

## **RESPONSE FORM**

# **Consultation on proposed 2020 Continuing Professional Development Framework**

### **INSTRUCTIONS**

This form needs to be used together with the consultation document.

Please indicate your answer to multiple choice questions by placing an **X** by your selection. You can also provide further comments in the free text field.

If possible, please send responses electronically using the response sheet below.

# Responses can be sent by post, fax or e-mail to:

Consultation on proposed 2020 Continuing Professional Development Framework Pharmaceutical Society of Northern Ireland 73 University Street Belfast, BT7 1HL

Tel: 028 9026 7934 Fax: 028 9043 9919

E-mail: Mark Neale, consultation coordinator - consultations@psni.org.uk

# The deadline for submitting consultation responses is <u>12 noon, on Tuesday 21 January 2020.</u>

# Respondent details

I am responding: as an individual **or** on behalf of an organisation (please highlight)

| Name                   |  |
|------------------------|--|
| Job Title              |  |
| Organisation           |  |
| Address (optional)     |  |
| Email                  |  |
| Contact tel (optional) |  |

| Information | about v | <b>vo</b> u |
|-------------|---------|-------------|
|-------------|---------|-------------|

# Please complete this section if you are responding as an organisation

# Which of the following categories best describes your organisation? Pharmacy representative body Body representing patients or public Government department HSC organisation University Regulatory body Other (please give details)

# Please complete this section if you are responding as an individual

| Which of the following categories best describes you? |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Pharmacist  |  |  |  |  |  |  |  |
| Pharmacy student                                      |  |  |  |  |  |  |  |
| Pre-registration student                              |  |  |  |  |  |  |  |
| Community pharmacy owner                              |  |  |  |  |  |  |  |
| Member of the public                                  |  |  |  |  |  |  |  |
| Other healthcare professional                         |  |  |  |  |  |  |  |
| Other (please give details)                           |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |

After the consultation, we will publish a report analysing the feedback we receive. The Consultation responses and report will be considered by the Council of the Pharmaceutical Society NI before making its final decision.

In our consultation report, we often include quotes from respondents. If we publish a quote from an individual in the consultation summary report, we will not publish and link the quote to the name of the individual. We do provide a list of respondents' names at the end of the report.

If you do not wish all or part of your response, including your identity, to be made public, then please make that clear when completing the response form.

If you wish your response to remain confidential, the Pharmaceutical Society NI will endeavour to respect that request. However, the information you provide may be subject to disclosure under the Freedom of Information Act 2000.

**List of Respondents** 

|  | •   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Are you  | Are you content for your name to be listed in the consultation summary report?        |  |  |  |  |  |  |
| Yes  | No  |  |  |  |  |  |  |
| Respo  | nding as an individual  |  |  |  |  |  |  |
| Are you  | u content for the comments you submit to be included in our consultation reports?  No |  |  |  |  |  |  |
| Responding on behalf of an organisation  |   |  |  |  |  |  |  |
| Are you content for the comments you submit to be attributed to your organisation in our consultation reports? |   |  |  |  |  |  |  |
| Yes  | No  |  |  |  |  |  |  |

| Cons  | Consultation questions |                     |            |                      |          |     |     |       |        |     |
|-------|------------------------|---------------------|------------|----------------------|----------|-----|-----|-------|--------|-----|
| Q1.   | Does<br>requi          | the CP<br>rements f | D framevor | vork 2020<br>acists? | clearly  | set | out | the   | annual | CPD |
|       | Yes                    |                     |            | No [                 |          |     |     | Unsur | e      |     |
| Pleas | se add a               | any comn            | nents in s | upport of y          | our view |     |     |       |        |     |
|       |                        |                     |            |                      |          |     |     |       |        |     |
|       |                        |                     |            |                      |          |     |     |       |        |     |
|       |                        |                     |            |                      |          |     |     |       |        |     |
|       |                        |                     |            |                      |          |     |     |       |        |     |
|       |                        |                     |            |                      |          |     |     |       |        |     |
|       |                        |                     |            |                      |          |     |     |       |        |     |
|       |                        |                     |            |                      |          |     |     |       |        |     |
|       |                        |                     |            |                      |          |     |     |       |        |     |
|       |                        |                     |            |                      |          |     |     |       |        |     |
|       |                        |                     |            |                      |          |     |     |       |        |     |
|       |                        |                     |            |                      |          |     |     |       |        |     |

| Q2.   | framework                                       |  | vith operati | opproach of ha<br>onal matters c<br>cuments? |        | d core |  |  |  |
|-------|---|--|--------------|--|--------|--------|--|--|--|
|       | Yes   |  | No           |  | Unsure |        |  |  |  |
| Pleas | Please add any comments in support of your view |  |              |  |        |        |  |  |  |
|       |   |  |              |  |        |        |  |  |  |
|       |   |  |              |  |        |        |  |  |  |
|       |   |  |              |  |        |        |  |  |  |
|       |   |  |              |  |        |        |  |  |  |
|       |   |  |              |  |        |        |  |  |  |
|       |   |  |              |  |        |        |  |  |  |
|       |   |  |              |  |        |        |  |  |  |
|       |   |  |              |  |        |        |  |  |  |
|       |   |  |              |  |        |        |  |  |  |
|       |   |  |              |  |        |        |  |  |  |
|       |   |  |              |  |        |        |  |  |  |

| Q.3 Do you agree with the proposal to amend the selection criteria for CPD portfolios selected for assessment? This would include: |            |  |  |  |               |            |
|--|------------|--|--|--|---------------|------------|
|  | •          | a percentag<br>submitted;<br>all or a rand | ge, agreed<br>and<br>dom perce<br>os of phar | by Council, of a<br>entage of all sub<br>macists identific | III CPD porti | portfolios |
|  | Yes        |  | No   |  | Unsure        |            |
| Pleas  | se add any | comments in s                              | support of                                   | your view  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |
|  |            |  |  |  |               |            |

| Q4.   | pharma<br>submis                                | acists joinin<br>ssion, in lieu | g the regi | ster to ma<br>nission at | ke an earl<br>the end o | equire certaing<br>y in-year CF<br>of the CPD you<br>nagement o | PD portfolio<br>ear. Does |  |  |
|-------|---|---------------------------------|------------|--------------------------|-------------------------|---|---------------------------|--|--|
|       | Yes   |                                 | No         |                          |                         | Unsure  |                           |  |  |
| Pleas | Please add any comments in support of your view |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |
|       |   |                                 |            |                          |                         |   |                           |  |  |

| Q5.   | Do you agree with the proposal to reduce the assessment criteria from 9 to 6, all being essential? |             |              |             |        |  |  |  |
|-------|--|-------------|--------------|-------------|--------|--|--|--|
|       | Yes  |             | No           |             | Unsure |  |  |  |
| Pleas | se add ar  | ny comments | in support o | f your view |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |
|       |  |             |              |             |        |  |  |  |

| <b>a</b> ) |        |         |            | the propo<br>tted to be |           |   |        | mber of CPD |
|------------|--------|---------|------------|-------------------------|-----------|---|--------|-------------|
| Y          | es     |         |            | No                      |           |   | Unsure |             |
| b          |        |         |            | ctual CPI<br>the curre  |           |   |        |             |
| Y          | es     |         |            | No                      |           |   | Unsure |             |
| Please a   | add an | y comme | ents in su | ipport of               | your viev | v |        |             |
|            |        |         |            |                         |           |   |        |             |
|            |        |         |            |                         |           |   |        |             |
|            |        |         |            |                         |           |   |        |             |
|            |        |         |            |                         |           |   |        |             |
|            |        |         |            |                         |           |   |        |             |
|            |        |         |            |                         |           |   |        |             |
|            |        |         |            |                         |           |   |        |             |
|            |        |         |            |                         |           |   |        |             |
|            |        |         |            |                         |           |   |        |             |
|            |        |         |            |                         |           |   |        |             |

Q.6 Amount of CPD in annual submission:

| Q.7   | Pass   | mark:          |              |               |                                     |  |
|-------|--------|----------------|--------------|---------------|-------------------------------------|--|
|       |        |                |              |               | e the overall pastgraduate qualific |  |
|       | Yes    |                | No           |               | Unsure                              |  |
|       | b)     |                | et to 50% in | terms of both | ange the pass mand the number of C  |  |
|       | Yes    |                | No           |               | Unsure                              |  |
| Pleas | se add | any comments i | n support o  | f your view   |                                     |  |
|       |        |                |              |               |                                     |  |
|       |        |                |              |               |                                     |  |
|       |        |                |              |               |                                     |  |
|       |        |                |              |               |                                     |  |
|       |        |                |              |               |                                     |  |
|       |        |                |              |               |                                     |  |
|       |        |                |              |               |                                     |  |
|       |        |                |              |               |                                     |  |

| detailing that at least 50% of both CPD cycles and hours submitted must relate to scheduled reflective practice? |                  |           |              |        |  |  |
|--|------------------|-----------|--------------|--------|--|--|
| Yes  |                  | No        |              | Unsure |  |  |
| Please add a   | ny comments in s | support c | of your view |        |  |  |
|  |                  |           |              |        |  |  |
|  |                  |           |              |        |  |  |
|  |                  |           |              |        |  |  |
|  |                  |           |              |        |  |  |
|  |                  |           |              |        |  |  |
|  |                  |           |              |        |  |  |
|  |                  |           |              |        |  |  |
|  |                  |           |              |        |  |  |
|  |                  |           |              |        |  |  |
|  |                  |           |              |        |  |  |
|  |                  |           |              |        |  |  |

| Q9.   | evaluated using simulated practice or application to future practice? |          |           |         |             |   |        |  |   |
|-------|---|----------|-----------|---------|-------------|---|--------|--|---|
|       | Yes   |          |           | No      |             |   | Unsure |  |   |
| Pleas | se add a  | ny comme | nts in su | pport o | f your view | I |        |  |   |
|       |   |          |           |         |             |   |        |  |   |
|       |   |          |           |         |             |   |        |  |   |
|       |   |          |           |         |             |   |        |  |   |
|       |   |          |           |         |             |   |        |  |   |
|       |   |          |           |         |             |   |        |  |   |
|       |   |          |           |         |             |   |        |  |   |
|       |   |          |           |         |             |   |        |  |   |
|       |   |          |           |         |             |   |        |  |   |
|       |   |          |           |         |             |   |        |  |   |
|       |   |          |           |         |             |   |        |  |   |
|       |   |          |           |         |             |   |        |  |   |
| 1     |   |          |           |         |             |   |        |  | 1 |

| Q10. Does the 2020 Framework provide enough clarity on the number of cycles and hours required for CPD submissions made in the Remediation process and requirements for meeting the standard? |  |    |  |        |  |  |  |  |
|---|--|----|--|--------|--|--|--|--|
| Yes   |  | No |  | Unsure |  |  |  |  |
| Please add any comments in support of your view   |  |    |  |        |  |  |  |  |
|   |  |    |  |        |  |  |  |  |
|   |  |    |  |        |  |  |  |  |
|   |  |    |  |        |  |  |  |  |
|   |  |    |  |        |  |  |  |  |
|   |  |    |  |        |  |  |  |  |
|   |  |    |  |        |  |  |  |  |
|   |  |    |  |        |  |  |  |  |
|   |  |    |  |        |  |  |  |  |
|   |  |    |  |        |  |  |  |  |
|   |  |    |  |        |  |  |  |  |

following categories? If yes, please explain what could be done to change this. Age Religion or belief Gender **Political Opinion** People with dependents Disability Pregnancy and maternity **Sexual orientation**  Race/Ethnicity **Marital Status** Yes No Unsure

Q11. Are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the

| Q12.<br>Fran | Do you<br>nework? | have | any | other | comments | about | the | proposed | 2020 | CPD |
|--------------|-------------------|------|-----|-------|----------|-------|-----|----------|------|-----|
| Yes          |                   |      |     | No    |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |
|              |                   |      |     |       |          |       |     |          |      |     |