The Pharmaceutical Society of Ireland

Report to support the Development of a Continuing Professional Development (CPD) Model for Pharmaceutical Assistants

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mazars

PSI
The Pharmacy Regulator
An Rialtóir Cógaisíochta

Table of Contents

Executive Summary

Mazars was commissioned by the Pharmaceutical Society of Ireland (PSI), the pharmacy regulator in Ireland, to conduct research to support the PSI in its development of a fit-for-purpose Continuing Professional Development (CPD) model for pharmaceutical assistants.

Background

Pharmaceutical assistants form an important element of the Irish pharmacy sector. Within the clinical governance structure of Irish retail pharmacy businesses, pharmaceutical assistants provide support to superintendent, supervising and registered pharmacists.

It is an offence for a retail pharmacy business to be carried on in circumstances where the sale and supply of medicinal products is not conducted by or under the personal supervision of a registered pharmacist. A limited exception is provided for by section 30(1) of the Pharmacy Act, 2007, which provides that no offence is committed where a registered pharmaceutical assistant acts on behalf of a registered pharmacist during the "temporary absence" of a pharmacist – albeit pharmaceutical assistants are not authorised or permitted to administer vaccines or emergency medicines. Temporary absence is not defined by the Act; however, provision is made in section 30(2) of the Act of 2007 for the making of Rules by the PSI Council, with the consent of the Minister, as to what may or may not be done by a registered pharmaceutical assistant when acting on behalf of a registered pharmacist, albeit to-date no rules under this sub-section of the Act have been enacted.

The training programme to qualify as a pharmaceutical assistant ended in 1982, with the final examination taking place in 1985: thus, the Register of Pharmaceutical Assistants has been a closed register for over three decades. Accordingly, the number of registrants has decreased since then, with 214 individuals registered as of April 2023. While these numbers will continue to reduce in the coming years, the PSI nevertheless wish to ensure that pharmaceutical assistants are undertaking appropriate CPD, as introduced by the Regulated Professions (Health and Social Care) (Amendment) Act 2020.

There is an abundance of published evidence demonstrating that healthcare practitioners who maintain their professional competence are associated with better patient safety outcomes, while culturally, there is also an expectation among patients that healthcare practitioners should maintain their professional competence. Continuous training and learning is a core component of the professional development of all healthcare practitioners, and so many healthcare regulators oversee specific models to enable their registrants to record and manage their CPD learning activities.

To date, there has been no statutory requirement for pharmaceutical assistants to conduct, manage, record and submit for assessment their CPD learning activities to the PSI. The Regulated Professions (Health and Social Care) (Amendment) Act 2020 introduced a new requirement for the PSI to ensure pharmaceutical assistants are undertaking appropriate CPD[1]. The PSI is now developing an appropriate CPD model that effectively meets the needs of pharmaceutical assistants, the wider pharmacy sector in Ireland, and, ultimately, the public.

The introduction of a model for CPD will therefore be a significant event for pharmaceutical assistants and will bring the register in line with other regulated professions and occupations across the Irish health and social care sector that comply with well-established CPD models, as well as being an important development for the pharmacy sector in Ireland.

[1] Please note that the relevant provision has yet to be commenced

Methodology & Timeframe

This assignment was conducted from December 2022 to April 2023 and divided across three project phases.

- **Desk-based Review**
    - Review of relevant legislation regarding pharmaceutical assistants, review of current CPD model for pharmacists in Ireland, identification of occupations analogous to pharmaceutical assistants, review of CPD models for pharmacy in other jurisdictions, review of CPD models for other healthcare professions and occupations in Ireland, review of relevant academic papers.
- **Stakeholder Engagement**
    - Engagement with representatives of relevant bodies within the Irish pharmacy / health sector, engagement with pharmacy regulators in other jurisdictions. The stakeholders with whom Mazars engaged for this assignment are presented below:

Irish Stakeholders

- Department of Health (DoH)
- Health Service Executive (HSE)
- Irish Institute of Pharmacy (IIOP)
- Irish Pharmacy Union (IPU)
- Pharmaceutical Assistants Association (PAA)
- Pharmaceutical Society of Ireland (PSI)

International Stakeholders

- Apoteket, Sweden – state-owned pharmaceutical retailer in Sweden
- General Pharmaceutical Council (GPhC), Great Britain – independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain
- Australian Pharmacy Council (APC) – national accreditation authority for pharmacy education and training in Australia
- Pharmacy Council of New Zealand – regulator for pharmacy sector in New Zealand
- Ontario College of Pharmacists (OCP), Ontario, Canada - register and regulator for the profession of pharmacy in Ontario

- **Reporting of Findings**
    - Analysis of findings from the above-mentioned activities, identification of potential options for pharmaceutical assistants to undertake and record their CPD learning activities, consideration as to an appropriate framework for pharmaceutical assistants to manage their CPD.

Project Outcomes

The primary outcome of this project was the conducting of research to inform the PSI in considering its development of a new fit-for-purpose regulatory CPD model (New Model) for pharmaceutical assistants in Ireland. The analysis and findings resulting from this project were developed based on desk-based research

that the Mazars' project team undertook, as well as engagement with stakeholders in the pharmacy sector in Ireland and abroad. The key points for the PSI to note are as follows:

- It would appear effective for the New Model to utilise the expertise, knowledge and infrastructure of the Irish Institute of Pharmacy (IIOP) obtained through its delivery and management of the CPD Model currently in place for pharmacists registered in Ireland.
    - However, given the differences between the roles, it would not be appropriate to directly apply the CPD Model for pharmacists to the New Model for pharmaceutical assistants.
    - Instead, the PSI could identify components of the CPD Model for pharmacist that would be appropriate for the New Model for pharmaceutical assistants, utilising the same infrastructure for both where possible.
    - This will require further consideration and investigation on the part of the PSI, not least as the organisation is subject to public procurement regulations
- The ePortfolio system (or a similar system) appears to be a suitable method for pharmaceutical assistants to record their CPD.
- The PSI should develop guidelines/suggested standards to guide pharmaceutical assistants' CPD rather than developing a new competency framework specifically for pharmaceutical assistants.
- The inclusion of pharmaceutical assistants in the Practice Review component of the CPD Model for pharmacists would not be suitable; however, engagement with the CPD requirements could be verified through the ePortfolio Review process.
- The PSI should proactively engage and consult with stakeholders during the development of the new model to increase buy-in from pharmaceutical assistants.

1. Background

1.1. About the PSI

The Pharmaceutical Society of Ireland (PSI) is the statutory body which regulates the profession of pharmacy in Ireland. Established under the Pharmacy Act 2007, the PSI seeks to protect the health, safety and wellbeing of patients and the general public through the regulation of pharmacists and pharmacies registered in Ireland.

The role and responsibilities of the PSI, as set out in the Pharmacy Act 2007, include:

- Registration of pharmacists, pharmaceutical assistants and pharmacies.
- Setting standards for pharmacy education and training.
- Ensuring all registered pharmacists are undertaking appropriate continuing professional development (CPD).
- Promoting good professional practice by pharmacists through raising standards and sharing information for the benefit of patients and the wider health system.
- Assessing compliance and taking actions to address poor performance, practices and behaviours through inspection and enforcement functions, by considering complaints made against a pharmacist or a pharmacy, and through the imposition of sanctions.
- Providing advice, support and guidance to the public, pharmacy profession and to the State on pharmacy care, treatment and service in Ireland.

1.2. About Pharmaceutical Assistants

The Pharmacy Act 2007 established a clinical governance structure of accountability and governance for retail pharmacy businesses in Ireland to ensure safe delivery of professional and clinical service. This structure incorporates distinct pharmacist roles: the superintendent pharmacist, supervising pharmacist and registered pharmacist. Within this clinical governance structure, pharmaceutical assistants provide support to the superintendent, supervising and registered pharmacists.

The training programme to qualify as a pharmaceutical assistant ended in 1982, with the final examination taking place in 1985, and so the Register of Pharmaceutical Assistants has been a closed register for over three decades. Thus, the number of pharmaceutical assistants has decreased since then, with 214 individuals registered as of April 2023. While these numbers will continue to reduce in the coming years, the PSI nevertheless wish to ensure that pharmaceutical assistants are undertaking appropriate CPD, as introduced by the Regulated Professions (Health and Social Care) (Amendment) Act 2020.

1.3. Continuing Professional Development

There is an abundance of published evidence demonstrating that healthcare practitioners who maintain their professional competence are associated with better patient safety outcomes (Young et al; 2016; Sargeant et al., 2017), while culturally, there is also an expectation among patients that healthcare practitioners should maintain their professional competence. Continuous training and learning is a core component of the professional development of all healthcare practitioners, and so many healthcare regulators oversee specific models to both enable their registrants to record and manage their learning activities, as well as facilitate practitioners to demonstrate compliance with the CPD requirements of such models.

1.4.1 CPD Model for Pharmacists in Ireland

The PSI are no different, having established in 2013 a model for pharmacists to conduct and manage their CPD learning activities. This model was developed following extensive review of CPD models for pharmacy in other jurisdictions and other healthcare professions, with the PSI commissioning a Review of International CPD Models (the Report) in 2009 to undertake this research[2]. The Report was accompanied by extensive engagement with relevant stakeholders across Irish and international pharmacy, with the PSI visiting the Ontario College of Pharmacists (OCP) in 2013 to gain further insight into the model for pharmacists registered in the province to conduct and manage their CPD.

When considering its model for pharmacists' CPD, the PSI was conscious that such a model should be accessible to registrants alongside their existing work commitments. Providing registrants with flexibility and autonomy in how they maintained their CPD was identified as an important cornerstone of the models considered by the PSI – and one that the organisation believed benefits not only individual practitioners but, ultimately, the profession and the wider public.

The current format of the CPD Model is a portfolio-based, self-reflective framework which allows pharmacists to employ a wide range of learning methods to meet their individual learning needs. The CPD Model is not based on traditional CPD points or accumulation of contact hours. The system is flexible, enabling the demonstration of professional development in a style that best suits each individual. A pharmacist's development should encompass a balanced range of activities. The PSI regards the Model as providing pharmacists with the capacity to practise safely, effectively and legally within a pharmacist's evolving career and scope of practice.

Maintaining professional competence through learning and professional development does not have to be restricted to attending formal lectures and / or training seminars. Pharmacists are encouraged to adopt a reflective approach to learning and to identify their learning and development needs in a style that best suits their requirements. This flexible model of CPD offers pharmacists the opportunity to consider the wider scope of learning and development and their influence and benefit to their practice, the pharmacy profession and the patient.

The Model is not managed directly by PSI but has been outsourced and is delivered and managed by a third party – the Irish Institute of Pharmacy (IIOP). Records of CDP undertaken must be maintained using the electronic portfolio (ePortfolio) on the IIOP website. The IIOP also conducts processes to measure individual engagement with the Model (ePortfolio review) and to provide public assurance regarding competency of individual practitioners (Practice Review).

[2] PSI International Review of CPD Models v34 FINAL (thepsi.ie)

1.4.2 Absence of CPD Model for Pharmaceutical Assistants

Though a system has been developed and introduced for pharmacists to conduct, manage and record their CPD learning activities, the PSI must now ensure that pharmaceutical assistants are undertaking appropriate CPD, as introduced by the Regulated Professions (Health and Social Care) (Amendment) Act 2020.

The Regulated Professions (Health and Social Care) (Amendment) Act 2020 introduced a new requirement for the PSI to ensure pharmaceutical assistants are undertaking appropriate CPD. As a result, the PSI is now developing an appropriate CPD model (the New Model) which effectively meets the needs of pharmaceutical assistants, the wider pharmacy sector in Ireland, and the public.

The PSI seeks this model to be focused on facilitating a culture of continuous professional improvement and likely to be embraced by pharmaceutical assistants. To achieve this, the New Model should not be onerous for practitioners but instead be as accessible and flexible as possible.

The following sections within this document explore what characteristics a model for pharmaceutical assistants to record and manage their CPD learning activities might encompass, as well as the various options available to the PSI.

2. Desk-Based Research

2.1. Overview of Desk-Based Research

A key component of this assignment was the identification of specific aspects of CPD models in other jurisdictions which might be applied to a potential system to enable pharmaceutical assistants to conduct their own continuing professional development, as well as determining unique elements of the pharmaceutical assistants' qualification which should be considered when developing such a system. This process comprised a desk-based review of relevant documentation regarding pharmacy regulation and the role of pharmaceutical assistants and a review of relevant academic literature to ensure that the New Model is informed by best practice within international healthcare regulation.

This desk-based review was complemented by engagement with relevant Irish and international stakeholders. A selection of information gathered from consultations with international stakeholders regarding their models for CPD is presented in Section 2.3, with further stakeholder insights regarding pharmaceutical assistants is provided in Section 3.

2.2. Unique Nature of Pharmaceutical Assistants

The first insight of note to stress is the unique nature of the qualification of pharmaceutical assistants, with no exact equivalent identified, either within international pharmacy or elsewhere within the Irish health landscape. An initial desk-based review of the Irish health system failed to identify a qualification with responsibilities which may be considered analogous to those associated with pharmaceutical assistants, with relationships such as those between doctors and nurses and dentists and dental assistants deemed inappropriate comparators as they are (a) either distinct professions or (b) unrepresentative of the responsibilities associated with pharmaceutical assistants. Similarly, most pharmacy sectors in other jurisdictions that were examined did not have a position similar to pharmaceutical assistants. Instead, pharmacy professionals are usually categorised as either registered pharmacists or pharmacy assistants and/or technicians, with the latter two roles not expected to fulfil the same duties as a registered pharmacist.

Two professions for potential comparison were identified – namely *pharmaconomists* in Denmark and *receptarien* in Sweden – with apparently similar responsibilities to those of pharmaceutical assistants in Ireland. Mazars contacted representatives of the pharmacy sector in both Denmark and Sweden to investigate these similarities further. While it was not possible to engage with representatives of the Danish pharmacy sector, it was possible to engage with representatives from *Apoteket* – the state-owned pharmacy retailer in Sweden. This engagement explained that there is little distinction between pharmacists and *receptarien*, with the latter requiring a three-year programme of education compared with five years for pharmacists. Furthermore, there is no statutory model for CPD overseen by an appropriate regulator within the Swedish pharmacy sector; instead, individual employers determine the annual CPD obligations of their staff. The characteristics of this model are presented in Section 3.3; however, its difference against the formal models for pharmacists' CPD in other jurisdictions such as Ireland, the UK and Ontario is important to note.

The lack of comparable roles elsewhere presented a significant challenge in identifying examples of best practice within CPD for pharmacy professionals who are not registered pharmacists. Therefore, the comparative research regarding systems for CPD in place within other jurisdictions has focussed on registered pharmacists and/or pharmacy support staff, such as pharmacy technicians. The findings arising

from this research are presented in Section 2.3, with further findings arising from engagement with relevant stakeholders across the Irish pharmacy sector presented in Section 3.2.

2.3. Comparative Review of CPD Models

This section presents the findings arising from Mazars' review of models for CPD identified as of relevance to this assignment by the PSI. As outlined in Section 2.2, the unique nature of the pharmaceutical assistant qualification and role presented a significant challenge to identifying a suitable comparison. Therefore, the Mazars' project team focused attention on models for pharmacists to manage their CPD – though it is important to note that one model examined incorporated all *pharmacy professionals*, not solely pharmacists. The models for CPD examined by Mazars were:

- Pharmaceutical Society of Ireland (PSI) – CPD Model for pharmacists
- General Pharmaceutical Council (GPhC), Great Britain – Revalidation Framework for pharmacy professionals
- Pharmacy Council of New Zealand – CPD Model for pharmacists
- Ontario College of Pharmacists (OCP), Canada – QA Model for pharmacists
- Apoteket, Sweden – CPD Model for pharmacists

The identification and selection of the models for CPD most suitable for comparison were agreed upon between the Mazars' project team and the PSI. A review of the model currently in place for pharmacists registered in Ireland to manage their CPD was a natural choice. Similarly, as the design of this model drew significant inspiration from the arrangements in place in Ontario, Canada, it was regarded as appropriate for this model to be reviewed.

Due to similarities between pharmacy in Ireland and Great Britain, it was considered appropriate to review the revalidation framework overseen by the GPhC. However, given the potential for pharmacy regulations in the UK to diverge following Brexit, it was felt that a review of a model for CPD within another country still in the European Union would be appropriate. Sweden was selected as this model, not least due to the identification of a potential similar profession to pharmaceutical assistants within its pharmacy sector – as outlined in Section 2.2. Finally, Mazars also examined the model for CPD in place for pharmacists registered in New Zealand, as given its introduction in 2021, its underpinning research was conducted relatively recently.

Table 2.3 overleaf presents an overall summary of the key characteristics of each model examined by the Mazars project team, while the subsequent subsections detail Mazars' findings in relation to each model.

Key Characteristics of CPD Models across Comparator Organisations					
Key Characteristics of Model	**Ireland**	**Great Britain**	**New Zealand**	**Ontario**	**Sweden**
Objectives of Model	Overarching objective of Model is to ensure public safety through assurance as to competence of individual practitioners.	The GPhC reported its revalidation system supports improved patient outcomes by assuring pharmacy professionals (pharmacists and pharmacy technicians) remain fit to practise.	Overarching objective of Model is to ensure public safety through assurance as to competence of pharmacists registered in New Zealand.	The OCP reported that its QA Programme is a key component in its provision of assurance to the general public that pharmacy professionals (pharmacists and pharmacy technicians) are competent to provide patient care.	Apoteket reported that the primary purpose of its CPD framework is to ensure safety of the public and improve patient outcomes through practitioner development.
Structure of Model	The CPD Model of the PSI is based on reflection and self-assessment, with pharmacists required to self-assess against the Core Competency Framework for pharmacists. • Identify gaps within current competencies • Create a Personal Development Plan to address these gaps	The Revalidation Framework of the GPhC is based on self-assessment, with pharmacy professionals required to self-assess their competencies against guidelines set biennially by the GPhC to identify their learning needs. • Identify gaps within current competencies • Create a learning plan based on this self-assessment	The CPD Model of the PCNZ is based on self-assessment, with pharmacists required to identify areas within the standards for pharmacists where they can develop. The Model was introduced in April 2022. • Identify gaps within current competencies • Identify, undertake and record appropriate learning activities across a variety of	The QA Programme of the OCP is based on self-assessment, with pharmacists required to self-assess their competencies against a competency framework to identify their learning needs. • Identify gaps within current competencies • Create a learning plan based on this self-assessment	The CPD Model of Apoteket is centred on an annual online assessment process which provides certification as to whether a practitioner is managing their CPD. • The assessment date of this process differs for all practitioners as it is based on the date when one's employment with Apoteket began • This process provides practitioners with feedback as to where

	• Identify, undertake and record appropriate learning activities • Evaluate the impact of these activities on their practice • The Model recognises a variety of learning activities • CPD records do not have to be submitted to the IIOP each year; however, they are reviewed once every five years • The Model does not incorporate protected time for practitioners to manage their CPD	• Identify, undertake and record appropriate learning activities • The Framework recognises a variety of learning activities, though practitioners are required to include certain learning activities within each year's CPD entries • CPD records must be submitted to the GPhC annually – aligned with renewal of professional registration • The Framework does not incorporate protected time for practitioners to manage their CPD	broad categories set by the PCNZ • Evaluate the impact of these activities on their practice • The Model recognises a variety of learning activities • CPD records do not have to be submitted to the PCNZ each year; however, the organisation is exploring introducing a formal annual audit • The Model does not incorporate protected time for practitioners to manage their CPD	• Identify, undertake and record appropriate learning activities • Record activities in a learning portfolio • Evaluate how lessons from learning activities can be incorporated into practice • The OCP recognises a variety of learning activities • CPD records do not have to be submitted to the OCP each year • The Programme does not incorporate protected time for practitioners to manage their CPD	they should focus their CPD learning activities over the coming year • The Model recognises a variety of learning activities • CPD records do not have to be submitted to Apoteket • Practitioners are provided with 30 minutes of protected time each week for their CPD
Delivery of Model	The Model is not managed directly by PSI but has been outsourced and is delivered and managed by a third party – the Irish Institute of Pharmacy (IIOP).	The Revalidation Framework is directly delivered and managed by the GPhC.	The CPD Model is directly delivered and managed by the PCNZ.	The QA Programme is directly delivered and managed by the OCP.	As employers in Swedish pharmacy are responsible for providing practitioners with a system for CPD, Apoteket directly delivers and manages its CPD Model.

Size of Register	Approximately 7,100 pharmacists	Approximately 86,200 pharmacy professionals (approx. 61,100 pharmacists and 25,100 pharmacy technicians)	Approximately 4,000 pharmacists	Approximately 17,800 pharmacists and 5,700 pharmacy technicians	Apoteket employs approximately 2,000 practitioners (both pharmacists and *receptarien)*
Operating Costs of Model	The operating costs of the CPD Model are borne between the PSI and Department of Health	Exact information regarding operating costs not available to Mazars' project team. • Costs borne by the GPhC	Exact information regarding operating costs not available to Mazars' project team. • Costs borne by the PCNZ	Exact information regarding operating costs not available to Mazars' project team. • Costs borne by OCP	Exact information regarding operating costs not available to Mazars' project team. • Costs borne by Apoteket
Recording of CPD Learning Activities	Practitioners' CPD activities are recorded and submitted via an online system. • This system also offers practitioners a range of learning activities and training courses • No stipulated number of hours or credits required	The GPhC provides practitioners with an online portal for recording CPD learning activities. Practitioners do not have to record their activities via the system; however, it must be used for annual submission • Practitioners must conduct at least four CPD learning activities each year – of which two must be pre-planned, one a peer discussion and one a self-reflective exercise • No stipulated number of hours required	Practitioners record learning activities within a portfolio. • PCNZ provide an online system • No stipulated number of hours or credits required	Practitioners record learning activities within a portfolio. • OCP provide an online system, but practitioners can use their own format • No stipulated number of hours or credits required	Apoteket provides an online system for practitioners to record and complete learning activities and training courses. • No stipulated number of hours or credits required

Measuring Practitioner Engagement with Model	Practitioners are expected to continually maintain their CPD, though are not required to make an annual submission. • Records of CPD activities must be submitted via an online system once every five years.	Practitioners are required to submit a record of their CPD learning activities each year. • These records can then be reviewed by the GPhC in order to ensure they are appropriate and correctly recorded.	As the Model is still relatively new, the PCNZ are still engaging with practitioners – they have conducted focus groups and surveys within the profession to gather feedback on the user experience.	OCP encourages practitioners to continuously manage their CPD throughout the year, though have no specific requirements as to frequency. • No submission requirements for portfolios, though the OCP may request to see individuals' portfolios as required.	Practitioners have a check-in meeting with a CPD manager within Apoteket twice a year. • These meetings examine the performance, behavioural and qualification goals of each pharmacist and assess whether practitioners are on track with their goals.
Quality Assurance within Model	An extract of the CPD record logs of each practitioner is submitted for review once every five years. • Specific standards are set which must be met. • Each year a sample of practitioners working within patient-facing roles are required to demonstrate their professional competence and knowledge – Practice Review	The GPhC checks the records of a sample of pharmacy professionals each year, checking whether individuals have recorded the required number and type of learning activities. The review is conducted by both a pharmacist and a lay reviewer within the GPhC, who work together to produce a feedback report. • The size of this sample is at the discretion of the GPhC	Mazars were informed that in the future, the PCNZ would look to introduce a formalised annual audit within the Model – however, the Model does not yet have a formal quality assurance process. In 2021/2022, the PCNZ conducted a review of 50 individual portfolios.	The CPD record logs of each practitioner are reviewed and verified once every five years. • Specific standards are set which must be met Each year a sample of practitioners are required to demonstrate their professional competence and knowledge. • Incorporates both an observation in their place of work and a knowledge test	Each year, pharmacists must complete a certification process to demonstrate professional competence. • This online process contains four exams, takes roughly two hours to complete and is not supervised • If the process is failed, the practitioner will be provided with feedback in order to retake the exam(s)

	• Incorporates both a simulated exercise (Standardised Patient Interaction) and a knowledge test (Clinical Knowledge Review) • Sample is approximately 2% of the register.	• Selection is both random and targeted • If a practitioner's review meets the criteria, they will be exempt from selection for another two years.		• Pharmacists who provide patient-care are required to participate in this process once every five years.	• Exams can be retaken until they are passed.

Table 2.3 – Key Characteristics of CPD Models across Comparator Organisations

2.3.1 Pharmaceutical Society of Ireland – CPD Model for pharmacists

The CPD Model in place for pharmacists registered in Ireland to manage their CPD is built on a portfolio-based reflective approach, with pharmacists reflecting against the Core Competency Framework (CCF) for the profession to identify appropriate learning activities. Pharmacists are strongly encouraged to focus on how their learning activities can be applied to practice and patient services. It is important to note that this CPD Model is currently subject to its own review regarding its operation and effectiveness.

This model – which has been outsourced and is delivered and managed by a third party, the Irish Institute of Pharmacy (IIOP).– recognises a range of learning activities, from formal accredited programmes to self-reflective journal entries. The IIOP provides practitioners with an online system, an ePortfolio, which pharmacists must use to keep a record of their CPD activities, evaluate the impact these activities have had on practice, self-assess their competencies against the CCF of the profession, and develop a personal development plan based on this self-assessment. There is no annual requirement for practitioners to submit a record of their learning activities, nor stipulation as to the number of hours or credits each individual must complete. However, each pharmacist is required on a rolling basis across a five-year period to submit an extract from their ePortfolio of their learning activities undertaken within the past five years to meet the requirements of the ePortfolio Review standards – with these standards reviewed each year.

In addition, the Model also incorporates a component which requires practitioners in patient-facing roles to demonstrate their professional competence and knowledge. This component, known as Practice Review, incorporates both a simulated patient engagement exercise, termed Standardised Pharmacy Interaction, and a Clinical Knowledge Review. 144 pharmacists engage with Practice Review each year, representing approximately 2% of the national register of pharmacists.

The Irish stakeholders with whom Mazars engaged were generally positive about the current model for pharmacists' CPD. Stakeholders were positive regarding the autonomy within the Model with regard to learning activities, with this autonomy enabling tailoring to each individual's needs. A small number of stakeholders reported a preference for a point or time-based system as it would be easier and less time-consuming; however, the majority of stakeholders recognised the self-reflective approach currently in place as providing more benefits to both individual practitioners and the pharmacy sector as a whole.

The online system for recording CPD learning activities - ePortfolio - is regarded as a useful tool for recording and managing CPD activities, while stakeholders reported that the ePortfolio Review process is relatively straightforward with plenty of communication from the IIOP. However, the Practice Review component of the CPD Model was not as well-regarded by stakeholders with whom Mazars engaged. Reasons for this dissatisfaction included the perception of the component as being onerous as pharmacists regard themselves as the only healthcare profession in Ireland to have to undergo such assessments once qualified; perception of the component as being overly stressful and time-consuming for practitioners, while other stakeholders reported a belief that the resources required by Practice Review could be better allocated elsewhere. Finally, during Mazars' consultations within the Irish pharmacy sector, many Irish stakeholders reported a lack of learning activities and opportunities for those who would like to focus on gaining expertise within specific specialities.

2.3.2 General Pharmaceutical Council, Great Britain – Revalidation Framework for pharmacy professionals

The model for CPD within pharmacy in Great Britain, referred to by the GPhC as its 'Revalidation Framework', is focussed on supporting improved patient outcomes through assuring pharmacy professionals remain fit to practise. The Framework incorporates pharmacists and pharmacy technician practitioners, with no distinction being made between the requirements for each role.

The Revalidation Framework of the GPhC is based on self-assessment, with pharmacy professionals required to self-assess their competencies against guidelines set biennially by the GPhC to identify their learning needs. The GPhC provides practitioners with an online portal for recording CPD learning activities. Practitioners do not have to record their activities via the system; however, it must be used for annual submission, which is aligned with annual registration. While there is no stipulated number of hours required, practitioners must conduct at least four CPD learning activities each year – of which two must be pre-planned, one a peer discussion and one a self-reflective exercise. The GPhC checks the records of a sample of pharmacy professionals each year, checking whether individuals have recorded the required number and type of learning activities. The review is conducted by a pharmacist and non-pharmacist reviewer within the GPhC, who work together to produce a feedback report.

The GPhC informed Mazars that the Framework was introduced in 2018, with the design of the new system influenced by discussions with practitioners on how to ensure that pharmacy professionals reflect on their CPD learning activities and consider the outcomes of their practise and patient interactions. The incorporation of peer discussions and mandated self-assessment are regarded as being particularly useful in facilitating this reflection. The importance of planned and unplanned learning was also reported to Mazars, as planned learning contributes to public assurance that professionals are maintaining their competence, while beneficial learning can also arise from unplanned events. The GPhC reported that the Framework is quite flexible, with the provision of both online and in-person events with this provision being beneficial during COVID-19 restrictions.

Mazars were informed that initially, there was some pushback from the profession who thought that the new system would be too much work, but now that a number of cycles have been completed, it is generally found to be a useful exercise. One aspect regarding the introduction of a new model emphasised by the GPhC was the importance of clear communication with the professions regarding its changes. The organisation reported that prior to the introduction of the Framework, many pharmacy professionals expressed anxiety about the incoming model. In response, the GPhC focused on providing extensive communication to and training with practitioners across the country, working with the Royal Pharmaceutical Society, the professional leadership body, to ensure that these efforts reached as large an audience as possible. Mazars were informed that due to these efforts, practitioners' misgivings and worries were substantially mitigated by the time of the introduction of the Framework, with the GPhC regarding these efforts as key to its relative popularity with practitioners.

2.3.3 Pharmacy Council of New Zealand – CPD Model for pharmacists

Mazars engaged with the Pharmacy Council of New Zealand, the state body tasked by the Ministry of Health to operate the CPD system in place for pharmacists registered in New Zealand. The Pharmacy Council is responsible for regulating the pharmacy sector in New Zealand, while the Pharmaceutical Society advocates for the sector – with Mazars informed that it is akin to a professional body for pharmacists.

The CPD Model of the PCNZ is based on self-assessment, with pharmacy professionals required to self-assess their competencies against the standards for pharmacists registered in New Zealand. This relatively new model was formally introduced in April 2022, with the first cycle concluding in March 2023. Mazars were informed that, unlike the previous system, the Model is not prescriptive in terms of what learning activities pharmacists should conduct – though the PCNZ does provide individuals with guidance as to what appropriate learning activities might entail. Pharmacists are required to incorporate within their annual CPD a learning activity – either formal or informal – within each of the following categories:

- Planning a professional development plan
- Conducting a reflective piece on their own professional development

- Consideration as to how to ensure culturally safe practice for minority groups
- Maintaining awareness of developments within pharmacy practice
- Engagement with professional peers

Pharmacists are provided with an online portal for recording CPD learning activities – Mohara. Practitioners do not have to record their activities via the system; however, it must be used for annual submission, which is aligned with annual registration. While there is no stipulated number of hours required, pharmacists must partake in at least one activity conducted via a peer group, with each pharmacist assigned a peer verifier. Mazars were informed that these verifiers are akin to 'study buddies' who check the learning activities conducted and ensure they are appropriate. There are no stipulations as to who can be a peer verifier other than a registered pharmacist, and pharmacists are free to select their own verifiers. The PCNZ informed Mazars that feedback on the peer engagement aspect of its CPD Model has been quite positive, particularly for pharmacists in rural areas, as it is felt to provide a useful avenue for consideration and discussion of emergent issues within pharmacy practice.

As the CPD Model was introduced relatively recently, Mazars were informed that there are no formal quality assurance mechanisms to measure individual engagement with the CPD Model; however, the PCNZ are exploring the possibility of introducing a formal annual audit of a sample of pharmacists. During the first year of operation, the PCNZ reviewed the learning records of 50 pharmacists; however, Mazars were informed that this was primarily focused on pharmacists' experience of the new model rather than a formal assessment of their maintenance of professional competence.

2.3.4 Ontario College of Pharmacists – Quality Assurance Programme for pharmacists

When developing the model for CPD currently in place for pharmacists registered in Ireland, presented in Section 2.3.1., the PSI drew significant inspiration from the model in place within the Canadian province of Ontario. Staff from the PSI visited the OCP in 2013 to learn more about its Quality Assurance (QA) Programme, with its focus on empowering pharmacists to identify and manage their own learning requirements regarded by the PSI as appropriately recognising the motivation and professionalism of practitioners. Given the longstanding interest of the PSI in the QA Programme of the OCP, and its evolution in the intervening decade, it was regarded as a highly relevant comparator model for the Mazars' project team to examine.

The OCP regard its QA Programme as a key component in its provision of assurance to the general public that pharmacists are competent to provide patient care, informing Mazars that its underlying principle of self-reflection empowers pharmacists to identify their learning needs through self-assessment of their competencies and/or professional ambitions. The OCP recognise a variety of learning activities within the Programme, with the primary criterion being that they are relevant to the needs of the practitioner, their practice and their patients.

The OCP encourages practitioners to continuously manage their CPD throughout the year, though it does not mandate specific requirements as to the frequency with which learning activities are conducted. Similarly, practitioners are not required to complete a certain number of credits or hours each year. The OCP provides an online system for practitioners to access and record learning activities within a portfolio, and practitioners are expected to record their self-assessments, development plans, learning activities and any other material pertaining to their professional development in a portfolio. However, practitioners are not required to use a particular format for the recording of these activities. Continuing the theme of providing practitioners with the freedom to manage their own CPD, there are no submission requirements for portfolios; however, the OCP may request to see individual portfolios as required.

As well as the maintenance of a portfolio documenting their learning activities, the QA Programme also requires a sample of practitioners each year to demonstrate their professional competence and

knowledge. This demonstration incorporates both an observation of practitioners in their place of work, termed Practice Assessment, and a test of practitioners' clinical knowledge, referred to as the Knowledge Assessment. The practice assessment is for pharmacists who provide patient care, and its purpose is to evaluate a practitioner's ability to practice to the standards of the profession. The Practice Assessment process is conducted in the pharmacist's place of practice and assesses the individual's methods and processes to deliver patient care. Pharmacists who provide patient-care are required to participate in this process once every five years, and so the OCP assesses approximately twenty per cent of its register annually.

When discussing the inspiration the PSI drew from the OCP in the initial design of its model for pharmacists' CPD, the OCP stated that self-assessment-based models with individual learning plans typically take longer to implement than those built on a traditional points-based approach; however, the former provides a significantly greater impact on patient outcomes and practitioner development than the latter.

The OCP informed Mazars that the pharmacy profession in Ontario is largely satisfied with the current model in place for CPD and is appreciative of the autonomy they are afforded in identifying and addressing their own learning needs. In particular, the amendments made to the Practice Assessment component in recent years have been well-received, with this now conducted as an observation in practitioners' place of practice rather than a simulated interaction – as is the case in Ireland. The OCP reported that feedback from participants has been very positive, with practitioners reporting the new method is more appropriate as it is based on their actual work in a practice rather than a structured roleplay exercise with an actor.

Finally, the OCP informed Mazars that while its framework for CPD is primarily intended for pharmacists, pharmacy technicians have access to training courses and are included in elements of it. Both pharmacy technicians and pharmacists are required to complete CPD and maintain a learning portfolio. While not mandatory, technicians are encouraged to participate in Practice Assessment if desired. The model includes a self-assessment process that assists registrants in identifying their learning needs and creating a development plan based on this. The use of this self-assessment tool is voluntary for pharmacists, while a random sample of 20% of pharmacy technicians are selected to complete it every year. Pharmacy technicians are not included in the knowledge assessment, but a knowledge assessment for them is under development. The OCP is working to include pharmacy technicians in the QA programme in a way that is aligned with that in place for pharmacists – albeit the OCP reported that they are cognisant of the differences between the two professions. This process may be of relevance to the PSI's own development of a model for pharmaceutical assistants' CPD, and so the PSI may wish to (re)engage with the OCP.

2.3.5 Apoteket, Sweden – CPD Model for pharmacists

Mazars engaged with Apoteket, the state-owned pharmaceutical retailer in Sweden, to discuss the CPD system in place for pharmacists registered in Sweden. As noted in Section 2.2, in contrast to Ireland, Ontario and the UK, Sweden has no statutory model for CPD overseen by an appropriate regulator that pharmacists must engage with. Instead, each pharmacy employer must provide employees with a model to manage and record their CPD. The Medical Agency of Sweden sets this requirement; however, Mazars were informed that models for CPD are not evaluated nor examined.

Mazars were informed that there is no national core competency framework or standards that pharmacists must meet; instead, Apoteket – and its competitors – determine what competencies practitioners should focus on. Mazars were informed that many practitioners had reported a preference for the introduction of a more cohesive system across all pharmacy employers, encompassing standardised assessments that are the same regardless of workplace. Apoteket reported that recently the organisation has partnered with other pharmacy providers to trial training courses for practice areas where care should be delivered in the

same way and to the same standard across the country. These trial courses have been well-received, and the organisation is collaborating with other pharmacy providers to consider how a more cohesive system of CPD might be developed.

Regarding the model in place for practitioners within Apoteket, Mazars were informed the primary purpose of this model is to ensure safety of the public and improve patient outcomes through practitioner development. This model is centred on an annual online assessment process which provides certification as to whether a practitioner is managing their CPD. This online process contains four exams and requires approximately two hours to complete. The exams are not supervised and, if failed, can be retaken until passed. Upon passing the exams, practitioners are provided with feedback on where to focus their CPD learning activities over the coming year. The assessment date of this process differs for all practitioners as it is based on the date when one's employment with Apoteket began.

Apoteket provides an online system for practitioners to record and complete learning activities and training courses, and the organisation recognises a variety of learning activities as valid – with the emphasis on the individual to determine which activities/courses will best close the learning gaps identified in their annual feedback. There is no stipulated number of hours nor credits required for practitioners to complete, and records of learning activities do not have to be submitted to Apoteket. Twice a year, practitioners have a check-in meeting with a CPD manager within Apoteket, examining the performance, behavioural and qualification goals of each pharmacist and assessing whether practitioners are on track with their goals.

Mazars were informed that this current model has been in place since 2015. Prior to its introduction, practitioners within Apoteket were encouraged to engage in CPD, but there was no certification process. Mazars were informed that feedback on the model from practitioners within the Apoteket organisation is largely positive, with an appreciation for the freedom with which practitioners can select learning activities. Similarly, the provision of an annual certification of professional competence is regarded as validating a pharmacist's engagement with their CPD; however, Apoteket reported that there are calls for the level of protected time for completion of CPD learning activities to be increased from its current level of thirty minutes each week.

While the potential comparability of pharmaceutical assistants with the *receptarien* profession in place within the Swedish pharmacy sector was a motivation for examining a model for CPD within the country, Apoteket explained to Mazars that there is, in fact little distinction between pharmacists and *receptarien*, with the latter simply requiring a three-year programme of education, rather than five years as for pharmacists. The requirements of the model for CPD provided by the organisation are the same for individuals within both professions, and no distinction is made when assessing competency tests.

2.4. Review of Academic Literature

In addition to the comparative research element of this project phase, the Mazars project team also conducted a review of relevant academic literature to ensure that the New Model is informed by best practice within international healthcare regulation. This literature review sought to identify the key drivers which underpin models for CPD within international healthcare and pharmacy, highlighting important areas for the PSI to consider when developing and introducing the proposed New Model to pharmaceutical assistants.

A formal bibliography of the articles reviewed by the Mazars' project team is presented in Appendix 1, while the key drivers identified through this academic literature review are presented below.

2.4.1 Public safety through improved patient outcomes

Perhaps the most important driver for healthcare practitioners to maintain their CPD identified within Mazars' review of academic literature was that of the resulting benefits to public safety through improved patient outcomes. As with all other healthcare practitioners, pharmaceutical assistants have a responsibility to maintain their knowledge and skills to provide the best possible care to patients and the general public. Continuing professional development can help practitioners stay up-to-date with the latest information and best practices, which can ultimately ensure safety of patients. The exact approaches to this differ across professions and jurisdictions, but the core competency of patient safety is interwoven into CPD models internationally (Luconi et al., 2019), with CPD described as an ongoing commitment to ensure that patients receive safe and effective care (Tran et al., 2014).

Effective CPD contributes to improved patient care and public safety in a multitude of ways:

- Practitioners stay up to date with new medications and methods of practice (Young et al., 2016).
- Improved medication management, thereby minimising the risk of medication-related adverse events (Nash et al., 2017).
- Fostering a culture of continuous learning and improvement, ensuring that practitioners stay committed to providing safe and effective care to the public (Sargeant et al., 2017).
- Enhances communication and collaboration between service providers and patients, enabling practitioners to better address and understand patients' concerns, needs and preferences (Filipe et al., 2018).
- Improves communication between individuals across multiple healthcare professions, ensuring seamless transition of care and reduction of errors as patients access multiple healthcare services (Lown, 2011; Luconi et al., 2019).

Austin et al. (2005) identifies four specific components of an ideal CPD model, one being that it is ultimately structured by the quality of learning outputs accrued by the practitioner. The other features identified by Austin are that the CPD is based on a practitioner's self-identified learning needs, it is self-directed, and it is linked to needs that arise out of an individual's unique practice. Therefore, a CPD approach with a focus on health needs and patients' outcomes will enhance the quality and safety of health practices and lead to better patient care (Sargeant et al., 2017; Luconi et al., 2019). Similarly, Parson and colleagues (2019) explored how the principles of competency-based medical education could be applied to CPD, concluding that an outcomes-based approach to CPD is vital for improved patient care. On the same note, literature suggested that the best educational experiences are those that lead to a change in performance and provide improved patient outcomes (Filipe et al., 2018).

The importance of public safety is reflected in the mission of the PSI, which is to "protect and promote the health, safety and wellbeing of patients and the public" by ensuring that pharmacists – and,

pharmaceutical assistants – in Ireland are competent to practice (*PSI Regulatory Risk Statement 2019-2021*). Similarly, the PSI identifies improved outcomes for patients as one of the focuses of its CPD model currently in place for pharmacists, with this model identified in literature as clearly linking learning to practice and leading to better patient outcomes (Micallef & Kayyali, 2022). This sentiment was also evident when engaging with, and reviewing documents of, pharmacy regulators in other jurisdictions and healthcare professions in Ireland. For example, the Revalidation Framework of the GPhC in Great Britain is designed to focus on outcomes for pharmacy service users *(Revalidation Framework, 2018),* whilst in Ireland, the Irish Medical Council, the Nursing and Midwifery Board of Ireland and CORU all state their primary purpose as being protection of the general public. In sum, public safety is a fundamental concept for CPD within healthcare and our review of academic literature identified it as the ultimate source for all other drivers influencing CPD models.

What is less clear is if the act of a regulator monitoring its registrants to prove they are maintaining their competence also improves patient safety outcomes. Mazars found no evidence for this across its review of academic literature. However, it is important to note that the absence of evidence is not automatically evidence of absence. It remains true that the numerous pharmacy regulators across the globe have developed models to enable their registrants to manage and record their CPD. These models serve to promote a culture of learning among pharmacists and pharmacy professionals by encouraging them to continue their professional development, and ultimately ensure appropriate care and services are provided to the public (Sargeant et al., 2017).

2.4.2 Public assurance as to competence of individual practitioners

Mazars' review of academic literature also identified the provision of assurance to the general public as to the competence of individual healthcare practitioners as an important driver for regulators' provision of models for registrants' CPD. Many regulators – including the International Pharmaceutical Federation's (FIP) *Statement of Professional Standards for CPD* (2002) - believe that patients have a right to be confident in the competence of healthcare practitioners, not least given the potential impact of errors and incidents within healthcare often leading to increased scrutiny of healthcare practitioners (Austin et al., 2005).

Competence of healthcare practitioners, including pharmacy professionals, is ensured at the beginning of their career by requiring them obtain professional qualification from an accredited educational body. However, Mazars' review of academic literature identified that there is increasing emphasis placed on their life-long competence (Main & Anderson, 2023), rather than just competence upon initial qualification (Winkelbauer, 2020). Therefore, it is also important that practitioners can develop, demonstrate and maintain this competence as both their career and their profession itself develop (Young et al., 2016).

Proactive and effective CPD can ensure that healthcare practitioners are up to date with the latest developments in their fields and are continuously learning and improving their skills (Wheeler & Chisholm-Burns, 2018). This, in turn, enhances competence in their practice. Mazars' review of academic literature identified this increased scrutiny as also present within pharmacy, suggesting this has led the professionals within pharmacy to assert their 'professionalism' through strengthening programmes of continuous learning and encouraging the maintenance of competence (Horsley et al., 2010; Winkelbauer, 2020). CPD is strongly associated with professionalism amongst healthcare practitioners, with the public assured that practitioners are acting ethically and professionally within their practice, while many healthcare regulators are aware that much of the trust that the public has in their professionals is derived from the knowledge that the regulator works with the profession to ensure pharmacy is safe and effective (Guillemin et al., 2009).

CPD is particularly effective when based on a framework which assesses competencies of specific importance and relevance to practitioners' professions (Parson et al., 2019). Similarly, the Pharmacy

Council of New Zealand's 2013 paper (*Reasons for Change*) regarding the introduction of a recertification framework for pharmacists registered in New Zealand explained that greater assurance of competence is possible through requiring pharmacists to participate in learning geared towards developing and maintaining competence. The inclusion of self-assessment in many CPD models was also identified as positively influencing competence assurance. Requiring practitioners to reflect on their practice and identify areas for improvement can not only ensure the provision of quality care that meets the needs of their patients, but also provides the public with assurance that individuals within the professions are continuously striving to develop their own competencies so as to improve quality of care delivered to patients (Horsley et al., 2010; Winkelbauer, 2020).

2.4.3 Facilitating practitioner development through insights into one's own practice

A third driver identified during the review of academic literature of potential relevance to the PSI's introduction of a model for pharmaceutical assistants' CPD was that of practitioner development. CPD facilitates development and specialisation in a number of ways, with perhaps the most well-known being the acquisition of knowledge to ensure practitioners stay up-to-date with the latest developments within the healthcare landscape. This will be presented in Section 2.4.4 below, however another useful benefit of CPD is the incorporation of self-reflection, with this enabling practitioners to critically evaluate their own performance and areas that require development (Karas et al., 2020).

Effective CPD is regarded as a critical tool for improving the competence of healthcare practitioners (Wheeler & Chisholm-Burns, 2018), providing practitioners with insights as to their own learning and development needs. As CPD models often incorporate an element of self-assessment – with a pertinent example being the model currently in place for pharmacists registered in Ireland - they are often well-placed to provide practitioners with insight into their own practice (Filipe et al., 2018). Furthermore, the provision of effective and self-reflective CPD to practitioners often allows greater insight into their own learning and development needs and can have a stronger impact on their practice and resulting patient outcomes (Barnes et al., 2013) – which in turn typically provides members of the public with greater assurance as to the competence of both the practitioner and their profession (Bullock et al., 2007).

2.4.4 Ensuring awareness of an ever-evolving healthcare landscape

Finally, the ever-evolving healthcare landscape was frequently referenced as a driver for CPD during Mazars' review of academic literature, with CPD referenced as a useful means for practitioners to stay abreast of emerging trends and key developments within pharmacy (Young et al., 2016).

The field of healthcare, including pharmacy, sees constant advances in medicine and related technologies and so while the education gained at undergraduate and postgraduate level provides practitioners with a strong foundation for practice, it is likely to be insufficient to sustain competence over the course of an entire career (Main & Anderson, 2023). Research has also found that the quality of care provided by healthcare practitioners can deteriorate over time, and so ongoing maintenance of CPD is important to ensure that practitioners are familiar with new developments within the constantly evolving healthcare landscape (Sargeant et al., 2017). This is particularly pertinent given the nature of the pharmaceutical assistants register as a closed register, with the initial education provided to practitioners being at least four decades ago.

Furthermore, as healthcare has evolved, the care requirements of patients have become more complex (Archibald et al., 2020; Horsley et al., 2010; Winkelbauer, 2020). The role of those working within pharmacy is transforming to meet these needs, with practitioners expected to fulfil a number of tasks such as performing complex medicine management, provide preventative care services and so on (Sargeant et al., 2017; Wheeler & Chisholm Burns, 2018). While the majority of these tasks will be the responsibility of

a registered pharmacist, it is nevertheless important that pharmaceutical assistants remain up-to-date on knowledge regarding new trends and developments within the field of pharmacy so as to safeguard the safety of their patients and the general public (Sargeant et al., 2017).

3. Stakeholder Engagement

3.1. Overview

A key component of this assignment was engagement with key stakeholders across the Irish pharmacy and healthcare sphere, as well as pharmacy regulators in other jurisdictions. These engagements provided useful insights regarding the opinions and views of pharmaceutical assistants regarding the potential options available to the PSI in terms of establishing the New Model, as well as further context regarding the qualification of pharmaceutical assistants. Section 2.3 of this document presented some content from these engagements, with further findings and themes presented throughout this section.

It was agreed during the interviews that all information received would be treated confidentially, and so any findings and / or insight resulting from these consultations would, where possible, avoid reference to specific individuals. The primary format of these interactions was through interviews, with Mazars returning to stakeholders for additional information as required. Mazars also attended a Practice Review session operated by the IIOP. This attendance afforded the opportunity to engage informally with pharmacists and peer-reviewers, providing useful insights into how pharmacists regard their regulatory model for CPD.

The stakeholders with whom Mazars engaged for this assignment are presented below:

Irish Stakeholders

- Department of Health (DoH)
- Health Service Executive (HSE)
- Irish Institute of Pharmacy (IIOP)
- Irish Pharmacy Union (IPU)
- Pharmaceutical Assistants Association (PAA)
- Pharmaceutical Society of Ireland (PSI)

International Stakeholders

- Apoteket, Sweden
- General Pharmaceutical Council (GPhC), Great Britain
- Australian Pharmacy Council
- Pharmacy Council of New Zealand
- Ontario College of Pharmacists (OCP), Ontario, Canada

3.2. Insights from Domestic Stakeholder Engagements

Engagement with the stakeholders presented above provided a wealth of insights regarding the opinions and views of pharmaceutical assistants regarding the potential options available to the PSI in terms of establishing the New Model. It also provided useful information regarding pharmaceutical assistants, and the wider environmental context within which they operate. The following subsections detail the key insights resulting from Mazars' engagement with domestic stakeholders, in particular those insights

regarding stakeholders' perspectives on the proposition of introducing a model for CPD to the register of pharmaceutical assistants, and what form of model might be most suitable. These insights are presented below.

3.2.1 Motivation of pharmaceutical assistants to engage in CPD

Through engagement with relevant stakeholders within the Irish pharmacy sector, Mazars were informed that pharmaceutical assistants are keenly motivated to engage in a mandatory scheme for CPD and are appreciative of the PSI working to determine the most appropriate model for pharmaceutical assistants to record and manage their CPD. Two primary factors were identified as contributing to this motivation.

Firstly, as outlined in Section 1.2, pharmaceutical assistants are qualified personnel who provide skilled assistance to pharmacists. With this in mind, representatives of pharmaceutical assistants informed Mazars that pharmaceutical assistants should be required to fulfil the same, or at least very similar CPD obligations to those required of pharmacists. This opinion is shared by other stakeholders engaged with across the Irish pharmacy landscape, with Mazars informed that it would be an appropriate requirement for pharmaceutical assistants to record and verify their CPD activities in a defined system.

Secondly, during engagement with representatives of the Pharmaceutical Assistants' Association (PAA), Mazars were informed that the majority of practitioners are already participating in CPD activities, utilising access to the learning resources within the ePortfolio online system of the IIOP. During consultation with representatives of pharmaceutical assistants, Mazars were informed that it had conducted a survey in 2018 which identified that over 90% of registrants are currently conducting CPD learning activities, with approximately 60% of registrants utilising opportunities provided by the IIOP. Therefore, many of the learning resources currently in place for pharmacists in Ireland are clearly perceived as relevant to pharmaceutical assistants, as well as being utilised by the profession.

With this in mind, it is unlikely that the introduction of a formal model for pharmaceutical assistants to conduct and record CPD activities would be viewed as a significant burden or change to current practice. Representatives of pharmaceutical assistants were questioned as to whether the introduction of a CPD Model might *accelerate* the pace with which pharmaceutical assistants retire, however their position was that this would be unlikely, as those individuals who are unwilling to participate in CPD (a) are small in number and not representative of these practitioners and (b) ideally should be not be practising. These representatives also reported that the self-directed nature of the current CPD model for pharmacists was quite popular amongst pharmaceutical assistants, not least as this nature is felt to avoid the risk of overly, onerous and time-intensive requirements for maintaining one's own CPD. Mazars were informed that pharmaceutical assistants work closely with pharmacist colleagues, and so will have a certain degree of familiarity with the requirements – as well as benefits and opportunities – of the CPD Model currently in place for pharmacists.

3.2.2 Limited appetite for development of a completely unique model for CPD

The desk-based research and engagement with relevant stakeholders identified little evidence for a need to develop a completely unique model for pharmaceutical assistants. The general consensus of stakeholders within the Irish pharmacy sector was that it would be most appropriate for the PSI to utilise the infrastructure of the CPD Model currently in place for pharmacists.

As pharmaceutical assistants are qualified personnel who provide skilled assistance to pharmacists – albeit they are not authorised to administer vaccines or emergency medicines – it was felt by the PAA that a similar system for CPD as that currently in place for pharmacists would be logical. This sentiment was

echoed by other stakeholders within Irish pharmacy, with the IIOP reporting that the PSI could draw elements from the current model for pharmacists' CPD to facilitate pharmaceutical assistants' conducting of CPD.

In addition, there was also widespread appreciation amongst stakeholders that given the age profile of the pharmaceutical assistants register and the time required for design, development and testing of a new system, that a completely unique new model for pharmaceutical assistants to conduct their CPD would not be an appropriate use of PSI / IIOP resources. As outlined in Section 3.2.1, Mazars were informed that the majority of pharmaceutical assistants are currently managing their own CPD and would already be familiar with many aspects of the current CPD Model. It was suggested to Mazars that an appropriate approach would be for an online system similar to that in place within the CPD Model for pharmacists to be utilised. It is important to note that this new system would need to be separate to that in place within the CPD Model for pharmacists, as the latter is underpinned by the Core Competency Framework (CCF) for pharmacists and so would not be appropriate for wholesale adoption by pharmaceutical assistants.

3.2.3 Suitability of current model for pharmacists' CPD for pharmaceutical assistants

An important observation to note is that were a future model of CPD for pharmaceutical assistants to be accommodated within the existing infrastructure of the current CPD Model for pharmacists, the PSI ought to consider against what framework would they consider the CPD activities recorded by pharmaceutical assistants. While there was strong preference expressed by stakeholders for utilisation of the CPD Model currently in place for pharmacists in Ireland – both in terms of the infrastructure itself and experience developed over the past decade – there was also recognition that the pharmaceutical assistants register could not be simply incorporated within the Model in its current format. Instead there was acknowledgment that certain amendments would likely be required as the current Model is set against the Core Competency Framework (CCF) for pharmacists in Ireland, which pharmaceutical assistants are not bound by. As the CPD activities of pharmacists are assessed against the CCF currently in place for their profession, the view of many domestic stakeholders was that it would be neither fair nor feasible to require pharmaceutical assistants to self-assess their own learning activities against a framework for another role. Similarly, the PSI and IIOP reported that the size of the pharmaceutical assistants' register would also present a difficulty regarding replicating the Practice Review element of the CPD Model, particularly in terms of identifying suitable practitioners who would be willing to act as peer reviewers. Furthermore, stakeholders informed Mazars that the Standardised Pharmacy Interaction (SPI) aspect of Practice Review may not be appropriate for pharmaceutical assistants, as it is set against the CFF for pharmacists. These views were shared by representatives of pharmaceutical assistants, therefore Mazars regard it as impractical for pharmaceutical assistants to be required to undergo Practice Review, or a similar simulated exercise.

While developing a CCF for the pharmaceutical assistants register in order to facilitate their incorporation within the current CPD Model is a possible solution, through Mazars' discussions with stakeholders within Irish pharmacy, it became evident that such an approach would entail significant challenges. Mazars were informed by the PSI that developing a CCF for the profession would be complex given the absence of rules regarding what duties a pharmaceutical assistant can assume in the temporary absence of a pharmacist, as well as the lack of definition regarding what constitutes a *temporary absence*. In addition, many stakeholders also noted that development of a CCF would likely be a time-consuming process, which given the closed nature of the pharmaceutical assistants' register would be less than ideal.

Taking these issues into account, the view of many domestic stakeholders was that the most appropriate and feasible approach would be to develop a dedicated New Model for pharmaceutical assistants' CPD, incorporating elements of the CPD Model currently in place for pharmacists registered in Ireland. This approach would utilise the infrastructure and knowledge in place within the current CPD Model, though

would provide consideration as to the unique characteristics of the pharmaceutical assistants register. Stakeholders felt that such an approach would offer a suitable balance between alignment with the current CPD Model in place for pharmacists, recognition of the unique nature of the pharmaceutical assistants register and facilitating relatively timely introduction of a model for CPD to the profession so as to enable engagement by as many individuals as possible.

The PSI suggested that pharmaceutical assistants could be provided with direction and guidance as to how to appropriately engage with the New Model, in order to ensure that practitioners can effectively manage and record their CPD in line with both their own needs and those of the Irish pharmacy sector. This support could draw elements and inspiration from the current Model in place for pharmacists but be tailored to appropriately meet the needs of pharmaceutical assistants. During Mazars' discussions with stakeholders, it was evident that this tailoring process would best be undertaken in collaboration between the PSI and representatives of pharmaceutical assistants, namely the PAA. Such collaboration would ensure that the guidance provided to pharmaceutical assistants would clearly direct practitioners in how to engage with and maximise their own benefits from the new model, as well as providing pharmaceutical assistants with a representative voice to feed into a highly significant development for their practice.

3.2.4 Future delivery / management arrangements of proposed new model

An additional area of discussion with stakeholders was how the New Model could be most appropriately delivered and managed. A notable insight from Mazars' engagement with domestic stakeholders was appreciation for the current CPD Model for pharmacists in Ireland being delivered and managed through the IIOP, rather than the PSI itself. Though a relatively unusual approach, with Mazars' comparative research indicating that such models are typically delivered and managed by the regulator itself, it appears to be quite well-regarded by pharmacists. It was reported to Mazars that pharmacists perceive the impartial nature of the IIOP as placing an appropriate buffer between the PSI and practitioners.

Mazars' engagement with representatives of pharmaceutical assistants supported this perception, reporting the respect and trust with which the IIOP is regarded. It was also felt that such an approach would capitalise on the experience and knowledge developed by the IIOP through its delivery and management of the current CPD Model in place for pharmacists. This suggestion would appear to sensibly utilise the existing infrastructure in place within the current CPD Model, as discussed in Section 3.2.3 above[3]. While the most suitable method for delivery and management of a new model for CPD would be the ultimate decision for the PSI, it is important to note that this latter point was particularly stressed during Mazars' stakeholder engagements as being one which would be positively received by the pharmaceutical assistants' register.

3.3. Insights from International Stakeholders

As outlined in Section 3.1, a core aspect of this assignment was Mazars' engagement with pharmacy regulators in other jurisdictions. The purpose of this engagement was twofold: first to identify professions within international pharmacy which were comparable to the role of pharmaceutical assistants and second to understand the models for CPD for pharmacists and other pharmacy professionals within these jurisdictions, to identify whether they might provide useful information for incorporation within a future model for pharmaceutical assistants' management of CPD learning activities. However, while the second objective was achieved, this engagement process with international stakeholders highlighted the unique nature of pharmaceutical assistants, with no exact equivalent identified within international pharmacy – nor elsewhere within the Irish health landscape.

[3] It is important to note that the CPD Model in place for pharmacists in Ireland is currently under review

As outlined in Section 2.2, Mazars' desk-based review of international pharmacy did not identify an equivalent position to that of pharmaceutical assistants, with this corroborated through engagement with regulators in other jurisdictions. Instead, pharmacy professionals are usually categorised as either registered pharmacists or pharmacy assistants and / or technicians, with the latter two roles not expected to fulfil the same duties as a registered pharmacist. Again, as outlined in Section 2.2, Mazars' desk-based review had identified two professions – namely pharmaconomists in Denmark and receptarien in Sweden – with apparently similar levels of responsibilities to those of pharmaceutical assistants in Ireland. However, Mazars and the PSI were unable to engage with representatives within the Danish pharmacy sector to confirm or dispute this.

While Mazars did engage with representatives from Apoteket, the state-owned pharmaceuticals retailer in Sweden, they explained that the primary distinction between receptarien and pharmacists is the length of education required for each profession. There is no clear difference in terms of the duties and responsibilities assigned to practitioners in each profession, and so it is not a clear equivalent to the situation of pharmacists and pharmaceutical assistants in Ireland. Though this information was somewhat disappointing, it did nevertheless highlight the unique nature of the pharmaceutical assistants register in Ireland, confirming the lack of an exact equivalent profession in international pharmacy.

Though some international stakeholders were somewhat familiar with the concept of the pharmaceutical assistant qualification in Ireland, this typically led to comparison with pharmacy assistants and technicians within their own jurisdictions. Therefore, the majority of information gathered during engagement with international stakeholders focussed on the models in place for pharmacists to manage and record their CPD, and what learnings might be relevant for the incorporation of a similar model for pharmaceutical assistants.

It is worthwhile to note that during Mazars' engagement with international stakeholders who were somewhat familiar with the role of the profession of pharmaceutical assistants, these stakeholders stated that they would imagine a similar arrangement to that in place for Irish pharmacists' management of CPD ought to be suitable for pharmaceutical assistants. One particularly relevant example is that the model for CPD / revalidation in Great Britain applies to all pharmacy professionals, with no distinction made between pharmacists and pharmacy assistants / technicians. Notwithstanding the fact that the model currently in place for pharmacists' CPD cannot be simply expanded to include pharmaceutical assistants, due to the issues outlined in Section 3.2.3, this does support the testimony of those Irish stakeholders who stated a new model of pharmaceutical assistants' CPD should draw inspiration from and utilise relevant and appropriately adapted components of the CPD Model currently in place for pharmacists.

4. Proposed New Model

4.1. Overview

Through a combination of comparative research, review of academic literature and engagement with domestic and international stakeholders within pharmacy regulation, the Mazars project team explored how the PSI might best structure and introduce a model for pharmaceutical assistants to effectively manage and record their CPD. The sub-sections below present the proposed New Model.

4.2. Proposed New Model

Following a comprehensive desk-based comparative research process, review of relevant academic literature and engagement with stakeholders across the Irish pharmacy sector and relevant pharmacy regulators in other jurisdictions, Mazars have considered the options available to the PSI for the development of an appropriate model for pharmaceutical assistants' CPD. A strong influencing factor during this consideration was the ability for such a model to utilise relevant and appropriately adapted components from the CPD Model currently in place for pharmacists – if possible, utilising the existing infrastructure in place and knowledge built up over the course of the intervening decade since the introduction of the CPD Model for pharmacists.

As presented in Section 3.2.3, pharmacists and pharmaceutical assistants are not identical, and so it would not be appropriate for pharmaceutical assistants to completely adopt pharmacists' CPD Model – not least as this model is set against the CCF for pharmacists in Ireland. It would also be difficult to create an adapted, or dedicated, CCF given the absence of rules surrounding what a pharmaceutical assistant can do in the temporary absence of a pharmacist. Furthermore, as reported in Section 3.2.3, attempting to replicate the peer-review nature of the Practice Review process would be challenging given the size of the pharmaceutical assistants register.

A suggested adapted or tailored model would utilise the infrastructure available for pharmacists within their current model for CPD and consist of a portfolio-based approach which would require pharmaceutical assistants to identify their learning needs through self-reflecting against guidelines developed by the PSI, and record activities within an adapted ePortfolio. The learning activities recorded within this ePortfolio would be at the discretion of each individual practitioner, however the PSI would look to offer guidance as to the particular themes that activities should address, and practitioners should self-reflect against. Such an approach would mirror that in place within the current model for pharmacists' CPD, with the PSI potentially amending and updating the required competences and themes as appropriate – with potential input from representatives of pharmaceutical assistants.

Pharmaceutical assistants could record their CPD learning activities in an online ePortfolio, or a similar system, with a sample of practitioners called to submit extracts from their ePortfolio documenting these activities each year. The PSI would need to develop ePortfolio Review Standards – as is the case for pharmacists – setting out requirements for the material to be submitted, and who is eligible for review. The exact size of this sample would be at the discretion of the PSI, though the organisation may wish for it to align with the model currently in place for pharmacists and so contact approximately twenty percent of the pharmaceutical assistants register each year. As well as reasons outlined above, as a CCF would not need to be developed for the pharmaceutical assistants register, Practice Review would therefore not be a requirement of the proposed new model.

Mazars' review of academic literature – as outlined in Section 2.4 –identified that a self-reflective, non-prescriptive model would enable pharmaceutical assistants to determine which learning activities will most appropriately and effectively meet their learning needs (Austin et al., 2005). Such autonomy will facilitate practitioner development and enabling individuals to stay abreast of the ever-evolving landscape of international pharmacy and healthcare (Young et al., 2016), whilst also aligning with the approach taken by pharmacy regulators in other jurisdictions – as outlined in Section 2.3.

The individual aspects and key characteristics of the proposed New Model for pharmaceutical assistants' CPD for the PSI to consider are presented in the subsections below:

4.2.1 Objectives of the New Model

The key objectives of the proposed New Model should be to:

- Provide members of the Irish public with assurance as to the maintenance of pharmaceutical assistants with the CPD requirements of the New Model
- Enable pharmaceutical assistants to identify, manage and record appropriate learning activities for their own CPD
- Facilitate assessment of the extent to which individual pharmaceutical assistants engage and comply with the New Model

4.2.2 Structure of the New Model

As presented in Section 4.2, Mazars believe that the PSI should look to develop a model which draws elements from the CPD Model currently in place for pharmacists registered in Ireland. Such an approach could utilise the existing infrastructure in place, as well as capitalise on the experience and knowledge built by the PSI – and IIOP – over the past decade in introducing and delivering a system for CPD within pharmacy.

Pharmaceutical assistants would manage a portfolio of CPD learning activities across the year, with a select sample – the size of which to be determined by the PSI – submitting extracts from their ePortfolio each year to the organisation tasked with delivering the model. Selection of learning activities conducted each year would be at the discretion of each individual practitioner, however the PSI would look to offer guidance as to the particular themes that activities should address, and practitioners should self-reflect against. Such an approach would mirror that in place within the current model for pharmacists' CPD, with the PSI potentially amending and updating the required themes each year – with potential input from representatives of the pharmaceutical assistants register.

4.2.3 Delivery of the New Model

With regards to the delivery and management of the proposed New Model, all domestic stakeholders with whom the Mazars project team engaged reported that it would be logical for the PSI to outsource this responsibility to the IIOP, not least in terms of likely cost efficiencies. Such an approach would utilise the experience and knowledge that the IIOP have gained from their delivery and management of the CPD Model currently in place for pharmacists. While this argument may have merit, the decision as to who the most appropriate body to deliver and manage the New Model will ultimately be that of the PSI, and will require conducting of a procurement process, similar to that conducted for the CPD Model currently in place for pharmacists registered in Ireland.

4.2.4 Recording of CPD activities within the New Model

If the PSI desires to utilise the existing infrastructure in place within the model for pharmacists' CPD, then it would appear logical for the proposed New Model to simply adopt the ePortfolio system of the IIOP. Mazars were informed by the IIOP that it would be relatively straightforward to incorporate the New Model within ePortfolio, and indeed many pharmaceutical assistants are already accessing the learning activities and training courses available within the system.

If the PSI decide that the proposed New Model should be operated either directly or by a third-party other than the IIOP, then Mazars advise that the PSI look to provide pharmaceutical assistants with access to an online system of equivalent quality to ePortfolio. However, there would clearly be an additional cost implication of this action – both in terms of money and IT resources – and is a clearly important issue for the PSI to note when considering future responsibility for delivery and management of the proposed New Model.

4.2.5 Measuring engagement with the New Model

The utilisation of an electronic system for the accessing and completion of CPD learning activities would greatly facilitate the ability of the PSI to record and measure engagement of pharmaceutical assistants with the New Model. The IIOP currently collects metrics on the number of users of the ePortfolio system and the average number of CPD cycles per user, which is a straightforward way to get a sense of registrants' engagement with CPD. At present, access by pharmaceutical assistants to the IIOP is available however it is not routinely tracked as is done for pharmacists. The use of this or similar infrastructure for the New Model should be monitored, as is currently the case for pharmacists.

The ePortfolio Review process is also used as a method to validate engagement with the CPD Model by assuring that pharmacists are tailoring their CPD to the necessary standards. Both means of measuring and validating registrants' engagement would be suitable to use for the New Model, albeit the ePortfolio Review process may need to be tailored slightly. In its current form, it involves an automated review of portfolios against pre-set standards and a sample of portfolios are then also reviewed by peer reviewers. The standards used for the automated review would need to be tailored to the role of a pharmaceutical assistant, which would necessitate engagement between the PSI and representatives of pharmaceutical assistants. As mentioned in Section 3.2.3, if the small size of the profession makes it difficult to find pharmaceutical assistants who can act as peer reviewers, it will be essential to utilise pharmacists who work with pharmaceutical assistants in order to allow for impartial review of individuals' CPD to be conducted.

Prior to measuring engagement however, it is vital that the correct support structures are put in place and necessary engagement activities undertaken to ensure that pharmaceutical assistants are educated on the new model and systems. Assistance on engaging with the New Model must be provided if the methods of measuring engagement are to have any meaningful value. The PSI may look to utilise the IIOP for advice and guidance in this area, as the outsourcing of the CPD Model for pharmacists has required the IIOP regularly delivering informational webinars on the CPD Model, as well as having created a Peer Support Network of pharmacists to provide extra assistance to pharmacists if needed.

4.2.6 Quality assurance of the New Model

Following review of the model for pharmacists' CPD currently in place and discussion with stakeholders across the Irish pharmacy sector, Mazars believe that it would be sensible for the quality assurance of learning activities within the proposed new model to be overseen by the body responsible for its delivery and management. This is the case in the model for pharmacists' CPD, whereby the IIOP is responsible for ensuring that all learning activities made available to pharmacists are of the appropriate relevance to and

quality for practitioners' learning. Were the IIOP to be assigned responsibility for the New Model, this would offer significant efficiency, as Mazars were informed that many such resources available within the ePortfolio system are already being accessed by members of the pharmaceutical assistants register.

4.2.7 Non-compliance with the New Model

While Mazars were informed that the majority of pharmaceutical assistants are already managing their own CPD and have significant interest in the introduction of a formal model for CPD, it is important for the PSI to consider that some individuals may not comply with the New Model. This is similar to the CPD Model for pharmacists where, despite the numbers of individuals who have not complied with and met its requirements was reported to Mazars as being minor, the PSI have still developed processes for providing appropriate support – and if required, discipline and remediation – to such individuals.

Mazars advise that the organisation responsible for the delivery and management of the New Model – be that the PSI or a third-party organisation – develop similar processes to those developed by the IIOP and PSI within the current model for pharmacists' CPD. For instance, individuals who do not manage to comply with submission of a portfolio documenting their CPD learning activities for whatever reason should be provided with guidance as to how to do so and be automatically included within the next submission cycle. Further non-compliance with this submission process should then be directed to the PSI for management as appropriate.

4.3. Required Resources of Proposed New Model

In addition to the feasibility and suitability of the New Model, it is also important to consider the cost implications of introducing this model. These cost implications fall into two categories – the costs incurred by the regulator to introduce and operate the New Model, and the costs to the individual pharmaceutical assistants or employers to meet the requirements of the New Model.

4.3.1 Cost implications for the PSI

The first aspect of cost implications for the PSI to consider is that of the delivery and management of the New Model. As detailed in Section 4.2.3, these costs will be significantly influenced by whether the New Model is outsourced or delivered in-house by the PSI. In the case of the latter option, despite targeted questioning by the Mazars' project team, no comparative stakeholders provided an estimate of the costs associated with the delivery and options of their models for practitioners' CPD. Therefore, the PSI will have to rely on the information it holds in relation to the operating costs for the CPD Model for currently in place for pharmacists registered in Ireland.

While assuming responsibility for management of the New Model would naturally have resulting cost implications, the IIOP informed Mazars that amending and utilising the infrastructure underpinning the current CPD Model to incorporate a model for pharmaceutical assistants would be a relatively straightforward process. While it is impossible without further investigation to ascertain exactly how much this amendment process would cost, it is reasonable to expect that this would not be an excessive cost. Alongside utilisation of the experience and infrastructure developed by the IIOP over the past decade, the cost benefits of efficiencies through two separate CPD models being delivered and managed by the same entity should be not be ignored by the PSI when considering the appropriate delivery and management arrangements.

However, it is possible that a procurement process may result in a third party other than the IIOP assuming responsibility for the delivery and management of the New Model. In such a scenario, while the

New Model could draw much inspiration from that in place for pharmacists, it may not be possible to utilise the infrastructure developed by the IIOP. In particular, this infrastructure refers to the need for an IT system similar to ePortfolio for the recording and submission of practitioners'' learning activities, with this system underpinning the format of the proposed new model – as outlined in Section 4.2.4. The number of practicing pharmaceutical assistants is considerably smaller than that of pharmacists and the proposed new model would not contain a component akin to Practice Review – which the IIOP estimates as costing approximately €250,000 to operate each year.

However, while operating costs of the New Model would likely be less than those of the CPD Model currently in place for pharmacists, it is unreasonable to expect that these costs would be 3% of those currently incurred by the IIOP. Given the potential need for development / purchase of an appropriate IT system and the operational costs associated with liaising with practitioners, a third-party other than the IIOP would have to require significant costs to support development of a new model. Due to a lack of information and the constraints of this assignment, Mazars cannot provide conclusive advice as to the likely financial costs for a third-party organisation to develop and implement a completely new, standalone model for pharmaceutical assistants' CPD. In the event that the PSI decide to proceed with this approach, then Mazars advise the PSI to refer to the data and information used when considering the commissioning of the initial contract for the CPD Model currently in place for pharmacists in order to identify the likely costs for a third-party organisation to develop and deliver the infrastructure associated with a completely, new standalone model.

Finally, were the PSI to decide to operate the New Model internally, while it would not have to commission a third-party, there would clearly be financial and personnel resource implications associated with this decision. These implications are outlined in the subsections below.

4.3.1.1 IT system

The core underlying principle of the New Model for pharmaceutical assistants' CPD is for practitioners to record their learning activities via an appropriate IT system. A well-functioning IT system would enable automation of many aspects of the review process, which would enable the PSI – or third-party – to focus on providing guidance and support only to those practitioners who are struggling to comply with the requirements of the New Model for CPD.

Discussions with the IIOP informed Mazars that the current ePortfolio system could be easily adapted to incorporate a separate section for pharmaceutical assistants, at relatively minor cost. Therefore, if the PSI determines that it wishes for delivery of the New Model to fall under the responsibility of the IIOP then this requirement should be relatively straightforward to implement.

However, if the PSI determines that it wishes to directly manage the New Model, then it will likely have to develop an appropriate IT system similar to ePortfolio. Despite targeted questioning, no comparative stakeholders could provide an estimate of the costs associated with development of such a system. The design of such an IT system is beyond the scope of this assignment, and therefore Mazars cannot advise on the complexities or costs of designing and implementing such a system. Therefore, in the event that the PSI decide that they wish to deliver the New Model in-house, then Mazars advise that a separate exercise be undertaken to establish the specification requirements and associated costs of developing or purchasing this system.

4.3.1.2 Resource requirements

Introducing and delivering any proposed new model for CPD will require staff to support it, whether this is conducted by a third-party or in-house. In the case of the former, this would be a decision for the organisation tasked with delivering the New Model, whether that be the IIOP or another organisation.

However, if the PSI decides to deliver and manage the New Model in-house, then it should be at the discretion of the organisation to determine whether it may require additional staff or a reallocation of internal resources to manage the New Model.

4.4. Rationale of Proposed New Model

The rationale for the proposed New Model was provided through a combination of activities undertaken by Mazars – review of academic literature, review of similar models in other jurisdictions, as well as extensive engagement with relevant stakeholders within the Irish pharmacy sector.

As presented in Section 3.2.3, many stakeholders within Irish pharmacy with whom Mazars engaged reported that many aspects of the CPD Model currently in place for pharmacists in Ireland would be suitable for pharmaceutical assistants. Similarly, Mazars' review of academic literature – as outlined in Section 2.4 – which presented a series of key drivers within such models for CPD within international healthcare regulation, identified the value of a self-reflective, non-prescriptive model – characteristics which are shared by the current CPD Model for pharmacists. However, it was also reported to Mazars that complete adoption of the CPD Model would not be appropriate nor feasible as the current Model is set against the CCF for pharmacists in Ireland, which pharmaceutical assistants are not bound by. The PSI reported that developing a CCF for pharmaceutical assistants would be complex given the absence of rules regarding what duties a pharmaceutical assistant can assume in the temporary absence of a pharmacist, as well as the lack of definition regarding what constitutes a *temporary absence*. In addition, many stakeholders also noted that development of a CCF would likely be a time-consuming process, which given the closed nature of the pharmaceutical assistants' register would be less than ideal. Instead, an amended model was regarded as the most appropriate approach, the rationale for which being that it enables the PSI to utilise the existing infrastructure and knowledge in place within the CPD Model currently in place for pharmacists, facilitates the provision of a self-reflective, non-prescriptive model as identified in Mazars' review of academic literature, whilst also providing appropriate recognition of the unique nature of the pharmaceutical assistant qualification. This acknowledges the fact that pharmacists and pharmaceutical assistants are very different roles and requiring the latter to comply with the former's model for CPD would be neither fair nor feasible.

Given the nature of the pharmaceutical assistants register as a closed register, as well as its decrease in recent years, it would neither be practical nor an efficient use of PSI resources to oversee development of a completely unique and bespoke model. In particular, developing new IT infrastructure for the recording and submission of CPD learning activities would require significant time, as would the piloting and testing of such a new system. In contrast, drawing on elements of the CPD Model currently in place for pharmacists would enable the expedient implementation of a model for CPD similar to that which has been proven to work well for pharmacists, with no clear reason as to why this would not also be the case for pharmaceutical assistants. As highlighted in Section 4.2.3, this particular benefit assumes the New Model would be delivered by the same organisation delivering the CPD Model for pharmacists – which is currently the IIOP. As presented in Section 3.2.4, there was a clear opinion amongst representatives of pharmaceutical assistants with whom Mazars engaged as to their preference for a future model for the profession's CPD to be overseen by the IIOP. However, as assignment of responsibility for the delivery and management of the New Model will require a procurement process, it should not be assumed that this responsibility will automatically fall to the IIOP.

As presented in Section 3.2.3, the proposal for a future model of CPD for pharmaceutical assistants to derive from – yet not be completely identical to – the CPD Model currently in place for pharmacists was positively received and regarded as an appropriate approach by many domestic stakeholders with whom Mazars engaged. In addition, the provision of a self-reflective, non-prescriptive model for CPD would align

with the key themes identified in Mazars' review of academic literature regarding professional competence and CPD within international healthcare. Despite the positive reception for this proposal within the Irish pharmacy sector, Mazars still advise for the PSI to proactively engage with representatives of pharmaceutical assistants to further discuss this concept.

Such engagement will serve to both explore the suitability of the New Model and identify whether there are any aspects of the New Model which may need to be amended. It will also socialise the idea of a formal model for CPD amongst pharmaceutical assistants, as while Mazars were informed that the majority of practitioners are already managing their CPD, the introduction of a formal requirement to do so would still be a change to current circumstances. The introduction of the New Model will be a hugely significant event for the register of pharmaceutical assistants, bringing the qualification in line with other regulated professions and healthcare practitioners across the Irish health and social care sector who comply with well-established models for CPD. Therefore, it is imperative that the idea is properly tested with and appropriately communicated to members of the pharmaceutical assistants' register. Furthermore, its introduction should be seen by the PSI and representatives of pharmaceutical assistants as an opportunity to constructively communicate and engage with one another to ensure the development of an appropriate model for pharmaceutical assistants' CPD which meets the needs of practitioners, the Irish pharmacy sector and ultimately the patients and general public whom the sector serves.

5. Conclusion & Next Steps

5.1. Overview of Work Conducted

Through a combination of comparative research, review of academic literature and engagement with domestic and international stakeholders within pharmacy regulation, this assignment has explored how the PSI might best structure and introduce a model for pharmaceutical assistants registered in Ireland to effectively manage and record their CPD.

This assignment was conducted from December 2022 to April 2023 and divided across three project phases.

- **Desk-based Review**
  - Review of relevant legislation regarding pharmaceutical assistants, review of current CPD model for pharmacists in Ireland, identification of professions analogous to pharmaceutical assistants, review of CPD models for pharmacy in other jurisdictions, review of CPD models for other healthcare professions in Ireland, review of relevant academic papers.
- **Stakeholder Engagement**
  - Engagement with representatives of relevant bodies within the Irish pharmacy / health sector, engagement with pharmacy regulators in other jurisdictions.
- **Reporting of Findings**
  - Analysis of findings from previous activities, identification of potential options for pharmaceutical assistants to manage their CPD learning activities, consideration as to appropriate framework for pharmaceutical assistants to manage their CPD learning activities

Underpinning this work were a number of key considerations for the Mazars project team to be cognisant of, with these including:

- The experience and knowledge gained from the introduction of the current model for pharmacists registered in Ireland to manage their CPD
- The learnings and advice from pharmacy regulators in other jurisdictions
- The mandate ascribed to the PSI in the Pharmacy Act 2007
- The size and characteristics of the pharmaceutical assistant population in Ireland
- The understanding that the majority of pharmaceutical assistants already maintain their own CPD
- The capacity of pharmaceutical assistants to comply with any introduced model for CPD
- The closed nature of the pharmaceutical assistants' register
- The resources available to the PSI

5.2. Overview of Findings

Following analysis and consideration of the findings gathered through the project phases listed above, as well as discussions with representatives of the PSI, the Mazars project team deliberated how a model for pharmaceutical assistants to manage their CPD might be most appropriately structured and introduced.

This New Model was presented in Section 4.2 and is outlined again in Section 5.3, while the subsections below reiterate the key findings which informed the design of this New Model.

5.2.1 Emergent themes identified through comparative research

The comparative research element of this assignment, as detailed in Section 2.3, identified a number of key findings and emergent themes within domestic and international pharmacy regulation of relevance to the introduction of a model for pharmaceutical assistants' CPD. These emergent themes included:

- The unique nature of pharmaceutical assistants register, with no exact equivalent identified within either Irish healthcare nor international pharmacy
- A growing focus on self-directed learning, with practitioners typically afforded a significant degree of autonomy in determining which learning activities will best support their CPD
- Similarly, Mazars identified that practitioners are typically not required to complete a specific number of hours or CPD credits per annum

5.2.2 Key drivers identified through review of academic literature

Following on from the comparative research element of this assignment, Mazars' review of academic literature identified a number of key drivers underpinning models for CPD within healthcare regulation. These key drivers included:

- Ensuring public safety through improved patient outcomes
- Providing public assurance as to the competence of individual practitioners
- Facilitating practitioner development through insights into one's own practice
- Ensuring awareness of an ever-evolving healthcare landscape

It is important that the New Model is cognisant of and facilitates these drivers.

5.2.3 Insights identified through stakeholder engagement

Finally, the Mazars project team's engagement with a wide variety of domestic and international stakeholders also provided useful insights regarding perspectives within Irish and international pharmacy. These insights included:

- Widespread motivation within the pharmaceutical assistants register to engage in CPD, and enthusiasm regarding the introduction of a structured model to facilitate practitioners in managing CPD
- Limited appetite for development of a completely unique model for pharmaceutical assistants' CPD
- Discussion as to the suitability of the CPD Model currently in place for pharmacists for pharmaceutical assistants
- Consideration as to what the most appropriate delivery and management arrangement for the New Model might be

5.3. Observations & Recommendations

The previous sections of this document have presented Mazars' findings regarding the options available to the PSI for the development of a model for pharmaceutical assistants' CPD, as well as important issues for the PSI to consider. These findings are now followed up with a series of recommendations which are presented in the table below.

Observations & Recommendations	
Observations	
Obs. 1	Mazars was informed that the majority of pharmaceutical assistants are already participating in continuing education activities and have access to some IIOP CPD activities.
Obs. 2	Mazars identified a limited appetite within the Irish pharmacy sector for a completely unique model for pharmaceutical assistants' CPD due to the declining number of registrants, as well as the required resources to introduce / maintain such a system.
Obs. 3	It is important to note the unique nature of pharmaceutical assistants, with Mazars unable to identify equivalent comparators, neither within international pharmacy nor Irish healthcare.
Obs. 4	Mazars' research regarding models for CPD across international pharmacy identified a clear trend towards incorporation of self-assessment and self-directed learning.
Recommendations	
Rec. 1	Mazars believe wholesale inclusion of pharmaceutical assistants within the CPD Model would not be appropriate, given the differences between pharmacists and pharmaceutical assistants. Instead Mazars advise the PSI to investigate how to draw elements from, and utilise the infrastructure of, the CPD Model, whilst ensuring cognisance of the unique nature of pharmaceutical assistants.
Rec. 2	Mazars advise the PSI to introduce a bespoke model for pharmaceutical assistants' CPD which utilises the expertise, knowledge and infrastructure developed through the delivery and management of the CPD Model currently in place for pharmacists registered in Ireland.
Rec. 3	Mazars advise the PSI to consider what the most appropriate approach for the delivery and management of the New Model should be. Feedback received during consultations with relevant stakeholders suggested that outsourcing this responsibility to a third-party such as the IIOP would be an appropriate approach, however Mazars advise the PSI to conduct further consideration and investigation as to its options.
Rec. 4	Among the reasons why the current CPD Model for pharmacists is not suitable for pharmaceutical assistants is that it is set against the CCF for the profession, which is not applicable to pharmaceutical assistants. Mazars believes that developing a bespoke CCF for pharmaceutical assistants would not be logical nor practical. Instead, Mazars advise the PSI to develop guidelines / standards to provide direction and guidance for pharmaceutical assistants to conduct and manage their CPD learning activities within the New Model.
Rec. 5	Mazars advise the PSI to ensure that the New Model is centred around an online system which enables pharmaceutical assistants to manage and record their CPD learning activities, such as – or similar to – the ePortfolio system within the current CPD Model.

Rec. 6	It will be important to assess the engagement of pharmaceutical assistants within the New Model for CPD, however Mazars believe that a component such as Practice Review would not be appropriate for pharmaceutical assistants. Instead, Mazars advise the PSI to consider verifying pharmaceutical assistants' engagement – and maintenance of CPD – within the New Model through a sample-based review of portfolio records, akin to ePortfolio Review within the current CPD Model.
Rec 7	It will be important for pharmaceutical assistants to be fully informed regarding the New Model, both in terms of its processes, underlying rationale and resulting benefits. Mazars advise the PSI to proactively consult with pharmaceutical assistants during development of the New Model, as well as to 'socialise' the concept of its forthcoming introduction.

Table 5.3 – Observations & Recommendations

5.4. Next Steps

While this assignment has presented the potential options available to the PSI in terms of establishing the New Model, assessing the perspectives of relevant domestic and international stakeholders, as well as conducting comparative research and review of academic literature, there are still a number of key decisions for the PSI to consider and determine. As presented in Recommendation 3 of Table 5.3, Mazars advise the PSI to consider the most appropriate approach for the delivery and management of the New Model, whether that be outsourced or with internal resources.

The introduction of the New Model will be a significant event for the register of pharmaceutical assistants, and while Mazars were informed that the majority of practitioners are already managing their CPD, the introduction of a formal requirement to do so will nevertheless be a significant change to current circumstances. Therefore, as presented in Recommendation 8 of Table 5.3, Mazars advise the PSI to proactively engage with representatives of the pharmaceutical assistants register throughout the process to develop and introduce this new model. During engagement with pharmacy regulators in other jurisdictions, Mazars questioned as to whether they experienced any challenges. These stakeholders reported that although they experienced some initial resistance to the implementation of their schemes, this subsided once it became evident that the (regulators') focus was on assisting practitioners to maintain and record their CPD, and not to assess performance.

Mazars understand that such an approach was taken by the IIOP and PSI in the development and introduction of the CPD Model currently in place for pharmacists, with representatives of the pharmaceutical assistants register reporting that a similar approach would be greatly appreciated by practitioners for the New Model. This engagement will not only identify how to ensure that the New Model is appropriate for the CPD needs of pharmaceutical assistants, but also socialise the concept amongst pharmaceutical assistants as to a formal system for CPD. Furthermore, such engagement may also potentially foster the development of a positive working relationship between the regulator and representatives of pharmaceutical assistants, an arrangement which could only be beneficial for the effective introduction of the New Model. Finally, following decision as to the most appropriate delivery and management arrangements of the proposed new system for pharmaceutical assistants' CPD, the organisation tasked with delivery of the New Model will be required to develop supporting documentation, online resources and offer training to prepare practitioners for what will be required of them.

Appendix 1 – Glossary of Terms

CCF	Core Competency Framework
CE	Continuing Education
CPD	Continuing Professional Development
DoH	Department of Health
FIP	International Federation of Pharmacy
GPhC	General Pharmaceutical Council (Great Britain)
HSE	Health Service Executive
IIOP	Irish Institute of Pharmacy
IPU	Irish Pharmacy Union
OCP	Ontario College of Pharmacists (Ontario, Canada)
PAA	Pharmaceutical Assistants Association
PSI	Pharmaceutical Society of Ireland
QA	Quality Assurance

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PSI, PAA and Comparator Documentation

ID	Document Description	Date Received	Received From
	International Equivalents		
1	Denmark – Pharmaconomists website	Nov 2022	PSI
2	Netherlands – Pharmaceutical Assistant's and Technician's Work Placements	Nov 2022	PSI
3	Canada – Pharmacy Technicians Scope of Practice	Nov 2022	PSI
4	Canada – Pharmacy Professional Competencies	Nov 2022	PSI
5	Canadian Association of Pharmacy Technicians Website	Nov 2022	PSI
6	Canada – Ontario College of Pharmacists QA Program	Nov 2022	PSI
7	UK – Pharmacy Technician Education and Training	Nov 2022	PSI
8	UK – Pharmacy Technician Revalidation	Nov 2022	PSI
9	UK – GPhC Review of CPD (2015)	Nov 2022	PSI
10	UK – GPhC Revalidation Framework (2018)	Nov 2022	PSI
12	UK – GpHC Register Trends	March 2023	Mazars
13	UK - Continuing professional development requirements for UK health professionals: a scoping review	Nov 2022	PSI
14	Sweden – Community Pharmacy in Sweden	Nov 2022	PSI
15	Sweden – Pharmacy course webpage in Uppsala University	Nov 2022	PSI
	Pharmaceutical Assistants in Ireland		
16	Department of Health – National Approaches to Regulating Health and Social Care Professions report	Nov 2022	PSI
17	Mazars Submission for PSI CPD Model for Pharmaceutical Assistants	Sept 2022	Mazars
18	Pharmaceutical Assistants on PSI website	Nov 2022	PSI
19	PSI Pharmaceutical Assistants Information Note	Nov 2022	PSI
20	"New Rules Could See Pharmacy Assistants Made Redundant" – Journal.ie article	Nov 2022	PSI
21	PSI Future Pharmacy Practice in Ireland Report	Nov 2022	PSI
22	The Pharmacy Act 2007	Nov 2022	PSI
23	Core Competency Framework for Pharmacists (current version – published 2013)	Nov 2022	PSI
24	Draft Revised Core Competency Framework (submitted for public consultation) – final version will be presented to PSI Council in December 2022 for approval	Nov 2022	PSI
25	PSI Regulatory Risk Statement	Nov 2022	PSI
	PAA Documentation		

26	Answers to Mazars consultation questions	Feb 2023	PAA
27	Court Documents 1983	Feb 2023	PAA
28	Human Rights and Equality Impact Assessment of Proposed Draft PSI Rules (Temporary Absence) 2018	Feb 2023	PAA
29	PAA Presentation to PSI Council 2017	Feb 2023	PAA
CPD for Irish Professions			
30	CORU – CPD Audit Guidelines	March 2023	Mazars
31	CORU – Social Care Workers Guidance on CPD	March 2023	Mazars
32	CORU – Social Care Workers Support for CPD	March 2023	Mazars
33	Nursing and Midwifery Board Ireland (NMBI) – Scope of Nursing and Midwifery Practice Framework	March 20223	Mazars
34	Irish Medical Council – Professional Competence webpage	March 2023	Mazars

Appendix 2 – Consultations

Consultation	Name / Organisation	Date	Status
Kick-off meeting	• Aoife Mellett, PSI • Dan Burns, PSI • Padraig Corbett, PSI • Agnieszka Mazurek, PSI	18/11/22	Complete
Project Discussion Meeting	• Andrea Boland, PSI • Aoife Mellett, PSI	11/01/23	Complete
General Pharmaceutical Council, UK	• Annette Ashley, GPhC	25/01/23	Complete
Irish Institute of Pharmacy, Ireland	• Catriona Bradley, IIOP	25/01/23	Complete
Australian Pharmacy Council	• Glenys Wilkinson, APC • Kate Spencer, APC	31/01/23	Complete
Health Service Executive	• Kate Mulvenna, HSE	31/01/23	Complete
Health Service Executive	• Linda Fitzharris, Head of Pharmacy Function HSE	01/02/23	Complete
Department of Health	• Anne-Marie Seymour, Medicines, Controlled Drugs & Pharmacy Legislation, DoH	02/02/23	Complete
Irish Pharmacy Union	• Sharon Foley, IPU • Clare Fitzell, IPU	03/02/23	Complete
Pharmacy Council, New Zealand	• Trish Farrelly, PC NZ	07/02/23	Complete
Pharmaceutical Assistants Association, Ireland	• Deirdre Brady, PAA • Vyra Hardy, PAA • Marita O'Brien, PAA	09/02/23	Complete
Ontario College of Pharmacists	• Anita Aarzoomanian, OCP • Sandra Winkelbauer, OCP	27/02/23	Complete
Dutch Pharmacists' Association	• Hanneke Verheijde, KNMP	28/02/23	Complete
Apoteket	• Louise Skalin, Apoteket • Camilla af Petersens, Apoteket • Lotta Pälvärinne, Apoteket	24/03/23	Complete
Presentation to PSI RPP	• PSI RPP	13/04/23	Complete