

**Comments received during public consultation on
PSI DRAFT INTERIM ACCREDITATION STANDARDS**

(For the level 9 Masters degree awarded on the successful completion of the National Pharmacy Internship Programme)

Submission number	Name of organisation or individual
1.	Bernadette Flood, MPSI
2.	Deirdre Lenehen, MPSI
3.	David Jordan, MPSI
4.	David Dodd, MPSI
5.	Andrew Barber, MPSI
6.	School of Pharmacy & Pharmaceutical Sciences, Trinity College Dublin
7.	Food Safety Authority of Ireland
8.	Irish Medicines Board
9.	School of Pharmacy, University College Cork
10.	HSE
11.	Norma Harnedy, MPSI
12.	Medical Council
13.	Irish Pharmaceutical Healthcare Association
14.	Patricia Ging, MPSI and Catherine Boyle, MPSI
15.	An Bord Altranais

Point No.	Comments received	Response
1. Bernadette Flood, MPSI		
	<p>I wish to make some comments on the draft interim accreditation standards specifically in relation to professional and learning outcomes.</p> <ul style="list-style-type: none"> • Learning outcomes should include an understanding of the <ul style="list-style-type: none"> - wider determinants of health for all population groups - human rights both in the Irish and International context. • Special emphasis should be placed on learning wrt vulnerable populations in healthcare ie those with disabilities - intellectual, physical and sensory, limited health literacy, travellers, prisoners etc. • With an ageing population emphasis should be placed on the care of the older person – whether living at home - on their own / with family / paid support, in residential long term care, nursing homes, long term care unit attached to acute hospitals etc. Each of these environments poses specific problems and challenges for those providing pharmaceutical care. 	<p>} }Noted – have been incorporated into final version – } see third bullet point under ‘Learning Outcomes’ in } Standard 1.</p> <p>Noted.</p> <p>Noted.</p>

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	<ul style="list-style-type: none"> • Education of pharmacists should include opportunities to share educational time and facilities with students of other healthcare professional groups. This is required to further team working in professional life and an understanding of what skills and knowledge base reside in other professional groups. • Conflict negotiation/ confidence building/ leadership skills should be part of the learning. 	<p>Noted – the PSI considers that this requirement is encapsulated in attribute relating to ‘team work’ under ‘Content and curriculum framework’ in Standard 1.</p> <p>Leadership has been incorporated into the final version in second bullet point under ‘Content and curriculum framework’ in Standard 1. The PSI considers that conflict negotiation and confidence building is inherent in the last bullet point under ‘Learning Outcomes’ in Standard 1, i.e. <i>‘The management of work issues and interpersonal relationships in pharmacy practice.’</i></p>
2. Deirdre Lenehen, MPSI		
	<p>Having read the interim standards I would like to submit the following small comments:</p> <p><u>Standard 1</u></p> <p>Intern should be competent to practice pharmacy in a patient-centred professional and ethical manner to include:</p>	

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	<p>-Optimal, rational, <u>safe and effective</u> use of medicines</p> <p><u>Standard 6</u></p> <p>While establishments may differ greatly in structure and service provision, the NPIP must ensure that substantial efforts are made in all establishments to give all interns the necessary support to meet the requirements.</p> <p>-I feel that more needs to be done to bridge the gap between hospital and community placements. Having seen many of questions the interns are presented with I wonder how well equipped some community-based interns would be to answer the more complex clinical questions. I understand that interns can discuss questions virtually which is fantastic but I think a statement in Standard 6 (or somewhere) highlighting the potential need for extra types of support (e.g. clinical) depending on the nature of each establishment.</p> <p><u>Standard 8</u></p> <p>An 'appropriate' number of teaching staff with contemporary experience: Is there any way for this to be defined more clearly? I'm sure this will be monitored as part of the Accreditation process by the Council but I wonder if further definition in the standards would be helpful.</p>	<p>Noted – has been incorporated into final version.</p> <p>Noted – the PSI considers that this matter is addressed under Standard 6 – first bullet point, and also that the first bullet point under Standard 3 addresses this issue, i.e. <i>'the NPIP provider must demonstrate that it has appropriate policies and procedures in place that ensure that all training establishments and tutor pharmacists meet the requirements that are laid down by the PSI Council from time to time.'</i></p> <p>The PSI is aware that the accreditation process will have to look at the provider's resources to determine whether this requirement is met. It is difficult to define this further as much depends on the nature of delivery of the programme and the PSI does not wish</p>

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		to limit an NPIP provider's ability to innovate.
3. David Jordan, MPSI		
	<p>I wish to make the following submission in relation to the Internship programme. This is based on my experiences as a tutor over the last 10 years and the last 4 in particular.</p> <p>The move from a pre-registration "training" year towards a Masters qualification to my mind means that the whole nature of the Intern year needs to be changed. I know of very few graduates who are following a Masters programme who are obliged to work full time. Asking pharmacy graduates to work full time whilst taking part in a Masters programme of such an intensity as pharmacy puts an intolerable burden on them. I believe that the work place training is important and that it should take place as part of a more structured arrangement. The scenario at present where there is a scramble by 4th year students for Intern places is unedifying.</p> <p>Instead of a qualification in pharmacy being a 4 year degree followed by a one year Intern/Masters programme it should now be seen as a five year programme. The work place experience should be seen as part of this five year programme to an extent that it is organised by the under-graduate colleges or by the provider of the NPIP. I do not know of any reason why it should be 12 months on a continuous basis.</p>	<p>Noted.</p> <p>The report of the Pharmacy Education and Accreditation Reviews (PEARs) Project and its recommendations (that was approved by Council on 1 June 2010) addresses in full the issues you raise. The PEARs Report recommends the introduction of a fully integrated five-year Masters degree programme of education, training and assessment as the basis for application for registration as a pharmacist and the creation of a national system for the delivery of practice-based learning</p> <p>The Implementation of the PEARs Report recommendations over the coming years will involve</p>

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	<p>Tutors are now supplying a service to the NPIP and should be remunerated for such. None of the colleges would expect any of their lecturers or staff to work for free and neither should the tutors. Current economics in community pharmacy are such that many pharmacists are not in a position for pay for an extra employee. The current situation where by it assumes that Interns should be paid a salary means that Intern experience will be limited to the bigger pharmacies with reliable internet connection. A scenario which seem to be developing where some Intern positions are unpaid will lead to an inequality that neither the PSI nor the NPIP can or should stand over.</p> <p>The NPIP should look at the current pool of tutors to determine how many are practising in smaller pharmacies. On average I would expect that around 50% are. Are the NPIP going to ignore the experience of these pharmacists and pharmacies just because they are unable to pay an intern?</p> <p>Leaving cert. students who are signing up for Pharmacy with the CAO should now understand that pharmacy is a five year qualification and they should not expect to earn a salary from pharmacy until those five years are complete.</p>	<p>comprehensive engagement and consultation with all registered pharmacists and training site establishments.</p> <p>Noted.</p> <p>See above.</p> <p>The pharmacist qualification has been of five years' duration since a 1985 Directive was implemented into Irish law in 1987.</p> <p>A comprehensive communications strategy will underpin the implementation of the PEARs Report recommendations.</p>
4. David Dodd, MPSI		
	As a tutor to two pharmacy interns, both of whom spent six	The placement structure is as provided for by

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	<p>months in my pharmacy under my tutelage, I cannot stress enough my opinion that six months in a retail community pharmacy is totally inadequate to equip a newly qualified pharmacist to work in a pharmacy. I am convinced that both of my interns would have benefitted considerably if they had the experience of another six months in a retail community pharmacy environment. If the PSI endorses a six month period as the minimum requirement then that's all any intern should have to spend on this part of their course.</p>	<p>Directive 2005/36/EC of the European Parliament and of the Council on the Recognition of Professional Qualifications as transposed into Irish law by the Pharmacy Act 2007 and the Pharmaceutical Society of Ireland (Education and Training) Rules 2008. The PSI considers that the matter you raise is addressed for the purposes of the NPIP by the first bullet point under Standard 3, i.e. <i>'the NPIP provider must demonstrate that it has appropriate policies and procedures in place that ensure that all training establishments and tutor pharmacists meet the requirements that are laid down by the PSI Council from time to time.'</i> and also by Standard 6 in general.</p> <p>Furthermore, the PSI considers that the Pharmacy Education and Accreditation Reviews (PEARs) report considers the issue you raise and addresses it for the medium to long term with the introduction of a fully integrated 5-year Masters programme.</p>
5. Andrew Barber, MPSI		
	<p>I believe the draft interim accreditation standards for the level 9 to be very detailed and of sufficient scope to enable the PSI to ensure that the training, monitoring and delivery of the Intern program is of the highest standard and continues to meet the needs of the PSI, students and tutor pharmacists alike.</p>	<p>Noted.</p>

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	<p>Part of standard 8, “Tutor pharmacists should be of sufficient number, appropriately qualified and experienced”etc...is clearly pivotal to the delivery of a successful program.</p> <p>As it is the PSI’s position that all tutor pharmacists should be approved by passing and from time to time repeating a training program, I believe it to be essential that such programs are offered in a number of learning formats, including ‘web based learning’. This would allow as many as possible potential new and current tutors to complete the training, as it is my view that ‘classroom’ based training is likely to deter some potential candidates.</p> <p>It may be prudent therefore to ensure that the standards reflect this requirement.</p>	<p>Noted.</p> <p>Noted. The facility for flexible delivery has been encompassed in the design of the new Tutor Training Accreditation Programme (TTAP) .</p> <p>Has been incorporated into final version – see last bullet point under Standard 8 and reference to ‘flexible delivery’.</p>
6. School of Pharmacy & Pharmaceutical Sciences, Trinity College Dublin		
	<p>We welcome the compilation Draft Interim Accreditation Standards for the level 9 Masters degree awarded on the successful completion of the National Pharmacy Internship Programme.</p> <p>In general this appears to be a very comprehensive, well-thought-out document.</p> <p>We would like to raise a few small matters, as detailed below, which the PSI may wish to consider before finalising the document.</p>	

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	<p><u>Standard 1:</u> The paragraph commencing “There must be clearly defined learning outcomes.....” is written in such as way to suggest that the learning outcomes are those listed in the bulleted points i.e.:</p> <ul style="list-style-type: none"> • The promotion and contribution to optimal and rational use of medicines; • The preparation, dispensing and supply of medicines having regard to the best interests of patients and the public; • The provision of health services to optimise patient care; • The provision of relevant medicines and health information, education and advice, including information in line with current and evolving health policy, services and priorities. • The management of work issues and interpersonal relationships in pharmacy practice. <p>However, these are not learning outcomes but rather issues/topics/areas which learning outcomes may cover. Learning Outcomes are statements of what a learner is expected to know, understand and/or be able to do after completion of learning, e.g. “The graduate will be able to....” . Each learning outcome should incorporate a suitable action word that captures a means of demonstrating the acquisition of knowledge, skill or competency.</p>	<p>Noted. Amended in final version to reflect that the learning outcomes must cover these areas as a minimum.</p>

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	<p><u>Standard 3:</u> It is stated that “there should be clear quality management systems in place for workplace-based progress/review/appraisals which should be fit for purpose”. It is not clear whose responsibility it is to ensure such systems are in place or to evaluate such systems.</p> <p><u>Standard 4:</u> It is stated that “delivery of content and learning methods must correspond to contemporary and future requirements of pharmacy practice...” Perhaps this should state “potential future requirements”, as it is difficult to predict the future!</p> <p>The statement “Academic quality requirements must meet the standards for the National Framework of Qualifications for a level 9 qualification while maintaining the coherence of a pharmacy programme” seems vague. It is not clear what is meant by maintaining the coherence of a pharmacy programme.</p> <p><u>Standard 7</u></p>	<p>Noted. Amended in final version in last bullet point to attribute responsibility to the NPIP provider.</p> <p>Noted – this has been amended in final version to refer to ‘(...) <i>contemporary and potential future requirements of pharmacy practice, (...)</i>’ in the second line of the second bullet point under Standard 4.</p> <p>The third bullet point under Standard 4 has been restructured to address the lack of clarity identified. The last sentence in this section now reads as: ‘<i>Where topics or content are not exclusively specific to pharmacy (for example, IT or human resource management) the NPIP provider must take appropriate steps to ensure that the core content is related to contemporary pharmacy practice in order to maintain the coherence of a pharmacy programme.</i>’</p> <p>Noted – the final version now incorporates a last</p>

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	<p>With respect to Programme Quality, which this standard addresses, there is no explicit reference made to external review/assessment of the programme.</p> <p>It is our view that the appointment of external examiners/assessors is a crucial element of any academic programme.</p>	<p>bullet point under Standard 7 to reflect this requirement as follows: <i>'The NPIP provider must establish and operate a vigorous system for the external examination of the programme. This system must include explicit policies and regulations covering the appointment, terms of office and role of the external examiners.'</i></p>
7. Food Safety Authority of Ireland		
	<p>The document is comprehensive and we only have one comment to make relating to Page 3 – Standard 3- Workplace based training requirements.</p> <p>The final point under this standard states that <i>'there should be clear quality management systems in place....'</i></p> <p>We suggest that <i>'quality management systems'</i> is replaced with <i>'clear systems and procedures'</i></p>	<p>Noted – the bullet point has been amended to read <i>'clear quality management systems and procedures in place (...)'</i></p>
8. Irish Medicines Board		
	<p>The Irish Medicines Board has reviewed the proposed standards document. The standards and the specific requirements for each standard seem appropriate and comprehensive for the interim</p>	

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	<p>pharmacy internship programme. Our one specific comment relates to standard 1 and the professional and learning outcomes.</p> <p>Pharmacy practice takes place within a highly regulated system of legislation, regulations and guidelines which relate to the practice of the profession, the health system within which pharmacists operate and the healthcare products they supply. Interns need to be able to integrate their academic study of legislation with practical experiences such as running a pharmacy which complies with PSI requirements, dispensing within HSE reimbursement schemes and complying with IMB safety and recall notices. We therefore propose an additional outcome which would require the interns to demonstrate a practical understanding of the regulatory environment within which they operate. This would ensure that, as practising pharmacists, they would be fully trained to meet their regulatory requirements.</p>	<p>Noted – the second bullet point under ‘Learning Outcomes’ in Standard 1 has been amended to read as: <i>‘The preparation, dispensing and supply of medicines having regard to the best interests of patients and the public and to the regulatory and legal requirements relating to these activities.’</i></p>
9. School of Pharmacy, University College Cork		
	<p>The School of Pharmacy at University College Cork has considered the draft interim accreditation standards for the level 9 Masters degree. The School welcomes this document as a clear step towards ensuring pharmacy graduates in Ireland are prepared as effectively as possible for their careers, in particular in relation to their key role in patient care.</p> <p>Overall the School was very impressed with the standards developed, with just a few minor points of detail raised for consideration.</p>	

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	<p><u>Standard 1</u> Under the point "The provision of health services to optimise patient care" addition of "e.g. pharmaceutical care planning/ medicines management and medication usage review initiatives" might be considered</p> <p><u>Standard 3</u> Consider inclusion of a point focussed on ensuring that patient orientated audits and reviews are regularly performed at all training sites where relevant</p> <p><u>Standard 7</u> Consider highlighting the importance of engaging pharmacist practitioners in ongoing quality monitoring for the programme.</p> <p>The School in UCC welcomes the ongoing developments in</p>	<p>Noted – the PSI considers that this point is sufficiently encapsulated in the second bullet point 'Content and curriculum framework' where it makes reference to: <i>'The goals and objectives should build upon the undergraduate degree curriculum and embrace the scope of contemporary practice responsibilities to patient-centred care as well as emerging roles.'</i></p> <p>Noted – the PSI considers that this point is sufficiently encapsulated in the 'Content and curriculum framework' section under Standard 1 and the first bullet point under Standard 3 whereby: <i>'The NPIP provider must demonstrate that it has appropriate policies and procedures in place that ensure that all training establishments and tutor pharmacists meet the requirements that are laid down by the PSI Council from time to time.'</i></p> <p>Noted – this has been incorporated into the final version. The fourth bullet point under Standard 7 now reads: <i>'(...) The views and experiences of the interns and tutor pharmacists on the quality of the programme should be considered. (...)'</i></p>

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	Pharmacy education; however, it is critical that the Schools are adequately resourced to deliver the new programmes to an acceptable standard. Consequently, the School welcomes the emphasis placed on resources as outlined in standard 8.	Noted.
10. HSE		
	<p>The standards 1-9 cover the expected domains and present as broad and general in nature. This may be advantageous in allowing for diversity of approach to the provision of the programme however may pose challenges in the area of assessment or measurement against standards.</p> <p>Standard 2 in the final bullet references the requirement of Garda vetting which is important. It is general practice that appropriate vaccination/immunisation is required for health care students on practice placement in health care settings. It is recommended that specific mention be made to ensure this requirement is met.</p> <p>The references to the requirement to embrace the scope of contemporary pharmacy practice and requirement for delivery of content and learning methods to correspond to contemporary and future requirements of pharmacy practice are noted. The HSE would also like to see reference made to a requirement for content, learning methods and practice components to be in step</p>	<p>Noted – the accreditation process has been designed to seek to overcome these challenges while allowing for the diversity of approach.</p> <p>Noted – for the purposes of these interim accreditation standards (designed to cover the period of the interim programme), the PSI has incorporated a requirement under Standard 2 for the NPIP provider to have processes which must include criteria for requirements for how any health requirements appropriate for the practice setting are met.</p> <p>Noted – the second bullet point in Standard 4 has been amended to reflect this reference and it now reads as: <i>‘Delivery of content and learning methods must correspond to contemporary and potential future requirements of pharmacy practice, have the</i></p>

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	<p>with current healthcare developments and provision, reflective of changing client and service needs to ensure that registrants wishing to work in the health service are ‘fit for purpose’.</p> <p>Integrated service delivery and interdisciplinary working are central to current health policy and development. The reference to team work is noted in Standard 1, however we would like to see further, stronger reference to interdisciplinary working and inter-professional education in the standards particularly in Standard 3 and 4.</p> <p>The Commission on Patient Safety report made recommendations in relation to the education of healthcare professionals – should there be specific reference to patient safety in the standards?</p>	<p><i>appropriate mix of methods and styles and be in step with current healthcare developments and provision, reflective of changing client and service needs to ensure that registrants wishing to work in the health service are ‘fit for purpose. (...)’</i></p> <p>Noted – as these standards are of an interim nature to cover the period of the interim National Pharmacy Internship Programme, the PSI is not in a position to impose further requirements at this juncture. Interdisciplinary working and inter-professional education are, however, of critical importance for the PSI and it is intended to address these as priorities in the implementation of the recommendations contained in the PEARS report.</p> <p>Noted – the concept of patient safety permeates each of the standards and was the underpinning principle to their development and explicit reference has now been made to this in the final version. The first bullet point under ‘Programme and development process’ in Standard 1 now reads as: <i>‘There should be an appropriately robust process for establishing, maintaining and reviewing the National Pharmacy Internship Programme Competence Standards approved by the PSI Council (e.g. RCSI Pharmacy Intern Competence Standards) and the Programme must meet the required standards as approved by the</i></p>

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	<p>In relation to work based training and intern supports it is unclear whether the course provider has any responsibility to ensure that there are placements available for each intern on the programme.</p> <p>In terms of ongoing evaluation and review of programme quality in Standard 7 it is noted that it specifically requires that the views and experience of the interns be considered. We would suggest that it should also be a requirement to gather and consider the views of employers and service users in the context of such evaluations.</p>	<p><i>PSI Council from time to time with a view to ensuring patient safety and public protection at all times.'</i></p> <p>The second bullet point under Standard 6 provides that the NPIP provider must provide support mechanisms to include support in securing and maintaining placement(s) with dedicated tutor pharmacist(s) recognised by the PSI Council. In view of the interim nature of these standards, the PSI considers that this support is adequate and will assess its operation through the accreditation process.</p> <p>Noted – the fourth bullet point under Standard 7 has been amended to reflect this requirement in the final version and now reads: <i>'(...) The views and experiences of the interns and tutor pharmacists on the quality of the programme should be considered. (...).'</i> Furthermore, a new bullet point has been added under Standard 7 as follows: <i>'The NPIP provider must be able to demonstrate how it is taking account of the views of employers and services users, where appropriate and feasible.'</i></p>
11. Norma Harnedy, MPSI		
	<p>Having read through the draft of the Intern accreditation document what struck me that the focus of the document is very much on how the training programme is to be set up, regulated,</p>	<p>Standard 1 addresses the need for the establishment, maintenance and review of competence standards</p>

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	<p>monitored, delivered, assessed and interns supported rather than on the content of the training itself. While all of these elements are essential I would have thought there would be more of a focus on the actual training the interns will receive. Perhaps Standard 1 will, in practice, take up the bulk of the document when it is fully developed?</p> <p>Perhaps a draft document is not the place to outline student standards in detail but I thought there would have been more information on competencies and how each intern would develop personally as this is as important in an intern training year as the assimilation of knowledge. It would be good to feel confident that all interns would attain a basic level of personal and professional competency in areas such as communication skills, organisation, team work, knowledge, economic impact awareness, etc. The current learning outcomes mainly consist of practical skills/knowledge rather than ensuring that the student has the necessary personal skills to deliver the tasks (perhaps this is incorporated into each area automatically?).</p> <p>Otherwise all the other standards are well thought out and strongly support the programme.</p>	<p>which are approved by the PSI Council.</p> <p>See the point above with regard to competence standards. Furthermore, Standard 7 requires the NPIP provider to implement a reliable means of reviewing intern proficiency over the period of the professional placement to provide reliable evidence of each intern's performance over a sustained period.</p>
12. Medical Council		
	<p>The draft interim accreditation standards for the level 9 masters degree were disseminated among the relevant Council and staff members for review.</p>	

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	The overall feedback was positive and the consensus was that these standards are thorough and very appropriate for such an internship programme.	Noted.
13. Irish Pharmaceutical Healthcare Association		
	<p>The Irish Pharmaceutical Healthcare Association (IPHA) represents the international research-based companies who are responsible for developing, manufacturing and bringing innovative medicines to the Irish market. We welcome the publication of the draft interim accreditation standards in connection with the level 9 masters degree. We also welcome a continuation of the policy of education of pharmacists which permits a common qualification standard for pharmacists who choose to pursue their profession within the pharmaceutical industry or within community and other settings.</p> <p>Given that 12 of the world's top 15 pharmaceutical companies have substantial operations here in Ireland there are unique opportunities afforded to pharmacy undergraduates that are not available in many other jurisdictions.</p> <p>We understand that Article 44 (<i>training as a pharmacist</i>) of Directive 2005/36/EC as amended requires '<i>six-month traineeship in a pharmacy which is open to the public or in a hospital, under the supervision of that hospital's pharmaceutical department</i>'. However, it is our experience that many Irish hospitals do not provide internships of less than a year and this seriously affects industry placement uptake. We strongly recommend that to</p>	<p>Noted.</p> <p>Noted.</p> <p>Noted - as these standards are of an interim nature to cover the period of the interim National Pharmacy Internship Programme, the PSI is not in a position to impose further requirements at this juncture. However, the PSI recognises the importance of a balanced education and training experience to first registration and it is anticipated that the</p>

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	<p>facilitate a balance in hospital pharmacy, community pharmacy and industry training, all the players including community pharmacies, hospital pharmacies and industry be encouraged to provide the option of 6 month placements. Students could then choose from a wider range of potential placements in their intern year.</p> <p>There is little reference in the document to the uniqueness of the industry placement. Additionally, many of the competencies outlined in the document are more applicable to the clinical placement rather than the industry placement. Since an industry placement is often for 6 months (<i>compared to a possible year in either hospital or community pharmacy</i>), not all competencies delivered in a 12 month internship can or should be required to be delivered in the 6 month period. It will be very important to facilitate this so that potential providers and interns are not discouraged. It would be very beneficial if clear guidance stated that for a less than 12 months placement not all competencies were expected to be met but that all competencies should be met within the overall 12 month period.</p> <p>Additionally, industry will deliver very different training modules depending on the size of the company, therapeutic areas of interest and the activities that they carry out. For example a pharmacist could work in areas as diverse as clinical research, regulatory affairs and information provision while in industry. Therefore, it may not be possible to have a programme for industry that is as general as that for hospitals or community</p>	<p>implementation of the recommendations contained in the PEARs project report with regard to the introduction of a fully integrated five-year programme will address these issues.</p> <p>Noted - Standard 7 requires the NPIP provider to implement a reliable means of reviewing intern proficiency over the period of the professional placement to provide reliable evidence of each intern's performance over a sustained period. The PSI considers that this requirement is sufficiently broad to cover the situation outlined.</p> <p>Noted.</p>

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	<p>pharmacy and this should be taken into account when specifying training.</p> <p>We suggest that the PSI developed Intern Manual be clear in its direction on any aspect of training which is specifically required, since those providing placements will deliver training according to the needs set out in the Intern Manual. IPHA believes that creating an administrative burden would not be beneficial to either the intern or the provider, but that rather the provision of succinct, precise documentation should be promoted.</p> <p>Pharmacists have a unique blend of abilities that are valued by industry (<i>relevant degree, appropriate training, high intellectual and academic ability, innate sense of duty, trustworthiness and obligation</i>). The international research-based pharmaceutical industry is an exciting yet stable employer that can provide interesting and varied work, excellent terms and conditions, state of the art training and importantly, extensive opportunities for career advancement.</p> <p>It is therefore important to ensure that pharmacists have the opportunity to experience working in industry at intern stage and that industry remains accessible as a career option to them.</p>	<p>Noted. Standard 6 requires the NPIP provider to provide support mechanisms to include processes to identify and, where appropriate, provide additional educational, cultural and professional support needs as appropriate.</p> <p>Noted – the PSI is in support of this approach and recognises the critical importance of the accessibility of the pharmaceutical industry to pharmacy interns.</p>
14. Patricia Ging, MPSI and Catherine Boyle, MPSI		
	<p>As the current pharmacy intern tutor and the Education Pharmacist at the Mater Misericordiae University Hospital (MMUH), we welcome the introduction of the Interim</p>	

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	<p>Accreditation Standards. However, we do wish to make a general comment on these Standards.</p> <p>We feel that there should be input from practising pharmacists from all sectors of pharmacy in all aspects of the National Pharmacy Internship Programme. This includes:</p> <ul style="list-style-type: none"> ▪ designing criteria for training establishments ▪ curriculum design ▪ setting programme objectives ▪ setting outcomes and competencies ▪ assessment of interns <p>We would recommend that the Standards state that there should be a collaborative approach incorporating expertise from practising pharmacists from all disciplines. This will ensure that the training year is practical and relevant and reflects the reality of pharmacy practice in Ireland. We would hope that there will be generic objectives, outcomes and competencies that are applicable to interns in all sectors of pharmacy.</p>	<p>Noted – the fourth bullet point under Standard 7 has been amended to reflect this approach in the final version and now reads: <i>'(...) The views and experiences of the interns and tutor pharmacists on the quality of the programme should be considered. (...).'</i></p> <p>Furthermore, a new bullet point has been added under Standard 7 as follows: <i>'The NPIP provider must be able to demonstrate how it is taking account of the views of employers and services users, where appropriate and feasible.'</i></p>
15. An Bord Altranais		
	<p>Standard 1</p> <p>An Bord Altranais supports this standard.</p>	

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	<ul style="list-style-type: none"> <li data-bbox="320 276 1182 624"> <p>▪ <i>The Programme and the development process</i> Regarding the stipulation of the PSI in relation to the importance of appropriately robust process for establishing, maintaining and reviewing the National Pharmacy Internship Programme Competence Standards approved by the PSI Council. An Bord Altranais suggests that the mechanisms in place to ensure high standards relating to the programme and the governance structures within the Higher Education Institutions are declared.</p> <li data-bbox="320 667 1182 1174"> <p>▪ <i>The Content and Curriculum framework</i> The Board welcomes the content of this standard. Initial pre-registration education and training of itself can not ensure the continued competence of professionals over time within such a rapidly changing environment. As regulation is primarily concerned with protecting the public as consumers of healthcare provision. An Bord Altranais suggests that regulating the continued competence of practitioners is fundamental to achieving this aim. The Board believes that professional updating and continuing professional development and education are required in order to maintain high standards in a changing health service.</p> <p>It is important that the curriculum design and development reflect current evidence/research based educational pharmaceutical theory and health care practice. The curriculum model chosen should be dynamic</p> 	<p data-bbox="1205 352 1899 539">Noted - the outline accreditation process document that will accompany the interim standards makes provision for an explanation to be provided as to the provider's quality assurance and governance structures and mechanisms.</p> <p data-bbox="1205 783 1910 1086">Noted – the requirement for pharmacists to undertake appropriate continuing professional development is enshrined in the Pharmacy Act 2007. The framework in which this will be carried out by pharmacists is the subject of the recommendations contained in the report on the Review of International CPD Models that was approved by Council of the PSI on 1 June 2010.</p> <p data-bbox="1205 1294 1888 1362">Noted – the outline accreditation process document that will accompany the interim standards makes</p>

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	<p>and flexible to allow for changes in practice and health care and the development of evidence based practice. In addition it is advisable that the statutory and regulatory requirements of the PSI and European Directives are met and declared in the documentation forwarded to the PSI for approval.</p> <ul style="list-style-type: none"> ▪ <i>Defined learning outcomes</i> The agenda of regulation is the setting of standards of education for in-service education, specialist education, continuing education and implementation of a mechanism to assess the ongoing competence of practitioners because continuing competence is one method of assuring the public that practitioners are safe. <p>The National Framework of Qualifications (Framework of Qualifications) which has been developed by the National Qualifications Authority of Ireland (NQAI) in partnership with national stakeholders, is a radical development in Irish Education and training arising from the Qualifications (Education and Training) Act, 1999. It is suggested that learning outcomes for the programme, set at Level 9 (National Framework of Qualifications) are included in this standard.</p> <p>Standard 2</p> <p>In general An Bord Altranais supports this standard. The</p>	<p>provision for an explanation to be provided as to how the provider meets the statutory and regulatory requirements.</p> <p>Noted – The third bullet point of Standard 4 provides that ‘<i>Academic quality requirements must meet the standards for the National Framework of Qualifications for a level 9 qualification (...).</i>’ The accreditation process will seek to determine how the provider is meeting this requirement.</p>

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	<p>regulator sets standards for the profession. Setting admissions and requirements for progression contribute to the goal of professional regulation and public protection.</p> <p>In addition to the policies and procedures stated by the programme providers, it is suggested that the programme provider could consider that the entry criteria and the conditions for students progression are explicit and made known, in writing, to the students at the beginning of the programme.</p> <p>It is important that any further requirements that are laid down by the PSI from time to time are made known to the students as above thus ensuring that the systems stated requirements set by the PSI are made known to the students in a timely manner.</p> <p>The policies, procedures and mechanisms in place regarding the appeals and complaints process may be viewed as part of the approval mechanism of the programme by the PSI. It is suggested that the timing of Garda vetting is considered by the programme providers to ensure that it is completed before students commence the National Pharmacy Internship Programme (NPIP).</p> <p>Standard 3</p>	<p>Noted – Standard 2 commences with a requirement that the NPIP provider <i>‘must have in place policies and procedures for admission to the internship programme and for its successful completion and these must be open and available to prospective applicants.’</i></p> <p>Noted.</p> <p>Noted.</p>

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	<p>An Bord Altranais commend this standard. The Board views the quality of the practice placement/internship component of equal importance to the quality of the academic component of the programme. The quality of the practice placement/internship and the quality of the workplace learning environment is fundamental to the development of a competent, safe and effective practitioner. The effective governance of the programme requires a strong partnership between the academic and workplace personnel. It is suggested that the circuit of workplace learning should be approved and monitored by the regulator. It is important to put in place a strong, well supported system which will provide access and support to practitioners undertaking the National Pharmacy Internship Programme.</p> <p>It is suggested that this standard could include reference to the relationship between academic and clinical component of the programme and responsibility of the academic staff in supporting students learning during the National Pharmacy Internship Programme.</p> <p>Standard 4</p> <p>An Bord Altranais commend this standard.</p> <p>Standard 5</p>	<p>Noted - the PSI considers that this point is sufficiently encapsulated in the first bullet point under Standard 3 whereby: <i>'The NPIP provider must demonstrate that it has appropriate policies and procedures in place that ensure that all training establishments and tutor pharmacists meet the requirements that are laid down by the PSI Council from time to time.'</i></p> <p>Noted. Standard 6 requires the NPIP provider to provide support mechanisms to include processes to identify and, where appropriate, provide additional educational, cultural and professional support needs as appropriate.</p> <p>Noted.</p>

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	<p>The use of formative and summative assessment methodologies is to be welcomed thus ensuring that the assessment of learning is a continuous process and demonstrates a balanced and integrated distribution of assessment throughout the educational programme. It is suggested that this standard may benefit from information regarding feedback mechanisms and a timeframe, in relation to assessments for practitioners. An Bord Altranais believes that it is important that assessment standards should specify the eligibility criteria for registration.</p> <p>Standard 6</p> <p>This standard is to be welcomed. It is important that support systems are in place to support practitioners undertaking the National Pharmacy Internship Programme. An Bord Altranais has set standards in relation to student support using the mechanism of preceptorship and support mechanisms and qualifications required to act as a preceptor for students. The suitability of placement sites is determined by the Board through the process of site visit audits.</p> <p>Standard 7</p> <p>An Bord Altranais commends this standard. The views and experiences of the practitioners regarding the quality of</p>	<p>Noted – the outline accreditation process document that will accompany the interim standards makes provision for an explanation to be provided as to how the provider deals with assessment and feedback.</p> <p>The eligibility criteria for registration are outlined in section 14 of the Pharmacy Act 2007.</p> <p>Noted.</p>

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	<p>the programme is an important consideration via the mechanism of evaluation and the inclusion of the practitioners as representatives on various committees is important in this regard.</p> <p>Standard 8</p> <p>An Bord Altranais commends this standard.</p> <p>Standard 9</p> <p>An Bord Altranais supports this standard.</p> <p>It may be of benefit if the institutions responsible for the National Pharmacy Internship Programme (NPIP) use the mechanism of audit to ensure that standards are met and this is declared to the regulator in writing.</p> <p>In addition An Bord Altranais stipulates from a standards perspective</p> <p><i>‘ A local Joint Working Group Committee, which includes representatives of the key stakeholders from the third level institutions and health care institution(s) is in operation to oversee and continually monitor at local level programme implementation so that any existing problems can be promptly identified and properly addressed’. 3.2.1.7</i></p>	<p>Noted.</p> <p>Noted.</p> <p>Noted – the accreditation process, including a site visit by an accreditation panel appointed by the PSI for this purpose, will seek to determine the compliance of the NPIP provider with the standards. An annual report mechanism to the PSI is also a requirement.</p>

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	It is suggested that the governance structures and policies regarding the maintenance of records within the Higher Education Institutions may be included in this standard.	Noted – the outline accreditation process document that will accompany the interim standards makes provision for an explanation to be provided as to how the NPIP provider’s management information system supports the PSI’s requirements.