

Extenuating Circumstances Form (EC Form) CPD Year 2021/22

Please read in conjunction with [Pharmaceutical Society of Northern Ireland \(Continuing Professional Development\) Regulations \(Northern Ireland\) 2012](#) and the [CPD Framework](#).

Annual submission of a satisfactory CPD portfolio is the statutory obligation of each registered pharmacist. The Extenuating Circumstances (EC) process provides the means by which a registered pharmacist, who is/has been experiencing extenuating circumstances within the CPD year, may apply for an exemption from, or reduction of, their CPD obligation.

1. Application Deadline – 30 April 2022

Late applications (received after 30 April 2022) may be considered at the sole discretion of the Registrar. The onus is on the registrant to ensure timely submission of a complete application & acceptable evidence as there is no guarantee that any late application will be considered.

2. Acknowledgement of receipt

Acknowledgement of receipt is usually within 3 working days.

3. Application assessment process

The Registrar will consider complete applications, in accordance with the Council of the Pharmaceutical Society Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2013.

4. Notification of Registrar’s decision

Notification is usually within 21 days of receipt of the application. Until such time as a registrant has received the Registrar’s decision in writing, their statutory obligation to submit a full CPD portfolio to the Registrar by the stated submission deadline remains unchanged.

5. Generally Unacceptable Circumstances

The table below gives examples of circumstances that will not be taken into consideration by the Registrar whether they form all or part of an application.

Generally unacceptable circumstances	
• Short-term problems	• Excessive demands on personal time
• Short-term illness	• Pressures of employment
• Family caring responsibilities	• Working occasional/minimal hours
• Unpaid leave	• Registration with another Regulator
• Annual leave	• Working outside Northern Ireland
• Career break	• Financial problems
• Unenforced Furlough (without medical certificate or employer verification)	• Unemployment
• Unenforced Self-Isolation (without medical certificate or employer verification)	• Decision to withdraw from the Register
• Non-serious disruptions or events such as holidays, travel, etc.	• Circumstances which have occurred outside the CPD year

6. Generally Acceptable Circumstances

A registrant may submit an EC Form when circumstances that are beyond the normal difficulties experienced in life have caused exceptional interference with their ability to work and/or undertake CPD activities. The table below gives examples of generally acceptable extenuating circumstances and the corresponding documentary evidence required. The onus to provide the Registrar with a complete application and the required documentary evidence rests with the registrant. Incomplete applications will not be considered.

Generally acceptable extenuating circumstances	Documentary evidence required (copies acceptable) Only the documents listed will be accepted as evidence
Long term illness	<ul style="list-style-type: none"> • Registrant’s medical certificate(s) for the period absent from work; and/or • A letter from an appropriate medical professional confirming the nature of the illness that prevents the registrant from working including dates.
Acute personal/emotional circumstances	<ul style="list-style-type: none"> • Registrant’s medical certificate(s) for the period absent from work; and/or • A letter from an appropriate medical professional confirming the nature of the circumstances that prevent the registrant from working including dates.
Hospitalisation	<ul style="list-style-type: none"> • Registrant’s medical certificate(s) for the period absent from work; and/or • A letter from an appropriate medical professional confirming the nature and severity of the illness that prevents the registrant from working including dates.
Family illness	<ul style="list-style-type: none"> • Registrant’s medical certificate(s) for the period absent from work; and/or • A letter from an appropriate medical professional confirming the nature and severity of the family illness that prevents the registrant from working including dates.
Victim of crime	<ul style="list-style-type: none"> • A written statement of events; and • Written evidence from the Police (including a crime reference number); and • Where relevant, a medical certificate or letter from an appropriate medical professional or counsellor confirming the reason that prevents the registrant from working including dates.
Criminal investigation, proceedings, other legal matters	<ul style="list-style-type: none"> • A solicitor’s letter confirming the nature of the legal matter that prevents the registrant from working including dates.
Enforced Furlough or Self-Isolation For the purposes of this application, the term “ employer ” refers to (see below):	<ul style="list-style-type: none"> • Registrant’s medical certificate(s) for the period absent from work; and/or • Signed & dated letter from the employer, on letterhead paper, confirming start & end dates of the enforced Furlough/Self-Isolation.
Maternity leave For the purposes of this application, the term “ employer ” refers only to: <ul style="list-style-type: none"> • H&SC Trust HR Depts • Government HR Depts • Company HR Depts • University HR Depts • Pharmacy Owners 	<ul style="list-style-type: none"> • Registrant’s maternity exemption certificate (MatB1 form); <u>and</u> • Signed & dated letter from the employer, on letterhead paper, confirming start & end dates of maternity leave. <u>Locum Pharmacists only:</u> • Registrant’s maternity exemption certificate (MatB1 form); <u>and</u> • Evidence of receipt of statutory maternity allowance to confirm start and end dates of maternity leave.
Paternity leave	<ul style="list-style-type: none"> • Signed & dated letter from the employer, on letterhead paper, confirming start & end dates of paternity leave.

Extenuating Circumstances (EC) Form – CPD Year 2021-22

**All sections must be fully completed.
Please refer to Notes on Pages 1 & 2.**

1. PERSONAL DETAILS:	
Forenames:	
Surname:	
Maiden Name (if applicable)	
Address:	
Mobile No:	
Email:	
Registration No:	

2. APPLICATION FOR:	<i>Please indicate your selection with an "X"</i>
Exemption:	<input type="checkbox"/>
Partial Submission:	<input type="checkbox"/>

3. EXTENUATING CIRCUMSTANCES
<i>Please give detailed information in relation to your extenuating circumstances, including dates, and explain how they prevent you from meeting your CPD obligations in this CPD year.</i>

4. DOCUMENTARY EVIDENCE

Applications without the required evidence will not be considered

It is the responsibility of the registrant to provide the Registrar with documentary evidence to support their application for extenuating circumstances. Please indicate all evidence submitted with this application - in line with documentary evidence listed at Page 2 and below.

Please indicate (with an "X") the documentary evidence provided to support your application

Registrant's medical certificate(s) for period		Registrant's Maternity certificate (Mat B1 Form)	
Letter from appropriate medical professional		Letter from HR Department (Trust)	
Written statement of evidence		Letter from HR Department (Company)	
Written evidence from the Police		Letter from HR Department (University)	
Solicitor's letter		Letter from HR Department (Company)	
		Letter from Pharmacy Owner	

5. CHECKLIST

Please indicate confirmation with an "X"

Application form: All sections of the application form have been <u>fully</u> completed.	<input type="checkbox"/>
Extenuating Circumstances: Circumstances have been explained in detail.	<input type="checkbox"/>
Documentary Evidence: Supporting documentary evidence has been provided.	<input type="checkbox"/>

6. CERTIFICATION

- I certify that the information I have provided to the Registrar on this application form is correct to the best of my knowledge.
- I am submitting the required supporting documentary evidence, as listed on Page 2, with this application.

Signature	Registration No	Date

Please submit your application form with supporting evidence attached:

- by email to: cpd@psni.org.uk; or
- by post to: CPD Department, Pharmaceutical Society NI, 73 University Street, Belfast BT7 1HL.

7. OFFICE USE ONLY

Date form received	Evidence (No)	Decision & Date	Date of Notification