IIOP
INSTITIÚID CÓGAISÍOCHTA NA hÉIREANN
IRISH INSTITUTE OF PHARMACY

LEADING PRACTICE • ADVANCING STANDARDS

Irish Institute of Pharmacy Response to PSI Request for Written Submission to Support Review of the Pharmacy CPD Model

March 2024

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Abbreviations

AI	Artificial Intelligence
AMRIC	Antimicrobial Resistance and Infection Control
ART	Accreditation Review Team
CCF	Core Competency Framework
CCO	Chief Clinical Officer
CCSAT	Core Competency Self-Assessment Tool
CPD	Continuing Professional Development
CPO	Chief Pharmaceutical Officer
CPPE	Centre for Pharmacy Postgraduate Education
DoH	Department of Health
FIP	International Pharmaceutical Federation
FTE	Full Time Equivalent
GPhC	General Pharmaceutical Council
HEA	Higher Education Authority
HEIW	Health Education and Improvement Wales
HPAI	Hospital Pharmacists Association of Ireland
HR	Human Resources
HSCP	Health and Social Care Professions
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
IIOP	Irish Institute of Pharmacy
IPU	Irish Pharmacy Union
IP	Intellectual Property
ICT	Information and Communication Technology
L&D	Learning and Development
LLLP	Life Long Learning in Pharmacy
MoU	Memorandum of Understanding

NES NHS Education for Scotland

NFQ National Framework of Qualifications

NICPLD Northern Ireland Centre for Pharmacy Learning and Development

OD Organisational Design

PCRS Primary Care Reimbursement Service

PIER Pharmacists in Industry Education and Regulatory

PSI Pharmaceutical Society of Ireland (PSI - The Pharmacy Regulator)

QA Quality Assurance

RCPI Royal College of Physicians of Ireland

RCSI Royal College of Surgeons in Ireland

RHA Regional Health Authorities

RPS Royal Pharmaceutical Society

RPSGB Royal Pharmaceutical Society of Great Britain

SI 553/2015 Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015, Statutory Instrument No. 553 of 2015

SI 449/2015 Medicinal Products (Prescription and Control of Supply) (Amendment) (No. 2) Regulations 2015, Statutory Instrument No. 449 of 2015

SLA Service Level Agreement

SPFB Surgery and Postgraduate Faculties Board of RCSI

TCD Trinity College Dublin

UCC University College Cork

VLE Virtual Learning Environment

WHO World Health Organisation

H5P HTML5 Package (Responsive Learning Content Authoring Tool)

CPD System refers to the system of CPD for pharmacists in Ireland

First Contract refers to PSI/RCSI agreement 2013 – 2018

Second Contract refers to PSI/RCSI agreement 2018 – 2021 (ext. 2023, 2024, 2025)

Reports relating to Reviews of the CPD system

ICCPE (2008) Report	Report of Continuing Pharmaceutical Education Review Group. March 2008
2010 CPD Review	Review of International CPD Models, PSI, June 2010
Crowe-Horwath Review	Review of Current Outsourcing Arrangements with respect to the Irish Institute of Pharmacy 2017
RCSI Quality Review	Peer Review Group Report Irish Institute of Pharmacy 2022
Mazars' Report	Review of the Continuing Professional Development (CPD) Model for Pharmacists in Ireland (2023)

Executive Summary

The Pharmaceutical Society of Ireland (PSI) commissioned Mazars to undertake a review of the current Continuing Professional Development (CPD) system for pharmacists. Recommendations were published by Mazars in January 2023 and these will be used to inform future development of the system.

The PSI has engaged the Irish Institute of Pharmacy (IIOP) team in numerous meetings to discuss implementation of Mazars' recommendations. Whilst these meetings provided a forum for considering the specific recommendations as outlined by Mazars' Report, they did not facilitate consideration of other aspects of the system which IIOP deem important in informing future development of the CPD system. IIOP sought guidance from PSI on how it might provide input on such aspects. On 15 March 2023, PSI informed IIOP that it would be open to receiving written submissions from IIOP in the following areas:

- *Potential approaches to advance the recommendations contained within the Mazars' Report*
- *IIOP recommendations on aspects of the current system which were not included in the Mazars' Report, that IIOP deem necessary to address, including the IIOP's views on the optimum model for accreditation and/or quality assuring CPD programming and activities*
- *Any other insights you may wish to share*

PSI sought that this documentation be submitted by 22 March 2023 to facilitate PSI timelines. This document represents the IIOP's attempt to synthesise its insights in a constructive way within this time-frame. Information is presented under the headings as outlined by PSI.

1. *Potential approaches to advance the recommendations contained within the Mazars' Report*

Recommendation 1 of the Mazars' Report relates to the Key Drivers for CPD and recommends *"(investigation of) the opportunities to incorporate intra and inter-profession collaboration into the CPD Model".*

Inter-profession collaboration was not a previously articulated expectation of the CPD system, although intra and inter-profession collaboration has been implicitly incorporated into IIOP activities to date. IIOP recommends that the aspirations and expectations in these areas be made explicit in any future CPD model. Any resultant CPD strategy for increasing inter-profession collaboration should align with, support, and enable the inter-professional strategies and ambitions of the health-system and the pharmacy profession. To progress this recommendation, the IIOP outsourced-model should be reviewed so that the IIOP can establish credibility in this area and collaborate on an equal footing with CPD organisations in other professions. This objective can also be supported by establishing IIOP, rather than PSI, as the point of contact for collaboration with other professions in relation to CPD activities. Early engagement, co-creation and co-ownership of intra profession CPD must be sought

before requiring the IIOP (or any other vehicle) to make this happen. Inter profession collaboration for CPD must be genuine, professional mutually beneficial, and beneficial to the health system and patients. The drivers, benefits and opportunities of inter professional collaboration and learning must be understood and shared equally among professionals. There cannot be an asymmetry in the ambition or the engagement. A unidirectional approach would not be fruitful.

Expanding on Recommendation 1, IIOP recommends that the Key Drivers for CPD be clarified at this point so that there is a shared understanding of what is required from the Irish CPD system for pharmacists. This will facilitate achieving unanimity of purpose with relevant stakeholders, thus addressing the confusion of purpose that seems to have been inherent since the establishment of IIOP.

Recommendation 2 of the Mazars' Report relates to the Systems for CPD Review and recommends that *"the CPD review cycle period (be reduced) from 5 years, in line with international practice, including also removal of the restriction on the eligibility period during which newly qualified pharmacists become subject to the defined requirements".*

IIOP recommends annual submission and review of ePortfolio submissions for all registered pharmacists. This removes the need for sampling approaches and achieves a gold-standard of quality assurance. This can be achieved cost-effectively by leveraging the current system automated functionality. Amendments to SI 553/2015 are required to facilitate annual submission, as are changes to ePortfolio Review standards and policy. The IT infrastructure will have to be developed and tested to deal with the increased volume of reviews, and the associated funding and resourcing will need to be considered. This should also include future-proofing the system to accommodate the increasing number of practitioners expected to join the register with the new pharmacy programmes, as well as enabling simultaneous review processes of different cohorts, e.g. Pharmaceutical Assistants, against different review standards. The most significant consequence that needs to be considered, however, is the inevitable increase in numbers of pharmacists who initially do not meet the standards each year. There needs to be clarity on the process to be applied for those who do not engage with, or meet the standards of, ePortfolio Review, and PSI should have statutory powers in this regard.

Expanding on Recommendation 2, IIOP recommends that ePortfolio Review standards be reviewed. This was not recommended by Mazars, but it is appropriate that the review standards would evolve to reflect evolving practice. Standards can be agreed and approved by PSI Council and do not need to be defined in regulation. Standards should promote behaviours that are aligned with the agreed purpose of the CPD system and with the needs of patients and the health-system, and should be consistent with other healthcare professions.

Recommendation 3 of the Mazars' Report relates to Systems for CPD Review and recommends that "*Practice Review element (be) removed from the CPD Model*".

IIOP has already collaborated with PSI facilitating suspension of Practice Review for 2024 and supports removal of Practice Review from the CPD system in the longer term. This will require a change in the relevant regulations.

Recommendation 4 of the Mazars' Report relates to Governance and Management Arrangements and recommends that *"the scope of the CPD model desired (be updated) based on the information in the Mazars' Report and related reports. The mechanism by which that scope is best delivered should then be considered".*

IIOP agrees that the scope of the CPD model should be reviewed to ensure alignment with the original intent of a transformational model of CPD. If the original ambition is to be retained, this can be best delivered by expanding existing IIOP functions to facilitate new approaches to CPD and workforce development in line with international best-practice in service of healthcare/pharmacy strategy. The scope and mandate of the IIOP would need to be adapted to deliver on this agenda. This may require a new management arrangement, where IIOP moves from being a service provider to PSI in a transactional arrangement, to a trusted partner with appropriate accountability for the professional development agenda in pharmacy. The nature of the relationship between IIOP and PSI should evolve, and any future contractual arrangements should recognise the increasing maturity of IIOP and the CPD system.

Recommendation 5 of the Mazars' Report relates to Risk Assessment and recommends that "enhanced risk-based approaches (be incorporated) to the sampling of practitioners for CPD review processes".

IIOP proposes that if Practice Review is to be removed from the CPD model (as per Recommendation 3) and if the frequency of ePortfolio Review is to be increased to annual review of the full register, then Recommendation 5 becomes redundant.

Recommendation 6 of the Mazars' Report also relates to Risk Assessment and recommends that "a flexible, administrative process (be developed) to couple annual registration with satisfactory CPD compliance".

IIOP suggests that the existing processes of referral of pharmacists to PSI be maintained and that the appropriate statutory provisions be established to enable PSI to take appropriate action, which could include withholding invitation to continued registration for any pharmacists who have been referred to them by IIOP. Caution needs to be exercised in considering any automated coupling of CPD system with the PSI registration portal. Any new CPD system should remain faithful to the statutory provision that ePortfolio remains in control of the individual pharmacist and that submissions made to IIOP are not shared with the pharmacy regulator.

Recommendation 7 of the Mazars' Report relates to *Self-Reflection and recommends that "peer feedback – or discussion – (be incorporated) into the self-reflection process".*

IIOP has already established processes and programmes to support peer-feedback and discussion, in recognition of the importance these play in self-reflection process. It recommends that formal structures and processes be established to promote behaviours related to giving and receiving feedback and that these be included in standards for ePortfolio Review to drive engagement. Whilst a multi-source feedback approach would be most desirable, it may be necessary to adopt a stepwise approach to achieving this. Establishing processes of peer-to-peer feedback or discussions may represent a good starting point. However, a multi-source feedback approach would be beneficial to pharmacists who wish to engage in professional development in a more meaningful way (beyond what is required as a minimum standard) and the contractual and regulatory provisions relating to the IIOP should not impede the development of such approaches by IIOP.

2. *IIOP recommendations on aspects of the current system which were not included in the Mazars' Report, that IIOP deem necessary to address, including the IIOP's views on the optimum model for accreditation and/or quality assuring CPD programming and activities*

There are a number of aspects of the current CPD system which were not addressed in Mazars' recommendations, including the following:

Accreditation

Current CPD accreditation arrangements have created a significant administrative and regulatory burden in the provision of CPD and some of the associated issues are outlined in this report. The purpose of accreditation should be clarified in any future CPD system and statutory provisions should empower PSI to establish relevant standards as required. Statutory provisions should also empower PSI to identify when accreditation of CPD is required and when it isn't. This may be assessed on risk-based approach and criteria could be agreed and approved by Council to provide appropriate decision-making on the requirements for accreditation. IIOP advises that provisions made in relation to CPD accreditation should be mindful of future requirements, particularly in relation the potential need to recognise formal programmes to support future practice evolution in areas such as pharmacist prescribing. Finally, considering PSI already facilitate accreditation of undergraduate programmes and

Registrar approval of some CPD programmes, it may be worth considering if IIOP is actually the appropriate body to manage future accreditation of CPD. Noting the previous recommendation regarding inter profession collaboration, it is also worth exploring if accredited CPD programmes for other Healthcare Professionals could meet the requirements for pharmacists needs. This would also help to enable interprofessional collaboration rather than doubling up of any accreditation requirements.

CPD Provision

In the current system, CPD provision has been driven by DoH agenda but managed through PSI. Whilst this makes sense from an administrative perspective, it isn't conducive to establishing IIOP as a credible CPD partner to the health-system.

There has been a steady move away from delivery of traditional continuing education programmes. Future plans relating to CPD provision will be dependent on the scope of services defined by PSI as part of Recommendation 4 of the Mazar's Report. In other jurisdictions, CPD organisations have evolved to focus on credentialing of advanced practice. As this is likely to be a requirement within Irish pharmacy in the near future, it should be reflected in future CPD models.

Peer Support

Peer Support has underpinned all IIOP activity to date and has played a significant part in successful implementation of the current CPD system. IIOP recommends that this agenda be formally developed in any future CPD system.

IT Infrastructure – Website, ePortfolio and Virtual Learning Environment

The IIOP infrastructure is a significant enabler for the profession and has inherent capability that could be leveraged to support practitioner credentialing, multisource feedback processes, resource hubs, communities of practice and establishment of information repositories. The fact that it can be accessed by all registered pharmacists and pharmaceutical assistants makes it an invaluable resource for the profession. The current relevant statutory provisions should be maintained. The inclusion of appropriate learning technology expertise in the core staffing requirements of IIOP is essential to maintaining and developing IT capabilities. It has frequently noted by key stakeholders within the health-system that the access to the IIOP IT infrastructure functionality could be valuable for other professions within the wider healthcare family, and this is certainly something that could be explored for the health-system in the longer term. IIOP is amenable to sharing insights or engaging in innovative collaboration arrangements across the wider healthcare system, if this is deemed appropriate.

Advisory Group

The IIOP Steering group was a feature of the first governance arrangement relating to IIOP. On the recommendation of the Crowe Horwath Report, this was replaced by the IIOP Advisory Group for the second iteration. In the course of the second contract, the scope of IIOP was reduced to such an extent that there was relatively little opportunity for the expertise of this Advisory Group to be leveraged. Once the purpose of the CPD system has been clarified, and the appropriate management and governance arrangements relating to IIOP have been identified, the purpose and format of any

Advisory/Steering Groups should be established. The original proposal to establish an International Advisory Board should be re-considered if a transformational approach to CPD is adopted.

Funding

Funding is a fundamental issue that needs to be considered in relation to future iterations of the CPD system. This could be considered in statutory provisions, as per the original proposition in 2010 and as articulated in the draft SI in 2015. Independently, the funding arrangements for future CPD models need to be considered, particularly if a transformative model is proposed.

Other learnings from the current system

There are many other insights that IIOP would consider important to share with PSI. These include governance and management arrangements, funding models, national and international engagement, the skill-sets required within the IIOP, the impact of host institutions and the evolution of the relationship between PSI and IIOP. Unfortunately, it is not possible to incorporate these insights in this submission within the timeframe requested by PSI. Some of the issues have been identified in previous reviews of the CPD system the 2010 CPD Review, the Crowe Horwath Review 2017 (Appendix 6), the RCSI Quality Review 2023 (Appendix 8) and the Mazars' Review 2023. There are also valuable insights provided by the ICCPE (2008) Report. The recommendations from each of these reviews should be considered by PSI in the development of future CPD models. Consideration also needs to be given to staff members in IIOP. They have enabled IIOP to deliver fully on all its responsibilities whilst simultaneously remaining committed to the more transformative model of CPD, despite recurring uncertainty relating to durations of contracts and limited opportunity for career progression. Any future model should provide stability and a supportive learning environment, to provide staff-members with career opportunities and a long-term future in the IIOP, in the interests of retaining the current experience and expertise.

Ultimately, the most fundamental issue at this point is achieving clarity on the intended purpose and scope of the CPD system for pharmacists in Ireland. Once this has been clarified, IIOP would be happy to provide more targeted insights to support PSI in identifying how the identified insights and recommendations could be implemented.

Other IIOP insights

Whilst Mazars reviewed the current CPD system, anticipated future requirements were not considered. A review of the national and international evidence relating to CPD in healthcare professions indicates that there are several areas that should be considered in future manifestations of the CPD system for pharmacists. These include a range of workforce development initiatives aligned with the FIP Pharmaceutical Workforce Development Goals including the following:

- Goal 2: Foundation Training and Early Career Development
- Goal 4: Advanced and specialist expert development
- Goal 5: Competency development
- Goal 6: Leadership development
- Goal 7: Service provision and workforce learning and development
- Goal 11: Workforce impact and effect on healthcare improvement
- Goal 12: Workforce intelligence

- Goal 13: Workforce policy formation

Furthermore, issues of credentialing, professional leadership, funding, and supporting CPD for pharmaceutical assistants and pharmacy technicians should be considered. In particular, task-shifting is going to be required to facilitate an expanded scope of practice for pharmacists, and this is an area where IIOP could assist by facilitating credentialing of technicians, which could be a practical and efficient alternative to regulation of this cohort, which would facilitate effective task-shifting from pharmacists. It is important that the statutory provisions for CPD and associated management arrangements in relation to the IIOP, at worst, do not restrict future development and, at best, provide a framework that facilitates and enables future evolution of the CPD model.

Conclusion

The Mazars' Review has raised some important issues which should be addressed in any new CPD system. The most important recommendation relates to Governance and Management Arrangements and recommends that *"the scope of the CPD model desired (be updated) …. The mechanism by which that scope is best delivered should then be considered."*

Before any proposals for future CPD systems are developed, the scope of the CPD model desired needs to be clearly stated. This will inform all subsequent regulations, contracts, standards and implementation processes. This will also facilitate achieving unanimity of purpose between relevant stakeholders, thus addressing the confusion of purpose that seems to have been inherent since the establishment of IIOP in 2013.

This document is intended to be helpful to PSI by contributing insights and experience which may assist in considering future possibilities for developing the CPD system for pharmacists in Ireland. Implications for a revised CPD system and IIOP. Recommendations have been identified throughout this submission and are summarised in table format for convenience. The timeframe for development of this submission did not permit for fulsome engagement with key stakeholders nor a full articulation of relevant issues. IIOP remains available to PSI to assist in any way that it can in supporting the ongoing evolution of the CPD system for pharmacists in Ireland and would welcome the opportunity for a broad-ranging discussion of future potential.

Table 1: Summary of implications for a reviewed CPD system

Implications for a revised CPD System
Recommendation 1: Incorporation of intra and inter-profession collaboration into the CPD Model
• Intra and inter-profession collaboration should be positioned as key drivers of the CPD system and should be explicitly included as specific objectives in future contracts and work plans • Early engagement, co-creation and co-ownership of intra profession CPD must be sought before declaring it before requiring the IIOP (or any other vehicle) to make this happen. • The other key drivers for CPD should be clarified at this point so that there is a shared understanding of what is required from the Irish CPD system for pharmacists • CPD Accreditation standards should be removed/modified to facilitate inter-profession collaboration (See section 1.8) • Engagement with CPD organisations for other healthcare professions is required to facilitate inter-profession collaboration. This should be facilitated through IIOP rather than PSI, which is currently positioned as the point of contact for stakeholders who wish to collaborate with IIOP • Modification to the current out-sourced model is required to facilitate IIOP collaborating directly with CPD counterparts in other professions rather than through outsourced providers • Any CPD strategy in this area should enable/support healthcare and pharmacy strategy. Therefore, engagement between IIOP and relevant stakeholders is required • Funding for inter-profession training needs to be considered and addressed in the funding model • Specific Key Performance Indicators should be developed to enable progress tracking of implantation of this recommendation
Recommendation 2: Reduction of the CPD review cycle period from 5 years, with removal of the restriction on the eligibility period during which newly qualified pharmacists become subject to the defined requirements
• Amendments would be required to SI 553/2015 to facilitate annual submission and review for the full register, with resultant changes being made to contractual arrangements • New PSI Council-approved Policy and standards for ePortfolio Review required • Funding and resource for IT system load testing and ePortfolio process modifications would be required to facilitate review of all submissions annually. Consideration to be given to future-proofing the system in light of the increasing number of pharmacy graduates expected in the coming years, as well as enabling simultaneous review processes for different cohorts, e.g. Pharmaceutical Assistants, against different review standards • Engagement exercise with the profession required to facilitate adaption to a new system of review • Arrangements for non-engagers or for those who do not meet the standard need to be put in place. Statute should provide PSI with powers to implement these arrangements

Recommendation 3: Remove the Practice Review element from the CPD Model
• Statutory provisions for Practice Review should be removed from SI 553 • Practice Review requirements should be removed from IIOP Contracts, SLA and Workplan
Recommendation 4: Governance and Management Arrangements: Updates to the scope of the CPD model
• The purpose and scope of the CPD system needs to be clarified and articulated. This will provide direction for the model that should be adopted • Legal definitions, statutes, organisational/contractual arrangements, services, governance, funding etc should be defined by the stated purpose. This will address the confusion which has occurred to date about what the IIOP could or should be, and will enable to system to adapt to the revised articulation of purpose. It will also enable the IIOP to move to a more appropriate resourcing model • Statutory instruments should grant power to PSI Council to establish the appropriate provisions relating to CPD in line with the desired model, without including the specific details. Specifics can be considered in PSI Council Approved policies and processes. The powers granted to PSI Council under such a statutory instrument should also provide scope for developing processes or statutes to support future evolution of the profession
Recommendation 5: Incorporation of enhanced risk-based approaches to the sampling of practitioners for CPD review processes
• The agreed review process needs to be reflected in statutory instrument and associated policies and processes
Recommendation 6: Development of a flexible, administrative process to couple annual registration with satisfactory CPD compliance
• Statutory provisions should be maintained in relation to referral processes from IIOP to PSI. • Statutory provisions should also maintain the current reference to pharmacists' ePortfolios being within their "absolute control" • PSI process for managing such referrals should be clearly articulated to the profession • Statutory provisions should grant powers to PSI for managing such referrals. e.g. withholding invitation to apply for continued registration • The appropriate policies and processes can be developed in line with legislation and any changes to the process be agreed and included in relevant SLAs with the IIOP
Recommendation 7: Self-Reflection: Incorporate peer feedback – or discussion – into the self-reflection process
• The reference to self-assessment should be maintained in the statute. Specific requirements should be addressed through PSI Approved policies and process. A more advanced model should be available through the IIOP for those who are interested in more meaningful feedback to support career development, advanced credentialing, and regulatory provisions and contractual arrangements should not hinder this

Accreditation/Quality Assurance of CPD programmes
• Appropriate QA assurance mechanisms should be in place for all CPD activities, but this does not necessarily equate to a need for accreditation of CPD activities • The purpose of accreditation needs to be carefully considered • Any statutory provisions relating to CPD accreditation should be sufficiently high level, so as to grant PSI the power to set accreditation standards and to identify when they should be applied • Implementation of statutory provisions can be provided for in PSI Council Approved policies and processes • Any statutory provisions regarding to CPD accreditation should be mindful of future requirements • Future CPD systems should identify whether PSI or IIOP are responsible for accreditation of formal, postgraduate training programmes, such as pharmacist prescribing • Credentialing of practitioners, rather than training programmes, should be considered in future models
CPD Activities
• Any future CPD system should incorporate CPD activities that support the stated purpose of the CPD model • If a regulatory model is to be pursued, CPD activities can be more focused on transmission type activities (as outlined in Appendix 4) • If a transformative model is considered, then more innovative CPD activities are required and this should be reflected in the future CPD system. • There should be direct communication between the IIOP and the health-system so that the CPD system support health-system needs. Whilst such plans can be subject to PSI approval, it is not efficient or pragmatic for PSI to act as an intermediary between the health-system and the IIOP, particularly if a transformative model, rather than a regulatory one, is to be adapted.
Time frames did not allow for implications to be fully considered in the following areas: Peer Support, IT Infrastructure, Steering/Advisory Group, Management arrangement, Funding, National & International Engagement, Other learnings from the current system. IIOP would be happy to meet with PSI to discuss the potential implications of these issues on a new CPD system

Table 2: Summary of IIOP Recommendations

Recommendations
Provisions to facilitate intra and inter-profession collaboration should be explicitly considered in the Irish CPD system. This is unlikely to be regulatory in nature, but rather should be articulated as an objective at implementation stage, informed by practice and health-system requirements and measured and tracked by specific key performance indicators. Inter-profession collaboration for CPD must be genuine, professional mutually beneficial, and beneficial to the health system and patients. A unidirectional approachwould not be fruitful. More generally, the drivers of CPD are the most fundamental factors in determining the subsequent form of any CPD system. IIOP suggests that some drivers are notable in their absence in the section of the Mazars' Report which deals with this issue and, therefore, a clear articulation of the agreed drivers of the Irish Pharmacy CPD system is necessary to ensure alignment in understanding amongst all parties relating to the fundamental purpose of any revised system.
Annual submission and review for all registered pharmacists for ePortfolio Review, with regulation and implementation infrastructure adapted to support this. Consequences for those who do not engage with the review process or who fail to meet the required standards need to be clear. Statutory provisions could be helpful in granting PSI powers in this regard, such as withholding invitation from the PSI Registrar for continued registration. Standards for ePortfolio Review also need to be reviewed in the context of increased frequency of review.
Practice Review should be removed from the CPD model and system.
The scope of the CPD model should be reviewed to ensure alignment with the original intent of a transformational model of CPD. If the original ambition is to be retained, this can be best delivered by expanding existing IIOP functions to facilitate new approaches to CPD and workforce development in line with international best-practice in service of healthcare/pharmacy strategy. The scope and mandate of the IIOP would need to be adapted to deliver on this agenda. This may require a new management arrangement, where IIOP moves from being a service provider to PSI in a transactional arrangement, to a trusted partner with appropriate accountability for the professional development agenda in pharmacy. The nature of the relationship between IIOP and PSI should evolve and any future contractual arrangements should recognise the increasing maturity of IIOP and the CPD system
If Practice Review is to be removed from the CPD model, risk-based approaches to sampling are not required if frequency of ePortfolio Review is increased to annual review of all registrants. Processes need to be established for management of pharmacists who do not engage or who do not meet the required standard, and statutory provisions should grant the necessary powers to PSI to facilitate this.
Any new CPD system should remain faithful to the statutory provision that ePortfolio remains in control of the individual pharmacist and that submissions made to IIOP are not shared with the pharmacy regulator. Appropriate referral process should be revised and agreed in light of a move to annual submission and review process.

Formal structures and processes be established to promote behaviours related to giving and receiving feedback and that these be included in standards for ePortfolio Review as a means of ensuring engagement. Whilst a multi-source feedback approach would be most desirable, it may be necessary to adopt a stepwise approach to achieving this. Establishing processes of peer-to-peer feedback or discussions may represent a good starting point. It should be recognised that a multi-source feedback approach would be beneficial to pharmacists who wish to engage in professional development in a more meaningful way (beyond what is required as a minimum standard) and contractual and regulatory provisions relating to the IIOP should not impede the development of such approaches by IIOP.
Appropriate quality assurance processes should be applied to all IIOP activities. Formal CPD accreditation processes should be reserved for specific programmes as identified by PSI. Regulations should provide the appropriate powers to PSI in this regard and should be such that they can facilitate future accreditation needs. Accreditation at the level of the practitioner is a more appropriate mechanism of QA of practice and should be considered in future models. Noting the previous recommendation regarding inter profession collaboration, it is also worth exploring if accredited CPD programmes for other Healthcare Professionals could meet the requirements for pharmacists needs. This would also help to enable interprofessional collaboration rather than doubling up of any accreditation requirements.
A transformative model of CPD be adapted and that innovative approaches to CPD be developed to facilitate this agenda. The IIOP Work Plan Development Group should be re-established to ensure that the CPD agenda can be closely aligned with the health system agenda without requiring PSI to act as an intermediary.
The role of Peer support in the ongoing maintenance of the CPD system needs to be considered and developed.
The current statutory provisions should be maintained in relation to the IIOP website and ePortfolio. The IIOP IT infrastructure is a key enabler for the pharmacy profession. The inclusion of appropriate learning technology expertise in the core staffing requirements of IIOP is essential to maintaining and developing IT capabilities. It has frequently noted by key stakeholders within the health-system that the access to the IIOP IT infrastructure functionality could be valuable for other professions within the wider healthcare family, and this is certainly something that could be explored for the health-system in the longer term. IIOP is amenable to sharing insights or engaging in innovative collaboration arrangements across the wider healthcare system, if this is deemed appropriate.
Once the purpose of the CPD system is clarified and the appropriate management and governance arrangements relating to the IIOP have been established, the purpose and format of any Advisory/Steering Groups should be established. The original intention of an International Advisory Board should be re-considered in light of decisions made regarding the purpose and scope of the CPD system/IIOP.
IIOP should be established as an enabler of the evolving pharmacy profession by discharging the appropriate statutory duties with respect to CPD whilst also supporting authentic professional development at the levels of both the practitioner and profession. There should be a movement

away from a service mindset which is inherent in the current "management arrangement", as articulated in SI 553/2015, to a more authentic partnership arrangement between IIOP and PSI. The mechanism for delivery of CPD services should be aligned with the stated purpose and intent of the CPD model, as per Recommendation 4 of the Mazars' Report.
The funding models for future CPD arrangements should be re-visited with registrant fees potentially being addressed in statutory provisions. Independently, the funding arrangements for future CPD models need to be considered, particularly if a transformative model is to be considered, and new revenue streams and funding sources should be explored.
Maintenance of international engagement with relevant national and international organisations as an important part of ensuring that the CPD remains abreast of emerging practice, and this should be considered in future models.
Recommendations from each of previous reviews of the Irish CPD system for pharmacy should be considered by PSI in the development of future CPD models. Consideration also needs to be given to staff members in IIOP. They have enabled IIOP to deliver fully on all its responsibilities whilst simultaneously remaining committed to the more transformative model of CPD, despite recurring uncertainty relating to durations of contracts and limited opportunity for career progression. Any future model should provide stability and a supportive learning environment, to provide staff-members with career opportunities and a long-term future in the IIOP, in the interests of retaining the current experience and expertise.

Overview

The Pharmaceutical Society of Ireland (PSI) established a system of continuing professional development (CPD) for pharmacists in Ireland in 2013. This involved the establishment of the Irish Institute of Pharmacy (IIOP) and a range of associated statutory processes. PSI is now undertaking a review of the CPD system. This review will inform recommendations to PSI Council for how the CPD system should be modified for future iterations.

IIOP has been invited by PSI to contribute to the review of the CPD system at multiple points, has submitted several papers, and has participated in meetings at various points during the review process. These interactions have enabled IIOP to contribute to many aspects of the CPD review. However, whilst a review process that considers the merits and demerits of the current system is hugely important, it is also useful to extend beyond the boundaries of what currently exists and consider new concepts and ideas so that the provisions required for potential future needs can be engineered into the system at this point to enable future flexibility. IIOP has accumulated over a decade of experience in CPD, which provides it with insights on the future potential needs for CPD in Irish pharmacy. At a meeting on 14 March 2024, the Executive Director raised this concern with PSI and asked for direction on how these insights could be best shared with PSI in the interests of ensuring that PSI had full sight of all issues relating to CPD, even those not necessarily under review at this point. PSI indicated that it was amenable to receiving such information from IIOP and formally wrote to IIOP on 15 March indicating that *"PSI is open to receiving written submissions from the IIOP on any or all of the following:*

- *Potential approaches to advance the recommendations contained within the Mazars' Report*
- *IIOP recommendations on aspects of the current system which were not included in the Mazars' Report, that IIOP deem necessary to address, including the IIOP's views on the optimum model for accreditation and/or quality assuring CPD programming and activities*
- *Any other insights you may wish to share"*

PSI requested that this submission be made by 22 March to facilitate their timelines.

This paper attempts to share some of the relevant insights, mindful of current realities, with the intention of assisting PSI in identifying potential future demands on the revised CPD system. Considering the tight turnaround, and the fact that insights originate from over a decade of experience, it is difficult to synthesise a succinct submission. Therefore, this report attempts to categorise each aspect of the CPD system and present the relevant information in a systematic and succinct way, designed to assist PSI in pulling out the areas that it feels are relevant.

The report is divided into three sections, as per the PSI request 15 March 2024:

1. Components of the CPD system that were addressed by the Mazars' Report
2. Aspects of the current system which are not included in the Mazars' Report that the IIOP deem necessary to address
3. Other insights

This report has been organised so that it aligns with these three specific areas identified in the PSI request for submission. The order of presentation of topics should not be taken to infer any order of importance or priority but should be, rather, accepted as an attempt to provide the information in a way that allows efficient review by PSI.

It is recognised that readers of this report may have varying levels of understanding of the current system. Therefore, the report has endeavoured to provide a sufficiently broad overview for those who are responsible for setting the strategic direction of the CPD system at the same time as providing sufficient detail for those who are interested in the operational implications of the CPD Review. It will be for the reader to decide whether or not it has been achieved. For readers requiring detail, each section is systematically presented to allow for easy consideration of the following issues:

- The original intent
- Experience to date
- Potential evolution
- Implications for the CPD system
- Recommendations

For readers requiring a broad overview, the executive summary and the recommendation sections will provide sufficient information on the overall thrust of the document.

To facilitate the tight timelines associated with the PSI request, this report has been collated by the IIOP team. The final report was circulated to the IIOP Advisory Group and RCSI Senior Management Team in the interests of ensuring transparency and accuracy of the content. It is important to note that these stakeholders have not been afforded the opportunity for considered input. The report is based on an extensive reservoir of information, including formal and informal data sources directly relating to the delivery of IIOP services over the past decade (as outlined in Appendix 1) as well as national and international evidence. It is submitted to PSI with the intention of helping the PSI Executive, PSI CPD Review Group, PSI Regulatory and Professional Policy Committee, and PSI Council, as they consider the future development of the CPD arrangements for pharmacy in Ireland.

Background

The IIOP was established in 2013, based on the recommendations of PSI's Report of the Review of International CPD Models 2010 (2010 CPD Review). The core concept proposed by the CPD review was a system which was outcomes focussed, rather than based on inputs. This meant that, unlike most other healthcare professionals, pharmacists did not have to accumulate hours or credits or points to demonstrate their engagement in CPD, but rather had to demonstrate that they had reflected on their own learning needs and could demonstrate that they had undertaken learning appropriate to that need and with the intention of having an identifiable impact on their practice in the interests of supporting patient care.

Mazars was commissioned by PSI to review the CPD Model in place for pharmacists in Ireland in 2022. In the resultant report (January 2023), it was indicated that *"the purpose of this assignment was to identify examples of best regulatory practice in Ireland and other jurisdictions, evaluate the current governance and management structures, and ultimately identify amendments required to ensure the Model provides a viable and sustainable framework for pharmacists in Ireland to conduct their CPD."*

The report made seven recommendations as follows:

Recommendations relating to Key Drivers:
- Investigate opportunities to incorporate intra and inter-profession collaboration into the CPD Model.

Recommendations relating to Systems for CPD Review:
- Reduce the CPD review cycle period from 5 years, in line with international practice, including also removal of the restriction on the eligibility period during which newly qualified pharmacists become subject to the defined requirements.
- Remove the Practice Review element from the CPD Model.

Recommendation relating to Governance and Management Arrangements:
- Update the scope of the CPD model desired based on the information in this and related reports. The mechanism by which that scope is best delivered should then be considered.

Recommendations relating to Risk Assessment:
- Incorporate enhanced risk-based approaches to the sampling of practitioners for CPD review processes.
- Develop a flexible, administrative process to couple annual registration with satisfactory CPD compliance.

Recommendation relating to Self-Reflection:
- Develop a flexible, administrative process to couple annual registration with satisfactory CPD compliance.

IIOP submitted a discussion paper to PSI on 5 December 2023 in advance of the IIOP/PSI biannual strategy meeting (Appendix 2). Exploratory meetings were held with PSI on 20 February and 14 March 2023, as part of the process for Review of CPD.

A list of the resources that informed this report is provided in Appendix 1. IIOP is intimately aware of the multitude of moving parts that have impacted on the evolution of CPD in Irish pharmacy over the past 10 years. As a result of its experience in developing, establishing and managing a future-focused CPD system for healthcare professionals, IIOP has developed a national and international reputation and credibility as a leader in CPD. This expertise remains largely under-leveraged within the domestic context and represents an untapped resource. It is hoped that this submission demonstrates some of the inherent potential available to support Irish pharmacy practice.

Components of the CPD system that were addressed by the Mazars' Report

The following section addresses PSI's first request for input from IIOP regarding the components of the CPD system that were addressed by the Mazars' Report.

1.1. Mazars' Recommendation 1 relating to Key Drivers of CPD: Investigate opportunities to incorporate intra and inter-profession collaboration into the CPD Model

Intra and inter-profession collaboration are notable in their absence from the current regulations, the IIOP Contract, Service Level Agreement and Annual Work Plan. Therefore, these have not been a specific focus for IIOP and the recommendation from Mazars' Report is welcome. Mazars identified this as the only recommendation required under the section "Key Drivers". IIOP would disagree that this is the only other driver of the CPD system that requires development. Notwithstanding this, the remainder of this section will focus solely on Mazars' recommendation 1, but with a recommendation that the Key Drivers for CPD be reviewed and clarified in any future CPD system.

1.1.1. The original Intent

The 2010 CPD Review states the following in relation to goals (drivers) of the current CPD system:

"The ultimate goal of any CPD system for health professionals is improved patient safety. An effective system should support pharmacists across a number of key areas including:

- *providing patient care*
- *promoting health improvement, wellness, and disease prevention*
- *innovating and developing the role of the pharmacist*
- *managing and using resources of the health care system.*

CPD builds on continuing education by establishing a system designed to deliver more than just dissemination of knowledge to the profession, establishing a two-way process that depends as much on the contribution of knowledge and skills by the pharmacist as formal education provision."

(2010 CPD Review, p3)

The resultant vision for a CPD system for pharmacists in Ireland was articulated as follows:

Vision for a CPD system for pharmacists in Ireland focused on patient safety

- A system that assures competency across the profession to meet patient needs and demonstrates this competency to others
- A mechanism to allow for innovation and development in the role of the pharmacist
- A supportive, enabling and transformative system that meets personal and professional needs
- A flexible, user-friendly and contemporaneous system that is recognised by pharmacists as helping to support the way in which they practise their profession
- A system that rewards learning by professionals and provides accreditation that is recognised internationally
- A system that encourages and supports engagement with other healthcare professionals

Figure 1: Vision for a CPD system as outlined in the 2010 CPD Review

Intra and inter-profession collaboration were not explicitly identified as objectives in the subsequent Requests for Quotation (2011 or 2017), Contracts (2013, 2018) or Service Level Agreements (2013, 2018). The RCSI Review 2021 did address the issue of inter-professional collaboration by recommending that IIOP consider expansion of the advisory group to represent a 'whole system perspective' to deliberately include a broader health and social care perspective, an international perspective and a patient perspective.

1.1.2. Experience to date

[redacted]

It is of note that inter-profession collaboration has been somewhat impeded in accredited programmes, due to the requirements of the PSI Accreditation Standards for CPD Programmes and Courses for Pharmacists (PSI CPD Accreditation Standards). PSI is aware of these difficulties and has developed an alternative process of Registrar approval for HSE-led inter-profession training programmes to address this issue. Whilst this appears to circumvent the limitations of the PSI CPD Accreditation Standards, it does carry the potential to create confusion in relation to where the responsibility for CPD accreditation/approval lies. Currently, there are some programmes which are related to the delivery of SI 449/2015 which undergo the full IIOP Accreditation Process, using the PSI CPD Accreditation Standards, and others which are processed through a less onerous route of PSI Registrar approval. This needs to be addressed to ensure equitable application of standards, to prevent undermining of the IIOP, and to facilitate inter-profession collaboration across relevant CPD programmes.

A further impediment to inter-profession collaboration is the current outsourced model of CPD. It is more difficult for IIOP to engage with other CPD organisations (nationally and internationally) as a credible partner because the manifestation of the training collaborations would be through a third-

party provider, rather than with IIOP, which makes relationship-building between IIOP and CPD organisations for other healthcare professions more difficult. Furthermore, nationally funded organisations in Ireland and other jurisdictions are usually comfortable to share information and resources with IIOP in the interests of supporting pharmacy development in Ireland, but are unwilling to do so with commercial training organisations. This results in sometimes commissioning materials from commercial organisations despite the fact that similar materials already exist in other jurisdictions but are not "for sale". A more collaborative partnership with CPD bodies is impeded by the current outsourced model.

A final impediment to inter-profession collaboration is the positioning of PSI as the point of contact for CPD commissioning/planning and collaboration with other healthcare professions. This undermines the IIOP's ability to develop collaborative interactions with CPD counterparts across the health system, as well as nationally and inter-nationally.

1.1.3. Potential future evolution

Intra and inter-profession collaboration should be articulated as an objective of the CPD system and not implicitly assumed. Any CPD activity in these areas should support and enable existing policy and processes of intra and inter-profession collaboration. To enable this, collaborative working relationships need to be established between IIOP and relevant stakeholders, with a focus on the relevant healthcare and pharmacy strategies in the area of inter-profession collaboration. Inter profession collaboration for CPD must be genuine, professional mutually beneficial, and beneficial to the health system and patients. The drivers, benefits and opportunities of inter professional collaboration and learning must be understood and shared equally among professionals. There cannot be an asymmetry in the ambition or the engagement. A unidirectional approach would not be fruitful.

1.1.4. Implications for a revised CPD system

- Intra and inter-profession collaboration should be positioned as key drivers of the CPD system and should be explicitly included as specific objectives in future contracts and work plans.
- Early engagement, co-creation and co-ownership of intra professional CPD must be sought before declaring it before requiring the IIOP (or any other vehicle) to make this happen.
- The other key drivers for CPD should be clarified at this point so that there is a shared understanding of what is required from the Irish CPD system for pharmacists.
- CPD Accreditation standards should be removed/modified to facilitate inter-profession collaboration (See section 1.8).
- Engagement with CPD organisations for other healthcare professions is required to facilitate inter-profession collaboration. This should be facilitated through IIOP rather than PSI, which is currently positioned as the point of contact for stakeholders who wish to collaborate with IIOP.
- Modification to the current out-sourced model is required to facilitate IIOP collaborating directly with CPD counterparts in other professions rather than through outsourced providers.
- Any CPD strategy in this area should enable/support healthcare and pharmacy strategy. Therefore, engagement between IIOP and relevant stakeholders is required.

- Funding for inter-profession training needs to be considered and addressed in the funding model.
- Specific Key Performance Indicators should be developed to enable progress tracking of implantation of this recommendation.

1.1.5. Recommendation

IIOP recommends that provisions to facilitate intra and inter-profession collaboration are explicitly considered in the Irish CPD system. This is unlikely to be regulatory in nature, but rather should be articulated as an objective at implementation stage, informed by practice and health-system requirements and measured and tracked by specific key performance indicators. Inter-profession collaboration for CPD must be genuine, professional mutually beneficial, and beneficial to the health system and patients. A unidirectional approach else it would not be fruitful. More generally, the drivers of CPD are the most fundamental factors in determining the subsequent form of any CPD system. IIOP suggests that some drivers are notable in their absence in the section of the Mazars' Report which deals with this issue, and therefore a clear articulation of the agreed drivers of the Irish Pharmacy CPD system is necessary to ensure alignment in understanding amongst all parties relating to the fundamental purpose of any revised system.

1.2. Mazars' Recommendation 2 relating to Systems for CPD Review: Reduce the CPD review cycle period from 5 years, in line with international practice, including also removal of the restriction on the eligibility period during which newly qualified pharmacists become subject to the defined requirements

Recommendation 2 of the Mazars' Report addresses the frequency of ePortfolio Review but does not address other aspects of the review, such as standards. The remainder of this section will focus solely on Mazars' recommendation 2, but also includes reference to the ePortfolio Review Standards.

1.2.1. The original Intent

SI 553/2015 requires the following in relation to review of CPD engagement:

> pharmacists *"will be subject to a request to submit a report on his or her CPD activities … once in every five years"* and *"persons whose primary qualifications as a pharmacist have been obtained in the State, or in another relevant state, within the previous three years from the date of making the selection, shall be excluded from the list of registered pharmacists to be considered for the purpose of that annual selection"*

1.2.2. Experience to date

The requirements of SI 553/2015 are met through the current IIOP ePortfolio Review process.

Automated reviews are applied to all ePortfolio Review submissions to ensure that they meet the required standards. In line with PSI requirements, 20% of all submissions are also selected for review by a reviewer. To date there has been over 99.5% congruence between the outcomes generated by the automated review against the System Based Standards and those generated by the peer review. This provides sufficient evidence to support a proposal for all ePortfolio reviews to be automated. Peer review in this process should be reserved for those that do not meet the automated standards and to support a reasonable quality assurance process.

1.2.3. Potential future evolution

Reducing the CPD cycle period from 5 years and including all registrants (including those who are newly qualified) brings the CPD system in line with international practice as well being more faithful to the intention of CPD being an ongoing process. Annual review of all submitted ePortfolios is an alternative to using sampling, and this would represent a gold-standard of quality assurance. This could be achieved cost-effectively by leveraging the current system automated functionality. The IT infrastructure would have to be developed and tested to deal with the increased volume of reviews, and the associated funding and resourcing will need to be considered. This should also include future-proofing the system to accommodate the increasing number of practitioners expected to join the register in the coming years, as well as enabling simultaneous review processes for different cohorts, e.g. Pharmaceutical Assistants, against different review standards.

Currently, PSI is responsible for dealing with pharmacists who have been referred to the Registrar by the Executive Director of IIOP in accordance with SI 553/2015. The natural consequence of increasing annual review numbers is an increased number of registrants who do not meet the required standard each year. The knock-on impact on PSI processes for managing referrals from IIOP requires careful consideration and agreement between IIOP and PSI to ensure that this is clearly understood by all stakeholders.

1.2.4. Implications for a revised CPD system

- Amendments would be required to SI 553/2015 to facilitate annual submission and review for the full register, with resultant changes being made to contractual arrangements.
- New PSI Council-approved Policy and standards for ePortfolio Review required.
- Funding and resource for IT system load testing and ePortfolio process modifications would be required to facilitate review of all submissions annually. Consideration to be given to future-proofing the system in light of the increasing number of pharmacy graduates expected

in the coming years, as well as enabling simultaneous review processes for different cohorts, e.g. Pharmaceutical Assistants, against different review standards.

- Engagement exercise with the profession required to facilitate adaption to a new system of review.
- Arrangements for non-engagers or for those who do not meet the standard need to be put in place. Statute should provide PSI with powers to implement these arrangements.

1.2.5. IIOP Recommendation

IIOP recommends annual submission and review for all registered pharmacists, with regulation and implementation infrastructure adapted to support this. Consequences for those who do not engage with the review process or who fail to meet the required standards need to be clear. Statutory provisions could be helpful in granting PSI powers in this regard, such as withholding invitation from the PSI Registrar for continued registration. Standards for ePortfolio Review also need to be reviewed in the context of increased frequency of review.

1.3. Mazars' Recommendation 3 relating to Systems for CPD Review: Remove the Practice Review element from the CPD Model

Practice Review is a process of assuring practitioner competence against practice standards. IIOP previously submitted a document to PSI in relation to this recommendation and therefore only high-level information is provided here. The reader is referred to the previous submission, as outlined in Appendix 3, for further detail relating to this recommendation.

1.3.1. The original Intent

The 2010 CPD Review identified Practice Review as a mechanism of quality assurance of practitioner competence, with the proposal that it be modelled on the system used by the Ontario College of Pharmacy, Canada.

1.3.2. Experience to date

Practice Review was successfully implemented, as per the original intention.

1.3.3. Implications for a revised CPD system

- Statutory provisions for Practice Review should be removed from SI 553/2015.
- Practice Review requirements should be removed from IIOP Contracts, SLA and Work Plan.

PSI and IIOP have acted in a timely manner in relation to this recommendation with the suspension of Practice Review events for 2024.

1.3.4. IIOP Recommendation

Practice Review should be removed from the CPD model and system.

1.4. Mazars' Recommendation 4 relating to Governance and Management Arrangements: Update the scope of the CPD model desired based on the information in this and related reports. The mechanism by which that scope is best delivered should then be considered

Much of the discussion about CPD in the Mazars' Report is restricted to the statutory aspects of the system. This is not surprising, considering the regulatory responsibilities of the commissioning organisation, PSI. However, it does mean that a more holistic review of the CPD system has not been undertaken and therefore the Mazars' recommendations ignore many issues that are pertinent to the wider CPD system. Recommendation 4 somewhat addresses this issue by advising that that the scope of the CPD model be reviewed and by recommending that "*the mechanism by which that scope is best delivered … then be considered"*. Given that the scope of the CPD model is the most fundamental aspect of the system and is the driver for all subsequent infrastructure and implementation, this recommendation essentially passes the responsibility for a broader review of the CPD model back to PSI.

1.4.1. Experience to date

The 2010 CPD Review proposed an interpretation of CPD which is transformative in nature (See Appendix 4 for an overview of the different models of CPD). The definition of CPD in SI 553/2015 supports this interpretation, laying the foundation for a transformative approach.

> *The CPD undertaken shall be systematic, self-directed, needs-based and outcomes-focussed, based on a process of continual learning and development with application in his or her professional practice as a pharmacist.*
>
> (SI 553/2015 Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015)

This statutory definition is admirable in its fidelity to the intended purpose of CPD, and is different to how CPD is managed by most other regulators, who are much more focused on an award-bearing or standards-based approach.

The transformative aspects of CPD were preserved in the first contractual arrangement relating to the IIOP. This was also reflected in the PSI/RCSI Service Level Agreement 2013 relating to the delivery of IIOP services (See Appendix 5):

> *It is intended that this Institute will have two core leadership roles:*

• the development of a CPD system for pharmacists in Ireland and ensuring its effective ongoing operation; and

• the development of the practice of pharmacy in line with international best practice and evolving healthcare needs.

(Service Level agreement for IIOP services 2013)

However, the focus of the subsequent clauses of SI 553/2015 are reflective of standards-based and deficit-models of CPD. Consequentially, the resultant policies and processes reflect this approach causing the more transformative aspects of CPD to be lost in the statutory provisions.

IIOP, taking its direction not only from the statutes but also from the RFQ and the SLA, has always understood its purpose to be more aligned with a transformative model. Over the course of the first RCSI/PSI contract, there was steady erosion of the transformative aspects of the CPD model, with PSI requesting that associated actions not be progressed e.g. the appointment of a Director of Pharmacy Practice Development, and the development of the more strategic aspects of the IIOP Strategy 2015 - 2018. Furthermore, the infrastructure required to support practice advancement, such as advanced competency frameworks, were not in place, and PSI asserted that it did not see this work as lying within the scope of the IIOP.

For the duration of the first second this led to confusion and lack of mutual alignment regarding the purpose of IIOP. Despite the clear shift from the original ambition by PSI, this was not explicitly communicated to IIOP, leading to frustration on the part of IIOP which was trying to deliver on a transformative agenda as commissioned and contracted whilst being directed by PSI that this was not part of the agenda. This confusion regarding the purpose of IIOP extended to the profession and to other external stakeholders, as the shift in focus from the transformation model was never explicitly articulated.

In 2017, Crowe-Horwath undertook a review of IIOP to inform the re-tendering of services, the recommendation from which are outlined in Appendix 6. It addressed the perceived confusion of purpose regarding the role of IIOP.

IIOP has chosen to pursue a broad mission, because of its strong commitment to a broad remit of pharmacy practice development, rather than the narrower activity of oversight of legislative CPD requirements… Specific issues that hinder the project's ability to function are the lack of clarity within the pharmacy profession in respect of the relationship between the IIOP and the PSI, the complexity of its contract and financial arrangements with its funders, the unpredictable nature of the workload … We conclude that the project is not set up in a way that optimises its capacity to deliver beneficial results, nor is it funded to deliver on all aspects of its broad remit.

(Crowe-Horwath Report, page 29)

The Crowe-Horwath Review recommended that *"clear decisions were needed in respect of the precise remit and priorities of the IIOP, as it is unable to deliver fully on all aspects of its remit within its current resources."* It also recommended that the *"governance structure (had) outlived its usefulness and should be replaced by a governance model more suited to a maturing business entity".*

As of 2017, the Crowe-Horwath Review likened IIOP to a *"start-up business which has come through its initial establishment (the "visionary" phase) and is entering a period of consolidation which requires a different style of governance and a different operational approach."* It proposed that, following a period of consolidation, there would be a third "developmental" phase, as depicted in the following diagram:

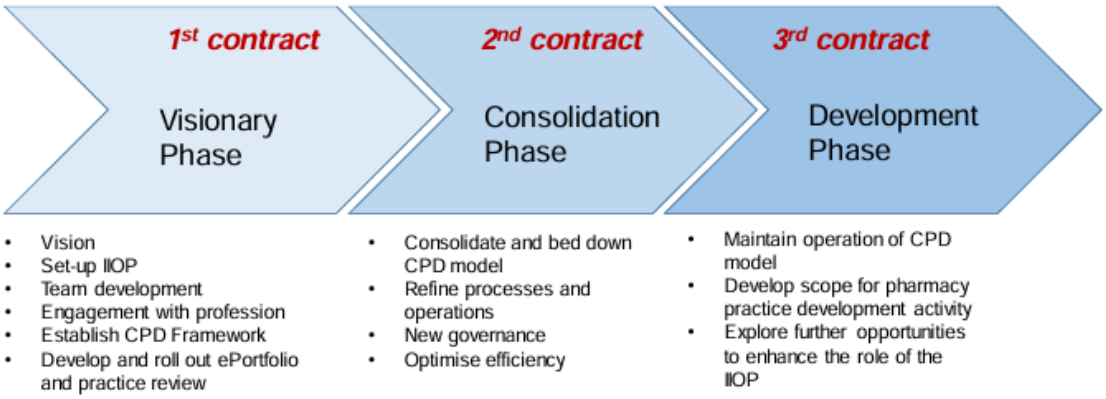


Figure 2: The first three contract periods proposed for IIOP by Crowe Horwath Review 2017

The tender approach should reflect the collaborative model … and this will have an impact on the nature and type of the specification to be developed, the length of contract (four years may be too short), the budgeting arrangements and payment/reimbursement conditions, the monitoring and governance structures, and all other relevant matters relating to how the new contract will work in practice.

(Crowe Horwath Review, Page 32)

In 2017, PSI issued an Invitation to Tender for the Provision of the Outsourced Management and Operation of the Irish Institute of Pharmacy. Presumably, in an effort to address the concerns

expressed by Crowe Horwath regarding the limited resources, the scope of IIOP was reduced significantly. The primary purpose of the Institute was identified as follows:

> *"oversee(ing) the management and support mechanisms for CPD and the commissioning of required education and training programmes in line with national policy and evolving healthcare needs."*
>
> (PSI Invitation to Tender for Provision of the Outsourced Management and Operation of the Irish Institute of Pharmacy, 2017)

This represented a move away from the transformational model of CPD to a more standards-based approach. Notwithstanding the Crowe Horwath recommendation for a longer duration of contract, the Invitation to Tender was for a three-year contract, although this was subsequently extended through a series of extension requests from PSI to RCSI.

In the introduction of its 2017 tender submission, RCSI expressed its concerns regarding the reduced scope of IIOP from the previous iteration of the contract [redacted] RCSI was subsequently identified as the most economically advantageous tenderer and the new 2018 contract between PSI and RCSI reflected the changed situation. The time allocation of the Executive Director was reduced to 0.5 Full Time Equivalent (FTE) to reflect the reduced need for strategic direction. Other staffing allocations were also reduced, including reduction in learning technologist and administration allocation. Notwithstanding the changed mandate and resourcing model, IIOP remained philosophically committed to facilitating transformational approaches to CPD wherever possible.

In 2020, the IIOP response to COVID necessitated a pivot in CPD approaches. The IIOP COVID Resource Hub was developed to meet practitioners' needs in a timely manner. In parallel, the profession expressed a desire for greater connectivity. On advice from the IIOP Peer Support Network, IIOP developed initiatives such as the IIOP "In Conversation with…" webinar series, the IIOP Mental Health Hub, the Resilient Pharmacist Podcast, and the IIOP Mentoring Programme. Although not resourced or mandated to do so, IIOP, like most organisations at that time, flexed beyond its explicit scope and remit to meet the need expressed by pharmacists. The appetite amongst pharmacists for these new approaches was significant, and the feedback pointed to a positive impact on practices. These initiatives were subsequently included in the PSI Work Plan, although the funding model was not formally agreed. Due to the need for strategic direction and establishment of new policies, processes and quality assurance mechanisms, the Executive Director allocation was increased from 0.5 FTE to 1 FTE. It was informally agreed with PSI that the monies from the cancelled Practice Review 2020 (due to COVID) would be reallocated to the COVID projects. However, subsequently this funding was not fully released, leaving IIOP with a deficit that needed to be covered by RCSI.

In the aftermath of COVID, there was an increasing demand for new CPD approaches. Webinars, communities of practice and resource hubs were increasingly becoming the CPD approach of choice, in contrast to the more traditional online programmes. [redacted]

[redacted]

At this point, the precise purpose of the CPD system is not entirely clear. Some aspects of the current system indicate an approach to CPD which is faithful to the philosophical concept of reflection and transformative professional development. Others focus on quality assurance aspects of CPD. The current review and discussions about future evolution appear, to date, to be entirely focused on quality assurance functions, as evidenced by the Mazars' Review. This will mean that any resultant recommendations are unlikely to support evolution of a transformative model. This is a missed opportunity, particularly at a time when there is anticipated evolution of the pharmacy profession in the near future.

1.4.2. Potential future evolution

Future evolution depends on PSI's articulation of the purpose of CPD.

If the purpose is to provide quality assurance to the regulator of practitioner competence in the service of ensuring patient safety, then this should be clarified to all stakeholders and future evolution of the CPD system should focus on deficiency-, standard-, transmission type models (as outlined in Appendix 4).

If the purpose is to both provide quality assurance of current competence and support professional development for evolving practice, then this needs to be clarified and a more transformative model should be adopted.

IIOP proposes that any future CPD model should be constructed so as to support the core business (in this case professional practice) and should evolve in tandem with, and in service of, evolving practice. Currently, IIOP has the experience and expertise to facilitate a transformative model, as it has retained much of the expertise engaged to deliver the original intent of the system. If a more restricted model is desired, then IIOP should be streamlined to provide the appropriate level of service. It is inefficient to retain the current capability if a more regulatory approach is required.

1.4.3. Implications for a revised CPD system

- The purpose and scope of the CPD system needs to be clarified and articulated. This will provide direction for the model that should be adopted.
- Legal definitions, statutes, organisational/contractual arrangements, services, governance, funding etc should be defined by the stated purpose. This will address the confusion which has occurred to date about what IIOP could or should be, and will enable to system to adapt

to the revised articulation of purpose. It will also enable IIOP to move to a more appropriate resourcing model.

- Statutory instruments should grant power to PSI Council to establish the appropriate provisions relating to CPD in line with the desired model, without including the specific details. Specifics can be considered in PSI Council-approved policies and processes. The powers granted to PSI Council under such a statutory instrument should also provide scope for developing processes or statutes to support future evolution of the profession.

1.4.4. Recommendation

A transformative model is required to support the original ambition for CPD as it is currently defined in SI 553/2015 and this should be incorporated into any future CPD system. This would provide the pharmacy profession with a CPD system which could both incorporate quality assurance and enable evolution of the profession in line with emerging patient and health system needs.

IIOP should be conceptualised as an organisation that will support the continuing professional development of pharmacy professionals and the pharmacy profession collectively, in service of the needs of the health service and the patient need. This means that its responsibilities would extend beyond implementation of statutory processes and would support professional development more holistically. A move from an outsourced model (where IIOP commissions external training providers) to a facilitative model (where IIOP facilitates the input of external experts) would enable IIOP to leverage external expertise in a more efficient and focussed way.

Statutory provisions are not generally required for the more developmental and transformative aspects of the CPD system and there should be consideration of how the IIOP scope in non-regulatory areas should be “captured”. Recognition of the differentiation between statutory and non-statutory components of the CPD system is required. Any future reviews of the CPD system should include both statutory and non-statutory components to reflect the inherent complexities of the system.

There is an opportunity to leverage the infrastructure and profession-wide engagement that has been established by IIOP to date to advance professional development at both the levels of practitioners and profession, with benefits for patients, practitioners, the profession, the regulator and the health system. This would align with the original intentions of the CPD system and would promote a more complete and holistic engagement with CPD amongst practitioners, notwithstanding that it might lie outside the specific scope of the statutory provisions for CPD and therefore PSI’s specific needs. This merits further discussion.

1.5. Mazars' Recommendation relating to Risk Assessment (1): Incorporate enhanced risk-based approaches to the sampling of practitioners for CPD review processes.

1.5.1. The original intent

The 2010 CPD Review does not refer to a risk-based approach for sampling but has a more holistic view of CPD stating a desire of *"designing a system that is effective in ensuring overall compliance across all, or most, registrants*". The pursuant legislation details the random selection process to be used for both statutory processes of ePortfolio Review and Practice Review.

SI 553/2015 states *that "the selection of pharmacists for (ePortfolio Review) … shall be such as to ensure that each pharmacist will be subject to a request to submit a report on his or her CPD activities…once in every five years*" and that *"in making the annual selection, persons whose primary qualifications as a pharmacist have been obtained in the State, or in another relevant state, within the previous three years from the date of making the selection, shall be excluded from the list of registered pharmacists to be considered for the purpose of that annual selection*." In addition, the legislation provides for "*an annual practice review, overseen by the Institute, of a randomly selected sample of pharmacists".*

1.5.2. Experience to date

Both statutory processes have been implemented and delivered using random selection and high rates of engagement have been achieved. [redacted]

1.5.3. Potential future evolution

If Practice Review is removed from the CPD system (as per recommendation 3) and if annual review for the total population of pharmacists (as per recommendation 2), then this recommendation (recommendation 4) becomes redundant.

The need to establish processes for those pharmacists referred to PSI for non-engagement or for not meeting the standard remains.

1.5.4. Implications for a revised CPD system

- The agreed review process needs to be reflected in statutory instrument and associated policies and processes

1.5.5. Recommendation

Risk-based approaches to sampling are not required if frequency of ePortfolio Review is increased to annual review of all registrants. Processes need to be established for management of pharmacists who

do not engage or who do not meet the required standard, and statutory provisions should grant the necessary powers to PSI to facilitate this.

1.6. Recommendation relating to Risk Assessment (2): Develop a flexible, administrative process to couple annual registration with satisfactory CPD compliance.

1.6.1. The original intent

The Crowe Howarth Review 2017 states that "the IIOP is intended to operate "at arm's length" from the PSI: the PSI is responsible for the setting of standards and guidelines to ensure compliance with legislation, with the IIOP's role intended to support and enable pharmacists to meet these standards and to establish a quality assurance system relating to the maintenance of competence within the profession"

1.6.2. Experience to date

This "arm's length" approach has been a key message delivered to pharmacists on implementing the new system to ensure they had the confidence and trust to document their learning needs without fear of 'identifying' their gaps in knowledge to the regulator. For both statutory processes, PSI manage the selection process (including any applications for exemption) as well as managing the process for pharmacists who were referred to the regulator with outcomes of Non-engagement or Standard Not Met Year 2 in relation to ePortfolio Review and with outcomes of Non-participation or Competence Not Demonstrated for Practice Review. The clear referral processes allow for the Executive Director to refer pharmacists with confidence that the policies and procedures for both statutory instruments have been followed, and provide a degree of clarity to PSI on the reasons for referral.

1.6.3. Potential future evolution

Clear referral process and pathways need to be considered and agreed to enable appropriate referral to the Registrar from IIOP following an annual submission and review process for ePortfolio Review alone. Clarity on the outcomes of this referral should be agreed and communicated to the pharmacy profession as part of the engagement strategy with the implementation of the new process.

Registration and continued registration sit firmly with the regulator and caution is advised in any administrative process that automates referral between the CPD IT infrastructure and the PSI registration portal due to the issues relating to GDPR, "arm's length" relationship between PSI and IIOP, as well as the concept of "absolute control" outlined in SI 553/2015. PSI could consider that pharmacists are required to submit an up to date certificate demonstrating that they have met the requirements of the CPD statutory process to be eligible to apply for online continued registration.

1.6.4. Implications for a revised CPD system

- Statutory provisions should be maintained in relation to referral processes from IIOP to PSI.
- Statutory provisions should also maintain the current reference to pharmacists' ePortfolios being within their "absolute control".

- PSI process for managing such referrals should be clearly articulated to the profession.
- Statutory provisions should grant powers to PSI for managing such referrals. e.g. withholding invitation to apply for continued registration.
- The appropriate policies and processes can be developed in line with legislation and any changes to the process be agreed and included in relevant SLAs with IIOP.

1.6.5. Recommendation

IIOP recommends that any new CPD system should remain faithful to the statutory provision that ePortfolio remains in control of the individual pharmacist and that submissions made to IIOP are not shared with the pharmacy regulator. Appropriate referral process should be revised and agreed in light of a move to annual submission and review process.

1.7. Recommendation relating to Self-Reflection: Incorporate peer feedback – or discussion – into the self-reflection process.

Self-Reflection is important in all CPD, but particularly so when there is an aspiration for a self-directed, needs based approach, as currently defined in the Irish CPD system.

1.7.1. The original intent

SI 553/2015 sets out a statutory requirement for pharmacist self-assessment:

> *"every pharmacist shall on a regular basis carry out a self-assessment of his or her learning needs, having regard to the Core Competency Framework for Pharmacists, with a view to identifying learning activities appropriate to the needs of his or her professional practice."*
>
> (S.I. 553/2015 Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015)

1.7.2. Experience to date

A Core-Competency Self-Assessment tool (CCSAT) was developed by IIOP in 2014 to support pharmacists in undertaking self-assessment. This was a useful tool in raising awareness of the competency framework and its role in CPD. However, it is generally accepted that self-assessment of competence in this way is subject to an inherent bias on the part of the practitioner and is generally not an effective approach to identifying learning needs. When the PSI revised the Core Competency Framework in 2023, the CCSAT was retired and practitioners were encouraged to seek feedback as a means of supporting self-assessment. This was supported with a regional roadshow in 2023, although attendance levels were low at these events. Virtual workshops were also made available in 2023

relating to *Reflective Practice* and *Giving and Receiving Effective Feedback.* Whilst these are useful in developing competence in self-assessment, they have limited reach due to capacity restrictions.

IIOP recognises the importance of feedback in supporting self-assessment and has recommended the development of a multisource feedback tool. This approach is used by the Faculty of Radiologists in Ireland, RCSI to support practitioner self-assessment and is also used by the Royal Pharmaceutical Society (RPS) in the UK to support evaluation of advanced competence.

1.7.3. Potential future evolution

Effective self-assessment should ideally be informed by self-reflection, feedback (ideally from multiple sources which could include: peers; colleagues who hold similar, more junior and more senior positions; patients; other healthcare professionals; key stakeholders; mentors etc) and objective evidence of competence. The Irish CPD system has already firmly established self-reflection as an integral part of the ePortfolio system and this has resulted in a significant behaviour change within the profession over the past decade, with population-wide analysis of ePortfolio activity indicating that self-reflection is now the most significant mechanism of identifying learning or development needs.

Top 5 ways in which learning or development needs have been identified in the self-appraisal stage

Self-reflection	68220
Managing an issue which arose during my work	46183
Discussion with peers or other professionals	40870
Completing self assessment against the Core Competency Framework (CCF)	31976
A change in my work - e.g. new role/responsibility or new process/guideline	28668

Figure 3: Table indicating the top 5 ways in which learning needs are currently developed. The figures in this table refer to numbers of ePortfolio cycles in the IIOP system. Data accurate as of 21/3/2024

This contrasts to behaviours prior to 2014, when CPD activities were largely driven by the availability of continuing education programmes (ICCPE Report, 2008). IIOP recommends that formal structures and processes be established to promote behaviours related to providing and receiving feedback, in addition to the current training offerings. There are many ways in such structures could be incorporated into the CPD model, but it would be important that any approach selected is meaningful and not subject to inherent biases relating to lack of practitioner insight. Ideally, there would be a requirement for pharmacists to provide evidence of peer-to-peer feedback as part of the ePortfolio Review, with more advanced feedback tools (such as multi-source feedback) requirements for pharmacists who are interested in more accurate self-assessment.

1.7.4. Implications for a revised CPD system

The reference to self-assessment should be maintained in the statute. Specific requirements should be addressed through PSI Council-Approved policies and process. A more advanced model should be available through IIOP for those who are interested in more meaningful feedback to support career

development, advanced credentialing, and regulatory provisions and contractual arrangements should not hinder this.

1.7.5. Recommendation

IIOP recommends that formal structures and processes be established to promote behaviours related to giving and receiving feedback and that these be included in standards for ePortfolio Review as a means of ensuring engagement. Whilst a multi-source feedback approach would be most desirable, it may be necessary to adopt a stepwise approach to achieving this. Establishing processes of peer-to-peer feedback or discussions may represent a good starting point. It should be recognised that a multi-source feedback approach would be beneficial to pharmacists who wish to engage in professional development in a more meaningful way (beyond what is required as a minimum standard) and contractual and regulatory provisions relating to the IIOP should not impede the development of such approaches by IIOP.

IIOP recommendations on aspects of the current system which were not included in the Mazars' Report, that IIOP deem necessary to address, including the IIOP's views on the optimum model for accreditation and/or quality assuring CPD programming and activities

Although not explicitly addressed in the Mazars' recommendations, the following areas require specific attention in any future models for CPD.

- Accreditation
- CPD Provision
- Peer Support
- IT Infrastructure – Website, ePortfolio and Virtual Learning Environment
- Advisory Group
- Management arrangements
- National & International Engagement
- Other learnings from the current system.

The timelines associated with this submission request from PSI do not permit for a full and comprehensive consideration of each of these issues. The issue of accreditation has been considered, as per the PSI request. A top line summary of the other issues has been provided, and IIOP would welcome the opportunity to discuss these in further detail with PSI.

1.8. Accreditation/Quality Assurance of CPD programmes

PSI specifically requested submission of insights with respect to accreditation and/or quality assuring CPD programming and activities

Accreditation is defined in the 2010 CPD Review as "*the decision that a provider has met quality, educational and other criteria set out by the accrediting body"* (2010 CPD Review, page 136).

The aim of the current process for accreditation of CPD programmes is to assure that CPD programmes are of a consistently high quality, in accordance with the PSI CPD Accreditation Standards, and relevant legislation.

1.8.1. The original intent

The 2010 CPD Review outlined the aspiration for accreditation *as "a system that rewards learning by professionals and provides accreditation that is recognised internationally".* (2010 CPD Review, page 134)

It identified that "*Clear processes and systems will also have to be put in place to underpin the accreditation process (e.g. the application process, selection criteria, assessment process, awarding structure, etc)*". (2010 CPD Review, page 137)

It also recognised that "*while accreditation in CPD remains important, there is a growing emphasis on recognition of informal CPD activities (e.g. peer networks, bitesize training courses, journal reflection) that cannot be easily accredited".* (2010 CPD Review, page 3)

1.8.2. Experience to date

Without doubt, accreditation remains the most difficult and onerous aspect of IIOP, bar none. Some of the following are contributing factors in this:

- The current CPD system for pharmacists does not require accumulation of contact hours, or points. This represents a more flexible approach to learning by recognising a variety of learning activities from on-the-job learning to formal programmes. The reality of this flexibility however means that there is no requirement for pharmacists to complete specifically accredited training programmes.
- The accreditation standards and associated reporting requirements are resource intensive for both training providers and IIOP. There is a statutory requirement for annual reporting, ongoing quality management systems and the accreditation term is limited to a maximum of three years, with continued accreditation placing further resourcing requirements on the training providers. This is significantly reducing overall capacity for CPD programmes within the budget envelope available for new developments and responding to policy needs in an agile manner.
- Accreditation requirements have resulted in limited engagement of training providers in tendering for programmes that are required to meet the PSI CPD Accreditation Standards. IIOP training development is therefore reliant on a very small number of training programme providers which reduces competition and increases risks in relation to sustainability.
- The RCSI Quality Review Group (2022) in their report confirmed that the involvement of IIOP in both procurement and accreditation of programmes could be perceived as representing a conflict of interest. The Mazars' Report commented that the controls put in place by IIOP were sufficiently robust to prevent such conflicts arising. However, any future model should consider avoiding such potential conflicts of interest.
- The current PSI CPD Accreditation Standards have very specific requirements which often preclude the accreditation of inter-professional training. For example, national training programmes that have been developed for multi-professions do not meet this standard, notwithstanding the fact that they are acceptable for other healthcare professions. This is not a tenable position. It also runs contrary to the definition of CPD in SI 553.2015. As highlighted in 1.1.2, additional complications have been introduced to accreditation by the SI 449/2015 provisions. PSI has indicated that it does not consider these programmes as CPD and therefore a PSI Regulator approval process has been applied instead of an accreditation process. Some programmes are provided for under the IIOP Work Plan and CPD programmes.
- The Peer Review Group (PRG) for the RCSI Quality Review commented that there was *"a high level of governance across the process and IIOP facilitate the process and provide appropriate guidance".* They noted that it was a resource intensive exercise and wondered whether regular reaccreditation is needed when "*regular review and necessary updates may be*

sufficient". The PRG also questioned the need for programmes to be accredited when pharmacists can complete their CPD by attending unaccredited training.

- Procurement and accreditation timelines have an impact on the agility of response to learning needs, which acts as a barrier to certain aspects of CPD, including inter-professional initiatives. This was evidenced by the COVID-19 vaccination training where some of the PSI CPD Accreditation Standards were removed for the purposes of the Registrar approval.
- New delivery formats such as resource hubs, webinars or communities of practice are not so amenable to accreditation, but it can be argued that QA is more important for these formats of learning. As an example, communities of practice, without the appropriate QA, can result in incorrect information or at worst, subversive tactics being used to serve other agendas, be they representative, commercial or financial. Therefore, other quality assurance measures, other than regulatory accreditation of CPD programmes, may be more appropriate.

Accreditation of training programmes does represent a form of quality control on training programmes, but its value in the wider context of the CPD system is questionable, particularly when there is no requirement for pharmacists to undertake accredited training to meet CPD requirements.

1.8.3. Potential future evolution

Internationally there is a move to credentialing of the practitioner rather than accreditation of programmes and this should be considered in future CPD models. If accreditation of CPD programmes is to be maintained in a new model, any statutory provisions in this should focus on granting necessary powers to PSI, with associated details being outlined in PSI Council-approved policies. For example, statutory provisions could empower PSI to identify when accreditation of CPD is required and when it isn't and the criteria for this decision-making could be agreed and approved by Council to support a risk-based approach.

It is likely that accreditation of training associated with advanced pharmacy practice may be required in the near future to support the implementation of current DoH Expert Taskforce recommendations e.g. postgraduate training programmes may require accreditation to ensure that they are fit for the purposes of Irish pharmacy practice, similar to what currently happens for undergraduate degree programmes. IIOP advises that provisions made in relation to CPD accreditation should be mindful of such future requirements. It is currently unclear whether accreditation for formal post-graduate education programmes would lie within the scope of IIOP (as part of the CPD accreditation agenda) or PSI (as an extension of accreditation of pharmacy undergraduate programmes). Responsibility for accreditation in this regard should be clarified in any future CPD system.

1.8.4. Implications for a revised CPD system

- Appropriate QA assurance mechanisms should be in place for all CPD activities, but this does not necessarily equate to a need for accreditation of CPD activities.
- The purpose of accreditation needs to be carefully considered.
- Any statutory provisions relating to CPD accreditation should be sufficiently high level, so as to grant PSI the power to set accreditation standards and to identify when they should be applied.

- Implementation of statutory provisions can be provided for in PSI Council-approved policies and processes.
- Any statutory provisions regarding to CPD accreditation should be mindful of future requirements.
- Future CPD systems should identify whether PSI or IIOP are responsible for accreditation of formal, postgraduate training programmes, such as pharmacist prescribing.
- Credentialing of practitioners, rather than training programmes, should be considered in future models.

1.8.5. Recommendation 13

Appropriate quality assurance processes should be applied to all IIOP activities. Formal CPD accreditation processes should be reserved for specific programmes as identified by PSI. Regulations should provide the appropriate powers to PSI in this regard and should be such that they can facilitate future accreditation needs. Accreditation at the level of the practitioner is a more appropriate mechanism of QA of practice and should be considered in future models. Noting the previous recommendation regarding inter- profession collaboration, it is also worth exploring if accredited CPD programmes for other Healthcare Professionals could meet the requirements for pharmacists needs. This would also help to enable interprofessional collaboration rather than doubling up of any accreditation requirements.

1.9. CPD Activities

The Mazars' Report focuses on the regulatory aspects of the CPD model, and does not consider the delivery of CPD activities. CPD provision was more comprehensively considered in the Crowe Horwath Review 2017 and the reader is referred to Appendix 6 for a summary of the recommendations made at that time.

1.9.1. The original intent

The vision set out by the PSI's International Review of CPD Models (2010 CPD Review) proposed that IIOP would act as a commissioner of training providers. These training providers would create, develop and deliver the training programmes, as commissioned by IIOP, and manage their ongoing quality assurance. The intention was to separate the four distinct governance functions of a) representing the profession, b) regulating the profession, c) accrediting CPD activity and d) delivering CPD activity. It was anticipated the programme of training each year would be defined by the needs of the National Clinical Programmes.

1.9.2. Experience to date

To date IIOP has facilitated the delivery of a wide range of CPD activities to support practice. Pharmacists have access to a wide range of quality-assured resources, supporting different areas of practice, using different pedagogies and formats. There is an increasing demand for more innovative approaches, including communities of practice, resource hubs, information repositories and credentialing of practitioners.

Some of the difficulties that have been encountered in the delivery of more traditional CPD activities are outlined below:

- There has been relatively little pharmacy involvement in the National Clinical Programmes. Consequentially, the outputs of the programmes did not generally include pharmacy in models of care and therefore did not help in identification of training needs for pharmacists, as intended. The lack of a pharmacy workforce development strategy at a DoH or HSE level makes it difficult for IIOP to identify the professional development strategies that are required to support the health-system. CPD activities tend, therefore, to be developed in a more reactive way.
- The CPD model assumed that universities and education providers would be key players in the provision of CPD (2010 CPD Review). This did not materialise, as universities in the Republic of Ireland did not tender for development of IIOP accredited training programmes. Instead, most of the online programmes delivered by IIOP have been developed by a small pool of independent, privately owned training providers.
- Most training programmes are commissioned in an online format, to ensure accessibility by the entire profession. These are hosted on the IIOP Virtual Learning Environment, to which all pharmacists have access. This hosting arrangement means that the distinction between the IIOP's roles as provider of training and accreditor of training is blurred for trainees. It also places an unforeseen responsibility on IIOP for ongoing quality assurance, with internal resource required for hosting and administration of the programme on IIOP's Virtual Learning Environment.
- The process of procuring and accrediting resulted in a lack of agility to meet evolving needs. At times when an agile response was required for the delivery of training, IIOP has needed to resort to other approaches. In delivering the training for administration of emergency medicines in 2016, IIOP developed and accredited some of the programmes in-house in order to meet the timelines required by the DoH. During COVID, new approaches to practitioner development evolved, resulting in new formats such as webinars, online resource hubs and mentoring programmes. This required IIOP to move away from the outsourced training model and use internal resources to develop bespoke resources for the profession.

IIOP has used a range of approaches for CPD provision to address some of the challenges outlined above, as outlined in the discussion document in Appendix 2. This has been useful as a means of exploring how the original outsourced model could be adapted or changed to deliver CPD programmes more efficiently and effectively. However, the net result is that IIOP now oversees a range of different training formats, which places an unsustainable burden on internal operations. There is now a need to reflect on the lessons learnt from the various approaches and to identify the optimal models for use in future formats of the IIOP. This will be dependent on the scope of services defined by PSI as part of Recommendation 4 of the Mazars' Report, and any changes to accreditation requirements. It should also be considered in the context of potential future training requirements required to support advanced services.

During the first contract, an IIOP Work Planning Group was established to determining the IIOP Work Plan. This group included relevant HSE and DoH stakeholders and worked well in ensuring that the

IIOP was aware of emerging needs within the health service. Work Plans were submitted to PSI for approval. During the second contract, PSI was responsible for determining the IIOP Work Plan, creating separation between IIOP and relevant HSE and DoH stakeholders and establishing PSI as the point of contact for pharmacy CPD work planning. This adversely impacts on IIOP's ability to understand health system needs and impacts on its credibility when engaging with key stakeholders. IIOP recommends reversion to the initial model for CPD Work Planning.

1.9.3. Implications for a revised CPD system

- Any future CPD system should incorporate CPD activities that support the stated purpose of the CPD model.
- If a regulatory model is to be pursued, CPD activities can be more focused on transmission type activities (as outlined in Appendix 4).
- If a transformative model is considered, then more innovative CPD activities are required and this should be reflected in the future CPD system.
- There should be direct communication between IIOP and the health system so that the CPD system support health system needs. Whilst such plans can be subject to PSI approval, it is not efficient or pragmatic for PSI to act as an intermediary between the health system and IIOP, particularly if a transformative model, rather than a regulatory one, is to be adapted.

1.9.4. Recommendation

IIOP recommends that a transformative model of CPD be adapted and that innovative approaches to CPD be developed to facilitate this agenda. The IIOP Work Plan Development Group should be re-established to ensure that the CPD agenda can be closely aligned with the health system agenda without requiring PSI to act as an intermediary.

1.10. Peer Support

IIOP has relied heavily on the input of peer pharmacists in developing and rolling-out the CPD system. This input was a key factor in achieving high levels of engagement with ePortfolio Review and Practice Review. Whilst the role of peer-support pharmacists in supporting engagement with CPD was clear during the roll-out of the CPD system, the role is less defined now that the system is fully established, and high levels of engagement have been achieved. The Peer Support Network has proven itself to be effective in promoting behaviour change within the profession and is likely to be a valuable resource in supporting the roll-out of future practice developments. Therefore, it would be worthwhile to maintain the enthusiasm and participation of pharmacists in this network. To this end, IIOP recommends that the role of Peer support in the ongoing maintenance of the CPD system needs to be considered and developed.

1.11. IT Infrastructure

The IIOP infrastructure is a significant enabler for the profession and has inherent capability that could be leveraged to support practitioner credentialing, multisource feedback processes, resource hubs, communities of practice, establishment of information repositories. The fact that it can be accessed

by all registered pharmacists and pharmaceutical assistants makes it an invaluable resource, notwithstanding the fact that updating of the user-interface is required. IIOP recommends that the current statutory provisions should be maintained in relation to the IIOP website and ePortfolio. The IIOP IT infrastructure is a key enabler for the pharmacy profession. The inclusion of appropriate learning technology expertise in the core staffing requirements of IIOP is essential to maintaining and developing IT capabilities. It has frequently noted by key stakeholders within the health-system that the access to the IIOP IT infrastructure functionality could be valuable for other professions within the wider healthcare family, and this is certainly something that could be explored for the health-system in the longer term. IIOP is amenable to sharing insights or engaging in innovative collaboration arrangements across the wider healthcare system, if this is deemed appropriate.

1.12. Steering/Advisory Group

The IIOP Steering group was a feature the first governance arrangement relating to IIOP. On the recommendation of the Crowe Horwath Report this was replaced by the IIOP Advisory Group. In the second contract, the scope of IIOP was reduced to such an extent that it there was relatively little opportunity for the expertise of this Advisory Group to be leveraged. IIOP recommends that, once the purpose of the CPD system is clarified and the appropriate management and governance arrangements relating to the IIOP have been established, the purpose and format of any Advisory/Steering Groups should be established. The original intention of an International Advisory Board should be re-considered in light of decisions made regarding the purpose and scope of the CPD system/IIOP.

1.13. Management arrangement

The current outsourced model has enabled PSI to delegate its statutory responsibilities, and to limit its operational, legal and financial risk with respect to the CPD system whilst maintaining complete control of IIOP and its activities. Whilst this represents a very attractive model for PSI, it does mean that IIOP is largely in service of a regulator agenda. It also means that the success of IIOP is largely dependent on the capability of the host organisation. The first decade of IIOP has been heavily influenced by the RCSI's philosophy of professional development in healthcare.

IIOP should be established as an enabler of the evolving pharmacy profession by discharging the appropriate statutory duties with respect to CPD whilst also supporting authentic professional development at the levels of both the practitioner and profession. There should be a movement away from a service mindset which is inherent in the current "management arrangement", as articulated in SI 553/2015, to a more authentic partnership arrangement between IIOP and PSI. The mechanism for delivery of CPD services should be aligned with the stated purpose and intent of the CPD model, as per Recommendation 4 of the Mazars' Report.

1.14. Funding

Funding is a fundamental issue that needs to be considered in relation to future iterations of the CPD system. The 2010 CPD Report outlined provisions for funding as outlined below and as demonstrated in figure 4.

> *Funding support for the CPD system should be based on principles of public investment only where there is a clear return on investment from improved patient outcomes, regulatory body investment to provide the means by which competency of the Register can be demonstrated and increased self-sufficiency by the profession in supporting the CPD system over time* (2010 CPD report, pg. 13)

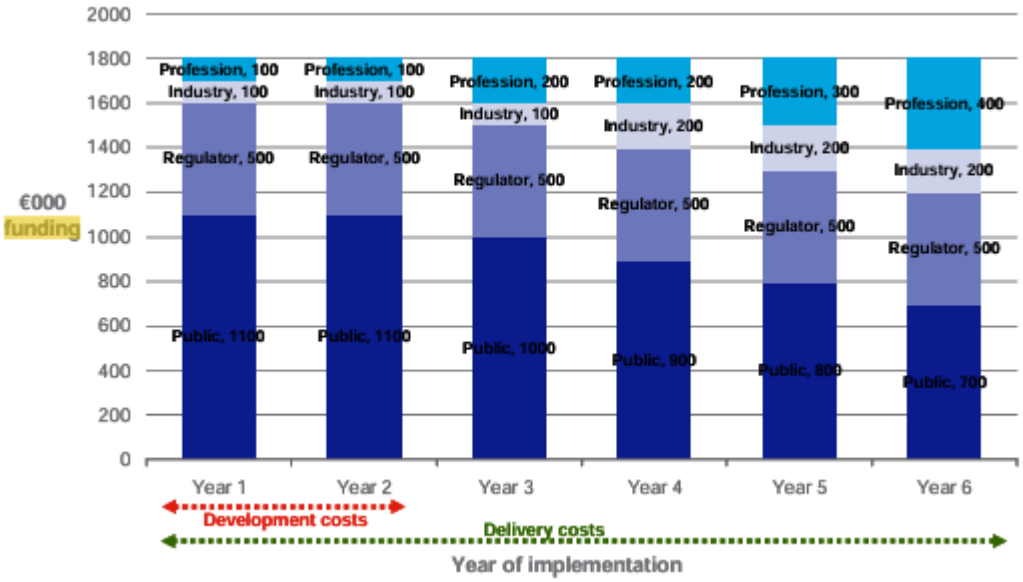


Figure 4 Potential funding structure for IIOP

A requirement for registrant contribution was included in the draft wording of SI 553/2015 which was issued for consultation but was subsequently removed. IIOP recommends that the funding models for future CPD arrangements be re-visited with registrant fees potentially being addressed in statutory provisions. Independently, the funding arrangements for future CPD models need to be considered, particularly if a transformative model is to be considered, and new revenue streams and funding sources should be explored.

1.15. National & International Engagement

The 2010 CPD Review report identified a range of international examples of CPD and used this to inform the proposal for the Irish CPD system. Naturally these systems were not static and have evolved in the intervening years. IIOP recommends maintaining international engagement with relevant national and international organisations as an important part of ensuring that the CPD remains abreast of emerging practice, and this should be considered in future models.

1.16. Other learnings from the current system

There are many other insights that IIOP would consider important to share with PSI. These include governance and management arrangements, funding models, national and international engagement, the skill-sets required within IIOP, the impact of host institutions and the evolution of the relationship between PSI and IIOP. Unfortunately, it is not possible to incorporate these insights in this submission within the timeframe requested by PSI. Some of the issues have been identified in previous reviews of the CPD system the 2010 CPD Review, the Crowe Horwath Review 2017 (Appendix 6), the RCSI Quality Review 2023 (Appendix 8) and the Mazars' Review 2023. There are also valuable insights provided by the ICCPE review 2008. IIOP recommends that the recommendations from each of previous reviews of the Irish CPD system for pharmacy should be considered by PSI in the development of future CPD models. Consideration also needs to be given to staff members in IIoP. They have enabled IIOP to deliver fully on all its responsibilities whilst simultaneously remaining committed to the more transformative model of CPD, despite recurring uncertainty relating to durations of contracts and limited opportunity for career progression. Any future model should provide stability and a supportive learning environment, to provide staff-members with career opportunities and a long-term future in the IIOP, in the interests of retaining the current experience and expertise.

Ultimately, the most fundamental issue at this point is achieving clarity on the intended purpose and scope of the CPD system for pharmacists in Ireland. Once this has been clarified, IIOP would be happy to provide more targeted insights to support PSI in identifying how the identified could be implemented.

Other insights

Issues that are not addressed by the current CPD system but which are relevant include the following:

- Mentoring & Coaching
- Research
- Pharmacy practice development
- Leadership of the professional agenda (as distinct from clinical, regulatory, academic, representative, or commercial agendas)
- Supporting advanced practice, through research, credentialing, fellowships
- Credentialing of pharmacy technicians

IIOP is available to share insights from national and international evidence relating to these and other issues. Whilst Mazars reviewed the current CPD system, they did not consider potential future requirements.

A review of the national and international evidence relating to CPD in healthcare professions indicates that there are several areas that should be considered in future manifestations of the CPD system for pharmacists. These include a range of workforce development initiatives aligned with the FIP Pharmaceutical Workforce Development Goals including the following:

- Goal 2: Early Career Training Strategy
- Goal 4: Advanced and Specialist Development
- Goal 5: Competency Development
- Goal 6: Leadership development
- Goal 7: Advanced Integrated Services
- Goal 11: Impact and Outcomes
- Goal 12: Pharmacy Intelligence
- Goal 13: Policy Development

Furthermore, issues of credentialing, professional leadership, funding and supporting CPD for pharmaceutical assistants and pharmacy technicians should be explored. In particular, task-shifting is going to be required to facilitate an expanded scope of practice for pharmacists, and this is an area where IIOP can assist by facilitating credentialing of technicians, which is a practical and efficient alternative to regulation of this cohort. Although it may be premature to develop these agendas presently, IIOP recommends that the statutory provisions for CPD and management arrangements in relation to IIOP, at worst, do not restrict future development and, at best, provide a framework that facilitates and enables future evolution of the CPD model.

Conclusion & Recommendations

The Mazars' Review has raised some important issues which should be addressed in any new CPD system. The most important recommendation relates to Governance and Management Arrangements and recommends that *"the scope of the CPD model desired (be updated) …. The mechanism by which that scope is best delivered should then be considered."*

Before any proposals for future CPD systems are developed, the scope of the CPD model desired needs to be clearly stated. This will inform all subsequent regulations, contracts, standards and implementation processes. This will also facilitate achieving unanimity of purpose between relevant stakeholders, thus resetting and aligning the mission of IIOP.

IIOP welcomes the indication from PSI that it is open to receiving this written submission. Effort has been made to provide insights in a concise and systematic way Implications for a revised CPD system and IIOP Recommendations have been identified throughout this submission and are summarised in table format for convenience. The timeframe for development of this submission did not permit for fulsome engagement with key stakeholders nor a full articulation of relevant issues. IIOP remains available to PSI to assist in any way that it can in supporting the ongoing evolution of the CPD system for pharmacists in Ireland.

Table 1: Summary of implications for a reviewed CPD system

Implications for a revised CPD System
Recommendation 1: Incorporation of intra and inter-profession collaboration into the CPD Model
• Intra and inter-profession collaboration should be positioned as key drivers of the CPD system and should be explicitly included as specific objectives in future contracts and work plans • Early engagement, co-creation and co-ownership of intra profession CPD must be sought before declaring it before requiring the IIOP (or any other vehicle) to make this happen • The other key drivers for CPD should be clarified at this point so that there is a shared understanding of what is required from the Irish CPD system for pharmacists. • CPD Accreditation standards should be removed/modified to facilitate inter-profession collaboration (See section 1.8) • Engagement with CPD organisations for other healthcare professions is required to facilitate inter-profession collaboration. This should be facilitated through IIOP rather than PSI, which is currently positioned as the point of contact for stakeholders who wish to collaborate with IIOP • Modification to the current out-sourced model is required to facilitate IIOP collaborating directly with CPD counterparts in other professions rather than through outsourced providers • Any CPD strategy in this area should enable/support healthcare and pharmacy strategy Therefore, engagement between IIOP and relevant stakeholders is required • Funding for inter-profession training needs to be considered and addressed in the funding model • Specific Key Performance Indicators should be developed to enable progress tracking of implantation of this recommendation
Recommendation 2: Reduction of the CPD review cycle period from 5 years, with removal of the restriction on the eligibility period during which newly qualified pharmacists become subject to the defined requirements
• Amendments would be required to SI 553/2015 to facilitate annual submission and review for the full register, with resultant changes being made to contractual arrangements • New PSI Council-approved Policy and standards for ePortfolio Review required • Funding and resource for IT system load testing and ePortfolio process modifications would be required to facilitate review of all submissions annually. Consideration to be given to future-proofing the system in light of the increasing number of pharmacy graduates expected in the coming years, as well as enabling simultaneous review processes for different cohorts, e.g. Pharmaceutical Assistants, against different review standards • Engagement exercise with the profession required to facilitate adaption to a new system of review • Arrangements for non-engagers or for those who do not meet the standard need to be put in place. Statute should provide PSI with powers to implement these arrangements.

Recommendation 3: Remove the Practice Review element from the CPD Model
• Statutory provisions for Practice Review should be removed from SI 553 • Practice Review requirements should be removed from IIOP Contracts, SLA and Workplan
Recommendation 4: Governance and Management Arrangements: Updates to the scope of the CPD model
• The purpose and scope of the CPD system needs to be clarified and articulated. This will provide direction for the model that should be adopted • Legal definitions, statutes, organisational/contractual arrangements, services, governance, funding etc should be defined by the stated purpose. This will address the confusion which has occurred to date about what the IIOP could or should be, and will enable to system to adapt to the revised articulation of purpose. It will also enable the IIOP to move to a more appropriate resourcing model • Statutory instruments should grant power to PSI Council to establish the appropriate provisions relating to CPD in line with the desired model, without including the specific details. Specifics can be considered in PSI Council Approved policies and processes. The powers granted to PSI Council under such a statutory instrument should also provide scope for developing processes or statutes to support future evolution of the profession
Recommendation 5: Incorporation of enhanced risk-based approaches to the sampling of practitioners for CPD review processes.
• The agreed review process needs to be reflected in statutory instrument and associated policies and processes
Recommendation 6: Development of a flexible, administrative process to couple annual registration with satisfactory CPD compliance
• Statutory provisions should be maintained in relation to referral processes from IIOP to PSI. • Statutory provisions should also maintain the current reference to pharmacists' ePortfolios being within their "absolute control" • PSI process for managing such referrals should be clearly articulated to the profession • Statutory provisions should grant powers to PSI for managing such referrals. e.g. withholding invitation to apply for continued registration • The appropriate policies and processes can be developed in line with legislation and any changes to the process be agreed and included in relevant SLAs with the IIOP
Recommendation 7: Self-Reflection: Incorporate peer feedback – or discussion – into the self-reflection process
• The reference to self-assessment should be maintained in the statute. Specific requirements should be addressed through PSI Approved policies and process. A more advanced model should be available through the IIOP for those who are interested in more meaningful feedback to support career development, advanced credentialing, and regulatory provisions and contractual arrangements should not hinder this

Accreditation/Quality Assurance of CPD programmes

- Appropriate QA assurance mechanisms should be in place for all CPD activities, but this does not necessarily equate to a need for accreditation of CPD activities
- The purpose of accreditation needs to be carefully considered
- Any statutory provisions relating to CPD accreditation should be sufficiently high level, so as to grant PSI the power to set accreditation standards and to identify when they should be applied
- Implementation of statutory provisions can be provided for in PSI Council Approved policies and processes
- Any statutory provisions regarding to CPD accreditation should be mindful of future requirements
- Future CPD systems should identify whether PSI or IIOP are responsible for accreditation of formal, postgraduate training programmes, such as pharmacist prescribing
- Credentialing of practitioners, rather than training programmes, should be considered in future models

CPD Activities

- Any future CPD system should incorporate CPD activities that support the stated purpose of the CPD model
- If a regulatory model is to be pursued, CPD activities can be more focused on transmission type activities (as outlined in Appendix 4)
- If a transformative model is considered, then more innovative CPD activities are required and this should be reflected in the future CPD system
- There should be direct communication between the IIOP and the health-system so that the CPD system support health-system needs. Whilst such plans can be subject to PSI approval, it is not efficient or pragmatic for PSI to act as an intermediary between the health-system and the IIOP, particularly if a transformative model, rather than a regulatory one, is to be adapted

Time frames did not allow for implications to be fully considered in the following areas: Peer Support, IT Infrastructure, Steering/Advisory Group, Management arrangement, Funding, National & International Engagement, Other learnings from the current system. IIOP would be happy to meet with PSI to discuss the potential implications of these issues on a new CPD system.

Table 2: Summary of IIOP Recommendations

Recommendations
Provisions to facilitate intra and inter-profession collaboration should be explicitly considered in the Irish CPD system. This is unlikely to be regulatory in nature, but rather should be articulated as an objective at implementation stage, informed by practice and health-system requirements and measured and tracked by specific key performance indicators. Inter-profession collaboration for CPD must be genuine, professional mutually beneficial, and beneficial to the health system and patients. A unidirectional approach else it would not be fruitful. More generally, the drivers of CPD are the most fundamental factors in determining the subsequent form of any CPD system. IIOP suggests that some drivers are notable in their absence in the section of the Mazars' Report which deals with this issue and, therefore, a clear articulation of the agreed drivers of the Irish Pharmacy CPD system is necessary to ensure alignment in understanding amongst all parties relating to the fundamental purpose of any revised system.
Annual submission and review for all registered pharmacists for ePortfolio Review, with regulation and implementation infrastructure adapted to support this. Consequences for those who do not engage with the review process or who fail to meet the required standards need to be clear. Statutory provisions could be helpful in granting PSI powers in this regard, such as withholding invitation from the PSI Registrar for continued registration. Standards for ePortfolio Review also need to be reviewed in the context of increased frequency of review.
Practice Review should be removed from the CPD model and system.
The scope of the CPD model should be reviewed to ensure alignment with the original intent of a transformational model of CPD. If the original ambition is to be retained, this can be best delivered by expanding existing IIOP functions to facilitate new approaches to CPD and workforce development in line with international best-practice in service of healthcare/pharmacy strategy. The scope and mandate of the IIOP would need to be adapted to deliver on this agenda. This may require a new management arrangement, where IIOP moves from being a service provider to PSI in a transactional arrangement, to a trusted partner with appropriate accountability for the professional development agenda in pharmacy. The nature of the relationship between IIOP and PSI should evolve and any future contractual arrangements should recognise the increasing maturity of IIOP and the CPD system
If Practice Review is to be removed from the CPD model, risk-based approaches to sampling are not required if frequency of ePortfolio Review is increased to annual review of all registrants. Processes need to be established for management of pharmacists who do not engage or who do not meet the required standard, and statutory provisions should grant the necessary powers to PSI to facilitate this.
Any new CPD system should remain faithful to the statutory provision that ePortfolio remains in control of the individual pharmacist and that submissions made to IIOP are not shared with the pharmacy regulator. Appropriate referral process should be revised and agreed in light of a move to annual submission and review process.

Formal structures and processes be established to promote behaviours related to giving and receiving feedback and that these be included in standards for ePortfolio Review as a means of ensuring engagement. Whilst a multi-source feedback approach would be most desirable, it may be necessary to adopt a stepwise approach to achieving this. Establishing processes of peer-to-peer feedback or discussions may represent a good starting point. It should be recognised that a multi-source feedback approach would be beneficial to pharmacists who wish to engage in professional development in a more meaningful way (beyond what is required as a minimum standard) and contractual and regulatory provisions relating to the IIOP should not impede the development of such approaches by IIOP.
Appropriate quality assurance processes should be applied to all IIOP activities. Formal CPD accreditation processes should be reserved for specific programmes as identified by PSI. Regulations should provide the appropriate powers to PSI in this regard and should be such that they can facilitate future accreditation needs. Accreditation at the level of the practitioner is a more appropriate mechanism of QA of practice and should be considered in future models. Noting the previous recommendation regarding inter profession collaboration, it is also worth exploring if accredited CPD programmes for other Healthcare Professionals could meet the requirements for pharmacists needs. This would also help to enable interprofessional collaboration rather than doubling up of any accreditation requirements.
A transformative model of CPD be adapted and that innovative approaches to CPD be developed to facilitate this agenda. The IIOP Work Plan Development Group should be re-established to ensure that the CPD agenda can be closely aligned with the health system agenda without requiring PSI to act as an intermediary.
The role of Peer support in the ongoing maintenance of the CPD system needs to be considered and developed.
The current statutory provisions should be maintained in relation to the IIOP website and ePortfolio. The IIOP IT infrastructure is a key enabler for the pharmacy profession. The inclusion of appropriate learning technology expertise in the core staffing requirements of IIOP is essential to maintaining and developing IT capabilities. It has frequently noted by key stakeholders within the health-system that the access to the IIOP IT infrastructure functionality could be valuable for other professions within the wider healthcare family, and this is certainly something that could be explored for the health-system in the longer term. IIOP is amenable to sharing insights or engaging in innovative collaboration arrangements across the wider healthcare system, if this is deemed appropriate.
Once the purpose of the CPD system is clarified and the appropriate management and governance arrangements relating to the IIOP have been established, the purpose and format of any Advisory/Steering Groups should be established. The original intention of an International Advisory Board should be re-considered in light of decisions made regarding the purpose and scope of the CPD system/IIOP.
IIOP should be established as an enabler of the evolving pharmacy profession by discharging the appropriate statutory duties with respect to CPD whilst also supporting authentic professional development at the levels of both the practitioner and profession. There should be a movement

away from a service mindset which is inherent in the current "management arrangement", as articulated in SI 553/2015, to a more authentic partnership arrangement between IIOP and PSI. The mechanism for delivery of CPD services should be aligned with the stated purpose and intent of the CPD model, as per Recommendation 4 of the Mazars' Report.
The funding models for future CPD arrangements should be re-visited with registrant fees potentially being addressed in statutory provisions. Independently, the funding arrangements for future CPD models need to be considered, particularly if a transformative model is to be considered, and new revenue streams and funding sources should be explored.
Maintenance of international engagement with relevant national and international organisations as an important part of ensuring that the CPD remains abreast of emerging practice, and this should to be considered in future models.
Recommendations from each of previous reviews of the Irish CPD system for pharmacy should be considered by PSI in the development of future CPD models. Consideration also needs to be given to staff members in IIOP. They have enabled IIOP to deliver fully on all its responsibilities whilst simultaneously remaining committed to the more transformative model of CPD, despite recurring uncertainty relating to durations of contracts and limited opportunity for career progression. Any future model should provide stability and a supportive learning environment, to provide staff-members with career opportunities and a long-term future in the IIOP, in the interests of retaining the current experience and expertise.

Appendix 1 – Sources of evidence which have informed this submission

Documents relating to CPD models

- PSI Review of International CPD Models 2010
- PSI Requests for Tender documentation 2011 and 2018
- PSI Contracts and Service Level agreements relating to hosting of the IIOP
- Report of Continuing Pharmaceutical Education Review Group. March 2008
- PA Consulting Review of International CPD Models, PSI, June 2010
- Crowe Horwath Review of Current Outsourcing Arrangements with respect to the Irish Institute of Pharmacy 2017
- RCSI Quality Review, Peer Review Group Report Irish Institute of Pharmacy 2022
- Mazars' Report Review of the Continuing Professional Development (CPD) Model for Pharmacists in Ireland (2023)

Information sources

- IIOP experiences, documentation and papers, including strategy, policies, Work Plans, PSI reports, DoH reports, internal and external meetings, presentations and publications and team discussions
- PSI experiences, documentation and papers, including PSI Council Reports, strategy, Work Plans, reports, requests to IIOP, projects, presentations and publications and meetings with individuals within PSI
- RCSI documentation and papers, including strategies, policies, reports, Surgery and Postgraduate Board proceedings, Academic Council proceedings, Quality Committee proceedings, institutional presentations and publications, and meetings with individuals working in areas relevant to professional development
- National and International evidence including peer-reviewed papers, conference presentations, working groups, workshops, meetings in the areas of pharmacy, lifelong learning, continuing professional development, professional competence development and assessment, accreditation, competency frameworks, integrated care, system leadership, credentialing, learning and development, coaching, mentoring, workforce development and practitioner wellbeing
- Relevant legislation: Pharmacy Act 2007, SI 553/2015, SI 449/2015, EU and Irish Public Procurement Rules
- Relevant Government policies
- Relevant HSE publications

IIOP Policies

- ePortfolio Review Policy
- ePortfolio Review Appeals Policy
- Practice Review Policy
- Practice Review Appeals Policy
- Practice Review Conflict of Interest Policy
- Accreditation Policy
- Data Protection and Cookies Policy
- IIOP Acceptable Usage Policy
- Complaints Policy
- IIOP/RCSI Data Retention Policy
- Social Media Policy
- Event Delivery Strategy Policy
- IIOP Hybrid Working Plan Policy

IIOP Standard Operating Procedures

- IIOP SOP System
- PSI-IIOP Data Transfer SOP
- Handling Queries & Phone Management SOP
- Quarterly Invoicing Process from IIOP – PSI SOP
- Accreditation Procedures SOP
- Training Programme Self –Declaration Report Process and Updating SOP
- Training Programme & Event Evaluations SOP
- Continued Accreditation Process SOP
- Procurement and Evaluation SOP
- Password Unblock User lockout SOP
- Resetting Users Password SOP
- IIOP Courses & Events Announcements SOP
- LMS Course Management SOP
- CKR Administration SOP
- MCQ Writing and MCQ Review Workshops SOP

Regular Reports submitted to PSI

- DoH/PSI Funding drawdown schedule
- Monthly Finance pack (2013-2018)
- Quarterly Finance pack (2018-now)
- Quarterly Metrics Report submission
- Annual Work Programme proposal and agreement
- Twice yearly reports on the implementation of the annual work programme to DoH

- Milestone reports for key projects to secure funding drawdown (e.g. Metrics Reporting for ePortfolio Review, Metrics Reporting for Practice Review)
- IIOP Annual Report
- IIOP PSP Report (annual)
- Referral of pharmacists to the Registrar of the PSI where required following statutory processes
- Communication of accreditation recommendations to PSI Registrar for approval
- Monthly data transfer to update membership database
- IIOP Staff Letter submitted to PSI detailing any updates to personnel within the IIOP team

Regular Meetings with PSI

- Quarterly PSI: IIOP meeting
- Bi-annual Strategy meeting with PSI and IIOP
- Weekly PSI: IIOP meeting*
  *not minuted

Project specific submissions and meetings with PSI

CPD Model Review

Meetings with Executive Director, IIOP with Mazars team 25 January, 29 March, 4 April 2023

Attendance by Mazars team member at Practice Review event April 2023 to give insight into the running of the day

Meeting with Executive Director and Operations Director, IIOP with Mazars team 8 September 2023

Meeting with CEO/Registrar RCSI 15 September 2023

Practice Review discussion paper submitted to PSI 16 January 2024 for consideration by PSI Council

Exploratory meetings on 20 February and 14 March 2024 to explore the implementation of the recommendations from the Mazars' Report

Review of the CPD Model for Pharmacists Project – support and information provided to PSI and Mazars via meetings, reports and response to requests

Report on the Development of a CPD Model for Pharmaceutical Assistants

IIOP Contracts and Service level agreements relating to a wide range of sub-contracts relating to delivery of outsourced IIOP services

Reviews of current CPD system, including Crowe Horwath "Review of Current Outsourcing Arrangements with respect to the Irish Institute of Pharmacy" 2017, RCSI Quality Review 2021, Mazars' Review of the Continuing Professional Development (CPD) Model for Pharmacists in Ireland (2023)

Accreditation

IIOP panel member for PSI's assessment panel to review training programmes for pharmacists as required

- PSI Review of mRNA Comirnaty COVID-19 Vaccine NIO training, January 2021
- PSI Review of Astra Zeneca Vaccine NIO training, February 2021
- PSI Review of Jansenn Vaccine NIO training, April 2021
- PSI Review 5-11 year old vaccine NIO training, January 2022
- PSI Review Nuvavaxoid NIO training, March/April 2022
- PSI Review mRNA booster vaccines NIO training, September 2022
- PSI Review 4month-5year old vaccine training, February 2023
- Request for IIOP panel member to review HSELand Naloxone training, March 2024

Review of the PSI Accreditation Standards for CPD Programmes and Courses for Pharmacists

- Meetings with PSI team to discuss accreditation 23 January 2024
- IIOP presentation made to PSI Working Group established to assist in the review of the Accreditation Standards for CPD Programmes and Courses for Pharmacists on 11 September 2023
- Documents relating to the ongoing quality assurance of non-accredited CPD offerings, including "In Conversation with…" webinar series and non-accredited online training resources shared with PSI, 6 March 2024

PSI Workforce Intelligence Report

Launch of the Workforce Intelligence Report, 25 September 2023

Working Group 1: Pharmacy Workforce Challenge, 8 December 2022

Working Group 2: PSI Workforce Project, 8 February 2023

Working Group 3: PSI Workforce Project, 4 April 2023 (Burnout Study shared with PSI following this meeting)

Working Group 4: PSI Workforce Project, 25 May 2023

DoH Expert Taskforce 2023/2024

Attendance by 3 members of the IIOP at the PSI virtual workshop on the first recommendation of the Expert Taskforce to support the expansion of the role of pharmacists in Ireland

"IIOP observations on PSI workshop exploring implementation of DoH Expert Taskforce Phase 1 Recommendations" sent on 19 December 2023

Proposal for PSI Advanced scope of practice estimates submitted 31 July 2023

Pharmacist support requirements for Phase 1 Expert Taskforce Recommendations draft document submitted to PSI 23 February 2023

Supports to Pharmacists to support Prescription Extension Services meeting with PSI 16 February 2023

Government policies: Slaintecare,

HSE publications: HSCP

Governance

Contract term extension for provision of services via the IIOP

Data retention query re right to be forgotten

Freedom of information request relating to Practice Review costs

MoU in place with PSI for the Professional Practice Resource and Pharmacy Medicines and Legislation Training Programme

SI training programme certification requirements

Subcontract extension management and contract novation agreements with PSI approaching end of parent contract

IIOP Contracts and Service level agreements relating to a wide range of sub-contracts relating to delivery of outsourced IIOP services

RCSI documentation and papers, including strategies, policies, reports, Surgery and Postgraduate Board proceedings, Academic Council proceedings, Quality Committee proceedings, institutional presentations and publications, and meetings with individuals working in areas relevant to professional development

Review of the Core Competency Framework 2022/2023

IIOP Perspective" submitted to PSI, 28 February 2023 and revised version submitted 20 March 2023

Implementation of the revised CCF meetings 17 August 2022, 9 November 2022, 17 November 2022, 18 January 2023, 30 January 2023, 15 February,10 March 2023, 25 April 2023, 21 July 2023

Proposal paper "Implementation of the updated Core Competency Framework for Pharmacists

Roadshow and webinar organised and delivered by IIOP to engage the profession.

IIOP experiences, documentation and papers, including strategy, policies, Work Plans, PSI reports, DoH reports, internal and external meetings, presentations and publications and team discussions

PSI experiences, documentation and papers, including PSI Council Reports, strategy, workplans, reports, requests to IIOP, projects, presentations and publications and meetings with individuals within PSI

Information gained through relevant organisation membership

- DoH Expert Taskforce, Research sub-group
- PSI/DoH Pharmacy Workforce Working Group
- International Pharmacy Federation
- Learning and Development Ireland
- European Mentoring and Coaching Council (EMCC HR Capability Leaders Group)
- Psychological Society of Ireland

RCSI Memberships

- Surgery and Postgraduate Faculty Board
- Academic Council
- RCSI Quality Committee
- Senior Leaders Group

HSE/DoH

- Probity Governance Group
- PAMS-Net Working Group
- NCCP Early Diagnosis of Cancer Screening

Other

- CORU Counsellors and Psychotherapists Registration Board
- Global Forum for Quality Assurance of Continuing Education
- International Committee Member of Life Long Learning in Pharmacy

Presentations

Year	Conference Name	Presentation Name	Authors
2014	Medicines Management Symposium	IIOP CPD System	Bradley, C
2015	National Pharmacy Summit	CPD for a busy pharmacist	Bradley, C
2015	International Pharmaceutical Federation Congress	Pharmacy Needs more Leaders	Bradley, C; Austin, Z; Coombes, I; Brock, T
2016	School of Pharmacy, University College Cork	Continuing Professional Development for Students & Professionals	Bradley, C
2016	Life Long Learning in Pharmacy Conference	An Overview of the Irish Institute of Pharmacy	Bradley, C

2016	Faculty of Nursing and Midwifery Conference	An education masterclass on the use of ePortfolios in relation to CPD and Professional Competence	Bradley, C
2016	European Mentoring and Coaching Council	Keynote	Bradley, C
2016	CLCep Think Tank	A new ePortfolio and CPD system for pharmacists	Bradley, C
2016	School Of Pharmacy Trinity College	An overview of the Irish Institute of Pharmacy	Bradley, C
2017	ICGP Substance Misuse Conference	The Pharmacist's Role in Preventing Dependency on OTC and Other Medications	Duggan, B
2018	Prato Symposium - Pharmacy Education	Keynote	Bradley, C
2018	Life Long Learning in Pharmacy	Coaching a Profession: The Evolution of CPD in Pharmacy	Bradley, C
2018	Nursing & Midwifery Conference	Governance and quality within education and CPD for Irish Pharmacy	Drumm, S
2019	Presentations, workshops and round-table discussions, as part of the Visiting Expert Programme, hosted by Chief Pharmacist, Singapore Ministry for Health	• Lifelong Learning - Building and Sustaining a Quality Healthcare Workforce • Building a Culture of Growth Mindset • Reflection in Education • Motivating for Change at System Level • Team Dynamics • Reflective Practice	Bradley, C
2019	EMCC	Coaching a profession: The implementation of a new continuing professional development model in Irish pharmacy	Bradley, C; Morrow, K
2020	CLEAR Conference	IIOP Presentation	Bradley, C
2021	EMCC	Building a culture of Mentoring in Pharmacy- a prescription for success.	Chambers, S; Clarke, R
2022	FIP Seville	Shared experiences and lessons learnt during the pandemic: Mental health challenges - Resilience of the pharmaceutical workforce pre, during and post the pandemic	Bradley, C

2023	Life Long Learning in Pharmacy, Colorado	Establishing a profession-wide mentoring programme – "soft" skills and hard realities	Bradley, C, Chambers, S
2023	All Ireland Pharmacy Conference	Burnout amongst Irish Pharmacists the impact of psychological capital and job crafting	Bradley, C
2023	All Ireland Pharmacy Conference	Unleashing Potential: A Comprehensive Analysis of the Evolution of Irish Pharmacist Mentorship from Pilot to Annual Programme	Chambers, S

IIOP Papers

Drumm S, Moriarty F, Rouse MJ, Croke D, Bradley C. The Development of an Accreditation Framework for Continuing Education Activities for Pharmacists. Pharmacy (Basel, Switzerland). 2020 Apr;8(2):E75. DOI: 10.3390/pharmacy8020075. PMID: 32353981; PMCID: PMC7356991.

Kennedy, M.-C.; Reast, A.; Morrow, K.; Bourke, F.; Murphy, C.; Arnett, R.; Bradley, C. Reviewing Competence in Practice: Reform of Continuing Professional Development for Irish Pharmacists. *Pharmacy* **2019**, *7*, 72. https://doi.org/10.3390/pharmacy7020072

Kennedy, M.-C., Bradley, C., & Arnett, R. (2023). Direct evaluation of skills, knowledge and behaviours of pharmacists in the Republic of Ireland. Pharmacy Education, 23(1), p. 514–520. https://doi.org/10.46542/pe.2023.231.514520

IIOP Posters

Year	Conference Name	Presentation Name	Authors
2015	Interprofessional Pharmacy Education Conference	Posters	Bradley, C
2015	Intergrated Care Conference	Establishing a CPD system for pharmacists which supports inter-professional collaboration in the interests of enhancing patient care	Bradley, C
2017	International Pharmaceutical Federation (FIP) World Congress	Developing a strategic plan for a new Institute of Pharmacy - The Irish Institute of Pharmacy experience	Duggan, B; Drumm, S; Bradley, C

2017	International Pharmaceutical Federation (FIP) World Congress	Developing a pilot Practice Review Process to support quality assurance of pharmacy practice in Ireland	Katherine Morrow, K; Bourke, F; Reast, A; Saenz Saralegui, S; Bradley, C
2017	International Pharmaceutical Federation (FIP) World Congress	Exploring pharmacists' perspectives on involvement in a peer support network	O'Hagan, J; Saenz Saralegui, S; Sheehan, K; Porter, R; Moriarty, F; Collins, R; Catriona Bradley
2017	International Pharmaceutical Federation (FIP) World Congress	Developing a continued accreditation process for pharmacy education programmes in Ireland	Drumm, S; Duggan, B; Bradley, C
2017	International Pharmaceutical Federation (FIP) World Congress	Developing a modular approach to training on the administration of medicines in an emergency situation in Ireland	Duggan, B; Reast, A; Saenz Saralegui, S; Bradley, C
2017	International Pharmaceutical Federation (FIP) World Congress	Developing a pilot Practice Review Process to support quality assurance of pharmacy practice in Ireland	Scott, M; Drumm. S; 1, Duggan. B; 1, Arnett. R; Bradley, C
2017	International Pharmaceutical Federation (FIP) World Congress	Developing a strategic plan for a new Institute of Pharmacy - The Irish Institute of Pharmacy experience	Duggan, B; Drumm, S; Bradley, C
2017	International Pharmaceutical Federation (FIP) World Congress	Developing an online training programme to support the supply and administration of salbutamol in pharmacy	Scott, M; Drumm, S; Bourke, F; Duggan, B; Bradley, C
2017	International Pharmaceutical Federation (FIP) World Congress	Developing educational materials to address a range of learning styles - insights from a training programme for pharmacists in Ireland	Morrow, K; Duggan, B; Saenz Saralegui, S; Reast, A; Bourke, F; Bradley, C
2017	Prato Symposium - Pharmacy Education	The development of a multi-pronged training approach to enable pharmacists prepare for ePortfolio review submissions	Morrow, K; Bourke, F; O'Hagan, J; Arnett, R; Bradley, C.

2017	Prato Symposium - Pharmacy Education	The role of a peer support network in promoting and supporting culture change in the area of Pharmacy CPD	O'Hagan, J; Duggan, B; Bradley, C
2018	CME Conference	How do we recognise Continuing Education within a Continuing Professional Development system that is reflective and outcomes-focussed? A case study from Irish Pharmacy.	Drumm, S; Bradley, C
2023	All Ireland Pharmacy Conference	PAMS-net - Creating a Community of Practice	O'Mahoney, A; Chambers, S; Bradley, C
2023	All Ireland Pharmacy Conference	IIOP COVID-19 Information Hub to Support Pharmacists during the COVID pandemic	O'Dwyer, A; Bourke, F; Bradley, C; Chambers, S
2023	All Ireland Pharmacy Conference	Webinars: A Digital Lifeline for Pharmacists' Continuing Education and Professional Growth	Cunningham, A; Bourke, F; Chambers, S; Bradley, C

Appendix 2 - IIOP Discussion Document on Draft Mazars' Report

Redacted – Discussion document submitted to PSI

Appendix 3 - Irish Institute of Pharmacy discussion document relating to implementation of Mazars' CPD Review Recommendation in relation to Practice Review

Redacted – Discussion document submitted to PSI

Appendix 4 – Overview of Models for CPD

The philosophical underpinning for CPD is to facilitate development of a professional to ensure that they maintain competence which, at worst, enables them to practice safely and, at best, enables them to practice at the leading edge of patient care. The specific model adopted is determined by whether the intention is to maintain minimum standards or promote excellence in practice. Models designed to maintain minimum standards tend to focus on deficiencies, core competencies and transmission of information. Models designed to promote excellence tend to focus on practitioner enablement and evolution.

Generally, the philosophical underpinning for CPD is to and facilitate continuing professional development. The specific driver(s)/purpose(s) for CPD will dictate the model which should be used. Kennedy et al identified the following nine models, with the associated drivers/purpose:

(https://www.tandfonline.com/doi/pdf/10.1080/13674580500200277).

Model of CPD	Purpose of the model
Training model	to update skills in order to be able to demonstrate competence. Knowledge-focused and contextually-void model (Hoban 2002)
Award-bearing model	To complete award-bearing programmes of study – usually, but not exclusively, involving external validation. This external validation can be viewed as a mark of quality assurance, but equally can be viewed as the exercise of control by the validating and/or funding bodies.
Deficit model	to address a perceived deficit in individual performance
Cascade model	to cascade or disseminate information. It is commonly employed in situations where resources are limited
Standards-based model	to demonstrate that standards (e.g. competencies) have been met
Coaching/Mentoring model	to support CPD through one-to-one relationships, generally peer-to-peer.
Community of Practice model	to support CPD through a community of practice where learning happens as a result of the community and its interactions, and not merely as a result of planned learning episodes such as courses
Action Research model	to support individuals to engage in action-based research so that CPD is research-informed
Transformative model	to combine a combination of practices and conditions to support a transformative agenda. It recognises that a combination of different approaches are required to support transformative practice.

Model of CPD	Purpose of model
The training model The award-bearing model The deficit model The cascade model	Transmission
The standards-based model The coaching/mentoring model The community of practice model	Transitional
The action research model The transformative model	Transformative

Increasing capacity for professional autonomy

The CPD model best suited to a particular system is determined by the underpinning purpose, expectations and possibilities. Five key questions are proposed by Kennedy et al for the analysis of models of CPD:

• What types of knowledge acquisition does the CPD support, i.e. procedural or propositional?

• Is the principal focus on individual or collective development?

• To what extent is the CPD used as a form of accountability?

• What capacity does the CPD allow for supporting professional autonomy?

• Is the fundamental purpose of the CPD to provide a means of transmission or to facilitate transformative practice?

The distinct purpose for CPD necessitates very different models of CPD; for example, CPD which aligns itself with the training, award-bearing and deficit models supports a 'transmission' view of CPD. On the other hand, CPD which is required to support practitioners in contributing to and shape pharmacy policy and practice would align itself more naturally with the action research and transformative models

The key characteristic of the transformative model is its effective integration of the range of models, together with a real sense of awareness of issues of power, i.e. whose agendas are being addressed through the process. This model features increasingly in academic literature and appears to provide an antidote to the constricting nature of the standards, accountability and performance management agenda. However, an explicit awareness of issues of power means that the transformative model is not without tensions, and indeed it might be argued that it actually relies on tensions: only through the realisation and consideration of conflicting agendas and philosophies, can real debate be engaged in among the various stakeholders in education, which might lead to transformative pharmacy practice development.

Appendix 5 – Scope of Services as per PSI Tendering Process 2011

PSI
THE PHARMACEUTICAL SOCIETY OF IRELAND
THE PHARMACY REGULATOR

18 Shrewsbury Road,
Ballsbridge, Dublin 4,
Ireland.

T. 01 218 4000
F. 01 283 7678
E. info@thepsi.ie
W. www.thePSI.ie

Invitation to Tender

for

The Establishment of an Institute of Pharmacy Managing Body

[Tender Ref: PSI 5-10]

Closing Date: 5th April 2011

TABLE OF CONTENTS

DEFINITIONS

"**Award Criteria**" means the evaluation criteria set out in Section 7.4 of this ITT;

"**Closing Date**" means the deadline for submission of a completed Tender as set out in Section 5.1 of this ITT;

"Contract Notice" means the notice advertised in the OJEU on 19 November 2010;

"**CPD**" means Continuing Professional Development;

"**ITT**" means this Invitation to Tender document which is made available to shortlisted Tenderers;

"**OJEU**" means the Official Journal of the European Union;

"**PEARs**" means Pharmacy Education and Accreditation Reviews;

"**PSI**" means the Pharmaceutical Society of Ireland as established under the Pharmacy Act 2007;

"**Project**" means the establishment of an Institute of Pharmacy Managing Body as further set out in Section 1 and Schedule 1 of this ITT;

"**Scope of Services**" or "**Specification**" means the services set out in Schedule 1 to this ITT;

"**Tender**" means a tender submitted by a Tenderer in direct receipt of this ITT from the PSI;

"**Tenderer**" means a person, company or consortium in direct receipt of this ITT from the PSI. "Tenderer" may include any individual, partnership, consortium, or any other type of joint venture or grouping, with or without legal personality.

1. THE PROJECT

PSI recently commissioned studies to review the 5 year programme of education and training required to qualify as a pharmacist and the associated accreditation system (in August 2008) and to review international Continuing Professional Development (CPD) models to determine an appropriate system of CPD for pharmacists in Ireland (in January 2009). The recommendations emerging from both these studies were approved by Council of the PSI on 1st June 2010. A copy of these reports is available on the PSI website at www.ThePSI.ie.

The PSI now wishes to proceed with the implementation of these recommendations to ensure a competency based approach to development that extends across both pre-registration and ongoing registration systems. With regard to the latter, the CPD review recommends the establishment of "an Institute overseeing the management and delivery of CPD, funding and supporting appropriate provision and ensuring outcomes are generated by providers and assessing the practice standards of pharmacists".

The PSI now wishes to commission a managing body to establish and operate this Institute of Pharmacy. The Institute will also be required to contribute to the PSI's core duty of taking suitable action to improve the profession of pharmacy as foreseen in the Pharmacy Act 2007 and to implement the recommendations contained in the interim report of the Pharmacy Ireland 2020 sub-committee of the PSI Council (report available on the PSI website at www.ThePSI.ie).

In order to manage the implementation and on-going management of the CPD system allied with the development of pharmacy services, the PSI requires the establishment of this Institute. It is intended that this Institute will lead the development of a CPD system for pharmacists in Ireland and ensure its effective ongoing operation in conjunction with leading the development of the profession of pharmacy with a view to expanding the scope of practice for pharmacists and the development of expanded service provision in the interests of patients. It will be responsible for overseeing the management and delivery of CPD, funding and supporting appropriate provision and ensuring outcomes are generated by providers and assessing the practice standards of pharmacists. It is also intended that the contract will include the appointment of an Institute Executive Director to manage the Institute overall and a Director of Pharmacy Practice Development to oversee the development of pharmacy services. These appointments will be made in consultation with the PSI and PSI will have a right of veto over the candidate chosen.

An initial 4 year contract extendable for a year by agreement between the parties to take on the services of the Institute of Pharmacy Managing Body will be awarded to the successful tenderer on the basis that a series of services will be undertaken and milestones met over this period. The Scope of Services is set out at Schedule 1.

The implementation of these Services will require a significant change in ways of working across the entire pharmacy profession.

2. SCOPE OF PROJECT

The PSI now invites shortlisted Tenderers to submit a Tender for the provision of Services as set out in Schedule 1of this ITT. The format for responses is set out in Schedule 2.

3. **PROCUREMENT PROCEDURE**

3.1 This public procurement process is operating in accordance with the Restricted Procedure as set out in EU Council Directive 2004/18/EU as transposed into Irish Law by Statutory Instrument S.I. No. 329 of 2006.

3.2 A Contract Notice was published in the OJEU on 19 November 2010.

3.3 PSI reserves the right, in its absolute discretion to abandon the Tender process at any stage for any reason and will bear no costs for any party's participation until that date.

4. **GENERAL INFORMATION**

4.1 **Confidentiality**

This ITT is issued on a confidential basis and its contents should not be disclosed to third parties. Tenderers (and in the case of a consortium, each member thereof) shall not release details of the ITT other than on a confidential basis to those with whom they need to consult for the purpose of preparing and submitting their Tender.

4.2 **English Language**

Tenderers shall provide an English translation of any correspondence and documentation contained within the Tender that is not in English.

4.3 **Currency**

Tender prices must be submitted in euro only. All invoices and payments will be in euro.

4.4 **Accuracy of Information**

Neither PSI nor their advisers, consultants, contractors, servants and/or agents shall have any liability or responsibility in relation to the accuracy, adequacy or completeness of information or statements made in this ITT. The information does not purport to be comprehensive or to have been independently verified.

4.5 **Conflicts of Interest**

Tenderers are required to disclose, as part of their Tender, any actual or potential conflict of interest that may arise in the course of the provision of Services. Tenderers are also requested to identify the principles and procedures they will apply to deal with any conflict of interest.

4.6 **Canvassing**

Any attempt by a Tenderer to influence the process of the Tender evaluation and/or award of the Contract through canvassing or any other means shall result in that Tender being rejected. Tenderers are also advised that the use of improper influence will also result in a Tender being automatically disqualified. Examples of such improper influence include, but are not limited to, collusion, price fixing, consideration of any kind as an inducement or reward.

4.7 **Freedom of Information**

The PSI is subject to the Freedom of Information Acts as amended from time to time. Tenderers should consider any information they provide in the course of this competition that

they deem to be commercially sensitive or confidential in nature and should mark such information as "commercially sensitive" or "confidential" and give reasons. The PSI will consult with such Tenderers about sensitive information before making a decision on any Freedom of Information Request.

4.8 **Tendering Costs**

Tenderers shall bear all costs associated with the preparation and submission of their Tender, including clarification and other meetings if required (see also Section 7.2).

Tenderers acknowledge that PSI reserves the right to amend or terminate this process at any time for any reason and that no claim for costs can be made at any time regardless of the outcome of the competition. In no event will PSI be liable for any damages whatsoever, including without limitation, damages for loss of profits in any way connected with the cancellation of this competition.

5. RETURN OF TENDERS

5.1 **Closing Date**

The Closing Date and time for receipt of Tenders is Tuesday 5th April 2011 at 12 noon at the address detailed below.

5.2 **Number of Copies**

Tenderers shall submit five (5) bound hard copies and one (1) soft copy of their ITT in one or more sealed envelope(s)/boxes clearly labelled on the outside:

Tender – Institute of Pharmacy Managing Body
Ref: PSI 5-10
Mr. Andrew Brownlee
PA Consulting Group
Second Floor, Embassy House
Herbert Park Lane
Ballsbridge
Dublin 4

Envelopes must also state the name and address of the Tenderer on the outside of the envelope/box.

Loose pages shall not be evaluated.

One hard copy should be marked "*Master Copy*". In the event of any inconsistencies, the Master Copy will prevail.

Submissions sent by facsimile or email will not be accepted under any circumstances.

Tenderers should retain a full copy of their Tender.

5.3 **Late Tenders**

A Tender received after the Closing Date will not be accepted and will be returned to the sender, unopened, if possible, or if not, date stamped with the date upon which it was opened.

6. COMMUNICATIONS

6.1 Contact Details

All queries and/or communications in respect of this competition should be made in writing or email with a subject header of "Establishment of an Institute of Pharmacy Managing Body" to:

Attention:	Lorraine Horgan
Email:	procurement@ThePSI.ie
or	
Fax:	+353 1 283 7678

6.2 Closing Time and Date for Queries

In line with the clarification process detailed in Section 6.3, initial queries should arrive by 3rd March 2011. Further queries should arrive by 22nd March 2011. Final queries should arrive no later than 10 calendar days prior to the Closing Date (25th March 2011).

Copies of all queries and PSI's responses shall issue to all Tenderers no later than six (6) working days before the Closing Date.

If Tenderers consider their query is of a confidential or commercially sensitive nature, the Tenderers must mark the query as confidential. If PSI considers, at their sole discretion, that a query is not confidential, PSI will notify the Tenderer of its decision and the Tenderer will have the opportunity to withdraw the query or re-submit it on a non-confidential basis.

6.3 Clarification of Tenders

Tenderers may submit written queries at any time up to 10 calendar days prior to the closing date (25th March 2011). However the PSI wants to offer Tenderers the opportunity to meet twice during the tender period to answer any questions or clarify any issue which Tenderers may have on the Invitation to Tender. Queries should be submitted in writing to be received by the PSI three days before the date scheduled for such meetings. The tentative timeline for such meetings is as set out below. However PSI is willing to be flexible on these dates where they do not suit the Tenderer.

24th February	Issue of Tender documents electronically;
3rd March	receipt of clarification queries from Tenderers to the PSI;
7th March	briefing session and meeting with Tenderers to discuss initial clarification queries followed by written responses;
22nd March	receipt of further queries by the PSI;
25th March	meetings with Tenderers to reply to the above queries followed by written responses;
5th April	submission of final tenders.

7. POST CLOSING DATE

7.1 Compliance

Tenders will be:

7.1.1 Checked for compliance with the requirements of this ITT; and

7.1.2 Evaluated against the criteria set out in Section 7.4 of this ITT.

Tenders which fail to comply with Tender formalities may be rejected. Any such decision will be made by PSI on a case by case basis.

7.2 Award of Contract

All Tenderers will be informed of the outcome of the evaluation in writing. Unsuccessful Tenderers will be offered a debrief.

PSI will award the Contract 14 days after debrief of unsuccessful Tenderers provided debriefs are requested within 14 days of notification of the outcome of the tender evaluation.

The Contract, if awarded, will be awarded to the most economically advantageous Tender in terms of the Award Criteria stated in Section 7.4 below.

7.3 Award Criteria

Criteria	Marks
Execution Methodology	[50]
Proposed Team	[25]
Fees	[25]

7.4 Basis for Scoring Under 'Execution Methodology' Award Criterion

The Scope of Services provided as Schedule 1 of this document details the work required to be undertaken by the Institute of Pharmacy Managing Body for the duration of the contracted period. In Schedule 2 the Form of Tender is set out which requires tenderers to propose an Execution Methodology in relation to 6 operational components and 9 distinct functions of the Institute of Pharmacy. The proposed Execution Methodology will be scored on the following basis:

- The degree to which the response addresses each of the ***operational component requirements*** in sufficient detail with clear and relevant information. (25 marks with equal marks being allocated to each component).
- The degree to which the response addresses each of the *functional requirements* in sufficient detail with clear and relevant information. (25 marks with equal marks being allocated to each component)

The Execution Methodology should be limited to a maximum of 20 sides of A4 with a minimum font size of 10 (c. 10,000 words).

7.5 **Basis for Scoring Under 'Proposed Team' Award Criterion**

The scoring of tenderers under the 'Proposed Team' award criterion will be based on the expertise of the proposed team members, the deployment of team and its capacity to deliver on the requirements from the Managing Body as follows:

- **Expertise of the Team Members** – The tenderers must make clear the qualifications, experience and relevance of the expertise to the requirements in delivering the services of the Managing Body. Full CVs should be provided for each proposed team member in the required format (listed in the Form of Tender in Schedule 2) The response will be assessed on the extent to which the expertise of the proposed team reflects that required to effectively serve as an Institute of Pharmacy Managing Body (15 marks).

- **Deployment of the Proposed Team** – The tenderers must describe the roles and responsibilities of the proposed team, the overall team structure and the resources to be allocated by each team member in delivery of the execution methodology. The response will be assessed on the appropriateness of the deployment of the proposed team in order to deliver the operational components and functions of the Institute of Pharmacy (5 marks).

- **Capacity of the Proposed Team** – The tenderer must provide details of the capacity of the proposed team to deliver on the requirements from the Managing Body, including availability of staff and other support resources. The response will be assessed on the extent to which capacity to deliver on the Managing Body requirements has been demonstrated (5 marks).

7.6 **Basis for Scoring Under 'Fees' Award Criterion**

The scoring of the tenders under the 'Fees' award criterion would be based on both fixed fee and hourly rate proposals in line with set formulae as follows:

- The lowest fixed fee proposal received will be awarded 20 marks. Other tenderers will be awarded a score in line with the following formula:

$$\frac{\text{Highest score available X lowest tendered price}}{\text{Tenderer's Price}}$$

- The lowest blended hourly rate proposal for any additional services required will be awarded 5 marks. Other tenderers will be awarded a score in line with the following formula:

$$\frac{\text{Highest score available X lowest tendered price}}{\text{Tenderer's Price}}$$

7.7 **Fees**

7.7.1 Both the fixed fee proposal for performance of the Services and the Hourly Rates submitted by the Tenderers shall be:

(i) inclusive of all expenses;

(ii) exclusive of VAT; and

(iii) increased on each anniversary of the Commencement Date of the Contract in accordance with the Index.

7.7.2 Tenderers are asked to include an Hourly Rate for 4 core categories of staff (managerial; administrative; technical; and learning and teaching) which will apply in the case of Additional Services not included within the Scope of Services. Hourly rates for each of these 4 categories.

7.7.3 Tenderers will be paid against Milestones with an indicative list as follows:

- CPD portfolio tool developed
- CPD website launched
- Initial CPD programme of activities launched
- CPD support structures in place
- Accreditation system for CPD providers and provision in place
- CPD portfolio review system in place
- CPD practice review process developed
- Completion of delivery of 2013 operations
- Completion of delivery of 2014 operations
- Completion of delivery of 2015 operations

This list will be finalised with the Preferred Bidder.

7.7.4 The current budget for the performance of the Services over the first full year of delivery:

Overall estimated budget of €1.0 Million to €1.2 Million consisting of;

- €500,000 from the PSI; and
- €500,000 to €700,000 from external funding sources (including funding raised by the successful tenderer).

Funding for the remainder of the Term of the Services Contract will depend on the annual budget allocated by the PSI and the availability of other funding support from external sources.

Given the nature of the above funding, Tenderers will be expected to be flexible as to the timing and extent of Services provided. If funding is substantially less than expected in any given year of the Term, PSI will commensurately reduce the number of Services that it asks the successful Tenderer to perform. In other words, PSI do not guarantee either that all Services will be required during the Term or the timing of when they will be required.

7.8 **Contract**

Tenderers are asked to review the terms of the draft Contract at Schedule 3 and to include any substantial issues in their tender submission.

7.9 **Pre-Condition to Award of Contract**

As a pre-condition to the Award of Contract, the successful Tenderer must furnish PSI with a valid Tax Clearance Certificate as issued by the Irish Revenue Commissioners.

Schedule 1

SPECIFICATIONS

1. Background

The Pharmaceutical Society of Ireland (PSI) was established under the Pharmacy Act 2007 (the Act) as the pharmacy regulator. The PSI acts in the interests of patient safety and public protection to regulate the pharmacy profession. In defining the functions of the PSI, the Act specified the need to ensure that pharmacists undertake appropriate continuing professional development. This marked a change from the existing approach of voluntary continuing education across the profession. As a result, the PSI commissioned a review of international CPD models in order to establish good practice and recommend an appropriate means and method of establishing a CPD system in Ireland.

The final report, which was approved by Council on 1st June 2010, made a series of recommendations on development and delivery of a new CPD system for pharmacists in Ireland (this report is attached with this document). These included an appropriate approach to governance of the system, with a proposal for "an Institute overseeing the management and delivery of CPD, funding and supporting appropriate provision and ensuring outcomes are generated by providers and assessing the practice standards of pharmacists".

Also in line with the PSI's duty in the Act to take suitable action to improve the profession of pharmacy, the Council of the Pharmaceutical Society of Ireland commissioned a report in 2008 reviewing pharmacy services currently provided in Ireland and comparing those to best practice in other countries. An interim report was produced which made recommendations on advancing clinical pharmacy practice to deliver better patient care. The PSI is committed to progressing these recommendations and wishes to engage an Institute in their roll-out.

2. Services Required

The PSI now wishes to progress with the recommendations within the CPD and pharmacy services reports by commissioning a Managing Body to deliver the services of an Institute of Pharmacy. It is intended that this Institute will have two core leadership roles:

- the development of a CPD system for pharmacists in Ireland and ensuring its effective ongoing operation; and
- the development of the practice of pharmacy in line with international best practice and evolving healthcare needs.

An initial 4 year contract extendable for a year by agreement between the parties to take on the services of an Institute of Pharmacy will be awarded to the successful tenderer on the basis that a series of services will be undertaken and milestones met over this period. The services that are to be delivered in this regard involve:

- ***Needs Identification.*** The Managing Body should ensure that appropriate expertise can be deployed and processes are in place to ensure that the needs of pharmacists working in different settings are identified and reflected in the CPD system. These processes should also ensure that the CPD system reflects needs in line with defined professional competency standards (these will be developed and formalised during the initial stages of implementation with a target date for finalisation of June 2011) with patient safety and safe and efficient care at the core of all such processes. The approach of the

Managing Body must also provide appropriate means for ensuring that the CPD system continues to meet the needs of pharmacists on an ongoing basis and supports the wider development of the profession. The identification of needs and structuring of provision to meet these needs should also reflect an overall framework of practitioner development, as outlined in the CPD review report.

- ***Pharmacy Practice Development.*** The Institute will be expected to lead work on development of the practice of pharmacy in Ireland to support the more active involvement of pharmacists in the delivery of integrated, patient-centred cost effective health services. This will involve facilitation and support of the implementation of evidence-based, protocol-driven, integrated clinical and therapeutic care, with a focus on optimising patient outcomes and meeting key safety, quality and cost-effectiveness objectives. To underpin this role, the Managing Body will be expected to appoint a Director of Pharmacy Practice Development, with the appointee agreed with the PSI. The Managing Body must support this Director in putting in place a:
    - means to identify and pursue opportunities around advancing the clinical practice of pharmacy and implementing the recommendations of the Pharmacy Ireland 2020 review of pharmacy services.
    - framework to identify and progress the most appropriate inputs required from pharmacists in implementation of HSE Quality and Clinical Care Directorate programmes.
    - structured approach to engagement with national healthcare policy stakeholders and also those representing other healthcare professions to ensure that the role of pharmacy in delivery of patient care can evolve in this context.
    - system of commissioning research to inform the development of pharmacy practice whenever appropriate.
    - structure to enable the piloting and road testing of protocols and initiatives to develop the practice of pharmacy within a network of teaching pharmacies and tutor pharmacists.
    - mechanism to ensure that CPD programmes and activities needed for the implementation of evolved roles and services are developed and rolled-out.
- ***Leadership and Engagement.*** The Managing Body should provide a structure that works closely in support of the Institute Executive Director and the Steering Group (further details are provided in Section 4 on 'Governance Arrangements') to build strong relationships with key stakeholders with an interest in development of the profession. The Managing Body will also be required to establish and manage an intensive programme of engagement with the wider pharmacy profession to ensure that developments, expectations and benefits are made clear to pharmacists at all stages of the process. This will be reflected in targets for participation by the profession in the CPD system as reflected within a Service Agreement with PSI.
- ***CPD Portfolio Infrastructure.*** The Managing Body will be responsible for development and maintenance of appropriate CPD portfolio infrastructure to facilitate the recording and reporting of engagement in CPD by individual pharmacists and the recognition and validation of compliance with the requirements of the regulator. In establishing the CPD portfolio infrastructure, the Managing Body must agree the key principles in linking CPD engagement and process of reporting to the PSI's system of continued registration. This system should be established in both electronic and paper-based formats and an appropriate e-portfolio platform must be set up by the Managing Body and approved by PSI. In this regard the Managing Body will be responsible for providing appropriate IT infrastructure and management and technical and maintenance support that will ensure that this platform works effectively to deliver on the needs of the CPD system. The Managing Body must develop, test and finalise the CPD portfolio system in partnership with PSI and key stakeholders to ensure that the tool is user-friendly and reflects the needs of a wide range of different pharmacists. The CPD portfolio must then be introduced with clear guidelines on recognition of different types of development activities within the portfolio to ensure that pharmacists are aware of the wide range of activities that can contribute to meeting CPD requirements. As part of this process, a repository for the electronic learning portfolios of all registered pharmacists must be provided by the Managing Body.

- ***CPD Support Structures.*** The Managing Body will be responsible for ensuring that adequate support structures and systems are in place to facilitate the engagement in CPD by pharmacists. A central resource in this regard will be a CPD website, with the Managing Body responsible for development and maintenance. A helpdesk function should also be included. By working in partnership with PSI, the options for how appropriate support infrastructure could be established will be developed and agreed and an appropriate approach selected. The approach will include the establishment of 'Incubator Units' which are intended to bring peers together across the pharmacy profession to help identify any issues in the development of the CPD system, share experiences in engagement and ensure that effectiveness can be continually improved (the Review of International CPD models provides further detail on the objectives of these units). The Managing Body will be expected to build and maintain relationships with stakeholders where there exists potential to build on existing structures and operations at regional and local level for establishment of support infrastructure. When support structures and supporting relationships are finalised, the Managing Body will be expected to set terms of reference where appropriate, agree the approach to communication and facilitation, select appropriate mechanisms and establish any facilities or systems required (e.g. IT resources to support virtual networks or incubator units).
- ***CPD Programme Development.*** The Managing Body will be responsible for the development of an initial programme of CPD activities to launch the system with a practical demonstration of the benefits that can be realised from engagement. Managing a budget which will be allocated by PSI for specifically such purposes, the Managing Body will identify and commission appropriate providers for:
    - A reflective practice capability building programme
    - An initial programme of learning and development activities that are recognised and promoted as part of the CPD system
    - A portfolio of online courses which can be accessed from the CPD website

  The Managing Body will also be expected to engage with the support structures established to ensure that the initial programme is clearly communicated to the profession and participation is facilitated.
- ***Establishment of Accreditation System.*** The Managing Body will be required to establish a formal system of accreditation for CPD providers and CPD provision, using standards set by the PSI. This will involve working in partnership with PSI to develop and map clear processes and systems to underpin the accreditation process (e.g. the application process, selection criteria, assessment process, awarding structure, etc). The approach to recognition of accreditation with the provider must also be made clear alongside how this can be communicated to the wider profession.
- ***Expansion of Programme of CPD Activities.*** The Managing Body will be responsible for coordinating the expansion of the programme of CPD activities in line with evidence of need during the period of the contract. This will include:
    - Development of activities required for the implementation of national clinical guidelines or other agreed protocols for safe and effective care;
    - Establishment of peer-related activities that can facilitate sharing of learning, building of buy-in and a higher level of engagement in CPD.
    - Identification of opportunities and development and roll-out of programmes of activity focused on inter-professional learning;
    - Identification of evolving CPD requirements in line with the development of the practice of pharmacy in Ireland.
    - Identification of potential provider organisations to meet particular needs and work with these organisations to scope out their role in the system, how provision will be accredited and how access by pharmacists will be facilitated and recognised;
    - Commissioning of provider organisations to deliver activities to meet the CPD needs of pharmacists in line with the practitioner development framework.
- ***CPD Portfolio Review System.*** The Managing Body will be responsible for putting in place a CPD portfolio review process that will validate engagement by pharmacists on an ongoing basis. The portfolio review system must examine the development and maintenance of competencies in line with the competency framework defined for the profession. In partnership with PSI, the Managing Body will be required to develop specifications for how CPD portfolios are reviewed and how the sample of pharmacists is selected for this review. The feedback process to individual pharmacists

must also be designed and implemented. When the approach is agreed, the Managing Body must clearly articulate the operation of the CPD portfolio review system to the profession and launch and maintain the system over the contracted period. A sample of 20% of the Register of Pharmacists should be covered by the CPD portfolio review process each year.

- ***CPD Practice Review Process.*** In addition to the CPD portfolio review system, the Managing Body will be required to establish a peer-developed practice review process which recreates patient facing scenarios to assess competency along with other assessment methods. The Managing Body must work with key stakeholders and support structures, including the Incubator Units, to ensure sufficient peer input into the design and delivery of the system and commitment to its undertaking. The Managing Body must also put in place appropriate training mechanisms to allow peers to act as assessors during the process and must develop and test the process with a sample of pharmacists to identify issues and improvements prior to roll-out. The Managing Body must also work with PSI to agree and define the remedial process for pharmacists that do not demonstrate the defined competency standards and the process of referral when non-compliance with CPD requirements is evident (in line with the key principles agreed around continued registration). This must include a remedial system which works with non-compliant pharmacists to address particular issues and facilitate continued registration. The Managing Body must then communicate the launch of the practice review exercise to the profession, making clear the objectives and nature of the exercise, the role of peers in its development, benefits for the profession, basis for selection, expectations from participants and roll-out schedule. The first round of practice reviews should then be delivered with a sample of the profession to be agreed with PSI.

The delivery of all these services by the Managing Body will ensure a focus on the development of the practice of pharmacy in line with national healthcare needs, supported by full establishment of the CPD system by the deadline of January 2014. The Managing Body will be responsible for the ongoing management and monitoring of the process throughout the course of the contract.

3. Delivery Milestones

In establishing and maintaining the CPD system, the Managing Body will be accountable for realisation of key implementation milestones as follows:

- CPD portfolio tool developed by April 2011
- CPD website launched by April 2011
- Initial CPD programme of activities launched by April 2011
- CPD support structures in place by June 2011
- Accreditation system for CPD providers and provision in place by October 2011
- CPD portfolio review system in place by February 2012
- CPD practice review process developed by March 2013

These dates against which these milestones are to be realised were established at an early stage of the process and it is recognised that the timeframe for appointment of the Managing Body will impact upon their successful achievement. These milestones will therefore be finalised when the Managing Body is appointed.

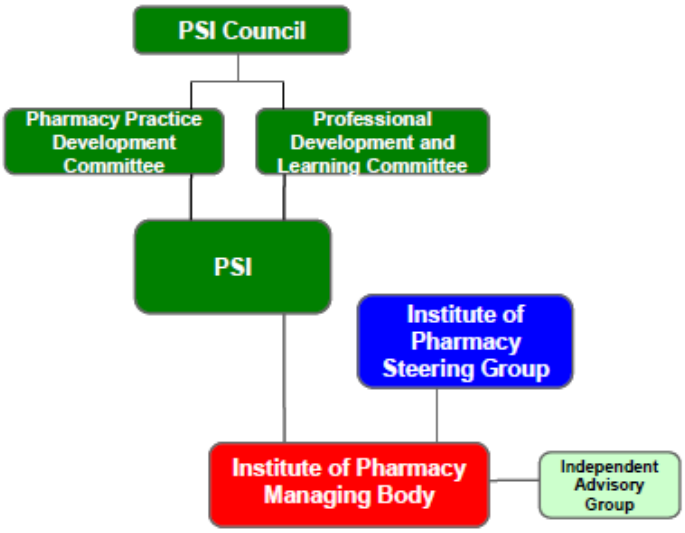
4. Governance Arrangements

In line with the findings from the Review of CPD Models report and the legislative responsibilities of the PSI under the Pharmacy Act 2007, the Managing Body will be required to ensure strict adherence to the following governance arrangements:

- ***Service Agreement with PSI*** – A Service Agreement will be entered into between PSI and the Managing Body to frame the delivery of the services noted and achievement of the milestones. This Service Agreement will clearly define responsibilities, systems, processes and activity levels in line with the requirements of the PSI. The Managing Body will be expected to produce formal progress reports for the PSI in line with the Service Agreement on a quarterly basis.
- ***Steering Group for the Institute*** – A Steering Group will be established by the PSI involving a representative cross-section of stakeholders to oversee the management of the Institute. This is intended to ensure ownership and buy-in and a 'needs-focus' to provision. The Steering Group will be responsible for developing and agreeing a strategic plan with the Managing Body for the initial 5 year period of appointment. This strategic plan will set out the objectives of the Institute's services (as provided by the Managing Body) and key targets/milestones for delivery. It will form the basis for annual business and action plans outlining detailed activities and budgets which will be approved by the Steering Group and monitored on an ongoing basis.
- ***Independent Advisory Panel of the Institute*** – An independent advisory panel with a strong inter-disciplinary focus, including international and national experts will be established by the PSI to provide ongoing advice to inform the development and operation of the CPD system. This panel will be responsible for ensuring the focus remains on patient safety via practitioner development ties. The Managing Body will be expected to attend panel meetings on a quarterly basis and agree and report on actions agreed at each of these meetings.
- ***Executive Director of the Institute*** – The Institute Executive Director will play a key leadership role in the development and delivery of the CPD system and in the development of the practice of pharmacy. This role will require a senior individual of significant reputation with relevant knowledge, key competencies, technical skills, experience and a track record of managing successful change programmes of this kind. The Managing Body will be expected to work with the PSI and the Steering Group to appoint an appropriate Executive Director, with the Service Agreement terminable in the event that the PSI is not satisfied with the appointment. Consequently the PSI will be part of this recruitment process and will have a veto over the appointee. The Managing Body will be required to demonstrate that it possesses the infrastructure, expertise and professional standing to support the work of the Executive Director. The Managing Body will also be expected to serve as the employer of the Institute Executive Director and put in place appropriate contractual arrangements to support this.
- ***Support Infrastructure for a Multiple Provider Model*** – The Managing Body will be required to ensure that systems and processes can be put in place to support a multiple provider model of delivery. This will include establishment of appropriate contractual, funding and accreditation arrangements to put in place a system of commissioning programmes and ensure accountability in provision.
- ***Director of Pharmacy Practice Development*** – The Managing Body will appoint a Director of Pharmacy Practice to oversee the advancement of the clinical practice of pharmacy. The appointee will report directly to the Institute Executive Director but will also be accountable to the Pharmacy Practice Development Committee of the PSI. Consequently the PSI will be part of this recruitment process and will have a veto over the appointee.

Formal annual reports will also be required to be produced by the Managing Body for public distribution. These should include details of activities undertaken over the 12 month period, progress towards and realisation of milestones and articulation of the benefits that are being obtained from the profession in establishment of the system. The annual reports will also highlight achievement of objectives set within the Managing Body strategic plan.

An overview of the governance framework for the delivery of services of the Institute of Pharmacy is illustrated below.



Job Description

Job Title	Executive Director of the Institute of Pharmacy
Reporting to	Steering Group, the PSI and Managing Body

Overview of Job

- Overall development and management of the CPD system in Ireland on behalf of PSI
- Coordination of the development of the practice of pharmacy in line with international best practice and evolving healthcare needs
- Acting as Executive Director to the appointed Managing Body and ensuring its accountability for delivering on key milestones and targets in the establishment of a CPD system and development of pharmacy practice
- Maintaining buy-in across all key stakeholder groups to the development and roll-out of the CPD system
- Developing a CPD portfolio system that facilitates reflection, recording and reporting on CPD engagement by pharmacists and meets the PSI's needs in terms of continued registration procedures
- Communicating requirements for engagement in CPD across the profession
- Maintaining systems and support to facilitate engagement in CPD by all pharmacists
- Overseeing a system of accreditation of CPD providers and provision to assure quality of activities
- Maintaining robust portfolio and practice review systems to assure the competency of pharmacists
- Working with the Director of Pharmacy Practice Development, identify and pursue opportunities around advancing the clinical practice of pharmacy and implementing recommendations of the Pharmacy 2020 review
- Developing and maintaining a programme of CPD activities that facilitates the maintenance and development of pharmacists' competencies in line with a defined competency framework and the identified needs of the profession and national policy direction. This programme must also reflect the requirements for evolved roles and services within the pharmacy profession.
- Fixed term of appointment of a length to be agreed during contract negotiations

Key Accountabilities

- Responsible for meeting the conditions of the Service Agreement with PSI
- Responsible for meeting the objectives and targets set by the CPD Institute Steering Group
- Responsible for developing the practice of pharmacy in line with international best practice and the required inputs in implementation of HSE Quality and Clinical Care Directorate programmes
- Responsible for delivering responsibilities in marketing and stakeholder engagement in line with a wider marketing plan to underpin the development of the CPD system
- Responsible for delivering on relevant objectives set out in the PSI's Corporate Strategy and annual Service Plans.
- Responsible for overseeing a systematic approach to identification of continuing professional development needs of pharmacists working across all settings
- Responsible for establishing an approach to accreditation of CPD providers and provision that ensures quality and recognition of all CPD activities undertaken by pharmacists
- Responsible for establishing and maintaining an effective CPD portfolio system and practice review process
- Sufficient infrastructure to ensure that all pharmacists are supported in engagement in CPD with remediation systems in place where required

Key Relationships

- Must maintain engagement with all key stakeholders with an interest in the development of the profession and ensure ongoing trust, confidence and commitment from their respective cohorts
- Working closely and reporting to the PSI in meeting agreed objectives around development and delivery of CPD system and development of pharmacy practice
- Working closely with the HSE to facilitate and support the implementation of evidence-based, protocol driven, integrated clinical and therapeutic care, with a focus on optimising patient outcomes and meeting key safety, quality and cost effectiveness objectives
- Reporting to the Steering Group on delivery of Institute strategic plan and associated business and action plans
- Direct employee of the Managing Body to ensure strong and accountable management and organisational structure underpins the delivery of the CPD system and development of pharmacy practice
- Line management of the Director of Pharmacy Practice Development to ensure delivery of the remit of this role.
- Strong relationship with the pharmacy profession, including pharmacists working in different settings, with the Director required to perform a leadership role in managing the profession through a period of significant change

Job Description (continued)

Job Title	Executive Director of the Institute of Pharmacy
Reporting to	Steering Group, the PSI and Managing Body

Reporting Structures	Indicative Performance Measures and Financial Accountabilities
Responsible for putting in place reporting structures that will ensure the following functions are delivered: • Identifying and meeting needs of policy makers pharmacists in different practice settings • Development of pharmacy practice • Support infrastructure	Accountable for budget of X & headcount of Y •Delivery of agreed objectives, service levels, targets and KPIs •Overall target for engagement in CPD by profession • Overall target for development of practice of pharmacy
Key Technical Skills Required	**Key Competencies**
• Experience in developing strategic and operational plans, and translating these into annual objectives, targets and milestones for delivery. • Expertise in commissioning and procurement processes • Vision for development of the profession and ability to work at a strategic level. • Consultation and negotiation expertise • Senior level drafting, briefing and communication skills • Expertise in CPD portfolio and practice review systems (desirable)	• Leader with track record of delivery • Managing and delivering change • Providing purpose and direction • Improving organisational performance • Building constructive working relationships • Engaging effectively with stakeholders • High level communication skills
Knowledge	**Qualifications**
• Person of international reputation for extensive expertise in a relevant field, demonstrated through academic achievement or from standing as a result of previous roles, responsibilities and performance • While previous involvement in the pharmacy profession is not required, a broad understanding of the wider healthcare sector either in Ireland or internationally would be advantageous. • Knowledge of CPD in an equivalent profession and its relationship to patient outcomes would also be advantageous	• The person would be expected to have gathered a significant post graduate qualification in a relevant discipline during the course of his/her career

Previous Experience

- Experienced director having led and managed an organisation with a significant staff base in the past.
- Proven experience in strategy development and operational delivery in a major, complex multi stakeholder environment (including accommodating multiple layers of accountability)
- Proven experience of influencing senior levels in a relevant field
- Proven experience of delivering significant change management programmes

Financial Package

- The need to secure a leader of significant international reputation means that the financial package must primarily be driven be securing the right person and putting in place a financial reward package that can ensure acceptance of the offer
- The pay structure will be in line with that adopted within the Department of Health and Children and HSE
- The financial reward package must also be directly linked to performance and achievement of delivery milestones in the development of the CPD system

Job Description

Job Title	Director of Pharmacy Practice Development
Reporting to	Executive Director and the PSI

Overview of Job

- Facilitation and support of the implementation of evidence-based, protocol-driven, integrated clinical and therapeutic care, with a focus on optimising patient outcomes and meeting key safety, quality and cost-effectiveness objectives
- Identification and pursuit of opportunities around advancing the clinical practice of pharmacy and implementation of the recommendations of the Pharmacy 2020 review of pharmacy services.
- Development of the most appropriate inputs from pharmacy in the implementation of the various programmes of the HSE Quality and Clinical Care Directorate in order to gain maximum benefits for patients.
- Negotiation and agreement with the HSE on these pharmacy inputs in support of Quality and Care Directorate programmes
- Promotion of the development of the practice of pharmacy in line with international best practice and evolving healthcare needs
- Commissioning and management of research activity to support the development of pharmacy practice
- Establishment and coordination of a 'ready-made' structure to enable the piloting or road-testing of protocols or initiatives in the pharmacy context within the network of 'teaching pharmacies' and tutor pharmacists.
- Identification of the CPD programmes and activities that will be needed for the implementation of evolved roles and services.
- Ensuring that the Institute coordinates the delivery of CPD programmes and activities to support the development of pharmacy practice.
- Maintaining buy-in across all key stakeholder groups to the development of the practice of pharmacy
- Fixed term of appointment of a length to be agreed during contract negotiations

Key Accountabilities

- Responsible to the Executive Director of the Institute of Pharmacy for delivering on the remit of the Director as set out in this job description.
- Responsible for meeting the conditions with regard to pharmacy practice development within the Service Agreement established between the Institute and PSI – this will be monitored on an ongoing basis by the Pharmacy Practice Development function within the PSI
- Responsible for implementation of the recommendations of the Pharmacy 2020 interim report of the Review of Pharmacy Services
- Responsible for reporting to the Pharmacy Practice Development Committee of the Council of the PSI and for ensuring that pharmacy practice development activities reflect the views of this Committee.
- Responsible for delivering on relevant objectives set out in the PSI's Corporate Strategy and annual Service Plans.
- Responsible for ensuring that access to the required academic resources is facilitated to support development of pharmacy practice
- Responsible for ensuring that a structure for a network of teaching pharmacies and tutor pharmacies is established and coordinated to support development of pharmacy practice

Key Relationships

- Direct relationship with the PSI and its Pharmacy Practice Development Committee around meeting agreed objectives on pharmacy practice development. This will include working closely and collaborating with the PPD unit and other key units within the PSI Executive.
- Work closely with (and report to) the Institute Executive Director to ensure a coordinated approach to pharmacy practice development and the establishment of an effective CPD system
- Must ensure a close working relationship with the HSE to support the active involvement of pharmacists in the delivery of integrated, patient-centred, cost-effective health services via primary, secondary and tertiary care
- Must ensure that a structure is put in place to maintain coordinate, collaborate with and deploy a network of 'teaching pharmacies' and tutor pharmacists in supporting piloting and road-testing of initiatives
- Must work closely with schools of pharmacy and other relevant institutions to ensure access to academic resources and infrastructure in order to support the development of pharmacy practice (e.g. model pharmacy)
- Must maintain engagement with all key stakeholders with an interest in the development of the profession and ensure ongoing trust, confidence and commitment from their respective cohorts

Job Description (continued)

Job Title	Director of Pharmacy Practice Development
Reporting to	Executive Director and the PSI

Reporting Structures	Indicative Performance Measures and Financial Accountabilities
Responsible for putting in place reporting structures that will ensure the following functions are delivered: • Piloting and road-testing of protocols or initiatives within the network of teaching pharmacies and tutor pharmacists • Commissioning research to support the development of pharmacy practice • Ensuring that development of pharmacy practice is supported by CPD programmes and activities	Accountable for budget of X and for: • Delivery of agreed objectives, service levels, targets and KPIs • Meeting overall target for development of practice of pharmacy within Irish healthcare system

Key Technical Skills Required	Key Competencies
• Research expertise in relation to health services and related professions. • Ability to apply research in practical healthcare delivery through robust testing and roll-out • Vision for development of the profession and ability to work at a strategic level. • Consultation and negotiation expertise • Senior level drafting, briefing and communication skills	• Senior academic with track record of successful research outcomes applied in healthcare delivery • Managing and delivering change • Providing purpose and direction • Building constructive working relationships • Engaging effectively with stakeholders • High level communication skills

Knowledge	Qualifications
• Person of significant reputation, including international profile, for extensive academic expertise in a relevant field. • Understanding of international best practice in the development of the pharmacy profession within the wider healthcare context • Understanding of the HSE structures, processes and key personnel and the agenda of its Quality and Clinical Care Directorate • Understanding of the pharmacy profession and the system of pharmacy education in Ireland, including the structures, resources and operating models of the 3 schools of pharmacy	• The person would be expected to hold a qualification at doctoral level in a relevant discipline

Previous Experience
• A track record in pharmacy and wider health services research and its application in practice will be required as research element will be a key part of role. • Previous experience of working in an academic environment and of being research active within such an environment within the last 10 years • Experienced manager with previous responsibility for coordinating delivery of activities and supervising staff. • Proven experience of engaging with senior stakeholders

Financial Package
• The pay structure will be in line with that adopted within the Department of Health and Children and HSE • The financial reward package will be negotiated with the preferred candidate but must be directly linked to performance and achievement of delivery milestones in the development of pharmacy practice in Ireland

Schedule 2

FORM OF TENDER

Re: **Establishment of an Institute of Pharmacy Managing Body**

To: Mr. Andrew Brownlee
PA Consulting Group
Second Floor, Embassy House
Herbert Park Lane
Ballsbridge
Dublin 4

1. We [•] submit this Form of Tender including Appendices 1 - 3.

2. We undertake to perform the Services as required by the PSI for an establishment fixed fee of €[•] (sum in words) and ongoing maintenance services.

3. We agree to abide by this Tender for a period of 12 months from the date fixed for receiving same. It shall remain binding upon us and may be accepted by PSI any time before the expiration of the period.

4. We note that you are not bound to accept the lowest or any Tender you may receive.

5. We confirm none of the circumstances set out in 2004/18/EC Article 45 are applicable to the Tenderer (including any Sub-Consultants).

6. We acknowledge no legally binding agreement exists between us unless and until our offer is accepted by you in writing.

Dated this [•] day of [•] 2011.

Name of the Company Tendering: _____

Address: _____

_____

_____

Signature: _____

Block Capitals: _____

In the capacity of (title) _____

APPENDIX 1 to FORM OF TENDER

EXECUTION METHODOLOGY (50 MARKS)

Tenderers are requested to set out their proposed execution methodology for the delivery of services as set out in Schedule 1 of the Invitation to Tender. In proposing an execution methodology, tenderers must provide a clear response on how they intend to successfully establish and operate the Institute in terms of each of the following ***operational components***:

- **Set-up** - proposed approach to mobilising, establishing and operating the services.
- **Logistics** – proposed approach to conducting each aspect of the service mobilisation, rollout, delivery and operations. This should also include consideration of the approach to recruiting any additional staff required in order to deliver the services of the Institute, including the Executive Director and the Director of Pharmacy Practice Development (detailed job descriptions are included in Schedule 1). It should be noted that the appointment of the Executive Director and the Director of Pharmacy Practice Development will be made in consultation with the PSI and the PSI will have a right of veto over the candidate chosen.
- **Institute governance, management and resources** - proposed approach to managing services in relation to CPD and pharmacy practice development and providing appropriate workspace, facilities and other resources to ensure effective delivery. This should also include details on the principles and procedures to be applied in the result of any conflict of interest.
- **Systems and technology** – description of the supporting systems and technology to be used to ensure efficient and effective CPD and pharmacy practice development services are delivered. This will include a description of appropriate CPD portfolio infrastructure, demonstration of the capacity to hold a repository of CPD portfolios and details on the systems and tools that would be adopted to ensure that the portfolios could be maintained securely and reviewed on an ongoing basis. It should also demonstrate that the facilities are in place to collect payments in exchange for CPD and pharmacy practice development services and to make payments in the commissioning of appropriate services.
- **Monitoring and performance management**- proposed approach to ensuring that the CPD objectives of pharmacists and the needs of the wider healthcare system are being met by the Institute of Pharmacy. The approach to financial management and reporting should also be specified, demonstrating how accountability will be ensured to any potential funders of Institute of the programmes it commissions.
- **Leadership and engagement** – proposed approach to engaging with all key stakeholder groups during the period of contract, including frequency of contact, consultation mechanisms and monitoring of engagement. This should also include details of how the Institute would work with existing providers of pharmacy education and training to ensure that an effective approach to CPD and pharmacy practice development could be put in place.

In addition to demonstrating a proposed approach across each of these operational components, the tenderer must also make clear the execution methodology for each of the proposed ***functions*** of the Institute. This must include a proposed approach to:

- **Needs identification** – proposed approach to identifying the CPD needs of pharmacists and of the wider healthcare system on an ongoing basis.

- **Pharmacy practice development** – proposed approach to identifying and pursuing opportunities around advancing the clinical practice of pharmacy, including demonstration of ability to commission research. The tenderer must also detail how it will pilot protocols and initiatives within a network of teaching pharmacies and tutor pharmacists.

- **Management of CPD portfolio system** – proposed approach to developing and managing the CPD portfolio system. This should include a description of how the CPD portfolio system is to be developed and rolled out, how it will deploy appropriate technology, how it will be ensured that pharmacists can engage effectively with the system and how it will be managed and operated on an ongoing basis.

- **CPD support structures** – proposed approach to ensuring that adequate support structures and systems are in place to facilitate the engagement in CPD by pharmacists, including the provision of a website and helpdesk and establishment of incubator units to facilitate peer engagement.

- **CPD programme development** – proposed approach to developing an initial programme of CPD activities and ensuring that the launch of the programme is adequately communicated to pharmacists. The resources that will be deployed to commission this initial programme of CPD activities should be taken into account in both the Execution Methodology and in the costing of this functional requirement.

- **Establishment of accreditation system** - proposed approach to establishing a formal system of accreditation for CPD providers and CPD provision, using standards set by the PSI, including details on the recognition process to be put in place.

- **Expansion of Programme of CPD Activities** – proposed approach to coordinating the expansion of the programme of CPD activities including provision in relation to national healthcare initiatives, peer-related activities and inter-professional learning. The approach to commissioning provider organisations to deliver on CPD requirements should also be made clear. The resources that will be deployed on the commissioning of CPD learning activities should be taken into account in both the Execution Methodology and in the costing of this functional requirement.

- **CPD Portfolio Review System** – proposed approach to establishing a CPD portfolio review process that will validate engagement by pharmacists on an ongoing basis and cover 20% of the profession on an annual basis.

- **CPD Practice Review Process** – proposed approach to establishing a peer-developed practice review process which recreates patient facing scenarios to assess competency along with other assessment methods.

Please note that the Execution Methodology must not exceed 20 sides of A4 with a minimum font size of 10 (c 10,000 words). Additional information beyond this maximum will not be evaluated (charts and diagrams are not included in the page limit).

APPENDIX 2 to FORM OF TENDER

PROPOSED TEAM (25 MARKS)

Tenders are requested to set out the proposed team to deliver the Services as further set out in Section 7.6 of the ITT.

NB: It is understood that the Executive Director and the Director of Pharmacy Practice Development are to be the subject of a recruitment campaign following the contract signature (see Logistics under Appendix 1).

CVs for core team members should be in the following standard format and should not exceed 2 pages per person.

STANDARD CV FORMAT

Name:

Proposed role and level of responsibility of the delivery of the Services:

Current Position in Tendering Body:

Years with Tendering Body:

Third Level Education:

Institution (Date from - to)	**Qualification**

Professional registration/licensing status:

Membership of Professional/ Industry bodies:

Relevant expertise for proposed role (précis of key areas of expertise)**:**

Specific Relevant examples:

(please complete table as appropriate)

Date(s)	Project	Details of exact role provided

APPENDIX 3 to FORM OF TENDER

FEE PROPOSAL (25 MARKS)

Tenderers are requested to submit a Fixed Fee proposal for performance of the Services. The Fixed Fee must be inclusive of all expenses and exclusive of VAT. To demonstrate understanding of the cost components involved in the establishment and operation of the Institute. Tenderers are required to identify the costs that would be incurred in delivering on each of the functional requirements, plus any additional costs to be incurred. Tenderers should take into account within the costing of the functional requirements the finance that will be deployed to commission CPD learning activities (i.e. in initial CPD programme development and in the expansion and ongoing delivery of the programme of CPD activities). Tenderers are free to propose discount on these overall estimated costs in order to produce their Fixed Fee proposal.

Please note the Fixed Fee will be increased on each anniversary of the Commencement Date of the Contract as set out in the Contract attached at Schedule 4 to the ITT.

The Fixed Fee should be set out in the following formats:

(i) FIXED FEE PROPOSAL [20 marks]

Needs identification	
Pharmacy practice development	
Management of CPD portfolio	
CPD support structures	
CPD programme development	
Establishment of accreditation system	
Expansion of programme of CPD activities	
CPD Portfolio Review System	
CPD Review Process	
Other Costs to be Incurred	
TOTAL ESTIMATED COST	
PROPOSED DISCOUNT (IF RELEVANT)	
TOTAL FIXED FEE PROPOSAL	**€[•]**

(ii) HOURLY RATE [5 marks]

Tenderers are requested to submit Hourly Rates which will apply in the case of Additional Services not included within the Scope of Services. These Hourly Rates should be broken down for deployment of

managerial resources; administrative resources; technical resources and teaching/learning; The Hourly Rates must be inclusive of all expenses and exclusive of VAT. Please complete the table below for each of the four categories of staff.

Team Resources to be Deployed	HOURLY RATE €
Managerial	
Administrative	
Technical	
Learning and teaching	

Schedule 3

CONTRACT FOR SERVICES

Appendix 6 – Crowe-Horwath Report 2017 Recommendations

Recommendation
1. As the health system in Ireland continues to be reformed, policy makers should consider the role that pharmacists, with their unique expertise in medicines, could play as part of an integrated solution to patient and healthcare demands.
2. The resource that the pharmacy sector, both hospital and community, provides within the health system should be capitalised on for the enhancement of patient care.
3. The role of pharmacists as an integral part of the health sector delivering on the goals of Healthy Ireland should be strengthened and expanded. This includes the delivery of national information and awareness campaigns, prevention and early intervention initiatives, as well as initiatives supporting and empowering people to look after their own health and wellbeing.
4. The role of pharmacists in supporting self-care and health behaviour change should be expanded to capitalise on their high level of contact with patients and the public to ensure prevention of and early intervention in illness. Pharmacists should be included in the training and development on health and wellbeing interventions and skills rolled out by the health service. Furthermore, community pharmacies should be considered as a possible provider of national screening services, where appropriate.
5. The existing role that pharmacists play in supporting patients treating minor and self-limiting conditions, in the community should be further expanded.
6. Pharmacists should be integrated into building the capacity for patients' self-care and self-management of chronic diseases, including helping patients manage their medicines. This could be provided through structured education and medicines management programmes to at-risk chronic disease patients.
7. Pharmacists should provide a structured patient education and adherence programme for newly diagnosed chronic disease patients to improve adherence and their health outcomes.
8. Where monitoring of patients with a chronic disease can be appropriately managed in the community, consideration should be given to establishing advanced pharmacy services for this purpose.
9. As integrated programmes of care are rolled out, mechanisms should be explored to enable pharmacists and GPs to work more closely together to support patients in the management of their chronic conditions. This could include supplementary prescribing activities such as dosage adjustment or therapy continuation by the pharmacist in line with agreed protocols.
10. Pharmacists should provide enhanced support to patients with complex medicines needs in the community. This could be provided using targeted medicines review and medicines management strategies for at-risk patients. These reviews should be in collaboration with other professionals including GPs.
11. Patients in formal care settings, such as residential care, would benefit from targeted structured medicines review conducted by pharmacists and in collaboration with the patient's doctor or GP.
12. In keeping with government policy to manage patients at the lowest level of complexity and as close to home as possible, consideration should be given to provide for pharmaceutical domiciliary care for at-risk patients.
13. In line with HSE Integrated care guidelines, patients should receive pharmacist-led medication reconciliation and medicines review upon entry to and discharge from hospital, which should involve the community pharmacist when returning to primary care.
14. A wider range of patients in acute hospital settings would benefit from having their medicines screened for pharmaceutical and therapeutic appropriateness by the pharmacist. Standards for clinical pharmacy should be developed to support this process.

15. Patients with illnesses that require treatment with complex medicine regimes should have access to trained specialist pharmacists (e.g. palliative care). The specialist expertise should be used effectively throughout the new hospital group structure.
16. In order to enhance patient outcomes and increase medication safety, multidisciplinary teams, which include pharmacists should be used to develop collaborative models of medicines management. This includes development of appropriate pharmacist prescribing models. Supplementary prescribing by pharmacists in the first instance would aid the patient management process and should be developed. Longer term consideration should be given to giving pharmacists independent prescribing rights.
17. The leadership potential of the pharmacy profession should continue to be a focus of development.
18. The CPD system for pharmacists as delivered through the Irish Institute of Pharmacy (IIOP) should continue to be used to deliver quality assured CPD to enable pharmacists provide the patient care and practice developments as identified.
19. As a system of integrated care is developed within Irish health and social care services the opportunity for pharmacists to further develop shared care with other healthcare professionals, especially doctors, should be explored.
20. To maximise the benefit to patient care, an advanced pharmacy practice and specialisation framework should be developed to further enhance the skills of pharmacists in all settings.
21. Pharmacy practice research should be used to provide an evidence base focusing on and informing health policy. The optimal model for co-ordinating this research should be explored with the relevant stakeholders, including the pharmacy academic institutions and IIOP.
22. Monitoring, audit and regulatory functions should underpin the implementation of these recommendations to ensure that professional accountability, clinical governance and delivery of improved health outcomes for patients are achieved.
23. Greater structure in pharmacy teams, with delegation of operational roles to appropriately trained staff members, would facilitate the increased clinical role of pharmacists in clinical practice. Regulation of pharmacy support team members would facilitate greater involvement of pharmacists in enhanced roles.
24. Technology should be used to enable sharing patient care, realise work efficiencies, and facilitate safe transitioning of care. In the development of national IT systems, opportunities should be explored to incorporate the pharmacy element. In the development of pharmacy IT systems provision for integration with wider health system functionality should be considered.

Appendix 7 – Introductory section of IIOP tender proposal – Submitted November 2017

Redacted. Part of RCSI Tender submission.

Appendix 8 – Recommendations from RCSI Quality Review of the Irish Institute of Pharmacy, January 2022

8 Summary of Commendations and Recommendations

List the commendations and recommendations for each section

8.1 Commendations

1. The Executive Director in creating a trusted, internationally respected and supportive organisation for the profession.
2. The Executive Director in the creation of a supportive and challenging working environment.
3. Commitment to robust quality assurance systems, processes and governance.
4. The enthusiasm and commitment of IIOP staff in carrying out their role, despite the challenges of the short term nature of the contract governing their activities.
5. The service and support of the Advisory Group.
6. The development of a hybrid working model which has provided opportunities for staff not based in Dublin.
7. The wider support provided by RCSI to the IIOP, especially access to staff development enabled by the relationship with RCSI.
8. The support provided to the peer support pharmacists network in enabling pharmacists' engagement with the ePortfolio process.
9. The agility that IIOP has demonstrated especially in responding to challenges experienced during the COVID-19 pandemic.
10. The IIOP's ability and willingness to collaborate with a range of stakeholders.
11. All those who provide service and support to the IIOP through voluntary engagement.

8.2 Recommendations

1. That RCSI as a matter of urgency considers its plans/intentions to tender to continue to host the IIOP.
2. Consider how relationships between key stakeholders within RSCI, IIOP, PSI, DoH and HSE can move from being transactional to transformative.
3. That RCSI with PSI should consider the scope of the IIOP's role in the leadership and development of the profession as a matter of urgency.

4. That RCSI with PSI should consider the IIOP role in the creation of the vision and strategic direction of pharmacy in the context of Sláintecare.

5. Any future contract term and associate review recognises the increasing maturity of the IIOP and RCSI as a trusted provider (if retained) in its duration and terms.

6. Explore a blended approach to peer support using a combination of face to face, online and regional centres, course provision and networking.

7. Consider expansion of the advisory group to represent a 'whole system perspective' - deliberately include a broader health and social care, an international perspective and public representation.

8. Careful consideration should be given to the practicalities and liabilities involved in disentangling IIOP and RCSI should the contract not be renewed, including its impact on the functioning of IIOP.

9. That RCSI should consider how staff might be retained within the context of the contract.

10. That IIOP and PSI consider emerging evidence and international best practice as to whether the Practice Review as currently operated is the most appropriate and cost-effective tool to assure the public of the competency of pharmacists.

11. That IIOP evaluates and informs PSI/DoH of the cost/benefit of courses with low completion rates to ensure value for money and to enable funding to be optimised in areas that best supports the objectives of the IIOP.

12. IIOP to explore options for streamlining accreditation processes.

13. Enhance programme/content development process by including subject matter experts in the initial programme development, specification of learning outcomes and evaluation of the content (with sufficient governance/quality assurance processes).

14. IIOP to explore with PSI the rationale for the accreditation of programmes of training in accordance with the recommendations of the Crowe Horwath (2017, p.16) report.

15. Explore a blended approach to peer support using a combination of face to face, online and regional centres, course provision and networking.

16. That IIOP liaises with other pharmacy bodies to coordinate events so that pharmacists can avail of all opportunities.

17. That IIOP develops a marketing plan to proactively communicate its role and services to pharmacists.

18. Consider how the peer support network can be used to encourage a bottom up approach to the development of the profession.