Submission by the Irish Pharmacy Union to the Pharmaceutical Society of Ireland on PSI (Continuing Professional Development) Rules 2015
May 2015

The Irish Pharmacy Union (IPU) welcomes the opportunity to make a submission to the Pharmaceutical Society of Ireland on the PSI (Continuing Professional Development) Rules 2015. We have a number of concerns with the proposed Rules which we discuss in detail below.

Relationship between the Institute and the PSI

The IPU would have a concern that the relationship between the Institute and the PSI is not “at arm’s length”, as we have previously been led to believe. In Rule 3, the definition of the Institute of Pharmacy is “the management arrangements put in place from time to time by the Council……to arrange for the implementation and delivery of the CPD system and engagement by pharmacists with such system”.

Furthermore, in relation to the application and approval of CPD programmes, Rule 6(1)(a) states that the person proposing to offer a course or programme shall “make an application in writing to the Executive Director for recognition of a CPD programme or course by the Registrar...”

It seems superfluous to put in place an organisation, such as the Institute, yet insist that all authority remains with the PSI. In various briefings and roadshows given by the PSI in the past years, we had been led to believe that, once the Institute was set up, it would operate completely independently of the PSI. This does not seem to be the case, given the above Rules.

We suggest that the Rules be amended, and the governance of the Institute clarified and strengthened, to copper-fasten the Institute’s autonomy in order to ensure that the Institute will gain the respect and confidence of the pharmacy profession.

Criteria for recognition and approval of CPD programmes and courses

Rule 5(1) states that the Council “shall determine, approve and publish criteria for the recognition and approval of CPD programmes and courses of education and training”. While the outlined criteria in Rule 5(2) appear appropriate, it is important that, before being adopted by the PSI Council, specific criteria, and any subsequent review of such criteria, be published for public consultation or, at the very least, subject to input from key stakeholders, such as the IPU.
Timescales for approval of courses and fees

We are concerned at the length of time the Rules provide for CPD programmes or courses to be approved. **Rule 6(2)** says that the Institute has 120 days from receipt of the application to make a recommendation to the Registrar. On receipt of this recommendation, the Registrar has 150 days, from the date of receipt of the application by the Institute, to grant or refuse to grant approval of the course. This is 5 months in total. It is very likely that any person or organisation wishing to provide a course would be dissuaded from seeking approval for that course because the approval process takes so long. It also makes a mockery of the requirement in **Rule 6(1)(c)** that the course “meets an identified and essential need”. The need can hardly be essential if it takes 5 months to get course approval. We would ask that these timescales be reduced to a more practical level.

Secondly, in the event that neither the Institute nor the Registrar can meet the timescales set out, the Rules do not specify what actions will be taken to address this lapse and meet the identified and essential needs of the profession.

In addition, given the lengthy timescales awarded to the Institute and Registrar to grant or refuse to grant course approval, it seems unfair and unreasonable to expect the course provider to reply to the decision within 5 working days.

Furthermore, in order to avoid excessively inflating the cost to pharmacists of CPD programmes and courses, any fees payable to the Council in connection with that application, as described in **Rule 6(1)(d)**, should be purely for cost recovery rather than generating income for the Institute.

Lastly, in the eventuality that the Rules are not amended to grant to the Institute and its Executive Director the authority to approve CPD courses in line with the criteria to be determined by the PSI Council, as would be appropriate, **Rules 6(2), 6(5) and 6(8)** should be amended by the replacing “the Registrar” with “the Council”.

Course provider reporting to the Institute

**Rule 8(1)** says that CPD providers “submit to the Institute a report on the delivery of the CPD programme or course...”. Whilst we have no problem with the provision of uptake and course satisfaction statistics, we would like reassurance that this report would not include details of course attendees or their performance on the course.

Self-assessment

**Rule 9(3)** states “that every pharmacist shall on a regular basis carry out a self-assessment of his or her learning needs....the outcome of which shall form the basis of his or her learning profile”.

**Rule 9(4)** states “every pharmacist shall, in undertaking his or her CPD activities, engage in such activities as may have been identified in his or her learning profile”.

This implies that if a pharmacist does not, firstly, regularly carry out a self-assessment to create a learning profile and, secondly, engage with all the activities identified in the self-
assessment, that they will not be meeting their CPD obligations. In Rule 13(1), it states that “a pharmacist shall submit a report on his or her CPD activities, at the request of the Executive Director, to the Institute”. Rule 13(2) goes on to say that this report shall include “a record extracted from a recent self-assessment of the nature referred to in 9(3)”. This suggests that a record of CPD activity is not sufficient; instead the pharmacist must prove that their CPD is based on regular self-assessment, rather than reflection and evaluation of learning outcomes.

ePortfolio

Rule 11 states that “every pharmacist....shall use...the ePortfolio made available by the Institute...” Whilst we are all in agreement that pharmacists undertake appropriate continuing professional development, it seems unfair to insist that there is only one method for pharmacists to compile their CPD portfolio. We think that pharmacists should be offered the option of compiling a paper CPD portfolio.

Fees

Rule 12 prescribes that “there shall be paid to the Council any annual fee that may be established by the Council, in respect of registration with the Institute...” Despite the repeated cuts in pharmacy incomes under the FEMPI Act and other Government initiatives, and despite the recommendation in the Forfás report on regulatory costs that fees payable by pharmacists be examined, the PSI registration fees for pharmacists and pharmacies have remained at excessively high levels, far out of line with other countries and almost ten times higher than equivalent rates in the UK. It seems incredible that the PSI is now proposing that pharmacists pay an additional fee to contribute to the cost of making CPD programmes and courses available to pharmacists on behalf of the Institute. We would like to make it quite clear that pharmacists will not and should not have to pay any more fees than they do currently.

Institute guidelines

Rules 13(2) and 13(5) refer to guidelines laid down by the Institute, with the approval of the Council, for pharmacists’ CPD reports and review and evaluation of said reports. Such guidelines should be published for public consultation or, at the very least, subject to input from key stakeholders, such as the IPU.

Outcome of review and evaluation

Rule 13(6) says that the outcome of the review and evaluation shall be conveyed to the pharmacist “within the timescales set down by the Institute”. It would be helpful if such timescales were laid out in these Rules, as are all other timescales.

Practice review for patient-facing pharmacists

Rule 14(1) outlines that the Institute shall select, at random, not less than ten per cent of pharmacists who provided a report on their CPD activities to undergo a practice review.
However, it is not clear how much notice will be given to the pharmacist for this practice review.

Whilst Rule 14(2) states that the random selection of pharmacists for a practice review shall exclude those pharmacists who do not practise in a patient-facing role, this would seem to be somewhat contradicted by Rule 14(3) which states that a pharmacist practising in a patient-facing role shall include a superintendent pharmacist. Superintendent pharmacists should be given the option to self-declare whether their role is patient-facing and should not be subject to a practice review if this is not part of their role.

Outcome of practice review

Rule 14(5) states that “The outcome of the practice review ….. shall be conveyed to the pharmacist concerned by the Executive Director in writing within three months from the date the review concluded.” We have a concern that the Rules do not appear to allow for an appeal, in the event that the pharmacist is unhappy with the outcome of either the report review or the practice review or both. We also contend that three months is too long and suggest that a maximum of one month would be more appropriate.

Referral for practice review by the Registrar

We have significant concerns about Rule 14(7) which allows that “where the Council or Registrar has identified a pharmacist acting in a patient-facing role whose ability or competence to practise may be considered deficient in a material aspect, the Institute shall include, at the request of the Council or the Registrar, such persons to undergo a practice review.”

The issue is not in relation to the Council identifying that a pharmacist's competence to practise may be considered deficient, as this should only arise from a negative finding following a fitness to practise hearing (be it a Health Committee or Professional Conduct Committee finding), as the usual procedures incorporating natural justice are embedded in the process. However, the rule should be specific about the powers of the Council in this regard, i.e. that it can only make such a judgment following on from a process that has afforded natural justice to the pharmacist, with the right to appeal any finding.

However, the Registrar should not be given unfettered powers which are not given to him/her in the Pharmacy Act. This would give powers to the Registrar that could be used without the proper checks, objectivity and the balances of natural justice and due process; this is especially important where the finding may impact on the pharmacist's employability, mental health and constitutional right to earn a living. It is entirely inappropriate to provide that a CPD practice review would be used as a sanction, rather than as remediation, which seems to be the implication of granting this power to the Registrar.

We would be happy to meet with the PSI to discuss or clarify any of the issues raised in this submission.