

An overview of the history of the Irish Institute of Pharmacy. 2010 – 2022 November 2022

The following overview has been developed for the purposes of the IIOP Advisory Group in their considerations of the strategic development of the Irish Institute of Pharmacy (IIOP). It provides a starting point for discussions, and may be used as the basis for a more comprehensive history.

Background: 1996 – 2010. As part of the memorandum of agreement between the then Irish Pharmaceutical Union (IPU) and Department of Health and Children (DoH&C) in 1996, it was agreed that continuing education for community pharmacists would be supported to deliver the responsibilities associated with Clause 9 of the New Community Pharmacy Contractor Agreement for Provision of Services under the Health Acts. The first version of the 1996 Contract referenced a date of August 1998 for establishment of a Continuing Education entity for Community Pharmacists.

This led to the establishment of the Irish Centre for Continuing Pharmaceutical Education (ICCPE). Funding was provided through the service plan of the North-Eastern Health Board (NEHB) and posts were advertised and employments secured under the umbrella of the NEHB. A management committee was appointed, whose members included representation from the Pharmaceutical Society of Ireland (College of Pharmacy Practice), the Irish Pharmaceutical Union, the Department of Health and Children and the Health Boards (EHB / NEHB).

2007: The Pharmacy Act 2007 conferred significant functions on the Pharmaceutical Society of Ireland (PSI) in relation to the education and training of pharmacists, from accreditation of undergraduate pharmacy education and training, to the continuing professional development for (CPD) of pharmacists post-registration. The Act introduced mandatory CPD for pharmacists in Ireland.

2010: The concept of the IIOP was established in the PSI Report on International CPD Models 2010. <u>Link to report.</u> (*Document: PSI International Review of CPD Models*)

2011: The PSI published a request for Tenders in 2011. A copy of the Invitation to Tender is included in the IIOP Advisory Group Pack (September 2022) <u>Link to ITT</u>. (*Document: 2011_ITT for Establishment of a Institute of Pharmacy Managing Body 24_2*)

RCSI was identified as the successful tenderer in 2011, with anticipated commencement of service in 2012. There was a delay in progressing to contracting phase, due to funding and legal considerations relating to the project, as well as allowing time for contract negotiation with RCSI.



2012: The ICCPE was brought to a close, and the associated funding was held by the HSE in anticipation of new arrangements to support CPD in-line with the PSI CPD Report 2010.

2013: In view of the statutory responsibilities given to the PSI for CPD and training of pharmacists, the PSI put forward a business case to the HSE setting out the funding mechanism for the Institute, namely €500k to be provided by the PSI and the €600k by the HSE in line with the 1996 contract provisions to enable the Institute to take over the provision of training services. However, the HSE concluded that it had no statutory basis to direct monies to the PSI and the two organisations had no legal relationship. Consequently, it was decided that the most appropriate mechanism for dispersing the funding of €600k to the PSI and thence to the Institute, was through the Department. This approach was approved by the then D/Health Secretary General and D/PER in February 2013.

The contract between PSI and RCSI was signed in August 2013. The HSE monies were transferred back to the DoH, and released for funding of the IIOP through the PSI. This funding was for the provision of CPD programmes and infrastructure for pharmacists. Funding is allocated to the PSI following agreement on a work programme by the HSE and the Department. There is an agreed criteria between the Department and the PSI for the drawdown of funding and the PSI has procedures in place for the submission of invoices etc. by the RCSI. The PSI also submits separate annual audited accounts to the Department for the €600k. A letter of allocation for each year is issued and funding is approved only on the basis of an agreed work programme. The remainder of IIOP funding was provided by the PSI for the establishment of the statutory CPD infrastructure.

The first phase of work in the IIOP focused on establishment of the organisation and associated infrastructure.

2015: The Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015 were enacted, assigning statutory powers and responsibilities to the IIOP. <u>Link to PSI CPD Rules</u>.

The IIOP developed its strategic plan in 2015, reflecting the responsibilities with which it had been tasked to deliver, namely three pillars relating to Competence, Research and Leadership. It had been anticipated that the 2015 statute would include a monetary contribution from pharmacists to the IIOP, but this was removed following a consultation process on the proposed statute. This impacted on the available funding for delivery of IIOP services. The priority for delivery was identified by PSI as the development of the CPD system to deliver on the statutory requirements. The leadership and research agendas were progressed within the resultant constraints and were not developed as fully as envisaged in the original Invitation to Tender or in the IIOP strategy. A copy of the strategy is provided in the IIOP Advisory Group Pack. Link to Strategy Report. (Document: IIOP Strategy Report 2015-2018)

2017: In anticipation of the expiry of the first contract, the PSI commissioned Crowe Horwath to undertake a review of IIOP services. A copy is provided in the IIOP Advisory Group Pack. This made recommendations relating to inability of the IIOP to progress the leadership and research agenda in the absence of allocated



resource. It outlined the potential for how the service could be developed in future iterations of a contract. <u>Link to Crowe Horwath Report</u>. (*Document: CroweHorwath_Outsourcing Arrangements with respect to the IIOP*)

The PSI requested that RCSI extend the contract for IIOP services for further year.

2018: The PSI issued another <u>Invitation to Tender process</u> for a five year contract for delivery of IIOP services. The <u>scope of service</u> was reduced to focus on the role of the IIOP in the delivery of the CPD system, with research and leadership focus reduced. The governance arrangements were also changed, with the IIOP Steering Group removed and with the introduction of an Advisory Group. (*Documents: 2017 PSI Invitation to Tender for IIOP, Scope of Services and associated Key Performance Indicators IIOP 2018 - 2023*)

RCSI tendered for the delivery of the services and was awarded a second contract in 2018 for a three year period with an opportunity to extend for a further two years at PSI's discretion

2020: The delivery model for the IIOP changed significantly to accommodate COVID through adjusted workplans for 2020, 2021 and 2022.

2022: The PSI indicated that it would be requesting an extension of contract to facilitate a review of the CPD model.

In September, the PSI issued an <u>Invitation to Tender for review of the CPD</u> system. They also issued a <u>Market Sounding Exercise</u>, inviting responses from organisations who would be interested in a short term contract for the delivery of IIOP services.

(Documents: RFT_Review of CPD Model for Pharmacists; Appendices to RFT Review of CPD Model; TRD Open Review of CPD Model for Pharmacists; PSI - Market Soundings re operation of IIOP)

To date, RCSI has delivered on all aspects of the Service Level Agreement in place with PSI in relation to IIOP services, through the delivery of the Annual Work Plans. These identify deliverables associated with both PSI and DoH funding, and have been approved/shared by/with the IIOP Steering Group/Advisory Group annually.

Sharing of IIOP structures and processes with other organisations

The IIOP is keen to work collaboratively with other organisations, especially within the "health family". The IIOP is sharing its learnings with other bodies including the Pre-Hospital Emergency Care Council (PHECC) and the Nursing and Midwifery Board of Ireland (NMBI) who are developing their CPD systems. [to be updated as appropriate]



The IIOP has been recognised nationally and internationally for the development of an innovative CPD model, which other professions are examining, and accreditation systems which are also generating interest.

Benefits to the Department/health system in funding CPD for pharmacists

Pharmacists play an important role in the delivery of healthcare in Ireland, ensuring that patients are provided with safe and appropriate medicines and advice, and have the potential to play a central role in the development and delivery of our health services. The objective is to provide patients with access to healthcare services at the lowest level of complexity, in line with the objectives for Sláintecare.

Education, training and continuing professional development for pharmacists is crucial in ensuring pharmacists are competent to take on new roles within healthcare delivery. The funding provided ensures that the appropriate level of training is received by all pharmacists whether working in the private or public sector. In recent years the role of pharmacists, particularly community pharmacists, has broadened and the Department has indicated that it is in favour of the expansion of the role of pharmacists. Community pharmacists are the most accessible and visible of our healthcare professionals and are often the first port of call for advice and it is important that they meet the highest standards of education and competence in the interests of patient safety.

The work of the Institute has resulted in higher quality services for patients and provides a springboard for development of specialisation in pharmacy. It also supports the building of closer links with other healthcare professions and more effective, integrated healthcare delivery in the future.

Successive Programmes for Government have committed to further expand the role of the community pharmacist in managing the health of their patients and in medicines management/optimisation. The IIOP has developed and become more agile and responsive to meet the needs of the Department and Ministers and this will be of significant benefit in manifesting the commitments in future Programmes for Government.