overly
2	Patricia O'Brien	I think more definitions are needed - e.g. course, programme (as referred to in Rule 5)
4	mmm	I have read the rules but this question should be preceded by a copy of rules 14 bcd 15 and 16
8	Mary Kate Shanahan	Are CPD system and IOP eportfolio not the same thing- as IOP eportfolio must be engaged by all registered pharmacists? "CPD system" means the CPD

		system developed and approved by the Council from time to time in the discharge of its functions under section 7(1)(d) of the Act; "Portfolio" means the electronic CPD Portfolio established and maintained by the Institute of Pharmacy in the manner and form as may be approved by the Council from time to time and made available to each pharmacist by the Institute at the time the pharmacist first logs on to the website of the Institute, including any subsequent versions thereof
10	Dr Gerald Byrne	The term, "patient-facing role" is not defined in Rule 3 (Interpretation). While the context is clear, 'patient-facing role' is bundled with two terms that already have a statutory definition under Rule 3; all three occur in the following passage: "Executive Director", "Institute of Pharmacy" and "patient-facing role" have the same meaning as in the Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015 (S.I. No. XX of 2015)".
21	John Barry	I think the portfolio should be running for 2 years before the assessment by exam takes place. So if a 2017 start date meant assessments would start early in 2017, a 2018 date would allow the profession to familiarise itself with the new paradigm.
40	Clara	I don't think they are clear enough to emphasize the independence of institute of pharmacy from the PSI
51	Irish Pharmacy Union	The IPU would have a concern that the relationship between the Institute and the PSI is not "at arm's length", as we have previously been led to believe. In <b>Rule 3</b> , the definition of the Irish Institute of Pharmacy is " <i>the management arrangements put in place from time to time by the Council.....to to arrange for the implementation and delivery of the CPD system and engagement by pharmacists with such system</i> ".
54	David Jordan	This time frame is far too short. It does not allow adequate time to have all the personnel in place and trained.

59	Mark O'Connell	concerned about the lack of appeal for positive outcomes rather than negative and independence of the institute of Pharmacy concerned that the level of fees has no cap, no distinction between full time/ part time / student level. Believe the institute should controlled by an independent panel with input by PSI and minister for health Believe that peer review by osce should have a clause that persons being reviewed may request change of examiner if they believe bias or knowledge of that person could distort valuation in either positive or negative way. concerned osce or external evaluation system may be seen in negative light by an employer / jepordize future employment/ reputation and by default the profession concerned review of process is 5 years and does not allow for immediate change if found necessary by psi, public, or government or the institute very concerned it could take up to 3 months for end review to be given to pharmacist and such concern that pharmacist had for future and or rectification on their career uk registered pharmacists that are 3 year registered but went straight to ireland could be at greater risk in trying to reregister
62	Margaret Doherty	This is a major change and the time scale to get a diverse register of over 5,000 people, most of whom have no experience of working in this way, should not be under-estimated. Buy-in from the profession is essential and trust must be built up. This takes time. At least another year should be allowed. The practice review is likely to require considerable work and piloting before becoming a mandatory part of the system.
64	Loreto Barry	Pharmacists should have the opportunity to use the e-portfolio for an extended period, suggest 2 years, to familiarise themselves with all its workings and have the opportunity to provide feedback on the system to the IIOP on any issues that arise during its use. A pilot scheme is needed for actual submission of activity from the pharmacist's personal portfolio to the IIOP and both pharmacists and the IIOP need a trial period in order to prove system is workable and failsafe for all parties.
66	Paul Gaynor	time frame is too narrow and the CPD review and examinations should both be rolled on for at least another year to give us time to get used to it.  I also object to fees for the IIOP.
271	Stephen Byrne	Our organisation welcomes the legislation defining the IIOP i.e. that the role of the IIOP will be legally defined
72	Margaret McCahill	Not sure what the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010 (No. 24 of 2010) has to do with it.

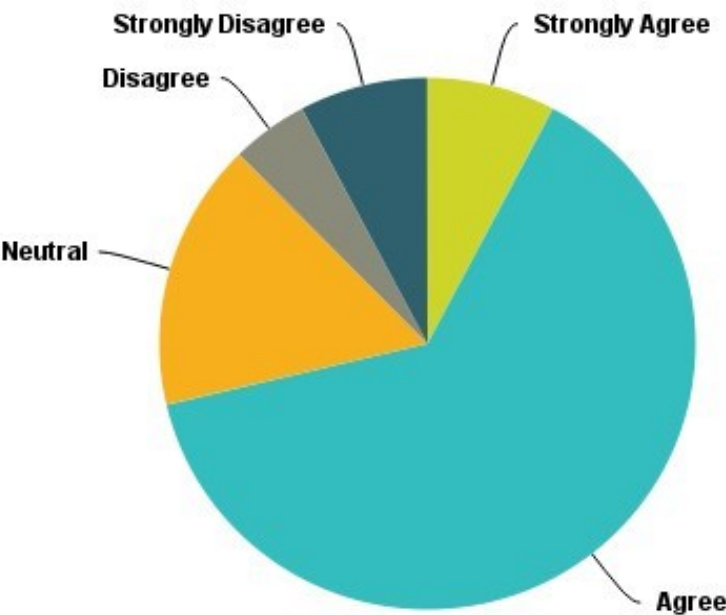
81	Carol O'Sullivan	<p>Why is the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010 (No 24 of 2010) listed here?</p> <p>Pg 2 ....for the purpose of discharge its functions under section 7(1)(c) of the Act, hereby makes the following rules:-  7(1)(c) 'The principle function of the society is to ensure pharmacists undertake appropriate CPD, including acquisition of specialisation.'  It is a positive to see that the society is committed to acquisition of specialisation in the proposed legislation. However, in my opinion, the focus of the Pharmacy Act, the PSI and the IOP, is very much on community pharmacy and I wonder what will be in it for hospital pharmacy?  The HPAI executive in conjunction with the union Impact has been working since 2002 to get a new Hospital Pharmacist career structure recognised which will acknowledge specialist roles. The current hospital pharmacist career structure is around since 1978 and recognises 4 grades of qualified pharmacists Basic, Senior, Chief 2 and Chief Pharmacist  The European Association of Hospital Pharmacists is working to get the specialisation of 'hospital pharmacist' recognised throughout Europe</p>
83	Veronica Anderson	<p>The ePortfolio has only recently been made available. It is unreasonable to expect the new system to be mandatory in less than 8 months time. At least 12 months would be more practicable.</p>
83	Veronica Anderson	<p>I am unhappy about the role of the Institute of Pharmacy in CPD. In my opinion, this cumbersome academic body is more suited to the management and approval of undergraduate education and pre-registration requirements for pharmacists. The ICCPE provided a perfectly adequate CPD system for registered pharmacists/assistants and the IPU Academy have further improved on that system since the sudden unexplained abolition of the ICPPE. A moderate amount of resources could have been put into expanding and updating this current system thus arriving at something similar to the admirable CPPE in the UK.</p>
86	Aidan Cunningham	<p>The Institute established should be independent of the PSI in the implementation and delivery of the CPD system. This is not the case in Rule 3 and further in Rule 6(1)(a) it states that the Registrar approves the CPD programme. The Institute should be the competent body which approves CPD programmes.</p>
90	Boots Ireland	<p><i>"Institute of Pharmacy" or "Institute" means the management arrangements put in place from time to time by the Council, to be known as the Irish Institute of Pharmacy, to arrange for the implementation and delivery of the CPD system and engagement by pharmacists with such system;"</i></p> <p>Boots Comment</p> <p>This infers that the Institute has more of a reporting structure to the PSI and we would have concerns about the ability of the IOP to remain a separate and autonomous entity. This would be of particular concern in relation to any contract in place to provide training with the IOP; we seek confirmation of the legal status of the IOP in terms of providing training contracts.</p>

102	Michael Kelly	<p>1. Pharmacy Act- mentions 'Codes of Conduct'. Trying to unlock these codes for Pharmacists to compete is difficult. Remove these and bring in something clearer. Archaic language used such as -'read in light of principles', and -'who stand in such a degree of relationship' shouldn't be necessary.</p> <p>Core Competency Framework- maybe more suited as a tool to help downsize a large profit making organisation towards a competitive goal rather than applied to an individual. Financial Management, Leadership, Organisation and Management, Public Health, and Prof. Practice are not especially core to what only Pharmacists do</p>
109	Christina Carolan	<p>I think that the IOP SHOULD BE AN ORGANISATION ACTING TOTALLY INDEPENDENTLY FROM THE PSI AS ORIGINALLY IMPLIED ON THE ROADSHOWS PROMOTING THE NEW CPD CONCEPT. OTHERWISE I FEEL THAT PHARMACISTS WILL NOT FEEL FREE TO PARTICIPATE IN CPD WITHOUT FEELING CONTINUALLY UNDER PSI SURVEILLANCE AND FEELING FEAR AT NOT ACHIEVING STANDARDS REQUIRED BY A GOVERNING BODY. BY DISTANCING THE IOP FROM PSI THE FEAR FACTOR IS NEGATED AND PARTICIPANTS ARE MORE LIKELY TO PARTAKE OF CPD COURSES OF THEIR OWN ACCORD AND IN A MANNER WHICH BENEFITS THEM MORE.</p>
113	Fiona Rowland	<p>The profession, as a whole, should have been able to have an input into the decision of the model for CPD from a preferred selection, not just the Council. This would have helped a greater "ownership" rather than have one prescriptive model decided by the PSI and while it may have lengthened the process, may also have imparted some wisdom from the great experience lying in the membership body and hastened it in going live. The consultative process favours those who understand the nature of the process which is not necessarily the members of this profession and is reflected in the level of engagement of same.</p>
114	Dr Tamasine Grimes	<p>I wonder why "patient-facing" is not defined within rule 3.</p>
125	Paul Knox	<p>I believe the IPU should expand their current role in CPD as opposed to involving the regulatory body where pharmacists have the threat of punitive measures against them if certain aspects of CPD</p>
133	Sandra Reynolds	<p>Citation 1. These Rules may be cited as the Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015. THE ABOVE CITATION LEADS ME TO BELIEVE THAT THE PSI HAVE FULL AUTHORITY THEREBY BEGGING THE QUESTION AS TO THE SETTING UP OF AN INSTITUTE THE IOP ??? IF IT IS THE CASE THAT THESE RULES MAYBE CITED AS THE PSI WHY WOULD WE PAY FOR THIS AND SHOULDN'T IF FALL UNDER THE PSI FEES</p>

Rule 4

Q8 Do you agree that Rule 4 adequately describes the establishment and operation of the Institute of Pharmacy?

Answered: 129 Skipped: 1

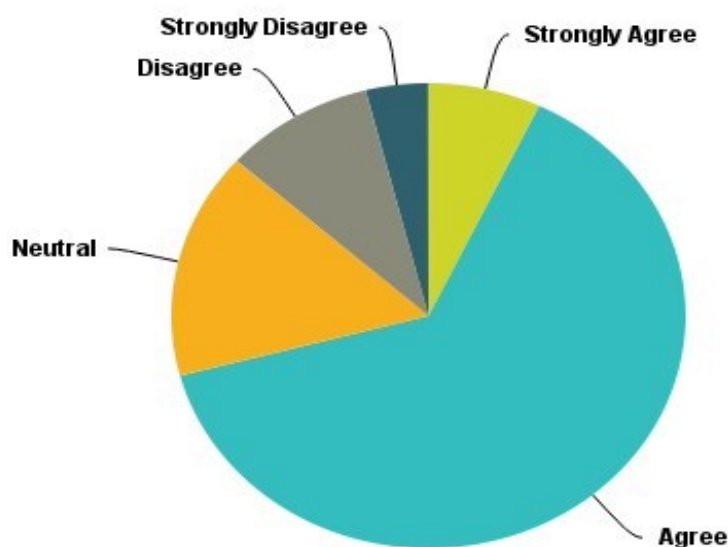


Answer Choices	Responses
Strongly Agree	7.75% 10
Agree	63.57% 82
Neutral	16.28% 21
Disagree	4.65% 6
Strongly Disagree	7.75% 10
Total	129



### Q9 Do you agree that Rule 4 adequately describes the role of the Executive Director?

Answered: 127 Skipped: 3



Answer Choices	Responses
Strongly Agree	7.09% 9
Agree	63.78% 81
Neutral	15.75% 20
Disagree	9.45% 12
Strongly Disagree	3.94% 5
Total	127

#### Rule 4 - Comments

No	Name	SUBMISSION
2	Patricia O'Brien	I think the whole idea of having statutory recognition of a body to coordinate CPD which in turn is overseen by a management body - "a body corporate appointed by the Council" which in turn is a statutory body - is ridiculously over the top! It seems like an extremely cumbersome, hierarchial aproach which will hardly increase our credibility with other professions (who seem to manage their CPD function more simply).

8	Mary Kate Shanahan	I think PSI need to have more of a presence at IIOp role out - we need their input at a personal level not just via IIOp executive director - in addition I think it may be a factor to consider rewording legislation -at present it reads as though IIOp
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		executive director has ability to overrule council? (perhaps my misinterpretation) but theoretically executive director if misinterpreting council direction could misinform all PSI registered pharmacists?In addition there is no mention of how executive director is chosen..
11	Dermot Reidy	Unhappy that the Executive Director is to all intents and purposes an employee of the PSI.
20	Maria Creed	This is akin to a Job Description and to my mind it very general, to the point of being vague. It also suggests that the Executive Director merely acts on the instructions of the Council, which belies both the terms 'executive' and 'director'. Given the detail provided in later Rules, this Rule 4, which is the basis for the Institute and the Exec Director, is very broad and underdeveloped.
30	Catriona O'Brien	i feel this body ought to be separate from Council but it appears the council appoint the director, and the director is influenced by council policy and finally the iioP refer pharmacists back to council. this is entirely contrary to assurances we were given at the beginning of this journey.
34	Elizabeth Dalton	The Managing Body should independent of the Society appoint a director. The registrar should not be allowed to order a pharmacist to be subject to a practice review. One person should not have that power , such a serious decision should be made a the full council or a committee set up for that purpose.
35	Paul Gallagher	Rule 4 states the responsibilities of the IIOp with respect of CPD only which does not appear to align with the mission of the IIOp across not only CPD but also (ii) leadership and (iii) pharmacy and health services research. The role of the ED is stated with respect of CPD only which does not appear to align with the role the ED has to oversee if the IIOp is to achieve overall mission.
40	Clara	I think the executive director needs to be allowed create his/her own service plan.
41	Mary Scannell	The Institute would appear to lack independence form the PSI
54	David Jordan	The draft rules would have the Registrar and Council duplicating the work of the Executive Director making the latter's role virtually redundant.
60	Laoise Molloy	i believe the iioP should operate completely independently of the psi
64	Loreto Barry	There does not seem to be any explanation of the 'Managing Body' and who would be on it, does it have any other role apart from appointing the executive director? Does the ED have any discretion in choice of CPD system employed by IIOp or is this with Council?
65	Francis Bonner	I understood from the information meeting I attended re IIOp that the Institute would operate independently of the PSI whilst I read rule 4 as meaning that the PSI wants to at the very least act as an overseer and based on past experience, it probably means that the PSI wants to micromanage it
71	Stephen Byrne	We do not think the the legislation clearly indicated the the IIOp is at arms length from the PSI, this should be made clear for all registrants
72	Margaret McCahill	????

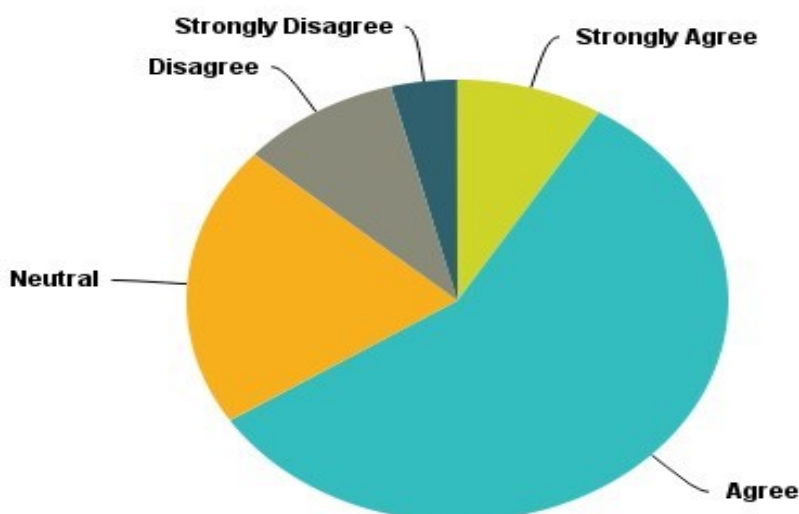
78	Jack Shanahan	The first is the whole issue of control. Rather than being an independent Institute, most of the important of the roles of the IIOp are subservient and subject to the ultimate authority of the PSI. This is completely contrary to the spirit in which the Institute was envisaged. More importantly, there is an implicit lack of proper corporate governance. The principles, which almost everybody can recite, of openness, transparency and accountability are lacking.
81	Carol O'Sullivan	<i>4(2) "Subject to the policy direction of the Council, the Institute of Pharmacy acting through the Executive Director...."</i> This line makes it clear that the IIOp will be subject to the policy direction of the Council of the PSI. I don't have a problem with this but I think it makes it clear, whilst the IIOp might be operationally independent of the PSI, it certainly isn't strategically independent of the PSI. I think it is important to be open about this.
90	Boots Ireland	<i>(3) The Executive Director shall be responsible for the day-to-day implementation and delivery by the Institute of the CPD system in accordance with the annual service plans approved by the Council.</i>
		Boots Comment  Can clarity be provided on this, e.g. does this annual service plan include the procuring of services or courses through a tender process?
93	PIER Group	We believe that the composition of the Irish Institute of Pharmacy (IIOp) is not adequately defined in the Draft Rules. The only role that is fully defined is that of the Executive Director. The General Provisions in Part 1 define 'Institute of Pharmacy' as meaning "the management arrangements put in place from time to time by the Council....to arrange for the implementation and delivery of the CPD system and engagement by pharmacists with such system". Article 4 (2) speaks of system and engagement by pharmacists with such system". Article 4 (2) speaks of the Institute as being "Subject to the policy direction of the Council". Can you please clarify how the Executive Director will be supported by dedicated Institute roles?
96	College of Psychiatrists of Ireland's Professional Competence Committee	The first section about the provisions for the criteria around CPD changing - it seems that the criteria may change as determined by the council and following public consultation but there should be consultation with the body of pharmacists too - as a safeguard against council or individuals on council having too much power which could potentially be out of sync with the opinions of the body of pharmacists
98	Helen Mackessy	There seems to be some duplication of duties by the PSI and the IIOp. The PSI are charged with overseeing the education of pharmacists and as such have set up the IIOp. However the registrar will be very involved in the setting of courses & approving of them. It would make one wonder what the point of having an IIOp is.
108	Joanna Frawley	I query how this will be funded how exactly is the executive director responsible for the day to day implementation and delivery of the CPD. How practical is the recording of evidence in the day to day life of a pharmacist. Are additional resources-more time,funding and learning opportunities to be given to pharmacist in their career, There is financial implications involved here-as every pharmacists budget has been cut how can the director compensate and provide assurance to pharmacists.
113	Fiona Rowland	Independent provision & management are to be the functions of this body. Clear comprehensive statement of these duties will define the IIOp. Why is governance not included?

122	Martin Lanigan	I believe the responsibility of the executive director should be more than that of the day-to-day implementation and delivery. I believe they should be responsible for ensuring the Institute as a whole meets its requirements of 7(1)(d) of the act. Also act as representative of the Institute from a public perspective. I don't agree that the annual service plans need to be approved by the council, the institute should remain as an independent organisation. It must satisfy the PSI as the regulator that it is performing its duties assigned to it but I do not believe the PSI should have the authority to determine annual service plans.
123	Katherine O'Callaghan	The institute should be independent of the Council.
125	Paul Knox	I believe that an Institute of Pharmacy is, at best, superfluous. As mentioned previously, there exists an excellent CPD portfolio within the IPU to whom we already pay membership fee.
130	Denis Walsh	THE IOP SHOULD BE AN INDEPENDENT BODY

## Rule 5

### Q11 Do you agree that the criteria for recognition and approval of CPD programmes and courses for pharmacists adequately reflect the standards against which such programmes and courses should be evaluated?

Answered: 126 Skipped: 4

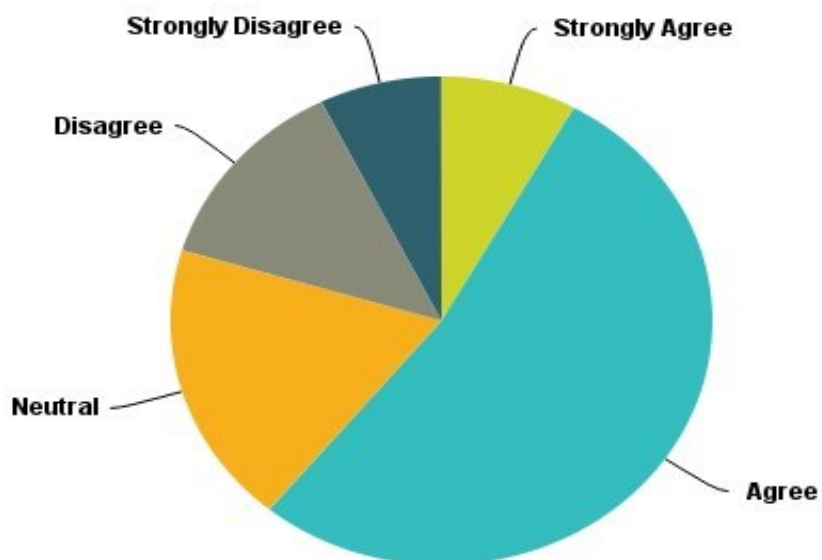


Answer Choices	Responses
Strongly Agree	8.73% 11

Agree	57.14% 72
Neutral	20.63% 26
Disagree	9.52% 12
Strongly Disagree	3.97% 5
Total	126

## Q12 Do you agree with the process for the review of the criteria as set out in Rule 5?

Answered: 123 Skipped: 7



Answer Choices	Responses
Strongly Agree	8.13% 10
Agree	52.85% 65
Neutral	18.70% 23
Disagree	13.01% 16
Strongly Disagree	7.32% 9
Total	123

## **Rule 5 - Comments**

<b>No</b>	<b>Name</b>	<b>SUBMISSION</b>
2	Patricia O'Brien	I think definitions of courses and programmes are needed. Where do conferences such as the HPAI and IMSN annual conferences fit in? Speaking as an IMSN member who has been involved in organising our annual conference, which provides subject matter which I consider "to be current and of significant intellectual and practical content" and relevant to pharmacists, but which we organise on a voluntary basis with no "staffing, premises, facilities, infrastructure, policies, procedures, funding and organisational structures" (and we do not have formal qualifications in course provision), I think the criteria are unrealistic.

5	Kieran Lynch	Will courses such as posgraduate Masters in Clinical Pharmacy, for example, be eligible for inclusion as CPD work?
8	Mary Kate Shanahan	'determine, approve and publish criteria' - will there be non patient facing pharmacists contributing here? relevant scientific and technical progress, and national policy in the areas of healthcare practice, pharmacy and professional development and learning -who will direct this learning? 'require that the CPD programmes and courses be developed and conducted by persons or bodies that have suitable qualifications and experience,' - how will thi be defined?how will the CPD be funded?
14	Annalisa Deeney	Given geographical considerations, and also work staffing levels, it would be good if the majority of courses offered could be done online to avoid travelling times and long distances.
22	Marie Louisa Power	I believe that an additional guidance document should be made available to ensure a clear and transparent implementation of Regulation 5(2)(f). Those who deliver CPD programmes should be both experts in the area they are delivering training in and should have completed postgraduate study in the area. Furthermore, they should also have either significant experience or training in the delivery of education and training sessions.
28	Caroline Whiriskey	The criteria for recognition and approval of CPD programmes are not contained in rule 5 - (2) is a list of aspects which the criteria may make provision for - so it isn't really possible to answer Q1 above.
29	Edwina Ledwith	I think up to 5 years might be a bit too long perhaps 3 years might be better ?
31	Paul Horan	I believe the input of the pharmacist can be involved on any aspect of this i.e. from drug discovery, development, manufacturing, clinical trials, promotion to HCPs, patient education and support etc. Pharmacists in Ireland working in these areas should be allowed to receive credit for training and experience that help them carry out their role better.
32	Ann Gerardine Gahan	it is important that before being adopted by the PSI Council, specific criteria and any subsequent review of such criteria, be published for public consultation.

33	Joanne O'Brien	I think that pharmacists should be able to have a folder put together with their CPD. It should not be compulsory to have an eportfolio. Also there should be a specific number of hours study time needed per year for cpd.
35	Paul Gallagher	Rule 5 sets an excessively high standard for the recognition and approval of all CPD programmes. Consideration should be given to determining criteria that are appropriate to a range of standards of CPD programmes the highest level of quality assurance is not required or indeed desirable for all CPD programmes. Consideration should be given to amending Rule 5 to permit the Council to have greater flexibility in setting criteria that are appropriate to the purpose of the CPD programme under evaluation.
40	Clara	I thought executive director would approve and publish criteria for recognition of courses? There seems to be doubling up of work? There has been little information about what is an approved course. I thought pharmacists could decide their own CPD? Its important that CPD is relevant to pharmacists requirements. If there are too many requirements what is a valid course, then there will be less courses available and they will cost more to do.
51	Irish Pharmacy Union	Rule 5(1) states that the Council "shall determine, approve and publish criteria for the recognition and approval of CPD programmes and courses

		of education and training". While the outline criteria at 5(2) appear appropriate, it is important that before being adopted by the PSI Council, specific criteria and any subsequent review of such criteria, be published for public consultation or, at the very least, subject to input from key stakeholders, such as the IPU.
55	Gaynor Rhead	The review of the criteria is set for minimum of 5 years. This is too long and recommendation would be to set at minimum of 3 years.
58	Nuala Carey	If any change is to be made to the Rules, pharmacists should be contacted directly by post and/or by email.
61	Margaret Doherty	There is a real danger of getting bogged down in accreditation processes and losing sight of the ultimate aim of the CPD process, which is to allow pharmacists to become self-directed learners who decide for themselves what training and education they require. Accredited training is required for the delivery of specific programmes and new roles, like flu vaccination, but should not be expected for general CPD to achieve Core Competencies. Accreditation requires considerable resources that might be better focused on delivery and will add to the expense.

64	Loreto Barry	In relation to intervals for review of criteria relating to the approval of CPD programmes, three years rather than five years would be more appropriate particularly for courses relating to biopharmaceuticals and other areas of rapid change and development. Is the responsibility for the standard of these courses with the Council or with the IOP? I have attended a number of continuing education lectures in the past which I found to be of a disappointingly low standard in terms of quality of the material presented and of adequate specialist knowledge of the presenter. There must be recognised opportunity for pharmacists engaged in CPD courses to provide feedback to IOP on the quality of the course, with relevant provision made for prompt intervention by the IOP in response to such feedback.
65	Francis Bonner	Review of the criteria should be carried out by the IOP not the PSI.
67	Cathal Gallagher	Will only approved CPD programmes and courses for pharmacists be allowed in the ePortfolio? For non patient facing pharmacists our CPD will consist of courses and training which has not been created for pharmacists specifically and therefore may not be approved by the IOP. Will these be recognised or will only approved programmes be allowed in the ePortfolio?
70	Aaron Farry	I don't understand why the council decide the criteria and the registrar still ultimately gives approval - it seems the IOP and its work are very much under the control of the PSI
71	Stephen Byrne	It is not clear how the IOP will interface with the internal university bodies that are responsible for the development and approval of CPD programmes within the academic institutions. Do they need to seek recognition and approval for the CPD programmes which they currently run? Will their teaching and curriculum committees have to accept recommendations from the IOP; and how will this function logistically? What would be the added value of an IOP recognition/ approval for a provider of a CPD programme that has passed the rigorous academic standards pathway that oversee the development, approval and delivery of programmes within the University? What are the practical implications of having a programme approved by IOP, not only for the pharmacist who will register the course as part of their continuing
		professional development, but also for the provider? For the provider, is it just to have a stamp on their course, or will IOP advertise it as part of their portfolio of approved courses? Is the ownership completely retained by those that develop/ provide the course? It should be clear to applicants from the outset whether CPD courses not officially approved by IOP still count towards their CPD portfolios. We believe this should be the case and the wording should clearly reflect that. If the School of Pharmacy at UCC choose not to apply for IOP recognition and approval for one of their CPD programmes, or a Pharmacist wishes to avail of a CPD module being delivered by Nursing or Medicine, can these still be



		logged and recognised as part of their CPD portfolios? This is not clear for the registered pharmacist from the legislation.
72	Margaret McCahill	5. (1) For the purpose of discharging its duty under section 7(2)(a)(iv) of the Act as it relates to registered pharmacists, the Council, in accordance with the procedures set out in this Rule, shall determine, approve and publish criteria for the recognition and approval of CPD programmes and courses of education and training, with a view to enabling pharmacists to better fulfil their obligations under their codes of conduct. What are the criteria? Have they been published yet?
74	Deirdr Lenehan	Very glad to see that it is the Council that will be setting the minimum requirements appropriate for CPD programmes.
78	Jack Shanahan	Of particular concern is the process of accreditation of CPD programmes. The proposed statutory instrument places the final approval of a CPD program in the hands of the Registrar. If the IOP approves a course and the Registrar rejects it, there is no right of appeal. This is contrary to all proper governance processes. In a bizarre twist, there is a right to appeal a negative finding by the IOP. I submit that the IOP should be an independent entity, subject to the rules of governance of its own board. The Council of the PSI would have an advisory role as per 5.3. As the IOP is currently proposed, it is little more than a unit of the PSI.
81	Carol O'Sullivan	I don't think what constitutes a CPD Programme and a Course is well defined here. It would be good to get some clarification as to whether part 3 only applies to CPD courses being hosted or accredited by the Institute? What happens with courses that don't get accredited? Won't these still be legitimate? As a hospital pharmacist, I would be thinking of courses like the Clinical Skills Courses for Pharmacists (levels 1-4) which are organised by the HPAI Education committee. The HPAI Education committee would be different to a private business that sells courses.
84	Nicola Cantwell	I am concerned that Part 3 gives the impression that only courses which have been given recognition and approval by the Registrar and IOP will count towards CPD. It was my impression that any courses of relevance to the practice of pharmacy could be used for CPD entries in the ePortfolio.

90	Boots Ireland	Will the Council of the PSI through the IOP only recognise or approve courses that are deemed suitable for pharmacists to complete in order to satisfy their obligations as they relate to CPD? It may be interpreted that other training courses and education carried out by pharmacists would
		only be recognised if it was approved by the Institute and this needs to be clarified.  How will the needs of all sectors within the profession be addressed - e.g. Community/Hospital/ Industry/ Regulatory/ Practice development/ Management/ Supervising and Superintendent Pharmacists? Clarity is requested on the recognition process and criteria setting and how these needs will be identified.
92	Mary Sheils	Part 3 outlining that CPD providers and content would need to be approved. IOP information meetings to date and indeed as stated elsewhere in this draft document suggests learning needs are individual for each pharmacist and can be decided by each pharmacist based on their core competency framework review. This emphasis on specific CPD courses that are approved seems to contradict this. There are so many sources of information available that could be used by pharmacists why then is there a need for approved courses and are these the only courses that will be allowed to be used by pharmacists?

93	PIER Group	<p>It was the understanding of our membership that the IOP was being set up as an independent organisation. However, it would appear based on the current draft of the legislation that this is not the case. We believe that the IOP should be set up to take policy direction in line with healthcare strategy development from The PSI and be allowed to manage all aspects of the delivery of the CPD including recognition and approval of CPD programmes and courses. A proper governance framework can ensure that quality programmes and courses are being developed and delivered.</p> <p>The Draft Rules appear to focus on accredited CPD programmes and courses. However, we believe it should be recognised that CPD can be attained formally and informally, by a variety of methods, whether that be classroom based, virtual, on-the-job or through journals and periodicals, to give a few examples. In many instances, the CPD methodology will be appropriate to the healthcare setting.</p> <p>Our understanding of the Draft is that the course “author” applies for the CPD approval. Is it envisaged that other training courses undertaken by the pharmacist can be treated as CPD? For example, many companies provide for training for their employees, through professional training organisations, in areas such as time management &amp; people management. These are essential skill sets and particularly important to non-patient facing pharmacists. Indeed, non-patient facing pharmacists should hold different CPD requirements, appropriate to their role. Can you please clarify if such courses would meet the CPD criteria?</p> <p>In the evaluation of applications for recognition and approval of courses, reference is made to consultations “with such experts as may be required”. Our concern is that there is no definition or clarification of where such experts may be drawn from. We feel that it would be customary for applicants to be aware of the composition of expert panels that may adjudicate on their course applications.</p>
		<p>We believe that the proposed 150 day timeline for Registrar approval seems very long. Whilst this timeline might be necessary for full CPD programmes, could consideration be given to shorter times for simpler topics, and perhaps online courses? This would minimise proposed content becoming outdated while awaiting review, as well as ensuring continued availability of trainers. Could consideration be given to allow the retrospective approval of training if the 150 day timeline remains?</p> <p>The Draft Rules state that ‘No material change may be made without prior approval of the Institute’. ‘Material Change’ is not defined within the Draft Rules and this could be impractical in some cases. For example, data and information pertaining to new products is constantly updating.</p>
96	College of Psychiatrists of Ireland’s Professional	A statement on reciprocity of their Approved courses with Approved courses of other professional bodies / colleges might be useful

	Competence Committee	
97	Sheila Ryder	<p>It is noted in the consultation document that, “The current PSI position is that the accreditation requirement only applies to those programmes and courses that are Exchequer-funded and commissioned by the Institute or that are required to be approved by the Council by statute. The draft Rules provide for a recognition and approval process for a wider range of programmes and courses at a future point, which would be subject to a Council decision in this regard.”</p> <p>It is clearly important that the Institute has the capacity to commission CPD courses and to ensure that such courses are of an appropriate standard. However, I have some concerns that extending the Institute’s role to encompass recognition and approval of a wider range of programmes and courses would not be the best use of limited resources. It is evident from Rule 9 that CPD is recognised as a personal process, and it would be impossible for the Institute to satisfy the individual learning needs of all pharmacists, hence Rule 9 (3) correctly accommodates experiential learning and ‘any other learning’ that may be identified with a view to enhancing a pharmacist’s professional practice, irrespective of Institute approval. Accordingly, the administration of an approval process for courses other than those commissioned by the Institute or having a statutory requirement for Council approval will not alter the potential of material to be recognised for the purpose of CPD. Introducing an approval mechanism for other programmes/courses therefore appears to generate a workload for the Institute that will not advance CPD; indeed, if a University programme were to undergo such an approval process, it would replicate the thorough review already undertaken as part of the University’s quality processes, quite possibly drawing upon the same external reviewers. Yet its resource implications mean it would have the potential to undermine the Institute’s capacity to focus on commissioned courses that might expand the range of CPD offerings, and could compromise fulfilment of its other functions (e.g. management, review and evaluation of pharmacists’ CPD reports; practice review for patient-facing pharmacists) in an efficient and timely manner.</p> <p>It therefore seems more sensible to maintain the status quo, whereby the Institute can conserve its resources for the approval of courses for</p>
		<p>which the PSI has a statutory responsibility (e.g. vaccination training) and courses commissioned to address areas in which it has identified unmet CPD needs. The three year maximum duration of any such approval also appears short; a five year timeframe is likely to be more practical, with due consideration given to the nature of the course. For example, a course supporting skills in Domain 2 of the Core Competency Framework (Personal Skills: leadership, decision-making, team work, communication) may require less frequent approval than one relating to Domain 4 (Safe and Rational Use of Medicines) where clinical content may change rapidly.</p>

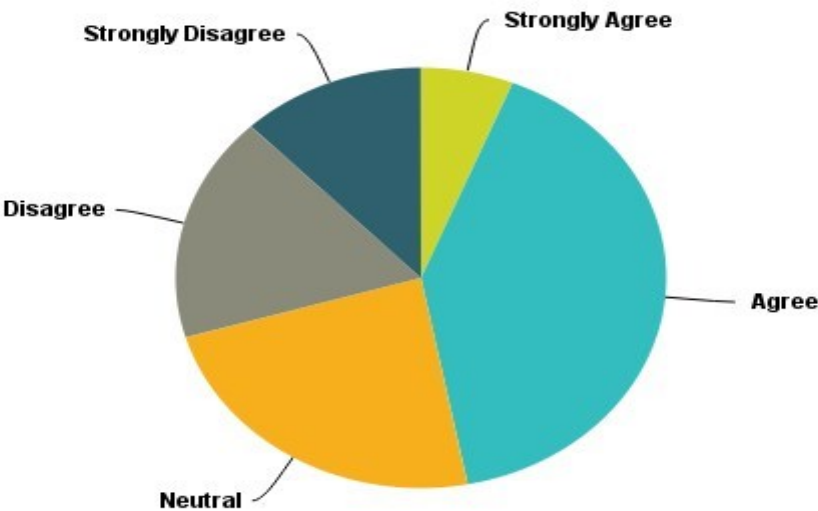
99	Sewell's Pharmacy	I don't think the Council should be involved as the IOP should be independent and separate from the PSI.
102	Michael Kelly	The fifth rule in the draft rules cites s. 7(2)(a)(iv) of the Act. Are you sure this relates to CPD? Is this section of the Act not for persons applying to register?
103	HPRA	<p>The draft Rules indicate that the accreditation requirement only applies to those programmes and courses that are exchequer-funded and commissioned by the Institute or that are required to be approved by the Council by statute. The draft rules provide for a recognition and approval process for a wider range of programmes and courses at a future point, which would be subject to a Council decision in this regard. It is recommended that consideration be given to the impact on organisations (including public sector bodies) which provide training programmes internally for staff, and that this accreditation or approval requirement not extend to in-house presentations and courses of short duration. There will also be a fee in relation to accreditation requests, therefore financial burden for public organisations and SMEs should be considered.</p>
104	HPAI	<p>HPAI understand and accept the role of the PSI to establish general standards for the recognition and approval of CPD programmes and to determine, approve and publish criteria for such programmes. HPAI does not support a detailed level of supervision that would restrict the ability of program providers to be flexible in meeting the needs of patients through the actions of pharmacists.</p> <p>The understanding of the HPAI was that the IOP would be set up initially by the PSI but to eventually run independently ("at arm's length")? We are somewhat surprised at the close supervision implicit in this proposal that the PSI will retain over the activities of the IOP, i.e. more than a simply "supportive" role.</p> <p>The criteria here appear to apply to formal certified postgraduate courses to which the PSI may apply the rigour it currently applies to the undergraduate curricula. It may be appropriate for the PSI to adopt a less rigorous approach to the provision of additional CPD which are identified by the practitioner or employer as facilitating the development of competencies appropriate to the roles to be undertaken.</p>
		The IOP may be best placed to determine the suitability of non academia provided courses and to establish the role of such courses in competency development.
108	Joanna Frawley	In an independent pharmacy with one pharmacist on the majority of day how is this possible-what additional staffing etc will be provided ??
113	Fiona Rowland	Why the Council and not the IOP to be the accrediting body? Conflict with Rule 4, 9(2) and the independence of the IOP. The duties of regulation need to be distinct from governance, management & provision.

116	Fiona Begley	Rule 5 (4) a minimum time frame should be set for when proposals to change criteria can be reviewed
119	Karene Moynan	I would be concerned that the process would increase the costs of CPD significantly for pharmacists at a time when there is pressure on most community pharmacists financially due to the cuts imposed on the profession due to the economic circumstances this country finds itself in.
123	Katherine O'Callaghan	The executive director of the Institute should review the criteria, not the Council.
124	Noel Stenson	5.2(f) "suitable qualifications and experience" - who decides what is the suitable in terms of qualifications and experience. Will Council provide guidance or will the Executive Director have discretion?
125	Paul Knox	With regard to point (f), I believe that there exists within the IPU suitable persons with adequate experience to provide the relevant CPD for community pharmacists. I believe the review should take place every two/three years as opposed to five years.
126	Marie McConn	I would have thought the PSI role would be more to outline general principles and the IIOP would have the role of outlining the more detailed criteria contained in 5.2
130	Denis Walsh	THERE IS NO RIGHT OF APPEAL OF THE IIOP IF THE REGISTRAR REJECTS A COURSE PROPOSED BY THE IIOP.
135	Vanessa Lyons	This rule does not appear to clearly reflect if CPD programmes/ courses will be approved/ provided for both patient facing and non-patient facing roles. How will this be balanced?

Rule 6

Q14 Do you agree that the application process and decision-making mechanisms are adequate for the recognition and approval of CPD programmes and courses for pharmacists?

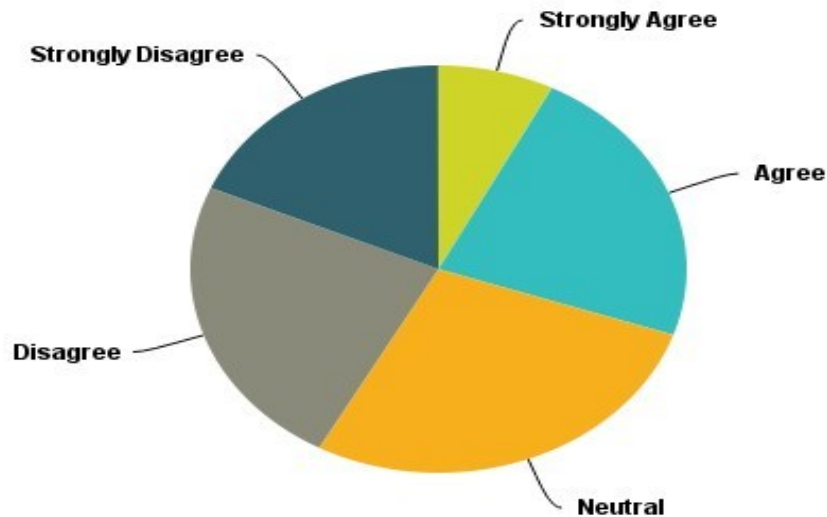
Answered: 115 Skipped: 15



Answer Choices	Responses
Strongly Agree	6.09% 7
Agree	40.87% 47
Neutral	23.48% 27
Disagree	17.39% 20
Strongly Disagree	12.17% 14
Total	115

**Q15 Do you agree that a mandatory fee should be payable by providers of CPD programmes and courses who wish to have their programme or course offering(s) evaluated by the Institute for the purpose of accreditation?**

Answered: 119 Skipped: 11



Answer Choices	Responses
Strongly Agree	7.56% 9
Agree	22.69% 27
Neutral	27.73% 33
Disagree	23.53% 28
Strongly Disagree	18.49% 22
Total	119

**Rule 6 – Comments**

No	Name	SUBMISSION
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2	Patricia O'Brien	"... Institute shall consider an application received under paragraph (1) and shall, within a period of 120 days from the date the complete application is received.."; "... Registrar shall, within 150 days of receipt of the application by the Institute, grant or refuse to grant his or her recognition and approval for the said CPD programme or course..." => Total lag time 270 days. Most conferences would be well over! Re fee, as previously mentioned, it depends on definitions of "programme" and "course"; for events such as professional
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		meetings and conferences which are organised by volunteers with no funding, none of this is feasible.
3	Diarmuid Herlihy	PSI are already paid extortionate fees. The current fees should be split to fund both the PSI and IOP. Charges for course evaluation will just be passed on to pharmacists attending the courses
4	mmm	The rules need to include a limit or scale of fees which should be subject to external approval. It is inappropriate that a Statutory Instrument should give the right in law to any body to effectively decide to charge what they like in a situation where the applicant has no option but to agree. The IOP has 120 days to evaluate an application and the PSI has 30 days to make its decision but if someone applies and secures approval for a course for up to 3 years, and if the criteria change within those 3 years, the person must amend the course FORTHWITH ! Is that fair or proportionate?
7	Thomas Doody	A nominal fee is acceptable. This legislation should not be used as a tool for fee collecting. Placing fees on CPD providers will make courses more expensive. Since pharmacists already pay extraordinarily high registration fees this fees and costs model needs to be carefully constructed.
9	Gerard Ryan	There appears to be no procedure or mechanism in place for courses outside the state e.g. MOOCs such as Coursera where world experts are available on topics such as Diabetes or Clinical Trials. If a Pharmacist undertakes such a course there is no guarantee that it will be recognized. No matter how well known the IOP or PSI is in Ireland, outside institution are extremely unlikely to look for recognition. The charges from the PSI are excessive already and charging for CPD providers to be accredited is totally over the top.
10	Dr Gerald Byrne	Any fee payable by providers of CPD programmes should be limited to what is sufficient to defray the reasonable expenses of the Institute and the Council in connection with such applications. Such a fee should be charged to all such applicants unless the possibility has been excluded by statute in a given situation.
11	Dermot Reidy	Experience tells us that the term 'a fee' can be set at an arbitrary level and, as such, can be used to discourage persons or bodies from applying for course recognition. Failure to get recognition does not result in return of application fee.
14	Annalisa Deeney	If someone decides to do a course that has not gone through the above process e.g. a UK based course or training day, can you still record that as CPD through the IOP - will it be accepted?
16	Claire Keane	I would anticipate that the providers of the CPD programmes will pass on the cost of the fee to learners by increasing the cost of the programme or course. With limited education and training budgets, I think it is important that these fees are as reasonable as possible, to keep the costs of the programmes manageable, and within budgets for individuals or departments.
20	Maria Creed	Very detailed and transparent. This degree of clarity is welcome.

21	John Barry	It seems to me to be Kafkaesque that the PSI and ILOP get 120 and 150 days when the training provider gets 5 days for appeal.
23	Joe Britton	Education of pharmacists is in the public interest. The public deserve nothing less. Third parties providing educational material for the education of pharmacists are doing so at their expense of developing the said material. I feel charging a provider for the provision. Of the latest information for the education of pharmacists for the protection of public health should not attract a fee. BY the provider. Charging fees to an individual or group of individuals who at their own expense provided said material in the ultimate interest of public Health and patient safety Should not have to pay fees.
24	Mary O'Connell	Providers of CPD programs and courses are in business and in competition with other such providers and that life in business if they wish to "tender" to supply such programs.

28	Caroline Whirskey	Maybe a small fee to cover the time taken to evaluate the course, but nothing which would prohibit development of CPD materials by individual / small groups of pharmacists. It is not clear why CPD courses need to be recognised / approved by ILOP. (I do think it is good that they will be) However, if CPD is self-directed, and recorded on an e-Portfolio, then I would have thought it was up to the individual pharmacist to select the course which best meets their needs. Will courses be assigned CPD points, as in the medical and other professions? Will pharmacists be required to gain a certain number of CPD points per year?
30	Caitriona O'Riordan	any accreditation should be done in a timely manner in particular where pharmacists may need this training in a tight time frame and cognisant that we have many other drains on our time.
31	Paul Horan	The process appears very formal and long. Perhaps I'm misinterpreting this element of the new rule but is there provision for quicker and smaller programmes and courses to receive accreditation? For example, arranging a Key Opinion Leader to speak on a relevant area to a group of pharmacists. This could simply be a consultant physician speaking on a disease area and is often facilitated or sponsored by 3rd party groups including pharmaceutical companies. Such practice is common for physicians and reviewed/ accredited by their relevant body. The need for a fee makes sense to cover administrative needs however this should be low and not a barrier to seek accreditation by the Institute. Perhaps a price range depending on the size of the programme or course.
32	Ann Gerardine Gahan	The Institute has 120 days from receipt of the application to make a recommendation to the Registrar. On receipt of this recommendation, the Registrar has 150 days, from the date of receipt of the application by the Institute, to grant or refuse to grant approval of the course. This is five months in total. It is very likely that any person or organisation wishing to provide a course would be dissuaded from seeking approval for that course because the approval process takes so long. I think, any fees payable to the Council in connection with an application to provide a CPD program, as described in Rule 6(1)(d), should be purely for cost recovery rather than generating income for the Institute.

35	Paul Gallagher	Like Rule 6 sets out an overly onerous process of application and recognition for all CPD programmes that require recognition. Consideration should be given to determining processes that are appropriate to a range of standards of CPD programmes-the highest level of quality assurance will not be required or indeed desirable for all CPD programmes that require recognition. Consideration should be given to amending Rule 6 to permit the Council to have greater flexibility in determining an approval process that is appropriate to the standard the programme under evaluation.
42	Emily Keogh	150 days is a long time to wait for approval
43	Patrick Heckmann	Consideration of no fees might be given to CPD events for which there are no registration fees or which are not funded by third parties such as the pharmaceutical industry. (a) Application submitted by a pharmaceutical company or medical device manufacturer (Industry Sponsor) €1,500 (b) Application submitted by a commercial event provider €1,500 (c) Event with multiple sponsors* €500 (d) Event supported by an unrestricted educational grant €500 (e) Un-sponsored event with registration fee €250 (f) Un-sponsored event with no registration fee No Charge In addition in section 6 (2) - 120 days seems quite long in terms of turn around time? The 30 days assigned to the registrar bring this to 150 days (5 months prior to a meeting). Perhaps in this context in section 6 (3) that there should be a maximum period within which the IOP seek further information. The RCPI time for accreditation submission is 4 weeks prior to the event -

		<a href="http://www.rcpi.ie/article.php?locID=1.9.150.210">http://www.rcpi.ie/article.php?locID=1.9.150.210</a> . An Bord Altranis do not charge and have also a 4 week submission time.
44	Anne Marie Defrein	Fee should be nominal so as not to discourage publicly funded institutions and bodies from setting up CPD courses. Fee should be adequate to cover costs incurred by IOP.
51	Irish Pharmacy Union	<p>Furthermore, in relation to the application and approval of CPD programmes, <b>Rule 6(1)(a)</b> states that the person proposing to offer a course or programme shall “<i>make an application in writing to the Executive Director for recognition of a CPD programme or course by the Registrar...</i>”</p> <p><i>It seems superfluous to put in place an organisation, such as the Institute, yet insist that all authority remains with the PSI. In various briefings and roadshows given by the PSI in the past years, we had been led to believe that, once the Institute was set up, it would operate completely independently of the PSI. This does not seem to be the case, given the above Rules.</i></p> <p><i>We suggest that the Rules be amended, and the governance of the Institute clarified and strengthened, to copper-fasten the Institute’s autonomy in order to ensure that the Institute will gain the respect and confidence of the pharmacy profession.</i></p>

51	Irish Pharmacy Union	<p>We are concerned at the length of time the Rules provide for CPD programmes or courses to be approved. Rule 6(2) says that the Institute has 120 days from receipt of the application to make a recommendation to the Registrar. On receipt of this recommendation, the Registrar has 150 days, from the date of receipt of the application by the Institute, to grant or refuse to grant approval of the course. This is five months in total. It is very likely that any person or organisation wishing to provide a course would be dissuaded from seeking approval for that course because the approval process takes so long. It also make a mockery of the requirement in Rule(1)(c) that the course “meets an identified and essential need”. The need can hardly be essential if it takes five months to get course approval. We would ask that these timescales be reduced to a more practical level.</p> <p>Secondly, in the event that neither the Institute nor the Registrar can meet the timescales set out, the Rules do not specify what actions will be taken to address this lapse and meet the identified and essential needs of the profession.</p> <p>In addition, given the lengthy timescales awarded to the Institute and Registrar to grant or refuse to grant course approval, it seems unfair and unreasonable to expect the course provider to reply to the decision within five working days.</p> <p>Furthermore, in order to avoid excessively inflating the cost to pharmacists of CPD programmes and courses, any fees payable to the Council in connection with that application, as described in Rule 6(1)(d), should be purely for cost recovery rather than generating income for the Institute.</p> <p>Lastly, in the eventuality that the Rules are not amended to grant the Institute and its Executive Director the authority to approve CPD courses in line with the criteria to be determined by the PSI Council, as would be appropriate, Rules 6(2), 6(5) and 6(8) should be amended by replacing “the Registrar” with “the Council”.</p>
54	David Jordan	<p>If CPD is to be self directed then it cannot be confined to accredited courses. Having a mandatory fee to be paid by providers of courses will further reduce the range of courses on offer. It could give rise to the commercialization of CPD moving further away from the ideals of CPD.</p>

55	Gaynor Rhead	<p>6. (2) 120 days to long a time for consideration of an application, this needs to be more timely. Where is the fee stated?</p>
61	Margaret Doherty	<p>These rules give the power to approve courses to the Registrar of the PSI, rather than to the Executive Director of the IIOp so removing some of the 'arms length' from the PSI that the IIOp is supposed to have. The time-scales laid out are very long and could act as an obstacle to providing new services in a timely manner. It is worth noting that the time-scale for delivery of the initial flu vaccination service, a novel undertaking, was much shorter than those envisaged here. On fees it is important that accreditation of courses is not seen as an income stream for the IIOp. Any costs will ultimately have to be met by end-users.</p>
63	Gerard Falvey	<p>Why should the Registrar have a role in the evaluation and decision making for accreditation of CPD programmes when an Executive Director of the IIOp has been appointed and the possibility of such a decision taking upto 150 days beggars belief.</p>

64	Loreto Barry	Any proposed CPD programmes and courses must be very carefully assessed for quality of both course content and presenter - too often the knowledge of the lecturer barely exceeds the written presentation, extensive knowledge of the background to the subject must be in evidence from course providers. No detail has been given as to what criteria are to be used to assess the CPD courses and programmes and those who provide them - the standard of these courses will set the bar for what is learnt.
65	Francis Bonner	Again the PSI wants to be in control in an area in which surely the IloP will have more competence.
70	Aaron Farry	I feel that 120 days is very long to wait for evaluation, it gets in the way of CPD being nimble and fast to react to fill unsatisfied needs.
71	Stephen Byrne	What are the cost implications for IloP accreditations and for what duration will accreditation be provided?
74	Deirdr Lenehan	If the providers of CPD are a registered business then yes I think having to pay a fee is reasonable. If it is a group of community or hospital pharmacists who are providing this course for the progression of the profession in general then no, I don't think such groups should have to pay a fee.
75	Amy Hughes	My understanding of the draft is that the course "author" applies for the CPD approval. Is it envisaged that other training courses undertaken can be used in the CPD? e.g. training provided, e.g. for company employees, by a training establishment, e.g. time management, managing people – both of which would be important areas to upskill. - A 150 day turn-around time for approval seems impractical/unreasonable especially when other bodies can turn around applications in much shorter time frames. Interesting that only 5 days is given to the training provider. It would not appear possible from the draft to have training approved retrospectively. Could this be allowed, especially if there is no give on the long approval times? - 'No material change may be made without prior approval of the Institute' This could be impractical also for meetings provided by HC companies – as the information on new products does not stay static, though it is not known whether updates could be interpreted as "material changes".
80	IPHA	The suggested timescale for recognition and approval of a CPD course seems excessive (150 days) compared to other institutions that approve within 30 days. In contrast to this the applicant has only 5 working days from receipt of the draft evaluation report and proposals to submit comments or appeal. The contrast between 150 days and 5 days is significant. IPHA proposes a revised timescale of 60 days for approval and 30 days for submission of comments or appeal.

		In addition, it is recommended that a facility to obtain retrospective accreditation for courses should be introduced and that clarification is given as to what constitutes a material change requiring prior approval of the Institute.
83	Veronica Anderson	The complicated process for approval of CPD programmes is onerous, timeconsuming and costly. This together with the mandatory fee will result in either a lack of interest in providing CPD programmes or (more likely) exorbitant fees to pharmacists who have no choice but to pay them if they want to continue to practice. This appears to be out of line with other European pharmacist CPD systems. It is also rather unfair to allow 150 days for the bureaucracy to produce an evaluation report and then only 5 days for the applicant to appeal a rejection.

84	Nicola Cantwell	The IOP, acting through the Executive Director shall be responsible for the management and administration of the CPD functions. The Executive Director is also responsible for the day-to-day implementation and delivery by the Institute of the CPD in accordance with the annual service plans approved by the Council as per Part 2 Section 4 (2 & 3) With all of this oversight, I don't understand why the Registrar should be given the responsibility of approving CPD programmes as laid down in Part 3 Section 6. I feel that the Executive Director would be the most appropriate person, in conjunction with the board of the IOP to approve programmes which may be laid down from time to time by Council.
86	Aidan Cunningham	This allows a period of 120 days to make recommendation to Registrar. This appears be too long if an immediate issue arises and is inconsistent with rule 5 (2)( h) which requires CPD programmes to be relevant to the pharmacist's ' <b>immediate needs</b> '.
90	Boots Ireland	<p>In relation to the requirement to make application to Executive Director for recognition and approval of a CPD programme course, this article states that the registrar has the final decision. We suggest that it would lead to greater transparency if the Executive Director had the power to make this decision with the PSI Council as a ratifying body, rather than the Registrar. The lack of accountability within the process as outlined would be a concern, and also lack of clarity as to who owns the overall process.</p> <p>In relation to point 6.(1)(d) we would like more clarity regarding the fee, and how this will be determined. In particular is it the Council of the PSI that decides the appropriate fee or the IOP? What will this fee be used for, and will we have transparency of how this fee is spent, and will a report be available to the profession on an annual basis? Do we have any assurance that this cost of application will not be passed onto pharmacists? This is particularly relevant if a cost will also be associated with registering with the IOP for each pharmacist.</p> <p><i>(2) The Institute shall consider an application received under paragraph (1) and shall, within a period of 120 days from the date the complete application is received, make a recommendation to the Registrar to grant or refuse the application.</i></p> <p>It is not apparent if there is the right of appeal the rejection or granting by the Institute at this stage of the process. Clear transparency is required on the process by which you can appeal a refusal of an application at this stage. Whilst a recognition that some time is required to have a robust approval process, consideration should be given to how this process can be progressed at pace when a definite public health need has been identified,</p>
		such as through a pandemic.

90	Boots Ireland	<p><i>(5) On receipt of the evaluation report and recommendation referred to in paragraph (4) and on consideration thereof, the Registrar shall, within 150 days of receipt of the application by the Institute, grant or refuse to grant his or her recognition and approval for the said CPD programme or course. The duration of any such recognition and approval shall not exceed a period of three years.</i></p> <p>We believe that is an unnecessary step in the process and will only lead to delay in progress. If the Institute have approved that a course meets requirements as laid down by the PSI Council, the logical approach would be that this course would go forward for approval at the next PSI Council meeting. Accountability that a training course meets required standards is clearly defined as a remit of the Institute. It is unclear why this process is under the remit of the Registrar and not of the PSI Council and why such an excessive amount of time is required. It also leads to a lack of clarity as to who is the ultimately accountable.</p>
90	Boots Ireland	<p><i>7) The expiry of the period referred to in paragraph (5) shall not be taken to mean that an implicit recognition or approval for the said CPD programme or course has been granted by the Registrar.</i></p> <p><i>(8) In the grant of his or her recognition and approval of a CPD programme or course, the Registrar may attach such conditions as may be set out in the evaluation report referred to in paragraph (4) as may be relevant and necessary.</i></p> <p><i>(9) Where the Council has under Rule 5(5) published amended criteria, a body whose CPD programme or course for pharmacists has been recognised and approved by the Registrar under this Rule, shall forthwith, in consultation with the Institute, make arrangements for compliance with the amended criteria and shall promptly inform the Executive Director accordingly.</i></p> <p>Boots Comment</p> <p>Can clarity be provided on why Registrar has final approval and not the PSI Council? Clarification would also be welcome as to the bodies or parties accountable, whereby subsequent to said approval and following completion of an approved programme by pharmacists and in such instance as an error is identified or patient safety compromised. Having clear accountability would help instil confidence that programmes as provided through the IOP are of the standards required for safe practice by pharmacists.</p>
99	S Sewell	<p>I think it is the IOP that should be making these decisions on the CPD modules and not the Council and the Registrar.</p>

104	HPAI	<p>HPAI suggest that different CPD courses will have a different architecture which requires a more flexible approach to recognising the different components of the development of competency.</p> <p>HPAI is of the view that not all CPD requires the approval of the registrar to this degree.</p> <p>HPAI believe that the PSI should not engage in any compulsion on fee provision for additional courses as it is the responsibility of the individual practitioner to engage in CPD appropriate to the required competencies. The level of control to be exercised for the provision of non academic courses appears excessive to HPAI.</p>
107	Susan O'Donnell	CPD programmes/courses are necessary to enable participants to complete CPD. If a mandatory fee to have a course accredited is in place- surely this will diminish the potential number of courses made available (areas covered) for participants to engage in? Should it not be subsidised by PSI?
108	Joanne Frawley	How much is paid in fees already and what is offered for these fees???The cost of getting CPD programmes approved will inevitably be passed onto pharmacists
109	Christina Carolan	I THINK THE IOP SHOULD HAVE THE AUTHORITY TO APPROVE COURSES AND NOT THE REGISTRAR OF THE SOCIETY. OTHERWISE THE COUNCIL WHICH HAS PHARMACIST PARTICIPATION SHOULD BE THE ONES TO APPROVE COURSES. THE FEE SHOULD ONLY INCUR THE COST OF HAVING THE COURSES EVALUATED.
113	Fiona Rowland	The Corporate Governance needs to be clear. Why a fee? What does the fee pay for? Will it be a token/nominal sum? Does it contribute to some or all of the cost of evaluation of the CPD? Is it to be per course or is it per programme, (what is the definition of either of these?). Is this to be refunded if granted recognition( courses cost to plan, implement & deliver) ? Why does the Council & not the body charged with oversight of CPD get the money ? 120 days(4 months) is a very long time to wait for an answer re: delivery for a training matter. Is this an normal time line with respect to other state bodies and trainings. Dept of Health funding, that was in the past used for CPD delivery & more recently in the setting up of the IOP, should be used for this purpose again.
114	Dr Tamasine Grimes	It is not clear whether an applicant has a right to withdraw an application should any conditions attached during the review process not seem favourable to them as a provider.
118	Mandy Bourke	I had understood that the IOP was an independent body. This draft instrument seems to show the very opposite. Any application for provision of CPD courses has to first go through the IOP but it is the PSI who has the final decision, even if the programme has been approved by the IOP. I believe the IOP should be able to approve CPD programmes within the guideline provided. On the subject of fees, I would like an assurance that any fees charged to the providers of CPD programmes are not passed on to pharmacists. The huge registration fees paid by pharmacists and RPB's should cover any CPD courses or alternatively the state should cover the cost as with the ICGP
119	Karene Moynan	I would be concerned that the process would increase the costs of CPD significantly for pharmacists at a time when there is pressure on most community pharmacists financially due to the cuts imposed on the profession due to the economic circumstances this country finds itself in.



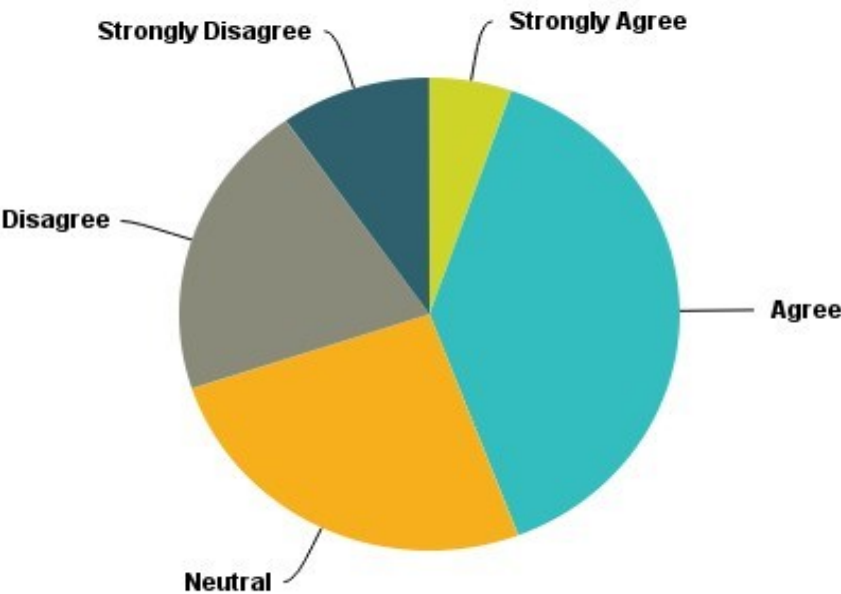
120	Yvonne Martyn	fees if charged are just going to be passes on to those taking the course
121	Eimear McManus	150 days is a long time for approval of a course, especially if it is a topical CPD programme which might not be as relevant after 150 days. e.g CPD course on OTC availability of EllaOne would be useful to pharmacists currently but not so useful in 5 months.
122	Martin Lanigan	There doesn't appear to be a provision in this legislation for courses that individually pharmacists undertake (personally funded) which can contribute to their CPD needs and how the institute will recognize these courses. 6(1)(a) Will term "in writing" allow for an online/electronic application procedure to be developed? The total duration of review process seems to be 9 months (120 days + 150 days) which seems too long. It is not clear why the registrar needs longer than the institute to evaluate a CPD course. It would appear that the council does not trust the institute in its capabilities to assess CPD courses. The council should not take on the role of the institute also which it seems to be doing - doubling the process of review. it should trust the institute in it's evaluation procedure and perform a minor approval checklist process upon receipt of the evaluation. I don't see how this can take longer than 30 days. If a course is granted approval for three years there is no provision for a renewal process - must it undergo the same (currently 9 month) registration process again?
123	Katherine O'Callaghan	Application is made to the Executive Director for approval by the Registrar? It is the Executive Director who should be evaluating applications, determining suitability and granting approval. It should also state in law that the fee shall not be passed onto the pharmacists participating in the CPD programme.
124	Noel Stenson	Whilst the IOP work-plan currently accounts for statutory funded courses procurement, accreditation and provision under this proposed Program approval process, consideration should be given to a form of course approval for this bodies who wish to provide fee based training courses to pharmacists. The timelines and expense (with or without fee) as proposed will mean that the appetite for Institute accreditation will be limited. Commercial third party training providers will be put off by having to endure a 120 day plus process for little apparent gain.
125	Paul Knox	I fail to see why a provision of CPD programme to ultimately benefit pharmacists should also be subject to a fee. Surely this would deter people from participating in this aspect of CPD and prove counter productive. If anything, any remuneration should go in the opposite direction.
126	Marie McConn	Application is made to the ED but the decision rests with the Registrar. This seems unwieldy and in any event if the PSI must be involved day to day in this way shouldn't it be the COUNCIL who make the decision . The IOP has 120 days to evaluate the application. The Registrar then has 30 days to make a decision. I don't see a provision for an appeal process which seems contrary to natural justice. Perhaps it comes in further down. If not, then one needs to be added. I am wary of a fee being charged in principle and practically. No limits are set out. No indication of the likely scale. It seems to be a carte blanche power and is therefore unsafe. Someone designing a programme has to wait up to 5 months AFTER development to see whether they have been accepted or not. No mention is made of refunds for unsuccessful applications and I think the whole process could deter participation.

127	Claire Murphy	There is concern that any mandatory fee to have course offerings evaluated by the Institute for the purpose of accreditation will be passed on to Pharmacists who wish to attend the course by the service provider. It is also important for Pharmacists to be assured that non-accredited courses are considered acceptable CPD, once completed within the self directed framework.
130	Denis Walsh	THE PHARMACIST PSI FEES SHOULD COVER ANY EXPENSE ENCOUNTERED BY THE IIOP.
134	Joanne Kissane	The length of time provided to the Institute and Registrar under Rule 6(2) to approve CPD programmes or course appears excessive. These timescales, we believe, should be reduced to a more reasonable level and we would advocate a more timely process where feasible.
133	Sandra Reynolds	I DISAGREE WITH THE PERIOD OF TIME THAT IT TAKES FOR A PROGRAMME OR COURSE TO BE APPROVED AS 6 1(C) STATES THAT COURSES MUST "satisfy
		the Institute that the proposed CPD programme or course meets an identified and essential need and in conformity with any priorities for such programmes or courses that may from time to time be laid down by the Council " THE COURSE MAY NO LONGER BE MEETING AN IDENTIFIED AND ESSENTIAL NEED
137 7	Department of Health	Under Rule 6(1) (d): <i>a person who proposes to offer such programme or course, shall – have paid to the Council any fee which may be payable in connection with that application.</i>  <b>Comment: How will this fee be determined?</b>
138	Patrick Burke	There is a risk that the onerous accreditation system may disincentivise providers in a small marketplace. Criteria when published should be sufficiently detailed so that subsequent assessment can be expeditiously satisfied. For the HSE in particular, it would be important that the accreditation process due to its defined process does not inadvertently create a delay in rolling out necessary service developments which are urgently required and can be delivered by HSE personnel.
139	Kate Mulvenna	For the Institute, having garnered considerable practical experience in the Irish environment over the past year, there is a risk that the accreditation system outlined will deter providers in a small marketplace. There is merit in flexibility to apply accreditation at different levels – e.g. certified, competency mapped and quality assurance. Accreditation of Providers could also offer a mechanism to enable and streamline processes to the benefit of all concerned.
140	Darragh Garrahy	"Application for recognition and approval of CPD programmes and courses for pharmacists 6. (1) Subject to the provisions of this Rule, and the policy of the Council in respect of the identification, selection and delivery of CPD programmes and courses for pharmacists that may be laid down from time to time by the Council, a person who proposes to offer such programme or course, shall – (a) make application in writing to the Executive Director for recognition and approval of a CPD programme or course by the Registrar in the manner and form as may, from time to time, be prescribed by the Institute.."

Rule 7

Q17 Do you agree that the appeal process set out in Rule 7 is adequate?

Answered: 113 Skipped: 17



Answer Choices	Responses
Strongly Agree	5.31% 6
Agree	38.94% 44
Neutral	25.66% 29
Disagree	20.35% 23
Strongly Disagree	9.73% 11
Total	113

## **Rule 7 - Comments**

No	Name	SUBMISSION
2	Patricia O'Brien	Unfairly big disparity between timeframe allowed to applicant and timeframe taken by Institute/Council!
4	mmm	The IOP had 120 days. The PSI had 30 days. The applicant gets 5 days. If there was a box beyond strongly disagree I would click that. Also you can only appeal where the report and proposals are not in compliance with the application. That is unclear. What right of appeal is available if one is notified that the course is not being approved.
6	Orla Barry	As a mandatory fee will be payable for CPD programmes to be considered, it would seem more appropriate to allocate up to 30 days response time in recognition of the time and resources associated with submitting the application.
8	Mary Kate Shanahan	5 days is very short turnaround =would recommend extending for practicality purposes
10	Dr Gerald Byrne	The 'five-working-day' time limit is disproportionately short by comparison with the '120-day' and '150-day' limits specified in Rule 6.
11	Dermot Reidy	As the rules only apply in the main to pharmacists working in retail, five working days is inadequate to review the draft evaluation
15	Brendan O'Carroll	The time period should be 10 working days
16	Claire Keane	I think that the timeframe for appeal is extremely limited.
17	Michael Kennelly	Five Days is unreasonable and way too short. Why not attach a little timebomb to the report?
20	Maria Creed	Not clear how the Managing Body will review the appeal. Also who in the Managing Body (currently RCSI) does this and according to what criteria?
29	Edwina Ledwith	5 working days seems like a tight time frame and would put additional pressure on the pharmacist to reply is there any provision for someone on holidays for example ?
32	Ann Gerardine Gahan	Given the lengthy timescales awarded to the Institute and Registrar to grant or refuse to grant course approval, it seems unfair and unreasonable to expect the course provider to reply to the decision within five working days.
39	Mary Ryan	5 days a very short period for appeal
40	Clara	I think more than 5 days is required to provide a response

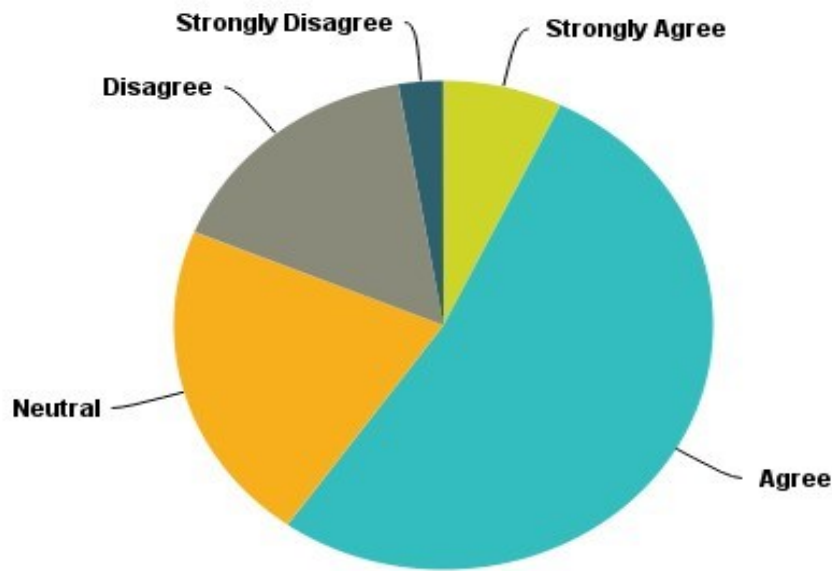
54	David Jordan	The time frame is far too short.
61	Margaret Doherty	A period of 5 working days is very short to submit an appeal.
62	Leon Ross	within 30 days
64	Loreto Barry	The appeal process should be given longer than five days in which to respond - this time frame is unnecessarily short especially compared to the 120 day and 150 days allowed for the assessment processes and can hardly guarantee quality responses.
70	Aaron Farry	Can the registrar overrule the IOP and reject a course IOP has recommended in evaluation report? If so, on what grounds and is there an appeals process for that?
71	Stephen Byrne	The turn around of 5 days is extremely short for appeals, we would propose 14 days (a 2 week period)
90	Boots Ireland	<p><i>7. (1) The Executive Director, on behalf of the Institute, in compiling the evaluation report referred to in Rule 6, shall forward a copy of the draft report to the applicant to check its factual accuracy, together with a statement of any proposed conditions that may be under consideration with a view to their being attached to the proposed approval.</i></p> <p><i>(2) The applicant may, within 5 working days of receipt of the draft evaluation report and proposals under paragraph (1), submit comments on the draft report and proposals and where such report and proposals are not in compliance with the application, the applicant may submit an appeal to the Managing Body in which circumstances the periods referred to in Rule 6(2) and (5) shall be suspended from the date the appeal is received by the Managing Body and shall recommence only on completion of the appeal process.</i></p>
		<p>Boots Comment</p> <p>The applicant is given five working days to submit comments on the draft report. This seems a disproportionately short period of time compared to overall process of application granting by IOP and PSI which can under current draft guidelines take as long as nine months.</p>
99	Sewell's Pharmacy	5 working days is not sufficient time for a reply
109	Christina Carolan	five days seems a very short time for the applicant to reply considering the evaluant has 5 months for consideration of a course which seems a very long time and may render the course irrelevant in some cases due to time lapse
116	Fiona Begley	> 5 working days should be allowed for submission of comments/proposals/appeal on draft evaluation report
119	Karene Moynan	I would not consider 5 working days a reasonable timeframe for the applicant to submit comments in the draft report and proposals.
123	Katherine O'Callaghan	5 working days is insufficient time for the applicant to respond.

126	Marie McConn	OK glad to see there is an appeal process but it seems to be deficient. The appeal is to the draft report prior to the decision of the Registrar. This sounds efficient and could be useful to clarify any misunderstandings but is insufficient. It says where such report and proposals are not in compliance with the application. What does this mean? Is it that an appeal can only be made on minor technicalities. Surely the phrase should be that where the report and proposals indicate that a recommendation is being made that approval not be granted, THEN an appeal may be made. Natural justice suggests that if someone applies for something and is turned down, he should have the opportunity to have that decision reviewed by way of appeal to a second body. Otherwise people will challenge decisions in the courts or if they cannot afford this risk they will disengage with Pharmacy CPD.
127	Claire Murphy	Five days is sufficient time for the service provider to review the draft report and proposals.
133	Sandra Reynolds	I HAVE NO ISSUE WITH INFORMATION BEING USED FOR STATISTICAL PURPOSES AS IN COURSE SATISFACTION QUESTIONNAIRES BUT I WOULD NEED REASSURANCE THAT THE REPORT WOULD NOT INCLUDE DETAILS OF COURSE ATTENDEES OR THEIR PERFORMANCE ON THE COURSE
134	Lloyd's Pharmacy	We would propose that a course provider be afforded more than five working days to respond and submit a reply to the Managing Body concerning the decision made by the Institute and Registrar.
137	Department of Health	<p>Rule 7 (2) The applicant may, within 5 working days of receipt of the draft evaluation report and proposals under paragraph (1), submit comments on the draft report and proposals and where such report and proposals are not in compliance with the application, the applicant may submit an appeal to the Managing Body in which circumstances the periods referred to in Rule 6(2) and 6(5) shall be suspended from the date the appeal is received by the Managing Body and shall recommence only on completion of the appeal process.</p> <p><b>Comment: Five working days seems to be a very short timeframe. Can consideration be given to extending this timeframe to allow the applicant sufficient amount of time to prepare a response and/or appeal to the Managing Body.</b></p>

Rule 8

Q19 Do you agree with the manner in which the regular reporting mechanism is set out in Rule 8?

Answered: 112 Skipped: 18



Answer Choices	Responses
Strongly Agree	7.14% 8
Agree	52.68% 59
Neutral	21.43% 24
Disagree	16.07% 18
Strongly Disagree	2.68% 3
Total	112

Rule 8 – Comments

No	Name	SUBMISSION
4	mmm	It isn't set out. The manner and former will be established by the Institute. Again this is too unclear and gives too much power to the PSI and IIOP without any oversight or external control

6	Orla Barry	If no material change is made to the course, are they required to go through the same approval process again following the initial 3 year approval period?
9	Gerard Ryan	There appears to be no requirement to ensure that course content is of the highest standard internationally or that the quality of teaching is first class. Currently much of what passes for Pharmacy CPD available is only adequate from a content point of view and very poor from a presentation point of view with many lecturers having no specific knowledge or experience in the topic that they are lecturing on. My overall view is that regulations should not be introduced until the issue of quality in content and presentation is addressed
10	Dr Gerald Byrne	Rule 8(2) implies that more than one 'report' eventually may be required, although only one 'report' is envisaged under Rule 8(1). Greater clarity on the CPD programme or course providers' obligations would be welcome.
12	Ciara Ni Dubhlaing	Would this cause unnecessary work to both parties in the incidence of e.g. a change in practice due to updated national/international guidelines requiring updating of course materials?
16	Claire Keane	If a programme is granted approval for 3 years, it is highly likely that minor but relevant changes in clinical practice may occur during this time. Therefore 8(2) may lead to the provision of out of date information. An ability to make changes to the course material should be facilitated, once the overall learning outcomes are achieved.
17	Michael Kennelly	Surely a programme should allow for a process of evolution....if the course has flaws or if an obvious improvement can be adopted early on, then that ought to occur.
26	Paul	Far too much "report writing" requirements. Nothing will ever get done. Things will be held up due to bureaucratic
31	Paul Horan	The size of the programme/ course should be a consideration in terms of reporting and minor changes should be allowed on some of the content. e.g. the addition of a new guideline or medication to a disease area or indeed an update on local data supporting the area.
32	Ann Gerardine Gahan	I think it should be stated that this report would not include details of course attendees or their performance on the course.
40	Clara	Courses need to change as content becomes updated. They should always provide most relevant information.
51	Irish Pharmacy Union	Rule 8(1) says that CPD providers "submit to the Institute a report on the delivery of the CPD programme or course. ...". Whilst we have no problem with the provision of uptake and course satisfaction statistics, we would like reassurance that this report would not include details of course attendees or their performance on the course.
54	David Jordan	This is too rigid and does not allow for natural growth and development of courses.
61	Margaret Doherty	The report on the delivery of a CPD programme should not allow any attendee or their individual performance to be identified.
63	Gerard Falvey	Why have an executive director if the Registrar has to be consulted on all CPD programmes and course providers.?
70	Aaron Farry	Are there timelines for the approval mentioned in (2)?

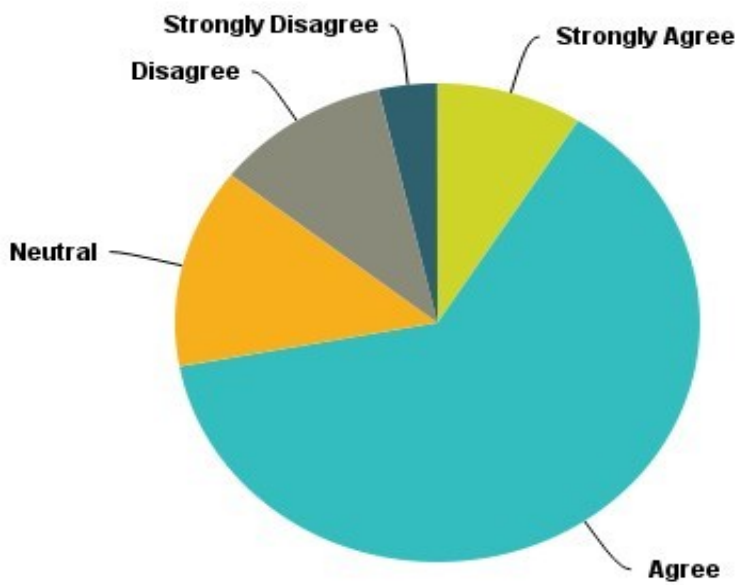


72	Margaret McCahill	The manner and form is to established by the institute so how is it possible to agree or disagree with the manner in which it is set out? No material change to a CPD programme or course that has been recognised and approved by the Registrar shall be made without the prior approval of the Institute, following consultation with the Registrar. It may be necessary to update a course to take into account (for example) new international guidelines, or new indications for drugs. Is the course to be suspended until approval of these changes is obtained from the Registrar?
75	Amy Hughes	No material change may be made without prior approval of the Institute' This could be impractical also for meetings provided by HC companies – as the information on new products does not stay static, though it is not known whether updates could be interpreted as “material changes”.
90	Boots Ireland	Whilst we agree with the manner of regular reporting, will there be exemptions to the requirement of a material change to a CPD programme without the prior approval of institute and registrar? If there is an immediate need to change the programme for patient safety reasons e.g. if new drug safety recommendations have been highlighted, it would seem unnecessary that it is approved by the Institute, as this would unduly delay the process. It also is contradictory that the approval of this change is a different process than the original application, which appears to be that the Registrar has final approval and not the Institute.
99	Sewell's Pharmacy	Cpd programes should not have to be approved by the registrar.
109	Christina Carolan	THIS REPORTING MECHANISM SHOULD NOT GIVE INFORMATION TO THE PSI REGARDING PERFORMANCE OR ATTENDANCE OF PARTICIPANTS
113	Fiona Rowland	Why have the IOP if the Registrar is to decide? The corporate governance is marred by this.
123	Katherine O'Callaghan	The Executive Director should evaluate the programmes, without the express approval of the Registrar.
125	Paul Knox	This should be a reciprocal arrangement. There should be no change to the programme unless the provider has given their consent.
126	Marie McConn	This sort of ongoing monitoring should be a function of the IOP operating within guidelines set down by the Council of the PSI
133	Sandra Reynolds	I HAVE NO ISSUE WITH INFORMATION BEING USED FOR STATISTICAL PURPOSES AS IN COURSE SATISFACTION QUESTIONNAIRES BUT I WOULD NEED REASSURANCE THAT THE REPORT WOULD NOT INCLUDE DETAILS OF COURSE ATTENDEES OR THEIR PERFORMANCE ON THE COURSE
134	Joanne Kissane	Rule 8(1) – The provider report should not include attendee details or details of performance of said participants on any particular course.

Rule 9

**Q22 Do you agree with the description of the CPD system and its components as set out in Rule 9?**

Answered: 111 Skipped: 19

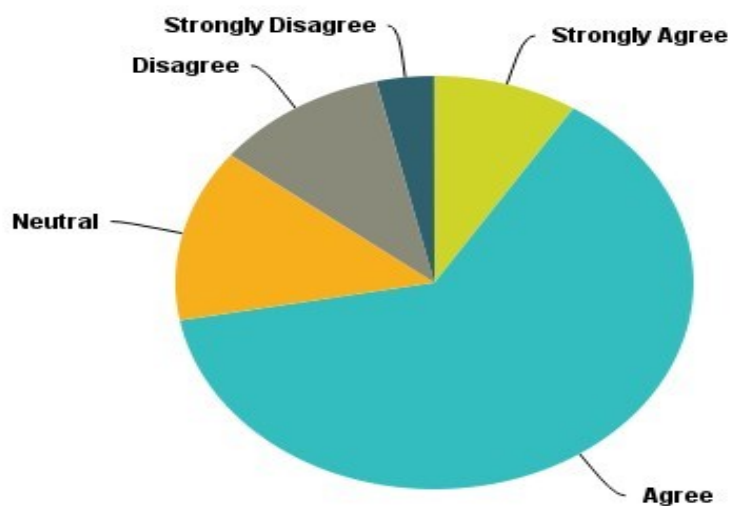


Answer Choices	Responses
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Strongly Agree	19.27% 21
Agree	69.72% 76
Neutral	7.34% 8
Disagree	1.83% 2
Strongly Disagree	1.83% 2
Total	109

**Q22 Do you agree with the description of the CPD system and its components as set out in Rule 9?**

Answered: 111 Skipped: 19



Answer Choices	Responses
Strongly Agree	9.01% 10
Agree	63.06% 70
Neutral	13.51% 15
Disagree	10.81% 12
Strongly Disagree	3.60% 4
Total	111

## **Rule 9 – Comments**

<b>No</b>	<b>Name</b>	<b>SUBMISSION</b>
9	Gerard Ryan	The CPD framework approach is innovative but is going nowhere unless there are sufficient courses of adequate quality available to Pharmacists undergoing CPD
11	Dermot Reidy	The terminology: needs based, outcome-focused, needs to be explained in more precise terms. My understanding is that this is a statutory instrument and terminology should be clear.
14	Annalisa Deeney	Rule 13-5 comments on the 'objectives and requirements set out in Rule 9' but I do not feel these are clearly stated. The purpose and description are given, but not clear objectives and requirements.
16	Claire Keane	The impact of this rule on patient care will depend on the interpretation of "appropriate continuing professional development".

20	Maria Creed	9. (1) What about keeping abreast with clinical developments?? Scientific and technological progress lead to changes in clinical practice-this is where most pharmacists practices are focused and what directly affects patients.
21	John Barry	I think the absolute emphasis on core competencies is misguided as it could lead to a very useful and pertinent course or study not being done because even though it be very relevant to the care of the pharmacist's cohort it would "tick boxes already ticked" on the core competencies assessment.
30	Caitriona O'Riordan	too prescriptive, just as there are many different personality types in the world there are persons who benefit from different styles of learning. I know of middle to older pharmacists who complete Cpd at present and are very aware of their learning needs but for whom this system is convoluted and frightening. I would not e considered older but I strongly disagree with this format. I feel you would have far greater and more interested engagement if this system were not implemented and instead a looser method of capturing cpd was introduced initially and gently over time pharmacists could be encouraged to create the cycles as prescribed above. As it is all the focus is on the methodology and none on the actual learning itself. The system as prescribed is flawed and mis guided.
32	Ann Gerardine Gahan	It appears that the pharmacist must prove that their CPD is based on regular selfassessment, rather than reflection and evaluation of learning outcomes. I don't think that the pharmacist should have to regularly carry out a self-assessment to create a learning profile or to engage with all the activities identified in the selfassessment.
39	Mary Ryan	There needs to be clearer definition of this. What does regular basis mean in 3 above? Is it monthly, yearly? Could the legislation instead say, on a regular basis, at least every.....whatever is felt appropriate. Should there be clear advice as to how much learning is related to assessment and how much related to day to day activity? Lots of mine currently comes from everyday practice and is very relevant to my work. I think it's good that we can assess what our needs are ourselves but we need clear advice as to what's expected, otherwise how can IIOP assess our activities?
50	Sheena Cheyne	It states that the CPD assessment should be 'on a regular basis' – can this be more specific?

51	Irish Pharmacy Union	<p>Rule 9(3) states “that every pharmacist shall on a regular basis carry out a selfassessment of his or her learning needs... the outcome of which shall form the basis of his or her learning profile”.</p> <p>Rule 9(4) states “every pharmacist shall, in undertaking his or her CPD activities, engage in such activities as may have been identified in his or her learning profile”</p> <p>This implies that if a pharmacist does not, firstly, regularly carry out a selfassessment to create a learning profile and, secondly, engage with all the activities identified in the self-assessment, that they will not be meeting their obligations. Rule 13(2)_ goes on to say that this report shall include “a record extracted from a recent self-assessment of the nature referred to in 9(3)”. This suggests that a record of CPD activity is not sufficient; instead the pharmacist must prove that their CPD is based on a regular self-assessment, rather than a reflection and evaluation of learning outcomes.</p>
54	David Jordan	This is a description of box ticking exercises not CPD.
61	Margaret Doherty	Rule 9, the CPD Obligations of Pharmacists, is central to the rules and it might be more appropriate to start from this point. 9. (1) is a roundabout and difficult to read way to saying pharmacists must do CPD. It could do with revision to using 'clear English' principles. It is also disappointing that the health and safety of the public comes at the end of along list instead of at the start where it belongs. It is contradictory to say the CPD shall be self-directed then provide detailed directions for how it must undertaken.

63	Gerard Falvey	I have always felt that CPD is important but I think that the PSI must take into consideration the workload of a community Pharmacist and the hours that are worked. I feel that a lot of the aims of this CPD model is aspirational and not completely realistic in the working day of a pharmacist. THERE IS LIFE OUTSIDE PHARMACY!
75	Amy Hughes	More clarity is needed over what exactly constitutes CPD - does reading a journal article count or must all CPD be done through courses?
77	Karina Guinan	please clarify how many cycles are required per year to fulfill cpd requirements.
79	Deirdre O’Keeffe	I have read the draft for public consultation on CPD for 2015. I feel it would be appropriate for there to be a minimum number hours that pharmacists need to do a year and that we should receive guidance on what that minimum amount would be.
84	Nicola Cantwell	In Part 4 Section 9 (3) the pharmacist is expected to carry out a self-assessment of his or her learning needs, having regard to the Core Competency Framework on a regular basis. What is meant by 'on a regular basis'?

90	Boots Ireland	<p><i>"9. (1) With a view to keeping abreast of relevant advances in scientific and technical progress and relevant legislative changes, and for the purpose of maintaining a level of competence in his or her ongoing practice as a pharmacist, and with a view to protecting, maintaining and promoting the health and safety of the public, every pharmacist shall undertake appropriate continuing professional development (CPD).</i></p> <p><i>(2) The CPD undertaken shall be systematic, self-directed and needs-based and be outcomes-focussed, based on a process of continual learning and development with application in his or her professional practice as a pharmacist."</i></p> <p>We are confident having these as core objectives of a CPD system will ensure that our patient's health and confidence in our profession will be maintained and improved, and that it will allow scope for further development of pharmacy practice. We would welcome some additional information on how these standards will be used to promote our profession and shape future expansion of the role of the pharmacist, and greater clarity on how this standardisation will be shared amongst stakeholders both nationally and internationally.</p>
90	Boots Ireland	<p>We wish for it to be noted that the process of CPD recording should not take longer than the learning itself, particularly where registrants work in areas of practice, including the pharmaceutical industry where they may be subject to additional CPD requirements in order to meet regulatory requirements.</p> <p><i>(3) For the purpose of this Rule, every pharmacist shall on a regular basis carry out a self-assessment of his or her learning needs, having regard to the Core Competency Framework for Pharmacists, with a view to identifying learning activities appropriate to the needs of his or her professional practice the outcome of which shall form the basis of his or her learning profile. Such learning profile shall also include learning identified and experienced in the course of his or her professional practice and any other learning that may be identified with a view to enhancing his or her professional practice.</i></p> <p>Boots Comment</p> <p>We would welcome clarity on the term "regular basis". Clarity is also requested on "this forming the basis of his or her learning profile"-by inference it would seem that this is given more importance than learning needs identified by the professional. This seems to be in conflict with the self-directed aspect of CPD as outlined in 9. (2).</p>
		<p><i>(4) Every pharmacist shall, in undertaking his or her CPD activities, engage in such activities as may have been identified in his or her learning profile, and reflect on the impact of those activities having regard to the objectives of undertaking appropriate CPD as set out in paragraph (1).</i></p> <p>Boots Comment</p> <p>Clarity is sought on the term "reflect" and the manner in which the CPD portfolio is to be maintained. Is this term alluding to a reflective writing aspect of the CPD portfolio, and what assurances do the profession have on receiving guidance on this aspect of the proposed legislation?</p>

91	Glen Petitdemange	The concept of CPD for pharmacists is both good and essential. With respect to Rule 9 (3) I strongly disagree with the use of the core competency framework as something that must be engaged with by pharmacists in order to comply with their CPD needs. The CCSAT self –assessment tool as set out on the IIOp website is no more than a pen-pushing exercise which is both mind-numbingly unspecific and also very time consuming. The model of CPD being adopted by the IIOp is based on the system in Ontario. The CCSAT tool proposed is similar to the one initially adopted in Ontario but has subsequently been replaced by a more relevant and workable format. I am aware that this matter has been highlighted to the PSI already so I ask the question – are you listening ? The purpose of CPD is to improve pharmacists’ performance in their role, not to bludgeon them into submission by forcing them to do things that allows the PSI to tick their own box that they have shoe-horned the core competency framework into the CPD model. It did not work in Ontario so why try to force it in here ? Please talk to the IIOp and take the good advice you will be given because the CCSAT self-assessment will become CCSAT resentment if forced through as it stands.
95	Niamh McMahon	I warmly welcome the introduction of mandatory CPD for all pharmacists and I think it is an important step forward for our profession. Having reviewed the draft Statutory Instrument for CPD for Pharmacists, I still am unclear about some aspects in relation to it. My understanding is that CPD is driven by the individual and dependent on their own learning needs. While I find the Core Competency Framework useful for assessing some aspects of practice, it is perhaps less useful for assessing other components, particularly those which may be pertinent to those working within hospital specialities. I also am conscious that while some of the learning is noted to be totally self-directed, other courses are specially commissioned and it is unclear whether it is mandatory to do some of these or not. I would hope that any student who is pursuing an MSc within their field of practice would have more than sufficient evidence to put into their e-portfolio to demonstrate their competence within their target areas and would not be required to attend any additional courses. Furthermore, as universities are subject to rigorous quality evaluation at higher education level, I assume that their courses would meet the requirements of the PSI/IIOp, but this is not explicitly stated.
96	College of Psychiatrists of Ireland Professional Competence Committee	It looks as if the only learning activity which is approved for CPD is that which is planned following self-assessment? This may be overly restrictive as this will not account for unplanned learning which may be just as valuable. Certainly it may be worth having some element of planned learning in a portfolio but not all approved CPD activity needs to be planned. The other aspect of this is that self- assessment of learning needs has been specified in the document but this could potentially change - ie in future learning needs could be assessed using other/mixed methods, for example through a multi-source feedback process - so it might be restrictive to specify the method of assessment of learning needs in this document.
102	Michael Kelly	The current model is frequently promoted as an 'outcomes' based model. Why? To make you believe that the outcome is a result of the CPD programme. Outcomes cannot be linked to CPD programmes. Outcomes will be the result of a number of
		factors. Some outcomes may be the unintended negative outcomes of CPD programmes. Why not use performance on its own? There can be no direct link between post-grad education programmes and achievement.
103	Health Products Regulatory Authority	The requirement to carry out a self-assessment of learning needs on ‘ a regular basis’ could usefully be more clearly defined, perhaps a minimum acceptable period, e.g. annually.
113	Fiona Rowland	9(2), 5(2)a,f have potential for conflict.

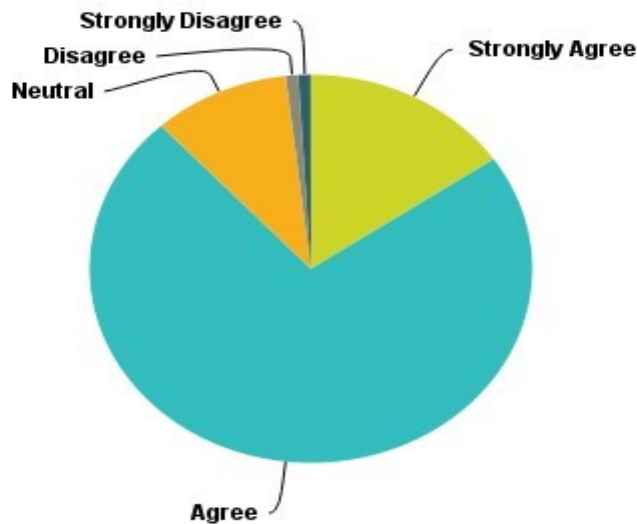
114	Dr Tamasine Grimes	The granularity of this rule seems somewhat excessive, relative to the capacity to enforce it. 9 (4) - care should be taken not to discourage an individual's CPD efforts. It seems that that a piece of legislation stating that " pharmacist shall ... engage in such activities as ... in ... learning profile" would develop a conservative culture of goal setting. Invariably, pharmacists will then perceive (rightly or wrongly) the list of activities as a list against which they will be assessed. The need for this level of detail in the legislation is somewhat lost on me.
121	Eimear McManus	Rule 9.3 Would prefer a stronger definition on "every pharmacist shall on a regular basis". Regular basis could mean weekly, monthly, annually?
124	Noel Stenson	Whilst the pharmacist must generate a learning profile from a regular audit against the Core Competency Framework there should not be an absolute requirement to have to use any or all outcomes from such an audit. The pharmacist may simply be unable to address or use these outcomes in the course of their normal practice setting as such
126	Marie McConn	I am only getting to grips with the process but so far it seems manageable. I would hope that there might be an opportunity as time passes for people to make suggestions as to how the process could be simplified. But so far so good, I think!
129	Nuala Hart	I would prefer credit system as used with other professions
133	Sandra Reynolds	SELF ASSESSMENT IS AN ISSUE AS WE HAVE ALWAYS TREATED CPD AS REFLECTING ON OUR LEARNING NEEDS WHICH GREATLY VARIES FROM PHARMACY TO PHARMACY AND VARIES BETWEEN PHARMACISTS- SO IS THE DEFINITION OF CPD BEING AMENDED AS WE KNOW IT - IM ALL FOR IMPROVING MY KNOWLEDGE AND PRACTICE BUT THIS NEEDS TO BE CLARIFIED.
134	Joanne Kissane	Rule 9 (3). The term "regular basis" concerning self -assessment should be defined in the S.I. under rule 9 (3). We would propose an annual self-assessment be carried out by all pharmacists, except in exceptional circumstances; for example, where a pharmacist changes his/her career direction.
137	Department of Health	<p><b>Rule 9 (2) - We would suggest that the wording of this rule is amended as follows:</b></p> <p><i>'The CPD undertaken <b>by a pharmacist</b> shall be systematic, self-directed and needsbased and be outcome-focussed, based on a process of continual learning and development with application in his or her professional practice as a pharmacist.'</i></p>



## Rule 10

### Q24 Do you agree that the manner in which such automatic registration with the Irish Institute of Pharmacy will occur is adequately set out?

Answered: 110 Skipped: 20



Answer Choices	Responses
Strongly Agree	15.45% 17
Agree	72.73% 80
Neutral	10.00% 11
Disagree	0.91% 1
Strongly Disagree	0.91% 1
Total	110

### Rule 10 – Comments

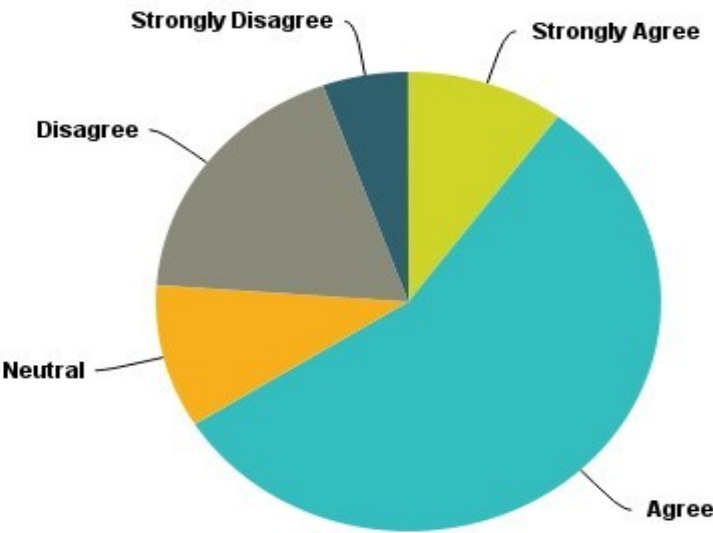
No	Name	SUBMISSION
2	Patricia O'Brien	I don't see why Rule 9 must lead to Rule 10. Why must registration be mandatory? What is the advantage of keeping one's profile on a particular website rather than just at one's home / work on paper or a simple Excel file, as long as one can provide evidence of compliance when required? The whole

		thing smacks of a) a route to double registration fees and b) an job creation exercise!
6	Orla Barry	Although the registrant should have primary responsibility for maintaining on going engagement with the Institute, should there be some level of mandatory communication from the Institute to all registrants to encourage engagement. Possibly a quarterly e-zine?
11	Dermot Reidy	If every registered pharmacist is subject to CPD evaluation, there should be no execeptions when it comes to review of portfolios. Any registered pharmacist can take up whatever role they wish and change from a non patient-faced job to one dealing with patients.
13	Frank Foy	Rule 10 must make provision for pharmacists who do not reside or work in ROI but are on the register there. eg I am on register of PSNI, therefore I complete CPD for this. Therefore, there must be mutual recognition of CPD portfolios on either side of the border so that a person may remain on register of PSI without having to complete a second CPD portfolio each year!
15	Brendan O'Carroll	All previous CPD undertaken by a pharmacist with the ICCPE should be acknowledged by the IIOP and pharmaceutical society of Ireland.
20	Maria Creed	What about pharmacists returning to practice after a protracted absence? Or after a change in role, e.g. from industry back to a patient facing role? Will their competence be immediately assessed or will they be randomly selected also? How do they prove they are up to the change???
23	Joe Britton	Any professional worth their salt will want the best for their patients Having the best means having the best knowlege all registered pharmacists yes I mean all. Pharmacists no matter what field they are in should be required. To be on the institute of pharmacy reg. you are a Pharmscist or yiu are not. No half way house. The term pharmacist to me is one of honour dignity competence and above all trust by the public. I am completely against. Patient facing pharmacist. Or not. You are or yiu are not. You can not be a pharmacist in name and not in practice
78	Jack Shanahan	The whole mention of money is completely unacceptable, as it smacks of double taxation. As the proposal stands there are two additional proposed income streams built in. The first is a fee to apply to supply CPD programmes. This must be paid to the PSI, not the IIOP. This fee is inevitably going to be passed onto the participants, who are, of course, the pharmacist end user. The second fee is that that may be levied on pharmacists for 'membership'. No doubt we will be assured that this provision is purely precautionary. This does not ring true. Without wishing to rehash the issue of the extraordinary costs of regulation, we, as a profession, are already paying about six million per annum to the PSI to regulate and discharge the other functions. The principle is clear, the PSI have effective full ownership of the IIOP, and therefore it should be funded by our PSI fees.
83	Veronica Anderson	I am concerned that if a mandatory system such as the ePortfolio is used, the process of CPD will become a box-ticking exercise as has happened in the UK. This process will detract from the practical CPD which we have been carrying out until now.

Rule 11

Q26 Do you agree with the manner in which the recording of the CPD activities is set out in Rule 11?

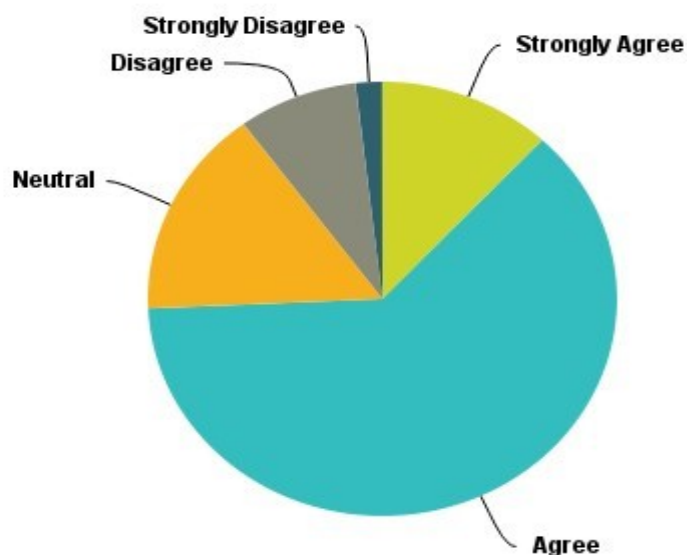
Answered: 109 Skipped: 21



Answer Choices	Responses
Strongly Agree	10.09% 11
Agree	55.96% 61
Neutral	10.09% 11
Disagree	18.35% 20
Strongly Disagree	5.50% 6
Total	109

**Q27 Do you agree that the protection of the content of each ePortfolio as generated by the pharmacist is adequate as set out in this Rule?**

Answered: 109 Skipped: 21



Answer Choices	Responses
Strongly Agree	11.93% 13
Agree	62.39% 68
Neutral	15.60% 17
Disagree	8.26% 9
Strongly Disagree	1.83% 2
Total	109

**Rule 11**

No	Name	SUBMISSION
2	Patricia O'Brien	I see no need for an ePortfolio - see comments to Rule 10
5	Kieran Lynch	Not all practicing individuals may be in a position to maintain there portfolio in electronic format.

6	Orla Barry	From a regulatory point of view, should the Institute have access to blinded information from the portfolio's for reporting purposes? (ie) there is value in knowing how many registrants have made a record in the last month or what types of activities are most popular etc...
7	Thomas Doody	I think each pharmacist should be able to conduct their CPD in a manner that is acceptable to them. Enforcing engagement with the IOP is incorrect., not all pharmacists may wish to engage in online assessment and should be facilitated should they wish to conduct and record their CPD in another fashion. They will still have to undergo the same practice reviews as anyone engaging with the IOP
8	Mary Kate Shanahan	need to be more clear on who else may request access
9	Gerard Ryan	Any online course completed on a Learning Management System should have a proper audit log available for inspection to the IOP or PSI. Very few LMS are up to an adequate standard.
13	Frank Foy	I still do not see provision for scenario described by me in last page!
17	Michael Kennelly	Many pharmacists have been undertaking CPD for decades. The obligation to us the ePortfolio is unfair on many pharmacists. Out degrees are in Pharmacy not computers.
23	Joe Britton	Advancements in electronic intrusion is worry for all of us in life. We hear every day of x account or y account been hacked. By external forces. The institute is no different. A pharmacists portfolio of cpd is valuable. And personal. In my opinion no different to ones personal bank. Details of revenue tax details Especially. As a pharmacist is required. To produce evidence of their cpd. For ultimate continued. Registration How can I fully trust in the security and integrity of my data ? I feel a few more layers of security similar to e-banking needs to be added to the individuals account
25	Yvonne Martyn	i would prefer if there was a hard copy / manual way of completing cpd
27	Paula Bowes	I think the e-portfolio should be part of the pharmacists records there should also be paper records held by the pharmacist, e.g. Notes, pictures, documents etc.
28	Caroline Whiskey	It is not clear here whether the IOP has visibility of any or all of the individual's ePortfolio
30	Caitriona O'Riordan	as outlined in my previous answer, the fact that it has to be an e portfolio in itself is not inclusive of members uncomfortable with the technology, a physical folder should also be acceptable
31	Paul Horan	Facility to refer to other systems and records should be available to pharmacists rather than only the IOP ePortfolio if asked to demonstrate their CPD activity. Other on-line courses and training systems record and log activity and are readily accessible. The need to duplicate the recording of such activity into the ePortfolio does not offer any further value to the pharmacist and adds to this new administrative burden.
32	Ann Gerardine Gahan	It seems unfair to insist that there is only one method for pharmacists to compile their CPD portfolio. I think that pharmacists should be offered the option of compiling a paper CPD portfolio.
40	Clara	A manual format should be available
46	Gene Ward	While the ePortfolio remains under the "absolute control" of the pharmacist, are the contents of this portfolio <u>viewable</u> by any other person/entity without the pharmacists permission?

51	Irish Pharmacy Union	Rule 11 states that “every pharmacist.....shall use.....the ePortfolio made available by the Institute...” Whilst we are all in agreement that pharmacists undertake appropriate continuing professional development, it seems unfair to insist that there is only one method for pharmacists to compile their CPD portfolio. We think that pharmacists should be offered the option of compiling a paper CPD portfolio.
54	David Jordan	In relation to the Core Competency Framework and the ePortfolio there is an assumption that there is an adequate internet connection available or that every pharmacist has suitable computer equipment available to them. In certain rural areas the costs of an adequate internet connection (if available) can be prohibitive putting pharmacists based in these areas at a disadvantage.

		As computer skills and usage is much higher amongst the younger cohort these draft regulations run the risk of being ageist and alienating older pharmacists who may not have the full computer skill set required. Possibly forcing them out of the profession and the subsequent loss of their knowledge and experience. The draft makes no provision for pharmacists who may have medical conditions which may be made worse by excessive use of computers, for example epilepsy. Or pharmacists who have reduced ability to focus or concentrate on a computer screen as a side effect of treatment for other conditions or treatments.
56	David Burke	In addition to the e-portfolio there should be an option of submitting a paper based portfolio
64	Loreto Barry	The privacy of each pharmacist's e-portfolio must be guaranteed as must the robustness of the system in terms of security
65	Francis Bonner	I feel pharmacists should not be restricted to the ePortfolio as the only option for documenting their activities. I'm sure that recording of CPD is not so "prescribed" as this for other professional groups.
69	Helen Johnston	there should be an option for pharmacists to submit evidence of CPD other than using the e- portfolio
81	Carol O’Sullivan	Every pharmacist, in undertaking his or her CPD activities, shall use, as an aid the ePortfolio... Personally, I think the ePortfolio is a great piece of software and I am more than happy to use it. However, I am a city dweller with a reliable broadband connection in my home. From media reports, it seems that there are parts of the country that are still without reliable broadband. In an Irish Times article from September 2014, Minister for Communications, Alex White states that it will be a few more years before broadband is available nationwide. <a href="http://www.irishtimes.com/news/politics/alex-white-vows-to-bring-fastbroadband-to-rural-areas-1.1923297">http://www.irishtimes.com/news/politics/alex-white-vows-to-bring-fastbroadband-to-rural-areas-1.1923297</a> I wonder is it fair and/or legal to make a pharmacist's continued registration ultimately contingent on engaging in a online system when broadband is not available nationwide?
84	Nicola Cantwell	In Part 5 Section 11 the expectation that every pharmacist shall use the ePortfolio as an aid does not take into account those individuals living in areas which may not have good broadband. I would suggest that the phrase be changed to 'may use' the ePortfolio in order to give those individuals a different option. I would imagine that the numbers involved would not be

		significant but the change would be an acknowledgement of potential problems.
86	Aidan Cunningham	Rule 11 states that an e portfolio must be made available to the institute. This method of providing a portfolio is fine if all pharmacists have the skills necessary. However, there may exist especially in the older Pharmacist population, Pharmacists who are not trained or familiar in the skills necessary in compiling an e portfolio. Provision should be made for such a population.
90	Boots Ireland	With regard to the Introduction of portfolio review from January 2016, we welcome that there will now be a formal procedure for all pharmacists to display their participation in CPD and believe the portfolio review will serve this purpose. We agree there has been adequate engagement with the profession and a commencement date of January 2016 seems reasonable. We would like to commend the manner in which the Irish Institute of Pharmacy (IOP) are exercising this role in a very inclusive practical format through the peer led sessions.
90	Boots Ireland	<i>11. Every pharmacist, in undertaking his or her CPD activities, shall use, as an aid, the ePortfolio made available by the Institute of Pharmacy for that purpose, the contents of which as generated by the pharmacist shall be the</i>

		<p><i>sole property of the pharmacist concerned and, accordingly, subject to his or her absolute control.</i></p> <p>Boots Comment</p> <p>We would welcome that recognition is made to dual registered pharmacists, i.e. those who hold a qualification in another European jurisdiction. Can a collaborative approach with professional registering bodies across European countries allow for mutual recognition of CPD? It would seem an unreasonable burden for a pharmacist to actively use two CPD portfolio systems.</p> <p>Confirmation is also sought as to how unauthorised or unofficial access by IOP is monitored – i.e. how can we ensure our information is kept private? What assurances have been built into the system and what is the quality assurance process?</p>
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91	Glenn Petitdemange	With respect to rule 11, I strongly disagree that the only platform which can be used to record CPD should be the online portfolio as set out by the IIOP. By its nature, the e-portfolio tracks the exact dates, times, durations of every activity that a pharmacist enters into it. As such, and regardless of whether the e-portfolio remains the sole property of the pharmacist as promised, such a system of recording is essentially an invasive tracking of the user (intentional or otherwise) and I demand that this aspect of the e-portfolio is placed within the privacy control of the user. In addition, the method of recording information relating to CPD cycles, the detail required and the need to record reflective information is more akin to that required of an undergraduate student who has yet to qualify in his/her profession. I cannot specifically recall the PSI being given some right to class all pharmacists as students once more, but I would be fairly confident that the CPD recording requirements as set out in the e-portfolio will certainly cause a lot of resentment. Like many other community pharmacists with a busy business to run, a family to raise and hopefully some leisure and social activities to take part in, there seems no cognisance taken of the extra time which will need to be set aside to keep this e-portfolio in the manner requested.
99	Sewell's Pharmacy	A pharmacist should have the option of using the e portfolio or an alternative method eg written portfolio. We have not been given a choice in this matter and we don't know how safe our portfolio will be online.
102	Michael Kelly	Data- 'the eportfolio will be subject to his/her absolute control'-  Why stake this claim? It's obvious it won't. There will be plenty of access to wherever it's stored, perhaps even memos of understanding. This data will also be used for analytical purposes which may be the real reason behind the whole new CPD plan. Who gains from this?
109	Christina Carolan	AS AN OLDER PHARMACIST, I WOULD FEEL MORE COMFORTABLE TO BE ABLE TO COMPILE MY CPD ON PAPER. NOT EVERYONE FEELS CONFIDENT USING TECHNOLOGY TO RECORD INFORMATION HOWEVER THIS DOES NOT MEAN THAT I WOULDNT COMPLY BUT I DO FEEL IT IS AN EXTRA PRESSURE FOR ME.
112	Grainne Kilcullen	If the eportfolio is just "an aid" then why must it be used? If a pharmacist is currently using another format to record his/her cpd currently, why can this not be used?
113	Fiona Rowland	Sole focus on an ePortfolio may discriminate against & dissuade an older cohort forcing them to leave the Register earlier than may be their wont. Dual recording, electronically and paper, should not be so difficult with a paperless deadline by a certain date could still be allowed for. The
		protection of each ePortfolia can only be assured in the present. Systems evolve and data mining is a future consideration for security purposes.
114	Dr Tamasine Grimes	I do not understand why this needs to be covered by legislation.
119	Karene Moynan	I think for some pharmacists managing an portfolio may pose quite a challenge if not particularly computer literate, I think an alternative option should be offered too.
120	Yvonne Martyn	there should be a facility to complete a non internet portfolio but those not proficient in using the e portfolio
122	Martin Lanigan	I don't believe the ePortfolio should be laid down in legislation as it is very restrictive. If any change in the future to how a pharmacist will record their CPD it will require legislative change
123	Katherine O'Callaghan	Not all learnings must be required to be documented in the ePortfolio.

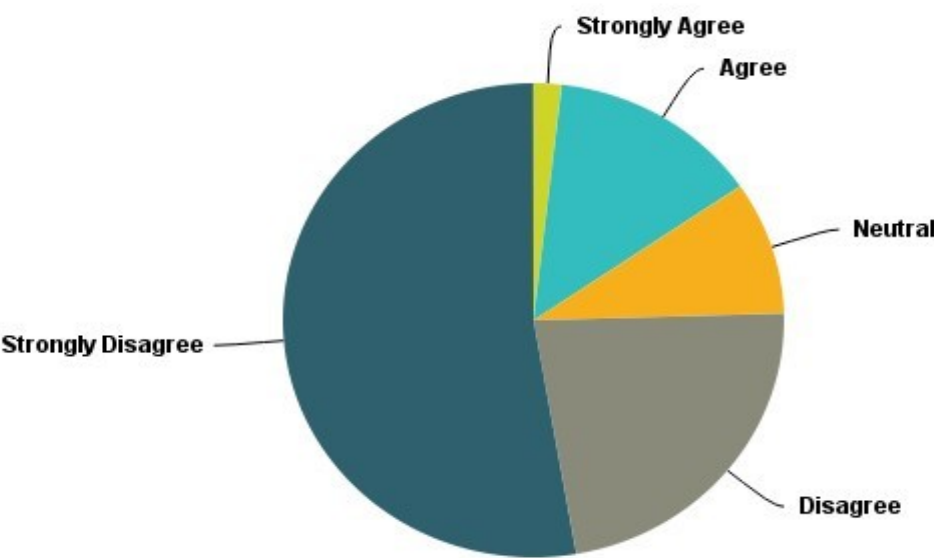


124	Noel Stenson	The regulator and Institute must provide robust indemnification for the pharmacist around the security and access rights to that pharmacist's information and material. This can take the form of a declaration as means by which Data Protection requirements are being met. It is worth noting that patient details and data may form part of the pharmacist's CPD record and there needs to be comfort around the level of protection afforded.
125	Paul Knox	Will the ePortfolio be subject to examination and scrutiny by the PSI? Surely this should be an optional extra for pharmacists. The pharmacist should be entitled to document their own CPD as they see fit.
126	Marie McConn	I think I agree but the devil is in the detail and I worry that some colleagues with poor IT skills or in areas with poor broadband may find contemporaneous completion of a cycle to be a problem. As I'm finding out, even a lapse of 2 weeks between the CPD cycle being completed and recording in ones portfolio results in an incomplete record. Perhaps a mix of paper and IT based records should be allowed
127	Claire Murphy	There may be cases where some pharmacists are not comfortable to use the ePortfolio to record CPD. Other options should be made available.
137	Department of Health	<p>Rule 11. <i>"shall use, as an aid the ePortfolio."</i></p> <p><b>Comment: Does this effectively prohibit the utilisation of a paper-based CPD recording system?</b></p> <p>Rule 12. <i>There shall be paid to the Council any annual fee that may be established by the Council, in respect of registration with the Institute of Pharmacy in conformity with Rule 10(1), the purpose of which is to contribute to the cost of making CPD programmes and courses available to pharmacists on behalf of the Institute.</i></p> <p><b>Comment: What criteria will be used to set this fee? It is noted that any such fee will require the consent of the Minister and will need to be linked to clear criteria. We understand that this will be a separate fee to the annual registration fee as a pharmacist.</b></p>

Rule 12

Q29 Do you agree that it is necessary to make provision to secure the ongoing sustainability of the Institute of Pharmacy and to contribute to the cost of making CPD programmes and courses available to pharmacists?

Answered: 110 Skipped: 20



Answer Choices	Responses
Strongly Agree	1.82% 2
Agree	13.64% 15
Neutral	9.09% 10
Disagree	22.73% 25
Strongly Disagree	52.73% 58
Total	110

Rule 12 – Comments

No	Name	SUBMISSION
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2	Patricia O'Brien	Suspicion in Rule 10 comment come to pass already!!
3	Diarmuid Herlihy	PSI fees are already extortionate and should adequately cover the running of the Institute of Pharmacy as well as the PSI
5	Kieran Lynch	We are already paying enough in terms of our professional registration fees
7	Thomas Doody	Our extraordinarily high Reg fees should cover all of this expense. This should not be used as a tool for creating fees
9	Gerard Ryan	The PSI fee should be reduced to compensate for any IIOP fee. It is way too high as it stands.
11	Dermot Reidy	Fees paid currently by pharmacists and registered pharmacies are the highest in the E.U. and no accountability for how they are spent is provided. Pharmacists should not be subject to additional charges for engaging in CPD.
14	Annalisa Deeney	I agree if the content of the courses are of an adequate standard and will not involve any additional cost e.g. available online to avoid any additional travel/accommodation expenses. It also depends on what figure the fee will be? People may already be financing courses themselves e.g. diplomas, or be planning to enrol on courses, and any additional costs will need to be considered. Also, clarification on what the PSI annual fee covers is needed as two of the roles of the PSI are already stated as 'Ensuring all pharmacists are undertaking appropriate CPD' and 'Accreditation of educational programmes for the pharmacy profession.' Will the PSI fee be reduced if these responsibilities are taken over by the IIOP?
15	Brendan O'Carroll	This should be included in the annual registration fee. It is already high enough. Where is all the money going?
16	Claire Keane	I think that bearing the cost of a course or programme can be a significant burden for pharmacists and for pharmacy departments. The requirement that the IIOP is funded by all pharmacists, even if they choose to obtain their CPD programmes elsewhere is unfair.
17	Michael Kennelly	The Council is already receiving funds from pharmacists far in excess of what ought to be necessary. There's a very strong perception outside of Fenian Street that the money obtained from fees is being squandered. Why not publish the McEnroy Report and inform the public how much it cost?
18	Grace Madden	Fees already paid to PSI for registration are too high. IIOP should be funded by industry bodies, sponsorship and direct from PSI. 2 bodies to pay fees to in order to practise as a pharmacist is not sustainable for pharmacists in an industry decimated by salary cuts etc. These draft regulations do not even provide for a cap on the level of fees... "any annual fee"... could end up being huge. Very ill thought through language leaves it open to massive fees. This is of very real concern for the profession.
19	Anthony O'Sullivan	I believe the PSI registration fees should easily cover the costs of IIOP, and if necessary these should be supplemented by DOHC/HSE.
20	Maria Creed	No one wants to pay more, but the Institute has to be funded in some way. I would suggest that the annual fee is minimal and that the Institute charges for courses it offers; after all if one is seeking education from any other institution they will charge.
21	John Barry	I cannot emphasise strongly enough to any further fees being put on pharmacy or pharmacists. The IIOP should be fully financed by current PSI fees. There is nowhere near enough corporate governance or transparency in the running of the IIOP to allow it to charge a fee. If it is run through funding through our current fees this will guard against waste or profligacy.

23	Joe Britton	How long is a piece of string ? Pharmacists working in the community. Already pay far in excess. To our european fellow professional pharmacists registration fees for both individual and retail premises The institute of Pharnscy should be budget Nuetral. Or an idea. Fee rewarding !! Complete x number of courses. Get yiu fee back Why does ireland have to be so expensive for everything compared. To other european countries. The dublin
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		port tunnel. The Luas. The motorway network. It's now time for everyone responsible to say. We can do this within budget. And not To have it charge more The answer in life is not to buy a result buy affection
25	Yvonne Martyn	fees or charges should be funded from my PSI registration fees which are currently way over the EU norm ,and diverting some of this to ILOP would be a way of getting value for money
26	Paul	Do not agree with more Fees - if the government wants more oversight of health care professionals, than they should pay for it. It is unreasonable for them to hit us with another hidden tax, to maintain our right to work
27	Paula Bowes	The registration fee should cover this
28	Caroline Whiskey	I think that the ILOP should be funded directly by the PSI from the existing fee structure and from charges to providers of CPD programmes. As I understand it, the role of the ILOP is to oversee the CPD of individual pharmacists, and to accredit CPD programmes, but not to provide CPD directly to pharmacists. Pharmacists will have to pay for any CPD programmes undertaken and the directors of these CPD programmes will already have paid an evaluation fee to the ILOP.
29	Edwina Ledwith	if our PSI fees reduce to cover the additional cost of iioP membership that would be satisfactory .
30	Caitriona O'Riordan	we pay far and above the odds as it is for psi registration. This is directly opposite to what we were assured from day 1.I am horrified at the very suggestion. I quite happily get my cpd elsewhere and the institute may certainly commission all the cpd it likes but I certainly will not be paying for them.
31	Paul Horan	The current PSI registration fee should be sufficient to fund the ILOP.
32	Ann Gerardine Gahan	Pharmacists should not have to pay any more fees than they do currently.
34	Elizabeth Dalton	We already pay some of the most expensive fees in the world to register as pharmacists. use some of that money.
36	Liliana Nunes	"Anny annual fee" it's a vague description, there should be provided an reasonable value
37	Dylan Walsh	It would be more appropriate for the Institute of Pharmacy to be run using the existing registration fee paid to the PSI. If this necessitates the ILOP being an arm of the PSI, so be it. Making CPD obligatory and then applying an additional fee to it is farcical. It is essentially a way of increasing the already high registration fee. Although obligatory CPD is a good idea, the idea that pharmacists would be faced with an additional fee for the pleasure is ludicrous.
39	Mary Ryan	Yes I agree the Institute needs to be sustainable but do not agree with any extra fees being paid. Our registration fees for PSI are already outrageously high and we should not have to pay more
40	Clara	I think we pay too much in fees already.

43	Patricia Heckmann	I would have thought that this would be concered within the registration fee where necessary and that the DoH were currently funding the developemnt of e-learning within the iiop
44	Annemarie Defrein	is cost to be incurred by each pahrmacist as an individual or can it be covered by their workplace - does this need to be stated or can it be left up to individual to negotiate - may be worth a comment on this
45	Niamh Gallagher	Perhaps, it could be incorporated into our continued registration fee with the psi. I know this year, the fees were reduced and some of us who had registration fees due early and had paid the old fee were refunded. Maybe, if this fee was incorporated in to the PSI fee that people might be more amenable to doing CPD? Also, people might forget if they had to pay for IOP courses and continuous registration?
46	Gene Ward	The fees paid by Irish pharmacist and pharmacies are currently some of the highest in the world, it is unreasonable to expect further payment on an

		annual basis for something that the PSI has abundant resources to fund from the existing fee structure.
50	Sheena Cheyne	I am concerned that 'any annual fee' can be requested. This needs to be more specific with a cap on the amount to be charged on top of our registration fee.
51	Irish Pharmacy Union	Rule 12 prescribes that "there shall be paid to the Council any annual fee that may be established by the Council, in respect of registration with the Institute...". Despite the repeated cuts in pharmacy incomes under FEMPI Act and other Government initiatives, and despite the recommendation from the Forfás report on regulatory costs that fees payable by pharmacists be examined, the PSI registration fees for pharmacists and pharmacies remain at excessively high levels, far out of line with other counties and almost 10 times higher than equivalent rates in the UK. It seems incredible that the PSI is now proposing that pharmacists pay an additional fee to contribute to the cost of making CPD programmes and courses available to pharmacists on behalf of the Institute. We would like to make it quite clear that pharmacists will not and should not, have to pay any more fees than they do currently.
54	David Jordan	The PSI has the highest fees of any of it's equivalents in Europe and already runs a surplus. There is no need for extra funding. A lot of what is proposed in these drafts involves duplication of effort and expense.
56	David Burke	The annual registration fee for pharmacists is already very high eg in comparison with the UK: 240pounds. In the light of diminishing employment prospects and falling wages rates i feel it is unfair to place additional costs on pharmacists
61	Margaret Doherty	The fees already paid to the PSI are the source of much dissatisfaction and any attempt to impose additional fees is likely to be met with strong 'can't pay, won't pay' resistance. Since all pharmacists will undertake different programmes and courses, some provided by the Institute and some not, then it is unjust to require everybody to pay a fee for courses they may or may not avail of. Any fee paid would, at least in part, go towards the running of the Institute and not all towards direct provision of courses. All costs should be paid from existing PSI fees and reserves.
63	Gerard Falvey	I think the suggestion that a further fee be charged for CPD considering the massive fees paid by Pharmacists to the PSI, is ludicrous

64	Loreto Barry	Pharmacists should not have to pay for CPD. Any costs involved in the provision of programmes and courses can be recouped from current registration fees and from any fees charged to those providing the programmes. There should be no additional fee applied to pharmacists in respect of registration with IOP and no increase in current or future registration fees paid to the PSI to cover the costs of the IOP. CPD has a value but not a price.
65	Francis Bonner	I was recently helping my son with Junior cert maths where there are taught in statistics NOT to use leading questions. I do not agree that charging further fees is in any way necessary to fund IOP.
68	Áine O'Connor	Would it be possible to clarify in part 5 (Engagement with the Institute) paragraph 12 of the Draft Consultation, a specific fee/maximum fee/recommended fee that the Council can establish to cover CPD on behalf of the Institute?
69	Helen Johnston	Re fees: As the council of the PSI is responsible for management and administration of CPD through the IOP (Ref part 2 (2)), the council should also take responsibility for ensuring cost- effective management of the IOP in order to minimise costs to pharmacists. I suggest that an external financial audit ensure that costs are managed and that fees reflect this. As the council is responsible for management, could a fee for CPD not be included in the annual PSI registration fee? For pharmacists who undergo most of their CPD through research rather than attendance at courses costs should be minimal.

70	Aaron Farry	Given the budget surplus of the PSI, the questionable use of some funds spent and the fact that I do not clearly see the need for the IOP as a separate entity given the limited remit proposed in these rules, I do not feel that a separate fee is justifiable. I pay my registration fee, my employer pays my IPU membership and I feel that's enough.'
72	Margaret McCahill	Any idea how much this fee will be?
73	Sarah Magner	CPD is a mandatory requirement and PSI already takes €380 for pharmacist fees per year which is substantially higher than other countries within the EU. If payment is required PSI fees should be reduced accordingly.
75	Amy Hughes	There should not be an annual fee for the Institute. Pharmacist already pay substantial fees already to the PSI - €400 p.a. e.g. compared with other HCP such as nurses (€150). The PSI should sponsor training as the PS in the UK does. In addition, the majority of the CPD courses offered will likely be clinically focussed, and so pharmacists in other areas of practice, such as industry, could potentially end up paying for something they won't use. If having a fee cannot be avoided, I would suggest charging based on attendance of the courses.
76	Anne-Marie McGrath	Concern re increase in fees on top of already existing annual registration fee of ca. 400E
77	Karina Guinan	This should be funded by government as per ICGP.

80	IPHA	IPHA does not agree with an annual fee for the Institute. Pharmacists already pay substantial fees of €400 p.a. to the PSI which does not compare favourably with the fees paid by other HCPs (e.g. nurses pay a fee of €150). IPHA believes that the PSI should sponsor the training and not charge pharmacists. Additionally, as the majority of the CPD courses offered will likely be clinically focussed, pharmacists in other areas of practice could potentially subsidise those pharmacists that are working in a patient-facing role. If having a fee cannot be avoided, we would suggest charging based on attendance at one of the 'CPD programmes and courses of education and training'.
81	Carol O'Sullivan	There shall be paid to the Council any annual fee that may be established by the Council in respect of registration with IOP....." I disagree with this. We already have one mandatory fee i.e. annual registration fee. There should not be a second mandatory registration fee for funding CPD programmes that may not be relevant to your area of practice. Many hospital pharmacists pay educational fees to organisations and bodies that provide education specific to their needs, e.g. College of Mental Health Pharmacists, UKCPA, HPAI membership, HPAI Conference fee etc CPD programmes which will be prioritised will be those that the Department of Health as identified as a public health need, e.g. flu vaccination etc. These are more relevant to community setting than hospital setting. Why can't Department of Health and PSI not continue to fund? Relative to other professions, pharmacists have a very high annual registration fee.
83	Veronica Anderson	Since the CPD is a mandatory part of registration with the PSI, it should be unnecessary to separately register with another body under the same umbrella. I am very unhappy about the prospect of funding an onerous mandatory CPD process over which I have no control, since the current PSI registration fees are already ridiculously high compared to other European States. The IPU Academy has done a fantastic job of filling the gap left when the ICPPE was abolished without any increase in membership fees. I will be very disappointed if the annual fee for registration with the IOP is any higher than €50 particularly in the light of jolly trips to Canada for the staff!
84	Nicola Cantwell	In Part 5 Section 12 the payment of an annual fee is contrary to everything we have been told since the Institute of Pharmacy was first mentioned. This section should be removed altogether. I am disappointed to see this included after all of the talks, lectures pod-casts etc. which told us that there would be no fee for the IOP and CPD.

		If a need to introduce a fee arises in the future then the SI and the accompanying rules can be amended. For now, this should be struck out.
86	Aidan Cunningham	This Rule allows for an Annual Fee to be levied on registered pharmacists. The financial burden on pharmacists for CPD could become very significant if a further fee is introduced. This fee would be in addition to current PSI fees and the cost of CPD courses. Application fees levied on course providers ( Part3 Rule6(1)(d) )will be recouped by providers through increased cost of courses to pharmacists. Costs must not be allowed to become a barrier to engagement by pharmacists in CPD programmes.

89	Bernie Love	<p>Regarding the CPD rules (draft for consultation) 2015, I wish to feedback my concerns regarding paragraph 12 relating to fees. “There shall be paid to the Council any annual fee that may be established by the Council, in respect of registration with the Institute of Pharmacy in conformity with Rule 10(1), the purpose of which is to contribute to the cost of making CPD programmes and courses available to pharmacists on behalf of the Institute.”</p> <p>It is unclear in this paragraph where these fees are going to come from i.e. the IOP will pay of their own accord or will seek fees from pharmacists? Will pharmacists be expected to pay PSI and IOP? Our registration fee to the PSI is already higher our counterparts in the UK (and they pay no extra for their CPD) therefore I would think it unfair if further fees were asked of us. I think this should be clarified in the paragraph.</p>
90	Boots Ireland	<p><i>12. There shall be paid to the Council any annual fee that may be established by the Council, in respect of registration with the Institute of Pharmacy in conformity with Rule 10(1), the purpose of which is to contribute to the cost of making CPD programmes and courses available to pharmacists on behalf of the Institute.</i></p> <p>Boots Comment</p> <p>It does not seem reasonable that an additional fee is charged to pharmacists, as this is not optional, and the PSI registration fees are already amongst the highest in professionals within Ireland. With regard to the Health Service Executive (HSE) training grant that is available to pharmacists at present, will this continue to be available or will this move to help fund the IOP?</p> <p>If a fee is to be charged what guarantee will the profession be given to the number of training courses available? And will it lead to additional services, for example access to resources such as an online research library? If a fee is payable are all courses provided through the IOP free of charge?</p> <p>If a fee is to be charged we suggest that registration fee payable to the PSI by a pharmacist should be reduced to account for this fee.</p>
91	Glenn Petitdemange	<p>With respect to rule 12, quite simply – you must be joking right ? The PSI takes €2250 per pharmacy business per year and €380 per registered pharmacist, and then send out draft rules for CPD suggesting an unspecified future fee so that the PSI can monitor our CPD. No way ! Under no circumstances can/should a fee be levied on pharmacists for CPD. If the PSI wants this complex CPD system then it can pay for it itself (out of my money which you have already). Interestingly I am obliged to register with the IOP but is has not been specified what happens to me if I do not pay any fee levied – is my name removed from the register denying me a livelihood ?</p>
92	Mary Sheils	<p>Part 5 section 12</p> <p>This is leading on from Part 3 where the CPD courses need to be approved and so will need to be paid for by the members in addition to our registration fee.</p>



93	PIER Group	We acknowledge that there is a cost associated with the running of any CPD system. If a fee for the CPD programme is to be implemented, we would expect that this fee would be reflected in a reduction of the annual PSI registration fees if it is to be paid separately to IOP or the current fee paid (€380) should automatically include IOP membership. We would also expect that the costs associated with the running of specific CPD courses will be incurred by those attending the courses.
94	Marrita Clifford	That there is a fee for pharmacists for IOP membership which it seems is obligatory. This is another fee in addition the the mandatory PSI annual fees.
98	Helen Mackessey	There also seems to be a big emphasis on fee collection. Surely with an income of ( apparently ) six million there should be no further leveling of fees.
99	Sewell's Pharmacy	I feel our fees to the PSI are already very high compared to other professional bodies, so this should adequately cover the costs involved in the IOP.
101	Rachel O'Donnell	<i>Paragraph 12 - 'There shall be paid to the Council any annual fee that may be established by the Council in respect of registration with the Institute of Pharmacy in conformity with Rule 10(1), the purpose of which is to contribute to the cost of making CPD programmes and courses available to pharmacists on behalf of the institute'</i> Please consider that it does not state who is to pay "any annual fee" to the council, although we must assume that this fee 'shall be paid' by those wishing to remain on the register. Therefore if we, the members, are to pay the Council an amount determined by the Council, are we to understand that in effect the Council is proposing to raise our registration fee once again in order to pay for CPD? Irish pharmacists pay the among the highest retention fees in the world, and to propose that the Council can raise fees in order to fund CPD is an insult. If in setting up the IOP, EUR600,000 was received from the HSE and EUR500,000 was received from the PSI, an explanation must be provided as to why further funding should be needed. If the PSI cannot appropriate funds for the IOP from an already staggering yearly income from pharmacist and pharmacy premises retention fees, and a hefty bursary from the HSE, then members cannot be expected to foot the bill.
104	HPAI	HPAI believe that the PSI should not engage in any compulsion on fee provision for additional courses as it is the responsibility of the individual practitioner to engage in CPD appropriate to the required competencies.  In the event that the PSI proceeds with this proposal the fee should be appropriate to the salary of the registrant. Pharmacists already pay a significant annual registration fee to the PSI. A reduction in this fee would be welcome – alternatively a proportion of the annual registration fee could be used to fund CPD.
106	Tom Taaffe	Pharmacists who are currently in employment are under considerable financial pressure ( and those who are unemployed are in much more difficult straits financially). The annual fee for the provision of a CPD ePortfolio should be covered by the current Pharmaceutical Society of Ireland Annual Membership Fee. Additional fees to remain a member of the IOP are not acceptable in the context of the current difficult financial climate (particularly in the Pharmacy retail sector where job losses and short-time working is a particular concern) and such a fee would only alienate further a very demoralised and disaffected Pharmacy workforce.

107	Susan O'Donnell	As an arm of the PSI can the IOP not be funded by the PSI. Also programmes are going to have to pay to be accredited and then participants are going to have to pay to sit the accredited CPD courses when fees are already being paid to the PSI for continuing professional membership...is CPD not now an integral part of Professional Membership?
108	Joanne Frawley	How much are paid in fees?? This is ridiculous. Enough is been paid to the PSI and this should be divided with the Institute. Pharmacy wages have decreased and fees to get higher-that is too much of a burden
109	Christina Carolan	I FEEL THAT REGISTRATION FEES TO THE PSI AR FAR TOO HIGH ALREADY AND TOTALLY DISAGREE WITH THE ADDITIONAL FEE PROPOSED ESPECIALLY IN THESE TIMES WHERE HSE IS REDUCING PAYMENTS AND CHANGING PRICES PAID FOR DRUGS WITH MINIMUM NOTICE
110	Paul Manley	Pharmacists currently pay an annual registration fee to the PSI which is more than adequate to cover CPD programmes. I think that the current model of the Department of Health and the PSI paying for CPD programmes should continue as it is.
111	Pauric Kilcullen	should our €380/year not cover this? This is another fee in a time when there are HSE cuts, loss in customer confidence. The €20 deduction in this years annual fee was quickly reversed!
112	Grainne Kilcullen	I think our fees are high enough and I strongly object to paying another one. I see that the PSI makes a healthy profit each year. Why can't this be used to cover the cost?
113	Fiona Rowland	CPD has been funded by the exchequer in the past, recently the PSI used this moiety to fund the establishment of the IOP. There is no reason to prevent reverting to CPD funding. The PSI has had annual surpluses (€1.94M 2012, €0.7M 2013) which could be used to for this purpose. Members pay fees already that in excess of colleagues in other countries, e.g premises fees in the UK £568.00 which equals at an exchange rate of 1.4 €795.00, Ireland the fee is €2135.00. The membership has been subject to wages and fees reductions since 2009, which has not realistically been reflected in the fees charged by the PSI even with the token reduction in recent years.
114	Dr Tamasine Grimes	It is necessary to do so, but the cost of doing so should not necessarily be borne by the profession.
116	Fiona Begley	If registration is automatic the costs should be included I the annual registration fee paid to the PSI. It is not satisfactory that this fee is yet to be determined. The proposed fee (if additional to the current registration fee) t should be clarified in advance of the commencement of this system and guaranteed to remain the same for a specified number of years with set notice periods and agrees procedures to be followed prior to any change.
118	Mandy Bourke	I strongly object to ANY FEE being charged. We already pay huge fees to be registered with the PSI. The cost should be funded from PSI fees or the state as happens with the ICGP.
120	Yvonne Martyn	the psi fee should cover this
121	Eimear McManus	I feel we already contribute a large professional fee annually and that these funds should also cover the cost of CPD.
122	Martin Lanigan	I disagree with this Rule. Pharamcists already pay a registration fee to the PSI. As per rule 10(1) any pharmacist who is on the register will be also registered with the Institute, therefore there should be only one encompassing fee.

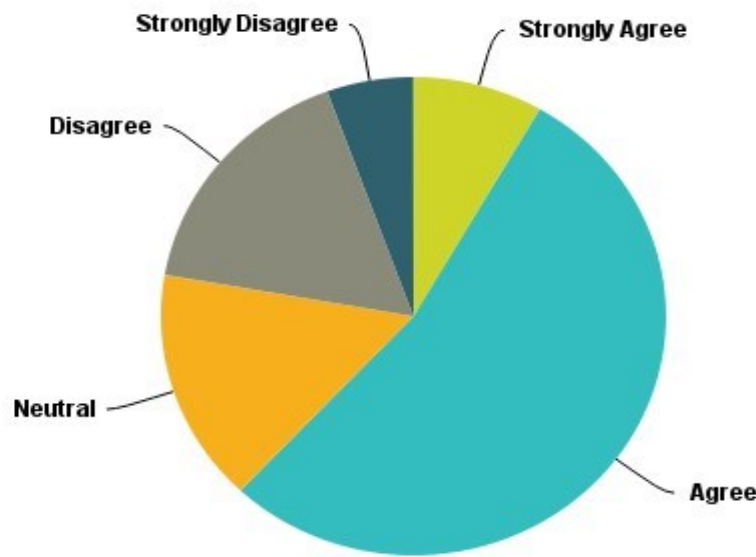
123	Katherine O'Callaghan	Registered pharmacists are already paying more fees than our colleagues abroad. The CPD courses and programmes must not be funded by pharmacists! Funding should be secured elsewhere.
124	Noel Stenson	Regulatory fees are already excessive by national and international standards. The IOP is a result of the requirement placed on the regulator to provide a mechanism for the CPD of pharmacists. Consequently no additional or seperate annual Institute fees should be countenanced. If appropriate courses provided can be partially funded by student contributions rather than a global fee.
125	Paul Knox	The pharmacist should not be subject to any further financial obligation to comply with any CPD; especially when you consider he/she will also be subject to further fees if a contribution to the CPD is to be offered.
126	Marie McConn	Course or programme providers presumably have costs associated with providing the programme, fees to lecturers, authors, ITfees, general overheads. Presumably they also want to generate an income. It is proposed that they would also be charged a fee in order to secure approval. THERE costs will have to be recouped from somebody, and since I don't see any other source being proposed I can only assume it to be us. Then it is further proposed that we should pay a registration fee with the IOP. If a fee is contemplated we should have some right of appeal to guard against abuse and misuse of funds in the future. Our registration fees with PSI are already among the highest in the world. Perhaps some of this money could be used.
127	Claire Murphy	As both Pharmacists and Pharmacy owners currently pay annual registration fees, there should be no obligation for pharmacists to pay a further fee to either the Institute or the Council in relation to CPD. This fee is in addition to the fee the Council requires the service provider to pay in order to have proposed CPD courses accredited. Pharmacists may also be required to pay a service provider a fee to avail of certain CPD courses.
128	Catherine Sweeney	This fee needs to be reasonable and fixed, and in light of the mandatory extra fee that now will have to be paid the PSI fee should be assessed and potentially reduced
129	Nuala Hart	We are paying a very high registration fee already. Why can't a portion of that be allocated to a Cpd programme?
130	Denis Walsh	THE COST OF IOP SHOULD BE COVERED IN ANNUAL PSI FEES
132	Nuala Prendeville	I am paying far too much already to The PSI every year to be registered. It is outrageous to be expected to pay more to the PSI.
133	Sandra Reynolds	<p>UNDER NO CIRCUMSTANCES SHOULD ANY PHARMACIST BE EXPECTED TO PAY A CHARGED ESPECIALLY WHEN OUR REGISTRATION FEES ARE AND ARE REMAINING AT EXCESSIVELY HIGH LEVELS.</p> <p>IN MY OPINION IF THE PSI FEES ARE NOT GOING TO BE REDUCED THE CHARGE TO THE COUNCIL FOR CPD SHOULD BE INCLUSIVE WITH THE PSI FEES - AS ONCE WE REGISTER WITH THE PSI WE ARE AUTOMATICALLY REGISTERED WITH THE IOP.</p> <p>THE PSI REGISTRATION FEES ARE AT THE MOMENT IN EXCESS - IT IS EXTREMELY FRUSTRATING THAT WE ARE NOW EXPECTED TO PAY TO DO CPD- THE PSI REGISTRATION FEES NEED TO BE REDUCED GREATLY ESPECIALLY IN LIGHT OF CUTS TO PHARMACY INCOMES . IF THESE PSI FEES ARE NOT GOING</p>

		TO BE REDUCED THEN UNDER NO CIRCUMSTANCES COULD WE BE EXPECTED TO PAY MORE TO COMPLETE OUR CPD- THE FEES SHOULD AT THAT STAGE COVER OUR CPD.
134	Joanne Kissane	We respectfully recommend that no additional fees should be paid by pharmacists to contribute to the cost of making CPD programmes and courses available to pharmacists on behalf of the Institute. The current registration fee payable by all pharmacists is excessive and out of line with many other countries. The current fee is more than sufficient to fund such programmes and courses.
135	Vanessa Lyons	This rule is not entirely clear and suggests no cap at which a maximum fee would be set. Will the PSI fee be reduced to allow for the IOP fee? This section requires further clarification with clearer information where possible.

Rule 13

Q31 Do you agree that the portfolio submission process is adequately described in this Rule?

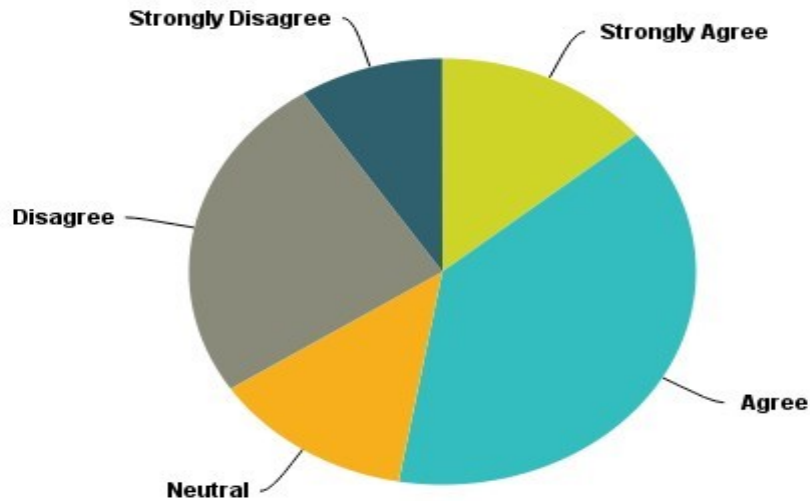
Answered: 108 Skipped: 22



Answer Choices	Responses
Strongly Agree	8.33% 9
Agree	53.70% 58
Neutral	15.74% 17
Disagree	16.67% 18
Strongly Disagree	5.56% 6
Total	108

**Q32 Do you agree that pharmacists who have qualified within a 3-year timeframe should be exempt from the portfolio review process?**

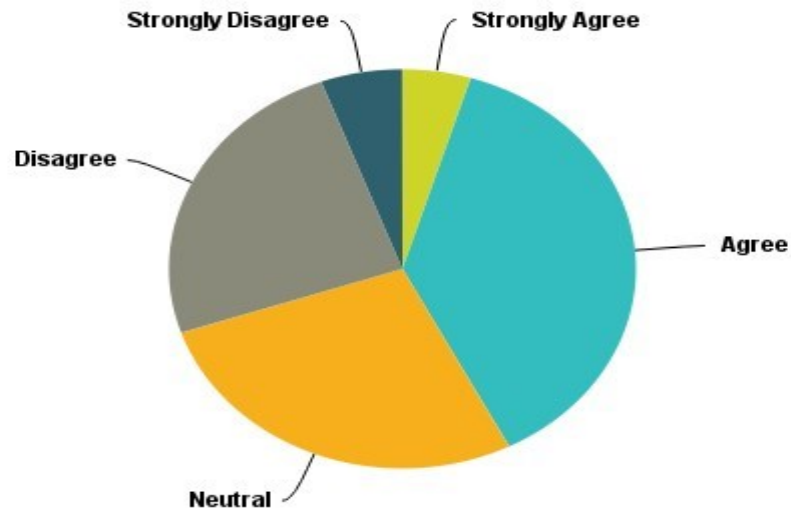
Answered: 108 Skipped: 22



Answer Choices	Responses
Strongly Agree	13.89% 15
Agree	38.89% 42
Neutral	12.96% 14
Disagree	25.00% 27
Strongly Disagree	9.26% 10
Total	108

### Q33 Do you agree that the portfolio evaluation feedback process is adequate?

Answered: 106 Skipped: 24



Answer Choices	Responses
Strongly Agree	4.72% 5
Agree	37.74% 40
Neutral	27.36% 29
Disagree	24.53% 26
Strongly Disagree	5.66% 6
Total	106

#### Rule 13 – Comments

No	Name	SUBMISSION
2	Patricia O'Brien	I agree in principle with all the provisions in this rule; I just object to the mandatory use of the ePortfolio. (Ireland is a lot smaller than Ontario!)
5	Kieran Lynch	How will the report be submitted - will it be electronically, by mail, or in person?

6	Orla Barry	I think the process around portfolio lacks clarity. It is not clear is the entire portfolio being submitted, or just parts, and if parts - what parts? If only parts of the portfolio are being submitted for audit, what is the purpose of maintaining a full portfolio. This needs to be explained more clearly. Considering that audits will happen annually, it would be sufficient to exempt them until they have been registered for a full audit cycle. Recently qualified practitioners require CPD within their practice just as much as established practitioners. If planning to audit 20% each year, and audit each registrant at least once in each 5 year period - are practitioners exempt from audit for 5
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		years following their audit? This seems to be the message with these figures. 3 months to submit a portfolio seems disproportionately long for a yearly audit. When an annual audit occurs, what period of time do you expect CPD records for?
7	Thomas Doody	pharmacists who complete a masters, diploma or certificate in certain areas (completed at any time after their initial registration) should be exempt also for a certain period once they can indicate the relevancy of their area of study to pharmacy practice. This is very important.
8	Mary Kate Shanahan	need more detailed feedback on review. Not accurate to class newly qualified pharmacists as exempt - they will have to undertake and as they are pharmacists and 'superintendent, supervising and pharmacist' not differentiated between these should not be either. Again i feel executive director conveyed to have too much control in this rule.
10	Dr Gerald Byrne	Rule 13(4) raises the possibility of a contention between the Institute's failure to meet the '30th September' deadline (prima facie an invalid request) and consequences for a pharmacist under Rules 15 and 16. for not co-operating with such a request.
12	Ciara Ni Dubhlaing	The process if the report is unsatisfactory is not stated.
14	Annalisa Deeney	I am still unclear as to the requirements for portfolio submission - it says a 'report' should be submitted - will this be a selection of your CPD entries? a synopsis of all the CPD carried out? will there be a minimum number of CPD cycles? I am registered with the GPhC also - I know I have to log a minimum of 9 entries per year. If I complete three courses per year via the IOP for example will that be sufficient? Rule 13-5 says the evaluation and review of the report will be in compliance 'with any guidelines established by the IOP' - we need to know what these guidelines are in order to ensure we are meeting the required standard. Someone may have paid 8,000euro to complete a diploma - will that be given greater standing as opposed to someone who has independently gathered a lot of information from reading material? I understand it is early days but some indication as to the volume of work that is expected would be helpful. With regard to the feedback perhaps some constructive comments in addition to the certificate would be of benefit to help us know if we are doing the right thing or if there is anything we can improve upon.
16	Claire Keane	If it is to be a genuine learning experience for the pharmacist, the feedback obtained is important. This will require the assessor to have an understanding of the pharmacists work, and this is not described in the rules.



19	Anthony O'Sullivan	I believe the same rules must apply to all pharmacists regarding practice reviews and CPD portfolios, regardless of whether they are in patient facing roles or otherwise. I do not think that the Executive Director should report at all to the Registrar. The IOP should be entirely and solely concerned with encouraging and facilitating CPD for all pharmacists.
20	Maria Creed	Who will review and provide the feedback?? As it is peer-reviewed I would presume it would be colleagues working in similar areas? How would these individuals be chosen and reimbursed??? I think it would too much work for the Institutes' small staff and anyway as they are removed from 'patient facing' activities they couldn't be described as 'peer reviewing'.
21	John Barry	I think that pharmacist's who did not qualify through the Irish University route should not be exempt for review for 3 years as they will not have qualified in a system where the core competency framework is a integral part of their education . If it is not possible to identify this cohort in the regulations then this whole exemption should be removed.
23	Joe Britton	We are all learning at all times. I hope A lot can happen in three years. Would joe public have the confidence in pharmacist x knowing pharmacist y down the road is more up to date with latest cpd portfolio. Submission

25	Yvonne Martyn	these newly qualified pharmacists have proven themselves competent in obtaining their degree and have not proven their competence in working in the real world yet and it would be important that they would be reviewed
26	Paul	One fifth of the register seems a bit ambitious, particularly to begin with. Excluding those just qualified is a bad idea - behaviourally the majority will not engage in the process until they are legally required to - look at the current status quo with ePortfolio. Feedback process is a certificate saying you have passed or failed? This is vague. Rule 13(5) is also too vague and confers too much power to PSI/IOP to devise whatever rules/guidelines they would like.
27	Paula Bowes	CPD is relevant in every year of practice
28	Caroline Whiskey	Feedback in the form of a certificate implies a simple pass/fail evaluation. Some guidance around areas of strength / weakness/ future CPD opportunities etc would be welcome.
29	Edwina Ledwith	Its not very clear how many pieces of CPD cycles per year the pharmacist would need to submit or what format the report would take ?
30	Caitriona O'Riordan	the timescale set down by the director? surely agreed between director and pharmacist, pharmacists with young children, running businesses, with ill parents etc must have some right of reply on timescale. maternity leave must be excluded from all timescales etc pharmacists require a right/route of appeal on feedback
31	Paul Horan	The facility to add external CPD activity reports to the ePortfolio report should be allowed.
32	Ann Gerardine Gahan	I think the timescale mentioned here should be specified.
35	Paul Gallagher	Rule 13 (3) sets out the proportion of the Register that should be sampled. It might be wiser to set this detail out in a sampling protocol policy and not in an SI as this will permit the Council more flexibility to amend the sampling methodologies as it is likely to change over time.
39	Mary Ryan	Again needs to be clearer guidance on this. What is meant by recent self assessment, within last year or what specific period? How much should be in

		the e portfolio? One entry per year or how many and who can say what's appropriate in absence of clear guidance?
42	Emily Keogh	There should be a set timescale for feedback of evaluation of cpd submitted
44	Annemarie Defrein	newly qualified pharmacists should be encouraged and monitored so as to prevent complacency setting in and to ensure they may identify early if they feel they are struggling in a particular area
46	Gene Ward	<p>The term “any timescale” should be removed, this issue is adequately covered in section 13(4).</p> <p>While the term “once in every five years” is included in this section, it should be made clear whether a pharmacist could, or would, be up for selection during the five years following a report submission and review.</p>
50	Sheena Cheyne	If called to present your portfolio it states ‘extracts from the e portfolio as the pharmacist may consider relevant’ – no quantity specified.
51	Irish Pharmacy Union	Rules 13(2) and Rules (5) refer to guidelines laid down by the Institute, with the approval of the Council, for pharmacists’ CPD reports and review and evaluation of said reports. Such guidelines should be published for public consultation or, at the very least, subject to input from key stakeholders, such as the IPU. Rule 13(6) says that the outcome of the review and evaluation shall be conveyed to the pharmacist “within the timescales set down by the Institute”. It would be helpful if such timescales were laid out in these Rules, as are all other timescales.
55	Gaynor Rhead	(3) The annual selection of pharmacists for the purpose of report submission and review referred to in paragraph (1) shall approximate to one-fifth of those pharmacists on the Register of Pharmacists with a view to ensuring that each pharmacist will be subject to a request to submit a report on his or her CPD

		activities referred to in paragraph (1), once in every five years. In making the annual selection, persons whose primary qualifications as a pharmacist have been obtained in the State, or in another relevant state, within the previous three years from the date of making the selection, shall be excluded from the list of registered pharmacists to be considered for the purpose of that annual selection. Five year timeframe excessive, should be three years.
57	Elizabeth O’Brien	proposal---there be a trial phase for the first 2 to 3 years ,that there be no unnecessary burdens on pharmacists.
61	Margaret Doherty	It should be noted that the portfolio review and feedback system described bears NO resemblance to that which I saw operated in Toronto. In the Ontario model portfolio review is a small, almost incidental, part of the practice review and is not subject to any formal assessment, feedback or certification. The process now being proposed is much closer to that in the UK, a system that was specifically rejected by the PSI Council of which I was a member when approving the International Review of CPD Models in June 2010. 5(2) and 5(5) refer to guidelines that haven't been published and so it isn't possible to know what will be involved and how onerous the review will be for those selected. 5(4) puts the time for submission of a report in the final quarter of the year which is the busiest time both professionally and personally for most pharmacists. The first quarter would be less stressful.

64	Loreto Barry	The time frame which a pharmacist has to comply with submission of CPD cycles for assesment is clearly indicated but no such time frame is specified for a response for the pharmacist from the IOP - this should not exceed 10 working days to ensure the pharmacist is not distracted or distressed by anxieties or worries about the outcome of the review process.
66	Paul Gaynor	I think feed back from the IOP and interaction with the IOP is important so pharmacists can be confident in submitting the correct information in the correct format
70	Aaron Farry	3 months' notice given in September brings us right into Christmas, might it be better to do it earlier in the year?
73	Sarah Magner	Portfolio requirements should be quantifiable as in past when pharmacists were not given quantity it has caused major problems. The PSI stated in the past that SOP's should be based on individual pharmacy needs and thus no list of required SOP's would be given. However often (nearly always) on PSI inspection missing SOP's are required. My fear is that this will happen with CPD. I am a competent pharmacist who is UK qualified and felt that a requirement of hours gave me a good guide plus in Northern Ireland a proportion of those hours were allocated to time involved in completing the portfolio. even GP's get a minimum requirement and i don't think that they are any less professional. I queried this in the past and was told as professionals we should use our own judgement - this reply is NOT GOOD ENOUGH!
75	Amy Hughes	Consideration should be given to extending the proposed 3 months' notice for submission of a CPD report, given that December is the busiest time of year for most people (and for those working in community pharmacy, in particular). If extension is not an option, submission of the report at a different time of year could be considered.
80	IPHA	Part 5 – Engagement with the Institute 13 (4) Consideration should be given to extending the proposed 3 months' notice for the submission of the 'report on a pharmacist's CPD activities', given that December is the busiest time of year for most pharmacists (and for those working in community pharmacy, in particular).
81	Carol O'Sullivan	13. (1) I disagree with any phrase in legislation that leaves pharmacists open to potentially unrealistic requests as is written here "within any timescale that may be laid down by the Executive Director". I am also confused as to whether this contradicts point 13(4) "the request referred to in paragraph (1) shall be

		made not later than the 30th of September in each year and shall give not less than three months' notice of the date by which the report on CPD activities shall be received by the Institute."  13. (6) "The outcome of the review and evaluation of the report.....conveyed in the form of a certificate..." Would like to know more about this certificate. Will it say 'pass', 'fail', 'grade' etc?
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83	Veronica Anderson	<p>The three months notice period for submission of the CPD report is totally inadequate and will place undue stress on pharmacists who are already overworked and underpaid. If each pharmacist is to be reviewed every 5 years, then there is no reason why the dates for submission of reports cannot be given two or three years in advance, and at least 12 months would be more reasonable. The deadline of 31st December also occurs at a very stressful time of the year for most pharmacists. This must also place a huge burden on the IOP staff who are to assess the reports. It would make much more sense to carry out the assessments throughout the year. A pharmacist's annual certificate of competency can always be revoked during the year as it is for FTP.</p> <p>I can see no logical reason why newly qualified pharmacists should be exempt from the CPD process, especially those who qualified in a different State. This is the very time when the learning curve should be the steepest. If anyone should be exempt, it should be older, more experienced pharmacists (such as myself!) who will find the new regimented process of recording their CPD restrictive, onerous, time-consuming and stressful. This process will detract from the practical CPD which we have been carrying out over many years throughout our working lives.</p>
84	Nicola Cantwell	<p>In Part 5 Section 13(1) the Executive Director can lay down any time-scale for the submission of a pharmacist's CPD report. This seems very vague and subject to different interpretations. Section 13 (4) would imply that the timescale should be not less than three months. If that is the case then it makes more sense that the time-scale be three months with the Executive Director authorised to give extensions in exceptional circumstances.</p> <p>In Part 5 Section 13 (4) reference is made to the 30th of September as being the last date for the Executive Director to request reports from pharmacists. I would suggest that the commencement date of rule 13 be delayed in order to ensure that pharmacists are given a full year to develop their ePortfolios before the Executive Director can request reports. The starting date for the remaining rules, 14, 15 and 16 should also be delayed accordingly.</p>
86	Aidan Cunningham	Guidelines referred to in Rules 13(20) and 13(5) should be made available for public consultation before implementation.
90	Boots Ireland	<p><i>2) The report referred to in paragraph (1), which shall include a record extracted from a recent self-assessment of the nature referred to in Rule 9(3), shall be prepared in accordance with guidelines laid down by the Institute with the approval of the Council and may include such extracts from the ePortfolio as the pharmacist may consider relevant.</i></p> <p>Boots Comment</p> <p>Clarity requested in the terminology "recent", can we have specific timeline stated? It would be useful to have more guidance on how many cycles should be sent forward for assessment. This would also help in terms of the assessment process, as we perceive difficulties in assessment if no clearer</p>

		<p>direction given. Whilst we think no limit should be put on amount of cycles a pharmacist undertakes, we do feel for assessment purposes clearer guidance should be given. It also seems to infer that a record of a pharmacist's selfassessment against core competencies is required; this is contradictory to earlier guidance stating that this should form the basis of CPD, clarity on this is needed.</p>
90	Boots Ireland	<p><i>(3) The annual selection of pharmacists for the purpose of report submission and review referred to in paragraph (1) shall approximate to one-fifth of those pharmacists on the Register of Pharmacists with a view to ensuring that each pharmacist will be subject to a request to submit a report on his or her CPD activities referred to in paragraph (1), once in every five years. In making the annual selection, persons whose primary qualifications as a pharmacist have been obtained in the State, or in another relevant state, within the previous three years from the date of making the selection, shall be excluded from the list of registered pharmacists to be considered for the purpose of that annual selection.</i></p> <p>Boots Comment</p> <p>As per previous comment no clear guidance on how many cycles this 20% cohort will send through for assessment. This may provide an unmanageable administrative burden and will prove more difficult to assess.</p>
90	Boots Ireland	<p><i>(4) The request referred to in paragraph (1) shall be made not later than the 30th of September in each year and shall give not less than three months' notice of the date by which the report on CPD activities shall be received by the Institute.</i></p> <p>Boots Comment</p> <p><i>Whilst we recognise that three months is an acceptable notice period, we have concern over the timing of this notice period. Within a retail pharmacy business this falls across what tends to be the most intense trading period. It is also a time when we see most acute patients and a time when we will be in the process of delivering the seasonal influenza immunisation programme. The submission time would fall over a holiday period, and it would seem prudent to extend this period until the end of January of each year.</i></p>
90	Boots Ireland	<p><i>(5) The review and evaluation of the report referred to in paragraph (1) shall be carried out by the Institute having regard to the objectives and requirements set out in Rule 9 and in compliance with any guidelines established by the Institute with the approval of the Council.</i></p> <p>Boots Comment</p> <p>Clarity is sought as to who will review reports, what qualifications they will need to have and the quality assurance within the process review. What appeal process is in place at this stage, as it is not outlined within the draft SI?</p>
91	Glenn Petitdemange	<p>With respect to rule 13 (3), is it concreted that a pharmacist will not be called for review more often than once every 5 years. How is this selection to be made ? Who makes it ? The cohort selected as per rule 14 (1) is out of the cohort selected in the same year for e-portfolio review. Is this not unfair (sorry not in PSI vocabulary) – is this not wrong ? Should not this selection be made as a separate selection process ?</p>

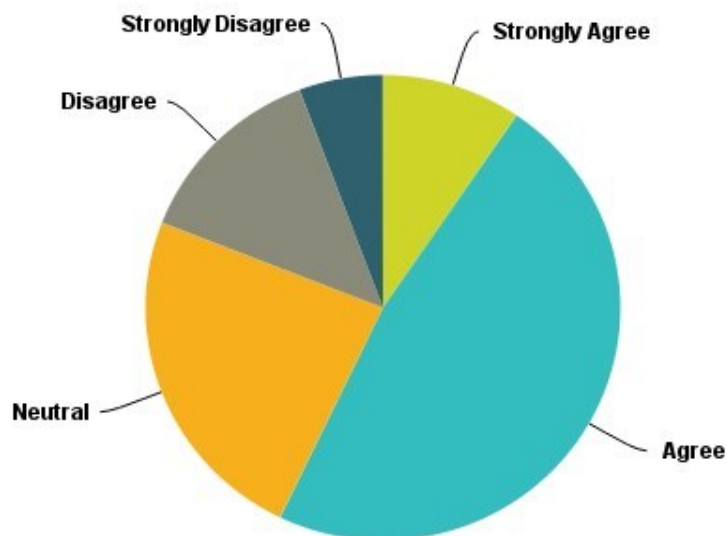
100	Cicely Roche	I find the proposition that there will be 20% random selection (from the register) for review of the portfolio, and that a percentage of that group will be called for practice review, difficult to reconcile with an approach that (I anticipate) seeks to risk manage practitioners and/or to quality assure the level of service patients may expect to receive. a) If the SI seeks to introduce a 'quality assurance' system for pharmacists' CPD, then it seems to me that registrants selected for 'practice review' should be selected randomly from the whole register... no matter how small the percentage. I recognise that some registrants will be exempted due to not being 'patientfacing' and this will, understandably, give rise to further questions as to the scope of the quality assurance system, ... and ultimately to the range of claims that can be made. However this 'eventuality' also arises with the draft SI as currently written.  b) If the intention of the portfolio review is to assure that everyone e.g. has a portfolio ... or has completed a CCSAT in the time interval since a given specified date, then that could be done by requiring that pharmacists submit evidence of same with the 'annual declaration' to the PSI. (The ideal would be that this could all be done digitally e.g. by means of something akin to 'digital badges' ... but I realise that may not be feasible at this point in time.)  c) If the scope of the quality assurance is intended to be more comprehensive (than as outlined in (b) or similar), then surely that should be articulated prior to committing to legislation details such as a specific 'percentage' ... even if only for the pragmatic reason of aligning available resources with legislative responsibilities? Reliable assessment tools/assessors for ePortfolio content are scarce... and their development and use tends to be expensive. It seems to me that availability of 'reliable' assessment tools and assessors competent in their use should be confirmed before such specifics be included in legislation. i.e. It seems to me that this aspect of the draft SI is premature.
103	HPRA	We suggest that it might be more appropriate to refer to the submission of a report and responses on CPD activities 'within any reasonable timescale that may be laid down by the Executive Director'.
104	HPAI	In paragraph (1) "any timescale" is referred to for the cooperation with the review and feedback on the pharmacists CPD report - this needs to be clarified - and needs to be a reasonable timeframe to allow the pharmacist to respond comprehensively.
105	Paul Ryan	Looking at point 13 in the proposal the IOP will have to inform the PSI if pharmacists do not engage and to me this is more of a 'stick from the PSI to beat pharmacists with' rather than as an independent body to support pharmacists. This was the fear of the IPU when the IOP was set up and feel pharmacists will have lost faith in us if we let this pass. Is there a better way than this?
109	Christina Carolan	FEEDBACK SHOULD BE WITHIN A SPECIFIED TIME LIMIT OUTLINED BEFORE THE PROCESS STARTS
110	Paul Manley	There is very little clarity regarding the certificate mentioned in part 6. Could there be more detail regarding this certificate?
111	Pauric Kilcullen	not enough information on what is required in the submission. a report of what has already been reported? wouldn't access to the e-portfolio be easier?

116	Fiona Begley	Pharmacists qualified within 3years should be includes. Provisions should be made to recognise the commitments of pharmacists engaged in full or part time post graduate education with recognised national or international 3rd level institutions or other organisations as part of their CPD commitments.
117	Caroline Lambe	I think any issues with the pharmacist cpd should be conveyed to the pharmacist in another manner other than a certificate. A phonecall should be made to the pharmacist and a review of work done over the phone, and they should be told what they need to do to bring their work up to standard ,at least they can ask questions then and there rather than reading it and being left worrying about it until they can speak to some one at iio.
121	Eimear McManus	I would like portfolio evaluation feedback within a defined timescale.
122	Martin Lanigan	As per previous comment in 13 (2) please remove the term ePortfolio and put in a more generic term
123	Katherine O'Callaghan	More details on the nature of the report need to be specified. Also, as December is a very busy month in the working life of pharmacists, it should be excluded from the 3 month notice period for submission of reports.
124	Noel Stenson	3-year timeframe - is there a case to be made based on international experience to extend this exemption to 5 years at least?
125	Paul Knox	Will there be a yearly submission to the Institute to ensure CPD compliance?
126	Marie McConn	If one doesn't get a certificate can one appeal? Perhaps the pharmacist made a poor submission. Perhaps with clarification they are at an acceptable standard but just didn't submit a good portfolio. If someone is sick, or has a family illness or bereavement can he get an extension? Also, 3 months from 30th September is end December and November / December are the busiest period in a pharmacy. They are also a peak time for delivery of lecture based programmes. Perhaps February to April would be a better 3 month period in which to draw up one's self assessment report
127	Claire Murphy	If a Pharmacist CPD report is expected to include a record extracted from a recent self-assessment, prepared in accordance with guidelines laid down by the Institute with the approval of the Council, then such guidelines should currently be made available to Pharmacists.
133	Sandra Reynolds	<p>13 (1) STATES THAT WE SHALL SUBMIT A REPORT WITHIN any time-scale THAT MAYBE LAID DOWN BY THE EXECUTIVE DIRECTOR - THIS NEEDS TO BE CLARIFIED AS TO THE MINIMUM TIME-SCALE .</p> <p>'ANY TIMESCALE ' AS MENTION IN 13 (1) NEEDS TO BE CLARIFIED AND AT LAST GIVE A MINIMUM TIME SCALE.</p>

## Rule 14

**Q35 Do you agree that the proportion of the Register of Pharmacists required to participate annually in the practice review is adequate?**

Answered: 105 Skipped: 25



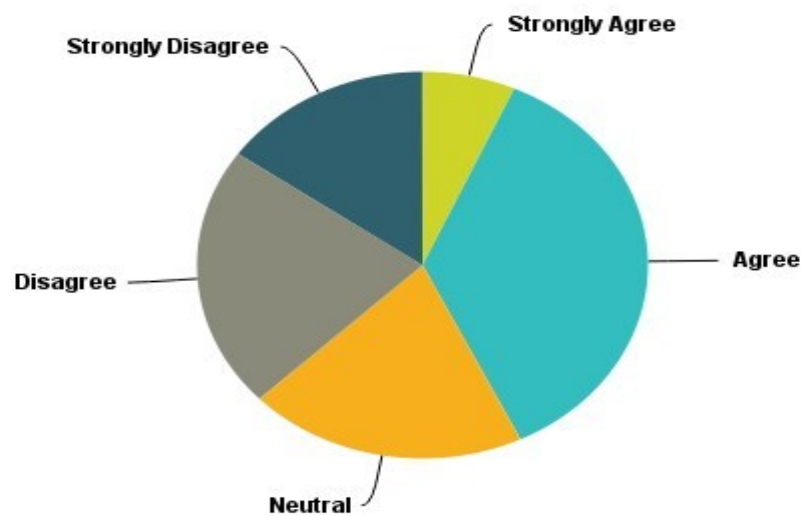
Answer Choices	Responses
Strongly Agree	9.52% 10
Agree	47.62% 50
Neutral	23.81% 25



Disagree	13.33%
Strongly Disagree	5.71%
Total	105

**Q36 Do you agree that the practice review process is adequately described in this Rule?**

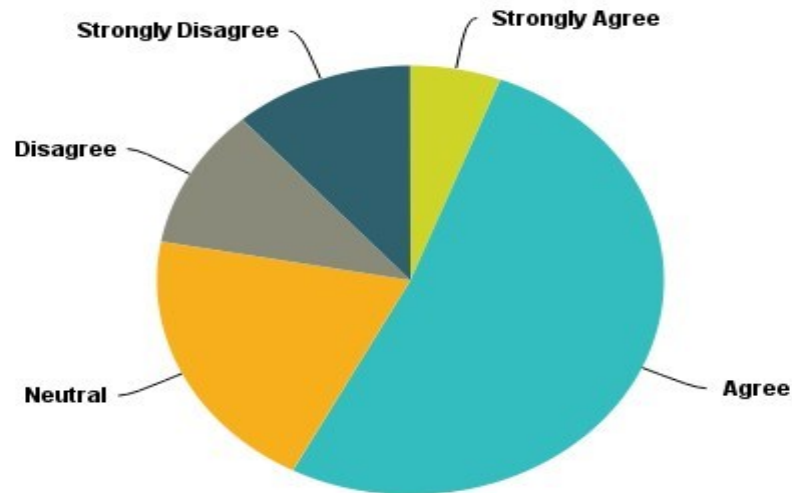
Answered: 105 Skipped: 25



Answer Choices	Responses
Strongly Agree	6.67% 7
Agree	36.19% 38
Neutral	20.00% 21
Disagree	21.90% 23
Strongly Disagree	5.71% 6
Total	105

**Q37 Do you agree with the specific competencies which will form the basis of the direct evaluation for the purposes of the practice review?**

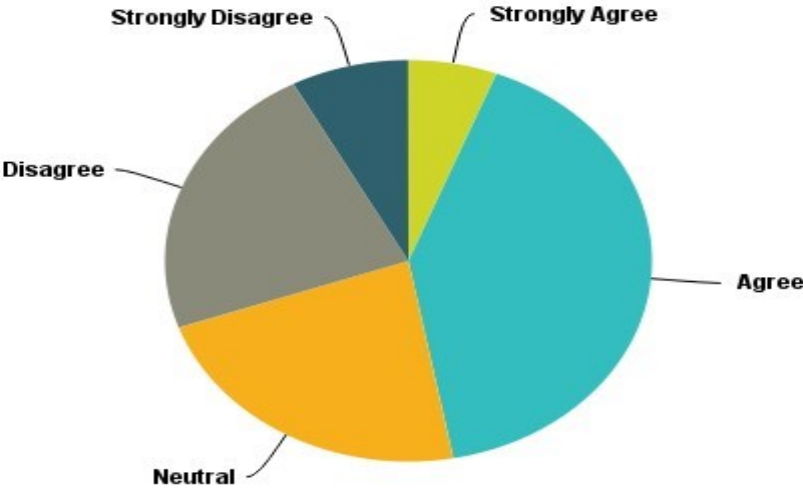
Answered: 104 Skipped: 26



Answer Choices	Responses
Strongly Agree	5.77% 6
Agree	51.92% 54
Neutral	20.19% 21
Disagree	10.58% 11
Strongly Disagree	11.54% 12
Total	104

**Q38 Do you agree that the practice review feedback process as described in this Rule is adequate?**

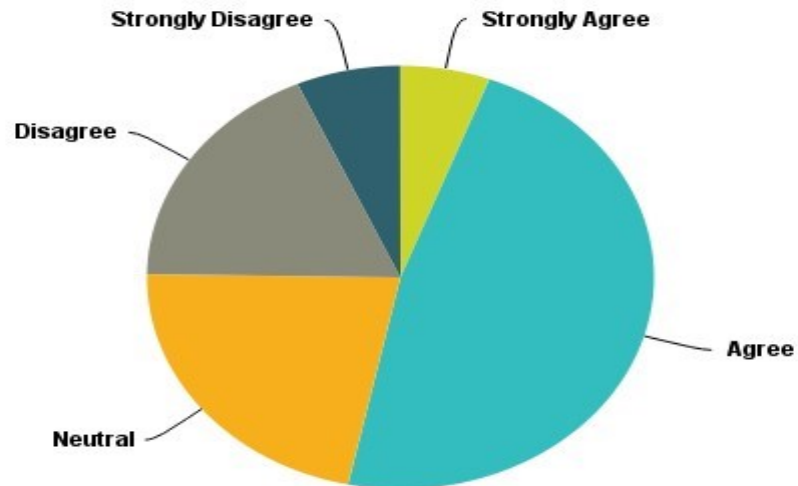
Answered: 102 Skipped: 28



Answer Choices	Responses
Strongly Agree	5.88% 6
Agree	41.18% 42
Neutral	22.55% 23
Disagree	22.55% 23
Strongly Disagree	7.84% 8
Total	102

**Q39 Do you agree that the description of pharmacists practising in a patient-facing role is adequate?**

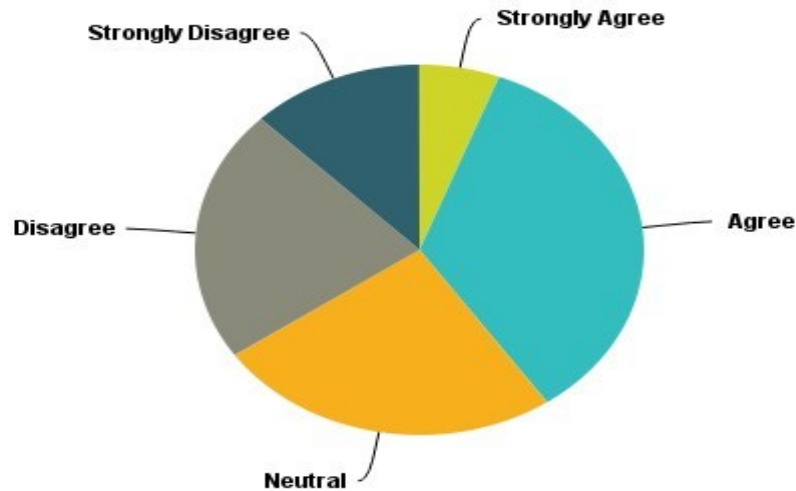
Answered: 105 Skipped: 25



Answer Choices	Responses
Strongly Agree	5.71% 6
Agree	47.62% 50
Neutral	21.90% 23
Disagree	18.10% 19
Strongly Disagree	6.67% 7
Total	105

**Q40 Do you agree that the remediation process following a practice review, the outcome of which is not satisfactory, is adequately described?**

Answered: 104 Skipped: 26



Answer Choices	Responses
Strongly Agree	5.77% 6
Agree	34.62% 36
Neutral	25.00% 26
Disagree	22.12% 23
Strongly Disagree	12.50% 13
Total	104

**Rule 14 – Comments**

No	Name	SUBMISSION
2	Patricia O'Brien	Agree in principle but what does direct evaluation mean (also needs definition!) - interview, exam. on-line assessment, or...? And ? feasibility. 3 months could be a long time to wait...

6	Orla Barry	The term practice review lacks clarity. Is it an orchestrated situation such as role playing or an observation of real practice in their work environment? Practice review will occur in a given time frame. 3 months to provide feedback seems disproportionately long as no further information will be gleaned following the review. This would be an excessively long time to wait. Furthermore, in the event of unsatisfactory results that is 3 months that could have been allocated to addressing deficiencies. The remediation process does not make clear the registrants right of reply in the instance they are referred as unsatisfactory.
7	Thomas Doody	If the issue of locum pharmacists is not addressed sing this new framework it is a massive opportunity missed. All registered pharmacists are potentially patient facing as they can all work as locum pharmacists whenever and wherever they wish. Pharmacists working in non patient facing roles should not be omitted from any of the new competency testing as they may do locums. These pharmacists who do not regularly work in patient facing roles are even more in need of this type of CPD. There is a gaping hole in the legislation surrounding locum pharmacists which is never addressed. Please address this issue by eg setting up a locum register where you have to fulfil the criteria for patient facing pharmacists otherwise you cannot work as locum. This is very important.
11	Dermot Reidy	The processes are adequately described, but the lack of third part or independent review for a portfolio that is passed to the Council offends against natural justice. A right of appeal must exist in any legislation.
12	Ciara Ni Dubhlaing	I feel external assessment would be highly subjective and a better evaluation method would be e.g. line manager review. (in a hospital setting) The exercise of personal control of a retail pharmacy business by a pharmacist may not involve any patient contact.
14	Annalisa Deeney	I understand it is not practical to have a practice review for all pharmacists but it seems unfair that only a handful of pharmacists are assessed in this way and therefore the benefit of doing so, in terms of improving patient care, is not clear. The practice review process is not described because we do not know what the guidelines are and what the standards set by peer-pharmacist consultation will be?. It also says it will take into account the review of the report of the CPD activities - does this mean you may be assessed on a course completed 4 years previously (if records called every 5 years) or will it be more general? The competencies mentioned could really apply to all six domains of the Core Competency Framework so although this is helpful it is not very specific. The description of pharmacists in a patient-facing role is difficult because for example, those in senior management may not have any patient contact at all even though they work in hospital, yet all pharmacists should be assessed for competencies. Equally, a hospital pharmacist may not have practical experience of supply the morning-after-pill but a community pharmacist may not have experience of giving advice about minimum volume dilutions on ICU? What steps will be taken to ensure people are assessed according to their scope of practice? If the outcome of the review is unsatisfactory can the individual continue to work as a practising pharmacist? This is an important point and requires clarification.
15	Brendan O'Carroll	There is an inherent contradiction here between initially registering a pharmacist (deeming them competent) and subsequently when they perform poorly in CPD( deeming them incompetent ). It seems the issue of competency should be addressed more fully on initial registration and should not be revisited perenially. This effectively threatens the livelihood of the pharmacist.

16	Claire Keane	While I appreciate that the rules need to allow flexibility, the nature of the "practice review" is very vague. Is this an OSCE, a Mini-Cex type evaluation, or a peer review? Will it be customized to the pharmacist's practice (e.g. community vs hospital), and what if the pharmacist works in a niche area such as a drug treatment clinic? The sentence "to gather and interpret appropriately information from patients" should be amended to read "to gather and interpret appropriately information from patients or from their healthcare records". There is no assessment of the pharmacist's ability to work constructively with other healthcare professionals. The description of patient facing role fails to consider those pharmacists who have a direct impact on patient care, but may have minimal interaction with the patient (e.g. working in a hospital dispensary or hospital aseptic unit). The rules do not address the scenario where several practice reviews of a pharmacist have identified deficiencies. In addition, there is no appeal process, for example, if the pharmacist feels that the practice review is not representative of their usual practice.
17	Michael Kennelly	The Registrar ought not be involved in this process as the process is then no longer a voluntary process and is no longer confidential. Pharmacists were given to understand that the CPD process would remain within the IIOP.
19	Anthony O'Sullivan	I believe that the IIOP should be entirely focussed on helping pharmacists engage with CPD in the newly proposed format and not report at all in any respect to the PSI. I believe it is unfair to expect pharmacists to undergo the inherent stress of the prospect and actuality of a practice review as proposed. I believe CPD is to be encouraged, facilitated and monitored but not used as a tool to impose practice reviews, ever.
20	Maria Creed	This rule does not take account of pharmacists working in retail or hospital pharmacy who do not practice as 'patient facing'. Is there any way in the annual declaration to the PSI at year end to describe one's role as 'patient facing' or not. Then with role change within the domain one would be required to change that declaration, no more than pharmacists who may transition from e.g. academia to 'patient facing' roles in community pharmacy would be required to change their declaration.
21	John Barry	I have various issues with the "patient-facing" pharmacist. Clearly the definition and descriptions used would classify a superintendent pharmacist in a hospital or multi-store chain as patient facing and I agree with this. However pharmacists involved in the education or training of other pharmacists or students for a patient-facing role should also be assessed in a similar manner. Also any pharmacist working for the PSI, HSE etc. whose role involves assessing patient facing pharmacists should be assessed with the same criteria. I cannot understand why it is only patient facing pharmacists that are being assessed by examination. While I appreciate that someone in a non patient facing role would have to sit a different type of assessment I don't see why a pharmacist for example working for the HPRA who is not patient facing does not have to be assessed as poor performance here would just as likely lead to patient safety concerns. Summing up my opinion in this regard, every pharmacist on the register should be assessed in a similar manner (albeit with differing types of exam). Pharmacists involved in education, adjudication and assessment of patient facing pharmacists should be able to pass the patient facing assessment themselves.

22	Marie Louisa Power	In relation to pharmacists who work in non-patient facing roles, for example in regulation and industry, a comment/annotation should be included in the Register to state that these pharmacists are not patient facing and therefore should not complete locums in patient facing roles.
23	Joe Britton	As I have mentioned previously. The term patient facing pharmacist. IS an insult to the name honour and profession of Pharnsncy. We are all trained. At university to same standard. Every pharmacist should have the competence and confidence to interact with a fellow human being in relation to their health. Otherwise they are not pharmacists. No matter how brilliant they are in research development The public know that the pharmacist is Mr or Ms x in a retail Pharnsncy or hospital pharmacy. There can be no grey area. Yiu are a full practicing pharmacist. Or not
26	Paul	The practice review will involve what sort of examination? I wouldn't trust these rules to be decided by select council members of the PSI. They would be subject to the personalities of the day. The remediation process would also be subject to the personalities of the day - need to know beforehand that if I fail that I will require 3months re-training under supervision etc etc
28	Caroline Whiskey	Description of pharmacists in a patient-facing role in this Rule may not encompass all of those in such a role (for exaple pharmacisits in methadone clinics, research / trials pharmacists..) Could argue that the superintendant pharmacist of aa large hospital may not have a patient-facing role. How will it be determined which pharmacists have a patient-facing role? From information submitted by pharmacists at annual registration? What if a pharmacist's main role is not patient-facing, but they do occasional locum work in a patient-facing role? What if

		they want to do locum work in the future but have described their role / had it described as nonpatient-facing? Would they be prohibited from taking up such a role? I think it should be assumed that all pharmacists have a patient-facing role, if not all the time.
29	Edwina Ledwith	I would have imagined that the pre-registration year and the initial registration process had covered rule 14 . I would have also assumed that no pharmacist would be allowed on the register unless they were fit to practice i.e. met the rule 14 criteria. Surely it is not necessary continually assess this unless there was a new medical condition that would have affected the pharmacists ability to carry out his/her duties. perhaps the iiop could be part of the registration process and ensure all newly qualified and newly registered pharmacists comply with rule 14 before they are allowed on the register?
30	Caitriona O'Riordan	three months is an entirely unacceptable length of time rp wait for practice review feedback and will cause huge personal stress, three weeks would be more reasonable. the iiop should never be able tonreport a pharmacist to the psi, full stop.
32	Ann Gerardine Gahan	There does not seem to be any provision for appeal under Rule 14
35	Paul Gallagher	Rule 14 (1) sets out the proportion of the Register that should be sampled. It might be wiser to set this detail out in a sampling protocol policy and not in an SI as this will permit the Council more flexibility to amend the sampling methodologies as it is likely to change over time. Rule 14 (3) RCSI agree with the intention here that only pharmacists in a patient facing role should undergo a clinical-based assessment. This rule however appear to de facto establish a two tier register which was (deliberately) not included in the Act. RCSI assumes that there is significant legal opinion to support the adopted approach and it is likely in time to some under scrutiny/challenge.



38	Paul Fuller	It isn't clear whether a doctoon will be made between pharmacists working in different settings i.e. Hospital vs community'
39	Mary Ryan	I just feel need clearer guidance on the peer pharmacist role and who will conduct the reviews? Should it be a pharmacist working in similar area or a patient or both? Three months for feedback is far too long a period. Not sure if people who have very little day to day contact with patients eg Chief pharmacist or superintendent who does not work daily in dispensing should have to be assessed in this way.
42	Emily Keogh	Not all superintendent pharmacist would classed as patient - facing. Evaluation guidelines and scoring for the review should be more specific. Waiting 3 months from the date of review is too long- up to 30days should be enough to evaluate a practical. It should be made clear what happens after two failed attempts
46	Gene Ward	The words "direct evaluation" imply that there will be face to face contact between a pharmacist and an inspector/evaluator : where exactly is this supposed to happen? Onsite in a pharmacy or at the offices of the PSI? More clarity is need for this section.
47	Rosie Lane	As a registered community pharmacist I welcome the introduction of CPD. I wish to express concerns over the 'practice review' aspect of the forthcoming assessments. I believe that, in theory, while it could be a useful training & assessment tool, I think that it could be open to abuse – my high street rivals would become my assessors. With the huge increase in pharmacy cchains, it my well provide a wy to assist the demise of the independent community pharmacist – all with the blessing of the IOP and pharmaceutical society! How can I be sure that there will not be some hidden agenda on behalf of large companies to reduce their competition? I look forward to the final ruling.
48	Paul Fahey	My issue is not in relation to the Council identifying that a pharmacist's competence to practice may be considered deficient as this should only arise from a negative finding arising from an FTP hearing (be it a Health Committee or FTP

		<p>finding) as the usual procedures incorporating natural justice are embedded in the process. However, the rule should be specific about the powers of the Council in this regard i.e.. that it can only make such a judgement following on from a process has afforded natural justice to the pharmacist, with the right to appeal any finding.</p> <p>However, a Registrar should not be given unfettered powers which are not given to him/her in the Pharmacy Act (for good reason in my opinion). This would give powers to a Registrar that could be used without the proper checks, objectivity and the balances of natural justice and due process, this is especially important where the finding may impact on the pharmacist's employability, mental health and constitutional right to earn a living.</p> <p>I hope this is helpful</p>
51	Irish Pharmacy Union	<p>Rule 14(1) outlines that the Institute shall select, at random, not less than ten per cent of pharmacists who provided a report on their CPD activities to undergo a practice review. However, it is not clear how much notice will be given to the pharmacist for this practice review.</p> <p>Whilst Rule 14(2) states that random selection of pharmacists for a practice review shall exclude those pharmacists who do not practise in a patient-facing role, this would seem to be somewhat contradicted by Rule 14(3), which states that a pharmacist practising in a patient-facing role shall include a superintendent pharmacist. Superintendent pharmacists should be given the option to selfdeclare whether their role is patient-facing and should not be subject to a practice review if this is not part of their role.</p>
51	Irish Pharmacy Union	<p>Rule 14(5) states that "The outcome of the practice review.....shall be conveyed to the pharmacist concerned by the Executive Director in writing within three months from the date the review concluded". We have a concern that the Rules do not appear to allow for an appeal, in the event that the pharmacist is unhappy with the outcome of either the report review or both. We also contend that three months is too long and suggest that a maximum of one month would be more appropriate.</p>
51	Irish Pharmacy Union	<p>We have significant concerns about Rule 14(7) which allows that "where the Council or Registrar has identified a pharmacist acting in a patient-facing role whose ability or competence to practise may be considered deficient in a material aspect, the Institute shall include, at the request of the Council or the Registrar, such persons to undergo a practice review".</p> <p>The issue is not in relation to the Council identifying that a pharmacist's competence to practise may be considered deficient, as this should only arise from a negative finding following a fitness to practise hearing (be it a Health Committee or Professional Conduct Committee finding), as the usual procedures incorporating natural justice are embedded in the process. However, the rule should be specific about the powers of the Council in this regard, i.e. that it can only make such a judgment following on from a process that has afforded natural justice to the pharmacist, with the right to appeal any finding.</p> <p>However, the Registrar should not be given unfettered powers that are not given to him/her in the Pharmacy Act. This would give powers to the Registrar that could be used without proper checks, objectivity and balances of natural justice and due process; this is especially important where the finding may impact on the pharmacist's employability, mental health and constitutional right to earn a living. It is entirely inappropriate to provide that a CPD practice review would be used as a sanction, rather than as a remediation, which seems to be the implication of granting this power to the Registrar.</p>

52	Prof. Ciaran Meegan/Jennifer Brown	Pharmacy services have evolved immeasurably in Ireland over the last few decades, particularly in Hospital Pharmacy practice. This is recognised by the variety of positions occupied by pharmacists within our hospitals including managerial, financial, procurement, manufacturing, logistical, clinical, educational,
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		<p>safety, risk management and quality. Many of these positions and roles are not at a “patient facing” level but require high achieving pharmacists to occupy such positions to safely manage the use of medicines at a macro level within our hospitals. As such hospital pharmacists are leading the way for medicines safety, are saving our hospitals and exchequer money in drug costs and are ensuring medicines use processes that will benefit the hospitals and the care of our citizens. The EAHP are also currently undertaking a review of hospital pharmacy as a professional specialisation in recognition of the emerging and evolving roles detailed above.</p> <p>As a result the section on ‘Practice review of patient facing pharmacists’ need to be cognisant of the non-patient facing roles of hospital pharmacists and recognise that a one size fits all for ‘superintendent pharmacist, a supervising pharmacist and any other registered pharmacist engaged or employed in a retail pharmacy business or in a pharmacy department of a hospital’ is actually wrong with regard to many of the positions filled by Hospital Pharmacists in 2015.</p> <p>As hospital pharmacists we readily and continuously engage with CPD and endorse the many directions that our hospital pharmacy profession are leading out in is however distinction in review of the different types of pharmacists is required to avoid many hospital pharmacists having to ‘develop’ unnecessary skills rather than concentrating on their actual roles and responsibilities.</p> <p>We are two experienced pharmacists engaging in leadership roles in our profession and we are directly engaged in hospital management at a senior level. We are both involved in strategic and operational decisions to improve the care of our patients. It would be counter-productive and indeed counter-intuitive to require us as pharmacists to ‘develop’ unnecessary and indeed redundant skills for ur pharmacy practice to pass a review process. The vision of the role of hospital pharmacists must be contemporary and look forward to our evolving roles rather than harking back to some of the traditional roles and responsibilities of all hospital pharmacists.</p> <p>The continuous evolution of the role of hospital pharmacists needs to be acknowledged rather than curtailed by a narrowed focus. Many of us have non “patient facing” roles despite being superintendent pharmacists, supervising pharmacists etc. and our intrinsic value and importance to patient care cannot soley be crudely measured in terms of non-existent “patient-facing” activities. A review of the SI is an opportune time to acknowledge that issue and to endorse the role of the hospital pharmacist accordingly.</p>
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53	Patricia Ging	<p>I refer to the consultation on the PHARMACEUTICAL SOCIETY OF IRELAND (CONTINUING PROFESSIONAL DEVELOPMENT) RULES 2015</p> <p>Firstly I welcome the recognition that: “The CPD undertaken shall be systematic, self-directed and needs-based and be outcomes-focussed, based on a process of continual learning and development with application in his or her professional practice as a pharmacist.”</p> <p>In the diverse practice environments currently seen in pharmacy it is vital that CPD is utilised by pharmacists to advance and improve their practice in order to optimise outcomes for the patient and other members of the public.</p> <p>I note the introduction of the ePortfolio as a mechanism for reflecting on educational needs and recording professional development and I feel that the reviewers will be surprised and pleased by the diversity of educational sources utilised by pharmacists to address development needs.</p> <p>I have concerns however about the definition of “patient facing” and how this will be used to inform the development of practice reviews. “A pharmacist practising in a patient-facing role referred to in paragraphs (2) and (3) shall include a</p>
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		<p>superintendent pharmacist, a supervising pharmacist and any other registered pharmacist engaged or employed in a retail pharmacy business or in the pharmacy department of a hospital, including on a casual or occasional basis” “The practice review referred to in paragraph (1), which shall be prepared in accordance with guidelines laid down by the Institute with the approval of the Council, shall consist of a direct evaluation, conducted by the Institute, of the knowledge, skills and judgement of the pharmacist, against a standard established in consultation with peer pharmacists practising in patient-facing roles, having regard to the Core Competency Framework for Pharmacists, with particular reference to those competencies dealing with patient care, including clinical knowledge, the ability to gather and interpret appropriately information from patients, patient management and education and communication (including counselling) skills. In line 1 with the said guidelines, the practice review shall take account of the review of the report on the pharmacist’s CPD activities referred to in Rule 13(1).”</p> <p>I feel that there are many pharmacists performing vital roles in hospital, and indeed retail pharmacy who will therefore fall under the definition of “patient facing” but whose specialist roles in procurement, aseptic compounding, management, information technology, medication safety and medicines information do not involve utilisation of the range of competencies described above. Indeed there are specialist clinical roles which, although “patient facing” will never require patient education and communication for example intensive care or other services where our specialist nursing colleagues provide this service – having been supported and trained by ourselves. These roles are recognised by national, European and North American healthcare systems. I am unsure how these skilled and specialised pharmacists can have their skills assessed other than by portfolio. Indeed, this is the international norm, and reflects the definition of CPD in the consultation document.</p> <p>One of the attractions of pharmacy as a career for many in the profession has been the flexibility of the career and the diversity of roles. I feel that this practice review will reduce this flexibility, pharmacists working in industrial settings and in academia will be reluctant to take on roles categorised by the legislation as “patient facing”. Creation of this apartheid can only be bad news for patient care, for teaching, for innovation and for the profession.</p> <p>I understand that the model of “one register, one exam” upon which this is based has already been abandoned in its place of origin for the reasons described above. I believe that the PSI should seize the opportunity to create a model which will fit the diverse range of Irish practice rather than waste resources and the good will of the profession attempting to resuscitate a flawed system.</p>
56	David Burke	<p>I believe there should not be a pass/fail scenario with a limit ie. 3 chances to pass. The pharmacist should be supported by peers or the institute to reach the required standard. It is intimidating for pharmacists to face this process when there is a risk to their license being revoked. ie complaint made under the act. I believe the process should be undertaken between the pharmacist and the institute with information kept between the two and not divulged to the council of the society so there is no threat to the pharmacist's livelihood and career The fear factor could hinder learning and leave pharmacists feeling uncertain in their careers</p>

61	Margaret Doherty	The figure of 100 pharmacists per year is based on the current register. There is no consideration of the resource implications of a significant increase in the register. 14(2) again refers to guidelines that haven't been published yet. No notice period is specified before being required to present for practice review and there is no provision for deferral e.g. in cases of illness or maternity or other leave. There is also no mention of the significant part of the register who live outside the State.
		Will they be required to travel? 14(5) allows for 3 months before the the outcome is known which seems excessive. There is also no mention of an appeals process if the pharmacist is unhappy with the result. 14(7) gives a powerful role to the Registrar, without any requirement to show how he or she has identified a pharmacist 'whose ability or competence may be considered deficient in a material respect.' Natural justice requires a process, such as that involved in Fitness to Practice, which allows any pharmacist so identified to address any concerns raised. Practice review should never become a punishment for making an error or being the subject of an unproven complaint.
64	Loreto Barry	With regard to the practice review process, this is such a critical area as to require detailed examination. How are peer pharmacists with responsibility for the criteria used in practice reviews selected? This should be a remunerated position to encourage pharmacists in active practice in patient-facing roles to engage with and contribute to the process. Where a pharmacist is selected for practice review this should be within a specified time after the assessment of CPD cycles as both aspects form an integral part of the CPD review. With regard to practice reviews being mandatory for a particular pharmacist on the instruction of the PSI council or the Registrar outside the proposed framework provided by the IOP, the responsibility for justifying such a specific review and the grounds on which such a review is necessary must lie with the PSI council.
69	Helen Johnston	<p>'Practice Review for patient- facing pharmacists': This proposal is unfair as pharmacists not defined as patient- facing are excluded from this stressful intervention. In instances where non patient- facing pharmacists do not reach the standard assessed from their e- portfolio- what further intervention will take place?</p> <p>: Pharmacists within some services which may be interpreted as patient- facing perform highly specialised roles- their practice review will need to be carried out by pharmacists with the same specialisation to ensure fairness and value.</p> <p>in (8) 'patient- facing role is defined as including the exercise of personal control of a pharmacy business' - but the definition of patient- facing in 14(4) includes pharmacists who would have no experience of control of a pharmacy business.</p>
70	Aaron Farry	3 months is a long time to wait for the outcome of your review. I know a lot of questions have been asked about the nature and structure of these reviews and we have been reassured that they will be very general. This has reassured me but leaves me wondering what's the point? Also might it make more sense to target practice reviews at those pharmacists whose eportfolio has been deemed inadequate?

71	Stephen Byrne	The process underpinning the change of registration status from a non-patient facing pharmacist to a patient facing pharmacist with regards to CPD processes needs clarity. The legislation is very prescriptive with regards to the number of individuals what will be sampled from the live register and how they will be sampled, should this be more flexible and not details in such details in the legislation. We feel the portfolio review and completion of OSCEs should be two independently run processes and not inter woven as stated in the legislation.
72	Margaret McCahill	Where will the practice review be conducted? Will adequate notice be given in order for the pharmacist to organise a locum? A bit more detail with regard to the actual practice review is necessary here.
73	Sarah Magner	How can an outcome be deemed not satisfactory if no criteria are put in place in relation to quantity. Are pharmacists required to cover every core competency every year? I am strongly opposed to the council being informed as at a previous information meeting I was informed that there was no link with IOP and PSI but clearly (7) identifies this link which in my opinion is not necessary as pharmacist should be over seen by IOP to fulfill all requirements with no extra

		pressure of reporting to PSI if as yet unidentified requirements are not meet. This cannot be enacted prior to detail being made available to pharmacists.
74	Deirdr Lenehan	If there are pharmacists (within the original 20%) that do not fulfill the necessary CPD report requirements - surely these should be definitely included in the practice review, rather than a 10% random group?? Would this not be safer for patients?
75	Amy Hughes	It is appreciated that practice reviews will exclude pharmacists who do not practice in a patient-facing role, however there are some concerns re implementation: - How will it be determined whether or not the pharmacist are working in a patient-facing role 'on a casual or occasional basis'? - How do they declare themselves to be non-patient facing? Is this based on the information returned annually to renew membership? - If they declare themselves as nonpatient facing, but in the future decide to re-enter a clinical role on a casual or occasional basis or otherwise, is a prior practice review envisaged?
78	Jack Shanahan	The prosed legislation does not specify the exact format that practice review will take, but it appears to have all the hallmarks of what is now called an OSCE (Observed Structured Clinical Examination). Section 14 is not phrased in a particularly clear way. It appears that, as it stands, 10% of pharmacists that submit their portfolios for inspection, providing that they are 'patient facing', will also undergo the extraordinary burden of a practice review. The proposal is that the candidates will be determined by random selection. The standards for this will be set by a panel of 'peers'. It is unclear whether this requirement is patronising or simply being politically correct. To my mind this is a pointless exercise for an average pharmacist. Section 14.7 is also conflating competence with fitness to practice, which is an abuse of process in my view. If there is a role for practice review, it should be reserved solely for those that are deemed not to have achieved an acceptable standard in their portfolio submissions. To my mind this requirement has not been thought through. Indeed, it seems obvious that this type of process has more of a role in a fitness to practice context. It should be either removed or else restricted to the very few situations where reasonable concerns exist.

80	IPHA	It is appreciated that practice reviews will exclude pharmacists who do not practice in a patient-facing role, however, there are some concerns regarding implementation for pharmacists working in a patient-facing role 'on a casual or occasional basis' or pharmacists re-entering a clinical role on a casual or occasional basis or otherwise. Clarification would be helpful in this regard.
81	Carol O'Sullivan	<p>14(2) <i>"In line with the said guidelines, the practice review shall take account of the review of the report on the pharmacist's CPD activities referred to in Rule 13(1)"</i></p> <p>Heretofore, I had interpreted the eportfolio review and the practice review as two things that were completely independent of each other. This line seems to connect the two. I would like clarification on what is the intent here.</p>
82	Peter Twomey	For the purposes of protecting patient safety and wellbeing, I believe that the definition of patient-facing pharmacist needs to be expanded to include those involved in medicines information provision and the gathering of adverse drug reactions (pharmacovigilance) within the pharmaceutical industry. As a minimum, I believe a provision for the aforementioned pharmacists to "opt-in" to be included within the patient-facing category is required. This will ensure that these pharmacists are subject to an appropriate level of CPD assessment which includes a practice review as outlined in Section 14(1).
82	Peter Twomey	<p>Section 14(4) of the proposed SI states;</p> <p>"A pharmacist practising in a patient-facing role...shall include a superintendent pharmacist, a supervising pharmacist and any other registered pharmacist engaged or employed in a <u>retail pharmacy business or in the pharmacy department of a hospital</u>, including on a casual or occasional basis."</p>



		<p>This definition excludes a considerable number of pharmacists, who are engaged in the provision of medical information directly to patients and healthcare professionals as employees of the pharmaceutical industry, as per Article 98 (1) of Directive 2001/83/EC (as amended). Pharmacists in industry are also involved in the area of gathering information in relation to potential adverse reactions to medicines directly from patients and health care professionals, or what may be referred to as pharmacovigilance, as per Title IX of Directive 2001/83/EC (as amended). These activities require considerable up-to-date knowledge of medicines, pharmacology, pharmacokinetics, physiology, toxicology, medicines legislation and patient consultation skills.</p> <p>The aforementioned pharmacists spend a considerable proportion of their time in contact with patients, and are engaged in common activities similar to those engaged in retail and hospital pharmacy roles. Indeed, hospital pharmacists who are purely involved in the area of medicines information provision, who tend to have minimal dispensing activities, if any<sup>1</sup>, are currently included in the definition of patient facing, while medicines information pharmacists in industry are not.</p> <p>In Ireland and the UK, the widely accepted industry code of practice, which is enshrined in legislation, strongly recommends that departments which provide medical information include a pharmacist or doctor as a member of staff.<sup>2;3</sup> This demonstrates the importance of pharmacists working in this area being subject to practice review to ensure their knowledge remains up to date.</p> <p><u>Example in Practice</u></p> <p>While I was working as a medicines information pharmacist with responsibilities for pharmacovigilance, I manned a 24 hour phone line as part of the company's legal requirements.<sup>4</sup> In particular, I have received queries from distressed patients who were unable to contact their healthcare professional but required urgent advice. To name just one example, the mother of a patient showing signs of serious penicillin allergy contacted the service, as she was unsure if she should seek medical treatment or if these symptoms were to be expected due to the infection. As a pharmacist, I was able to use my professional judgment and advise these patients appropriately to avoid any further harm. My up to date clinical knowledge allowed me to provide this information in an appropriate manner.</p> <p><u>Comparison with the proposed approach of the General Pharmaceutical Council (GPhC), UK</u></p> <p>In a revalidation stakeholders meeting of the GPhC, it was clearly stated that revalidation of pharmacists (similar to the proposed practice review) "must help to address patient safety and improvement of practice and outcomes for patients, <u>not only for patient-facing roles, but also in terms of how all areas of pharmacy impact on patients and the public</u>".<sup>5</sup> It seems clear that the GPhC has recognised the importance of pharmacists who are not working in traditional patient facing roles while discussing proposed revalidation policy.</p> <p>As Section 14 (4) of the proposed Statutory Instrument does not include pharmacists working in medicines information and/or pharmacovigilance in the definition of patient facing pharmacists, these pharmacists are not subject to practice review as outlined in Section 14(1).</p> <p>For the protection of patients, I believe this definition should be amended to include pharmacists involved in medicines information provision and the gathering of adverse drug reactions (pharmacovigilance) within the pharmaceutical industry,</p>
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		and at a minimum, these pharmacists should be given the option to “opt-in” to be included in the patient-facing category.
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83	Veronica Anderson	<p>In my opinion, the practice review is unnecessary, time-consuming, costly, stressful and out of line with other European states and regulation of other similar professions within Ireland.</p> <p>I sincerely hope that these reviews will not also be conducted at the end of the year. To introduce practice reviews in addition to, or instead of, the current CPD system would be reasonable, but it is over the top with the ePortfolio system.</p>
84	Nicola Cantwell	<p>For clarity, Part 5 Section 14 (3) should reference paragraph 1 as paragraph 14 (1) otherwise it could be interpreted that the 'random selection of pharmacists under paragraph 1' references the random selection of pharmacists in Part 5 Section 13 (1)</p> <p>I also feel that if the reports issued by the pharmacists elected in Part 5 Section 13 (1) are deemed satisfactory by the Institute then there should be no need for those pharmacists to do a practice review. I would suggest that the practice reviews be reserved for pharmacists who have been deemed unsatisfactory or those who have not had to submit a report.</p> <p>In Part 5 Section 14 (4) a pharmacist practising in a patient facing role includes superintendent pharmacists. I do not think that this is appropriate. Not all superintendent pharmacists are working in patient facing roles. It does not make any sense to expect a superintendent pharmacist of a group of pharmacies or a busy hospital department to have to do practice reviews when they do not engage in these activities as part of their daily work. I strongly object to the automatic inclusion of superintendent pharmacists in this definition and would suggest that the wording be changed to include only those superintendent pharmacists who are also acting as supervising pharmacists. Part 5 Section 14 (8) should also be amended to reflect the fact that superintendent pharmacists who are in 100% managerial roles and who do not dispense medications or provide clinical pharmaceutical care services to patients, should be regarded as non-patient facing. These pharmacists should then be entitled to make a declaration as per Part 6 Section 18(b).</p> <p>If the IIOP and the PSI are to be fully at arm's length from each other then Part 5 Section 14 (7) should be not included. I do not think that either the Council or the Registrar should refer pharmacists to the IIOP to undergo a practice review. If the ability or competence to practice of a particular pharmacist has been found to be deficient then they should be mentored or helped improve their practice rather than sending them for a practice review. I do not see the benefit in this and feels it goes completely against the role of the IIOP which 'includes the development and implementation of a CPD system for pharmacists in Ireland and the development of pharmacy practice in line with international best practice and evolving healthcare needs'.</p>

85	Matthew Lynch	<p>Section 7(1)(e) empowers the PSI to ensure that pharmacists undertake CPD including the acquisition of specialisation. In adopting a model of CPD for pharmacists and establishing the IloP to oversee its implementation, it would therefore appear reasonable to conclude that the rules in providing for this are merely giving effect to the Act's principles and policies in this regard.</p> <p>Furthermore, in requiring a pharmacist under Rule 13 to submit a report of CPD activities, it can be reasonably argued that it also is merely giving effect to the principles and policies in Section 7(1)(e). However, the scope of the draft rules does not stop there. As currently presented, they further provide for a requirement for a selected number of pharmacists in "patient facing" rules to present for a practice review and depending on the outcome of that review (where unsatisfactory), the pharmacist in question may have to undergo further activity to address their apparent deficiencies and present for up to two further practice reviews. The issue that arises here is whether this further step of practice</p>
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	<p>review can reasonably be considered to fall under the principle and policy of ensuring that pharmacists complete CPD or whether it extends beyond the obligations of the Act in respect of CPD and is more accurately characterised as introducing re-validation of a pharmacist's entitlement to continue to practice which is not I would contend provided for in the Act. It would appear that the practice review is being characterised as the means of quality assuring the CPD process. However, if it were only considered a means of quality assuring the process, then it could be effectively done by voluntary means and without the possibility of sanction arising for failure to either reach the required standard or to participate in it. It is the provision within the draft rules of a sanction in the form of a referral to the PSI Registrar giving rise to the possibility of a complaint under Part 6 of the Act that in my view extends the process beyond ensuring pharmacists undertake CPD as provided for in the Act and into the realm of re-validation of a pharmacist's professional qualification and entitlement to practise. Re-validation of one's entitlement to practise is wholly distinct from CPD and it is my view that there are no principles and policies for it in the Act at present. It is important to note that no conclusion as to the necessity or justification of professional revalidation is being raised here. It is simply the position that these rules introduce it as an extension of ensuring pharmacists complete CPD and in so doing, the Minister would appear to be acting ultra vires.</p> <p>In addition to the apparent introduction of a process of professional re-validation, there is a further significant issue of concern with these draft rules. In the matter of the practice review, the rules differentiate as to who may be eligible to be selected for such a review on the basis of whether a pharmacist is practising in a patient facing role or not. The first issue that arises is what is understood by "patient facing" as it is not as comprehensively provided for as might be expected in a composite inclusive definition. Instead it is addressed only by means of who it includes : in draft Rule 14(4) it states that it "includes a superintendent pharmacist, a supervising pharmacist and any other registered pharmacist engaged or employed in a retail pharmacy business or in the pharmacy department of a hospital including on a casual or occasional basis"; In draft Rule 14(8) it notes that patient facing "includes the exercise of personal control of a retail pharmacy business by a pharmacist and includes the discharge of such role by way of the supervision and control of other registered pharmacists in such businesses". As currently drafted, the rules require a pharmacist to specify whether they are acting in a patient facing role or not when either registering for the first time or when applying for continued registration. This has a number of important and significant consequences. The most significant effect of this proposed rule if introduced is the de facto introduction of a division into the Register of Pharmacists of those pharmacists who are patient facing and those who are not, in accordance with whatever is understood by the term. At the time of the Act's promulgation, it is my understanding that dividing the Register of Pharmacists into practising and non-practising divisions was contemplated but not ultimately provided for. This being the case it is not now tenable in my view to suggest that the required principles and policies to do it by default in rules that in practical terms will create a division in the Register of Pharmacists exist in either Sections 7(1)(e) and 7(2)(iv). If it is considered that this aspect of the proposed rules is required, then in my view it necessitates an amendment to the Act to provide for it.</p> <p>The consequences of this division of the Register of Pharmacists if proceeded with under these draft rules are potentially very far reaching. Following the introduction of these draft rules as proposed, if a pharmacist were to elect to designate themselves as not patient facing, what is the practical effect of this other than not to be eligible for a review under Rule 14? Does it mean that a</p>
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		<p>pharmacist is de facto precluded from practising in a patient facing role and if so what are the consequences for such a pharmacist were they to act as a locum in a pharmacy even on an occasional basis? Would it similarly require referral for investigation and potential disciplinary action under Part 6 of the Act? Does designation as non-patient facing preclude a pharmacist from offering professional advice, even in circumstances where such advice is sought and provided outside the confines of a retail pharmacy business or hospital pharmacy department and does not result in any consideration in return? If a pharmacist chooses to designate as non-patient facing, what are the implications if subsequently they were to elect to revert to being “patient facing”? Would they then have to undergo a practice review in order to re-establish their entitlement to “patient facing” designation? These are important matters of law and public policy concerning pharmacy practice which will arise from any indirect partitioning of the Register by default and require careful consideration.</p> <p>Accordingly, they can only be addressed in my view by means of an amendment to the Act and not inadvertently introduced by means of these draft rules. I wish to return to Section 7(2)(a)(iv) which it appears is also being relied upon at least in part as providing the principles and policy for the Minister to introduce these draft rules. This section allows the Minister to determine, approve and keep under review programmes of education and training to comply with the Code of Conduct. Principle Five of the Code states that “A pharmacist must maintain a level of competence sufficient to provide his or her professional services”. In the guidance included to assist pharmacists fulfil this obligation, it notes that a pharmacist must maintain, develop and update competence and knowledge of evidence-based learning, which includes CPD and CE (continuing education). This provision of the Code in my view cannot be considered to constitute principles and policies pursuant to which secondary legislation may be introduced. The Code of Conduct is itself secondary legislation and other than the requirement that it does not contain anything which might result in competition being prevented, restricted or distorted, the Act is silent as to what else it contains. In relation to Principle Five, the principles and policies allowing its inclusion in the Code are to be found in Section 7(1)(e) and it is not in my view reasonable to suggest that Principle Five itself could be used to support the introduction of these draft Rules. Furthermore, Section 7(2)(iv) may provide the principles and policy under which a system of CPD may be introduced and implemented: however it is not tenable in my view to suggest that it could also be relied upon to provide the principles and policies under which the practice review under draft Rule 14; the de facto partitioning of the Register of Pharmacists into patient facing and non-patient facing and the referral for either non-compliance or unsatisfactory performance under draft Rules 13 and 14 for investigation under Part 6 of the Act (draft Rules 15 &amp; 16).</p>
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90	Boots Ireland	<p>With regard the practice review, we strongly disagree with the proposal of a practical review on a number of grounds. It is suggested that this proposal will have a positive impact on 'patient safety'. There needs to be evidence or precedence elsewhere with regards the proof of benefit and this positive impact on patient safety. A practice review is in direct terms a summative assessment that is being disguised as something more formative; this is misrepresentative in a situation whereby completion is compulsory, and where non-achievement of stipulated grading may affect a person's right to employment.</p> <p>We question the rationale for requiring a patient-facing pharmacist to complete a practice review, whereby this is not necessary for pharmacists who declare that they are non patient-facing. Does this imply that the competence requirements of said pharmacists are fundamentally different? If yes, this could be perceived that impact and influence of a non patient-facing pharmacist does not affect patient</p>
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		<p>safety. Why is a non patient-facing pharmacist in an educational role, developing the pharmacists of the future, a role that one could argue potentially impacts greater on patients than an individual practising pharmacist within a retail pharmacy business, excluded from the proposed practice review if patient safety is core? Are registered pharmacists working in roles in the Pharmaceutical Society of Ireland (PSI), IOP, Industry and Health Products Regulatory Authority (HPRA) who declare themselves as non patient-facing not in roles where patient safety is paramount and again could be argued perhaps have greater scope to impact on patient safety.</p> <p>We would argue that practising pharmacists interact with patients on a daily basis and through their experience continue to develop and improve their competence. This variance and the discrimination between roles in itself would warrant an examination of the true purpose and benefit of a practice review. Completing CPD on a continuous contemporary basis supports with ensuring that pharmacists maintain the competence required to safely practise. Requiring pharmacists to complete a practice review once every ten years, purported to be in the interest of patient safety, must raise the question as to whether a pharmacist is safe during the other nine years, if said assessment is of such critical status.</p> <p>If this review is critical to patient safety why is it not deployed as part of the licensure requirement of all other healthcare professionals i.e. medical practitioners, doctors and allied healthcare professionals etc. If this review is critical to patient safety why it is not deployed as part of the licensure requirement of pharmacists in all other jurisdictions? We would recommend that the evidence base behind the positive impact on patient safety is explicitly provided to pharmacists to justify the burden that this will instil on each declared patient-facing pharmacist.</p> <p>We would also like an explanation as to how non patient-facing pharmacists can be excluded from being required to complete a compulsory assessment that purports to be required in the interests of patient safety.</p> <p>We also seek the justification for pharmacists being held to higher standards than any other healthcare professionals.</p> <p>We also seek clarity as to who will fund the practice review i.e. assessors. Who will fund the pharmacists cost to attend the review?</p> <p>We also would like the impact of a practice review and what implications it would have on the perception of the role of the pharmacist as a potential career to be considered.</p> <p>Clarity is again sought on how the success of the practice review will be measured. Will there be a 'target' number each year to 'fail' in order to justify the exam's existence, and to satisfy those who design the review?</p>
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90	Boots Ireland	<p><i>14. (1) Subject to the provisions of this Rule, from the selection of pharmacists made under Rule 13(1), the Institute shall select at random not less than ten per cent of that cohort, to be requested by the Executive Director on behalf of the Institute, to undergo a practice review.</i></p> <p>Boots response</p> <p>We strongly disagree that pharmacists should be required to undergo a practice review as outlined earlier in this document.</p>
90	Boots Ireland	<p><i>(2) The practice review referred to in paragraph (1), which shall be prepared in accordance with guidelines laid down by the Institute with the approval of the Council, shall consist of a direct evaluation, conducted by the Institute, of the knowledge, skills and judgement of the pharmacist, against a standard established in consultation with peer pharmacists practising in patient-facing roles, having regard to the Core Competency Framework for Pharmacists, with particular reference to those competencies dealing with patient care, including clinical knowledge, the ability to gather and interpret appropriately information from patients, patient management and education and communication (including counselling) skills. In line with the said guidelines, the practice review shall take account of the review of the report on the pharmacist's CPD activities referred to in Rule 13(1).</i></p> <p>Boots Comment</p> <p>We strongly disagree that pharmacists should be required to undergo a practice review as outlined earlier in this document.</p> <p>Clarity is also required on the independence of practice reviews with respect to the CPD portfolio review. The final statement above indicates that it is not a random selection called for practice assessment, which is contrary to previous points with in the draft SI.</p>
90	Boots Ireland	<p><i>(4) A pharmacist practising in a patient-facing role referred to in paragraphs (2) and (3) shall include a superintendent pharmacist, a supervising pharmacist and any other registered pharmacist engaged or employed in a retail pharmacy business or in the pharmacy department of a hospital, including on a casual or occasional basis.</i></p> <p>Boots Comment</p> <p>We strongly disagree that pharmacists should be required to undergo a practice review as outlined earlier in this document. We would therefore not recognise the need for a pharmacist to declare if they are patient-facing.</p>
90	Boots Ireland	<p><i>(5) The outcome of the practice review carried out under this Rule shall be conveyed to the pharmacist concerned by the Executive Director in writing within three months from the date the review concluded.</i></p> <p>Boots Comment</p> <p>We strongly disagree that pharmacists should be required to undergo a practice review as outlined earlier in this document.</p>

90	Boots Ireland	<p><i>(6) Where the outcome of the practice review is deemed unsatisfactory by the Institute, the Executive Director and the Institute shall cooperate with the pharmacist concerned in a process with a view to enabling him or her to address any deficiency in his or her knowledge, skills or judgement as may have been identified in the course of the review and following which the pharmacist may be required to undergo not more than two further practice reviews as referred to in paragraph (2).</i></p> <p>Boots Comment</p> <p>We strongly disagree that pharmacists should be required to undergo a practice review as outlined earlier in this document.</p>
90	Boots Ireland	<p><i>(7) Notwithstanding paragraph (1), where the Council or the Registrar has identified a</i></p> <p><i>pharmacist acting in a patient-facing role whose ability or competence to practice may be considered deficient in a material respect, the Institute shall include, at the request of the Council or the Registrar, such persons to undergo a practice review as provided for in paragraph (1). The outcome of such review shall be notified by the Executive Director to the Council or to the Registrar, as the case may be.</i></p> <p>Boots Comment</p> <p>We strongly disagree that pharmacists should be required to undergo a practice review as outlined earlier in this document.</p>
90	Boots Ireland	<p><i>(8) In this Rule, patient-facing role includes the exercise of personal control of a retail pharmacy business by a pharmacist and includes the discharge of such role by way of the supervision and control of other registered pharmacists in such business.</i></p> <p>Boots Comment</p> <p>We do not agree with this comment and feel strongly that should a pharmacist need to be assessed, this must be against their area of specialisation.</p>
91	Glenn Petitdemange	<p>If it is only pharmacists with a patient-facing role who can be called for the review as per rule 14 (1), does this mean that pharmacists on the register of the PSI who do not have patient-facing roles and so have different CPD requirements and by inference cannot be verified as up-to-date patient-facing pharmacists, cannot then work as a locum pharmacist in a retail pharmacy business ? If so, will the PSI have a register for employer pharmacists to refer to, to ensure that they do not hire a pharmacist who should not be working in a retail pharmacy business ? If such pharmacists can work in a retail pharmacy business then why do patient-facing role pharmacists have extra CPD requirements placed on them ?</p>

93	PIER Group	<p>Whilst we appreciate that practice reviews will exclude pharmacists who do not practice in a patient-facing role, we hold the following concerns regarding it's implementation –</p> <ul style="list-style-type: none"> <li>• How will it be determined if the pharmacist is working in a patient-facing role 'on a casual or occasional basis'?</li> <li>• How should a pharmacist declare themselves as non-patient facing?</li> <li>• Should a pharmacists declare themselves as non-patient facing, but decide in the future to re-enter a clinical role on a casual or occasional basis or otherwise, should they expect to undertake a prior practice review?</li> </ul>
94	Marrita Clifford	That 10% of pharmacists that submit CPD's will be called for a practice review. In my opinion this should only be required if there are reasonable concerns following the CPD submission.
96	College of Pyschiatrists of Ireland, Professional Competence Committee	In relation to practice reviews, it seems there will be a process of random selection of pharmacists but also if council 'becomes aware of' deficient practice to a 'material' extent. There may be a process outlined elsewhere which relates to complaints / fitness to practice issues, but it is not clear, from this document, how council will become aware of problem practice; what comprises 'material' extent of deficient practice; what the practice review comprises; whether there is any protection from spurious complaints; why this process only applies to pharmacists in patient- facing roles (e.g. wouldn't it be important to examine a pharmacist reported to be behaving erratically while working in a research/ lab-based role?);

		what is the process having failed a practice review; what about the right to appeal?
99	Sewell's Pharmacy	The practice review should be done by the IOP only and there should be no involvement in this process by the PSI. Why are we not being asked whether we agree/disagree with the above rule,?? We are only being asked if we agree with descriptions.

101	Rachel O'Donnell	<p>I have several issues with rule 14. Firstly, from a practical standpoint, there is no definition in the legislation as to what constitutes a 'patient facing role', nor does it define 'a casual or occasional basis'. Are we to declare ourselves in a patient facing role on renewal of registration? Why are those in what the PSI deems a patient facing role to be subject to extra scrutiny? Are we to assume that those pharmacists in non-patient facing roles have lesser impact on patient care? What evidence has been accrued to suggest that isolating a subset of the profession and subjecting them to what is currently a poorly outlined practice review has any merit whatsoever? The Ontario College model cannot be stretched to fit the current model in Ireland and it differs fundamentally in one critical aspect - their register is a two part system. The IOP or the PSI have not required us to declare our level of patient interaction. Furthermore, the Ontario College model is one model among many. The justification or merit for basing the current legislation on this model has not been well communicated. The PSI or the IOP cannot possibly imagine that it is fair or good practice to foist this legislation on its members without first publishing and allowing submissions on the guidelines of these proposed evaluations, as well as the undefined standards that we shall be expected to uphold. Nowhere in the legislation is 'peer pharmacist' defined, so we are expected to agree to a practice review of as yet undefined parameters, conducted by persons unknown?</p> <p>Rule 14 raises more issues. If a person that the Society deems not to be in a patient facing role transitions into what is deemed a patient facing role, should they not be earmarked for review straight away? If what this legislation infers is to be believed, then patient facing roles cannot simply be taken up by someone the Society has not vetted by practice review. In my opinion the peer review process that is being proposed comes across as a thinly disguised fitness to practice spot check for community and hospital pharmacists, and it should be declared as such. It is laughable that we are expected to swallow that a peer-review can and should only be applied to those in patient facing roles, and if it is intended to be rolled out for the remainder of the names on the register then the intention to do so should be included in the draft rules. If the PSI wishes to carry out these kinds of practice reviews they should have the foresight to draft guidelines for all pharmacist roles, patient facing or not, as every pharmacist in the execution of their duty has an impact on patient care, and to single out a certain cohort for the additional surveillance that a peer review imparts is deeply offensive. The current CPD model is just being implemented, and not until the first five year cycle is complete could the PSI possibly identify that one subset of pharmacists need to justify their fitness to practice more than the others. If the PSI deems such practice reviews necessary, after the first five year cycle is complete and the outcomes have been independently reviewed, then perhaps it would be better received. As it stands, there is absolutely no justification for proposing Rule 14 for patientfacing pharmacists only, based solely on the model championed by one regulatory body in Canada. If this clause remains in the legislation, I feel it will deter graduates from entering patient-facing roles, as they will be viewed as flagged by our regulatory body as roles that will be subject to inexplicably harsher audit. I also wonder how it will be received by relevant industry, academic and public bodies to learn that the CPD model being rolled out is features a set of</p>
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		<p>assessments that registered pharmacists that are currently involved in these sectors will not be subject to. I agree with the idea that the Ontario model of peer review has the advantages of engaging the profession but I absolutely disagree with the idea mooted that it will help move away from an 'us and them' perspective of the regulatory authority. We operate a single registry system in Ireland, and I was given to understand that this meant that all pharmacists on the register are to uphold the same standards as set out in the Core Competency Framework. If the proposed rules are to come into force, we need to be assured that competency can be established across all roles. Until such a time that the IOP and PSI can table a plan to roll out peer review embracing all roles and specialties in the field, then the CPD model should be of a general framework that can be applicable to all practice settings. By subjecting one subset of the profession to peer review will only result in creating a different 'us and them' mindset and will generate discontent among those who have been set apart. It also risks disengagement from the CPD process by those who do not have the impending threat of the peer review process. In paragraph (6) there is reference made to the follow-up to the practice review. This paragraph is extremely ambiguous, given the implications for the pharmacist to which it may relate. I feel that if these reviews are to be carried out, it would be much more comforting to those to whom it may relate if the Council could elaborate on the method of cooperation, and the nature of the 'process with a view to enabling him or her to address and deficiency in his or her knowledge, skills or judgement'.</p> <p>The PSI's International review of CPD models advocates an incremental approach to roll-out, in order to secure greater buy in across the profession. As a pharmacist who is currently in a patient facing role, I do not agree the inclusion of Rule 14, and think it should be excluded and revisited with broader scope after the IOP has completed its first five year cycle.</p>
102	Michael Kelly	<p>'Patient-facing Pharmacist'- The first time i heard/read this term it sounded odd. Maybe they did something wrong! Maybe with some more CPD they can become non-patient facing and not have to submit a portfolio review. Can we get rid of this term? Surely a Pharmacist is a Pharmacist. No?</p>
103	HPRA	<p>The Rules propose that, each year, 2% of pharmacists will be required to take part in the practice review, excluding those pharmacists who do not practise in a patient-facing role (casually or occasionally would be included). The practical review is welcome from a governance perspective though it will impact on pharmacists employed in bodies such as the HPRA who occasionally work in a retail pharmacy business or in the pharmacy department of a hospital, where the retention of 'patient-facing' is important both in terms of retaining current staff and attracting new pharmacists.</p>

104	HPAI	<p>Again, a 'patient facing role' needs to be clearly defined.</p> <p>The HPAI suggests that hospital pharmacists should be benchmarked against the competency required for the specific role. The review may be against standards appropriate to the roles and responsibilities of hospital pharmacists. In addition, the practice review for a hospital pharmacist should include a peer hospital pharmacist on the review panel.</p> <p>A large part of education and communication by a hospital pharmacist would be directed at other health professionals (as distinct from patient counselling). Therefore a practice review for hospital pharmacists would need to address communication to other health professionals rather than patients – this is a significant difference to a practice review designed for community pharmacists.</p> <p>As stated above, 'patient facing role' needs to be clearly defined. e.g. A pharmacist managing pharmacists who have direct access to patients would surely also</p>
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		<p>undertake a practice review to ensure competency of decision making and clinical governance?</p> <p>Will the practice reviews be relevant to hospital pharmacy practice? If a nonpatient facing pharmacist is exempt from the practice review then surely a hospital pharmacist could choose to be exempt from questions in the practice review relating to issues specific to community pharmacy?</p> <p>This also raises the question of a patient facing and non-patient facing register.</p>
107	Susan O'Donnell	<p>I am not comfortable with the criteria for selection to sit an OSCE. Surely if your portfolio of CPD is deemed not to be of adequate standard then you should be considered a potential candidate for an OSCE. Random selection, even when compliant is not a fair selection process.'</p>
109	Christina Carolan	<p>I DO NOT THINK THE REGISTRAR OR THE COUNCIL SHOULD HAVE ACCESS TO INFORMATION REGARDING CPD OF INDIVIDUAL PHARMACISTS . I THINK THAT THE IIOP SHOULD ISSUE A CERT EACH YEAR TO PHARMACISTS THAT HAVE SUCCESSFULLY COMPLETED CPD AND THIS SHOULD BE ADEQUATE TO ASSURE THE PSI THAT CPD HAS BEEN COMPLETED SUCCESSFULLY AND SO THE PHARMACIST CAN BE REGISTERED.ANY PRACTISE REVIEWS SHOULD BE INITIATED BY THE IIOP AND PEER REVIEW GROUP. SUPERINTENDANT PHARMACISTS DO NOT ALWAYS HAVE A FACE TO FACE ROLE WITH PATIENTS AND SO THIS SHOULD BE TAKEN INTO ACCOUNT</p>
110	Paul Manley	<p>I disagree with the proposed system of choosing who is picked for a practice review. My understanding was that 1% of the register would be picked randomly for a practice review. The proposed system wants to pick 2% of the 20% picked for CPD submission which I think is unfair. The PSI should rethink this proposal and define it better. Also, what happens if a pharmacist fails 3 practice reviews? Are they struck off the register? The consequences are not mentioned in this draft.</p>
111	Pauric Kilcullen	<p>there is not enough information on the practice based review. it's too vague. what exactly is being assessed? are they mock prescription dispensing? actor patients? where is this taking place? do I have to travel to Dublin, get locum cover for the day? pay mileage? would it be possible to have this as part of the inspection process and save these additional costs which I presume would fall on the person being examined?</p>

113	Fiona Rowland	This is more a fitness to practice than practice review. It does not sit within the context of a self-directed, continuing professional development ideal Does 14(3) not discriminate against these pharmacists by encouraging them to de-skill or shy away from a locum that would place them in a patient-facing role? All pharmacists are patient-facing as we mediate and answer on their behalf in all roles. What are the criteria for determining where the peer cohort are drawn from, who determines this and on what basis? The referral for a practice review is not defined on a specific set of standards or grounds nor is its mechanism or appeal.
116	Fiona Begley	Definition of patient facing practice needs to be clearer. E.g. several hospital pharmacists do not have patient facing roles and are involved in policy/mgmt roles. The 2% (10% of 20%) equating to ~100 pharmacists is not clear. More definition in timeframe a etc. wrt remediation is needed.
117	Caroline Lambe	I feel very strongly about rule 14, firstly I don't think any qualified pharmacist with more than three years experience needs a practice review. I feel this undermines that meaning of CPD, Cpd is a self directed learning which should become part of every pharmacists professional life to better their patients care and their working practice. I qualified with an honours MPharm degree from a University in the UK, and worked there for a few years. I practised CPD there and although it was tough to keep up with it whilst working 45 hours a week and working in a pharmacy that dispensed 600 items on average a day, I did it. I did it not only because it was mandatory but also I believed in continuing my education. I do not think that I should have to verify my degree every five years but I do believe that

		I do need to keep up with new practices, work on developing services for patients to make sure that everything is always the best standard it can be which is what CPD will help me achieve adequately. I also think that to put a pharmacist under pressure of say an OSCE who may not have done any exams in many years will put them under undue stress and worry which could affect their practice adversely, not forgetting that everyone has times when their personal lives need them more than others, e.g pregnancy, young children, or sick relatives, and that there is no provision to defer this practice review for extenuating circumstances. I think that through inspection and CPD that is enough to pick up any issues with a pharmacist's practice. What will happen when a pharmacist has been deemed unsatisfactory in their practice reviews a number of times? This has not been explained adequately.
118	Mandy Bourke	As proposed it seems that there will be a random selection of pharmacist for Practice Review. I believe that Practice Review should be targeted at those who have not reached an acceptable standard in their Portfolio submission or where reasonable concern exists, as in a fitness to practice situation. The IOP should convene a panel of pharmacists to decide on a minimum standard for successful completion of CPD.
119	Karene Moynan	14 (2) I think the pharmacist should be informed of the nature and scope of the practice review. (5) I think the outcome of the practice review should be communicated to the pharmacist verbally on the day, and much sooner than 3 months.
121	Eimear McManus	I think that feedback of three months is too long-OSCE results from university exams are available in a much shorter timeframe. Would like more guidance of what exactly a practice review involves including sample scenarios, if called for a practice review.
122	Martin Lanigan	It is not described the amount of notice an applicant who must sit this practice review will have.

123	Katherine O'Callaghan	I do not believe that a pharmacist should be selected for further "review" unless there is a fitness to practice issue concerning that individual pharmacist. Maintaining the CPD portfolio and submitting it as required is sufficient to keep skills and knowledge up-to-date. The review of 2% of pharmacists annually is excessive. Furthermore, what exactly does a "direct evaluation" consist of? There needs to be more detail about this process.
124	Noel Stenson	Remediation: There is no clarity of who will bear costs associated with Remediation process - will it be PSI, IOP or the pharmacist?
125	Paul Knox	This is an excellent idea. If selected, will a pharmacist be allowed sample reviews to prepare? How much notice will be given, and what form will the review take? Will it be in the place of business or will pharmacist be required to provide cover thus incurring further expense? How will those non patient-facing pharmacists be reviewed? Surely they should also be subject to this review; if they consider entering a patient facing role, it is only fair that they are subject to the same reviews as everybody else. As a pharmacist who returned to the community from academia, a practice review would certainly have made the transition easier and honed the skills required in this area of pharmacy.
126	Marie McConn	The remediation process may be adequately described, but it doesn't seem to be adequate in itself. Given that we do not know the scope, depth or method of the practice review it is hard to evaluate how easy it is to meet the standard. Also, there is no mention of a right to appeal or even to clarify a poor performance. In addition this has the potential to cause grave concern among many - especially older - pharmacists, whereas if they knew what was proposed they might feel more confident.
127	Claire Murphy	Further information should be provided in as to the nature of a practice review, including detail on structure of the review and what information and support Pharmacists will be given to prepare for the practice review. In the case where practice reviewers occur during a Pharmacists working hours, will either the
		Institute reimburse the Pharmacist or Pharmacy Owner for the cost incurred by attending the practice review? The institute should provide Pharmacists with an indication of the area of practice involved in the review so Pharmacists can be confident that this area is relevant to their area of practice. Pharmacists should be given immediate feedback on the practice review, on the day of the practice review. A more detailed report within 28 days. A three month timeframe may cause undue stress for the Pharmacist involved. Pharmacists should be given the opportunity to review and respond to any suggested deficiency in his or her knowledge, skills or judgement.
133	Sandra Reynolds	WHAT NOTICE IS GIVEN TO PHARMACISTS FOR THE PRACTICE REVIEW? WE WOULD NEED TIME TO ORGANISE STAFF, ETC. HOW EXACTLY IF THIS ASSESSED? ARE WE ASSESSED WHILE WE ARE DEALING WITH OUR PATIENTS? IS THIS BREACHING PATIENT CONFIDENTIALITY? DO WE HAVE TO GET CONSENT FROM OUR PATIENTS TO ALLOW THE ASSESSOR TO LISTEN IN ON OUR CONSULTATION TO ASSESS US? THIS HAS NOT BEEN OUTLINED ANYWHERE AND THIS WOULD NEED TO BE CLARIFIED.
138	Patrick Burke	It is noted that only those Pharmacists involved in patient facing roles will be called for review which appears appropriate and proportionate.
139	Kate Mulvenna	It is noted that only those Pharmacists involved in patient facing responsibilities will be called for review which appears appropriate or proportionate. The Ontario model, from which the Irish model has evolved is not as prescriptive in its sampling mechanism for practice reviews. It may be unnecessarily confining for the Institute to have a definitive percentage outlined in the legislation itself.

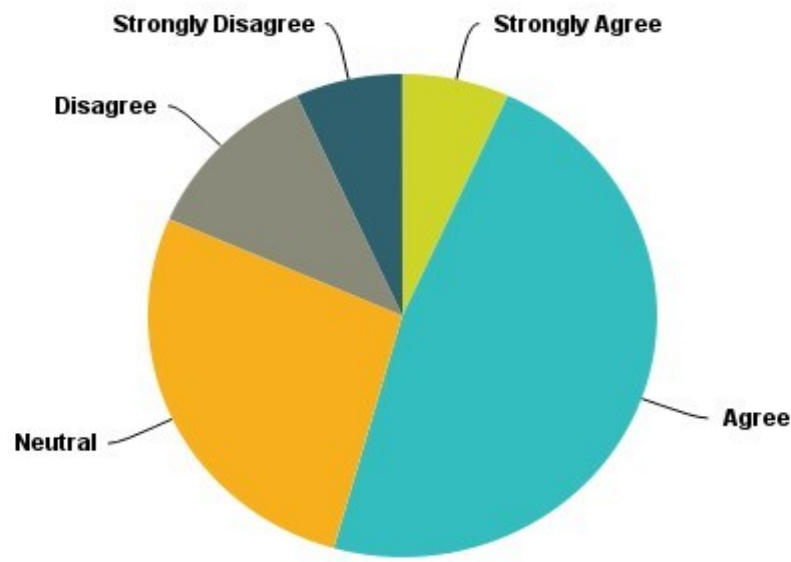




Rule 15

Q42 Do you agree that the mechanisms as set out in Rule 15 are adequate to ensure a fair and equitable operation of the system?

Answered: 103 Skipped: 27



Answer Choices	Responses
Strongly Agree	6.80% 7
Agree	47.57% 49
Neutral	27.18% 28
Disagree	11.65% 12
Strongly Disagree	6.80% 7
Total	103

Rule 15 – Comments

No	Name	SUBMISSION
2	Patricia O’Brien	given my misgivings about the mandatory nature of IIOP registration and the ePortfolio...!
8	Mary Kate Shanahan	Again i thnk 'executive director' terminology implies all decision making power lies with executive director perhaps ED of IIOP or IIOP ??

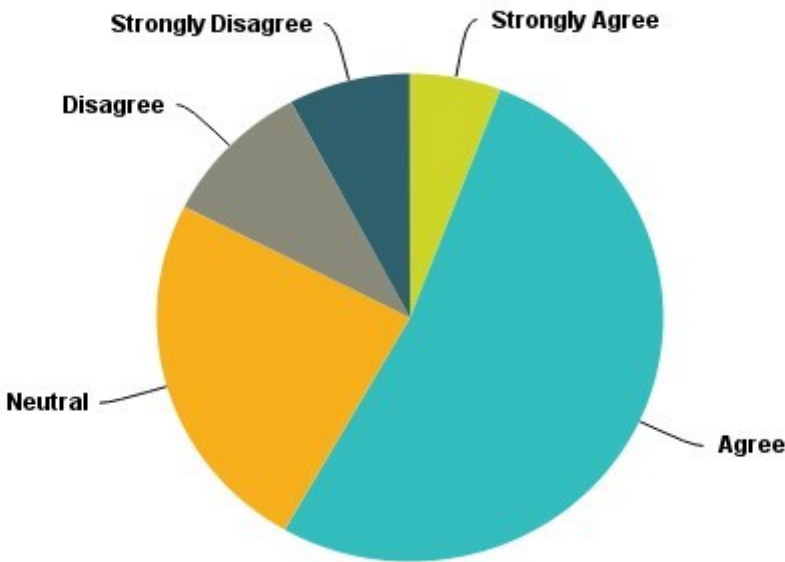
14	Annalisa Deeney	Are there any exceptions for individuals who may be on leave of absence, sick leave or maternity leave for example to submit reports?
19	Anthony O'Sullivan	I do not think that the Executive Director should report at all to the Registrar. The IOP should be entirely and solely concerned with encouraging and facilitating CPD for all pharmacists.
23	Joe Britton	Pharmacists in advance need to know what the expectation will be. What one thinks is a brilliant personal portfolio could in fact in the eyes of the director be a load of rubbish and failure to update. Each approved piece of cpd material that all yes all registered pharmacists undertakes. Must have attached an expected minimum standard completion laid out before said completed works. This will insure a minimum competency standard. If pharmacist know in advance what is expected. The overall outcome will be high and positive. Any extra that each individual achieves. Is a bonus to him or her
30	Caitriona O'Riordan	see previous. the iop should never report a pharmacist to the psi
39	Mary Ryan	As long as consideration given to reasons why participation didn't happen eg illness, maternity rather than just saying "didn't engage"
40	Clara	I think executive director should have more discretion on who is referred.
42	Emily Keogh	Details of what happens if the registrar is informed if a pharmacist fails should be stated- what is the next process?
56	David Burke	I believe the Institute alone should deal with the pharmacist regarding achievement of standards. They should be assisted until they achieve these. There should be a supportive learning environment, without the threat of a complaint made under the pharmacy act.
66	Paul Gaynor	reminders are fair, and referral to registrar for refusal to co-operate with the executive director would be fair. cpd is important. Not receiving the required standard should be investigated with the pharmacist in question in a pro-active way.
73	Sarah Magner	There should be no link between IOP and PSI. IOP should be an independent body. Rule 15 should be omitted from the act.
81	Carol O'Sullivan	<i>Rule 15(b) where a pharmacist has completed the process set out in Rule 14(6) and has failed to achieve the <b>required standard</b></i> We know for CPD cycles that as long as they demonstrate self-directed, systematic ongoing, learning with an element of reflective practice, reference to CCSAT and a mix of sources of learning that they meet the standard. I have concerns about the phrase 'required standard'
84	Nicola Cantwell	In Part 5 Section 15(a), it is not clear if the Executive Director is expected to refer pharmacists to the Registrar if they have not cooperated by the date specified for the report or following a reminder. I would expect that a pharmacist would be given the benefit of at least one reminder from the Director before being reported to the Registrar.

85	Matthew Lynch	In the matter of referral for disciplinary action under Section 35(1)(f) of the Act, it is unclear what the possible outcome of this might be: could it reasonably be considered to constitute either poor professional performance or professional misconduct as provided for at present in the Act and within the confines of judicial interpretation of both states. In addition to amending the Act to properly provide the principles and policies allowing for the intra vires introduction of the draft rules, it appears to me that the definitions of both “poor professional performance” and “professional misconduct” would need to be revised if they are to apply as intended in the context of failure to either comply with CPD requirements or reach a satisfactory standard in either one’s CPD review or any quality assurance related practice review.
90	Boots Ireland	<p><i>15. The Executive Director shall refer to the Registrar relevant information in connection with the following:</i></p> <p><i>(a) failure by a pharmacist to cooperate with the Executive Director under Rule 13 or to submit a report by the date specified by the Executive Director and, in the absence of an appropriate response to a reminder within a reasonable time, to be specified in the reminder;</i></p> <p>Boots Comment</p> <p>Clarity needed on the terminology “reasonable time”, can we have specifics on these timelines?</p>
99	Sewell’s Pharmacy	The PSI should not be involved in the CPD training, so the executive director should not have to refer any information to the Registrar/Council. Also failure to submit by a specific date could be due to time constraints rather than unwillingness to cooperate.
109	Christina Carolan	IF THE PHARMACIST FAILS TO ACHIEVE THE STANDARDS OUTLINED, THE IIOP SHOULD NOT ISSUE A CERT OF COMPLETION . I DO NOT THINK THEY SHOULD ISSUE A REPORT TO THE COUNCIL. RE REGISTRATION COULD BE DENIED DUE TO NON ISSUE OF A CERT BY THE IIOP. I DONT THINK THE COUNCIL OR REGISTRAR SHOULD HAVE ACCESS TO ANY INFO BELONGING TO AN INDIVIDUAL PHARMACIST AS I BELIEVE THE IIOP AND THE PSI SHOULD BE SEPARATE
113	Fiona Rowland	Should this not become a fitness to practice issue and thence follow that set of procedures?
116	Fiona Begley	Time frames should be set for all of the above subsections.
122	Martin Lanigan	While I agree with the above statement, is there not any power given to the executive director in their role to enforce pharmacists to undertake CPD? It seems like everything must be referred to the council which really should be a last resort
124	Noel Stenson	Whilst the mechanism is as laid out, there needs to be a process by which a pharmacist is allowed to make a case for exemption or deferral from rule 14 mechanism e.g. on medical grounds etc.
125	Paul Knox	What kind of punitive measures will be put in place? Will there be a staggered or graded disciplinary procedure based on the offence and will the pharmacist have the right of reply? CPD is and should also be enjoyable as well as informative; and should not be endured under the duress of potential disciplinary procedures in my opinion.

Rule 16

**Q44** Do you agree that the mechanisms as set out in Rule 16 are adequate to ensure a fair and equitable operation of the system?

Answered: 103 Skipped: 27



Answer Choices	Responses
Strongly Agree	5.83% 6

Agree	52.43% 54
Neutral	24.27% 25
Disagree	9.71% 10
Strongly Disagree	7.77% 8
Total	103

### **Rule 16 – Comments**

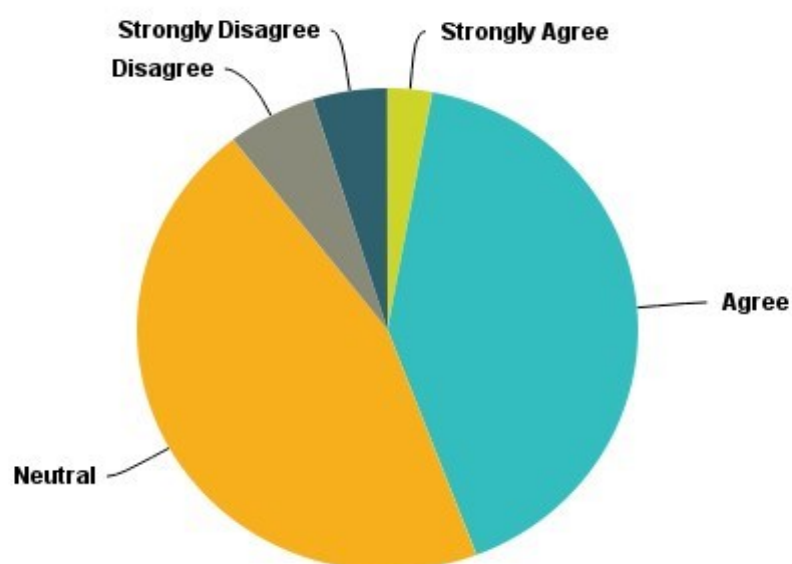
No	Name	SUBMISSION
15	Brendan O'Carroll	How can a pharmacist fail to reach the standard when they initially satisfied the standard at first registration. The PSI and IIOP do not rate the initial standard very highly if they it provides only temporary competence.
16	Claire Keane	There is currently a lack of clarity regarding "failed to achieve the required standard".
19	Anthony O'Sullivan	I do not think that the Executive Director should report at all to the Registrar. The IIOP should be entirely and solely concerned with encouraging and facilitating CPD for all pharmacists.
20	Maria Creed	But what happens next?????
30	Caitriona O'Riordan	see previous. where does a pharmacist appeal to/report the iiop to etc these rules need to protect pharmacists rights too
35	Paul Gallagher	RCSI assumes that there is significant legal opinion that Rules 16 as set out at present does not required an amendment to the Act.
39	Mary Ryan	Could reasonable time be defined?
42	Emily Keogh	Complaints procedure for pharmacists also?
56	David Burke	I believe the above should not be subject to a complaint under the pharmacy act.
66	Paul Gaynor	for the reasons in rule 15
71	Stephen Byrne	There should be no link between IIOP and PSI. IIOP should be an independent body. Rule 15 should be omitted from the act.
73	Sarah Magner	IIOP should be independent of PSI. Rule 16 should be omitted from the Act
99	Sewell's Pharmacy	We were led to believe that the IIOP was set up to HELP pharmacists to improve their knowledge and education, not to be forced to send complaints to the Registrar. The practice review, in an artificial setting will not be indicative of how a pharmacist would deal with a patient on his own premises.
114	Dr Tamasine Grimes	This rule seems to be the only means of enforcement of the SI. It brings into question the need for the level of detail outlined in rule 9.
116	Fiona Begley	Time frames must be set
117	Caroline Lambe	I think their needs to be a provision for extenuating circumstances as mentioned in my comments before on RULE 14

125	Paul Knox	As long as the pharmacist is given fair warning and is not seen to abuse the system. A pharmacist of certain experience should not be subject to forced learning, but if he/she as subscribed to a system then he/she should be obliged to adhere to it. There should, however, be frank and open dialogue between the Executive Director and the pharmacist; and any involvement of the PSI should only be threatened as a last resort.
126	Marie McConn	Maybe. Again devil is in the detail
133	Sandra Reynolds	WHAT HAPPENS WHEN WE DON'T MEET THE REQUIRED STANDARD? THIS IS NOT OUTLINED?

## Rule 17

### Q46 Do you agree that the amendments proposed in Rule 17 are clearly set out?

Answered: 104 Skipped: 26



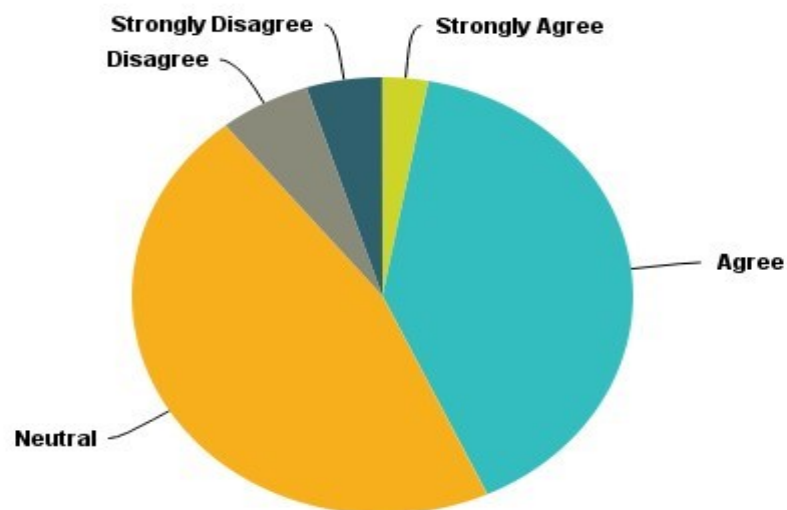
Answer Choices	Responses
Strongly Agree	2.88% 3
Agree	41.35% 43
Neutral	45.19% 47
Disagree	5.77% 6
Strongly Disagree	4.81% 5

**Rule 17 – Comments**

No	Name	SUBMISSION
2	Patricia O'Brien	Would be a lot clearer if the text which is being deleted was also given in this instrument.
10	Dr Gerald Byrne	In regard to the following, the intention is unclear: (b) in Rule 9, the substitution of the following for paragraph (2): "€(2) the review referred to in paragraph (1) shall be carried out in the manner set out in Rules 11 and 12".
14	Annalisa Deeney	No clear
72	Margaret McCahill	Original paragraphs referred to here should have been included for clarity.

**Rule 18****Q48 Do you agree that the amendments proposed in Rule 18 are clearly set out?**

Answered: 102 Skipped: 28

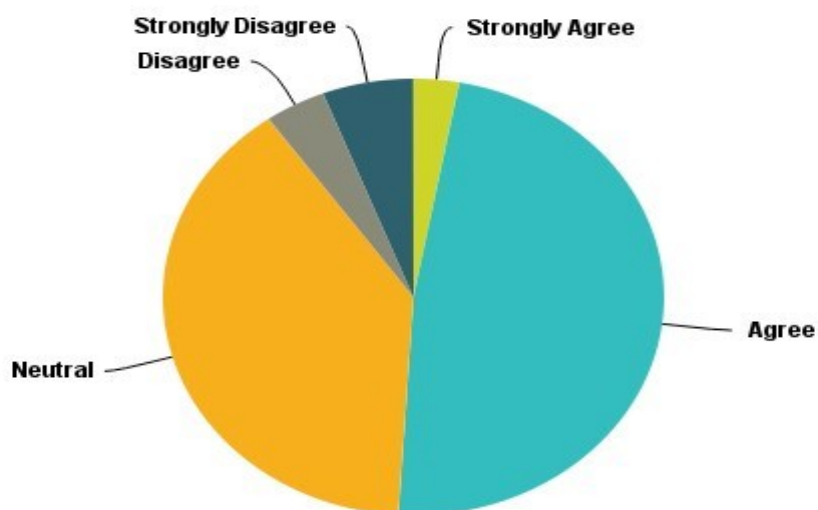


Answer Choices	Responses
Strongly Agree	2.94% 3
Agree	40.20% 41
Neutral	46.08% 47
Disagree	5.88% 6
Strongly Disagree	4.90% 5
Total	102



**Q49 Do you agree with the manner in which the continued registration reporting mechanism is set out in Rule 18 regarding the statement to be supplied on the portfolio review process and its conclusion?**

Answered: 102 Skipped: 28



Answer Choices	Responses
Strongly Agree	2.94% 3
Agree	48.04% 49
Neutral	39.22% 40
Disagree	3.92% 4
Strongly Disagree	5.88% 6
Total	102

**Rule 18 – Comments**

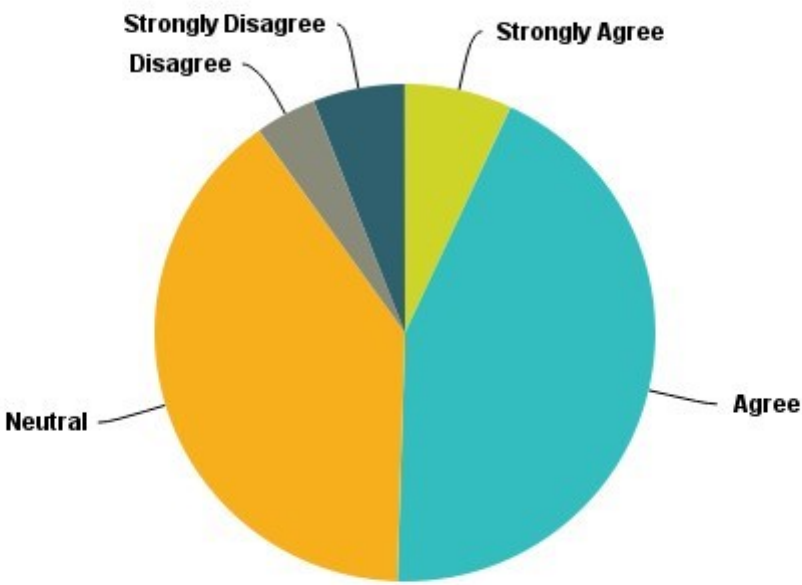
No	Name	SUBMISSION
2	Patricia O'Brien	See previous comment re clarity. Agree with review process; but, as previously commented, consider mandatory ePortfolio superfluous.
10	Dr Gerald Byrne	Please see previous comments on Rule 3 (Interpretation) and 'patient-facing role', a term which is defined under Rule 18.
14	Annalisa Deeney	I have re-read Rule 17 and 18 and it is very confusing - not clear.

19	Anthony O'Sullivan	I believe differentiating between patient facing roles and otherwise is superfluous and devisive and unfair.
20	Maria Creed	This almost suggests an opt out on the issue of patient-facing n the self declaration; however earlier 'patient facing' was a definition, not a choice.....
23	Joe Britton	Remember what I have said about patient facing roll. !!
35	Paul Gallagher	RCSI assumes that there is legal opinion to support the outlined amendments in the absence of an amendment to the Act.
39	Mary Ryan	I think this is ok but again we need clearer guidance on what we should submit
99	Sewell's Pharmacy	I disagree that an e portfolio is the only option available to pharmacists, and I don't agree with having to pay a fee.

Rule 19

Q51 Do you agree that the amendment proposed in Rule 19 to the statement to be made by the pharmacy owner is clearly set out?

Answered: 101 Skipped: 29



Answer Choices	Responses
Strongly Agree	6.93% 7
Agree	43.56% 44
Neutral	39.60% 40
Disagree	3.96% 4
Strongly Disagree	5.94% 6
Total	101

Rule 19 - Comments

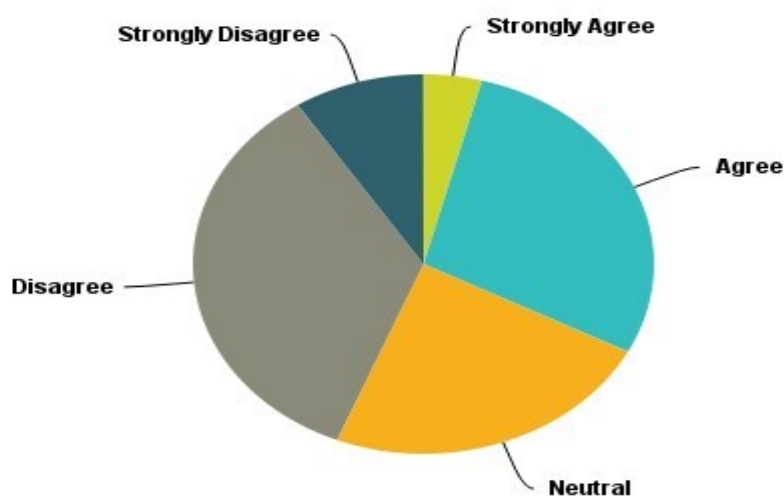
No	Name	SUBMISSION
8	Mary Kate Shanahan	definition of pharmacy owner??
20	Maria Creed	I do not follow this point at all
35	Paul Gallagher	RCSI assumes that there is legal opinion to permit this amendment in the absence on an amendment to the Act.

99	Sewell's Pharmacy	I would have preferred to have been asked the question -do i agree with this amendment? and the answer is NO. Again. your CPD involvement with the IIOp should have nothing to do with your registration with the PSI.
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## Final Comments and Observations

### Q53 Do you agree that the Rules are fit for purpose and provide for the effective functioning of a system of continuing professional development (CPD) for pharmacists?

Answered: 98 Skipped: 32



Answer Choices	Responses
Strongly Agree	4.08% 4
Agree	28.57% 28
Neutral	23.47% 23
Disagree	34.69% 34
Strongly Disagree	9.18% 9
Total	98

## Final Comments

No	Name	SUBMISSION
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2	Patricia O'Brien	See previous comments. [Despite my strong misgivings about the proposed rules, I congratulate the society on this very well constructed survey which facilitates effective feedback. The only suggestion I have about future surveys is that it would be nice to be able to save one's response for future reference.]
5	Kieran Lynch	Will there be any safeguards in place for practising pharmacists in terms of rights of appeal, rights of review, etc?

6	Orla Barry	Overall, it is a very impressive CPD system with well thought out processes. I would recommend greater clarity around the period of time for inclusion in a portfolio for an audit and also the possibilities of reporting options from an eportfolio should certain blinded information be made available.
7	Thomas Doody	Please see comment in previous answers re 1 - allowing pharmacists to conduct their CPD in a manner that suits them the best once they pass all the tests and practice reviews. 2 - issue of non-patient facing registered pharmacists being exempt from rules is incorrect as they can work as locum pharmacists - this must be addressed.
11	Dermot Reidy	The Rules are set out a Statutory Instrument and are more than simple 'rules' as they will now have the force of law and the power of the Pharmaceutical Society to enforce them.
12	Ciara Ni Dubhlaing	Process for failure to achieve desired standard of CPD assessment to be included
14	Annalisa Deeney	I understand it is early days and not all issues will be sorted out immediately but I feel the comments I have made do raise valid points that need to be addressed to ensure fairness and optimal delivery of patient-care. The Rules are a start to providing an effective and functioning system of CPD but given this opportunity for feedback I felt it was important to raise comments now so they can be taken on board and responded to before the final draft.
15	Brendan O'Carroll	No. Simply remove the threat of sanction by the registrar and engage in a non threatening way with any pharmacist who fails to get their e-portfolio up to standard. All pharmacists are willing to engage. They just don't like being threatened by their own regulatory body to whom they pay annually good money.
17	Michael Kennelly	I hope to complete a night course in Legal Studies and Computer Studies in order that I might attempt, in the future, to complete a questionnaire such as this.
19	Anthony O'Sullivan	I believe the IOP should be solely for the facilitation and encouragement of pharmacist CPD, and not be used to report pharmacists to the PSI. I believe that a more gradual approach to seeking eportfolio submissions (10% of the register annually) and if deemed absolutely necessary, in exceptional cases where no IOP engagement whatsoever is evident, then and only then, should anything even approaching a practice review occur. This should involve a one to one assessment with a recording made available to the Executive Director. This practice review as proposed in this draft will clearly be an extremely stressful scenario for many pharmacists, particularly but not exclusively those who may be qualified for many years, and are unused to such pressurised situations with a gallery of peer reviewers observing them, not matter how small. I believe it is unfair and unwarranted.
20	Maria Creed	I believe they need clarification before they could be signed into law
21	John Barry	The devil will undoubtedly be in the detail, but a concern would be what a "peer pharmacist" is defined as and how these "peers" are selected. It is very important that the system is fair and seen to be fair. Thought should be given to defining "peer pharmacists" with a view to making sure they are representative of the profession as a whole in relation to age, gender and geographical location. Experience has taught me that the pharmacists that have the time to submit to many activities are unrepresentative by the fact that they have such time to give unpaid. Should the peer pharmacist role be a paid role (or at least

		paid locum cover expenses) and should the roles be elected. Peer pharmacists chosen by their peers and not by self selection or bestowal by the PSI / IOP.
22	Marie Louisa Power	I feel that this is an important and necessary step in order to ensure that all pharmacists are completing an adequate level of CPD. The implementation of the legislation will place an onus on all of us pharmacists to be self-directed in our own learning which can only serve to improve the service we provide for patients.
23	Joe Britton	We all learn every day. Some more than others. All pharmacists. At present over 5000. Need to continuously learn This is providing a structured. Way to be accountable for our learning All. Regrestered. Pharmacists. Holding the honoured professional title. And proudly have M.P.S.I A university or third level qualified teacher can not be a teacher unless they teach !! As I have said several times. In this survey. The public of ireland deserve nothing less. Kind regards Joe
27	Paula Bowes	Generally agree but would like to see all pharmacists completing CPD on an ongoing basis. Also is there an exemption for pharmacists on maternity or sick leave?

28	Caroline Whiskey	I'm glad to see CPD being formalised in a such a way - we all carry it out but often don't record it, or don't get any credit for doing it. This system should raise standards of practice in our profession and enhance the standing of our profession. I would hope that some of the many excellent CPD opportunities available to the medical profession might be opened to pharmacists and gain recognition by the IOP
29	Edwina Ledwith	I have already started filling out the cpd cycles on the e portfolio and i find it great ! Its great to have it on computer and in a one stop place. I attend cpd evenings also when possible and I feel as a professional that this is sufficient to keep me up to date along with working a 45 hour week . i don't think we need the additional pressure of having to prove we are fit for practice i.e. rule 14 . I feel that this would have been achieved when we joined the register.
30	Caitriona O'Riordan	this system is overly convoluted, will disenfranchise many pharmacists, operates on fear, allows for no right of reply, appeal or otherwise. And no fee should be imposed on an already paid up psi member, in particular where we access our cpd elsewhere.
31	Paul Horan	Overall, a good framework and administration system appears to be outlined in the Rules. However, I have included additional comments where relevant.

35	Paul Gallagher	RCSI School of Pharmacy welcomes the Rules in general and commends the PSI on bringing this significant work to this stage. RCSI School of Pharmacy other comments/recommendation are summarised below: (i) Overly prescriptive approach to criteria and standards for CPD programmes; (ii) Overly prescriptive approach to recognition for CPD programmes; (iii) Recommendation for the the adoption of a more flexible approach to both (i) and (ii) which will permit a suite of standards for CPD programmes that is appropriate to their purpose; (iv) Overly prescriptive approach to sampling with respect of both the e-portfolio review and clinical assessment; (v) Recommendation for the sampling methodology is set out in a policy document of the PSI rather than a SI which will permit sampling methodologies to evolve over time and permit the Council greater flexibility; (vi) Caution that the de facto creation of a two tier register (practice facing and non-practice facing )can be effected in proposed SI without a provision for the same in Part IV of the Act and in fact a very clear determination by the then Minister for Health and Children not to create a two tier register; (vii) Caution that proposed amendments to other SIs is legally sound in the absence of an amendment to the Act.
39	Mary Ryan	No, they need to be much more specific. I do like they are self directed but think this makes it difficult to assess people's activity
42	Emily Keogh	Some rules particularly 14 needs more clarification regarding guidelines...
49	Louise Lane	I am writing with feedback re draft consultation on CPD. Having read the draft I feel that there is no reason that the PSI need to see the CPD if it has been deemed acceptable by the IOP. If it is put into legislation as is I feel that it undermines the whole point of setting up the IOP as a peer review for pharmacists and that it will in effect become a pointless subsidiary of the PSI and a complete waste of time and funds. I think it would be better if the IOP set up an independent committee of pharmacists to review the CPD and this committee would be responsible for deciding if the CPD was acceptable or not. This should be acceptable for the PSI rather than wanting to look at the CPD. This is an issue I feel strongly about as it i think basically undermines pharmacists and treats us like secondary school students and will put myself and my colleagues off of CPD completely. I am aware of the importance of CPD and this is why I am submitting this feedback
50	Sheena Cheyne	My overriding concern is the lack of specifics e.g. quantity of input necessary. As a pharmacist I find this hard to respect.
55	Gaynor Rhead	Part 3-Very long process in order to get course approved and this may deter people from undertaking this process. Part 4- once in 5 years is too long as so much can change in small timeframes that this would be better reduced to 3 years. Document quite lengthy and wordy in general.
56	David Burke	The rules are very well set out, however, I don't believe that a pharmacist who fails to achieve standards after 3 attempts at the clinical review should be subject to a complaint under the pharmacy act. I feel the pharmacists should be supported by their peers to reach
		the standard without fear for losing his/her license to practice. Thank you for the opportunity to participate in this survey.

61	Margaret Doherty	The Rules appear to dilute the principle of the Institute functioning at arms length from the PSI. If the Institute is to have the full confidence and support of the profession that it requires to function effectively the distinction needs to be made clear. The rules are overprescriptive and seek to micro-manage pharmacists' CPD in the same way as the PSI seeks to micro-manage other aspects of our professional lives. At the same time they are published without the guidelines that will have the significant details of how portfolio review and practice review will operate. The profession is full of enthusiastic, committed practitioners who have shown their capacity to adapt and develop. The CPD model must draw on that resource, not focus on trying to control it. I am a member of the Steering Group of the IOP but wish to make it clear that all comments in this submission are made in a purely personal capacity.
63	Gerard Falvey	I think the lead in time should be extended by a year in the case of both the online portfolio and also peer review .I think that CPD is very important for every Pharmacist, but I think that this model is over burdensome on pharmacists. I also think that this will lead to a lot of pharmacists of a certain vintage leaving the profession.
64	Loreto Barry	Practice review and review of CPD cycles should be applied to all pharmacists whose role has the potential to impact on patient safety and should not therefore be limited to those in patient-facing roles. Pharmacists who are legislators and administrators within the healthcare system have an equal responsibility to the public and the public must be confident that the decisions they make are well informed and cognisant of latest therapies and technologies.
66	Paul Gaynor	I welcome the IOP. I think CPD should be an important part of anyone's role in healthcare. However, reading the rules, what is expected of pharmacists seems to be very daunting and intimidating.
69	Helen Johnston	I also query that in attendance at introductory sessions held by the IOP about CPD: : the facilitator confirmed that the IOP would not report back about individual pharmacists to the PSI but would seek, using peer- support, to help any pharmacist not reaching the minimum standard as assessed from his/ her e- portfolio to do so. This does not seem to be the case in 15(6). : The facilitators have confirmed at introductory sessions that no minimum standard will be set. In my opinion, pharmacists should be made aware of the standard they will need to reach in submission of their e-portfolio. Where a percentage who are less literate or have less time to execute their submission are deemed not to have reached a standard this process becomes an open competition.
71	Stephen Byrne	Some modification are required, as stated previously
72	Margaret McCahill	More clarity is needed. Amendments are difficult to follow.
73	Sarah Magner	Rule 14 and 15 are not required
74	Deirdr Lenehan	I am concerned that the CPD rules are not specific enough. I do think there should be goals to achieve in terms of you eportfolio - targets you can clearly try to reach as an incentive. I think it is appropriate that there are clear links between the PSI and IOP in terms of pharmacists not enagaging with this system, keeping up to date with your CPD. The part I am particularly concerned about is the practice review, as a hospital pharmacist there are very important aspects of our practice which should be assessed. These are very different from community pharmacists and I hope this will be appropriately researched in advance of the practice reviews. While I do think we as pharmacists should all have a central set of skills to safely provide pharmaceutical care, beyond this basic set of skills there are further skills that should be assessed in the two areas of practice.



80	IPHA	<p>In Ireland many pharmacists work for leading pharmaceutical companies. Their continuing professional development is fundamental to their career and is supported by senior management in these companies. Typically each employee has their own personal development plan which incorporates a joint reflection on their performance with their manager and together they establish the pharmacist's training needs. The pharmacist's training needs are met through participation in high quality internal and external courses that are held in Ireland or worldwide.</p>
		<p>IPHA welcomes the fact that such training courses will be deemed valid training courses for the purposes of pharmacist's CPD and that pharmacists working in Industry will be able to use these courses to satisfy their training requirements based on their self-reflective learning.</p> <p>Pharmacists have a unique blend of abilities that are valued by industry (relevant degree, appropriate training, high intellectual and academic ability, innate sense of duty, trustworthiness and obligation). The international research-based pharmaceutical industry is an exciting yet stable employer that can provide interesting and varied work, excellent terms and conditions, state of the art training and importantly, extensive opportunities for career advancement.</p> <p>IPHA therefore welcomes the confirmation that the training provided by and within pharmaceutical companies will continue to be deemed valid training courses for the purposes of pharmacist's CPD and that pharmacists working in Industry will be able to use these courses to satisfy their training requirements based on their self-reflective learning.</p>
81	Carol O'Sullivan	<p>As a general comment, last year at the two IOP information evenings I did in Limerick, the feedback was very strong that with regard to reporting on CPD and practice review, that there should be some timescale allowance for people undergoing a major life event;- e.g. treatment for cancer, childbirth, death of a spouse. Will that flexibility exist within the legislation or will the Executive Director be able to exercise some discretion on this? We are humans not robots after all!</p>

85	Matthew Lynch	<p>Response to Public Consultation Call in accordance with Section 11(6) of the Pharmacy Act 2007 as amended</p> <p>The principal justification for having a robust system of regulation for healthcare professions is to ensure that those practitioners who are providing healthcare services to the public do so in a safe and effective manner. Before the introduction of the Pharmacy Act 2007 as amended (hereinafter “The Act”), the regulatory provisions in place to protect the public interest were compromised by the absence of any regulatory provision by which pharmacists could be held to account for deficiencies in their practice which resulted in the care and well-being of their patients being compromised. The provisions of Part 6 of the Act have effectively addressed this deficiency.</p> <p>However, the Act also sought to proactively enhance the quality of care provided to the public by including as one of the functions of the Pharmaceutical Society of Ireland (PSI) under Section 7(1)(e), that it</p> <p>“ensures that pharmacists undertake appropriate continuing professional development, including the acquisition of specialisation”.</p> <p>Arising from this provision, the Society has adopted a model of continuing professional development (CPD) based on self-directed learning and reflective practice. It has established the Irish Institute of Pharmacy (IloP) charged inter alia with the development and oversight of CPD for pharmacists. As part of the process of implementation of CPD for pharmacists, the Council of the PSI has published these draft Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015 (hereinafter “the rules”) for introduction by the Minister for Health into law in accordance with the powers conferred on him under Section 11 of the Pharmacy Act 2007 as amended. Pursuant to Section 11(6), the PSI has invited the public to comment on the draft rules and I am pleased to have the opportunity to comment as follows.</p> <p>The inclusion of Section 7(1)(e) in the Act providing for CPD was welcome and worthy in that recognised the importance of pharmacists maintaining their professional knowledge and expertise</p>
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	<p>on an ongoing basis so as to optimise the standard of care they provide to their patients. Furthermore, the commitment of the PSI in pursuing the introduction of a model of CPD is similarly commendable. The PSI is now seeking by means of these rules to extend the legislative provision for CPD as set out in Section 7(1)(e) of the Act. It is this aspect of the process that I wish to focus my assessment of these draft rules.</p> <p>The Constitution of Ireland in Article 15.2.1° vests the sole and exclusive power of making laws for the State in the Oireachtas. The Oireachtas gives effect to this by passing bills which when signed into law by the President are enacted and form the State’s primary legislation. However, in limited circumstances, the legislative power can be delegated by the Oireachtas to Ministers to make laws by means of introducing regulations or rules pursuant to powers provided for in an Act. Such regulations or rules are known as secondary legislation. The courts have affirmed the constitutional validity of the practice but within strict limits. If the introduction of secondary legislation by a Minister by means of regulations or rules is considered to constitute the mere giving effect to principles and policies which are contained in an Act, or as it has been described putting flesh on the bones of an Act, then it is considered that the Minister is acting intra vires or within his delegated powers to make laws. However, if it is considered that the Minister in introducing secondary legislation, which by its provisions is moving beyond the mere giving effect of principles and policies which are contained in an Act, then he may be found to be acting ultra vires or beyond his delegated powers to make laws.</p> <p>If we examine the draft Rules are presented, the PSI Council would appear to be seeking to regulate the following:</p> <ul style="list-style-type: none"> <li>i. The establishment in law of the Institute of Pharmacy and to provide for its Executive Director;</li> <li>ii. The recognition and approval of CPD programmes and courses for pharmacists;</li> <li>iii. The CPD obligations for registered pharmacists in Ireland in terms of having to undertake CPD, the form of that CPD and the need to self-assess their learning needs;</li> <li>iv. The requirements for pharmacist engagement with the Institute of Pharmacy and in particular, the need under Rule 13 to submit a report of their CPD activities;</li> <li>v. Under Rule 14, the requirement where selected to present and undergo a practice review by the Institute of Pharmacy for those in a patient facing role;</li> <li>vi. the referral to the PSI with the potential for disciplinary action under Part 6 of the Act for failures to comply with cited requirements under Rules 13 and 14 of the Act (draft Rules 15 &amp; 16).</li> </ul> <p>These provisions as proposed are unquestionably extensive and have significant and potentially far-reaching implications for all registered pharmacists. Section 11 of the Act confers the right on the Council of the PSI to make rules with the consent of the Minister (for Health). Within these draft rules, there is a reference to two sections within the Act, namely Sections 7(1)(e) and 7(2)(iv) upon which they appear to rely upon as providing the principles and policy for their introduction. Section 7 (1)(e) as previously noted states that one of the functions of the PSI is to ensure that pharmacists undertake appropriate CPD, including the acquisition of specialisation. Section 7(2)(iv) provides that it is the duty of the PSI to:</p> <p>“determine, approve and keep under review programmes of education and training suitable to enable persons applying for registration to meet those criteria and pharmacists to comply with these codes”.</p>
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		<p>The code[s] in question here is the Code of Conduct for Pharmacists introduced by the Council with the consent of the Minister in accordance with Sections 7(2)(a)(iii) and 12 of the Act. The issue at play therefore is whether these proposed rules represent a mere giving effect to the principles or policies as enunciated in the Pharmacy Act in respect of CPD or do they constitute something beyond it and as such breach the constitutional requirements for delegated law making. In order to consider this, it is necessary to examine further what can be considered to have been reasonably intended by the Oireachtas when introducing Sections 7(1)(e) and 7(2)(iv).</p>
85	Matthew Lynch	<p>In conclusion, the introduction of a model of CPD is to be welcomed both in terms of public health and welfare and maintaining and promoting the highest standards of pharmaceutical care and practice by pharmacists. The draft Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015 are proposed to be introduced to place the model of CPD and its implementation on a statutory footing by means of secondary legislation. As presented, the draft rules appear to seek to regulate beyond ensuring that pharmacists undertake appropriate CPD as provided for in the Act, and by default are de facto introducing professional re-validation and the division of the Register of Pharmacists with all the ensuing consequences of same, in the absence of the required principles and policies supporting such provision being present in the Act. The issue is not whether one agrees or disagrees with the apparent enhanced regulatory scope of the draft rules: rather the issue in hand is properly characterised as to whether the Minister in seeking to introduce these draft rules is acting within the confines of delegated legislative power set out in the Act or whether he is exceeding it and acting ultra vires. I respectfully suggest that it is the latter and I would strongly urge that the introduction of these draft rules as proposed is deferred at this time so that a detailed review of the wider issues raised of the de facto introduction of professional re-validation and partitioning of the Register together with the wider implications of same can be considered and discussed in detail. Whatever the outcome of such a process, matters of such public interest and significance warrant due consideration and in my view appropriate provision if required by means of an amendment to the Act promulgated by the Oireachtas.</p>
86	Aidan Cunningham	<p>Nowhere in the regulations is any provision made for failure of a Pharmacist to fulfill their CPD requirements through incapacitation ie through illness accident etc. This is important since failure to complete the CPD would lead to a loss of livelihood.</p>
87	Emmeline Landers	<p>In response to your draft consultation I would like to endorse the sentiments of the IPU's submission to the PSI. I am in complete agreement that their should be evidence based evaluation that CPD is being done by each individual pharmacist.</p>
88	Mary Boisseux	<p>In response to your draft consultation I would like to endorse the sentiments of the IPU's submission to the PSI. I am in complete agreement that their should be evidence based evaluation that CPD is being done by each individual pharmacist.</p>
90	Boots Ireland	<p>One process point to note is that the online survey designed to capture feedback, has some additional explanatory information not captured on original draft SI such as "NOTE: The current position is that the accreditation requirement only applies to those programmes and courses that are Exchequer funded and commissioned by the institute or that are required approved by the council by statue. The draft rules provide for a recognition and approval process for a wider range of programmes and courses at a future point, which would be subject to a council decision in this regard." Whilst we welcome the note it does leave some concern that this information is not captured within the draft proposals and that submissions that are made on the SI outside of the online survey will not have benefited from the extra information provided within.</p>

90	Boots Ireland	We welcome being able to consult with the PSI on this draft legislation, and would be happy to meet or be consulted further on this proposed legislation. We are committed as a company to provide exceptional customer and patient care. Whilst we feel that the CPD system as outlined in SI would serve to maintain and improve patient care we do accept that a practice review would improve patient care or advance the role of the pharmacist.
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		We would like this area to be omitted from the draft legislation, and further engagement with profession. We would request the evidence base of this method of assessment and the improvement it has made to patient care to be presented to the profession, so that we can have an informed discussion on its merit.
91	Glenn Petitdemange	As part of the public consultation process I attempted to reply to the online questionnaire on the PSI website. The questionnaire is extremely legalistic and shows the endeavours of those who have invested heavily in the CPD process design. To the cynical person, this questionnaire is set up to discourage anyone from using it. I would not generally consider myself as either a stupid person nor one with poor concentration, but after the first couple of pages of the questionnaire my brain was reeling and I was not quite sure what I was being asked. This is a bit like the feeling when I attempted the CCSAT self-assessment. If you have continued reading this far I thank you kindly. Unfortunately, I am pessimistic as to whether any issues raised in submissions to this consultation process will be acted upon. The PSI has a mission to enforce CPD on pharmacists with a 'my way or the highway' attitude. This will certainly be very motivational for pharmacists. I look forward to years of CCSAT self-assessment and continued direction by persons who do not even practice as pharmacists. Congratulations to all involved in putting together this bright and exciting future for pharmacy. Each time I save a cycle in my e-portfolio I will think of you all.
98	Helen Mackessey	There seems to be no emphasis on or even mention of quality. I personally have found a huge dumbing down of course content in the past few years since the changeover to academic lead lectures. It all seemed to be very vague as to process, deadlines, right of appeal etc.
101	Rachel O'Donnell	Overall, I am bitterly disappointed with the draft rules. I feel they are in many ways deficient in clarity, fairness and foresight. I recognise the importance of CPD and I embrace the idea wholeheartedly, but I feel that the current proposals are lacking in certain respects, as outlined above. I also refuse to accept that we should be expected to allow further fees to be applied to members.
104	HPAI	Should employer responsibility be included in the S.I. to allow/ensure adequate CPD be undertaken?  Is there a need for the legislation to be so prescriptive? IloP guidelines may be a better place for some of the detailed information included here.
107	Susan O'Donnell	I feel they may be when areas of fees, course accreditation and OSCE participant selection are addressed.
108	Joanne Frawley	The threat of OSCE exams I do not see as beneficial to CPD. The fact that courses have to be approved for CPD makes it very dubious. Peer review of some of CPD am not content with. The financial burden ie contributing towards the institute. The PSI fees are substantial and these should be distributed to the institute and no additional fees applied to pharmacists. What additional support is to be provided to pharmacists particularly those in a community independent pharmacy setting??

109	Christina Carolan	I BELIEVE THAT THE PSI AND THE IOP SHOULD OPERATE AS 2 SEPARATE BODIES. I AM UNHAPPY THAT THE IOP SHOULD BE REPORTING TO THE PSI AS OUTLINED IN THIS DRAFT. INSTEAD OF THE PSI DECIDING WHAT A MINIMUM STANDARD OF SUCCESSFUL COMPLETION OF CPD IS, I THINK A PEER REVIEW BY A PANEL OF APPROVED PHARMACISTS SHOULD DO THIS. AT THE END OF EACH YEAR WHEN A PHARMACIST HAS SUBMITTED THEIR COMPLETED CPD , THE IOP SHOULD THEN ISSUE A CERTIFICATE OF COMPLETION WHICH IS THEN ATTACHED TO OUR REGISTRATION APPLICATION.
111	Pauric Kilcullen	I think the publication of this document is very poor. it would be laid out in a much more user friendly manner. the information is difficult to decipher. I am not very clear on what is required in the written response to the e-portfolio I am not clear on what exactly is in the practice based review. I am in favour of a system that will assess the knowledge and skills of registered pharmacists. I am a little disappointed that this will be at my own expense. when I registered, it seemed that the priority was my registration fee and not much more. I think if there was something like this assessment done at this stage it would improve the standard of pharmacists in Ireland, particularly locum pharmacists.

113	Fiona Rowland	More refining of the Rules could allow for greater scope of engagement and developing of the profession now & into the future. Granting the IOP proper autonomy with responsibility will enhance it's authority and reputation reflecting the PSI's confidence in its' competence. It is to better and advance our profession & its' standing that I submit my thoughts and opinions.
114	Dr Tamasine Grimes	Thanks for the opportunity to comment. The Rules are adequate to ensure the establishment and operation of the system. Given the assessment and review process detailed, the granularity outlined regarding how a pharmacist should undertake that CPD, particularly rule 9, seems excessive. May I suggest that it be considered whether this could in fact discourage and inhibit honest and optimal CPD.
119	Karene Moynan	I'm not sure I think the cost of CPD are going to soar asps the rules seem quite onerous.
120	Yvonne Martyn	as in some of the rules are fit for purpose and some in my opinion need clarification
122	Martin Lanigan	I think a lot of work still needs to be performed on this legislation before it is ready as per comments throughout One note on the role of executive director - there hasn't been a limit to the amount of time a person may spend as executive director
124	Noel Stenson	Subject to commentary and clarifications sought.
125	Paul Knox	There does need to be an official and cohesive CPD programme for pharmacists, with constant review. A pharmacist should not have to pay to submit ideas to it. There should be open dialogue between the Executive Officer and the pharmacist, and the former should be accessible. Any punitive measures for non-compliance should be fair and as a last resort. Lastly, CPD should be pharmacy led, enjoyable and relevant.
126	Marie McConn	Overall I support the development of the IOP. I think we will get used to the system for compiling portfolios, for submission etc, but I see a few problems. 1. Overlapping and lack of clarity vis a vis the roles of the IOP, the PSI, the Council, the Registrar, the Exec Director. A simplified Management structure with clearly devolved responsibilities would be better. 2. The whole financing area needs to be urgently addressed. 3. At many points in the Rules I have pointed out the lack of an appeal process. This needs urgent address 4. Where someone is deemed to have failed to meet the criteria, there should be some middle steps before proceeding to the FTP rules. Obviously I don't condone substandard practice or failure to engage, but some formal dialogue process would be of benefit. 5. I acknowledge the work undertaken by the PSI and the IOP to explain our CPD model. Hopefully it has been sufficient. But I would like to see some system for tweaking the process if necessary in the initial stages

127	Claire Murphy	Due to a lack of clarity in regard to the application of a fee for pharmacists, how CPD will be reviewed and how practice reviews will be completed, the current rules are not fit for purpose and provide for the effective functioning of a system of continuing professional development (CPD) for pharmacists.
136	Dr Michael Shannon	<p>Thank you for the opportunity to partake in the consultation of the Pharmaceutical Society of Ireland (CPD) Rules 2015.</p> <p>The rules have been reviewed and the content of the document is very comprehensive, informative and aligned to best practice as evidenced and with reference to the associated document 'Review of International CPD Models, PSI June 2010. All aspects relating to CPD including governance requirements for monitoring and review and remedial actions are captured in the rules and clearly identifies the roles and responsibilities of those involved in the process.</p> <p>The development of the Rules is very important and crucial to ensure, promote and protect the health, safety and well being of patients and the public.</p>
138	Patrick Burke	The HSE welcomes the publication of draft Rules for Continuing Professional Development providing additional public assurance around the skills and competencies of the Pharmacy Profession. Such Quality Assurance is an essential component in any future development of pharmacy delivered services.
139	Kate Mulvenna	The Irish Institute of Pharmacy welcomes the publication of draft Rules for Continuing Professional Development providing additional public assurance around the skills and competencies of the Pharmacy Profession. Such Quality Assurance demonstrates to the public at large the commitment of the profession as a whole in all its settings to patient safety.