



# Public Consultation Report on the Draft Accreditation Standards for CPD Programmes and Courses for Pharmacists

June 2018

## Introduction

The Pharmacy Act 2007 and the PSI (Continuing Professional Development) Rules 2015 requires the PSI to determine, approve and publish standards for Continuing Professional Development (CPD) training programmes and courses for pharmacists.

The aim of the standards is to quality assure those CPD training programmes and courses which require accreditation. The accreditation process is facilitated and operated by the Irish Institute of Pharmacy on behalf of the PSI.

In 2017/2018, the PSI undertook a review of the “[Generic Interim Accreditation Standards for Formal Programmes of Learning for Pharmacy in Ireland](#)”, which had been in place since 2012, and produced a revised draft of these standards: [draft Accreditation Standards for CPD Programmes and Courses for Pharmacists](#).

Additional information on the CPD system for pharmacists in Ireland can be accessed on the PSI website [www.psi.ie](http://www.psi.ie) or through the Irish Institute of Pharmacy at [www.iiop.ie](http://www.iiop.ie).

### About the consultation

The public consultation on the [draft Accreditation Standards for CPD Programmes and Courses for Pharmacists](#) (draft standards) opened on April 19<sup>th</sup> until May 16<sup>th</sup> 2018. The draft standards document was made available on the PSI website, with emails circulated inviting feedback from all PSI registrants and a wide variety of other stakeholders including patient and public advocacy organisations, regulators, health providers and policy makers. Feedback was invited either through an online consultation survey with six questions, by email or by post.

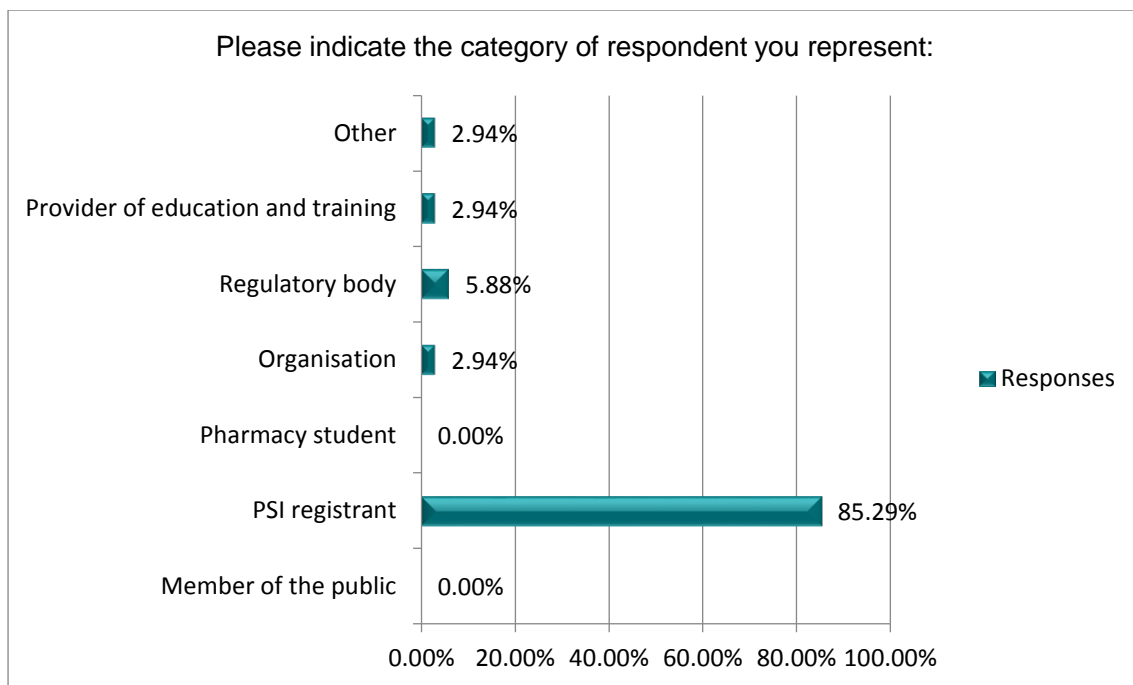
## Response to the consultation

In total 40 responses were received to the public consultation. 34 were received through the online consultation survey, which asked key questions on the draft accreditation standards. Not all survey respondents answered every question. 6 email responses were received. 85% of responses were by PSI registrants and the remainder were received from organisations including; Affiliation for Pharmacy Practice Experiential Learning (APPEL), Irish Institute of Pharmacy (IIOP), Irish Pharmacy Union (IPU), The Hospital Pharmacists Association of Ireland (HPAI), Nursing and Midwifery Board of Ireland (NMBI) and Trinity College Dublin (TCD). PSI welcomes and appreciates the input and engagement of all who reviewed and commented on the draft standards in order to further refine, develop and improve the proposed standards. Sincere thanks to all which took the time to provide comment.

## Results

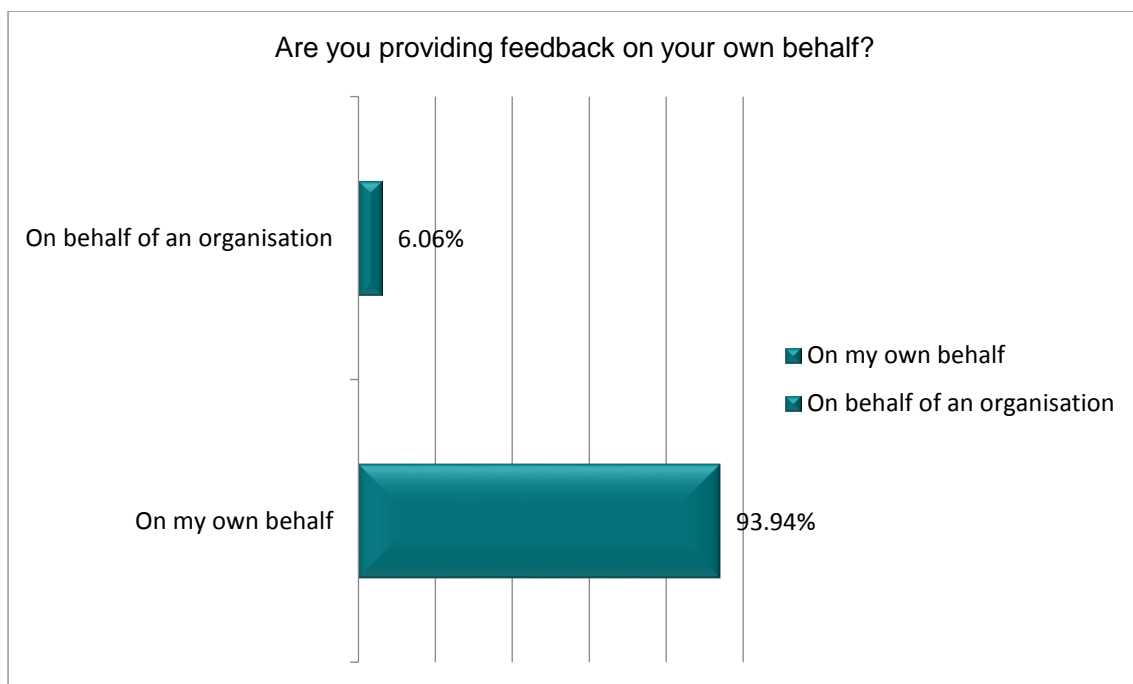
This report summarises the feedback received and the themes identified in the consultation responses.

Q.1 Please indicate the category of respondent you represent



Of those who responded to the consultation survey, the majority of respondents agreed with

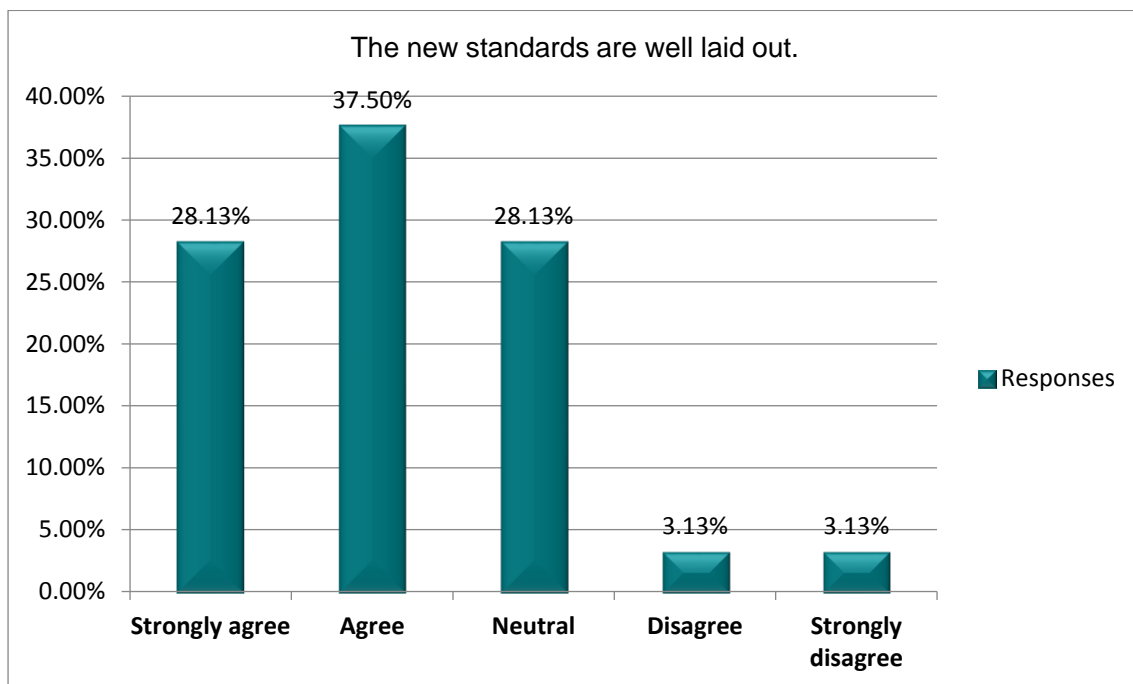
Q2 Are you providing feedback on your own behalf?



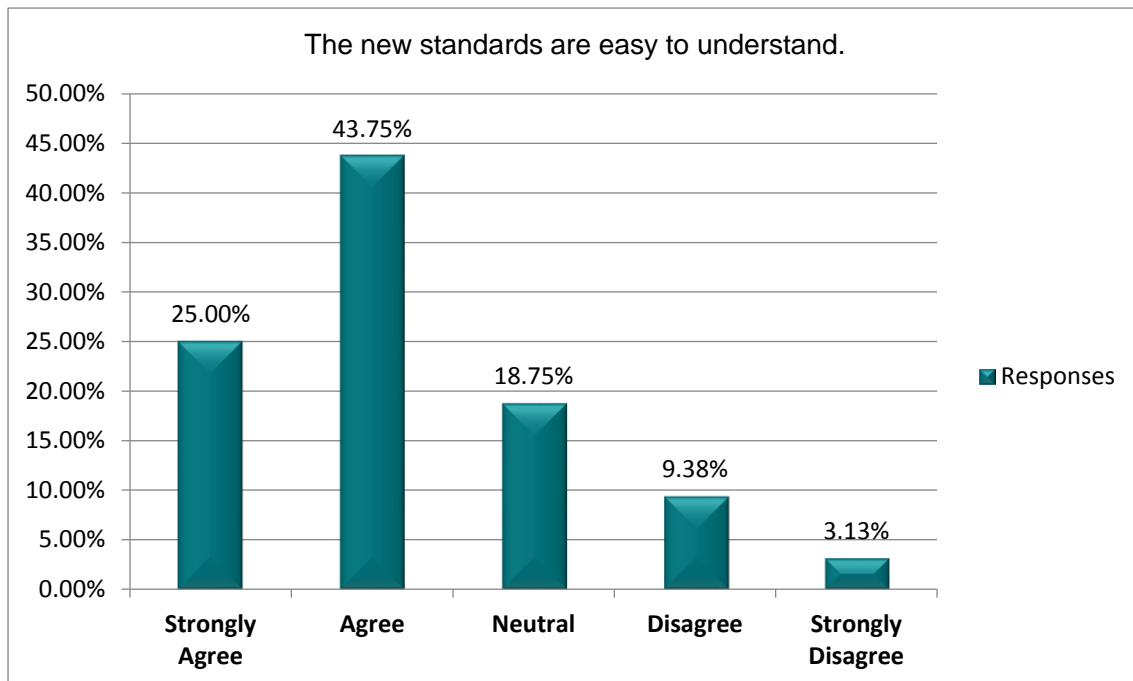
#### Q.4 Why are the standards important to you?

There was variety of comments and feedback on why the standards were important to the respondents. Themes of quality assurance for CPD training programmes and patient safety were noted. (See Appendix 1)

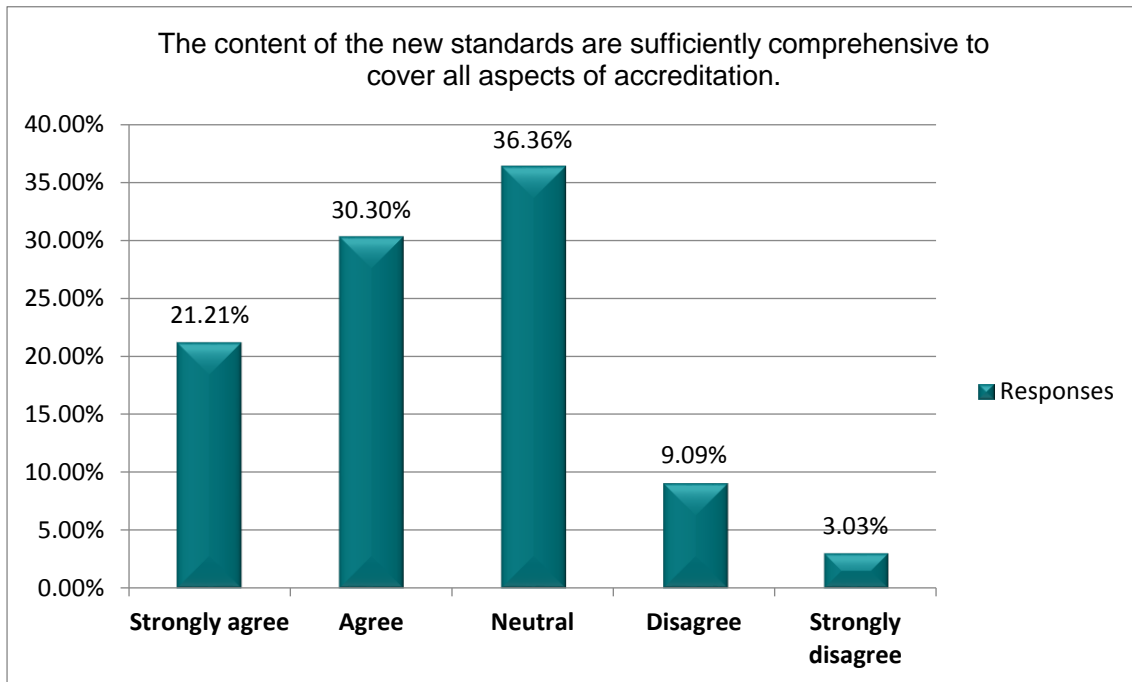
#### Q.5 The new standards are well laid out.



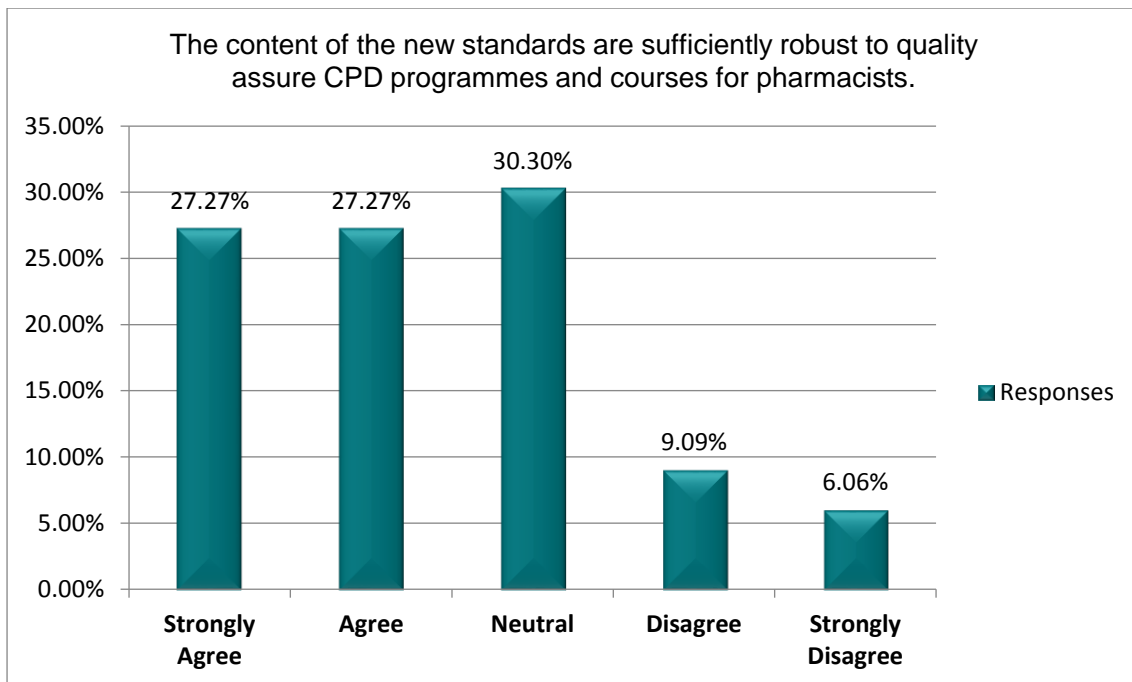
Q.6 The new standards are easy to understand.



Q.7. The content of the new standards are sufficiently comprehensive to cover all aspects of accreditation.



Q.8 The content of the new standards are sufficiently robust to quality assure CPD programmes and courses for pharmacists.



**Q.9 Have you identified any gaps in the draft standards?**

11 responses were received to this question. (See Appendix 1)

**Q.10 Have you suggestions on how the standards could be improved?**

11 responses were received to this question. (See Appendix 1)

## Email Responses

6 responses were received by email to the consultation process on the draft standards. (See Appendix 2)

## PSI Response

The PSI would like to thank all respondents for their feedback and will direct its attention to the matters raised. All responses shall be reviewed and discussed with the PSI's Professional Development and Learning Committee. Proposed changes to the draft standards will be brought to the attention of the Council of the PSI for its approval.

Appendix 1

Survey questions;

Please indicate the category of respondent you represent

Are you providing feedback on your own behalf?

Why are the standards important to you?

The new standards are well laid out (Strongly Agree-Strongly Disagree)

The new standards are easy to understand. (Strongly Agree-Strongly Disagree)

The content of the new standards are sufficiently comprehensive to cover all aspects of accreditation.

The content of the new standards are sufficiently robust to quality assure CPD programmes and courses for pharmacists.

Have you identified any gaps in the draft standards?

Have you suggestions on how the standards could be improved?

**Q.4 Why are the standards important to you?**

	Submission
6	To ensure professional development and maintain standards
28	The standards are important to assure the educational quality and the appropriate knowledge and competency in our role. They are the instruction to follow in order to achieve the best practise and service as a pharmacist.



30	As it will affect my choices of CPD and the scope of course that are considered suitable for my learning and development as a pharmacist
32	They help registrants to understand what levels of professional competence and practice they must reach and surpass.
33	Patient safety Professional integrity
34	Skipped
35	Skipped
36	Because I need to trust in all information that I'll receive and know that I will improve my knowledge.
37	Ensures courses are up to date and knowledge is correct.
40	To keep up dated and competent to exercise my profession
41	Standards are not important to me. They are forced upon us by the draconian PSI who really ought to be ashamed of themselves. This is a leading question, please consider revising it.
46	Essential to have and maintain a consistent reliable level of educational standard,
49	The standards are important to me as they will shape the accredited CPD activities I will undertake. I feel that robust standards will help to ensure that such programmes/courses are of a high standard and that our profession benefits from them.
50	They ensure or they help to provide a framework to ensure positive outcomes
54	To ensure our colleagues participate in accredited CPD programmes that enhance their both their portfolios and professional practice.
60	To ensure good quality locums and high standards throughout the profession
63	They are important to me because it gives you guidance on what level of information is required
66	Skipped
67	Toe ensure that the valuable spare time I have is spent on improving my knowledge in a manner that benefits both me, my patients and the profession.

68	As we (professionally) can be assessed on them.
69	I engage in delivering CPD within my work.
70	Patients must receive a high standard of care from pharmacists, so it is important for pharmacists to be well trained and to maintain their knowledge throughout their careers, especially as they are changing what they do.
73	Because they will be relevant to carrying out my CPD portfolio.
74	Skipped
75	NMBI undertake similar role of accrediting programmes of education for nurses and midwives.
78	Because it will determine the courses that will be rolled out to aid me with my CPD/CE.
79	Actually they are not. The move to CPD meant that the original CE points system became redundant and self-directed learning was to be the future. The role of the IOP was to ensure that individual pharmacists maintained appropriate levels of competency, irrespective (as I understand it) of the methods of acquiring or maintaining the competency. The addition of these standards seems like an unnecessary duplication of effort.
81	To quality assure the CPDs I will undertake in order to achieve the best possible learning
82	Because they are going to directly impact whether I can complete courses or not
83	As a registrant I want to know that any accredited CPD courses I take are relevant and fully quality assured.
84	Keeps professionals consistent
85	I want to see the continued development of my profession with a view to enhancing patient safety.

**Q.9 Have you identified any gaps in the draft standards?**

No	Submission	PSI Response
6	No	Noted
28	No	Noted
30	I'm not sure if pharmacists can now engage in non-accredited courses as part of their CPD. IF CPD is self directed learning it would not be possible to accredit all courses that pharmacists may consider relevant.	These standards are designed to assure the quality of CPD Programmes which require accreditation. Not all courses require accreditation. Pharmacists can continue to engage in non-accredited courses as part of their CPD. CPD activities may also include 'informal' or 'on the job' learning.
32	Nothing that is very obvious	Noted
33	No	Noted
34	Skipped	
35	Skipped	
36	No	Noted
37	Nil	Noted
40		
41	I have not	Noted
46	No	Noted
48	No	Noted
49	Within Standard 2 - Content, I think this should include a point to state that content should be evidence-based and that statements of personal experience, expert opinion, or recommendations of unlicensed uses must be clearly stated.	Noted. An additional substandard has been added to standard 2, to include that content is evidence based, statements of personal experience, expert opinion or recommendations must be clearly qualified.
50	Not at the moment but maybe when time passes in practice	Noted
54	No	Noted
60	No	Noted

63	No	Noted
66	Skipped	
67	No	Noted
68	No	Noted
69	Skipped	
70	<p>In particular the standards relating to content are overly-simplistic, even naive.</p> <p>It is not enough to have content of an adequate standard, it must be (1) evidence-based, (2) consider all options in an unbiased and fair manner, (3) take account of best practice in Ireland, in other healthcare professions and elsewhere, (4) provide appropriate advice where the evidence is incomplete or poor and (5) reinforce the values of putting the patient first and setting aside conflicts of interest. The standards relating to those preparing and delivering content should also be strengthened to include these points.</p>	<p>Noted.</p> <p>An additional substandard has been added to standard 2, to include that content is evidence based. This new substandard will also require that programme content should reinforce the values of putting the patient first and setting aside conflicts of interest, where applicable.</p> <p>Sub-standards 1.2 and 1.4 have been revised and strengthened with respect to the management of bias and conflict of interest.</p> <p>Sub-standard 1.4 requires that programme content adheres to national and international guidance.</p> <p>Sub-standard 1.1. and 1.2, 1.3, 3.1 set out governance requirements for those preparing and delivering content.</p>
73	Skipped	
74	This seems good in terms of formal CPD courses, but I feel this might restrict the ease of less formal/learn on the fly programmes which are of help and provide for fast, efficient learning.	These standards are designed to assure the quality of CPD Programmes which require accreditation. Not all courses require accreditation. Pharmacists can continue to engage in non-accredited courses as part of their CPD. CPD activities may also include 'informal' or 'on the job' learning.
75	No	Noted

78	<p>No specialist register in Ireland, or specialism within hospital pharmacy so who decides who is an appropriate instructor with appropriate qualifications etc. Who in PSI is deciding that a course meets these standards, and what quality control over their qualifications will there be.</p> <p>These standards seem to remove the self-reflection and self-directed learning encouraged by IOP, as they limit areas for courses to those in the practice of pharmacy. There is a bigger argument for pharmacists to develop themselves further by moving outside of just the pharmacist box that we spent 5 years of college learning, and to improve the service we do for our patients by learning what our peers know (nurses/doctors/physicians) to help us apply this to the use of medicines.</p>	<p>The IOP facilitate the accreditation of certain CPD courses on behalf of the PSI.</p> <p>The IOP accreditation process has several stages including:</p> <ul style="list-style-type: none"> <li>• Internal Review by the training programme provider</li> <li>• Validation of the application by the Institute</li> <li>• Assessment of the application by individual peer reviewers</li> <li>• A formal meeting of the accreditation team</li> <li>• Preparation of the accreditation reports</li> </ul> <p>The current version of the IOP's accreditation process can be found on the IOP website <a href="http://www.iop.ie">www.iop.ie</a></p> <p>The standards have been developed in line with legislative requirements provided in the PSI (CPD Rules) SI 553 of 2015, which require that the standards deal primarily with matters relevant to the practice of pharmacy, including the improvement of the profession of pharmacy.</p> <p>Pharmacists can continue to engage in non-accredited courses, other formally accredited educational programmes and informal or 'on-the-job' learning as part of their CPD, as they relate to their particular roles and CPD requirements. These standards do not impact on the self-reflection, self-directed learning principles of the ePortfolio CPD system.</p>
79	<p>The standards refer to "core competencies". These make no reference to pharmacists practising outside of community/retail practice. A search finds no mention of hospital/hospice/academia for example. This suggests that the standards have a restricted applicability and utility, and seems to suggest a narrow focus from the authors/commissioners.</p>	<p>Information on The Core Competency Framework for Pharmacists is accessible through the PSI website.</p> <p>These standards do not relate to any one area of practice. There is no reference in these Standards to community, hospital, industrial or other specific areas of pharmacy practice.</p>
81	No	Noted
82	I think the standards on view are going to have pharmacists participating in courses which are long in	The accreditation standards are silent on course length requirements and focus on quality assurance of CPD training programmes and courses

	duration and pharmacists clearly do not a lot of time on their hands	
83	Standard 1 requires all trainers to be competent but doesn't make any mention of how competence should be judged, in particular the need for relevant recent experience in the area.	<p>The IOP facilitate the accreditation of certain CPD courses on behalf of the PSI.</p> <p>The IOP accreditation process has several stages including:</p> <ul style="list-style-type: none"> <li>• Internal Review by the training programme provider</li> <li>• Validation of the application by the Institute</li> <li>• Assessment of the application by individual peer reviewers</li> <li>• A formal meeting of the accreditation team</li> <li>• Preparation of the accreditation reports</li> </ul> <p>The current version of the IOP's accreditation process can be found on the IOP website <a href="http://www.iop.ie">www.iop.ie</a></p>
84	Na	
85	No, but as I am not directly involved in education (I am hospital-based) I may not be qualified to identify such gaps	Noted.

Q.10 Have you suggestions on how the standards could be improved?

No	Submission	
6	No	Noted
28	Skipped	
30	I think that pharmacists should use the standards as a checklist before enrolling on a course to ensure that it is a quality, robust course. I don't think all CPD will met the criteria listed.	These standards are designed to assure the quality of CPD Programmes which require accreditation. Details about the accreditation process are available through the IIOp website. Not all courses require accreditation. Pharmacists can continue to engage in non-accredited courses as part of their CPD. CPD activities may also include 'informal' or 'on the job' learning.
32	We need more help on the practicalities of CCSAT / producing cycles using CCSAT and what it means for learning for Pharmacists: it can appear very general and not applicable to specific roles; only my perception of the difficulties related to CCSAT associated learning.	This consultation concerns the Accreditation Standards for CPD Programmes and Courses for Pharmacists. Supports on the use of CCSAT in connection with the ePortfolio system can be accessed through the IIOp.
33	No	Noted
34	Skipped	
35	Skipped	
36	Not at this moment	Noted
37	No	
41	Skipped	Noted
46	Consistent implementation of the standards in practice will be important, but this is not really a comment on the draft standards.Perhaps some examples of what will meet the standards in terms of SOP's required	<p>The IIOp facilitate the accreditation of certain CPD courses on behalf of the PSI.</p> <p>The IIOp accreditation process has several stages including:</p> <ul style="list-style-type: none"> <li>• Internal Review by the training programme provider</li> <li>• Validation of the application by the Institute</li> <li>• Assessment of the application by individual peer reviewers</li> </ul>

		<ul style="list-style-type: none"> <li>• A formal meeting of the accreditation team</li> <li>• Preparation of the accreditation reports</li> </ul> <p>The current version of the IOP's accreditation process can be found on the IOP website <a href="http://www.iop.ie">www.iop.ie</a></p>
49	I would like to see expansion of point 1.4 to more clearly define "conflict of interest concerns" and to be more prescriptive in how content and delivery ought to be free from sponsorship influence. I believe conflict of interests should be expanded to include perceived, potential and clear conflicts of interests. These should also not just be disclosed/acknowledged, but actively managed to mitigate or eliminate the potential for bias.	<p>Substandard 1.4 has been revised and strengthened with regard to conflict of interest.</p> <p>An additional substandard has been added under Standard 2, to include reference to conflict of interest.</p>
50	Feedback such as this survey	Noted
54	No	Noted
60	No	Noted
63	Skipped	
66	Skipped	
67	No	Noted
68	No	Noted
69	Skipped	
70	Greater attention should be paid to ensuring the compliance of the provider with the standards - what is expected of them. The conflict of interest references seem to focus on individuals, they must also apply to organisations which may be supported by or act for interest groups. Sponsorship or support of any kind from tobacco and alcohol companies should not be allowed and this should be clearly stated.	<p>Substandard 1.4 has been revised and strengthened with regard to conflict of interest.</p> <p>An additional substandard has been added under Standard 2, to include reference to conflict of interest.</p>
73	Skipped	
74	Suggested CCSAT fulfilments would be helpful, as I feel the CCSAT process is overly lengthy at the moment and would speed up the process if we had the written resources from coursework to hand.	This consultation concerns the Accreditation Standards for CPD Programmes and Courses for Pharmacists. Supports on the use of CCSAT in connection with the ePortfolio system can be accessed through the IOP.



75	1.4 bullet 1 - Add current evidence based education theory. Content should be dynamic and flexible to allow for changes in pharmacy practice and health care delivery. Focus on Patient Safety.	<p>An additional substandard has been added under Standard 2 to include that content is evidence based. This new substandard will also require that programme content should reinforce the values of putting the patient first and setting aside conflicts of interest, where applicable.</p> <p>We feel that Standard 1, including Sub-standard 1.2, should assure that content is dynamic, flexible and continuously reviewed.</p>
78	Actually talk to IPU/HPAI who have been providing education for pharmacists for many years and without any help from PSI	Responses have been received from a variety of stakeholders, including pharmacist representative organisations.
79	They should reflect all the areas in which pharmacy is practised. The acknowledgements also indicate that the standards have been based on standards from the Americas and the Commonwealth, and standards from nursing practise! As an Irish and European pharmacist I would rather emulate the high standards of my European colleagues than those of other anglophone countries. Furthermore pharmacy is an independent health profession which predates nursing and probably Christ so I am less than enthused about standards drawn from a comparatively novel profession.	<p>These standards do not relate to any one area of practice. There is no reference in these Standards to community, hospital, industrial or other specific areas of pharmacy practice.</p> <p>The standards have been developed in consultation with a range of national and international stakeholders.</p>
81	Skipped	
82	Make the standards clearer and also place guidance on course duration	<p>Feedback from the consultation process generally indicated that the standards were considered to be well laid out and easily understood.</p> <p>It is not intended that the standards would be specific on course duration. These standards are designed to assure the quality of CPD Programmes which require accreditation.</p>
83	Skipped	
84	No	Noted
85	Referencing throughout and list of references at the end- I appreciate this is a draft	Noted. The standards have been developed in consultation with a range of national and international stakeholders.

Appendix 2

Email Submission 11	PSI Response
<p>Dear Professional Development and Learning Unit,</p> <p>I am delighted to have the opportunity to provide feedback on these draft Accreditation Standards for CPD Programmes and Courses for Pharmacists. The draft standards are very clearly presented, and the streamlining and organisation of the standards will be of great benefit to all involved in course accreditation.</p> <p>I welcome the inclusion of governance and quality as the first standard as these are the foundations on which accreditation will/will not be achieved. I believe it is important to acknowledge that the quality management and governance procedures must be appropriate for the course or programme being accredited, e.g. one should expect a greater level of governance for a course which allows pharmacists to deliver a medical intervention when compared with a communications skills course. I also think it would be helpful to include a requirement regarding basic course quality, e.g. relating to the formatting and spelling of course content and setting out that courses should be presented in a user-friendly and engaging manner.</p> <p>I note that the standards set out that “the programme should take account of the variety of training delivery methods available.” This is a welcome inclusion and may benefit from further reflection throughout the standards, e.g. by including “where applicable” after “programmes must be delivered by instructors”.</p> <p>I wish the PSI every success with this important project.</p>	<p>Noted.</p> <p>Standard 1 has been revised to reflect appropriate governance levels.</p> <p>A review of the standards was undertaken to take account of different learning modalities.</p>

Email Submission 2	PSI Response
<p>Dear Sir/Madam,</p>	<p>Substandard 1.4 has been amended to include the requirement for governance mechanisms to be in place to assure the quality of the training programme.</p>

<p>Thank you for your email to [name] regarding the public consultation on the new Accreditation Standards for CPD Programmes and Courses for Pharmacists. [name] provided feedback at the development stage on the standards in conjunction with the relevant [name] team members. [name] has asked me to let you know that [name] is happy that one's views are largely reflected in the version as circulated.</p> <p>There was one suggested element regarding quality management processes that was not in the final version, and I have been in contact with [name] about this.</p> <p>Further to our discussion regarding the draft accreditation standards, we note that the line we had recommended adding to point 1.4 was not included in the most recent iteration.</p> <p>In my email of [Date] we had recommended the inclusion of the following:  “Assure that quality management processes are in place for training programme development.”</p> <p>These processes would cover areas including the development and review of the content, assessment, evaluation, and risk management.</p> <p>Should you have any queries on this, please don't hesitate to contact me.</p> <p>Kind regards,</p>	
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Email Submission 3	PSI response
<p>I was in the process of completing the online survey for feedback on the draft Accreditation Standards for CPD Programmes and Courses for Pharmacists when the survey ended. I had expected there to be more opportunity to comment so I am now sending my comments by email.</p>	Noted

I think the standards are well laid out and easy to understand. They are comprehensive and robust, notwithstanding some gaps identified and suggestions to improve below.

**Standard 2: Content**

Suggest adding an extra point to say: “Programmes should have mechanisms to incorporate the 5-step CPD cycle, specifically the incorporation of learning into practice and whether additional learning is needed and how it might be accomplished.”

2.1 – improve **practice** rather than **profession** of pharmacy?

2.5 – “A list for further reading is encouraged” – this should be a separate point rather than included in piece on references.

**Standard 3: Delivery**

Suggest adding an extra point to say: “Programmes should encourage and support participants to incorporate the 5-step CPD cycle in their learning.”

3.1 – I would add "and the programme content" to the end of the sentence.

3.5 – Suggest cap group size, where necessary.

Suggest adding an extra point to say: “When offering face to face courses, the provider should ensure that courses are offered frequently enough to encourage attendance, that specific days/dates are avoided (e.g. not on Fridays or at start/end of month), and that locations are easily accessible locations (e.g. not IMI in Sandyford, difficult to access).

**Standard 4: Assessment**

Who awards recognition that programme has been successfully completed by participant? Programme provider or IOP?

Noted. It was believed that reference to the ePortfolio CPD cycle may restrict interprofessional training programmes.

2.1 This wording is derived from the PSI (CPD) Rules SI 553 of 2015

2.5 It was considered that this did not need to be a distinct point.

Noted. It was believed that reference to the ePortfolio CPD cycle may restrict interprofessional training programmes.

3.1 It is believed that substandard 1.1 addresses this concern

3.5 the wording of this substandard has been reviewed to address this concern.

Noted. While your considerations are valid, these are deemed to be a matter for the course provider, and it is expected that in the delivery that they would be cognisant of this as a matter of good business delivery. These standards focus on quality assurance of training programmes.

<p><b>Standard 5: Evaluation</b> Suggest that the provider is required to provide the post-programme evaluation report to IIOp.</p> <p>Regards</p>	<p>The current version of the IIOp's accreditation process can be found on the IIOp website <a href="http://www.iioop.ie">www.iioop.ie</a></p> <p>Noted. Copies of the evaluation forms may be requested by the PSI or the IIOp. As part of the accreditation process, quality assurance and governance processes are reviewed.</p>
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Email Submission 4	PSI Response
<p><b>Consultation process</b></p> <p>As an organisation who have been providing education for hospital pharmacists for many years, the [name] is disappointed not to have been consulted on these standards earlier. This may have addressed many of the issues identified below.</p> <p><b>Setting for and intent of the draft standards</b></p> <p>I think the background for these standards is unclear. I am unsure what is intended by the provision of these standards. The standards refer to accredited education. Do they then specifically apply to courses developed for pharmacists' CPD that would be accredited on the IIOp website by the PSI or other delegated body? How would these formal learning courses be assessed for appropriateness for pharmacy practice? There are many courses listed on the IIOp website and provided by different providers. Will bodies providing such education opportunities now have to prove that they meet the standards before accreditation can be provided? I note the diversity of bodies providing educational opportunities listed on the IIOp website.</p>	<p>Registrants and stakeholders were consulted at the same time.</p> <p>These standards are designed to assure the quality of CPD Programmes which require accreditation and have been commissioned by the IIOp. Not all courses require accreditation. Pharmacists can continue to engage in non-accredited courses as part of their CPD. CPD activities may also include 'informal' or 'on the job' learning.</p> <p>The IIOp facilitate the accreditation of certain CPD courses on behalf of the PSI.</p> <p>The IIOp accreditation process has several stages including:</p> <ul style="list-style-type: none"> <li>• Internal Review by the training programme provider</li> <li>• Validation of the application by the Institute</li> <li>• Assessment of the application by individual peer reviewers</li> <li>• A formal meeting of the accreditation team</li> <li>• Preparation of the accreditation reports</li> </ul>

If this is the intent of the standards then this should be clearly stated i.e. that the standards apply only to those educational activities defined as “Formal Learning” by the IIOIP. This ignores, and indeed appears to devalue, 99% of the learning occurring on a daily basis.

### **What the standards do not cover**

Formal (accredited) learning opportunities are the exception rather than the norm, especially in the hospital setting. A very significant percentage of the register is practising in the hospital sector. I think that the standards seem to miss this completely. In the hospital setting, most learning is informal and non-formal. Informal learning is self-directed and occurs all day every day in the work environment. Non-formal learning occurs daily in the form of huddles, dry rounds, grand rounds, journal clubs, team meetings etc.

I would be concerned also that the conferences and educational meetings attended by pharmacists, whether hospital or other, are outside the remit of these standards. The standards as published suggest that this type of education would not be open to accreditation and it’s difficult to see how it could be applied.

- The [name] has been providing what constitutes formal education for pharmacists for a great many years, in the form of the annual clinical conference and poster exhibition, workshops, IT training, the special interest groups’ (pharmacists working in specialist areas) education sessions and workshops, clinical skills course (basic and advanced). This does a grave injustice to the consistency and quality of the education provided by the [name]

The current version of the IIOIP’s accreditation process, which can be found on the IIOIP website [www.iioip.ie](http://www.iioip.ie)

The ‘Background’ section to the draft standards has been amended to clarify that not all courses require accreditation. Pharmacists can continue to engage in non-accredited courses as part of their CPD. CPD activities may also include ‘informal’ or ‘on the job’ learning. No inference regarding the quality of a training programme or course is implied because a course is not accredited to these standards.

These standards do not relate to any one area of practice. There is no reference in these Standards to community, hospital, industrial or other areas of pharmacy practice.

Pharmacists can continue to engage in non-accredited courses, other formally accredited educational programmes and informal or ‘on-the-job’ learning as part of their CPD, including attendance at conferences, as they relate to their particular roles and CPD requirements. These standards do not impact on the self-reflection, self-direct learning principles of the ePortfolio CPD system.

These standards are designed to assure the quality of CPD Programmes which require accreditation. No inference regarding the quality of a training programme or course is implied because a course is not accredited to these standards.

members and invited experts for hospital pharmacists, in particular given the fact that no other body provides regular education for this sector.

- Hospital pharmacists attend the EAHP and the ASHP conferences each year, as well as the IMSN conference, attended and provided by many professionals involved in medicines safety, not just pharmacists.
- In addition, many hospital pharmacists attend medical conferences in areas like oncology, transplantation, cystic fibrosis, haematology, cardiology, rheumatology, psychiatry, etc, as these are learning opportunities provided by experts in the field pertinent to their area of practice. This inter-disciplinary collaboration and education is invaluable and highly relevant to daily practice.
- In the area of healthcare standards, hospital pharmacists attend JCI meetings and seminars.

Few of our pharmacists only have a BSc or M Pharm. Many hospital pharmacists undertake post-graduate education in areas such as clinical pharmacy, aseptic compounding, antimicrobial stewardship, quality and risk management, healthcare management, healthcare informatics, healthcare economics, clinical trials, project management. These courses are often provided through third level educational institutions. Such courses would not be recognised and may be potentially devalued under the draft standards.

A last point is that pharmacists in practice require many skills outside the direct remit of pharmacy practice, especially as they become people and service managers, be this in the areas of risk management, quality, standards, managing people and human resources, provision of education to other colleagues, (pharmacists, other healthcare professionals, other staff), communication skills

These standards are designed to assure the quality of CPD Programmes which require accreditation. No inference regarding the quality of a training programme or course is implied because a course is not accredited to these standards. Pharmacists can continue to engage in non-accredited courses, other formally accredited educational programmes and informal or 'on-the-job' learning as part of their CPD, including attendance at conferences, as they relate to their particular roles and CPD requirements. These standards do not impact on the self-reflection, self-direct learning principles of the ePortfolio CPD system. These standards do not impact pharmacists from undertaking any CPD activities, which are relevant to their particular role and practice.

(communicating with patients, carers, staff, other healthcare professionals), financial skills and analysis, planning and budgeting. Often pharmacists pursue courses independently, but in larger organisations like hospitals, these courses may be provided in house by external providers such as IBEC, the IMI. These skills, essential for the practice of pharmacy, are however not part of the formal learning programme.

**Apparent conflict in objective of learning types**

Given the open nature of much CPD that takes place for pharmacists, the use of accredited courses seems at odds with the language and form of learning experience supported by the IOP, which is self-directed and developmental in nature, and embraces all types of learning, as long as they are pertinent to the pharmacist’s professional development.

**Who will manage the accreditation process?**

Who will be responsible for approved accreditation? What criteria will be used? I am concerned that hospital pharmacists who are considered expert in their field, would not be considered to be so by the accrediting body due to a lack of a “qualification” in the area. What would be the membership of such a body, what would be their governance be?

**Specific comments on the standards**

I see many practical difficulties with how the standards will be implemented in practice. Who will implement them, or is it a voluntary standard? If voluntary, how can / would compliance be measured?

These standards do not impact on the self-reflection, self-direct learning principles of the ePortfolio CPD system.

The current version of the IOP’s accreditation process, which can be found on the IOP website [www.iop.ie](http://www.iop.ie)

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<p>1.1 What criteria will be used to determine “appropriate” qualifications and expertise?</p> <p>1.2 Will programmes have a built in review date? What happens if new information / guidelines emerge and the programme is not updated? Who’s guidelines will be considered to be pertinent? Will the document management (change control) be reviewed by the accrediting body?</p> <p>1.3 How will competence be demonstrated to the satisfaction of the accrediting body?</p> <p>1.4 Many educational opportunities could not take place without the collaboration of the pharmaceutical industry. Such rules are well-established and strict. However I would be cautious about certain manufacturers sponsoring certain types of programmes. Their investment is carefully considered to yield a return on investment. This also raises the issue of a sponsored programme using a practising clinician who also does extensive work for that company. Sponsorship rules need to be implemented carefully for pharma. On the other hand sponsorship by public organisations such as the HSE would be welcomed.</p> <p>GDPR is not mentioned at all in relation to data, despite the imminent effective date.</p> <p>2.5 Once a piece of research has been published, it is not required to seek an author’s permission to use it. It is however required that the source be appropriately referenced /acknowledged in the programme.</p> <p>2.6 This implies that a pharmacist is a health and social care professional. I am not sure that this is the case, as this term is currently used in the IR and HR setting. Healthcare professionals is a more generic term which covers the</p>	<p>With regards to points 1.1, 1.2, 1.3, please refer to the current version of the IIOp’s accreditation process, which can be found on the IIOp website <a href="http://www.iioop.ie">www.iioop.ie</a></p> <p>Substandards 1.4 and 2.3 seek to address conflict of interest concerns.</p> <p>All programme providers are required to adhere to legislative requirements.</p> <p>2.5 Noted</p> <p>2.6 This substandard has been amended to encourage the training provider to work with health professionals, health and social care</p>
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<p>intended professions as well as others including physicians and nurses, our principle collaborators in patient care.</p> <p>3.1 See 1.3. How will this be determined?</p> <p>3.2 Many pharmacists provide learning opportunities using structured programmes. I am unsure if such pharmacists would have background in the principles of adult learning. It would be unfortunate if this standard resulted in the loss of these learning events. Formal training in adult learning is uncommon. Demonstrating the application of adult learning principles would be problematic.</p> <p>3.4 How will skills be defined? Does this refer to a physical skill? I note that there are skills-based courses offered on-line on the IIOp currently e.g. vaccination. Does face-to-face preclude on-line training as is currently provided?</p> <p>4.1 How will the assessment component be structured? It will be difficult to prove that the assessment method is appropriate. Who will judge this?</p> <p>4.4 is very vague.</p> <p>5.1 Evaluation is required but this requires that the learning objectives are appropriate in the first place.</p> <p>5.2 How will the use of feedback be measured by the accrediting body? If feedback is poor, how will this be determined. If poor, what actions will be taken? Will pharmacists who have done the course lose their certificate? Feedback will come under GDPR is the student's details are recorded or the student is <u>identifiable in any way</u>. A form of notification or consent is required.</p> <p>Forms would not be used for on-line courses – the use of e-feedback would need to be appropriate e.g. by using an e-survey form.</p>	<p>professionals and stakeholder organisations in contributing, developing and delivering programme content.</p> <p>See response to 1.3</p> <p>3.2 It is considered appropriate that all training providers accredited under this process should ensure that adult learning principles are included in the programme.</p> <p>3.4 Vaccination training currently requires that pharmacists undergo both face to face and online training (Blended learning). Further details are accessible on the PSI website <a href="http://www.psi.ie">www.psi.ie</a></p> <p>4.1 please refer to the current version of the IIOp's accreditation process, which can be found on the IIOp website <a href="http://www.iioop.ie">www.iioop.ie</a></p> <p>4.4 noted</p> <p>5.1 noted</p> <p>5.2 please refer to the current version of the IIOp's accreditation process, which can be found on the IIOp website <a href="http://www.iioop.ie">www.iioop.ie</a></p>
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<p>5.3 I am unclear as to who should retain the feedback forms – this should be the provider, not the sponsor (although they may keep a copy). I presume that all documentation may be stored in an e-format.</p>	<p>5. noted. Reference to a sponsor has been removed.</p>
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<p>Email Submission 5</p>	<p>PSI Response</p>
<p>Hello, I read the draft regulations, and the only slight adjustment I'd suggest is that in Part 3 para (2) ."the criteria referred to in paragraph (1)..."</p> <p>should really include "equipment" so as to allow for those pharmacies that carry out extemporaneous preparation of medicines. i have witnessed massive and worrying variation in the standards and methodology applied to such preparations, and feel it is an area much overlooked due to its low volume. it has, however, got a high risk value, so qulaity equipment and methodology is vital.</p>	<p>These comments do not appear to relate to the draft Standards for CPD Programmes and Courses for Pharmacists.</p>

<p>Email Response 6</p>	
<p>Dear Sir/Madam</p> <p>Thank you for the oppportunity to comment on the draft accreditation standards. I welcome the approach to enable pharmacists to make informed choices about programmes and courses to undertake.</p> <p>As indicated the relevant section of the pharmacy act is to determine, approve and keep under review programmes of education and training suitable to</p>	

enable persons applying for registration to meet those criteria and pharmacists to comply with those codes,( where codes = code of conduct)

Comments  
General

1. The accreditation standards do not indicate the required qualifications and expertise for the PSI or PSI committee that will consider accreditation of CPD courses
2. The accreditation standards do not indicate the term for which an accreditation remains valid
3. The accreditation standards do not indicate that rules will be developed to give greater clarity to the process
4. The broad concept of what is included in the term programmes and courses is not stated. As the accreditation is applied to on-going CPD is it to be assumed that conferences etc. are included or is the term confined to the traditional understanding of programmes and courses as a university or online course leading to the award of a certificate, diploma or degree? An explanatory note would be helpful.
5. Will international accreditation standards be accepted by PSI e.g. ACPE? An explanatory note would be helpful.

Standard 1

6. ( 1.3) That all trainers and persons involved in programme delivery and development are competent.  
There is no definition of competence provided in the standards nor is there any suggested pathway to measure competence identified as required. Practising pharmacists may be identified as competent by peers but no documentary evidence exists for delivery of a programme in the educational context where the presenter is not in a full time educational role.

1, 2, 3, please refer to the current version of the IOP's accreditation process, which can be found on the IOP website [www.iop.ie](http://www.iop.ie)

4, 5 Explanatory notes have been added to the background section to clarify that these standards are designed to assure the quality of CPD Programmes which require accreditation. Pharmacists can continue to engage in non-accredited courses, other formally accredited educational programmes and informal or 'on-the-job' learning as part of their CPD, including attendance at conferences, as they relate to their particular roles and CPD requirements. These standards do not impact on the self-reflection, self-direct learning principles of the ePortfolio CPD system.

6. please refer to the current version of the IOP's accreditation process, which can be found on the IOP website [www.iop.ie](http://www.iop.ie)  
Sub standard 1.1 has been amended to reflect that persons with appropriate qualifications or experience must participate in all stages of development, delivery and assessment of the programme.

<p>7. (1.4) Generic nomenclature must be used. This statement is no longer valid when considering a medicine where there is significant variability in pharmacological effects from different brands and is not also appropriate for biological agents.</p> <p>Standard 2</p> <p>8. (2.1) 'deal primarily with matters relevant to the practice of pharmacy' This statement is subject to interpersonal interpretation. In the narrow sense it limits the breadth of the educational experience for pharmacists and may be seen as excluding many topics. I believe this statement should be removed as I can make the case for many areas of education as contributing to my current role including accounting, financial management, conflict resolution ethics, clinical governance etc. I believe that this statement is in conflict with the Irish CPD model based on self-directed learning and reflective practice.</p> <p>9. (2.3) 'the learning outcomes must be relevant pharmacists' immediate or long term needs. This is not in the sole control of the education provider as the Irish CPH model is based on self-directed learning and reflective practice and only the participating pharmacist can identify their personal immediate or long term needs.</p> <p>10. (2.7)the provider is encouraged to ....the language in this point is substantially different from the other points in this section (should be current, must include). This appears to be desired rather than an actual standard and may not be appropriate to include in this section.</p> <p>Standard 3</p>	<p>7. Noted. This substandard has been updated.</p> <p>8, 9. The standards have been developed in line with legislative requirements provided in the PSI (CPD Rules) SI 553 of 2015, which require that the standards deal primarily with matters relevant to the practice of pharmacy, including the improvement of the profession of pharmacy. Pharmacists can continue to engage in non-accredited courses, other formally accredited educational programmes and informal or 'on-the-job' learning as part of their CPD, including attendance at conferences, as they relate to their particular roles and CPD requirements. These standards do not impact on the self-reflection, self-direct learning principles of the ePortfolio CPD system. These standards do not impact pharmacists from undertaking any CPD activities, which are relevant to their particular role and practice.</p> <p>10. The requirements of this substandard may not be applicable to all courses, or feasible, therefore it is included as a recommendation.</p>
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<p>11. (3.1) with the necessary qualifications and expertise. There is no definition of necessary nor any indication of an international standards that recognises the qualifications necessary to achieve recognition of accreditation.</p> <p>Standard 5</p> <p>12. (5.3) For how long should evaluation forms be retained?</p> <p>Kind Regards</p>	<p>11, 12 Please refer to the current version of the IOP's accreditation process, which can be found on the IOP website <a href="http://www.iop.ie">www.iop.ie</a></p>
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