

Registration Rules Consultation 2018

September 2018

Considered by PSI Council on 20 September 2018

INDEX

Introduction.....	4
Background.....	4
Part 1.....	4
Part 2.....	5
About the Consultation.....	5
Response to the Consultation.....	5
The Survey.....	6
Analysis and Results of Survey.....	8
Part 1.....	8
Part 2.....	13
Conculstion.....	15
Thematic Discussion.....	17

APPENDICES

Appendix A – Response to Consultation Survey Question 4.....	32
Appendix B – Response to Consultation Survey Question 5.....	39
Appendix C – Response to Consultation Survey Question 6.....	43
Appendix D – Response to Consultation Survey Question 7.....	46
Appendix E – Response to Consultation Survey Question 8.....	49
Appendix F – Response to Consultation Survey Question 11.....	58
Appendix G – Online Survey Questionnaire.....	64
Appendix H – Stakeholder Responses Received by E-mail.....	70
Appendix I – Proposed Amendments to the Pharmaceutical Society of Ireland (Registration) Rules (Draft Rules).....	75

Public Consultation Report:

Public consultation on proposed amendments to the Pharmaceutical Society of Ireland (Registration) Rules

Version 1

September 2018

Introduction

This report summarises the feedback received during the 2018 consultation process on proposed amendments to the Pharmaceutical Society of Ireland (Registration) Rules 2008 as amended (Registration Rules). It includes the outcome of the online survey and the email responses. All comments associated with each question are available in the appendices A- H.

A separate document has been provided by the PSI in relation to recurrent themes raised by respondents as part of the consultation process. (Thematic Discussion: Public consultation on proposed amendments to the Pharmaceutical Society of Ireland (Registration) Rules.)

Background

Part 1

Pharmacists must be registered with the Pharmaceutical Society of Ireland (PSI) in order to practise as a pharmacist in Ireland. Registration must be renewed on an annual basis (Section 14 of the Pharmacy Act).

Registration and continued registration, are subject to certain requirements, or criteria which an applicant must satisfy in order to complete that registration process. When renewing registration a registered pharmacist must;

- Provide up to date personal identifying details
- any information regarding a change in relevant circumstances occurring since the previous application for registration
- information and statements confirming how the applicant ensures s/he maintains appropriate experience and keeps abreast of developments in continuing education and continuing professional development (CPD); confirmation of engagement with the Irish Institute of Pharmacy (IloP) and indication and information regarding whether s/he has been called for ePortfolio review.

This information ensures that the applicant can be seen to meet the criteria for registration as laid down in Section 14 of the Act.

In 2015 the introduction of the PSI (Continuing Professional Development) Rules (CPD Rules) set out specific continuing professional development obligations for pharmacists. These include the maintenance of a record of CPD, undertaken in the form of an ePortfolio. Additionally the CPD Rules provide for review of an extract of a pharmacist's ePortfolio through a process known as ePortfolio review. A selection of pharmacists are called each year for ePortfolio review, and a complete audit of the register of pharmacists' engagement is completed on a five year cycle.

The proposed amendment to the Registration Rules will insert a mechanism whereby the Council of the PSI can address circumstances where it appears that a pharmacist fails or refuses to engage with the IloP, and fails to submit an extract of their ePortfolio for review.

This will be used as an administrative step to allow a pharmacist address any circumstance where s/he was not in a position to meet a criteria for registration, at the point of application for continued registration, using a 'proposal to refuse' provision. The 'proposal to refuse' provision is intended to provide a mechanism for the pharmacist to comply with the requirements or explain why they have not been able to comply with the CPD requirements. The Council of the PSI will appraise all reasons presented by the pharmacist as to why he/she was unable to submit an extract of his/her ePortfolio.

It is not intended that the 'proposal to refuse' provision would be used in the context of a pharmacist who has engaged with the IOP and who may have submitted an extract of his/her ePortfolio for review, albeit that the ePortfolio has not met the standards required.

The proposed introduction of the 'proposal to refuse' mechanism does not preclude use of the disciplinary/complaints process (Part 6 of the Pharmacy Act) to address a pharmacist's non-engagement with continuing professional development requirements if circumstances warrant it.

Part 2

The PSI (Registration) Rules 2008 set out specific requirements in relation to language competency for those applicants who apply for registration as a pharmacist in Ireland, whose professional qualification in pharmacy was awarded after training completed outside the State.

In order to assure language competency, the PSI is seeking to make changes to two of the language competency provisions.

An applicant could previously demonstrate language competency if he/she had trained as a pharmacist in a country that has English or Irish as an official language of that country. The proposed amendment would now require that, in addition to having trained in a country with English or Irish as an official language of that country, that the training to obtain the professional qualification, must have been completed through English (or Irish).

An applicant could also previously demonstrate language competency if he/she produced acceptable evidence that he or she has lived or practised in a whole time capacity as a registered pharmacist for three out of the preceding five years in a country that has English or Irish recognised as the official language of that country. The proposed amendment would now require that his/her practise in a whole time capacity as a registered pharmacist be through the English or Irish language.

About the Consultation

The public consultation was issued on July 17 2018 and closed on 14 August 2018.

The consultation was notified to the public on the PSI website.

Pharmacists and Pharmaceutical Assistants were made aware of the consultation through email, and the PSI newsletter. A reminder email was issued to registrants on July 27 2018.

129 specific individual stakeholder contacts were contacted directly by email and requested to provide a response to the consultation.

Response to the Consultation

266 completed responses were received to the consultation survey. ([Appendix A-F](#))
2 stakeholder responses were received by email to the consultation. ([Appendix H](#))

- i) The first email response was provided by the Irish Pharmacy Union (IPU)
- ii) The second email response was provided by Pharmacists in Industry Education and Regulation (PIER)

The Survey

The online survey comprised 11 questions. ([Appendix G](#))

A copy of the draft Rules ([Appendix I](#)) was provided with the online survey and respondents were asked to review the proposed Rules and to provide their comments to the survey.

Survey responses are anonymous, except where the respondent wished to be identified.

Responses were also accepted by email to consultation@psi.ie

The profile of respondents is indicated in the table and graph below (Question 2 of the consultation survey):

Patient and/or member of the public	11
Healthcare professional (non-pharmacist)	3
Pharmacy Owner	40
Pharmacist registered with the PSI	219
Pharmaceutical assistant registered with the PSI	6
Member of a pharmacy team (non-pharmacist)	4
Involved in healthcare education or training	3
Representing public/patient interests	0
Representing interests of healthcare professionals	1
Employer of healthcare professionals	2
Government body or department	0
Regulator	1
Industry	4
Other (please specify)	1

Table 1a: Breakdown of respondents (Question 2)

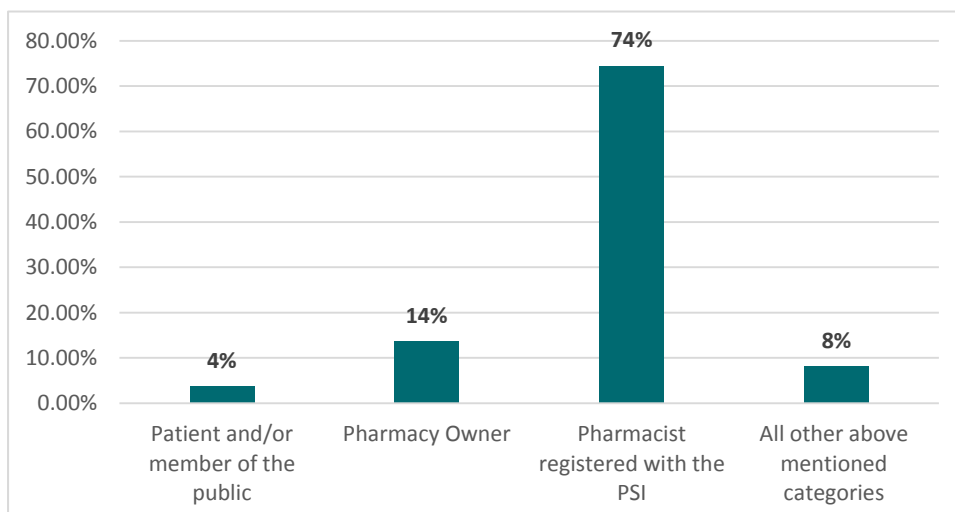


Figure 1b: Breakdown of consultation respondents (Question 2)

Please note some respondents identified as multiple categories.

As demonstrated in figure 2, 99% of respondents responded on their own behalf.

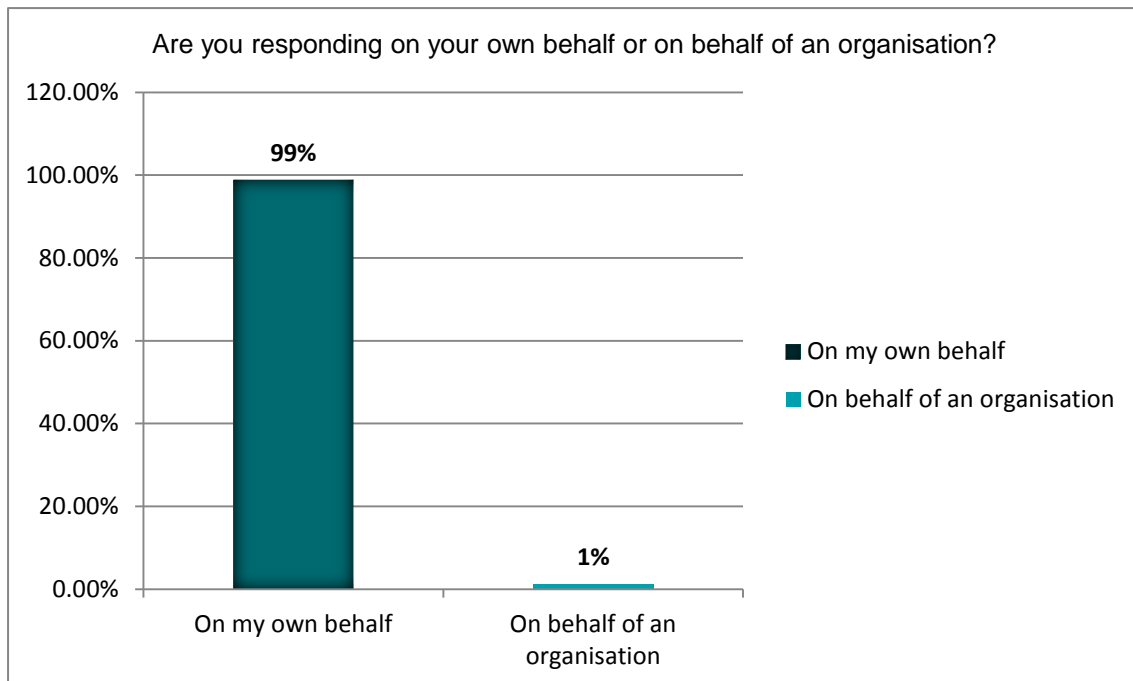


Figure 2: Responded on their own behalf (Question 3 Consultation Survey)

Analysis and Results of survey

Part 1

Question 4

The proposed amendment to include rule 11A would allow PSI Council to propose to refuse an application for continued registration to the Register of Pharmacists where there is an absence of evidence of compliance with CPD requirements. Do you agree with the proposal as outlined?

Of those who responded to the consultation survey, the majority disagreed or strongly disagreed with the proposal.

A full list of responses is provided at [Appendix A](#).

n=266

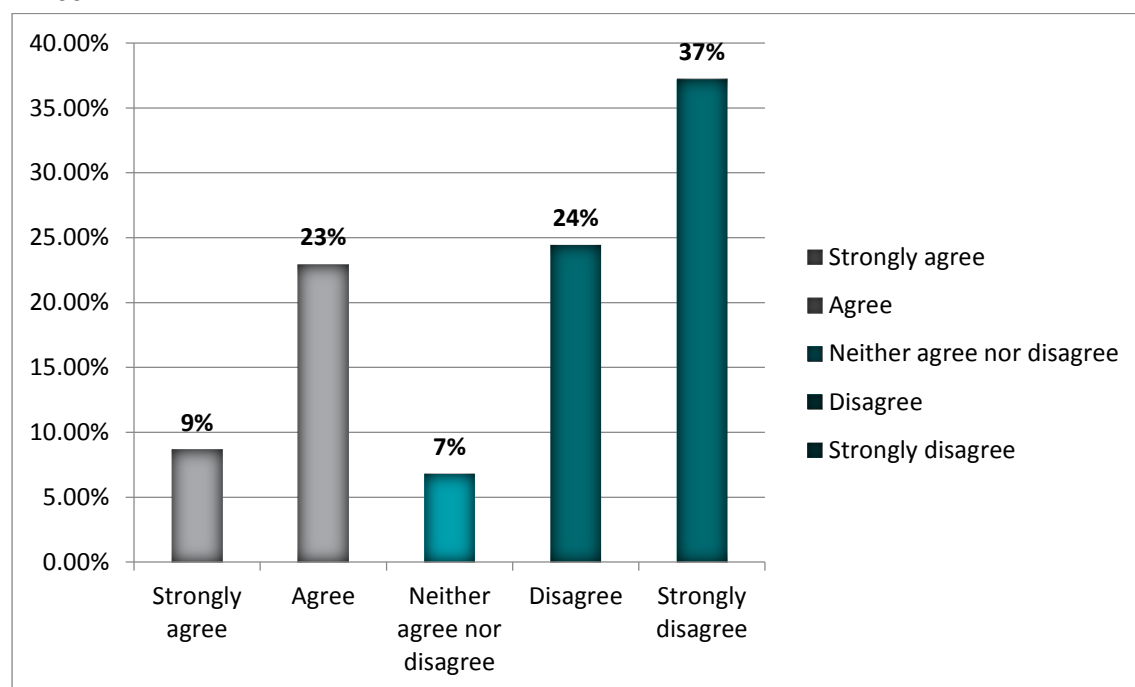


Figure 3: Do you agree with the proposal as outlined?

Question 5

It is proposed that this mechanism would be used to address circumstances where a pharmacist has not engaged with the required CPD obligations, as set out under the PSI (Continuing Professional Development Rules) 2015 (S.I. No. 553 of 2015). Do you agree with this approach?

n=264

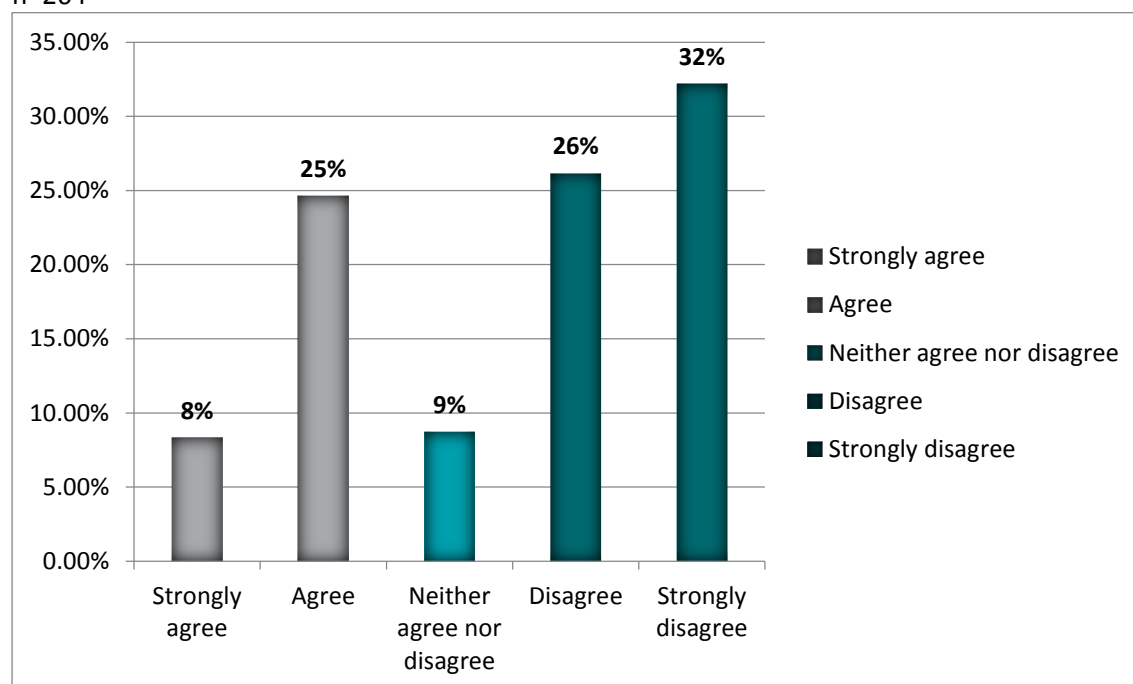


Figure 4: Do you agree with this approach?

Of those who responded to the consultation survey, the majority disagreed or strongly disagreed with the approach.

A full list of responses provided at [Appendix B](#).

Question 6

Under the mechanism proposed, notice will be provided to the pharmacist of the intention to propose to refuse his/her continued registration, giving the reasons for the proposal. The pharmacist may make written representations to PSI Council within a 28 day period. In their deliberations, the PSI Council must consider any representation made before making a final decision to grant or refuse the application for continued registration. Do you agree with this proposal?

n=267

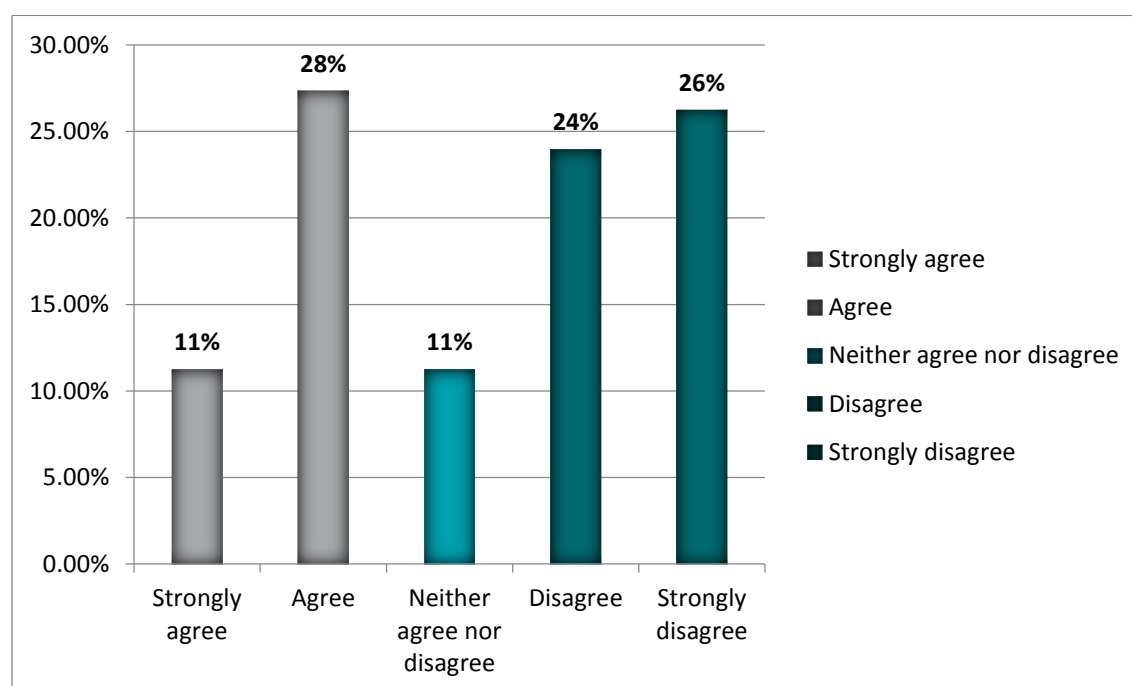


Figure 5: Do you agree with this proposal?

Of those who responded to the consultation survey, the majority disagreed or strongly disagreed with the proposal.

A full list of responses provided at [Appendix C](#).

Question 7

Do you believe the opportunity for representation for a pharmacist is adequate? If not, how can it be improved?

n=265

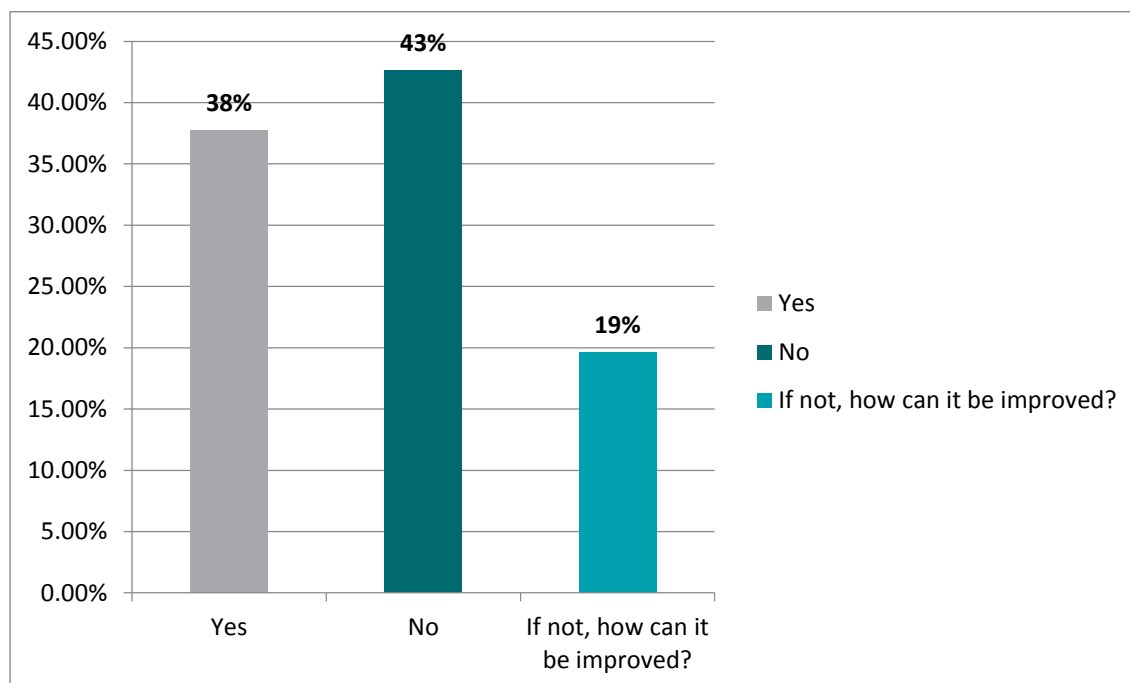


Figure 6: Do you believe the opportunity for a pharmacist is adequate?

Of those who responded to the consultation survey, the majority did not believe that the opportunity for representation for a pharmacist is adequate

A full list of responses is provided at [Appendix D](#).

Question 8

Looking at the proposal in its entirety, do you have any further suggestions as to how the proposed system could be improved?

A full list of the comments provided are included at [Appendix E](#).

Question 9

The proposed amendment to paragraph 11 of Schedule 1 of the PSI (Registration) Rules 2018, proposes to clarify provision (b) and (c) of the 2017 amendment.

In relation to provision (b), applicants now applying for registration from a country with English (or Irish) as the official language of the State, must have completed their professional qualification through English (or Irish).

The proposed wording states:

“evidence acceptable to the Council that he or she has trained as a pharmacist outside the State in a majority English or Irish speaking country that has English or Irish recognised as an official language of that country and that the entire course leading to the award of the professional qualification was taught through English or Irish, or”,

Do you agree with this proposal?

As demonstrated in figure 7, 32% strongly agree and 35% agree with the proposed amendment, whereas 11% disagree and 10% strongly disagree, a further 12% neither agree or disagree.

n=264

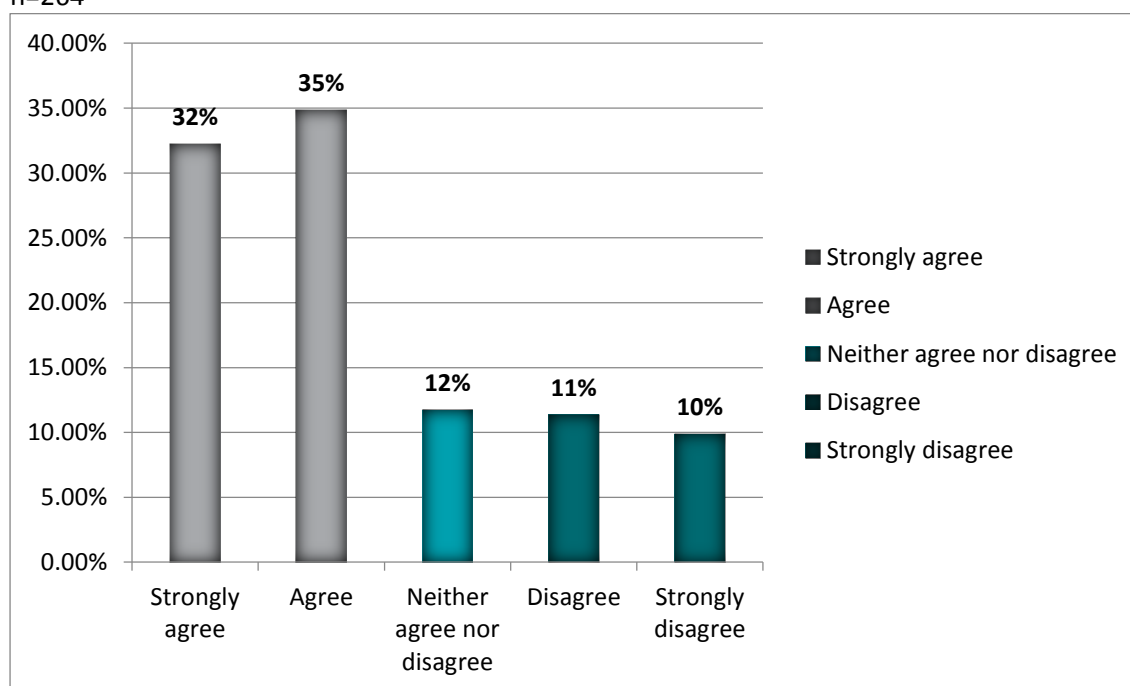


Figure 7: Do you agree with this proposal?

Question 10

In relation to provision (c) where an applicant provides evidence that he or she has lived in and practised in a whole-time capacity as a registered pharmacist for three out of the preceding five years in a country that has English or Irish recognised as an official language of that country, the amendment will now propose that their practise in a whole-time capacity as a registered pharmacist be through the English or Irish language.

The proposed wording states:

“(b) in subparagraph (c), by inserting “, through the English or Irish language,” after “whole time capacity as a registered pharmacist”.

Do you agree with this proposal?

As demonstrated in figure 8, 25% strongly agree, 39% agree with the proposed wording, 17% neither agree nor disagree, 10% disagree and 9% strongly disagree.

n=263

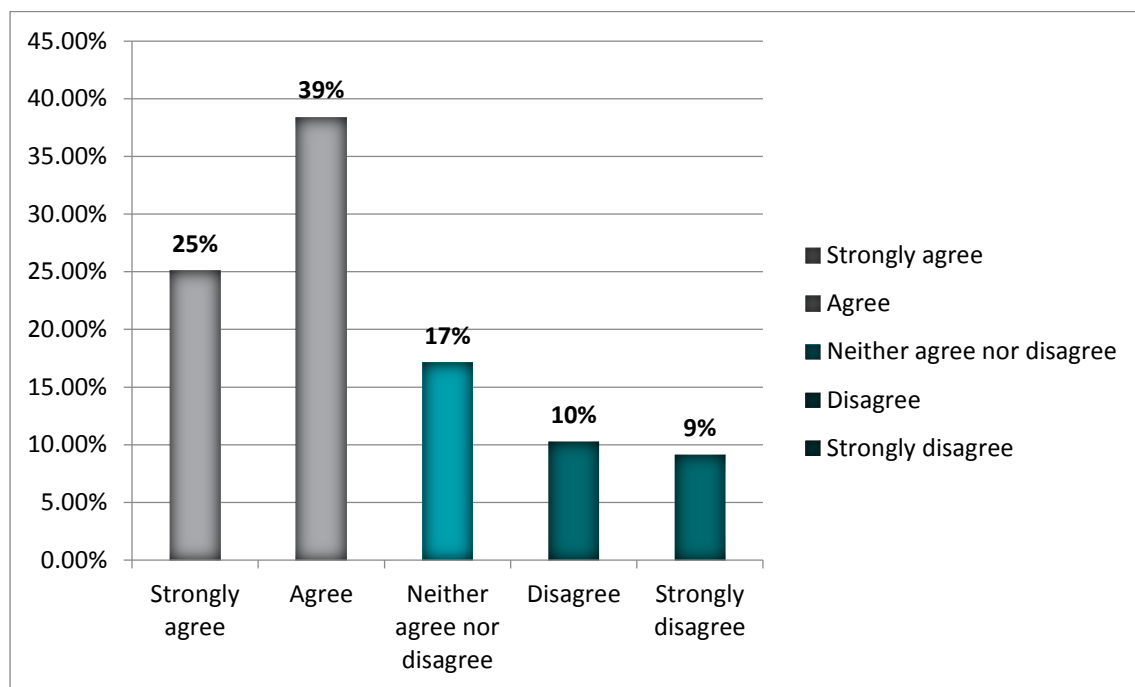


Figure 8: Do you agree with this proposal?

Question 11

Looking at the proposal in its entirety, do you have any further suggestions as to how it could be improved?

See [Appendix F](#) for all responses.

Conclusion

We have noted all responses with thanks. The feedback and comments will be provided to the advisory committees of the Council of the PSI, and to the Council of the PSI for their consideration.

Appendices

- A Response to Consultation Survey Question 4
- B Response to Consultation Survey Question 5
- C Response to Consultation Survey Question 6
- D Response to Consultation Survey Question 7
- E Response to Consultation Survey Question 8
- F Response to Consultation Survey Question 11
- G Online survey questionnaire
- H Stakeholder responses received by email to the consultation
- I Proposed amendments to the Pharmaceutical Society of Ireland (Registration) Rules (Draft Rules)

Thematic Discussion:

Public consultation on proposed amendments to the
Pharmaceutical Society of Ireland (Registration) Rules

Version 1

September 2018

Background

A review of the 'comments' data collected during the consultation process was carried out by PSI staff. Recurring themes were identified and are discussed in this document. Please note the following questions of the survey provided opportunity for respondents to make free comments: Questions 4, 5, 6, 7, 8 and 11.

Thematic Analysis

Question 4

The proposed amendment to include rule 11A would allow PSI Council to propose to refuse an application for continued registration to the Register of Pharmacists where there is an absence of evidence of compliance with CPD requirements. Do you agree with the proposal as outlined?

The following themes were identified in the comments received and are discussed below:

Lack of proportionality
Calls for greater engagement
Dissatisfaction with CPD system
Calls for a non-practising register
Fears of use of the system where pharmacists fail to meet the CPD standards
Questioning of the 'arms length' approach in relation to CPD
Support for CPD

Theme: Lack of proportionality

Some respondents believed that the proposal to refuse continued registration was 'punitive', 'drastic', 'disproportionate' and 'unfair'. Some commenters suggested that the proposal was threatening and that alternatively, pharmacists should be encouraged to engage with CPD.

Some respondents noted that the completion of ePortfolio Review, was not necessarily indicative of competence, or that a pharmacist was undertaking CPD. In this context, some respondents believed that the proposal to refuse a pharmacists registration was unjustified.

Two commenters believed that the language in the legislation 'evidence of non-compliance' was not defined sufficiently, or queried what specifically the phrase implied. Others noted that the term 'evidence of non-compliance' was 'too low a bar' to warrant the proposed sanction.

Alternatives to a proposal to refuse mechanism to manage non-engagement with CPD obligations were suggested:

- use of the fitness to practice mechanism to deal with non-engagement,
- the provision of an educational course to prove fitness to practice, prior to any proposal to refuse continued registration.

There was strong sentiment amongst the responses that the refusal of a pharmacist's continued registration, and thereby the removal of his/her livelihood, should be a last resort.

Theme: Calls for greater engagement

A large cohort of the comments provided to this question in the consultation expressed concern over the apparent automatic nature of the proposal to refuse the continued registration of the pharmacist on grounds of non-engagement. One respondent queried whether there would be a system of engagement prior to the proposal to refuse a pharmacist's continued registration. Other respondents believed that efforts should be made to understand the reasons for non-engagement, and explore whether extenuating circumstances applied, and believed that extenuating circumstances should be provided for. Many believed that a period of engagement and support should be provided to the pharmacist before a proposal to refuse registration would be initiated. Commentators suggested a warning notice in advance of a proposal to refuse notification or reminders. Another believed that a pharmacist should be given sufficient time to get their ePortfolio in order: one respondent suggested a timeline of 12 months. One respondent proposed that pharmacists who refuse to engage should be brought to a meeting to explain their reasons for non-engagement.

PSI Response (Lack of proportionality and Calls for greater engagement):

The PSI notes and agrees that any pharmacist who wishes to engage with CPD requirements should be facilitated to do so. The proposed amendment to the Registration Rules will insert a mechanism whereby the Council of the PSI can address circumstances where it appears that a pharmacist fails or refuses to engage with the IOP, and fails to submit an extract of their ePortfolio for review.

This will be used as an administrative step to allow a pharmacist address any circumstance where s/he was not in a position to meet a criteria for registration, at the point of application for continued registration, using a 'proposal to refuse' provision. The 'proposal to refuse' provision is intended to provide a mechanism for the pharmacist to comply with the requirements or explain why they have not been able to comply with the CPD requirements. The Council of the PSI will appraise all reasons presented by the pharmacist as to why he/she was unable to submit an extract of his/her ePortfolio.

It is not intended that the 'proposal to refuse' provision would be used in the context of a pharmacist who has engaged with the IOP and who may have submitted an extract of his/her ePortfolio for review, albeit that the ePortfolio has not met the standards required.

This "proposal to refuse" mechanism will occur after a pharmacist has already been given an opportunity to avail of an application for extenuating circumstance exemption. PSI currently operates an extenuating circumstances policy where any individual invited to participate in the ePortfolio review process, who for personal circumstances outside their control and according with policy criteria are exempted from the process on application. This commences before PSI provides the randomly selected names from the Register being provided to the IOP. (see

https://www.thepsi.ie/Libraries/Education/Extenuating_Circumstances_Policy.sflb.ashx)

Theme: Dissatisfaction with the CPD system

In the comments received, some respondents expressed dissatisfaction with the CPD system. The system was noted by respondents to be 'cumbersome', 'not relevant', 'time consuming', 'tedious' and some called for an alternative to 'online' recording. One respondent believed the CPD system

requires simplification. Two expressed dissatisfaction with the core competency framework. Some believe that the CPD system is not currently suited to pharmacists in non-traditional roles, industry or non-patient facing roles.

There were also a number of respondents who suggested that pharmacists should be given time during their working day to complete their CPD obligations. Many mentioned the time commitments required in completing and recording CPD, noting that this was difficult with the demands of their work environments.

PSI Response

In 2009, the PSI commissioned a detailed review and assessment of international CPD models to inform the system of CPD for pharmacists in Ireland. On this basis the portfolio-based self-reflective model was adopted as being appropriate to recognise the use of a wide range of learning methods to meet the individual learning needs of pharmacists. Any challenges with use of aspects of the system, can be addressed through supports which can be accessed through the Institute of Pharmacy (IOP).

In January 2017, the PSI commissioned a review of the outsourcing arrangements in place at the time, with respect to the IOP. The review was carried out independently by Crowe Howarth. The purpose of the review was to review the operation of the IOP since its commencement in August 2013, to inform the ongoing development of the CPD model. The review examined, evaluated and assessed the governance, operational, functional, contractual, management and delivery arrangements in place in respect of the IOP outsourced service arrangement, and considered the experience in the context of quality, efficacy and value-for-money. Elements of the review included stakeholder consultation with a wide range of key stakeholders, including the PSI, the IOP, the IOP Steering Group, RCSI, the Department of Health, training providers, pharmacists, and others, and a functional analysis of the operation of the model of CPD. PSI was sincerely grateful for the significant engagement. Council used the recommendations in the report to inform the current iteration of the outsourced model, and will be cognisant of the feedback received.

The points regarding the Core Competency Framework are noted; PSI is commencing a review of the framework in 2019 and will welcome feedback and participation in this process.

Theme: Calls for a 'Non-Practicing' Register

A small number of commenters called for the introduction of a 'non-practising' register of pharmacists, where the requirements for CPD would not be mandatory. One respondent noted that the proposal to refuse continued registration may intimidate some pharmacists into early retirement.

PSI Response:

The Pharmacy Act 2007 as amended does not currently provide for a non-practising register. The comments are noted; the Service Plan for 2018 commits PSI to working with the Department of Health and other stakeholders to pursue a programme of regulatory reform of the Pharmacy Act 2007 and the associated regulatory framework.

Theme: Fears of use of the system where pharmacists fail to meet the CPD standards

Fears were expressed in the comments regarding the potential use of the 'proposal to refuse mechanism' to propose to refuse the continued registration of pharmacists who are working to meet the CPD standards.

PSI Response:

This proposal seeks to address the continued registration of those pharmacists who fail to engage with the IOP and CPD requirements and not to be used to address situations where a pharmacist is engaging and trying to address CPD standards or requirements.

Theme: Questioning of the 'arms length' approach in relation to CPD

Queries were received in the comments in relation to the relationship between the IOP and PSI. Some respondents objected to the proposal on the grounds that the independence of the IOP would be interfered with, or that the PSI was reneging on the promise of an 'arms length' approach to CPD.

PSI Response:

The Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015 have always provided for a reporting mechanism between the IOP and PSI. Under Rule 13, the Executive Director of the IOP is bound to report to the PSI the relevant information associated with any contravention by a pharmacist of the requirement to participate in ePortfolio Review and/or Practice Review.

Theme: Support for CPD

Albeit that some comments noted that CPD was not a direct link to competence, many of those who chose to provide comment were in agreement with the need for CPD for pharmacists. Many comments noted that pharmacists, by virtue of their daily activities, are automatically engaging in CPD. A limited number supported the proposed legislation, where a pharmacist was not engaging in any way with CPD or CPD obligations.

PSI Response:

The PSI notes the consensus that CPD is a positive requirement for the profession. The CPD system has been created to account for 'on-the-job' learning by pharmacists, and to provide a mechanism whereby this type of learning can be recognised and recorded.

Question 5

It is proposed that this mechanism would be used to address circumstances where a pharmacist has not engaged with the required CPD obligations, as set out under the PSI (Continuing Professional Development Rules) 2015 (S.I. No. 553 of 2015). Do you agree with this approach?

Similar themes arose in the responses to this question as had been expressed in Question 4.

Lack of proportionality
Calls for greater engagement
Dissatisfaction with CPD system
Calls for a non-practising register
Support for CPD

Theme: Lack of proportionality

Concerns were expressed that the proposed legislation instils fear and may potentially create an avoidance in CPD engagement. There was a consensus among responses that the proposal was extreme, disproportionate and should only be considered after exhausting all eventualities. One respondent believed that failing to engage with CPD was not sufficient misconduct to warrant cancellation from the register. Again, the point was raised that CPD did not equate to competence, and that the carrying on of CPD was more important than recording CPD. It was suggested that it would be more appropriate to give a pharmacist a warning prior to pursuing a proposal to refuse continued registration, which should be a last option.

Theme: Calls for greater engagement

Many respondents called for a period of engagement and support to the pharmacist prior to a proposal to refuse the continued registration of the pharmacist. A large cohort believe that support and engagement was a more appropriate first step. A number of respondents noted that exemptions should be granted to those with extenuating circumstances.

PSI Response (Lack of proportionality and Calls for greater engagement):

The PSI notes and agrees that any pharmacist who wishes to engage with CPD requirements should be facilitated to do so. The proposed amendment to the Registration Rules will insert a mechanism whereby the Council of the PSI can address circumstances where it appears that a pharmacist fails or refuses to engage with the IIOP, and fails to submit an extract of their ePortfolio for review.

This will be used as an administrative step to allow a pharmacist address any circumstance where s/he was not in a position to meet a criteria for registration, at the point of application for continued registration, using a 'proposal to refuse' provision. The 'proposal to refuse' provision is intended to provide a mechanism for the pharmacist to comply with the requirements or explain why they have not been able to comply with the CPD requirements. The Council of the PSI will appraise all reasons presented by the pharmacist as to why he/she was unable to submit an extract of his/her ePortfolio.

It is not intended that the 'proposal to refuse' provision would be used in the context of a pharmacist who has engaged with the IIOp and who may have submitted an extract of his/her ePortfolio for review, albeit that the ePortfolio has not met the standards required.

This "proposal to refuse" mechanism will occur after a pharmacist has already been given an opportunity to avail of an application for extenuating circumstance exemption. PSI currently operates an extenuating circumstances policy where any individual invited to participate in the ePortfolio review process, who for personal circumstances outside their control and according with policy criteria are exempted from the process on application. This commences before PSI provides the randomly selected names from the Register being provided to the IIOp. (see https://www.thepsi.ie/Libraries/Education/Extenuating_Circumstances_Policy.sflb.ashx)

Theme: Dissatisfaction with the CPD system

Respondents continued to express dissatisfaction with the CPD system. Some noted their dissatisfaction with the documentation aspect of the CPD system, noting that it was overly time-consuming. Again, there were calls for time to be allocated to pharmacists to complete CPD as part of their working day. One commenter believed that the current CPD system is not relevant. Two respondents criticised the Practice Review element of CPD.

PSI Response

In 2009, the PSI commissioned a detailed review and assessment of international CPD models to inform the system of CPD for pharmacists in Ireland. On this basis the portfolio-based self-reflective model was adopted as being appropriate to recognise the use of a wide range of learning methods to meet the individual learning needs of pharmacists. Any challenges with use of aspects of the system, can be addressed through supports which can be accessed through the Institute of Pharmacy (IIOp).

In January 2017, the PSI commissioned a review of the outsourcing arrangements in place at the time, with respect to the IIOp. The review was carried out independently by Crowe Howarth. The purpose of the review was to review the operation of the IIOp since its commencement in August 2013, to inform the ongoing development of the CPD model. The review examined, evaluated and assessed the governance, operational, functional, contractual, management and delivery arrangements in place in respect of the IIOp outsourced service arrangement, and considered the experience in the context of quality, efficacy and value-for-money. Elements of the review included stakeholder consultation with a wide range of key stakeholders, including the PSI, the IIOp, the IIOp Steering Group, RCSI, the Department of Health, training providers, pharmacists, and others, and a functional analysis of the operation of the model of CPD. PSI was sincerely grateful for the significant engagement. Council used the recommendations in the report to inform the current iteration of the outsourced model, and will be cognisant of the feedback received.

Theme: Calls for a non-practising register

There were a small number of calls for a non-practising register in the responses to this question in the consultation.

PSI Response

The Pharmacy Act 2007 as amended does not currently provide for a non-practising register. The comments are noted; the Service Plan for 2018 commits PSI to working with the Department of

Health and other stakeholders to pursue a programme of regulatory reform of the Pharmacy Act 2007 and the associated regulatory framework.

Theme: Support for CPD

Many of those who chose to provide comment to this question were in agreement with the need for CPD. Two commenters supported the proposed changes to the legislation where a pharmacist refused to engage.

PSI Response

The PSI notes the consensus that CPD is a positive requirement for the profession.

Question 6

Under the mechanism proposed, notice will be provided to the pharmacist of the intention to propose to refuse his/her continued registration, giving the reasons for the proposal. The pharmacist may make written representations to PSI Council within a 28 day period. In their deliberations, the PSI Council must consider any representation made before making a final decision to grant or refuse the application for continued registration. Do you agree with this proposal?

The following themes were identified in the comments received and are discussed below:

Extend the period proposed for representation
Ensure a robust contact method
Calls for greater engagement
Calls for personal representation at Council
Calls for greater information on how Council will make decisions on this matter

Theme: Extend the period proposed for representation

There were calls in the responses for a period of greater than 28 days to be provided to the pharmacist to make representations to Council. One suggestion was for three months. Another called for adequate time to be provided to the pharmacist to engage with the CPD requirements. Another called for a period of 6 to 8 weeks to be given.

PSI Response These comments are noted.

Theme: Ensure a robust contact method

It was noted by two commenters that the method of notification of a proposal to refuse a pharmacist's continued registration must be verifiable, to ensure that the pharmacist has received notification e.g. registered post.

PSI Response These comments are agreed and noted.

Theme: Calls for greater engagement

One respondent suggested that this provision should include reference to a period of support for the pharmacist. Another called for a 'caution notice' to be issued to the pharmacist prior to notice.

PSI Response

The PSI notes and agrees that any pharmacist who wishes to engage with CPD requirements should be facilitated to do so. The "proposal to refuse" mechanism specified in a regulatory framework will be underpinned by the policy Council adopts in its use, and cognisance of this point will be taken here. It is also worth noting that this framework will be utilised after a pharmacist will have had communication from both PSI and IloP, and had opportunity over a number of months to utilise the Extenuating Circumstances Policy.

Theme: Calls for personal representation at Council

A small number of respondents believe that the pharmacist should be allowed to make personal representation to the Council, and that submissions should not be limited to written submissions only. One commenter noted that representation would permit the Council to ask questions of the pharmacist.

PSI Response

These comments are noted, however the proposed mechanism is administrative in nature and deals with a failure to meet a criteria of registration that an applicant is mandated to meet.

Theme: Calls for greater information on how Council will make decisions on this matter

Some respondents wished to seek information on what guidelines the Council would consider or follow in their deliberations. One respondent noted that in the absence of this information it was difficult to comment on the proposal as a whole. Generally, most respondents believed that the pharmacist should be given every opportunity to engage, and the refusal of an application for continued registration would be a last resort. A number of respondents believed that extenuating circumstances should be taken in to account.

PSI Response

These comments are noted. PSI currently operates an extenuating circumstances policy where any individual invited to participate in the ePortfolio review process, who for personal circumstances outside their control and according with policy criteria are exempted from the process on application. Council will consider all representations made.

Question 7

Do you believe the opportunity for representation for a pharmacist is adequate? If not, how can it be improved?

Similar themes arose in response to this question, as had been raised in Question 6 above.

Extend the period proposed for representation
Ensure a robust contact method
Calls for greater engagement
Calls for personal representation at Council
Calls for greater information on how Council will make decisions on this matter
Calls for use of the fitness to practice system

Theme: Extend the period proposed for representation

There were calls in the responses for a period of greater than 28 days to be provided to the pharmacist to make representations to Council. A 60 day period and 3 month period were suggested.

PSI Response These comments are noted.

Theme: Ensure a robust contact method

Again, one respondent noted the importance that contact with the pharmacist must be established. Another noted that email notification is not reliable.

PSI Response These comments are agreed and noted.

Theme: Calls for greater engagement

Many of the responses to this question included calls for engagement and assistance for the pharmacist. Among the suggestions for engagement was a proposal that the pharmacist should participate in a course to prove competence to practice. Another proposal included that a mediator should be assigned to assess the situation and unless there is an immediate risk to patient care, every avenue should be exhausted before a pharmacist would be removed from the register. One respondent suggested that one round of appeal be given to the pharmacist. Another suggestion included permitting the pharmacist to present their case in front of peers before proceeding with the proposal to refuse mechanism.

PSI Response

The PSI notes and agrees that any pharmacist who wishes to engage with CPD requirements should be facilitated to do so. The “proposal to refuse” mechanism specified in a regulatory framework will be underpinned by the policy Council adopts in its use, and cognisance of this point will be taken here. It is also worth noting that this framework will be utilised after a pharmacist will have had communication from both PSI and IloP, and had opportunity over a number of months to utilise the Extenuating Circumstances Policy.

Theme: Calls for personal representation at Council

One respondent noted that where a pharmacist's registration is at stake, that the pharmacist should have every opportunity for representation, including the assistance of colleagues, representative bodies and legal representation. Others echoed the need for personal representation at Council, to facilitate discussion. There were a number of responses that echoed the need for legal representation, professional body representation and/or the opportunity for representation by peers at Council on behalf of the pharmacist.

PSI Response

These comments are noted, however the proposed mechanism is administrative in nature and deals with a failure to meet a criteria of registration that an applicant is mandated to meet

Theme: Calls for greater information on how Council will make decisions on this matter

A small number of respondents believed that the system could be improved where the Council of the PSI considered each case on a personal and/or individual basis. Respondents believed the need to grant exemption for those pharmacists with extenuating circumstances.

PSI Response

The 'proposal to refuse' provision is intended to provide a mechanism for the pharmacist to comply with the requirements or explain why they have not been able to comply with the CPD requirements. The Council of the PSI will appraise all reasons presented by the pharmacist as to why he/she was unable to submit an extract of his/her ePortfolio at the time of ePortfolio Review.

PSI currently operates an extenuating circumstances policy where any individual invited to participate in the ePortfolio review process, who for personal circumstances outside their control and according with policy criteria are exempted from the process on application.

Theme: Calls for use of the fitness to practice system

Three responses suggested that pharmacists who have not engaged are managed through fitness to practice.

PSI Response

The 'proposal to refuse' provision is intended to provide an administrative mechanism for the pharmacist to comply with the requirements or explain why they have not been able to comply with the CPD requirements. The proposed introduction of the 'proposal to refuse' mechanism does not preclude use of the disciplinary/complaints process (Part 6 of the Pharmacy Act) to address a pharmacist's non-engagement with continuing professional development requirements if circumstances warrant it.

Question 8

Looking at the proposal in its entirety, do you have any further suggestions as to how the proposed system could be improved?

A number of the same themes, already raised in response to the earlier survey questions, were repeated in response to this question.

Lack of proportionality
Calls for greater engagement
Dissatisfaction with CPD system
Calls for a non-practising register
Support for CPD

28 respondents replied 'no' in the comment section to this question, indicating that they had no further suggestions as to how the proposed system could be improved.

Part 2: Language Competency

Question 11:

Looking at the proposal in its entirety, do you have any further suggestions as to how it could be improved?

The following themes were identified in the comments received and are discussed below:

The requirement for English language assessment
Comments relating to the inclusion of the Irish language
Calls for additional training for pharmacists qualified outside the State
Query in relation to 'whole time' capacity

Theme: The requirement for English language assessment

Some responses noted that an English language assessment should suffice to assure English language competency

PSI Response

An English language assessment is provided for as evidence of English competency in Part 11(a) of the PSI (Registration) Rules 2008 as amended.

Theme: Comments relating to the inclusion of the Irish language

Two responses queried the relevance of Irish language competency. One response noted that Irish language competency should be compulsory for pharmacists practising in Gaeltacht areas.

PSI Response

Irish and English are the official languages of the State and must therefore be accounted for in national legislation.

In accordance with SI 488/2008, the pharmacy owner and Superintendent Pharmacist are required to be satisfied that all of the pharmacists and other staff, employed or engaged by him or her, or under his or her management, have the requisite knowledge, skills, including language skills to perform the work for which they are, or are to be, responsible.

Theme: Calls for additional training for pharmacists qualified outside the State

A number of responses proposed that additional training should be provided to those pharmacists qualified outside the State on pharmacy practice in Ireland.

PSI Response

All pharmacists who register in Ireland, having qualified outside the State are invited to a presentation at PSI house on pharmacy and medicines legislation. The call for additional training is noted.

Whole Time Capacity

It was queried by one respondent if the use of the term 'whole-time capacity' might unjustly discriminate against part-time workers.

PSI Response

The legislation also provides the option for candidates to demonstrate language competency through the attainment of a certificate of language competency through assessment. (Part 11(a) of the PSI (Registration) Rules 2008 as amended.)

Appendix A

Q1. The proposed amendment to include rule 11A would allow PSI Council to propose to refuse an application for continued registration to the Register of Pharmacists where there is an absence of evidence of compliance with CPD requirements. Do you agree with the proposed outline?

6	This is the current situation in Northern Ireland, where I originally registered.
9	I think this is too strong of an outcome for failure to participate in cpd .. pharmacist failing to comply should perhaps be made participate in an educational course to prove their fitness to practice and then the psi can decide on whether to refuse registration.
10	I dislike the current CPD requirements - its more about box ticking to meet rigid requirements - any and all involvement in continuing education (attendance at lectures, reading up on topics of interest as well as written reports on further education practices should be recognised. The core competency areas do not allow for variations in personalities, interests and job requirements. One size does not fit all!
14	They should be given ample time to get their portfolio in order, if after numerous attempts to get them to engage, perhaps refuse application. Its difficult to work long hours and be expected to do lots of this CPD afterwards.
15	I strongly agree that CPD should be an essential requirement for continued registration as a pharmacist, however, I really dislike the iioportal and the way in which we have to record CPD. It is a tedious, time consuming, unproductive waste of time in my opinion. I have no objections to recording CPD (and I do comply with the requirements), however, the criteria of starting at different parts of the CPD cycle and representing different types of CPD is in my opinion completely unnecessary and not a reflection of good CPD activity. I think using absence of evidence of compliance with CPD requirements as they stand to refuse registration is ridiculous. It may result in an incompetent pharmacist who completes CPD gaining registration while an excellent pharmacist who struggles with the iioportal, who engages in CPD through their work on a daily basis being refused registration. If there is a significant number not adhering to CPD requirements, time would be better spent looking at changing how we record CPD. As a profession we are inundated with paper work, scheme checking and excess work loads and on top of this we are required by our governing body to comply with more unnecessary paperwork. I do not know any pharmacist who is happy with CPD requirements as they stand and it needs to be looked at.
16	This measure would deprive somebody of their ability to earn a living without adequate investigation as to why he/she had not complied.
18	The actual situation inside Irish pharmacies is so stressful , that sometimes is very difficult to complete all the courses in our free time.
29	Every pharmacist working regularly exceeds the CPD requirement in their usual practice. the CPD e portfolio is cumbersome and unnecessary.
38	I would like to see more in this paragraph about the PSI engaging to the best of their ability to support the registrant in their endeavour to remain on the register . There are a lot of very wise , very experienced older pharmacists on the register who are scared beyond belief of the

	new cpd system . The society should not readily resign itself to losing these pharmacists from the profession .
40	vast majority of members really do their best, this proposal goes too far..
48	Don't agree. I'm qualified 6 years. I continue to update my knowledge. I read Hse circulars, complete cpd with company I work with and have a busy life with my family. To say you would strike me off for not completing my eportfolio in a timely manner or at all is disgusting. Why don't you look at the regulator....licencing foreign pharmacists who have poor English, no understanding of schemes and put patient health/safety at risk. I have worked with some of these pharmacists and am disappointed with how easy it is for them to work here. Whereas a brilliant Irish pharmacist may forget to submit cpd and you'd penalize them!!
54	The IOP review framework to assess CPD compliance does not appear to have any basis for their requirements. The number of domains and learning needs which are specified appear to be arbitrary, if CPD is to be self directed pharmacists should have more freedom to choose the focus and method of delivery of their CPD. The current framework does not properly take into account pharmacists not working in clinical practice, for whom multiple CPD cycles in particular domains are more important to their area of practice. Until the apparent method of assessing CPD is reviewed and improved from ticking/meeting an arbitrary set of criteria I would not support the proposal.
55	Refusing continued registration is the same as a striking off and that function should be reserved for the disciplinary committees. An absence of evidence of compliance with CPD requirements may or may not indicate an issue of competence and it is not the function of the PSI Council to make a decision on the competence of individual pharmacists. The proposal also has the potential to considerably increase the workload of the Council.
59	my personal experience is that I do quite a lot of CPD but I nearly never find a time to write it down in the portfolio (as there is no time for it at work and after work there are other responsibilities), so I end up with 20 themes which I still have to write down and it takes me at least 30 mins to do one of them. I would appreciate a chance of automatic up date system as for example.....online tests/courses or face to face courses which would after completion up date itself in our portfolio and give some credit, so we would not have to write it down but I would still keep the option to write down as not everybody like to use internet when learning
62	Incompetence on the part of the IOP has led to correctly completed CPD cycles being categorised as incomplete
63	Many talented and experienced pharmacists who are constrained by time or find the system difficult to use may be excluded or intimidated into early retirement
74	I feel it should be clarified further what absence of evidence of compliance means. Does this refer to not keeping up to date and maintaining a dynamic knowledge of modern pharmacy or does this relate to the manner in which the CPD is presented. I feel the former is necessary but the latter is too harsh
78	I believe that CPD is essential. I would propose that it is optional for Superintendent Pharmacists to allocate time within a work contract to allow a Pharmacist to participate in CPD within a working week be that paid or unpaid. Some Pharmacist's work up to 50 hours per

	week without break. If a superintendent was to help with facilitating time for CPD it would be very helpful.
80	Often it is hard to have time to always update one's CPD. Yes CPD is important. I strongly disagree how CPD is done through the PSI but to prevent someone re-registering could severely affect businesses and someone personal life. I think reminders to encourage pharmacists to do there CPD if it is overdue and if it is a continuous battle to get a pharmacist to provide CPD they should be called for a meeting an explain their reason for not doing their CPD>
83	we are not all practising MSPI's but would like to stay on the regisiter. Allowances need to be made for this group of MPSI's
84	Applicants need to be given sufficient notice of proposal not to renew registration, in writing.
89	I believe that removing a pharmacist right to practise their professional is a serious matter. I believe that the matter should be referred to the fitness to practice committee to be dealt with if the IOP believe a pharmacist has not reached the required standard. In the case of a pharmacist failing to engage a all, I would not object to the legislation being amended as proposed.
90	It displays ageism and disadvantages the older Pharmacist who, despite being well-trained and qualified, has worked for a great deal of time without the intervention of computerised applications. The fact that s/he were not "reared" on technology does not negate their potential or ability to professionally practice in any way.
96	I do not believe this (CPD Rule) is necessary. The PSI should work with and engage with the individual.
102	I believe that all avenues should be exhausted before the PSI is empowered to refuse continued registration of a pharmacist. I would prefer if the pharmacist was given a further 12 months from deadline to satisfy CPD requirements before the PSI could strike off.
108	I agree where acknowledgment has been made that due to work requirements there may be limitations on what CPD may be possible to complete, as the forms to be filled in on each stage can depending on the case be very time consuming
115	Refusing registration is the ultimate sanction, it makes someone immediately unemployable as a pharmacist and a person could lose their job. The "absence of evidence of compliance with CPD requirements" is a very low bar for a such a sanction. There could be many reasons (family illness, health issues etc.) that could lead to the "absence of evidence of compliance with CPD requirements" and these situations will be nuanced and not be able to be adjudicated in the black and white manner outlined in the SI.
120	I agree that this should be a possibility, but if the respondent is only given 28 days to reply the notification must be provided by some means which ensures that the respondent has read the refusal (e.g. registered post signed for by respondent)
121	Evidence of non compliance has not been defined

124	Many pharmacists would need to remain on the register who are not employed in the retail sector, who may be in industry in quality assurance and management who are not dealing with the public. what is the point in insisting on CPD for them that is not relevant
131	Pharmacist read relative articles and journals to keep abreast of developments and always have done
136	It is possible that an individual has not provided evidence of CPD undertaken but that he/she has in fact done a lot of relevant CPD but simply not recorded it in the required format. The latter can be perceived as a major deterrent to people but in fact the PSI's CPD system is not onerous at all, as I discovered to my pleasant surprise. If an individual cannot produce any evidence of ongoing training (even if not compiled in the suggested IOP format) then I would agree he/she should not be registered. Essential however that this question is put to the individual and that the individual confirms that he/she has not undertaken any training, rather than removing people from the register who are conducting regular training but just not registering on the IOP website.
138	If a pharmacist can prove they are doing cpd but just failed to document it at the time I think they should remain on the register.
141	Believe there should be leeway given in certain circumstances, e.g. maternity leave, extended sick leave, bereavement of a spouse/ immediate family member
143	Allowance should be made where there are genuine reasons for non compliance with the CPD guidelines e.g. serious illness.
149	There may be reasons for absence of evidence of continued cpd that need to be investigated before refusing registration.
153	The punishment would be disproportional and unfair.
165	Define "absence of evidence" - does this specifically mean completion of IOP portfolio. I would presume all pharmacists complete CPD on a daily basis as it is part of the job & would submit CPD on request. Other countries are moving away from "CPD entries"
168	Agree once there is sufficient grounds for a pharmacist who has not made CPD requirements to be afforded opportunity to ensure further CPD can be completed to meet requirements before continued registration is removed
175	I think to take someone's livelihood should be a last resort.
177	My main concern would be why someone did not comply with IOP for CPD. IE ILLNESS (coma / neurological condition) / RACISM / POOR ENGLISH / failure in communication. And whilst some of the above would be considered conditioning registration - banning or suspending or refusal to renew may send the wrong message re: a caring profession.
178	Please consider modifying the proposal to provide for inactive registration for retired pharmacists and for those pharmacists engaged in other educational and professional activities. Pharmacists pursuing graduate education, study, and who apply their education to serving the public in other ways should not be penalized. Medical and other professional bodies provide for inactive registration. Boards of Pharmacy and Bar licensing boards provide for inactive registration.

180	PSI need to provide clearer instruction on CPD requirements in line with other professional bodies before introducing this. Also need to assess registered pharmacists in non patient facing roles- CPD is especially unclear here
190	Current CPD provisions do not adequately facilitate practice in a non-patient facing context. Therefore it is wrong that pharmacists in industry need to be crowbarred into a framework that does not meet their needs nor can be adequately assessed
192	This proposal will penalised those who for whatever reason don't engage in CPD or who are not familiar with the recording process. Instead of penalising these people, the PSI should assist them in understanding the benefits of CPD
215	The iiop is supposed to be completely independent from the regulator and I object strenuously to this independence being removed by this amendment.
223	Everyday we work in pharmacy whether it be hospital or community we are undergoing CPD dealing with scripts having to check doses availability whether it's covered if not trying to get it covered by hse what are interactions dealing with patients concerns informing them about their medication what it does what it might do etc
225	legislation looks to limit the scope of what duties the PA can perform which leads to more strain on overstretched manpower resources. Many of us depend on PA to cover longer and short holidays. Also how are they supposed to earn a living when their income depends on full days?
236	We were always told that the PSI would be "at arm's length" from the IIOP. This amendment amounts to an inappropriate interference and undue influence over our CPD.
247	Pharmacy already faces onerous requirments to maintain registration. No other profession in Ireland, including medical drs, have such onerous requirements. Also, this legislation ignores classes of pharmacists who work in management, corporate roles etc
248	I think this change would be grossly unfair as most pharmacists are undergoing CPD on a daily basis but simply don't have the time and are not savvy with technology to upload the information online in a manner that would satisfy the PSI. Unless it can be proven that a pharmacist is incompetent or is practising incompetently, it would be unfair to take away that pharmacist's livelihood. It's proposed changes such as these that are resulting in pharmacists being disillusioned with the profession.
249	With appropriate opportunity to remedy this and engage with the CPD process, which is complex particularly for more experienced pharmacists.
256	I believe that a pharmacist may show their competence in many ways other than engaging with the IIOP. The rigid requirement to attend a practice review in Dublin on a set day, for example, without reimbursement, is not accommodating for many pharmacists who would be required to secure locum cover (at a high rate) and make travelling arrangements (in particular for those living abroad). In Ontario, where the practice review idea has been taken from, expenses are paid. This model is not appropriate and accommodating enough.
263	No specific terms in the ammendment to set out under what circumstances the PSI council would judge a pharmacist to have shown insufficient evidence of compliance

277	CPD doesn't make a good pharmacist
279	I believe that competent professional practising pharmacists are completing cpd everyday in their daily practice. Although the latter is cpd I don't think this cpd would necessarily all be documented. Therefore it isn't a good enough reason to refuse registration, however if a pharmacist is assessed and found not to be competent or engaging at all with psi or iiop I believe that then steps need to be taken but there should be many steps before removal from the register as this is someone's livelihood..
311	If this is to come into force CPD should become part of pharmacist's working day, like signing the register or completing the pharmacy assessment systems. Time should be allocated on a weekly or monthly basis to CPD. Pharmacy is a hugely time consuming job when working full time, without getting any proper breaks and often having to stay later. There should be some sort of obligation on the pharmacy owners to ensure their pharmacists can take a certain number of training or CPD days/hours in the year to be used to complete CPD online or attend lectures etc. As it is working for independent pharmacists, the shop business is often prioritised over the training of staff. If lack of CPD is to become a reason not to be allowed continue as a pharmacist then there should be some pressure on owners to ensure their staff are given ample opportunity to complete CPD.
317	A non-reply to an email should not be taken as a refusal to engage. Many emails are lost on Spam folders. If there is no reply it should be followed up by a letter, registered if necessary by post.
320	While I agree that there needs to be some consequences to not participating in the CPD requirements , and I note that there is a statement in the introduction to the survey stating that the legislation is not intended to apply to those who are working towards meeting the IIOP requirements , this is not stated in the SI. I am unclear as to how far this SI extends the power of the PSI to decide whether CPD is satisfactory, for example where parties are working towards resolution with the IIOP. Remembering that the IIOP and PSI are supposed to be at arms length
331	I believe it is necessary for the profession to keep ourselves updated but I also believe that the CPD instrument needs to be simplified
334	This should only be the case if there is a complete absence of CPD engagement. Every effort should be made to contact the pharmacist to ensure they are engaging with CPD, no matter how small the engagement. The online forum should not be the only allowed method of CPD. Hard back copy should also be allowed. Every person's individual CPD will be different based on there needs. The C-Sat is an invaluable tool to guides us, but it is only a guide. I would never believe that my knowledge in any area is complete as there is always more to learn. However because I would not highlight that I am 100% confident in an area this means the C-Sat informs me I need to perform CPD on everything. Therefore it's is not someone else's decision to determine where your CPD journey should go, or how much engagement an individual requires.
335	Pharmacists have a rite to earn a living and it is unjust that the PSI would have the final say on who has completed CPD to a satisfactory level when the IIOP can arbitrarily change the rules making CPD evermore burdensome. The courts should have the final say. There is no mention of mediation to see why they have not engaged and or assistance from the IIOP to help pharmacists attain the required standards.
344	There may be a very legitimate reason for why no evidence of CPD could be provided for example a leave of absence, travelling, sickness and so the refusal of the application should only occur if the individual can provide no legitimate reason for evidence of CPD

347	But it must depend heavily on the circumstances for that pharmacist as I believe if there is genuine reasons why they are unable to submit within a certain timeframe then their registration should not be at risk
349	I thought the CPD was the role of the IOP, who already report to the PSI anyway.
350	every day is a CPD day when you are dispensing scripts , advising patients , liaising with GPs and nurses . However , it isn't easy to find the time to apply it to the Wheel of the IOP
352	In my opinion, this measure is an attempt to brow beat hard working pharmacists into complying with a regulation that is largely unworkable for pharmacists. After working 9 to 6 five days a week, travelling to 2 hours lectures in the Autumn and Spring, and showing what we have learned via e-portfolio and box ticking, I am now threatened with the ultimate sanction, if I have not the hours in the day to comply. A reality check is needed here. Is this a proposal that is going to be put before ALL medical professionals? Are doctors, nurses, dentists, consultants going to be de registered if they are not CPD compliant?
363	A practising Pharmacist has work experience which is of far greater importance in Patient Care and may find difficulty in the time required to complete CPD. If a Pharmacist was returning to the workforce after a break CPD would be of far more importance.
364	I believe that once a Pharmacist has qualified they have earned their right to practice. I believe it should be based on the individual suitations, work environment, health issues and home environment to name a few,and this should/must be taken into account.
366	I'm not sure I agree that it has to be tied to the IOP electronic system. Not everyone wants to use an online portal. For some people it would be better to have another option for documenting CPD available.
379	See comments below.
414	If this is to come into force CPD should become part of pharmacist's working day, like signing the register or completing the pharmacy assessment systems. Time should be allocated on a weekly or monthly basis to CPD. Pharmacy is a hugely time consuming job when working full time, without getting any proper breaks and often having to stay later. There should be some sort of obligation on the pharmacy owners to ensure their pharmacists can take a certain number of training or CPD days/hours in the year to be used to complete CPD online or attend lectures etc. As it is working for independent pharmacists, the shop business is often prioritised over the training of staff. If lack of CPD is to become a reason not to be allowed continue as a pharmacist then there should be some pressure on owners to ensure their staff are given ample opportunity to complete CPD.
420	A non-reply to an email should not be taken as a refusal to engage. Many emails are lost on Spam folders. If there is no reply it should be followed up by a letter, registered if necessary by post.

Appendix B

Q. 2 It is proposed that this mechanism would be used to address circumstances where a pharmacist has not engaged with the required CPD obligations, as set out under the PSI (Continuing Professional Development Rules) 2015 (S.I. No. 553 of 2015). Do you agree with this approach?

15	see above
29	See previous answer. Pharmacists are keeping their skills up. where is the evidence that this is a problem ?
38	Again , I'm not satisfied in this paragraph that there is any definition of the support offered by the society to the registrant before making this decision .
48	We are learning everyday but may forget tick boxes on CSAT and fill in lots of forms just to comply with what I know I've learnt. Again too harsh. Give us a set amount of CPD points to do. E.g, go to seminars, watch a online video complete a course, do my own reading but to say I have to spend as much time writing up about it...ridiculous! We work long hours and I go home to my family, not to have to spend hours on a computer writing up.
54	While I do not agree with the proposal in light of the current system used to assess CPD activities I agree that pharmacists should be required to perform CPD.
55	As above
61	Determining extenuating factors, consideration of circumstances and to employ a mechanism to further support pharmacists who for some reason or another do not comply with CPD legislation rather than an automatic refusal for continued registration - in some instances it would be necessary following disengagement of the pharmacist, but an effort to support at early stages would be a better approach
62	Engagement with the individuals in question would be more appropriate
78	I believe that CPD is essential. I would propose that it is optional for Superintendent Pharmacists to allocate time within a work contract to allow a Pharmacist to participate in CPD within a working week be that paid or unpaid. Some Pharmacist's work up to 50 hours per week without break. If a superintendent was to help with facilitating time for CPD it would be very helpful.
80	In my opinion a lot of pharmacist are disassociated from the PSI and I feel this would alienate pharmacists further and drive a bigger wedge between the PSI and pharmacists
83	you need a non-practicing register
89	I believe that the matter should be referred to the fitness to practice committee to be dealt with if the IOP believe a pharmacist has not reached the required standard. In the case of a pharmacist failing to engage at all, I would not object to the legislation being amended as proposed.
90	Computer competency and the ability to generically answer set questions and tasks does not improve the professional ability of the individual Pharmacist.

96	Alternative approaches should be sought (for the CPD rules) - possibly peer to peer support. I strongly disagree with this approach that you are proposing.
102	See above
108	Again, where someone is constrained by work requirements or distance from training courses, the amount of forms following said training that need to be filled in documenting it, it should be acknowledged that due to these constraints the ability to comply with CPD may vary from individual to another. Of course though - all pharmacists should engage in CPD, though some have more time available then others
113	We are constantly learning every day as medicine is a constantly changing entity.in fact,thinking you know everything is a highly dangerous attitude to have.cpd is a good idea,but we all have to do it in our everyday working life as a pharmacist so cpd is a factor of our everyday lives whether we work in hospital,industry or retail the hard part is trying to get time to document this learning,considering most days it is a problem for me to get a toilet break,never mind a coffee break
115	As I have outlined above, there are nuances involved, and I believe this ultimate sanction, all or nothing regulation, goes too far.
120	Comment as above
124	relevant CPD need to be negotiated if required by the PSI
136	I was unable to open SI 553 so unfortunately can't see the wording but my general response would be as per Question No. 4, i.e. if a pharmacist cannot demonstrate any ongoing learning then yes this should be an acceptable reason to remove him or her from the register. However it is essential that the definition of CPD should not be so narrow as to have completed and logged this on the IIOP website. The individual must be given specific opportunity to demonstrate all forms of learning completed and warned that if he/she cannot that the consequences could include removal from the register.
141	Believe there should be leeway given in certain circumstances, e.g. maternity leave, extended sick leave, bereavement of a spouse/ immediate family member
143	Once there is a documented proof that a pharmacist has refused to engage despite reasonable attempts, and reasonable accommodations to deal with any issues arising e.g. inability to work with the online systems.
153	Not engaged with CPD obligations is not a gross misconduct...
177	Again further to previous comment. WHY? has a registrant moved abroad? Illness? Communication failure? Is there a legitimate reason for non compliance.
178	As previously noted, the statute should provide a mechanism for pharmacists who serve the public in other ways and to encourage retired pharmacists to maintain their link with the Pharmaceutical Society and engagement with the profession.
225	legislation looks to limit the scope of what duties the PA can perform which leads to more strain on overstretched manpower resources. Many of us depend on PA to cover longer and

	short holidays. Also how are they supposed to earn a living when their income depends on full days?
236	As above
247	PSI and IOP should work with pharmacists to maintain CPD. Carrots rather stick approach is better outcome
249	Should be the extreme at the end of pursuing all possible ways of supporting the person to engage with the CPD obligations
255	My pharmacist has my best interests at heart and I'm sure she'd get current with anything needed. She works very hard without more bureaucracy.
263	There remains significant uncertainty re. the specific requirements of the CPD process. It would be more appropriate to introduce when the majority of the profession has had their CPD assessed.
293	Time should not be defined.
317	It should be referred to FTP not Council. Also CPD reviews need to be more focused in their approach. ie aimed at those who may be failing in their practice. Not scattergun as at present. Also no pharmacists should be out of pocket because of a CPD or Practice review.
320	If a pharmacist has not engaged then this approach is appropriate, so long as there is no justifiable reason for the non engagement
332	Unless the pharmacist has made an error and is brought up for fitness to practice the practice review part of CPD should not be a part of pharmacist CPD. Review the pharmacy act and make the necessary changes to this. It is an unfair system and is placing unnecessary stress and cost on already stretched pharmacists. CPD online should be called every second year instead.
334	I agree there should be a mechanism in place to aid those who are not engaging in CPD, in any shape or form. However refusal of registration does not inspire confidence or a willingness to engage if someone is having difficulties, instead it instills fear and an avoidance of engagement. We need an open system, free from fear of persecution (or in this case registration cancellation/non renewal) that will also include issues and situations which may arise for an individual outside of the pharmacists working life. We do not need a one size fits all approach where common sense is excluded. Also this mechanism is not available for review, to vote on a mechanism which we, the effected parties, may be at some point subjected to without prior knowledge of it's contents seems absurd. I would respectfully request that this mechanism, should it come to pass, be distributed to all effected parties for discussion
335	There are other methods to assist pharmacists to engage CPD should be made a much simpler process
363	Refusing registration is not a solution.
366	As above re: IOP
378	Time should not be defined
379	It is my considered view that the Minister in introducing the Rules is acting ultra vires the powers provided on him under Section 11 of the Act. In relation to CPD, the principle and policy set out in the Act is quite limited and only provided for in Section 7(1) (d) "to ensure that pharmacists undertake appropriate continuing professional development, including the acquisition of specialisation". What is being proposed in these Rules is that if a pharmacist does not comply with CPD requirements in insofar as their eportfolio is concerned, that he or she could have their right to practice de facto removed by the Council which would have very profound and significant implications for the pharmacist concerned. Part 6 of the Act make provision for the removal of a person from the Register and provides for what constitutes poor

	<p>professional performance and professional misconduct. At the time of the public consultation of the CPD Rules in 2015, the original draft of the Rules made provision for a person who did not comply with the requirements to be referred under Part 6 of the Act for disciplinary sanction. In my submission of the time, I noted that this was in my view ultra vires and failure to meet with CPD requirements as proposed could not be considered to constitute either poor professional performance or professional misconduct as currently defined. I also advised at the time that such a proposal could only be proceed with following an amendment to the Act which expanded its principle and policy in relation to PD to clearly provide for such an outcome. The Council prudently decided not to proceed with this part of the draft Rules in 2015. However, these draft Rules appear to be trying to achieve the same outcome, albeit linking it to continued registration as a means of circumventing the impossibility of pursuing it under Part 6 of the Act as currently provided for. However, this proposal is similarly flawed, of questionable legality and has the Minister similarly acting ultra vires his powers under the Act. This proposal in some respects is even more flawed to that in the draft 2015 Rules in that the Council is de facto taking upon itself to remove the practice rights of a pharmacist without any judicial oversight or ratification. This offends important constitutional rights of a pharmacist and is in my view legally unsound. The question arises as to whether legal advice has been received on the important constitutional issues that the introduction of these proposed rules gives rise to? If so, it should be published. If not, the question arises as to why not?</p>
396	Time should not be defined.
420	It should be referred to FTP not Council. Also CPD reviews need to be more focused in their approach. ie aimed at those who may be failing in their practice. Not scattergun as at present. Also no pharmacists should be out of pocket because of a CPD or Practice review.

Appendix C

Q. 3 Under the mechanism proposed, notice will be provided to the pharmacist of the intention to propose to refuse his/her continued registration, giving the reasons for the proposal. The pharmacist may make written representations to PSI Council within a 28 day period. In their deliberations, the PSI Council must consider any representation made before making a final decision to grant or refuse the application for continued registration. Do you agree with this proposal?

10	as already stated do not support current CPD model
25	A longer period of time than 28 days should be granted to make written representations to the PSI Council
32	There may be reasons why a pharmacist doesn't reply within 28 days for example, did receive the notification, the response was lost in transit, the pharmacist is out of the country. I would suggest the registration would be suspended for 90 days (after the 28 days) to allow for contact to be made with the pharmacist before refusal is made permanent.
38	Why not have something in this paragraph about support offered before this written form is sent out .
48	Why not caution pharmacist first then if continue to ignore CPD then cancel registration?
50	I think the pharmacist should be given the opportunity for a face to face meeting with the council
55	The proposal only allows for written representations. It does not allow for a pharmacist to make personal representations or to have other make a representation on their behalf.
61	This may unfairly affect the pharmacists continuation of working practice should they lose their registration for this reason but were unable to comply fully with CPD requirements for a genuine reason within the annual registration timeframe.
62	28 day period is not sufficient time to prepare a response
83	not doing CPD is not a reason to take someone off the register. It does not infer increased patient risk , many of us are non-patient facing
84	Should be more than 28 days eg 3 months
89	I believe the matter should be referred to the Fitness to Practice committee where the pharmacist has engaged but has not reached the standard set by the IIOP.
96	Again, I feel the entire proposal (on CPD) is uninformed. The PSI MUST get stakeholder input - from Pharmacists at ground level and stop imposing their views without adequate consultation.
108	I agree everyone should be given the opportunity to defend themselves should they be found to be lacking in documentation to prove their learning
110	The pharmacist should get more than 28 days notice. Notice should be given by registered letter/ phone call and not by email
115	There is not enough detail about what the Council should take into account whilst deliberating. The SI needs fleshing out so that a decision to refuse registration is an absolute last straw, when every other avenue has been exhausted
120	Please see comments above, also a 28 day period is too short if written representation is required taking into account potential postal issues
124	this is not enough time for a person to respond. if this goes through there should also be a limit on the time the PSI responds
130	But I feel that the pharmacist should be given longer notice that they need to improve their CPD compliance first.
131	registration usually takes place in december for the first of Jan. PSI require that paper work be done at least 30 days before re registration, which is more than long enough for such a simple

	requirement. It would require several months to allow for a pharmacist to exhaust all situations as regards this matter.
136	What mechanisms are in place to ensure the pharmacist has received and read the letter? Also 28 days seems short if the person has to submit evidence of their CPD
154	Not enough time to engage,
168	allow sufficient time for pharmacist to meet requirements
175	28 days is very short notice for written representations for such a life altering situation
177	On condition that the pharmacist was contacted and is of the capacity to meet conditions... ie temporary coma / illness/ capacity to reply in time ie abroad on a charity fundraiser to everest
178	Proposal does not recognize wide variety of professional engagement of pharmacists.
225	What are PAs not included in this?
236	Relatively short period of time
247	Country towns already struggle to get locums, often semi retired, this will just make matters worst
249	Should be able to engage in person with assistance from the PSI and IIOF well before the consideration of removal from the register. The representation at the Council should be in person to facilitate answering of questions etc.
256	The pharmacist should be given more time to make representations, particularly considering how detrimental this could be to their livelihood.
263	28 days is insufficient time
277	The time line should be extended
279	A longer period of time should be given to rectify or complete required cpd
317	My reading of the proposal is that any refusal to engage is automatically a reason to refuse to continue registration. The decision by Council will be a rubber stamping exercise regardless of any representations made.
320	would like to see what sort of deliberation council is being proposed prior to giving it full support
327	extend the notice period if circumstances can be proven which may require extra time
331	I think it is essential that the PSI consider all and any representation before making a decision on this as life events can get in the way of a pharmacist engaging with CPD. I think that 28 days is a short time for the pharmacist to respond. A lot of compassion must be showed towards the pharmacist.
332	I cannot agree to this as practice review is part of CPD and is unfair and unjust
334	This has stated that the first message received is, that the PSI will not be renewing your registration. It has failed all pharmacists already. Why is there not preceding steps to this letter to highlight the councils issues/ concerns and to give a period of time during which discussions and a suitable solution to these concerns determined and implemented. Refusal of registration renewal should be the last option after all other avenues have been explored. Failing all these steps then and only then should any letter for refusal of registration be sent. If this is the case then the above would be satisfactory. However I would never foresee this if preceding steps were performed.
335	There is no real fairness or natural justice in this proposal
344	There should be a longer date than 28 days for example if the person involved is abroad or sick 28 days may not be enough
349	Refusal of registration is SO extreme. People lives depend on their jobs? 28 days to get everything in order is not enough time. We have full time jobs?? What are you going to base your 'final decision' on exactly? how bad does it have to be?
350	Personal circumstance should always be taken into account .
363	Patient Care is not being prioritised over CPD. The patient will suffer.

366	I don't think 28 days is enough time. Considering a typical person will be working for 20 out of 28 days, it doesn't leave much time to actually engage. Maybe 6 or 8 weeks?
374	I think the pharmacist should be given an opportunity to complete the requisite CPD at this point and then be allowed reapply to the IOP for recognition of completed CPD
379	Following on from my previous comments, a pharmacist has important constitutional rights with respect to how matters of discipline are adjudicated upon. Notwithstanding the considered absence of legal authority to proceed with these Rules in the absence of an amendment to the Pharmacy Act, a pharmacist whose right to practice is proposed to be removed, is only permitted to make written representations to the Council. His or her right to a hearing with legal representation is not provided for. From an administrative law viewpoint, how would the Council consider such matters and against what criteria? Would they Council as a whole consider it or a sub-section thereof which one make a recommendation to the whole Council. How would any decision to refuse continued right to practise be effected in that the Act makes no provision for it to be noted in the Register of Pharmacists. How long would the refusal to grant continued right to practise be effective for? The regulatory principle of accountability means that there should be an appeal process available. How would a pharmacist appeal a decision of the Council under these proposed Rules. These Rules as currently presented patently fail to address any of these issues. They are legally unsound under a variety of headings and should not be proceeded with. If the PSI wants to have a disciplinary response in place for failure to comply with CPD requirements, then an amendment to the Pharmacy Act which provided the necessary principle and policy in this regard is first required.
389	Perhaps it is in the rules, but I think there should be a limit for a response time by the PSI also (28 days to make a representation, and 28 days for the council to respond).
420	My reading of the proposal is that any refusal to engage is automatically a reason to refuse to continue registration. The decision by Council will be a rubber stamping exercise regardless of any representations made.

Appendix D

Q.4 Do you believe the opportunity for representation for a pharmacist is adequate? Yes/No
If not, how can it be improved?

9	They should have to participate in a course to prove they are fit to practice
10	Adequate representation would need to allow working conditions of pharmacists to be considered. The PSI should support proper health and safety legislation for pharmacist if they have any real interest in protecting the public. The relationship between PSI and pharmacist should be one of mutual respect and support enabling pharmacists to be the very best they can be.
16	The individual should be entitled to assistance in their case.
32	Contact with the pharmacist must be established, if at all possible, before they are de-registered.
55	A pharmacist whose registration is at state should have every opportunity to represent their case, including the assistance of colleagues, representative bodies and legal representation.
74	A longer period of time should be given
84	Do not rely only on electronic communication
90	By due consideration of each individual case as opposed to rigidly adhering to pre-determined rules and regulations.
94	improved consultation with IPU
96	The PSI should be working with pharmacists - not seeking to alienate them with further threats/ sanctions.
102	Longer period to respond
113	I feel I have no support in my job as it is so what hope is there
115	At the very minimum there should be a third party fully independent mediator involved to assess the situation and unless there is an obvious immediate risk to patient care, every avenue should be exhausted before a pharmacist is removed from the register.
120	Time frame needs to be longer, one round of appeal should be possible.
121	There may be personal circumstances that the pharmacist didn't enhance.
124	the PSI needs to deal with individual applications on a personal basis
125	Hospital pharmacy is not reflected in the legislation
130	Would give longer than the 28 days so they can complete some CPD and then make representations. Then keep close eye on their CPD performance.
131	Pharmacists can respond quickly if not instantly to any decision that has to be made. The PSI is particularly slow in responding to even the simplest of queries

134	Ask the IPU to represent the pharmacist
136	See answer to Q7 above
156	Don't know much about topic
165	Does it allow for discussion with the pharmacist between submission of individual representation and the decision of the PSI? To not be allowed continued registration is a major consequence - surely there should be an opportunity to discuss any difference of opinion
167	Give the pharmacist an opportunity to present his or her own case in front of peers (randomly selected) and abide by their findings as a preliminary hearing and only after that proceed with the notice and the 28 days period for the Council to consider.
177	The pharmacist should show capacity to reply and there should be capacity to suspend registration in extenuating circumstances illness/ going abroad for charity etc
180	In person opportunity
184	The duration should be longer
189	Should be a longer period of time to make representation
208	Perhaps allow a longer period of time for the pharmacist in question to adequately prepare their representation
214	Allow time to produce a sufficient CPD portfolio
215	A pharmacist should be afforded the right to a personal hearing with representation rather than have a committee rule for or against in their absence. The proposed mechanism gives the aura of a fait accompli.
225	Allow PAs to be included in the CPD requirements
236	Should be longer.
243	All PSI issues should have been agreed or not by a group of pharmacists of retail, spanning the entire country. The choice of representatives change every year and are selected by computer. This drives the importance of communal culture between all various sectors of pharmacists role. If you are knowingly selected for any year, you are going to be a lot more attentive or compliant. Anyone then failing THIS- needs help/tuition/counselling/training. Nobody wants to be a major problem to the PSI or stand out as incompetent, so at this stage I feel the individual really needs help NOT threat of professional role on the register. What I am 100% sure of is that a pharmacist who avoids PSI is frightened of the society, and this 9-10 times will be rectified with a positive outcome for all parties
256	Representation in person with a legal representative or peers should also be accommodated.
263	Legal representation mandatory to act for the Pharmacist - costs covered by PSI
270	60 days would be more appropriate
279	Extend period of time for representation
311	If a person is to lose their means livelihood they should be given ample opportunity to change this. Lack of CPD is often due to time constraints in a busy life, and time should be given to

	improve the situation rather than such drastic action taken in a short period of time. For example, said person had to complete a refresher course in pharmacy over a year. We should be trying to help our colleagues by every means possible, like they do in other professions, rather than be ever ready to destroy a person's life.
317	This should be referred to PPC in the first instance rather than the Council. Also the PSI should pay for the pharmacist to be properly represented so that they are not out of pocket or out-gunned.
320	I don't see this spelled out from the SI so how can I comment?
331	Extending the time frame for them to respond. Starting in a less formal manner would be beneficial. Using less aggressive language in communication. Being more open in their processes.
334	Representations made back to the PSI would no doubt be performed through a solicitor. This the timeline is no longer in the hands of the pharmacist in question. The 28day timeline for representation can and should be extendable at the request of the pharmacist. There should be no limitation on the number of requests for an extension of time to make adequate representations
335	There should be several attempts at mediation and training before such drastic measures could be considered. In my view unless there is a serious complaint about a pharmacist removing them from the register would be step too far
352	I think that if you are going to deregister a pharmacist, the period for written representation should be at least 3 months.
361	Once again this process demeans a pharmacists qualification . Heretofore they have been registered on a yearly basis with PSI and have been doing CPD when they can . I don't think the council should be able to have the power to negate their registration .
366	It's not clear from my reading of the SI whether or not it is adequate.
367	Representation for pharmacists is reserved almost solely for proprietor pharmacists and superintendents whose interests are generally opposed to that of ordinary working pharmacists
374	As above
376	28 days a little short to allow for extenuating circumstances or change of contact etc.
379	See previous comment. Notwithstanding that the proposed rules are ultra vires under the Act, the absence of the right to present in person, to be legally represented, the open ended nature of the refusal to renew registration and the absence of an appeal offends both constitutional law and good regulatory practice.
389	Should there be a maximum amount of times that representation can be made to the council?
414	If a person is to lose their means livelihood they should be given ample opportunity to change this. Lack of CPD is often due to time constraints in a busy life, and time should be given to improve the situation rather than such drastic action taken in a short period of time. For example, said person had to complete a refresher course in pharmacy over a year. We should be trying to help our colleagues by every means possible, like they do in other professions, rather than be ever ready to destroy a person's life.
420	This should be referred to PPC in the first instance rather than the Council. Also the PSI should pay for the pharmacist to be properly represented so that they are not out of pocket or out-gunned.

Appendix E

Q.5 Looking at the proposal in its entirety, do you have any further suggestions as to how the proposed system could be improved?

5	Not enough thought to pharmacists living outside Dublin who may not be able to make the journey for financial or other reasons
6	No.
10	pharmacists are professionals - treat them as such
12	It's much easier to help pharmacists who are having trouble complying with CPD than effectively striking them off. Which in my opinion serves no useful purpose.
15	Change CPD requirements
18	I think that a fair solution could be created suggesting a minimum level of cdp in three or four years. In this way, it will not be a punitive way and a pharmacist can find a balance with his free time.
19	A more complete knowledge of drug interaction with certain medical conditions should be a necessity
23	No
24	I would like to see more pharmacist representation and feedback from registered pharmacists listened to and adopted in a more democratic fashion.
27	mentoring rather than censoring
28	No comment
29	There is no need for the requirement as previously explained. This is yet another burden on pharmacy and pharmacists.
30	No
32	In seeking re-registration the pharmacist should indicate how they may be contacted, in person, in the following 28 days there by eliminating the 'lost in the post' excuse.
34	Review the current CPD model to make it easier for pharmacists to engage in CPD.
38	Yes , as I've said in all previous Points , I am NOT satisfied that enough support is mentioned in the legislation , regardless of what 'actually' goes on before a person would be refused registration . I understand that people would be getting support behind the scenes but couldn't it be mentioned in the legislation that the society would have made great endeavour to support the registrant before sending written notification giving 28 days for representation .
40	speak to any teaching or transport union, strong arm threats don't usually work..
43	No

45	I don't agree . Go back and change the pharmacy act first. Online cpd is sufficient . We should not have to do practice reviews unless we did something wrong . Remove that first and then come back with the above proposal .
46	The pharmacist should not immediately be de registered but registered on the basis that the practice under another registrant until they comply with cpd . The rules should be flexible enough to allow pharmacists who've been sick or pregnant not to be included
48	CPD target per year. What is adequate. Look at other professions, how do they regulate cpd? Vets have 20hrs cpd/yr and have to show evidence of this. So instead of asking us to do cpd and then write about it would it be more feasible to show evidence e.g. online certificate etc!
50	I agree with pharmacists requirements for CPD however, considering current workloads and working conditions of the majority of pharmacists. I feel pharmacy owners should be required to provide time periods for CPD within working hours. I also think that good progress is being made by organisations such as the IPU to provide training but more could be done.
51	If someone then engages and does cpd they should be registered
55	It should be clear to any pharmacist who does not or is unable to meet the standards set what will happen, how long the process will be, what opportunities they will have to meet the standards, what assistance will be offered to them, what considerations will be available to those with health or personal problems. The present proposals serve only to produce uncertainty and fear among those with real or perceived difficulties around CPD, especially older registrants. The emphasis should be on helping registrants to maintain competence in the interests of providing optimal pharmacy services to the public.
59	the pharmacist should definitely have a chance to defend his situation as there may be a valid reason why s/he did not finisher the CPD.....if not by portfolio then at least to do some test which would prove that s/he kept up with the HSE/PCRS/PSI regulation and changes
60	No
61	CPD compliance should be more closely monitored but also more effectively supported e.g. GPs, nurses in this country and pharmacists in the UK are afforded more opportunity to engage in structured learning opportunities irrespective of whether they are part of unions etc. e.g. NHS pharmacy education for Scotland and similar initiatives in England and Wales
63	Experience and working hours as well as attendance to lectures should be part of the process. Community pharmacy involves much more than computer skills
64	I agree with the obligations of CPD for full time pharmacists, but there should be an exemption or a pro-rata basis for part time or locum pharmacist. It is incredibly difficult to obtain locum pharmacists currently, this will only worsen this crisis if these rules are implemented. I have worked 6 days every week for 3 weeks (the pharmacy only opens 6 days per week) as we cannot get any cover for days off. This is putting patient safety at risk as pharmacists are over worked and unable to work to their best ability when exhausted.
66	THE IIOP CDP SYSTEM IS CUMBERSOME

68	Reviewing the input process of what continuing education you have completed Ilop. As other professions have a required number of hours to complete each year it would make it a lot more transparent for all and simpler.
74	Nothing further
78	I believe that CPD is essential. I would propose that it is optional for Superintendent Pharmacists to allocate time within a work contract to allow a Pharmacist to participate in CPD within a working week be that paid or unpaid. Some Pharmacist's work up to 50 hours per week without break. If a superintendent was to help with facilitating time for CPD it would be very helpful.
80	I think the PSI need to look at in CPD model. For me it is purely a book ticking exercise.
82	yes
83	yes, its not a good idea. have a non-patient facing register
84	Greater publicity by PSI
89	I believe that the matter should be referred to the fitness to practice committee to be dealt with if the IOP believe a pharmacist has not reached the required standard.
90	Impromptu Pharmacy Visitations Patient Satisfaction Surveys Medical Professionals Satisfaction Reports
92	To improve compliance with CPD recommendations, better online facilities should be made available to pharmacists to ensure their involvement with CPD. Providing CPD taught courses through E-Learning which the pharmacist can avail of in their own time.
96	Seek full engagement with pharmacist membership at development level of this and all new proposals - changes and rules and regulations that may impact on pharmacists ability to practice must have a more significant input at development level from pharmacists on the ground.
97	N/A
100	no
102	I would suggest that the focus should be on supporting pharmacists who are having difficulties in satisfying CPD requirements rather than threatening removal. This strategy should be reserved for those who continue to refuse to engage despite all efforts to support.
104	No
106	Yes the pharmacist should be offered a chance to attend a programme in which his/her cpd requirements could be attained. A suitable fee for the programme would be paid on behalf of the pharmacist if they refuse then they can be removed.
108	I thing the approach for documenting CPD could benefit from being more streamlined and simplified to make it easier to document and comply with
111	More time should be given to the pharmacist and personal situations taken into account

113	I have no confidence in my professional society & feel very unsupported so to improve things I think more people who deal with reality are needed in it
115	As is hopefully obvious from my comments, I wouldn't be starting with this sort of legislation in the first place. It invests far too much power in the IOP which can effectively relate an opinion that will cause someone to most likely lose their job. The bar "absence of evidence" is just far too low. Any reasonable proposal would have a tiered response to "absence of evidence" and only at a very last straw and when other avenues that the pharmacist can use to show their competence in their role have been exhausted.
116	No
120	Time frame needs to be increased and it needs to be clear how the refusal will be notified to the respondent
121	Chances have to be given. Help may have to be given. Adequate cpd has to be defined. Finding time inside work is next to impossible. Too much cpd engagement may impact on family life
122	From personal experience the construction of CPD cycles and use of the required website is laborious and arbitrary. More formal recognition and provision of educational opportunities without the need to fit them in to "cycle" format would more suit some type of individuals/learners
124	I think the proposal is not a good one - there is no advice on how much CPD needs to be done in order to be registered
125	Please look and legislate appropriately for hospital pharmacies and hospital pharmacists. We are years behind
126	An independent body to speak on behalf of pharmacists
127	BY ENGAGING WITH PHARMACISTS RATHER THAN JUST DICTATING.
130	See above
131	no
134	More of the carrot; less of the stick. Are pharmacists being regulated for a role for which they are not trained or qualified.?
136	Ask all pharmacists to submit a short description of the kind of CPD activities they are undertaking as part of the application form each year - e.g. 'on the job training with employer', 'self-reading', 'attending courses' - this would be easier in fact as a tick-box list. This would at least get the person thinking from the outset about consciously being able to demonstrate these activities when asked in the future
137	If you really want people to do CPD, you need to facilitate it- both financially and with regard to time demands. Its impossible to do CPD while in work when you're so busy. And people have lives outside work, busy lives. They don't have time to think about CPD in their down-time, nor should they, your time off work is precious time to spend with family and friends and to relax. CPD needs to be facilitated by employers- this needs to be mandatory. The PSI should be using their powers to force employers of pharmacists to be obliged to provide them with paid time off to pursue their CPD. Putting all the onus on individuals who work increasingly

	pressurised jobs is unfair and doesn't properly engage with the barriers to undertaking CPD. Therefore this proposal won't effectively solve the problem it attempts to solve. It is a penalising approach, rather than a facilitative one.
141	Believe there should be leeway given in certain circumstances, e.g. maternity leave, extended sick leave, bereavement of a spouse/ immediate family member
146	Give the pharmacist a warning to complete CPD in a certain time frame
148	Pharmacist should do a min of 10 credits a year of accredited courses by PSI
157	No
160	AT LEAST TWO WARNINGS SHOULD BE GIVEN BEFORE TAKING ACTION STEPS
161	No
164	Engage properly with the Profession
168	N/a CPD is necessary but determining what qualifies is unknown. Further advice on what constitutes adequate CPD would be beneficial
174	No
176	No
177	There should be leeway for extenuating circumstances to extend 28 day deadline By council request to minister
178	Licensing bodies in other countries with large numbers of registrants take account of the wide variety of roles in which pharmacists serve. Such roles include serving as public representatives, industrial activity, other professional roles, study, research, teaching, volunteer work, and other roles. The proposed statutory instrument takes too narrow a view of how pharmacists contribute to the betterment of society. It views the pharmacist as a technician rather than a professional whose education can benefit society in a wide variety of ways. The proposal should be modified to recognize the great variety of roles in which pharmacist contribute to society and provide more flexibility to those who do innovative things or contribute to society in other ways.
180	CPD criteria should be rolled out clearly without ambiguity
181	Not at this minute
184	it needs to look at the circumstances why the pharmacist did not sufficiently complete the CPD.
188	no
189	The psi should not be removing any pharmacist from the register
190	See previous comment
192	I believe the CPD should not be used to penalise pharmacist, instead the CPD should be used by us to stay current and the PSI should be assisting that.

195	No
196	no
200	N/a
205	<p>I believe that the way CPD are being done at the moment is not very fruitful considering all the extra work we have as community pharmacists and all the required paperwork we have to deal with these days. I am doing a continuous development of my professional skills myself but I believe that it could be done in a more methodical way to ensure that pharmacists are actually learning something from doing the CPD. As an example training sessions should be made available on different topics and certified by the PSI. This training sessions could be held in different locations so everyone interested could have access to it or even the possibility of doing it online. Before attending the training session pharmacists should be ask to review the subject being addressed and to complete a small test. Once this test would be completed successfully the pharmacist would then be allowed to attend the training session. Once there the pharmacist would have to validate his/her presence there at every panel being presented. At the end a small test would be given to the attendees. The results of this test, pass or not pass would go directly on the pharmacist record with the PSI and add to his or her CPD. This would allow the PSI to only screen those pharmacists who would not have enough CPDs done on the PSI own recorda. This would mean that all of us would be giving a positive contribution to improve our overall performance without third parties being involved.</p>
206	N/a
208	No
223	<p>we are healthcare professionals not bold children that need to be controlled the lack of trust from our own organization is appalling and the complete lack of understanding of what we do in a daily basis is cruel.The vets and the GP's are not treated by their governing bodies in the same contempt that we are by the PSI</p>
225	Allow PAs to be included in CPD
231	No
243	<p>Fear level should be reduced. Honestly should be strongly encouraged, namely the need of help. We are all so frightened of the PSI, which as is known not the most productive outcome and improvement of situations. The society must progress with society and times. The PSI Imposing fear is very old fashioned and disastrous. You are our governing body yes, but you are still to be one of us. We are ultimately the same team, we all strive to be our best. Like a mum and child, she rules, but she protects child. I would like to see this behaviour of the PSI. I'm trying to help you when you ask (ok maybe I'm useless but not the point!), and we must feel that you want to help us.</p>
247	<p>The systme i smoving too fast. Pharmacists should not be under so much pressure to justify their registartion, given the many years they spent getting their degrees and getting registration. CPD is a must, but not under such a regulated and punishing environment. Other professionals in Ireland do not afce this, and are much better paid than pharmacists</p>

248	CPD is very important despite apparent resistance but this proposal is inappropriate. Pharmacists deserve cautions and warnings before being put in front of the council to defend their livelihood.
249	A series of measures to support and aid pharmacists to engage with CPD so that this is the last resort.
250	CPD requirements- there is not clarity as to exactly what is required I regularly submit CPD cycles to iioip but am unclear as to whether this is adequate
254	Offer pharmacist period of time in which to complete cpd requirements
255	Leave professionals to get on with their function. If something goes wrong they can be sued.
266	The pharmacist should be 'warned' ONCE before refused continuing registration.
271	no
275	give us a break
281	No
293	Neither agree or disagree
295	no
311	As above.
313	No
317	CPD and Practice Reviews should be more focused and not random. Pharmacists who pay the highest registration fees in Europe should not be further out of pocket by having to engage in this process. While computers and the internet have many advantage and have brought many savings they should not be relied upon entirely as they do have their failings. Broadband may be inadequate and individuals may have difficulty using various digital devices. If the PSI wishes to use this as a means to end a pharmacists ability to earn their livelihood then the pharmacist should have every means possible to defend this right. This means that there should be parity of representation at no extra cost to the pharmacist.
320	I think there needs to be clarity here on what is intended, looks like a bit of a carte blanche for the PSI to me. In my opinion non-engagement with cpd deserves consequences, having the PSI arbitrate on what constitutes CPD is not acceptable to me.
322	PHARMACISTS WITH 20 YEARS EXPERIENCE HAVE ENOUGH WORLD EXPERIENCE TO HANDLE SITUATIONS
327	make it more "user friendly" so pharmacists wont feel frightened or intimidated if they are unfortunate enough to end up in this situation
331	Engaging students from pre-registration level so that they understand the processes before they graduate and this would help demystify the process. Giving clear instructions to pharmacists on what will get them struck off the roll.
332	Remove practice review . Call CPD online for everyone every year or every other year . Practice review is an expense that the PSI cannot afford going forward and we will not accept and increase in fees to finance this down the line .
334	As I have stated above. I feel this legislative framework is a failure. The preceeding steps to this letter have not been explained. The process itself is not been fully expanded upon and we are asked to give guidance on this legislation with a blindfold on. Is it too much to ask that the PSI would have a detailed document of the procedure it wishes to follow before trying to enacting and legislation. Rather that determining the contents of this process after the fact. If I was asked to vote Yes or no on passing this legislation, my vote would be a firm no as it does not

	detail the entire process from when the issue of proposed non compliance with CPD first arose and the journey to find a solution to any issue but rather prefers to ignite an already tense and anxious situation by threatening expulsion from our profession, leading to, most likely unnecessary stress and anxiety for the professional. Clouding their judgement due to fears of unemployment, mortgage issues, family security etc which could in theory lead to a severe error causing harm to a patient under their care due to pressurised distractions. This is something I feel should be given serious consideration in the PSI's decision to move forward with this inadequate legislation
335	Scrap it
340	No
342	No
344	It should be more centred on why the CPD was not engaged with rather than persecuting the person for not showing evidence
345	Have an officer from psi designated to meet person suspected of not complying. Take a more personal approach. Maybe there is extenuating circumstances
346	PSi should pay more attention to workload of a pharmacist and seek ways to improve our working lives in a non dictatorial manner.
348	I have no alternative to suggest however I do not feel that refusing registration is the right way to proceed as a disciplinary measure for a lack of CPD!
349	Well for starters- we pay extortionate registration fees, and if the PSI wants us to do fantastic Eportfolios can we get some FREE learning opportunities? we have to pay for proper CPD out of our own pockets on top of this. Also, I do not in any way feel that allowances are made for pharmacists having a life - full time jobs, families and other commitments. It's so hard to find time to write up CPD. I agree with CPD and do it every day at work but the E-portfolio is such a hassle. I am imagining a full time working pharmacist who is a mother and struggling enough with that workload maybe lacking a bit in written CPD, doesn't mean she is not doing it, but hasn't time to write it up in the repetitive way we must. 28 days to get it in order before deciding on registration is allowed is absolutely not enough time.
350	I regularly come across very good CPD opportunities but , by the time I have figured out how to make the information fit the wheel , it is not so good . I think we should be allowed write regular informative paragraphs and forget about the wheel .
352	Liaise with individual pharmacists to discover what their particular difficulty is with CPD and provide peer support. Legislating to ensure compliance has connotations of Big Brother.
354	Not enough thought to pharmacists living outside Dublin who may not be able to make the journey for financial or other reasons
359	No
363	Working with the Pharmacists in the Pharmacy the approach would need to be adapted to suit reality.
365	The present system is boring and time consuming. It doesnt show that the pharmacist has actually learnt anything. It isnt an engaging system. Maybe the facility to actually study a course towards a certificate might be more interesting. The present system is a box ticking exercise.
367	The proposal is too far-reaching and a way of liberating superintendents from their responsibilities and conferring them on to employees. It would be more appropriate for this to be a condition of ongoing employment rather than registration. The idea that self-declared CPD can supercede formal university and professional qualification is nonsensical. The onus should be on superintendents to ensure their staff are adequately trained.
374	The pharmacist should be give more opportunity to engage with the IIOP on an ongoing basis to assist them in assessing the adequacy of the CPD they have completed
379	See previous comments but first need amendment of Act to proceed as intended.

387	PAs ARE qualified to transact the business of the pharmacist in their temporary absence,
396	Neither agree or disagree
398	no
414	As above.
416	No
420	CPD and Practice Reviews should be more focused and not random. Pharmacists who pay the highest registration fees in Europe should not be further out of pocket by having to engage in this process. While computers and the internet have many advantage and have brought many savings they should not be relied upon entirely as they do have their failings. Broadband may be inadequate and individuals may have difficulty using various digital devices. If the PSI wishes to use this as a means to end a pharmacists ability to earn their livelihood then the pharmacist should have every means possible to defend this right. This means that there should be parity of representation at no extra cost to the pharmacist.

Appendix F

Part 2

Q.3 Looking at the proposal in its entirety, do you have any further suggestions as to how it could be improved?

5	Irish should be a basic language requirement for pharmacists practising in gaeltacht areas
6	No.
10	It is necessary that pharmacists have adequate language skills to communicate with patients - this can usually be assessed through interview
15	Not only should the above stand but potential registrants who completed their study outside of the country should have to pass an entry exam to the same standard of our pre-registration examination, and show understanding of our state schemes. I have experience of pharmacists who too easily get PSI registered, present for locum work and are not competent enough to work on their own and in fact it is a dangerous practise allowing non-Irish trained pharmacists to do so.
23	No
24	no
28	No comment
30	No
32	If they wish to converse with a non English speaking patient example where the pharmacist and patient both speak Hindi and the pharmacist was trained in the UK would this proposal make it illegal for the pharmacist to converse in Hindi?
39	It is racist.
40	more engagement with members, we are doing our best..
43	No
45	This is good but you need to enforce it . There are many sub standard pharmacists with poor English floating around as locums . Point of entry onto the register is the only time to check their English/ Irish language skills not by practice reviews many years down the line .
46	Basis should be on English language competency not just English language practice, pharmacists who are bilingual and practiced in another language but retain English to an acceptable standard should still be allowed to register
48	What other country has Irish as official language? Why do PSI complicate everything. You are supposed to be our regulator. Please regulate poor professional performance rather than penalizing a competent pharmacist for not doing cpd or doing it and not completing e portfolio. Some of us work 10 hour days and go home to a busy house. I don't have time to do all the paperwork that the psi require us to do in work as well at home! You and the HSE are trying to catch us out all of the time. I qualified 6 years ago, and have had to document

	everything I do so that I'm not committing 'fraud'! I know for a fact that one of the pharmacists on the psi committee used to take all owings off computer and keep in a book which he would burn at the end of the year so the psi would not find it! He has claimed a huge amount of money from Hse for medicine he did not dispense. Maybe it would be an idea to go after these people...!!
50	Many pharmacists qualify in countries that do not have English as a first language but they have fluent English. I think it would be more suitable for applicants to carry out a language assessment. I also think that a certain amount of basic training should be provided as regards to pharmacy regulations in Ireland, PCRS contracts etc-this goes for all applicants regardless of language competence, I have met many pharmacists that are qualified from Northern Ireland and England that are not competent when they go on the register here. Or into indeed perhaps a supervised period pre registration might be appropriate to ensure competence in skill and language
51	I don't understand it
59	not all countries have English as one of their main languages but I believe that appropriate test (TOEFL/CAE....) should prove pharmacists ability to effectively communicate in English
60	No
63	By discarding it or completely changing it
74	There should be potential for showing proficiency to the required level in English or Irish without having done the entire degree through the language.
76	English exams that pharmacists need to complete need to be more stringent. Also should need to undergo a training course to become familiar with Irish law and schemes and expectations for the role of the pharmacist. Have come across pharmacists that do not have language skills to communicate in a basic manner, let alone attempt to counsel a patient on their medication and cope with trying to understand Irish accents. Also have come across pharmacists who have worked in a completely different fashion to pharmacists working in Ireland and are not used to counselling patients and phoning GP's, OTC queries and medications, etc.
78	I believe that CPD is essential. I would propose that it is optional for Superintendent Pharmacists to allocate time within a work contract to allow a Pharmacist to participate in CPD within a working week be that paid or unpaid. Some Pharmacist's work up to 50 hours per week without break. If a superintendent was to help with facilitating time for CPD it would be very helpful.
82	yes
83	as long as they can achieve one of the higher levels in the English equivalence exam I see no reason why a pharmacist cannot register. You are limiting rego to uk, oz, NZ , Canada and USA. There's a whole big world out there and we cannot ignore it! With Brexit coming you might soon find yourself speaking german soon!! I disagree with this idea in its totality it is discriminator in its essence, you might soon find yourself in the European court of justice, as a state org who is discriminating against the rest of Europe and the world as they do not have English as their primary language. Watch out!

92	PSI have a framework in place to ensure each candidate applying for registration, whose first language is not English, prove themselves to have a sufficient level of the language for the discharge of the duties of a pharmacist in Ireland
97	English proficiency tests and Practice Review examinations are needed for registered pharmacists not qualified in pharmacy courses with English languages to ensure he/she has adequate English to ensure patient safety. I have come across a number of pharmacists in practice with inadequate levels of English and I believe this is putting patient safety and the public at risk.
100	no
102	It seems a fair proposal.
104	No
106	Keep it the way it is. I know many pharmacists who have trained in European countries where English is not the first language and they have excellent English and are great pharmacists. An English competency should suffice
110	They should speak fluent English as a minimum , Irish would not be enough as the absolute majority of the popular speak a English. So the proposal should state that they should speak fluent English as a minimum requirement.
111	Only in cases of uncertainty about the level of English of the Pharmacist, an official proof should be required
116	No
120	There is no need for this requirement as there is already a need to ensure English language capability. This seems to discriminate against those studying in countries that don't have English or Irish as working languages.
121	A proficiency in English (medical English especially should be determined before registration
124	this is a backward step, - competency in english should be enough and recognized qualification. Many europeans are multilingual unlike the irish.
131	good communication prevents many issues going wrong
134	The proposed pharmacist candidate should be interviewed in English by a 3 person committee composed of active and practising pharmacists.
137	No
146	Language barrier is most certainly something that should not be an issue for any patient presenting to the pharmacist for help. Every pharmacist in Ireland should have the adequate language skills to be fully confident in their role.
149	no
151	It is entirely possible for a French or Spanish or Brazilian pharmacist to be perfectly fluent in English while not having trained in English or come from an English-speaking country. Neither of these should be requirements. The only requirement should be current fluency in English (or

	Irish). Any other requirement comes across as racist and xenophobic and I would strongly disagree with it.
157	No
161	No
164	Engage better with the Profession
166	Why whole time capacity? Are part time working mothers excluded even if their English language ability far exceeds that of male equivalents who do not have to work less than whole time?
168	Ensure all non native English speakers can competently practice in pharmacy before registration is provided
169	Not sure what the purpose of the focus on language is as I would contend that the scientific knowledge is what is paramount.
174	No
176	No
177	Language is important in most areas of pharmacy practice. In essence if a Steven Hawking / Albert Einstein completed their pharmacy degrees in Nigeria should we deny such genius in our field of research / employment? Conditional registration such as registration without clinical capacity until language skill demonstrated
178	A pharmacist who trained in Germany but who is fluent in English should not be required to repeat their pharmaceutical education if it is equivalent or better.
180	Align with other healthcare bodies
181	No
184	Doesn't say clearly enough what the position is if the pharmacist has never worked through the medium of English.
188	no
189	No
195	No
196	no
200	N/a
205	No
206	N/a
208	No
231	No

236	Unsure how relevant it is to specify the Irish language... There are no other countries that have Irish as an official language and there are no pharmacy course taught through Irish.
243	What if they don't reach requirements? An EXACT instructions for each potential issue must be covered and supplied publicly so all parties can avoid same. Eg, I'm a very bright South American pharmacist. Very English fluent but not passing specific requirements of using English/Irish for 3 years before registered here. Are they to go to another English speaking country for 3 years, then Ireland? Yes I agree with this 100%
249	I don't see how the evidence of practise through English/Irish or the provision of the course through English/Irish would be provided.
256	There are English language pharmacy programmes in other countries which do not speak English as their majority language, for example the pharmacy programme in Semmelweis University, Budapest, Hungary. Here, students will have been exposed to English for five years and will have been required to pass exams in the language and essentially have a strong understanding. I believe this should also satisfy the language requirements. http://semmelweis.hu/english/education/english-language-program/436/
281	No
311	Obligatory CPD hours for pharmacist, paid or unpaid, given by pharmacy owners. Lectures could then be done early in the day, online or in person, and people actually have a chance to retain the information.
313	No
317	I have come across pharmacists who would meet these requirements and who I would not send out to counsel a patient because of their poor English language skills. New graduates from Irish universities have to have proper communication skills as part of the Core Competency Framework so their English/Irish language skills have to be proven. Pharmacists from outside of the state just have to show that they attended a college using English for their degree or that they have practiced in a English speaking country. They do not have to demonstrate an ability to speak English properly. I have seen both sides. One pharmacist who spoke English as a mother tongue being asked to demonstrate English proficiency via certificates etc while others with poor English being allowed to practice with no need to show proficiency. Some consistency is needed.
320	Is this legal in the free market? , while I agree that having a high standard of English/Irish is necessary to practice in a patient facing role. This rule seems to mean that a pharmacist qualified outside the British Isles will not be able to register here. I have and do work alongside excellent pharmacists who have trained abroad. There must be another way to ensure proficiency in English??? This is a very dangerous step
322	WE COULD RELAX RULES TO LET ENGLISH PEOPLE PRACTICE HERE AS THEY ARE AS QUALIFIED
331	To be clear that their competency in the English/ Irish is at desired level rather than they have worked in a country for 3 out of last 5 years. I don't think that is important if they have worked in Germany for the last 10 years if they are fluent in English/Irish anyway.
332	You need to enforce this properly , I would have thought no pharmacist would have been allowed register in Ireland if they couldn't speak English !
334	Please see above comment. I believe I have stated an alternative approach which is by no means a completed approach but most definitely is an improvement.
335	We shouldn't refuse foreign students who have the required qualifications and who speak fluent English but they should all have to do a course to learn how the Irish health system works

340	Will this apply to EU applicants as well? Is it more important/fairer to make sure they have an adequate level of English and adequate clinical knowledge, rather than worrying about what language they studied in? If they are from a country where English (or Irish) is not a state language, can they no longer apply to be registered in Ireland?
342	I don't believe that a pharmacist should have completed their qualification through English or Irish but must be able to demonstrate a high level of fluency in either language, whether this is via interview, examination, supervised work or a combination of all 3
349	that is limiting it a lot- with sneaky wording. I have worked with plenty of pharmacists from non-english speaking countries who were absolutely brilliant. Fluent in English, it did not affect their ability to work in the slightest.
361	A pharmacy degree obtained in a country where English or Irish as a main language is limited . I think that pharmacists qualifying in a language other than Irish or English should be tested in their proficiency of the English language and registered on that result not on origin of degree
363	CPD should specifically be used as a reference point for the practising Pharmacist. The denial of registration is going to put Patient Care as a secondary requirement to a professional practising Pharmacist
366	A test of English proficiency would be helpful, rather than restrictions based on origin of qualification. For example, what if a pharmacist, resident and practicing in England for 10 years, originally qualified in France and was taught through French? It is likely that the State would lose out by not having access to an experienced, qualified pharmacist just because they were taught through French. If my reading of the wording is correct as per this example, I disagree with 11B.
367	The proposal is frankly xenophobic. Neither English nor Irish are the mother tongue for about 500,00 people in Ireland. This is a competency that should be assessed by proprietors at the recruitment stage. The regulator should not be involved.
385	With Brexit coming how will EU trained pharmacists be able to register in Ireland, when the UK is the only other English speaking country in the EU. They will have to work in the UK for three years before they can register in Ireland. This may not be as easy after Brexit. It doesn't make much sense that they would be able to register in the UK but not in Ireland. whatever happened to free movement of people in the EU?? Make them do an english exam rather than denying them access to Irish registration for three years plus.
386	No
387	Disagree, the responsibilities of pas should be enshrined in primary legislation in the same manner as other persons working in pharmacy.
414	Obligatory CPD hours for pharmacist, paid or unpaid, given by pharmacy owners. Lectures could then be done early in the day, online or in person, and people actually have a chance to retain the information.
416	No
420	I have come across pharmacists who would meet these requirements and who I would not send out to counsel a patient because of their poor English language skills. New graduates from Irish universities have to have proper communication skills as part of the Core Competency Framework so their English/Irish language skills have to be proven. Pharmacists from outside of the state just have to show that they attended a college using English for their degree or that they have practiced in a English speaking country. They do not have to demonstrate an ability to speak English properly. I have seen both sides. One pharmacist who spoke English as a mother tongue being asked to demonstrate English proficiency via certificates etc while others with poor English being allowed to practice with no need to show proficiency. Some consistency is needed.



Public Consultation on changes to PSI Registration Rules 2008 (as amended)

1. Introduction

The PSI is seeking your input on the proposed changes to the PSI (Registration) Rules (S.I. No. 494 of 2008) (as amended). The proposed changes relate to;

- 1) The introduction of a new legal mechanism, whereby the PSI Council would be enabled to 'propose to refuse' the application for continued registration of a pharmacist in circumstances where the pharmacist has not engaged with continuing professional development requirements. Consultation on these proposed amendments is included in part 1 of the survey.
- 2) The manner by which a pharmacist, whose professional qualification in pharmacy was awarded after training completed outside the State, satisfies language competence when applying for registration as a pharmacist in Ireland. Consultation on these proposed amendments is included in part 2 of the survey.

You will find a copy of the proposed rules [here](#). Please review the proposed rules in advance of completing the survey. You may also wish to review the below Statutory Instruments before completing the survey;

- [Pharmaceutical Society of Ireland \(Registration\) \(Amendment\) Rules 2017 \[S.I. No. 100 of 2017\]](#)
- [Pharmaceutical Society of Ireland \(Registration\) Rules 2008 \[S.I. No.494 2008\]](#)
- [Pharmaceutical Society of Ireland \(Continuing Professional Development\) Rules 2015 \[S.I. No. 553 of 2015\]](#)
-

The consultation process will close on the 14 August at 5pm.

Data Protection and Freedom of Information:

This survey is voluntary. By completing it you are agreeing to allow your responses to be processed and analysed by the PSI for the purpose of seeking feedback on the proposed new PSI (Registration) Rules 2018. A consultation report will be compiled and this report, will be published on the PSI website in due course.

The information you provide to this survey will be stored in a secure and confidential manner by the PSI, it will only be used for the purposes outlined above and it will be deleted in line with the PSI's record retention policy. The PSI uses SurveyMonkey to gather feedback to our public consultations. Full details of how your information is processed via SurveyMonkey is documented in this [privacy policy](#).

Submissions made to public consultations carried out by the PSI are subject to the provisions of the Freedom of Information Act 2014.

*** 1. Do you agree to the terms above? By selecting Yes you are confirming you consent to providing your answers to the questions in this survey.**

☐ Yes

☐ No



Public Consultation on changes to PSI Registration Rules 2008 (as amended)

2. Introduction

2. Which category best describes you?

- ☐ Patient and/or member of the public
- ☐ Healthcare professional (non-pharmacist)
- ☐ Pharmacy Owner
- ☐ Pharmacist registered with the PSI
- ☐ Pharmaceutical assistant registered with the PSI
- ☐ Member of a pharmacy team (non-pharmacist)
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry

Other (please specify)

3. Are you responding on your own behalf or on behalf of an organisation?

- ☐ On my own behalf
- ☐ On behalf of an organisation

If you would like to provide your name or the name of your organisation please use the box below.

4. Part 1

The proposed amendment to include rule 11A would allow PSI Council to propose to refuse an application for continued registration to the Register of Pharmacists where there is an absence of evidence of compliance with CPD requirements.

Do you agree with the proposal as outlined?

- | | |
|--------------------------------------------------|-----------------------------------------|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | |

If you would like to provide a comment please use the box below.

5. It is proposed that this mechanism would be used to address circumstances where a pharmacist has not engaged with the required CPD obligations, as set out under the PSI (Continuing Professional Development Rules) 2015 (S.I. No. 553 of 2015). Do you agree with this approach?

- | | |
|--------------------------------------------------|-----------------------------------------|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | |

If you would like to provide a comment please use the box below.

6. Under the mechanism proposed, notice will be provided to the pharmacist of the intention to propose to refuse his/her continued registration, giving the reasons for the proposal. The pharmacist may make written representations to PSI Council within a 28 day period. In their deliberations, the PSI Council must consider any representation made before making a final decision to grant or refuse the application for continued registration. Do you agree with this proposal?

- | | |
|--------------------------------------------------|-----------------------------------------|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | |

If you would like to provide a comment please use the box below.

7. Do you believe the opportunity for representation for a pharmacist is adequate?

- ☐ Yes
- ☐ No
- ☐ If not, how can it be improved?

8. Looking at the proposal in its entirety, do you have any further suggestions as to how the proposed system could be improved?

9. Part 2

An amendment to the PSI (Registration) Rules was made in 2017 in relation to assuring language competency of pharmacists seeking registration with the PSI, where the applicant's qualification in pharmacy was awarded after training completed outside the State. [S.I. No. 100 of 2017](#)

The proposed amendment to paragraph 11 of Schedule 1 of the PSI (Registration) Rules 2018, proposes to clarify provision (b) and (c) of the 2017 amendment.

In relation to provision (b), applicants now applying for registration from a country with English (or Irish) as the official language of the State, must have completed their professional qualification through English (or Irish).

The proposed wording states:

“evidence acceptable to the Council that he or she has trained as a pharmacist outside the State in a majority English or Irish speaking country that has English or Irish recognised as an official language of that country and that the entire course leading to the award of the professional qualification was taught through English or Irish, or”,

Do you agree with this proposal?

- | | |
|--------------------------------------------------|-----------------------------------------|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | |

10. In relation to provision (c) where an applicant provides evidence that he or she has lived in and practised in a whole-time capacity as a registered pharmacist for three out of the preceding five years in a country that has English or Irish recognised as an official language of that country, the amendment will now propose that their practise in a whole time capacity as a registered pharmacist be through the English or Irish language.

The proposed wording states:

“(b) in subparagraph (c), by inserting “, through the English or Irish language,” after “whole time capacity as a registered pharmacist”.

Do you agree with this proposal?

- | | |
|--------------------------------------------------|-----------------------------------------|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | |

11. Looking at the proposal in its entirety, do you have any further suggestions as to how it could be improved?

Email Responses

No.	Email	Date
1	<p data-bbox="277 329 1166 374">Submission by the IPU to the PSI on PSI Registration Rules</p> <p data-bbox="277 409 448 454">August 2018</p> <p data-bbox="277 490 1262 719">The Irish Pharmacy Union (IPU), the representative body for 2,288 pharmacists and 1,761 pharmacies, welcomes the opportunity to make a submission, on behalf of our members, to the Pharmaceutical Society of Ireland (PSI) on the proposed changes to the PSI (Registration) Rules which aim to enforce compliance with continuing professional development (CPD) requirements.</p> <p data-bbox="277 763 823 797">PSI Wording of Request for Consultation</p> <p data-bbox="277 801 1262 1111">The IPU notes the wording for the consultation which states that the "<i>PSI Council would be enabled to 'propose to refuse' the application for continued registration of a pharmacist in circumstances where the pharmacist has not engaged with continuing professional development (CPD) requirements</i>". However, upon reading the proposed amended Rules (as discussed below), the changes go beyond taking action against those who fail to engage and it is important that this is understood and highlighted.</p> <p data-bbox="277 1155 1214 1189">Current Approach to Applications for Continued Registration and CPD</p> <p data-bbox="277 1193 1262 1458">Schedule 2 of the PSI (Registration) Rules (S.I. No. 494 of 2008) [2008 Registration Rules] lists the documents / information to accompany an application for continued registration of a pharmacist and was amended by the PSI (CPD) Rules (S.I. No. 553 of 2015) [2015 CPD Rules]. Following the enactment of the 2015 CPD Rules, a statement (under a 'new' paragraph 7A of the 2008 Registration Rules) must be included with the application for continued registration which confirms:</p> <ul style="list-style-type: none"> <li data-bbox="331 1462 1134 1541">a) engagement with the Irish Institute of Pharmacy (IIOP) on undertaking and reporting CPD activities, and <li data-bbox="331 1545 1262 1731">b) indicating whether in the previous year he/she has been requested to submit a report on the CPD activities to the Executive Director of the IIOP and, where he/she has responded to the request, whether the IIOP issued evidence "<i>showing that the outcome has been satisfactory</i>". <p data-bbox="277 1736 1238 1966">Currently, the 2008 Registration Rules provide for the removal of a pharmacist from the register for (i) failing to make an application for continued registration, or (ii) failing to pay the registration renewal fee subject to the procedures set out in Rules 16 and 17, respectively. The procedure under Rules 16 and 17 is conducted by the Registrar of the PSI who ultimately effects the removal.</p>	August 10, 2018

<p>Proposed Amendments to the Registration Rules</p> <p>Rule 4 of the 2018 Amendment Rules proposes to insert a new paragraph which provides that, where an application for continued registration:</p> <ul style="list-style-type: none"> a) does not contain the required CPD statement, or b) contains a CPD statement which states that the applicant had been requested by the Executive Director of the IOP to submit a CPD activity report, and <ul style="list-style-type: none"> i. did not reply to that request, or ii. did reply to that request but the application does not include evidence issued by the IOP that "<i>the outcome has been satisfactory</i>"; <p>then a new procedure for failing to comply with CPD requirements would apply to that applicant.</p> <p>That proposed procedure would be by way of a new Rule 11A which is to be inserted to the 2008 Registration Rules. The Council of the PSI would indicate its proposal to refuse the application for continued registration, allowing a period of 28 days for written representations to be made. Once this period passes, any representations received will be considered by the Council before it either grants the application for continued registration or else confirms its decision to refuse it.</p> <p>IPU Comments on Proposed Amendments</p> <p>Whilst paragraphs (a) and (b)(i) of Rule 4 of the proposed amendment would fall within the PSI consultation's description of where "<i>a pharmacist has not engaged</i>" with the CPD requirements, the proposed Rule 4 paragraph (b)(ii) refers to something more with respect to applicants who engage, at least in part, with the registration and CPD process – namely the outcome of an assessment into the CPD compliance of the applicant pharmacist to be conducted by the IOP and whether that outcome was "<i>satisfactory</i>".</p> <p>Currently, a pharmacist's failure to meet the standards for an ePortfolio Review (as determined by the IOP) is deemed to be a serious issue and will be considered by the PSI Registrar. Following the amendment, such a failure to meet the standards (again, to be determined by the IOP) will mean a referral to the PSI Council for the express purpose of determining whether the pharmacist's application for continued registration is to be refused.</p> <p>The PSI proposal is that a decision to refuse continued registration in these circumstances would be determined by way of a collective decision at Council level with the opportunity for the pharmacist to make submissions for their consideration. This is distinct from the decision to refuse an application for continued registration being made by the Registrar due to an administrative failing (namely to submit an application or to submit the fee). The IPU takes issue with this on a number of bases.</p>	
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	<p>1. The IOP: The IPU, at the request of the PSI in 2013, nominated a pharmacist to serve on the steering group of the IOP, which we duly did, with an alternative nominee proposed in 2014. The IPU subsequently discovered, indirectly, that this steering group has been disbanded and a strategic review of the future of the IOP is to be conducted. However, we are as yet unclear as to the parameters of this review or when its work is likely to be completed. A letter detailing our concerns in this regard was issued to the Registrar of the PSI on 20 July 2018.</p> <p>These developments are highly relevant to the proposal because a referral of a pharmacist to the Council under the new Rule 11A will be based on an opinion of the Executive Director of the IOP that an assessment of a pharmacist's CPD compliance did not have a "<i>satisfactory outcome</i>". The IPU would have grave reservations at this point to have the IOP responsible for conducting a review with such serious potential outcomes for our members in circumstances where that organisation is itself subject to a strategic review about which we know little apart from its existence.</p> <p>2. The Assessment Parameters: The current CPD system is designed, in the words of the PSI, to be "<i>flexible, enabling the demonstration of professional development in a style that best suits each individual. A pharmacist's development should encompass a balanced range of activities. This model of CPD is about retaining capacity to practise safely, effectively and legally within a pharmacist's evolving career and scope of practice</i>".</p> <p>The proposed amendment will move the CPD system beyond a purely professional developmental aim in that, through the proposed enforcement mechanism, it could be used to prevent a pharmacist from obtaining continued registration. It is, therefore, critically important for pharmacists that the system is certain in both its operation and its application so that they can be clear as to their obligations and the means by which they can achieve compliance. It is difficult to see how certainty can be achieved in such a flexible, subjective model. In addition, the rather vague assessment criteria to be used by the IOP in considering compliance (namely "<i>satisfactory outcome</i>" as above) lends itself to even further uncertainty. We are also concerned that such vague parameters could lead to increased stringent regulation which could impede our members' ability to practise over time.</p> <p>3. Adequacy of Investigative Process: While the decision on CPD compliance in the context of granting an application for continued registration is to be made collectively at Council level, with an opportunity for the pharmacist in question to make submissions, the IPU does not believe that the procedure is appropriate since</p>	
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	<p>the ability of a pharmacist to practise is at stake. This is particularly so when the new Rule 11A procedure is examined in comparison with the established fitness to practise inquiry mechanism under Part 6 of the 2007 Pharmacy Act.</p> <p>The procedure under the new Rule 11A essentially proceeds following findings of fact having been made by the IOP pursuant to the review and evaluation under the 2015 CPD Rules. This process compares unfavourably with the detailed and robust process for establishment of facts under the inquiry process before an Inquiry Committee. In the current circumstances, where allegations of a breach of the Code of Conduct by a pharmacist can lead to an inquiry under Part 6 of the 2007 Act, it is unclear why allegations of a failure to adhere to CPD requirements would be treated differently. In this regard, the IPU notes that in the solicitors' profession (which has a robust and clear CPD system based on a specific number of hours per annum), compliance issues by an individual solicitor may be considered by the Law Society's Education Committee which may, in turn, refer the issue of the solicitor's compliance on to the Solicitors' Disciplinary Tribunal.</p> <p>4. Proportionality of Sanction: Leaving aside the method of investigation, the options available to the Council are quite disproportionate in their lack of scope when considering the range of decisions on sanctions that are available to the Council under Part 6 of the 2007 Act once a complaint has been substantiated. The procedure under the new Rule 11A does not allow for the admonishment or censure of the pharmacist. Furthermore, a very obvious alternative sanction would be the attachment of conditions on the continued registration of the pharmacist where a default in CPD has been established (namely to complete the required CPD activities within a set period). This is also not an option for the Council under the Rule 11A process.</p> <p>In operation, the prevention of a pharmacist from engaging in practice is reserved for only the most serious of cases involving public safety issues or matters involving the integrity of the profession. It is not clear how such matters can equate to a failure to fully comply with CPD requirements. In addition, the more serious sanctions under the 2007 Act require the oversight of the High Court. In this proposed Rule 11A process, a finding (following assessment by the IOP) that there is a deficiency in adherence to CPD requirements by a pharmacist means that a pharmacist's continued registration is refused, effectively excluding them from practice, with no oversight from the High Court as to the appropriateness of that outcome.</p> <p>Conclusion</p> <p>In conclusion, the IPU has strong reservations about the proposed enforcement programme in circumstances where (i) there is a degree of engagement in the CPD scheme, (ii) the sufficiency or otherwise of that engagement is subject to review, and (iii) the ultimate outcome of that</p>	
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2	<p>review can lead to a practising pharmacist being denied continued registration, on the basis of:</p> <ul style="list-style-type: none"> • Lack of transparency for our members in the current and future operations of the IOP which plays a key role in the assessment process; • Uncertainty in the operation of and adherence to the CPD Rules where they are now going to be enforceable; • The limited methods of investigation; • The binary, extreme nature of the decisions available to the Council being simply to confirm registration or refuse it, and • The lack of oversight of the High Court with respect to a decision to refuse registration. <p>The IPU would welcome the opportunity to discuss these issues further with the PSI as part of this consultation process.</p> <p>Submission by (PIER) Committee on Registration Rules 2008</p> <p>Dear Sir/Madam,</p> <p>This submission is made on behalf of the Pharmacists in Industry, Education and Regulatory (PIER) Committee.</p> <p>We wish to thank the PSI for providing us with the opportunity to comment on the proposed amendments to the Pharmaceutical Society of Ireland (Registration) Rules.</p> <p>We note that the proposed rule 11A (2) (c) provides for the applicant to have 28 days to respond in writing to the PSI following the PSI's proposal to refuse to renew their registration. We believe that such a time frame may be too short for responses, particularly considering the potential gravity of such a decision. Our members may be more likely to be overseas due to the nature of their work, and this may also add to difficulty in responding to such a decision within such a short time frame, particularly if this decision is communicated via post to the applicant's home or business address. Our proposal would be to provide a longer time period for such representations to be made and the option to provide representations in person, as opposed to solely in writing.</p> <p>Kind regards, Peter Twomey MPSI Treasurer and Committee member</p>	August 13, 2018
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STATUTORY INSTRUMENTS.

S.I. No. [•] of 2018

PHARMACEUTICAL SOCIETY OF IRELAND (REGISTRATION) (AMENDMENT) RULES 2018

PHARMACEUTICAL SOCIETY OF IRELAND (REGISTRATION) (AMENDMENT)
RULES 2018

The Council of the Pharmaceutical Society of Ireland, in exercise of the powers conferred on the said Society by section 11 of the Pharmacy Act 2007 (No. 20 of 2007) (as adapted by the Health and Children (Alteration of Name of Department and Title of Minister) Order 2011 (S.I. No. 219 of 2011)), with the consent of the Minister for Health, hereby makes the following rules:

1. (1) These Rules may be cited as the Pharmaceutical Society of Ireland (Registration) (Amendment) Rules 2018.

(2) The Principal Rules, Rule 15 of the Rules of 2015, the Rules of 2017 and these Rules may be cited together as the Pharmaceutical Society of Ireland (Registration) Rules 2008 to 2018 and shall be construed together as one.

2. These Rules come into operation on XXXX 2018.

3. In these Rules—

“Principal Rules” means the Pharmaceutical Society of Ireland (Registration) Rules 2008 (S.I. No. 494 of 2008);

“Rules of 2015” means the Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015 (S.I. No. 553 of 2015);

“Rules of 2017” means the Pharmaceutical Society of Ireland (Registration) (Amendment) Rules 2017 (S.I. No. 100 of 2017).

4. Rule 11 (as amended by Rule 15(b) of the Rules of 2015) of the Principal Rules is amended by inserting after paragraph (8) the following paragraph:

“(9) Where an application for continued registration of a pharmacist—

(a) does not contain, or is not accompanied by, the statement referred to in paragraph 7A(a) of Schedule 2, or

(b) contains, or is accompanied by, a statement referred to in paragraph 7A(b) to the effect that the applicant has, within the previous 12 months, been requested by the Executive Director to submit a report on his or her CPD activities referred to in Rule 11(1) of the CPD Rules, and—

(i) such request was not responded to by the applicant, or

- (ii) such request was responded to but the application for continued registration does not contain, or is not accompanied by, evidence issued by the Institute of Pharmacy under Rule 11(6) of the CPD Rules showing that the outcome has been satisfactory,

Rule 11A shall apply to the application.”

5. The Principal Rules are amended by inserting after Rule 11 the following Rule:

“Procedural provisions relating to failure to comply with CPD requirements

11A. (1) Where an application for continued registration of a pharmacist in Part A of the Register of Pharmacists under section 14 of the Act comes within the circumstances referred to in Rule 11(9), the Council shall inform the applicant by written notice that it proposes to refuse the application.

(2) The notice referred to in paragraph (1) shall state—

- (a) the proposal of the Council,
- (b) the reasons on which the proposal is based, and
- (c) that the applicant has the right to make representations to the Council in response to the proposal within a stated period of time not being less than 28 days from the date of the notice.

(3) A person to whom a notice referred to in paragraph (1) has been issued may, within the period of time referred to in paragraph (2)(c), send written representations to the Council in relation to the proposed refusal of the application for continued registration.

(4) The Council shall, after consideration of any representations sent to it pursuant to paragraph (3), decide whether to grant the application for continued registration or confirm its proposal to refuse the application, as appropriate.”

6. Paragraph 11 (inserted by Rule 6(c) of the Rules of 2017) of Schedule 1 to the Principal Rules is amended—

(a) by substituting for subparagraph (b) the following:

“evidence acceptable to the Council that he or she has trained as a pharmacist outside the State in a majority English or Irish speaking country that has English or Irish recognised as an official language of that country and that the entire course leading to the award of the professional qualification was taught through English or Irish, or”, and

(b) in subparagraph (c), by inserting “, through the English or Irish language,” after “whole time capacity as a registered pharmacist”.

I, SIMON HARRIS, Minister for Health, consent to the making of the foregoing Rules.

L.S. GIVEN under my Official Seal,
[DATE] [MONTH] 2018.

SIMON HARRIS,
Minister for Health.

L.S. GIVEN under the Official Seal of the Council of the Pharmaceutical
Society of Ireland,
[DATE] [MONTH] 2018.

RORY O'DONNELL,
President.

NIALl BYRNE,
Registrar.

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation)

These Rules amend the Pharmaceutical Society of Ireland (Registration) Rules 2008 to 2017 to provide that failure to comply with continuing professional development requirements can lead to a refusal to continue the registration of a pharmacist in the Register of Pharmacists. In addition, they make changes to the particulars in relation to language competence required to accompany applications for registration.

These Rules may be cited as the Pharmaceutical Society of Ireland (Registration) (Amendment) Rules 2018.

These Rules come into operation on XXXX 2018.