



Overview of Responses –  
Public Consultation on the Draft  
Pharmaceutical Society of Ireland  
(Continuing Professional Development)  
Rules 2015

## 1. Public Consultation mechanisms

The public consultation on the draft CPD SI took place from 10 April 2015 to 18 May 2015. Submissions in response to the public consultation were accepted via an online survey tool or via email or post to the PSI.

The public consultation was carried out using a number of mechanisms as follows:

- A notice was published in the 10 April 2015 edition of the Irish Times inviting submissions
- A notice was published on the PSI website on the home page and linked to the 'Consultations' page
- An email was issued to the three Registers: Pharmacists; Pharmaceutical Assistants; and Retail Pharmacy Businesses, on 10 April 2015
- A targeted email communication was issued to almost 90 key stakeholder organisations and to c. 129 key post-holders within those organisations on 10 April 2015. The list of those organisations that were targeted is detailed at Appendix 1.

## 2. Response rate

There was a total of 169 responses to the public consultation, of which 128 individuals responded using the online survey tool and 41 responded via email/letter.

The breakdown in relation to responses 'in a personal capacity' and 'on behalf of an organisation' is as follows:

Capacity	Via Survey	Via email/letter
In personal capacity	120	28
As an authorised representative of an organisation/body	8	13

Those respondents who completed the public consultation using the online survey tool were invited to respond using a mix of methods: (i) using a 5-point Likert scale ranging from 'Strongly Agree' to 'Strongly Disagree' in relation to questions posed linked to each Rule contained in the draft SI; and/or (ii) providing free-text comments in relation to each Rule.

The following sections 3. and 4. provide an overview of both means of response.

## 3. Statistical overview

The statistical breakdown per question posed in the online survey is set out at Appendix 2.

Of note from the responses is that other than questions 15, 29 and 53, over 60% of respondents rated their responses in the 'Strongly Agree', 'Agree' and 'Neutral' rankings.

The final question – 53 – was: "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?". The response to this final question was that 56.12% of respondents were in the 'Strongly Agree', 'Agree' and 'Neutral'

ranking. In contrast, the average responses to all preceding questions (3-52) placed 77.54% of respondents in the 'Strongly Agree', 'Agree' and 'Neutral' rankings. This breakdown is set out below in Figure 1.

Likert Scale	Average percentage responses to Qs 3-52	Percentage responses to Q53
Strongly Agree	7.71	4.08
Agree	47.65	28.57
Neutral	22.18	23.47
Disagree	13.35	34.69
Strongly Disagree	9.11	9.18

Figure 1: Breakdown of average percentage responses to Qs. 3-52 vs. responses to Q. 53

#### 4. Overview of comments

Qualitative feedback was received from 140 of the 169 respondents to the survey. The comments received are also set out at Appendix 2.

Following a detailed analysis of the comments received, the following items appear to be the key areas emerging from the commentary. A proposed PSI response to the areas raised is also set out below each bullet point. These issues were considered by both the Registration & Qualification Recognition (RQR) Committee and the Professional Development & Learning (PD&L) Committee at their meetings held on 9 and 10 June 2015 respectively.

- Commencement dates for the portfolio reviews and practice reviews:*

While the Likert-scale responses to the commencement dates indicate a 68.66% response (neutral to strongly agree) to the proposed commencement dates, the qualitative comments indicate some level of disagreement with the dates of 2016 and 2017. With the level of engagement already in train by the IOP regarding the ePortfolio roll-out, the issuing of a request by the IOP by 30 September 2016 at the latest for the portfolio submission by pharmacists, the timescales for which will be set by the Executive Director, remains a realistic proposition as there must be a minimum of three months' notice provided to pharmacists. The piloting of the practice reviews, due to commence in 2017, is planned for 2016.
- Autonomy of the Institute and absence of delegate decision-making:*

The Pharmacy Act 2007 requires the PSI to ensure that all pharmacists are undertaking appropriate CPD and to also determine, approve and keep under review programme or education and training suitable to enable pharmacists to comply with the Code of Conduct. While the PSI may outsource the management and administration of these matters, it cannot delegate these functions ascribed to it in the Pharmacy Act to another body.

The PSI has outsourced the Institute services to the RCSI to manage and administer the CPD system and pharmacist engagement with the CPD on its behalf. Accountability and decision-making regarding CPD must be retained by the PSI.
- Criteria for approval of programmes and courses:*

The PSI agrees with the levels of flexibility that are suggested by a number of the respondents and considers that this flexibility has been accommodated in the drafting of the public consultation version of the SI at Rule 5(2) which provides for the criteria to make provision 'for any or all of the following' and at Rule 6 (1) which requires the Council to set policy regarding the 'identification, selection and

*delivery of CPD programmes and courses for pharmacists'* which would allow specific criteria to be required for specific programmes and courses.

- *Learning activities:*

There appears to be a level of confusion regarding the types of learning that are to be considered as part of a pharmacist's learning profile. Rule 9(4) provides that any type of learning can be accommodated in the PSI's CPD system with a view to its '*enhancing his or her professional practice*'. Clarification can be provided to pharmacists by the PSI in its response to individual comments and also by the IIOB through its ePortfolio roll-out activities.

- *Fees:*

Provision for fees for programme and course providers and for pharmacists for the Institute was not a popular proposal. The Likert-scale responses to the fee proposed under Rule 12 was just under 25% (neutral to strongly agree). The PSI Council will be required to ensure that there is adequate provision to support the roll-out of the CPD system.

- *Approval by the Registrar of programmes and courses on receipt of the Executive Director's evaluation report:*

This approval is on the basis of a significant process that the Institute will have undertaken and an evaluation report containing the Executive Director's recommendations hence the proposal to have the Registrar take the final decision at PSI level, which would also expedite the decision-making, rather than requiring it to be approved by the Council.

- *Timeframes:*

Rules 6-7:

The timeframes for programme/course approval are currently 150 days in total. The PSI explored with the IIOB if this can be reduced to 120 days and this has been agreed and has been amended in the latest draft of the CPD SI.

Programme providers now have 10 days in which to submit an appeal. A revised Rule 7 has also been drafted to give effect to the appeal system.

Rule 13:

Regarding the timescales to be defined by the Executive Director and the Institute in Rules 13(1) and (6), it is proposed to retain this level of flexibility within the SI and this was agreed by the RQR and the PD&L Committees.

While the SI makes reference to a request to be issued to pharmacists by 30 September each year, this is the latest date by which the report on CPD activities can be requested by the Executive Director, it is not intended to be the date on which the request will be issued. Neither the PSI nor the IIOB intend to request pharmacists to submit their CPD reports during the period October-December.

- *Sampling for portfolio review and practice review:*

It is proposed to retain the exemptions for pharmacists qualified up to three years in order to facilitate their development of an ePortfolio and as their knowledge and competency will have been the subject of recent examination and assessment – both academic and experiential.

In relation to the approximation of one-fifth of the Register for annual review, and following discussion on this at the PD&L Committee, it is proposed delete the sampling methodology in the SI of approximately 20% of the Register but to retain the target that each pharmacist will be subject to a request to submit a portfolio extract once in every five years.

With respect to the sampling methodology for the practice review, and again following discussion at the PD&L Committee, it is proposed that while this may depart from the Ontario system (i.e. sampling from those who submit a portfolio, rather than the entire Register), this number will be dependent on the numbers of pharmacists invited to submit their portfolios to the IOP. The rationale for sampling from the portfolio submission cohort is that a pharmacist's portfolio review outcome will also inform the practice review outcome thereby rendering the process a more holistic exercise.

At Rule 14(6), the referral of pharmacists to the practice review by Council or the Registrar has been deleted in order to retain the developmental focus of the practice review and the evidence of the competence level of the profession as a whole.

- *Definition of 'patient-facing pharmacists':*

The PSI's intention is that 'patient-facing' as used in the SI encompasses all pharmacists whose practice includes the delivery of care to individual patients or services directly to members of the public. In light of the definition of superintendent pharmacists and supervising pharmacists in the Pharmacy Act 2007, the intention is that these roles must be covered in the interpretation of 'patient-facing'.

The view of the RQR Committee was that this definition needed to be widened in order to also encompass those pharmacists in the pharmaceutical industry who provide direct advice to patients and pharmacists practising in the public health system with patient responsibilities but not in registered retail pharmacy businesses. Rule 14(7) has been amended to give effect to the RQR Committee's requirements and extends the delivery of care and services to include 'the oversight of the delivery of care' and also includes the addition of the words, '(...) or any other relevant location, (...)'.  
(...)

Locum pharmacists are captured in this definition.

The patient-facing reporting requirement proposed to amend the Pharmaceutical Society of Ireland (Registration) Rules 2008 is not a splitting of the Register of Pharmacists as has been suggested but is rather an additional detail on the Register which has effect on certain obligations.

- *Consequences for 'failing' the practice review:*

As any contravention of a rule made by the Council may be a ground for complaint under s. 35(1)(f) of the Pharmacy Act, and as the scope of that provision cannot be limited by a provision as set out in Rule 16, following the legal review of the current draft, this Rule has been deleted.

## Targeted stakeholders for CPD SI Public Consultation

### **Professional Bodies**

Royal College of Physicians of Ireland  
Irish College of General Practitioners  
Association of Clinical Biochemists in Ireland  
College of Anaesthetists of Ireland  
College of Psychiatry of Ireland  
Faculty of Radiologists  
Faculty of Paediatrics  
Faculty of Pathology  
Faculty of Public Health Medicine  
Faculty of Sports and Exercise Medicine  
Institute of Obstetricians and Gynaecologists  
Irish Committee on Higher Medical Training  
Irish College of Ophthalmologists  
Faculty of Occupational Medicine  
Psychological Society of Ireland  
Association of Occupational Therapists of Ireland  
Irish Association of Speech & Language Therapists  
Irish Society of Chartered Physiotherapists  
Irish Nutrition & Dietetic Institute  
Irish Institute of Radiography and Radiation Therapy  
Social Care Ireland  
Irish Association of Social Workers  
Academy of Clinical Science and Laboratory Medicine  
Irish Association of Orthoptists  
The Society of Chiropodists and Podiatrists of Ireland  
All Ireland Institute of Hospice and Palliative Care  
Irish Institute of Pharmacy

### **Higher Education Institutions and Agencies**

University College Cork  
Trinity College, Dublin  
Royal College of Surgeons in Ireland  
Higher Education Authority  
Quality and Qualifications Ireland

### **Government and State Agencies**

Department of Health  
Health Service Executive  
State Claims Agency  
Competition and Consumer Protection Commission

### **Representative and Voluntary Bodies**

Hospital Pharmacists Association of Ireland  
Irish Pharmacy Union  
Irish Pharmaceutical Healthcare Association  
PIER  
Nursing Homes of Ireland  
Independent Hospitals Association of Ireland

### **Industry Bodies**

Irish Medical Devices Association  
IBEC  
Pharmaceutical Ireland

### **Health, Social Care and Regulatory Bodies**

Pharmaceutical Society of Northern Ireland  
Medical Council  
Health Products Regulatory Authority  
Mental Health Commission  
Health Information Quality Authority  
Dental Council  
Food Safety Authority of Ireland  
Health and Safety Authority  
Health & Social Care Professionals Council (CORU)  
Bord na Radharcmhastóirí  
Pre-Hospital Emergency Care Council  
Radiological Protection Institute of Ireland  
Nursing and Midwifery Board of Ireland  
The Veterinary Council of Ireland  
Safefood  
Health Insurance Authority  
Health Research Board  
Irish Blood Transfusion Service  
National Cancer Registry Board  
National Treatment Purchase Fund  
Environmental Protection Agency

### **Patient Advocacy Organisations**

Arthritis Ireland  
Patient Focus  
Irish Patients Association

Age Action Ireland  
Alzheimer Society of Ireland  
Asthma Society of Ireland  
Aware  
Consumers' Association of Ireland  
Cystic Fibrosis Association of Ireland  
Diabetes Federation of Ireland  
Disability Federation of Ireland  
Irish Cancer Society  
Irish Chronic Pain Association  
Irish Heart Foundation  
Migraine Association  
Multiple Sclerosis Association of Ireland  
Parkinsons Association of Ireland  
Bodywhys-The Eating Disorder Association of Ireland  
Epilepsy Ireland  
Irish Platform for Patients' Organisations, Science and Industry (IPPOSI)