



Report on the Consultation on the Proposed 2020 Continuing Professional Development Framework

This Consultation Report was considered by the Council of the Pharmaceutical Society NI on 10th March 2020. All Recommendations outlined in the report were approved.

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1. About the Pharmaceutical Society of Northern Ireland

- 1.1 The Pharmaceutical Society NI is the regulatory body for pharmacists and pharmacies in Northern Ireland.
- 1.2 Our primary purpose is to ensure that practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality, safe care to patients.
- 1.3 It is our responsibility to protect and maintain public safety in pharmacy by:
 - setting and promoting standards for pharmacists' admission to the Register and for remaining on the Register and the standards for pharmacy premises;
 - maintaining a publicly accessible Register of pharmacists and pharmacy premises;
 - handling concerns about the Fitness to Practise of pharmacists, acting as a complaint's portal, acting to protect the public and maintaining public confidence in the pharmacy profession; and
 - ensuring high standards of education and training for pharmacists in Northern Ireland.

2. About the Consultation

- 2.1 The Council of the Pharmaceutical society NI consulted on a proposed 2020 Continuing Professional Development (CPD) Framework for pharmacists which, if adopted, would replace the current CPD Framework. The consultation ran for 12 weeks from **Tuesday 29 October to 12 noon on Tuesday 21 January 2020**.
- 2.2 The Pharmaceutical Society NI is required by its legislation to outline the 'form and manner' by which pharmacists can meet the requirements for CPD. This means that the Pharmaceutical Society NI must define what CPD a pharmacist must do and how this is submitted for consideration and assessment.
- 2.3 Five supplementary draft guidance documents associated to the proposed 2020 CPD Framework were supplied with this consultation. These were to aid the understanding of the operation of the CPD processes. The supplementary draft guidance documents were not consulted upon in this exercise and are subject to change to reflect the final CPD Framework

adopted by Council. By adopting this approach, Council can retain agility and flexibility on non-legislative matters, allowing CPD to be developed in a changing environment. It remains the case that those legislative requirements within the Framework, will require consultation before any change

3. Consultation Engagement

- 3.1 **Policy development engagement:** In developing the proposals to be consulted upon meetings were held with a number of relevant stakeholders.
- 3.2 **Correspondence with key stakeholders:** All registrants and key stakeholders were emailed details of the consultation and instructions on how to respond.
- 3.3 **Website:** The consultation document and the Proposed CPD Framework 2020 were available to download from the website along with a response form between 29 October and 21 January 2020.
- 3.4 **Facebook and other media:** the consultation document was advertised on our Facebook page over the consultation period.

4. Purpose of Report – approach and analysis

- 4.1 This report provides a summary of the responses to the consultation.
- 4.2 No differential weighting was given to responses, and all responses were read and considered. Comments and points from individuals were considered alongside the views of organisations. Where the views of a particular organisation were considered to be particularly relevant to a question or issue this has been highlighted in the report.
- 4.3 In the report, comments and direct quotes are attributed to the consultee category to which they fit i.e. individual pharmacist. With regards to organisations, we have in most instances directly attributed comments/quotes.
- 4.4 The report considers the direct responses to the consultation questions alongside the comments provided by respondents. It identifies themes emerging from the comments and provides analysis on those themes, making recommendations to Council.

5. Consultation Document

- 5.1 The Consultation document outlined how to respond to the consultation; provided the 12 consultation questions; and provided a supporting rationale for the proposals.
- 5.2 Consultees were asked the following questions and were provided with space to make further comments on each question and in general.

6. Respondents

- 6.1 The Pharmaceutical Society NI received 29 responses. An overview of the responses can be found in Figure 1. A list of respondents can be found at Appendix 1.

Figure 1 - Respondents			
Individuals		Organisations	
Pharmacists	19	Pharmacy Representative Body	3
Undergraduate Students	0	Patients/Public Representative Body	-
Pre-registration Students	1	Government Department	-
Community Pharmacy Owner	-	University	1
Member of Public	-	Regulatory Body	-
Other Healthcare Professional	-	Health and Social Care Organisation	1
Other	-	Other	4
Total	20	Total	9
Overall Total	29		

7. Overview of how respondents' answered questions¹

Question 1: Does the CPD framework 2020 clearly set out the annual CPD requirements for pharmacists?			
Yes	No	Unsure	Did not answer
23 (82.1%)	0 (0%)	5 (17.9%)	1
Question 2: Do you agree with the proposed approach of having a focused core framework document with operational matters covered off in supplementary draft guidance documents?			
Yes	No	Unsure	Did not answer
18 (64.3%)	2 (7.1%)	8 (28.6%)	1
Question 3: Do you agree with the proposal to amend the selection criteria for CPD portfolios selected for assessment? This would include:			
<ul style="list-style-type: none"> • a percentage, agreed by Council, of all CPD portfolios submitted; and • all or a random percentage of all submitted CPD portfolios in the groups of pharmacists identified for focused selection and assessment. 			
Yes	No	Unsure	Did not answer
14 (50.0%)	5 (17.9%)	9 (32.1%)	1
Question 4: The 2020 Framework enables the Registrar to require certain groups of pharmacists joining the Register to make an early in-year CPD portfolio submission, in lieu of a submission at the end of the CPD year. Does this provide a proportionate approach in the management of risk?			
Yes	No	Unsure	Did not answer
7 (25.0%)	8 (28.6%)	13 (46.4%)	1

¹ This table represents the basic statistical analysis of the responses to the 5 consultation questions and should be considered in conjunction with the comments and themes identified in the remaining sections.

Question 5: Do you agree with the proposal to reduce the assessment criteria from 9 to 6, all being essential?

Yes	No	Unsure	Did not answer
19 (67.9%)	7 (25.0%)	2 (7.1%)	1

Question 6: Q6 Amount of CPD in annual submission:

- a) Do you agree with the proposal to standardise the number of CPD cycles to be submitted to between 4 and 10; and
- b) that 30 hours of actual CPD learning activity be submitted, thereby removing the current allowance for writing up time?

a)

Yes	No	Unsure	Did not answer
16 (57.1%)	10 (35.7%)	2 (7.1%)	1

b)

Yes	No	Unsure	Did no answer
1 (3.6%)	21 (75.0%)	6 (21.4%)	1

Question 7: Pass mark:

a) Do you agree with the proposal to change the overall pass mark to 50% to bring greater consistency with postgraduate qualifications?

b) Do you agree that it is reasonable to change the pass mark which needs to be met to 50% in terms of both the number of CPD cycles and the number of CPD hours?

a)

Yes	No	Unsure	Did not answer
17 (63.0%)	6 (22.2%)	4 (14.8%)	2

b)

Yes	No	Unsure	Did not answer
12 (44.4%)	12 (44.4%)	3 (11.1%)	2

Question 8: Type of CPD - Do you agree with the 2020 Framework requirements detailing that at least 50% of both CPD cycles and hours submitted must relate to scheduled reflective practice?

Yes	No	Unsure	Did not answer
21 (75.0%)	6 (21.4%)	1 (3.6%)	1
Question 9: Do you agree that no more than 25% of CPD cycles and hours may be evaluated using simulated practice or application to future practice?			
Yes	No	Unsure	Did not answer
11 (40.7%)	10 (37.0%)	6 (22.2%)	2
Question 10: 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	Did not answer
18 (66.7%)	8 (29.6%)	1(3.7%)	2
Question 11: Are there any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following categories? If yes, please explain what could be done to change this.			
<ul style="list-style-type: none"> • Age • Gender • Disability • Pregnancy and maternity • Race/Ethnicity • Religion or belief • Political Opinion • People with dependents • Sexual orientation • Marital Status 			
Yes	No	Unsure	Did not answer
14 (51.9%)	7 (25.9%)	6 (22.2%)	2
Question 12: Do you have any other comments about the proposed 2020 CPD Framework?			
Yes	No	Unsure	Did not answer
16 (57.1%)	12 (42.9%)	0 (0%)	1

8. Responses to Question 1

Question 1: Does the CPD framework 2020 clearly set out the annual CPD requirements for pharmacists?		
No	Unsure	Did not answer
23 (82.1%)	5 (17.9%)	1

Thematic review of comments:

8.1 The comments in this area mainly related to practical suggestions on structure, such as:

- Sections should be numbered as well as paragraphs
- Should be a contents section;
- References to supplementary guidance should be in Framework and attached as appendices.

8.2 One respondent raised a specific issue on whether requirements for CPD to reflect scope of practice will be assessed.

Analysis

8.3 In relation to the point, which suggested that references to the supplementary guidance should be in the Framework and attached as appendices, the purpose of creating a core Framework document, which contains the essential requirements and processes, and additional guidance documents, is to allow the supplementary guidance/process documents to be revised when necessary, without having to revise the CPD Framework, which by legislation, would require a public consultation. This provides the regulatory with greater flexibility to ensure aspects of the CPD process are changed when necessary.

8.4 In relation to the question concerning whether requirements of CPD to reflect scope of practice will be assessed, under the existing CPD model assessors will not be required to assess whether the CPD submitted reflects the scope of practice of the pharmacist. It is for the professional judgement of the pharmacist to assure themselves that their CPD reflects their scope of practice. As we move towards a revalidation model, developing a methodology for assessing the relevance of revalidation to a pharmacist's scope of practice will be considered, possibly through peer verification.

9. Responses to Question 2

Question 2: Do you agree with the proposed approach of having a focused core framework document with operational matters covered off in supplementary draft guidance documents?

Yes	No	Unsure	Did not answer
18 (64.3%)	2 (7.1%)	8 (28.6%)	1

Thematic review of comments:

- 9.1 Five respondents provided additional comments to Question 2. 2 respondents stated that it would be easier if everything was in one document.
- 9.2 Several respondents, whilst acknowledging the supplementary guidance is not under consultation, suggested that it could be enhanced, particularly with a view to providing examples of what good looks like in terms of submissions, which would benefit registrants and assessors alike.

Analysis

- 9.3 In relation to the first point see paragraph ***, in response to Question 1. On the issue of providing examples of what good looks like in terms of submissions, it is accepted that some examples of good practice are helpful, we do currently publish a paper on our website, which provides CPD Exemplars, based on successful CPD cycles submitted by registrants. A more in-depth service in this area is not something the regulator has historically provided, and it has previously been considered more of a 'Royal College' type of role. Numerous organisations provide assistance to pharmacists in Northern Ireland in relation to completing their CPD portfolios, including the Pharmacy Forum NI and we anticipate this support to continue.

10. Responses to Question 3

Question 3: Do you agree with the proposal to amend the selection criteria for CPD portfolios selected for assessment? This would include:

- a percentage, agreed by Council, of all CPD portfolios submitted; and
- all or a random percentage of all submitted CPD portfolios in the groups of pharmacists identified for focused selection and assessment.

Yes	No	Unsure	Did not answer
14 (50.0%)	5 (17.9%)	9 (32.1%)	1

Thematic review of comments:

- 10.1 Seventeen respondents provided additional comments to Question 3.
- 10.2 Whilst a number were supportive of the change the following main themes emerged in respect of critical feedback:
- There is a lack of rationale in consultation for the proposed changes;
 - What criteria will Council use to select certain groups;
 - There is a need for any decision-making process/framework to be evidence based, transparent and published ahead of CPD submission each year;
 - Assessors would require appropriate expertise and diversity;
 - Assessment would have to be robustly quality assured with appropriate feedback to registrants.

Selected Quotes

- 10.3 In response to Question 3 NICPD stated:

There needs to be greater transparency as to how bullet point two (above) is interpreted.

- 10.4 In response to Question 3, an individual pharmacist stated:

I am currently unsure of the need to amend the selection criteria for CPD portfolios selected for selection and am concerned that the new proposals lack clarity/transparency. I would like more clarity in relation to the following points:

- *Will the Council of the PSNI report the number of CPD portfolios selected for random selection each year?*
- *Will there be an evidence based approach to this process?*
- *Will the numbers be dictated by the finances available for CPD assessment?*

- 10.5 In response to Question 3, CPNI stated:

There appears to be no rationale for moving the number of selected portfolios from a 10% sample to being, in effect, a totally undefined sample as decided by Council. There is no evidence submitted that the 10% sample is inappropriate. In theory, this could leave 100% of portfolios being selected each year. Where a higher number of portfolios is selected, CPNI would be concerned whether PSNI could guarantee that the assessments will be maintained at a constant and acceptable standard and that any referral to the

pharmacist for remedial actions would not run late into the following portfolio year.

CPNI does not agree that this change is justified. We would, however, accept an indicative range such as 'a sample of no more than 10%'....

CPNI is concerned that the concentration of effort on those groups may deter pharmacists from returning to community practice at a time when there is a severe workforce crisis. CPNI cannot support this proposal.

Analysis

- 10.6 Every registrant is required by the CPD Framework to submit a compliant CPD portfolio, the percentage of portfolios selected for assessment, does not alter this fact and should not affect the quality of CPD portfolios submitted by pharmacists. Assessors will not be aware of the reason for selection of a given portfolio and will therefore treat all portfolios in the same way.
- 10.7 The change from a set 10% to a percentage agreed by Council, will provide Council with the right to vary the percentage selected for assessment, providing greater flexibility in correspondence with a varying registrant base and the ability to respond to trends in pass rates.
- 10.8 The rationale of Council selecting groups of pharmacists identified for focused assessment, is based on the Professional Standards Authority's Right Touch Regulation², which recommends that regulatory intervention should be based on an assessment of risk. See also commissioned Manchester University to study: *Assessing Risk Associated With Contemporary Pharmacy Practice in Northern Ireland*.³
- 10.9 The feedback in relation to a limited decision-making framework on how Council will make such decisions is acknowledged. And it is considered important that registrants have a clear understanding of how Council will approach the sampling of portfolios each year. It is therefore recommended that a footnote be added to paragraph 25 of the proposed CPD Framework to read as follows:

The sampling process and percentages to be established and published by the Council before the submission date [31 May] for CPD in every calendar year.

- 10.10 A paper will be presented to the May 2020 Council meeting with a proposal on a decision-making framework for sampling portfolios and a proposal for the sampling of portfolios for the 2020/2021 CPD year.

² https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=eaf77f20_20

³ <https://www.psnl.org.uk/documents/803/UOMrevalreport.pdf>

Recommendation 1: A footnote be added to paragraph 25 of the proposed CPD Framework to read as follows:

The sampling process and percentages to be established and published by the Council before the submission date [31 May] for CPD in every calendar year.

Recommendations 2: A paper be presented to the May 2020 Council meeting with a proposal on a decision-making framework for sampling portfolios and a proposal for the sampling of portfolios for the 2020/2021 CPD year.

11. Responses to Question 4

Question 4: The 2020 Framework enables the Registrar to require certain groups of pharmacists joining the Register to make an early in-year CPD portfolio submission, in lieu of a submission at the end of the CPD year. Does this provide a proportionate approach in the management of risk?			
Yes	No	Unsure	Did not answer
7 (25.0%)	8 (28.6%)	13 (46.4%)	1

Thematic review of comments:

11.1 A summary of the comments is as follows:

- There are limited criteria outlined in relation to what the evidence of risk is in relation to ‘certain groups’ and early submission.
- The use of the word ‘may’ results in Registrar independently making decision based on limited criteria;
- There is limited evidence to suggest that early submission reduces risk;
- Other regulators have support mechanisms for return to practice – this may be a better way to reduce risk;
- Early submission, with no final submission at end of year, could result in those re-joining going 18 months without submitting, after early submission – does this reduce risk?
- Would automatic selection at end of normal CPD be more appropriate?

Selected Quotes

11.2 In response to Question 4, QUB stated:

Previous research commissioned by the PSNI identified pharmacists returning to practice as high risk.

Is an early portfolio submission enough to ensure fitness to practise for these pharmacists? Other healthcare regulators have support processes for those returning to the register. Will there be processes in place for pharmacists? What about pharmacists who move between sectors? Previous research was completed in 2011 before the development of the role of GP Practice-based pharmacists. Does further research need to be completed?

If certain groups of pharmacists will be targeted to make an early submission, there needs to be more detail around the process in the supplementary guidance.

Analysis

- 11.3 The Pharmaceutical Society NI commissioned Manchester University to carry out a study: *Assessing Risk Associated With Contemporary Pharmacy Practice in Northern Ireland*⁴. This study identified a risk factor of pharmacists who return to practice following a career break or make a change of sector. The study recommended the prioritisation of registrants returning from a career break in risk-based revalidation. This is the basis upon which the proposal to allow Registrar to require certain groups of pharmacists joining the Register to make an early in-year CPD portfolio submission, in lieu of a submission at the end of the CPD year.
- 11.4 On reviewing the comments and reflecting on the consulted upon Framework, it is considered that greater clarity can be provided by making small amendments to the CPD Framework.
- 11.5 The CPD Framework seeks to address two issues. Firstly, it seeks to address the identified risk of individuals joining the Register after a period out of practice. In this regard it is recommended that in order to provide greater clarity to applicants and assurance to Council, a person joining the Register, who has not been registered as a pharmacist within the last 12 months, **will** be required by the Registrar to make an early CPD submission for assessment. This CPD submission would amount to 3 CPD cycles with a minimum of 10 hours. This proposal removes the discretion from the Registrar ('may require') and makes early submission a requirement. This proposal removes the need for criteria to be developed and it is considered to provide greater assurance to Council that those who have not been registered for a period of 12 months or more, are actively considering their professional development and practice, through carrying out early CPD.
- 11.6 The second issue the CPD Framework is seeking to address, is to close a potential loophole whereby, a pharmacist can apply and be granted voluntary removal from the register, within a given CPD year, without completing their

⁴ <https://www.psn.org.uk/documents/803/UOMrevalreport.pdf>

CPD requirements, and subsequently re-join the register in the next CPD year, therefore not being required to complete any CPD for that prolonged period.

- 11.7 To clarify this objective, it is recommended that the Framework be amended to outline that a person re-joining the Register, having previously obtained voluntary removal from the Register during the previous CPD year, **will** be required to make a full CPD portfolio submission for the previous CPD year (i.e. the year they were voluntarily removed). A person re-joining the Register during a future CPD year, **will** be required by the Registrar to make an early CPD portfolio submission relating to the CPD year they re-join.
- 11.8 It is considered that these proposed amendments to the CPD Framework will address the issues raised in response to Question 4 and provide greater clarity to pharmacists and Council in relation to public protection.
- 11.9 The suggestion that a prolonged period may elapse between submissions in the event of early submissions does not arise, as every registrant will make a submission every year

Recommendation 3: Note the proposed amendments to the CPD Framework, outlined above and identified in the revised framework, on pages 12 and 13, and approve.

12. Responses to Question 5

Question 5: Do you agree with the proposal to reduce the assessment criteria from 9 to 6, all being essential?			
Yes	No	Unsure	Did not answer
19 (67.9%)	7 (25.0%)	2 (7.1%)	1

Thematic review of comments:

- 12.1 Ten respondents provided additional comments the majority of which provided critical analysis:
- The original 9 cycles were based on academic theory and model (Kolb⁵) and evidenced by a pilot scheme carried out in NI.
 - It was argued that the 9 cycles are clearly thought out, with clear reasons for each criterion;

⁵ Kolb, D.A. (1984). *Experimental Learning: Experience as the source of learning and development* (Vol. 1). Englewood Cliffs, NJ: Prentice-Hall.

- Moving to 6 cycles as proposed largely ignores theory, does not meet requirements of reflective practice and causes following issues:
 - Proposals ignore the planning stage, where practitioners are required to set out options for learning and chose the right option.
 - Proposals ignore the requirement to set time limits for learning;
 - Proposals remove the differentiation between scheduled and unscheduled learning – all criteria are now scheduled by new definition, removing the purpose.

- Approach ignores academic evidence and undermines reflective practice.

Selected Quotes

12.2 Responding to Question 5, an individual pharmacist stated:

The nine assessment criteria were identified following a pilot study to develop a CPD process for N. Ireland and the criteria were identified as essential or non-essential with sound reasoning. The proposed system ignores the planning stage which is an important part of Kolb's cycle of reflection. The proposed system therefore no longer requires pharmacists to consider all of the options that are available to them to meet their learning need(s) and to consider the most appropriate learning. Nor does it require pharmacists to make their learning time-limited, this is evidenced as motivating pharmacists to complete the learning within a given time-frame. Rather, the importance of the planning stage is being neglected and the proposal is to ask pharmacists what learning they completed to address their learning needs; this ironically, is still recorded within the planning stage of the cycle! This is non-sensical and inaccurate and does not support practitioners to move through Kolb's model of reflective practice on which the CPD system is based.

The use of the six proposed criteria to record unscheduled CPD cycles is also inaccurate. The whole premise of an unscheduled learning cycle is that there is no pre-determined learning need and yet the proposed system asks individuals to document this.

Analysis

12.3 Reflecting on the feedback, it is noted that 67.9% of respondents agreed with the proposal to reduce the assessment criteria from 9 to 6, with all becoming essential. The issues identified in the comments are acknowledged, as is the fact that some of those providing the feedback were involved in the development of the original CPD Framework and/or have an element of expertise in this area.

12.4 It is accepted that the way in which the criteria were previously presented caused confusion – the table below re-presents the criteria which it is suggested, clarifies the issue and deals with many of the objections raised

- 12.5 It is still contended that there is limited rationale in having essential and non-essential criteria, as the non-essential criteria are redundant in terms of assessment and potentially confusing for registrants. If non-essential criteria are in effect 'a guide to best practice' then these issues may be addressed in the Guidance to the Framework and/or via training from third party providers.
- 12.6 The feedback in relation to the proposed wording of the criterion in relation to the Planning stage, is noted and accepted as problematic, as it effectively reduces the planning stage to a notation of activities undertaken.
- 12.7 The following changes to the wording of the criteria is therefore recommended:

	Consulted Upon Criteria	Proposed Criteria for Publication
Reflection	1. Did the pharmacist identify specific learning needs? 2. Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?	1. Did the pharmacist identify a specific learning need(s)? 2. Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?
Planning	3. Did the pharmacist describe, in the activity table, the learning activity/activities they completed to meet the learning needs?	3. Did the pharmacist describe the learning activity/activities they plan to complete to meet the learning needs?
Action	4. Did the pharmacist include a summary of what they had learned?	4. Did the pharmacist include a summary of the related activities they have completed to meet the learning need identified?

Evaluation

5. Did the pharmacist evidence how their practice has changed or will change because of the learning or how they have applied or will apply their learning?
6. Is it evident that the learning needs have been addressed within the cycle?

5. Did the pharmacist evidence how their practice has changed or will change after meeting the specific learnings identified?

6. Is it evident that the learning needs identified have been fully addressed within the specific cycle?

12.8 It is considered that the proposed changes maintain the ability of the essential criteria to be used in scheduled and non-scheduled scenarios. It is proposed that the following footnote be added to paragraph 48 of the framework to provide additional clarification as to how pharmacists should complete their portfolio against all the criteria in relation to non-scheduled cycles:

Although the cycle does not start with a planned learning need the learning need is then identified in practice through an event or incident which requires immediate action in planning, activity and outcomes. The need, planning and action phases can still be written into the cycles. The essential criteria remain the same although the reflection and planning stages would normally be foreshortened.

12.9 A further footnote to the Criteria would read as follows:

In relation to Unscheduled Cycles the cycle does not start with a planned learning need, the learning need is identified in practice through an event or incident which requires immediate action in planning, activity and outcomes. The reflection, planning and action phases should still be written into the cycles. The essential criteria remain the same although the reflection and planning stages would normally be foreshortened (see Supplementary Guidance 2 for further information).

12.10 It is further recommended that the Guidance on Assessment of CPD Cycles, be amended to ensure compatibility with the proposed changes and provide additional clarity on how non-scheduled CPD cycles will be assessed, with particular reference to the Reflection and Planning stages.

Recommendation 4: Approve the changes of wording to the Essential Criteria as outlined above.

Recommendation 5: Approve that the Supplementary Guidance on Assessment of CPD Cycles, be amended to ensure compatibility with the proposed changes and provide additional clarity on how non-scheduled CPD cycles will be assessed, with reference to the Reflection and Planning stages.

13. Responses to Question 6

Question 6: Q6 Amount of CPD in annual submission:			
a) Do you agree with the proposal to standardise the number of CPD cycles to be submitted to between 4 and 10; and			
b) that 30 hours of actual CPD learning activity be submitted, thereby removing the current allowance for writing up time?			
a)			
Yes	No	Unsure	Did not answer
16 (57.1%)	10 (35.7%)	2 (7.1%)	1
b)			
Yes	No	Unsure	Did no answer
1 (3.6%)	21 (75.0%)	6 (21.4%)	1

Thematic review of comments:

13.1 A summary of the themes identified from the comments is as follows:

- Limiting the number of cycles to 10 reduces the options for completing short cycles;
- Short and varied cycles can demonstrate commitment to learning;
- This proposal means CPD cycles have to be a minimum of 3hrs; lots of courses 2hrs;
- Has the potential to reduce registrants' breadth of CPD;
- Writing up time an integral part of learning as it helps reflection and solidifying CPD;
- Currently CPD takes much longer to write up than 5 hours;
- Not cognisant of pressures on pharmacists;
- No evidence provided for why this change is necessary;
- Potentially discriminates against older pharmacists, less used to working on computers etc.

Selected Quotes

13.2 In response to Question 6, an individual pharmacist stated:

A lot of courses and NICPLD notes only have 2 hours learning: sometimes many cycles could be necessary.

13.3 In response to Question 6, the Pharmacy Forum NI stated:

There are no evidence references provided or justification for the removal of write up time and a move to 30 hours of learning activity.

CPD as a concept requires time to reflect, research how to meet the learning need and evaluate as part of the process in addition to the actual learning activity. Why then would that not be counted into CPD activity as a whole?

Analysis

13.4 This change will impact on a very small number of pharmacists, as on average most CPD portfolios are longer than 3hrs in duration. For example, the evidence of CPD submissions for 2015-18 show that between 5 and 6 cycles on average each year were submitted – making the average cycle over 4 hours long. It should also be noted that the Framework sets out the requirements for CPD that must be submitted as a sample of pharmacists’ activity in a year, it does not stop pharmacists from completing more CPD in any year, if they so wish.

13.5 Limiting the sample size ensures that similar portfolios are reviewed by assessors each year, there have been a few examples of significantly more cycles than 10, usually exceeding the 30 hours and requiring extensive additional analysis. This leads to potential disadvantage to those submitting as a higher number of cycles need to meet standard to achieve an overall met

14. Responses to Question 7

Question 7: Pass mark:

a) Do you agree with the proposal to change the overall pass mark to 50% to bring greater consistency with postgraduate qualifications?

b) Do you agree that it is reasonable to change the pass mark which needs to be met to 50% in terms of both the number of CPD cycles and the number of CPD hours?

a)			
Yes	No	Unsure	Did not answer
17 (63.0%)	6 (22.2%)	4 (14.8%)	2
b)			
Yes	No	Unsure	Did not answer
12 (44.4%)	12 (44.4%)	3 (11.1%)	2

Initial thematic review of comments:

14.1 A summary of the themes identified from the comments is as follows:

- No rationale for why pass mark of 50%
- CPD not analogous to PG qualifications- pass mark in academic examinations usually varies based on exam etc.
- Should not be called pass mark, but 'acceptable cycles';
- Linking pass marks to number of hours means if you fail a large cycle or 2 large cycles in terms of hours, you could fail all CPD, regardless of quality of remaining;
- Approach could lead to increase in failures.

Selected Quotes

14.2 In response to Question 7, CPNI stated:

CPNI sees no evidence for increasing the pass mark to 50% and CPNI cannot support this proposal.

CPNI is not supportive of changing the pass mark to 50% for both number of CPD cycles and the number of CPD hours. The current marking system has not been demonstrated to be inadequate or inappropriate and, in the current climate of excessive workloads and severe workforce issues, an arbitrary manipulation of this pass mark - which may result in an increase in the number of unsuccessful submissions and associated re-submissions and assessments - is unacceptable.

Analysis

14.3 Reflecting on the feedback, it is acknowledged that the term 'pass mark' could be considered more appropriate for an examination scenario than the portfolio based CPD process, which relies on the pharmacist to use their professional judgement when deciding upon appropriate learning needs, planning, activities and evaluation. It is therefore recommended that the heading on page 10 be changed to read 'Standard Required' and the content of paragraph 58 be amended so it no longer refers to meeting the 'pass mark', but meeting the standard required.

14.4 With regards to moving the mark that pharmacists must achieve to 50%, in line with postgraduate education, it is considered that this remains an appropriate change, aligning more closely with higher level standards. A 40% standard in relation to CPD for pharmacists, it is suggested may not garner the required level of public confidence in the process. It is accepted that any standard below 100% is subjective and it may be that in the future the standard may need to further improve. Analysis of the last four years would suggest that an average of around 3% of assessed portfolios scored between 40 and 50% and would have been affected by this change

14.5 In relation to linking the standard required to the number of hours and cycles, this was conceived to ensure that the amount of CPD, measured in hours, meets the standard as well as the spread of CPD, measured by cycles., Respondents to question 6 highlighted the importance of spread of CPD, this approach when combined with seeking 4-10 cycles as minimum and maximum numbers as set out in question 6 is designed to balance the importance of overall quantity and range.

15. Responses to Question 8.

Question 8: Type of CPD - Do you agree with the 2020 Framework requirements detailing that at least 50% of both CPD cycles and hours submitted must relate to scheduled reflective practice?			
Yes	No	Unsure	Did not answer
21 (75.0%)	6 (21.4%)	1 (3.6%)	1

Thematic review of comments:

15.1 A summary of the themes identified is as follows:

- Having removed 'unscheduled' by change in definition in criteria this question, and differentiation is redundant - it does not really matter – all scheduled now.
- Learning is learning – should be pharmacist's discretion

Selected Quote

15.2 In response to Question 8, an individual pharmacist stated:

With the proposed changes to recording CPD records, all cycles recorded will be scheduled learning cycles as all have an identified learning need, therefore there is no need for this requirement.

Analysis

15.3 As per the analysis in relation to Question 5, it is considered that the issue relating to the conflation of scheduled and unscheduled learning to be adequately addressed as dealt with under Recommendations 4 and 5. It is however accepted that including hours is an unnecessary complication as this matter is about the range of topics covered, i.e. cycles, rather than the quantity of CPD.

Recommendation 6: Approve that the Framework be amended to make clear that at least 50% of CPD **cycles** must relate to scheduled learning activities – removing the 50% requirement for hours.

16. Responses to Question 9.

Question 9: Do you agree that no more than 25% of CPD cycles and hours may be evaluated using simulated practice or application to future practice?			
Yes	No	Unsure	Did not answer
11 (40.7%)	10 (37.0%)	6 (22.2%)	2

Thematic review of comments

16.1 A summary of the themes identified from the comments is as follows:

- Proposals seem reasonable and encourages pharmacists to focus on their practice, however simulation should not be removed;
- Recognise it was developed at a time of oversupply of pharmacists, when significantly more were not practising full time;
- Proposals are excessively restrictive and will prove difficult to achieve;
- Often difficult to close off any cycle;
- Period for closing cycle should be extended beyond CPD year;
- Penalises forward thinking – e.g. pharmacy that wants to extend practice; and
- Has potential implications for part time pharmacists.

Analysis

16.2 Council should note that Article 4A (7)(b) states the following about the Framework, in that it:

(b) must require that any continuing professional development that is undertaken by a registered person in accordance with it is relevant to—

(i) the safe and effective practice of pharmacy, and

(ii) a learning need for the individual registered person that is relevant to the current scope of the practice of pharmacy including any specialist area of practice of that individual registered person and the environment in which

they practise;

16.3 In accommodating simulated practice, Council is acknowledging the number of pharmacists that do not work in a full-time capacity, recognises that opportunities to implement learning may not occur in the same CPD year and it also allows for pharmacists to prepare for a change in practice or service provision. However, the overriding objective of the is to ensure that pharmacists are maintaining their professionalism within their current scope of practice, where the risk to patients, the public is most acute and where the most potential damage to the public confidence in the profession can be made. It is therefore considered appropriate and in line with Council’s legislative and regulatory objectives to ensure that 75% of CPD portfolios submitted relate to a pharmacist’s current practice. It is however accepted that including hours is an unnecessary complication as this matter is about the range of topics covered, i.e. cycles, rather than the quantity of CPD.

Recommendation 7: Approve that the Framework be amended to make clear that at least 75% (in the case of remediation and early submission – at least 2 cycles) of the total number of cycles, must be directly evaluated within a pharmacist’s current practice and environment; and

up to 25% of the portfolio cycles (in the case of remediation and early submission up to 1 cycle) to have the learning outcomes evaluated using simulated practice or by evaluating their application to a situation in future practice or sectors.

Thus, removing the respective 75% and 25% link to hours.

17. Responses to Question 10.

Question 10: 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	Did not answer
18 (66.7%)	8 (29.6%)	1(3.7%)	2

Thematic review of comments

17.1 A summary of the themes identified is as follows:

- This is a very significant change from current procedure requiring a very substantial submission (15 -20 hours) within a short timeframe;

- Previous approach of resubmitting cycles based on feedback, felt more supportive and a constructive first step – new cycles might be better at reassessment 2
- Less fair – sometimes problem with cycles is how they have been written, not learning.
- There should be means for assessors to seek clarification on portfolios
- There should be an independent appeals mechanism.

Selected Quote

17.2 In response to Question 10, CPNI stated:

CPNI feels that this is a very significant change from the current procedures requiring a very substantial submission within a short timeframe.

CPNI does not support this and feels that the current process whereby 3 cycles are submitted is a fairer and more appropriate system.

CPNI also feels that there should be a recognised mechanism for assessors to seek clarification on any aspect of a portfolio to allow for easy resolution of more minor textual issues either by discussion, or by correction and re-submission without resorting to submission of 15-20 hours of new CPD.

Analysis

17.3 The feedback received in relation the previous approach of resubmitting cycles based on feedback, is incorrect. The current CPD Framework already requires the submission of new CPD cycles, no change is proposed in this area.

17.4 Reflecting on the feedback received, noting feedback in relation to workforce pressures within the pharmacy profession, it is recommended that the proposed CPD Framework be amended so that both the first stage and second stage of reassessment should require a pharmacist to submit three new CPD cycles, totalling a minimum of 10 hours. If a pharmacist were to complete the maximum of 10 cycles with a total of 30 hours, this would mean each cycle being 3 hours. The proposal for remediation of 3 cycles totally 10 hours largely reflects this position and is deemed a more proportionate approach.

17.5 It should be noted that the evidence of CPD submissions for 2015-18 show that between 5 and 6 cycles on average each year were submitted – making the average cycle over 4 hours long.

Recommendation 8: Approve the proposed CPD Framework be amended so that both the first stage and second stage of reassessment should require a pharmacist to submit three new CPD cycles, totalling a minimum of 10 hours.

18. Responses to Question 11.

Question 11: Are there any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following categories? If yes, please explain what could be done to change this.

- Age
- Gender
- Disability
- Pregnancy and maternity
- Race/Ethnicity
- Religion or belief
- Political Opinion
- People with dependents
- Sexual orientation
- Marital Status

Yes	No	Unsure	Did not answer
14 (51.9%)	7 (25.9%)	6 (22.2%)	2

Thematic review of comments

18.1 A summary of the theme identified in the comments is as follows:

- The lack of criteria in relation to extenuating circumstances and the fact decisions reside with one person was considered as a potential issue in relation to general discrimination – comparison was made to how ‘high stakes’ decisions are made in Universities, with a committee of people with recorded rationale etc.
- Issue of 10 cycles requirement, resulting in 2-3-hour cycles may discriminate against people with dependents, carers etc. who cannot commit to regular prolonged periods of CPD;
- General issue of pregnancy and paternity leave and implications disproportionately impacting on women – linked to limited criteria.
- Return to work and early submission of CPD may discriminate against women and carers (dependents) etc. limited criteria again.

Analysis

18.2 The draft Supplementary Guidance document 1 outlines the processes and principles by which the Registrar will deal with applications for Extenuating Circumstances, the guidance addresses maternity and paternity leave and the principles by which decisions will be made, which are as follows:

18.3 All Extenuating Circumstances applications will be judged on the following principles:

1. Does the EC prevent the pharmacist from completing their statutory CPD requirement?

2. *Has the pharmacist completed any CPD activity for that year? If so, the Registrar may accept a 'partial submission' under certain circumstances e.g. paternity leave?*
3. *Has the pharmacist previously provided details of an EC? If so, is it the same or a different issue?*
4. *Is there a health impairment affecting the registrant's ability to practise safely?*
5. *Is there relevant and verifiable documentation to support the registrant's case to continue to practise as a pharmacist whilst not undertaking statutory CPD?*
6. *Is the application timely and in the appropriate form?*
7. *Is the pharmacist currently practising?*

18.4 It is acknowledged that as per the legislation, these decisions are currently made by the Registrar acting independently. It is also acknowledged that ensuring there is confidence in the processes of granting or refusing extenuating circumstance is extremely important for pharmacists and the public, particularly in relation to equality issues. It is therefore recommended that a review of Supplementary Guidance 1 and the decision-making principles be undertaken along with the decision-making process, with a view to ensuring decisions are as fair and transparent as possible and documented appropriately. A paper would be brought to the May Council meeting.

Recommendation 9: Approve a review of Supplementary Guidance 1 and the decision-making principles therein, be undertaken along with the decision-making process, with a view to ensuring decisions are as fair and transparent as possible and documented appropriately.

19. Responses to Question 12.

Question 12: Do you have any other comments about the proposed 2020 CPD Framework?			
Yes	No	Unsure	Did not answer
16 (57.1%)	12 (42.9%)	0 (0%)	1

Thematic review of comments

19.1 A summary of the themes identified is as follows:

- Clear need to move to revalidation for pharmacists in NI; would have been better if this had been the proposal;
- Divergence from GPhC and other regulators;
- Changes should only be made where there is clear evidence to do so;
- Proposals do not understand CPD reflective model and will be a step backwards;
- Issues of scheduled and unscheduled raised again;
- No clear guidance around system of double marking and assessors – system needs to be robust and defensible;
- Portal should be reviewed; and
- There should be a time limit on outstanding CPD to be submitted, for those who voluntarily remove from register.

Analysis

- 19.2 In relation to moving towards a revalidation model, revising the CPD Framework is considered an initial and necessary step to move towards developing a revalidation model for pharmacists in Northern Ireland. Goal 4 (b) of the Corporate Strategy 2017-2020 states: *We will review CPD processes and develop a strategy for the establishment of a Continuing Fitness to Practice regime.*
- 19.3 The issue identified in relation to the CPD model and the scheduled and unscheduled learning have been addressed earlier in this consultation report.

Appendix 1

Respondents*	
Respondent Name	Organisation/job Type
1. Matthew Dolan	Pharmacist
2. Dr Aron J Brady	Pharmacist
3. Stephen Guy	Pharmacist
4. NICPLD	Educational Organisation
5. Causeway Hospital Pharmacists	Response sent on behalf of 10
6. Jane Whiteman	Pharmacist
7. Gordons Chemists	Pharmacy Business
8. Dr Heather Bell	Pharmacist
9. Anita Hogg	Pharmacist
10. HSCB	HSC Organisation
11. NPA	Pharmacy Representative Body
12. QUB	University
13. CPNI	Pharmacy Representative Body
14. Dr Sharon Haughey	Pharmacist
15. Boots UK	Pharmacy Business
16. Catherine Keenan	Pharmacist
17. Melanie Houston	Pharmacist
18. Niamhin Cooper	Pre-Registration Student
19. Pharmacy Forum NI	Pharmacy Representative Body
20. A. Harding	Pharmacist
21. Linda Armstrong	Pharmacist
22. Dr Damien Hagan	Pharmacist
23. G.S. Anne Smyth	Pharmacist
24. Justin Crozier	Pharmacist
25. Catherine Graham	Pharmacist

*Note: Four individuals requested that their names not be listed as respondents to the Consultation.