

## New Council Members appointed to the Pharmaceutical Society Northern Ireland

The Pharmaceutical Society NI is extremely pleased that the Minister for Health Social Services and Public Safety has appointed four new Council members via the Departmental Public Appointment Process, including a new President, Dr Jim Livingstone and Vice President Mrs Sinead Burns.

The Council of the Pharmaceutical Society NI is the governing body of the organisation. It focuses on strategic and major policy issues. The Council is responsible for;

- Setting priorities that will lead to effective regulation of the pharmacy profession and maintenance of public safety by development and application of appropriate standards of behaviour and practice;
- Ensuring that the Northern Ireland Assembly, public and profession continue to have confidence in and appropriate influence over the regulation of pharmacy.

### New Council Members

#### Dr Jim Livingstone, President

Born in Belfast, Jim graduated with honours in psychology at Queens University Belfast in 1976 and was awarded a PhD in psychology in 1980. He joined the NI Civil Service in October 1979 as an Assistant Statistician and in 1987 was promoted to Head of Statistics and Research in the Department of Education. In 1991 he took up the post of Head of Information Services Unit and later held posts as Head of Finance and Head of the PFI Unit.

In 2002 he transferred to the Department of Health, Social Services and Public Safety and was appointed Director of Primary Care and developed the Department's first Primary Care strategy. In June 2008 he was appointed Director of Safety Quality & Standards with lead policy responsibility for Patient Safety, NICE and Care Standards, Service Frameworks, HSC Complaints policy, PPI, and sponsorship of RQIA. Before retiring from the NI Civil Service in October 2012 he developed the Department's Quality 2020 Strategy launched in 2011.

Since November 2012 he has served as a Non-Executive Director on the NI Ambulance Service Trust Board.

He is an Associate Fellow of the British Psychological Society and has been active in the governance of the Society, and in 1997 was co-President of the European Congress of Psychology. He is also a volunteer member of the St Vincent de Paul charity for which he is regional trainer.

He enjoys music, writing, walking in Donegal, and is married to Paula with three daughters, a son and two grandchildren.

#### Sinead Burns, Vice President

Sinead Burns is an Occupational Psychologist and a Fellow of the Chartered Institute of Personnel and Development. She has 20 years of experience in Human Resource Management and is currently Assistant Director of Human Resources within the Southern Health and Social Care Trust. She is also a Lay Magistrate and an Independent Assessor for Public Appointments. She is a former Commissioner for Judicial Appointments with the Northern Ireland Judicial Appointments Commission, a role held from 2005 - 2013.

# Regulatory Update

## **Gareth Peeples, Council member**

Gareth lives in Mallusk and is currently a dispensary pharmacist in the Belfast Health and Social Care Trust, in Belfast City Hospital. Gareth studied for his MPharm. at Queen's University Belfast and graduated in 2011, registering as a pharmacist in August 2012. He also works as a locum pharmacist in a number of community pharmacies in the Belfast area and is an advocate for the advancement of services in community pharmacy.

Gareth works on an ad-hoc basis for Queen's University Belfast as a demonstrator for the OSCE examinations and he also writes exam questions for the pre-registration exam. He has a passion for pharmacists to work beyond the current restraints of the pharmacist lead dispensary and has participated in a number of projects with his fellow pharmacist colleagues including a month spent volunteering in South Africa with Khanya AIDS Hospice and speaking on this experience at the UKCPA conference on "Pharmacy beyond the dispensary." He is currently completing the Foundation Programme for Pharmacist Practitioners at NICPLD and aspires to be an Independent Prescriber in the future.

## **Sandra Cooke, Council member**

Sandra graduated from Queen's University of Belfast in 2006 and registered as a Pharmacist in 2007. Starting her career as a locum Pharmacist for numerous multiples and independent Pharmacies, Sandra accepted a Pharmacy Manager position in October 2007. She also has experience of working in the Republic of Ireland and as a part time hospital Pharmacist in the North West Independent Hospital in Ballykelly, before opening her own independent Pharmacy in August 2010.

In 2013 she won Young Community Pharmacist of the Year at the Pharmacy in Focus Awards for dedicating an invaluable amount of time, effort and enthusiasm into improving healthcare and wellbeing in her local community.

She now sits as a Pharmacy contractor advisor on the National Appeal Panel and has most recently become involved in training Pharmacists as a Pre-registration Tutor and a QUB Community Pharmacy Placement Mentor.

Sandra enjoys travelling, eating out, walking and going to the gym and is involved charity work with the Foyle Hospice, Concern and NICFC.

## **Pharmaceutical Society Council - 2014/15**

|                                     |                        |
|-------------------------------------|------------------------|
| <b>President</b>                    | Dr Jim Livingstone LM  |
| <b>Vice President</b>               | Ms Sinead Burns        |
| <b>Chair of ESR Committee</b>       | Mr Mark Nelson RM      |
| <b>Chair of Audit and Risk</b>      | Mr Jim Perry LM        |
| <b>Chair of Fitness to Practise</b> | Mr Garry McKenna LM    |
| <b>Chair of Corp Coms</b>           | Mrs Helena Buchanan RM |
| <b>Hon Treasurer</b>                | Mr Ciaran Hunter LM    |

## **Pharmaceutical Society Council - 2014/15**

|                       |                             |
|-----------------------|-----------------------------|
| <b>Council member</b> | Prof Martin Bradley OBE. LM |
| <b>Council member</b> | Dr Lisa Byers RM            |
| <b>Council member</b> | Mrs Brenda Maitland LM      |
| <b>Council member</b> | Mrs Marie Smith RM          |
| <b>Council member</b> | Mr Gareth Peeples RM        |
| <b>Council member</b> | Ms Sandra Cooke RM          |
| <b>Council member</b> | Professor David Jones       |

# Regulatory Update

## Message from Dr Jim Livingstone, President of the Pharmaceutical Society of Northern Ireland

I was thrilled to be appointed President of the Pharmaceutical Society of NI for four years from October 2014. It is a great honour and privilege, and not least a unique challenge to be the first non-pharmacist to be appointed as President in the organisation's ninety year history. I intend to do my very best to meet that challenge and uphold that honour.

The Society's Council has been led by many great Presidents. I am delighted to have known and worked with several of them in my previous roles as Director of Primary Care and Director of Safety Quality & Standards at DHSSPS. I learned a great deal from them about pharmacy - its vital role in healthcare, its great achievements and innovations, and its challenges. I will try hard to emulate their leadership and successes.

Effective regulation in healthcare is undoubtedly a key component in the continuous effort to ensure patient safety and public confidence in high quality health services. Pharmacy professionals amply demonstrate year after year that they believe in, and deliver, excellent quality. The terrific success of the new statutory CPD process introduced this year is testimony to that fact.

In the coming year the Council will review the current Code of Ethics and review our Raising Concerns Guidance. I am determined to ensure that these will meet the needs of the public and maintain the excellent reputation of the profession. In addition, a key challenge ahead will be the further implementation of our Corporate Strategy "A New Era". The Council remains committed to delivering on our vision that:

*'The Pharmaceutical Society of NI will continue to be recognised as a proactive, exemplary regulator which is trusted by patients, respected by registrants and has the confidence of the public and legislators.'*

At a personal level, my priority will be to lead the Council effectively in delivering that vision. I also hope in the year ahead to meet as many pharmacists as possible to listen and learn from them.

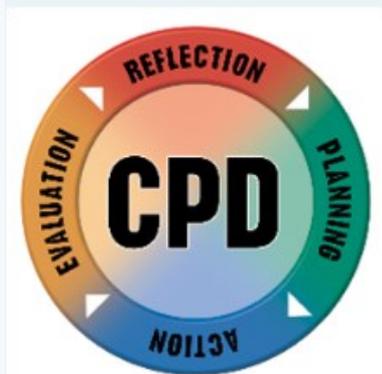
In the meantime, I wish all pharmacy registrants, their colleagues and families, a very Peaceful and Happy Christmas and a wonderful New Year.



A handwritten signature in black ink that reads "Jim Livingstone".

Dr Jim Livingstone, **President**

## CPD Assessment 2013-14



The high number of CPD submissions from registrants in the CPD year 2013/14 has clearly demonstrated their commitment to the statutory CPD process and in recording their CPD information to the required standard.

A total of 99.6% (2146 registrants) engaged with our statutory CPD process with 0.4% (10 registrants) not engaging. The 10 registrants who did not engage received notices of removal from the pharmaceutical register of the Pharmaceutical Society NI in August 2014.

All those registrants who had CPD portfolios assessed during the months of June and July (2014) were notified of their results by the end of August and received feedback.

25 registrants did not meet standard and were automatically entered into first reassessment. 22 out of 25 registrants submitted reassessment portfolios online. The three registrants who did not submit reassessment portfolios had notified the Registrar beforehand outlining valid reasons for non-submission. 20 registrants were successful in meeting the standard for first reassessment. Two registrants have now entered into second reassessment.

The results for the CPD year 2013/14 will be finalised in February 2015.

### Top tips for CPD recording

After the first assessment period closed in August 2014, we looked specifically at the CPD portfolios which did not meet standard after first assessment.

In our analysis of the data, it was clear that the same recording issues regularly reoccur. Top tips to avoid such issues are:

- Attention to detail is important – you must map your learning needs clearly through each stage of the cycle
- Make sure when recording your CPD cycle to record the cycle information, 'park' it and then revisit the cycle at a later time to ensure that all the information flows and makes sense and, importantly, matches the evaluation criteria.
- In 'Reflection', identify one or more specific learning needs – keep these precise and focussed.
- In 'Action', simply describing the contents of the course is not sufficient you must record what was learned in relation to your learning needs and demonstrate a depth of learning.
- Best practice in recording the learning activity in Planning and the Activity table is to fully reference the activity. Remember that within the activity table you are required to provide sufficient information relating to the learning activity that would allow another individual to source the learning. Record the course provider details: provide sufficient information relating to the venue of a workshop and who the workshop provider was etc. Complete all fields in the table.
- In 'Evaluation', you need to provide a clear indication of a change in practice or implementation of learning. There must be a clear link between the original learning need(s) and the actual learning that has been recorded.
- When the assessors consider Criteria 9 - they look at all stages of the cycle and check that each stage clearly relates and maps to the identified learning need(s) specified in the 'Reflection' stage of the cycle. If no specific learning needs are specified it is not possible to determine from the cycle if your original learning needs were addressed.
- Over the course of the year you should aim to apply the learning for at least some of your cycles otherwise it brings limited benefit to you, your patients or your area of practice.

**Table One - First Assessment Results 2013-14**

| Portfolio outcome     | Number of portfolios | Percentage of Portfolios |
|-----------------------|----------------------|--------------------------|
| Met standard          | 218                  | 90%                      |
| Did not meet standard | 25                   | 10%                      |
| <b>Total assessed</b> | <b>243</b>           | <b>100%</b>              |

## Resources

The Pharmaceutical Society NI has made available a number of quality resources to help encourage positive engagement with the CPD process, including:

- [a CPD Online Manual](#),
- [a CPD Assessment Guide, and](#)
- [CPD Frequently Asked Questions \(FAQs\)](#).

The Pharmacy Forum provides hands-on facilitation support to registrants. Details available via the website at: <http://forum.psni.org.uk/>

### IMPORTANT: change of wording to Question 9 on the CPD Record Form

In our analysis of the CPD data, it was clear that some scheduled cycle entries struggle to meet assessment criteria 9. From this autumn, this criteria has been changed on the CPD record form to prompt the registrant to 'self-check' the scheduled learning cycle to ensure that they have met each of their learning needs (identified in the reflection stage) before setting it to 'complete'. We anticipate that this will minimise this issue going forward.

Quite simply, the registrant is asked to verify that their learning needs have been mapped clearly through all stages of the scheduled CPD cycle to ensure they meet evaluation criteria 9. The statement appears on the scheduled CPD cycle record form as:

*'It is evident that my original learning needs have been addressed within this cycle...'*

YES  Tick the box [ESSENTIAL\*]

## Pre-registration update

### Pre-registration e-portfolio wins

#### National Award

The Pharmaceutical Society Northern Ireland has won the Bronze award at prestigious E-learning Awards, in London on Thursday 6<sup>th</sup> November for creating and developing the pre-registration e-portfolio

Commenting on the award Dr Jim Livingstone, President of the Pharmaceutical Society NI said "This significant award is real evidence that the Pharmaceutical Society NI punches well above its weight at the national level. For a Northern Ireland regulator to be recognised throughout the UK for our innovative and forward thinking project is a major success".

The e-portfolio was designed by Peter McKee, pre-registration Lead, with the intention of making all aspects of the pre-registration programme paperless and more effective for trainees.

Describing the system Peter said, "It has always been our aim to make the pre-registration process as streamlined as possible. The opportunity arose several years ago to move to an on-line system, removing the requirement for paper portfolios and paper-based appraisals. The system was also designed to enhance the training experience of pre-



registration trainees, improve the standard of education and ultimately patient safety and care."

"I am delighted that we received this award in recognition of all our hard work. Initially I was pleased that we were shortlisted from a field of 55 UK entries, mostly from larger organisations to our category, Best e-learning Project, but to be placed within the top three was very gratifying".

Speaking for the Council of the Pharmaceutical Society of NI, Dr Livingstone concluded by saying, "On behalf of Council I would offer our hearty congratulations to Peter and the rest of the team involved. This achievement is a great honour and one of which we can be justly proud."

## Pre-registration 2014-15

Many of the 2014-15 pre-registration trainees will soon have completed half of their training.

The Pharmaceutical Society continues to review all trainee e-portfolios as the year continues and a small number of trainees have attached an excessive number of standards to some of their cycles of learning. Those trainees have had these cycles reverted to “incomplete” by the Pharmaceutical Society and have been contacted in relation to addressing the issue. Trainees are reminded that it is advised they select 5 Performance Standards per cycle of learning.

Trainees should refer to their e-portfolio guide and induction material for reference guidance.

If trainees wish to discuss any aspect of their pre-registration training they are encouraged to contact the Pharmaceutical Society for support.

The application form for pre-registration training 2015-16 is now available. Further information can be found via the following link: <http://www.psn.org.uk/pre-registration/applying-to-register-as-trainee-of-the-society/>

**THE CLOSING DATE FOR APPLICATIONS IS 1st MAY 2015**

## Appraisals

Almost all trainees have submitted their 13 week appraisals and many will have their 26 week appraisal soon. All appraisals are reviewed by the Pharmaceutical Society and to date appraisals have shown excellent engagement between tutors and trainees. They offer motivation and encouragement but also provide structure for areas that require improvement.

## Protected development time

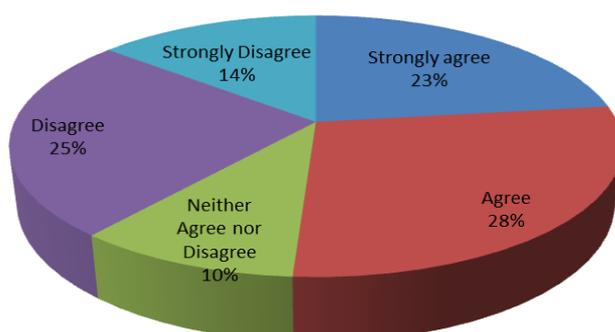
The standards for pre-registration training state that:

*“A tutor must ensure that the pre-registration trainee will have onsite Personal Protected Professional Development time, agreed through discussion between trainee and his tutor. Training needs should be reviewed regularly. A minimum of the equivalent of **four hours** per working week must be dedicated to Personal Protected Professional Development Time.”*

As part of the annual review of pre-registration training, trainees are asked if they have received 4 hours per week protected time for study and development.

For the 2013-2014 cohort of pre-registration trainees only **51 % of trainees** ‘strongly agreed’ or ‘agreed’ that they received these 4 hours throughout their training year as shown in chart 1.

Chart 1 - As recommended by the Pharmaceutical Society approximately 4 hours per week were protected for study n=204



Tutors are reminded that protected development time is a **mandatory** part of the pre-registration year and it is expected that all trainees will receive this during their training.

**Peter McKee**  
Pre-registration Lead

# Regulatory Update

## The Duty of Candour

*Things can go wrong in any organisation or for any professional. The manner in which mistakes or incidents are handled and rectified - and the subsequent learning applied - can be the greatest measure of a well-run organisation.*

*An important aspect of this process is that healthcare professionals must be open and honest with patients when things do go wrong. This is also known as 'the duty of candour'. There has been much discussion since the second Francis report about what should be done to improve candour.*

*What are the benefits of being open in a professional context? We see an increasing number of complaints in the Pharmaceutical Society NI from patients that have been involved in incidents in a pharmacy. In cases where the issue has been properly addressed when it has occurred, we may never need to get involved.*

*There may be perceived reasons for being defensive at times, or to be suspicious of others' motivation for complaining in the first place, but as healthcare professionals, it is hard to see any reason for pharmacists failing to be open about an incident and willing to resolve any consequent issues.*

*Patients expect their healthcare professional to put their interests ahead of their own or their organisation's interests and to be honest and frank with them.*

***'Patients expect their healthcare professional to put their interests ahead of their own or their organisation's'.***

*Again, many patients are satisfied with an explanation, reassurance around future prevention, advice and assistance in putting things right – and when appropriate an apology.*

*A perceived lack of candour is not unique to pharmacists or to Northern Ireland, the Chief Executives of eight UK healthcare regulators recently issued a joint statement on candour, suggesting what to do in the event of an incident involving a patient. I hope that you take the opportunity to read the statement and make openness a leading characteristic of your practice in the future.*



**Trevor Patterson, Chief Executive**

*Trevor Patterson*

The joint regulator statement can be read here:  
<http://www.psni.org.uk/wp-content/uploads/2013/02/Joint-statement-on-the-professional-duty-of-candour-FINAL.pdf>

# Observations from Fitness to Practise Processes

*The purpose of fitness to practise procedures is not to punish pharmacists but to protect patients and the public*

**Complaints and concerns arose in the last year with regard to pharmacists and included the following issues:**

- **Professional conduct**
- **Performance issues**
- **Criminal misconduct**

## **Professional conduct:**

Where such matters are reported they are initially investigated by the Registrar and where appropriate the matter is referred to the relevant fitness to practise (FTP) committee. This may be a paper based exercise at the Scrutiny Committee or a hearing at a Statutory Committee. In all cases the test applied is 'current impairment'. So at the time of investigation the registrant could have remediated the issue already.

A common example of Professional conduct is a driving offence under the influence of alcohol. In some cases this can be an indicator of a wider health issue which requires management and monitoring. Health cases can be difficult for the registrant but cooperation with independent assessments and reports from the registrant's physicians can expedite early solutions. All registrants who are disqualified from driving will be health assessed by the Pharmaceutical Society of NI.

## **Performance issues:**

This relates to pharmacy practise in the workplace and will commonly link to poor adherence with written Standard Operating Procedures within the workplace or poor procedures themselves. Often where dispensing errors happen the pharmacist will identify the two 'like products' and detail their new separation on shelves in the dispensary. The issue is simple and is essentially one where the final check is not adequate. A root cause analysis of an incident should identify the complexity of the error and all the contributory factors. However the matter usually distils down to a poor / inaccurate clinical check or the final accuracy check. Solutions therefore need to address these matters when considering errors or near misses. Where there are poor procedures, or simply non-adherence, this clearly places the responsibility with the Responsible Pharmacist. Again, poor performance can be remediated and processes fixed or established to assure quality and safety.

## **Criminal activity**

It is unfortunate that there are a percentage of registrants who have engaged in illegal activities. For example, theft in the workplace or any deliberate and inappropriate supply of medicines without the legal authority will be first processed by the Police or Medicine's inspectors. Serious criminal activity will be risk assessed and quick solutions applied to protect the public by the application for interim conditions or a suspension order. After consideration of any prosecution the matters will be investigated by FTP committees in the Pharmaceutical society of NI. Again, remediation can be considered even at this late stage to assure on any future practise.

## Observations from Fitness to Practise Processes

*The purpose of fitness to practise procedures is not to punish pharmacists but to protect patients and the public*

### Current impairment

At all stages of an investigation the test is 'current impairment' and not impairment at the time of the incident or issue. So, if a registrant is determined by a FTP committee to be not currently impaired, then the committee has a more limited range of sanctions to consider. In all investigations public protection and the reputational risk to the profession will also be considered.

### Information

- Further information on the Fitness to Practise process can be found at <http://www.psni.org.uk/about/fitness-to-practise/>
- Information on recent Fitness to Practise determinations can be found at <http://www.psni.org.uk/about/fitness-to-practise/determinations-of-statutory-committee/>
- A Fitness to Practise Report for 2014 will be published in early 2015.

### Public Protection

Even when a registrant had exhibited behaviours or activities which are poor or negligent there is a substantive opportunity to remediate before a FTP investigation has completed. The **protection of the public** is paramount and any solution reached will also need to meet the public interest test to be concluded. For some cases the public interest test will lead to erasure, however, there are other options where a registrant shows insight, remediation and learnings as a component of the solution. The public are now integrated in our adjudications processes and will ensure that all solutions are transparent and fair.

## Rebalancing Medicines Legislation and Pharmacy Regulation

One of the key barriers to candour is the continuing criminalisation of dispensing errors. A Board has been established to look at solutions to this and to also look at the interface between legislation and regulation with a view to transferring many responsibilities from Ministers through legislation to the UK pharmacy regulators. It seeks to ensure these are optimally designed to provide safety for users of pharmacy services, while facilitating and reducing the barriers to responsible development of practice, innovation and a systematic approach to quality in pharmacy.

Put simply the Board will seek to make sure that wherever possible, future regulation is empowering and allows for innovation in pharmacy services, while maintaining patient safety.

The Board has representatives from all four UK countries from the pharmacy regulators, professional and leadership bodies, pharmacists and pharmacy technicians in practice and members of the public, under the chairmanship of Ken Jarrold.

## Rebalancing Medicines Legislation and Regulation

To date it has focussed on addressing issues on dispensing errors, superintendent and responsible pharmacist roles and responsibilities and pharmacy premises regulation. It is now moving to its second phase which is looking at supervision.

In relation to dispensing errors the board is recommending that:

1. There will be the creation of a defence around the section 63 and 64 offences, subject to satisfying four separate conditions:

- The sale or supply must have been made from a registered pharmacy;
- The sale or supply must have been made in pursuance of either a prescription or directions from an appropriate practitioner;
- The registered pharmacist or registered pharmacy technician must have been acting in the course of their profession; and
- The patient affected by the dispensing error would have to be told the nature of the problem (“duty of candour”), unless there was good reason not to, for example the patient had gone abroad and was no longer contactable.

These are of course only proposals and will be subject to consultation. Further work is being done in relation to hospital pharmacy, in particular to explore the circumstances where an exemption could be created in the absence of registra-

tion, recognising that hospital pharmacy services extend beyond the pharmacy itself, whether registered or not.

It was hoped to have the dispensing error, superintendent and responsible pharmacist, and pharmacy premises legislation out to consultation by now, however, the nature of the proposals is highly technical, requiring significant scrutiny which means that the legislative approvals process is taking longer than anticipated.

The Board, Government and the Devolved Administrations are committed to this work and will continue to work with officials to secure the earliest possible consultation.

When the proposed legislation goes out to consultation we plan to run a number of information sessions and I hope that many of you can attend and give your views on this important work.

At these sessions and also by later formal consultation we will be seeking views on how best to implement these new powers from all of our stakeholders.

### Contact us

Please get in touch with feedback on the newsletter. Is there anything you would like to see in future issues?

We would like to hear your views, so please email

[Peter.hutchinson@psni.org.uk](mailto:Peter.hutchinson@psni.org.uk)

In the meantime you can find further information on the link below.

<https://www.gov.uk/government/groups/pharmacy-regulation-programme-board>