



**RCSI**

**University of  
Medicine and  
Health  
Sciences**

# **Peer Review Group Report**

**Irish Institute of Pharmacy  
January 2022**



**RCSI**

## DOCUMENT CONTROL SHEET

Name of Unit	Quality Enhancement Office					
Project Title	Internal Quality Review of Irish Institute of Pharmacy 2022					
Document Title	PRG Report Irish Institute of Pharmacy January 2022					
This Document Comprises	DCS	TOC	Text	List of Tables	List of Figures	No. of Appendices
	1	1	17	0	0	1

Rev	Status	Author(s)	Reviewed By	Approved By	Office of Origin	Issue Date
1	Final Draft	PRG	PRG	PRG	QEO	16 March 2022
1	Final	PRG	QEO, IIOP, PSI	PRG	QEO	13 April 2022

## TABLE OF CONTENTS

<b>1</b>	<b>CONTEXT FOR THE REVIEW .....</b>	<b>1</b>
1.1	INTRODUCTION .....	1
1.2	METHODOLOGY FOR REVIEW .....	1
<b>2</b>	<b>INTRODUCTION AND CONTEXT OF THE UNIT .....</b>	<b>6</b>
2.1	ORIGINS AND BACKGROUND .....	6
2.2	COMMENDATIONS.....	8
2.3	RECOMMENDATIONS.....	9
<b>3</b>	<b>BENCHMARKING .....</b>	<b>10</b>
3.1	RECOMMENDATIONS.....	10
<b>4</b>	<b>ORGANISATION , MANAGEMENT AND OPERATIONS.....</b>	<b>11</b>
4.1	COMMENDATIONS.....	12
4.2	RECOMMENDATIONS.....	12
<b>5</b>	<b>IIOP SERVICES .....</b>	<b>13</b>
5.1	EPORTFOLIO REVIEW.....	13
5.2	PRACTICE REVIEW.....	13
5.3	PROGRAMME OF CPD ACTIVITIES.....	14
5.4	PHARMACY PRACTICE DEVELOPMENT .....	15
5.5	COMMENDATIONS.....	15
5.6	RECOMMENDATIONS.....	15
<b>6</b>	<b>ENGAGEMENT ACTIVITIES IN THE CONTEXT OF THE PROFESSION AND THE HEALTH SERVICE.....</b>	<b>17</b>
6.1	COMMENDATIONS.....	17
6.2	RECOMMENDATIONS.....	17
<b>7</b>	<b>EXTERNAL RELATIONS .....</b>	<b>19</b>
7.1	COMMENDATIONS.....	19
7.2	RECOMMENDATIONS.....	19
<b>8</b>	<b>SUMMARY OF COMMENDATIONS AND RECOMMENDATIONS .....</b>	<b>20</b>
8.1	COMMENDATIONS.....	20
8.2	RECOMMENDATIONS.....	20
	<b>APPENDIX 1: SITE VISIT SCHEDULE .....</b>	<b>22</b>

## **1 CONTEXT FOR THE REVIEW**

### **1.1 Introduction**

This report presents the findings of a quality review of Irish Institute of Pharmacy, at the RCSI University of Medicine and Health Sciences, which was undertaken in January 2022.

The Royal College of Surgeons in Ireland (RCSI) was established by Royal Charter in 1784 to set and support professional standards for surgical training and practice in Ireland. RCSI has evolved considerably in the intervening years and is now both a university and a postgraduate training body in surgery and related specialties. This dual role brings many advantages to the institution, not least of which is the ability to offer education and training at all career levels (i.e. undergraduate, postgraduate & professional) in medicine, surgery and related disciplines. In fact, it is the only surgical or medical Royal College in these islands to have university status. RCSI is the largest medical school in Ireland and awards medical degrees in Ireland, Bahrain and Malaysia. RCSI also provides undergraduate degree programmes in Pharmacy and Physiotherapy in Ireland, undergraduate Nursing degree programmes in Bahrain and masters (taught & by research) and doctoral programmes variously in Ireland, Bahrain, China, Dubai and Malaysia. RCSI became a Recognised College of the National University of Ireland (NUI) in 1978. Following an institutional review commissioned jointly by the Higher Education Authority and the National Qualifications Authority of Ireland, RCSI independent degree awarding powers were activated by ministerial order in 2010 pursuant to the terms of The Royal College of Surgeons in Ireland (Charters Amendment) Act 2003. The Qualifications and Quality Assurance (Education and Training) Act 2012 established RCSI as a Designated Awarding Body. In 2019 RCSI received authorization to use the description 'University' and to style itself accordingly, pursuant to the provisions of the Qualifications and Quality Assurance (Education and Training) Amendment Act 2019.

RCSI is an independent, not-for-profit health sciences institution with charitable status in the Republic of Ireland. The institution operates a primarily self-funding model, with State funding accounting for less than 20% of total income. The model is based on the education of a substantial cohort of international students alongside Irish/EU students.

### **1.2 Methodology for Review**

#### **1.2.1 Purpose of the Review**

The self- assessment exercise is a process by which a Unit reflects on its mission and objectives, and analyses critically the activities it engages in to achieve these objectives. It provides for an evaluation of the Unit's performance of its functions, its services and its administration. In line with the RCSI strategic plan 'Growth and Excellence' it provides assurance to the University of the quality of the units' operations and facilitates a developmental process to effect improvement. The fundamental objectives of the review process are to:

- Review the quality of the student experience, and of teaching and learning opportunities.

- Review research activity, including; management of research activity, assessing the research performance with regard to: research productivity, research income, and recruiting and supporting doctoral students.
- Identify, encourage and disseminate good practice and to identify challenges and how to address these.
- Provide an opportunity for the Units to test the effectiveness of their systems and procedures for monitoring and enhancing quality and standards,
- Inform RCSI's strategic planning process.
- Provide robust evidence for external accreditation bodies.
- Provide an external benchmark on practice and curriculum.
- Provide public information on the RCSI's capacity to assure the quality and standards of its awards. RCSI's implementation of its quality procedures enables it to demonstrate how it discharges its responsibilities for assuring the quality and standards of its awards, as required by the Universities Act 1997 and the Qualifications and Quality Assurance (Education and Training) Act 2012.

### **1.2.2 The Review Process**

The key stages in the internal review process are:

1. Establishment of a Self-assessment Committee
2. Preparation of a Self-assessment Report (SAR) and supporting documentation
3. Site visit by a peer review group that includes external experts both national and international
4. Preparation of a peer review group report that is made public
5. Development of a Quality Improvement Plan (QIP) for implementation of the review report's recommendations (that is made public)
6. Follow-up to appraise progress against the QIP

### **1.2.3 Membership of the Peer Review Group**

Ms. Sinéad O'Sullivan (Chair). Director of Quality, University of Limerick

Prof. Claire Anderson (External Subject Expert). Professor of Social Pharmacy, University of Nottingham

Ms. Jennifer McCartan (External Subject Expert). Chief 2 Pharmacist, Health Service Executive

Ms. Jackie Reed (External Subject Expert). National Lead for the Health & Social Care Professions, Health Service Executive

Prof. Robert McMurray (RCSI Internal Expert). Academic Director. Graduate School of Healthcare Management, RCSI

Mr. Mark Collins (Technical Writer)

#### **1.2.4 Terms of Reference for the Peer Review Group**

The terms of reference of the PRG are to:

- Evaluate critically the SAR and the supporting documentation
- Verify how well the aims and objectives of the Unit are being fulfilled, having regard to the available resources, and comment on the appropriateness of the Unit's mission, objectives and strategic plan
- Comment on how well the Unit fits with the strategic plans for the University as a whole
- Evaluate the Unit's strengths, weaknesses, opportunities and challenges as outlined in the SAR
- Discuss any perceived strengths and weaknesses not identified in the SAR
- Assess the suitability of the working environment(s)
- Comment on any recommendations proposed by the Unit in its SAR
- Make appropriate recommendations for improvement, with due consideration of resource implications

The Peer Review Group visited RCSI virtually on 17<sup>th</sup>, 19<sup>th</sup>-20<sup>th</sup> January 2022 and held meetings with:

- IIOP Executive Director
- Unit Staff
- IIOP Advisory Group
- RCSI Senior Management
- Members Peer Support Pharmacists Network
- Representatives from Pharmaceutical Society of Ireland (PSI) and Department of Health (DoH)
- Pharmacists involved in ePortfolio review
- Pharmacists involved in Practice review
- Training Providers and Accreditation Review Team members
- Stakeholders from the Health Service Executive (HSE)
- Pharmacists who interact with IIOP services.

- Stakeholders who provide operational support to the IIOP



## **2 INTRODUCTION AND CONTEXT OF THE UNIT**

### **2.1 Origins and background**

The Pharmaceutical Society of Ireland (PSI; The Pharmacy Regulator) has responsibility to ensure that pharmacists undertake appropriate Continuing Professional Development (CPD), including the acquisition of specialisation, under the Pharmacy Act 2007. In 2010, 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 'Review of International CPD Models' and its recommendations were approved by the PSI Council in June 2010. It identified the following 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.

As a result, the PSI decided to establish the Irish Institute of Pharmacy (IIOP). The PSI issued a public tender in 2011. RCSI was identified as the most economically advantageous tenderer. The IIOP commenced work in August 2013 under a four year contractual agreement between PSI and RCSI, with the services required outlined in the Service Level Agreement (SLA).

- Needs Identification
- Pharmacy Practice Development
- Leadership and Engagement
- CPD Portfolio Infrastructure
- CPD Support Structures
- CPD Programme Development
- Establishment of Accreditation System
- Expansion of Programme of CPD Activities
- CPD Portfolio Review System
- CPD Practice Review Process.

Each year, an annual workplan is agreed between PSI and RCSI for the operationalisation of the SLA. Milestones are agreed, which trigger funding release retrospectively. Initial activity in 2013 and 2014 was focused on establishment activity i.e. office location, development of IT infrastructure, recruitment of an Executive Director and initial staffing. This was followed by the implementation of services, with the first activities focusing on accreditation of a pharmacy administered influenza vaccination programme for 2014. During 2014 and 2015, work was focused on establishing the infrastructure of the IIOP including the launch of the website and ePortfolio and engaging the profession in the concept of CPD through a national roadshow, which was attended by over 1,800 pharmacists. The IIOP's strategic plan was published in 2015 and identified three strategic pillars; Competence, Research and Leadership.

In November 2015, the statutory instrument setting out the legislative requirements for CPD for pharmacists was signed by the Minister for Health and the PSI President in December 2015 with a commencement date of 1 January 2016, for pharmacists' CPD (S.I. No. 553 of 2015 Pharmaceutical Society of Ireland [Continuing Professional Development] Rules 2015). This placed the IOP and the role of Executive Director on a statutory footing and outlined the role of both. It required all registered pharmacists to use the IOP ePortfolio for planning and recording CPD activity, and to engage in the processes of ePortfolio Review and Practice Review. The statutory instrument also outlined the requirements for accreditation of training programmes.

The main focus of the IOP in the subsequent years has been on the operationalisation of the statutory requirements, establishing the ePortfolio, ePortfolio Review, Practice Review and Accreditation systems, in line with the activities outlined in the Competence Pillar of the IOP Strategic Plan. Activities in relation to the Leadership and Research pillars (as outlined in the IOP Strategic Plan 2015-2018) were deferred by agreement with the PSI due to capacity limitations in the IOP.

In 2016, the PSI commissioned a review of the IOP and the CPD system. This was undertaken by Crowe Horwath and their report was published in 2017. It identified areas that had worked well during the first contract, and areas that should be considered in any future contracts.

In 2018, at the expiration of the first contract, the PSI undertook another procurement exercise, which was informed by the outcomes from the Crowe Horwath review. RCSI was awarded the tender for another five year period. A new contract was put in place, which differed from the first contract in that it had a reduced scope of services, a reduced focus on the leadership and research agenda, it removed the steering group and removed the role of Director of Pharmacy Practice. The following are the revised service requirements relating to the provision of the outsourced management and operation of the IOP under the current service level agreement:

- Service Level A - ePortfolio System
- Service Level B - ePortfolio Review Process
- Service Level C - Practice Review
- Service Level D - CPD Accreditation System
- Service Level E - Programme of CPD Activities
- Service Level F - Pharmacy Practice Development
- Service Level G - Engagement Activities in the context of the Profession and Health System.

In 2020, due to COVID-19, there was a further change in the focus of the IOP's activities. Practice Review was cancelled for 2020 and the IOP resources usually allocated to the project were allocated to activities to support the profession and to be more reactive and responsive to the needs of the profession and the public during COVID-19.

The current contract will expire in April 2023. The PSI will be commissioning an external review of the Irish CPD model for Pharmacists in Ireland, which is anticipated to be commenced in 2022. It is envisaged that a report will be presented to the PSI Council in December 2022 outlining recommendations on how the current system could be improved. Implementation of any changes will commence in 2023. This means that the implementation of any changes to the current model will not have been completed by the time the current IOP contract expires. Recommendations were made in the Crowe Horwath review with respect to potential future contracts (i.e. a potential third contract). It is unknown if this will be incorporated into the next contract, or if the findings of the current CPD review will supersede those from the Crowe Horwath review.

This history of the IOP illustrates a young organisation that in its short lifespan of just nine years has been subject to a range of reviews of its role and the functions that it carries out. The PRG heard of

the esteem that the IOP, its staff and Executive Director are held in both within the RCSI and by the range of stakeholders met throughout the review process.

The operating context of the IOP is challenging as it is constrained by the contract within which it operates and by the funding model supporting its activities. Medium to long-term strategic planning is not possible as a result. While acknowledging the statutory provisions required by the legislation, the self-assessment report and meetings held with IOP staff and the senior management of RCSI display a frustration with the short term nature and the constraints of the contract and annual work plan. Despite this, the IOP is seen as effective in fulfilling its mandate as laid out in the SLA between RCSI and the PSI.

There are strategic questions about the future direction of pharmacy in Ireland and the role that the IOP can play. While this review is of the IOP and its operations, the panel are of the view that the impact of this strategic gap cannot be ignored, either by RCSI or the other stakeholders involved in determining the work of the IOP.

The panel heard during the review visit from PSI that that it intends to explore options to extend the contract, pending approval of the Council of the PSI, beyond the current expiration date, in order to allow the PSI review of CPD to take place and inform the future contract. This extension is critical to the ongoing operations of the IOP and should be put in place as soon as possible. The RCSI does have to consider its position vis à vis its intentions to bid to host the IOP (if invited) for a further contract. Should RCSI respond to a public procurement competition for any future contract, the duration and terms of that contract should reflect the considerable learnings that the IOP and the RCSI have gained and its role as a trusted provider.

The panel also believes that in order to inform the review and to inform the future of the pharmacy profession, RCSI together with its partners – PSI, DoH, HSE and the IOP should develop relationships based on the experience of IOP, discuss the future and vision for pharmacy beyond the confines of the current contract in order to support the objectives of Sláintecare.

A recurring theme from discussions with stakeholders during the review visit was how IOP had become a touchpoint for pharmacists, particularly those who are likely to work alone in community pharmacy. The role of the IOP in developing the profession could be explored through this relationship building and discussions on the strategic direction of pharmacy.

Despite the many challenges experienced by the IOP, it has become a trusted organisation with an international reputation. Recommendations 2-4 made in 2.3 below provide a context for most of the following chapters in this report.

## **2.2 Commendations**

The PRG commends the following:

1. The Executive Director in creating a trusted, internationally respected and supportive organisation for the profession.

## **2.3 Recommendations**

The PRG recommends the following:

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 RCSI, 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.

### **3 BENCHMARKING**

The benchmarking exercise undertaken by the IIOp has provided opportunity for reflection and highlighted some important areas for consideration. Some of these are wider than the IIOp. The overall impression of the PRG is that there is nothing from the benchmarking that is currently in IIOp control to change, tease out or test, plan or act upon. The IIOp was originally intended to manage the CPD system as well as support practice development for pharmacy. However, the practice development agenda was never fully realised, and was essentially removed from the schedule of services for the current contract. This benchmarking exercise has been useful in identifying the issues (relating to funding, scope and model) that need to be addressed if a different approach to peer support is to be explored.

IIOp is merely a CPD checker and a course provider, but it could be a lot more; helping pharmacists be the best they can be, and not just baseline as required by the regulator. CPD contracting, outsourcing and tendering stifle development and sustainability. There is also a disjointed and reactive system of providing training to the profession. In comparison, the agenda for GPs is very different and the medical regulator has a softer influence on the ICGP agenda. The Royal Pharmaceutical Society (RPS) by comparison is focused on long term objectives and development of the pharmacy workforce. None of the above is helped by the lack of pharmacy representation at HSE level and subsequent lack of HSE involvement in the development of pharmacy workforce means that the work of IIOp could be seen to be reactive.

Unlike the ICGP who provide centrally produced courses that are rolled out by local tutors, IIOp relies on volunteers to provide peer support for the CPD process. The PRG heard that it has been difficult to get a geographical spread and difficult to get people who are working full time in pharmacy to be peer support pharmacists. There is a desire for pharmacists in rural areas to be able to meet. There is a need for centrally driven CPD material but also a need for materials to meet local and workplace specific needs. What is needed by, for example, a specialist renal pharmacist in hospital is very different from what is needed by a community pharmacist providing a vaccination service.

In comparison to RPS, the lack of a strategy for the development of pharmacy services in Ireland means that the agenda for the IIOp is generally quite disjointed, with education initiatives being focused on very specific topics, such as vaccination and administration of emergency medications. In each of these cases, the legislation was introduced at short notice and workplans had to be changed mid-year to accommodate the requests from the DoH. The fact that the IIOp is working on an outsourced model of education poses another challenge. It means that the IIOp is subject to market forces when it goes to public procurement and there is no development of in-house capabilities. The involvement of the IIOp in both procurement and accreditation of programmes could be perceived as representing a conflict of interest, with a vested interest in the accreditation success of its procured programmes.

#### **3.1 Recommendations**

The PRG recommends the following:

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

## **4 ORGANISATION , MANAGEMENT AND OPERATIONS**

Overall, the PRG finds that the IOP is well organised and managed under the direction of the Executive Director. Internal communication within IOP and wider RCSI is found to be good and constructive. There is clarity over how the IOP is managed, its core functions and responsibilities, including how these align with contract funding. Reporting lines are clear. A move to hybrid working in the face of COVID-19 has been successfully executed (with the support of RCSI) and should be assessed for its potential as a future model of organising, not least in terms of attracting and retaining talent nationally.

Throughout the meetings the panel heard that the quality management and assurance system is evident to those that interact with the IOP and its systems. Procedures are reported to be clear and stakeholders indicated a responsiveness to feedback when supplied. Within the IOP itself, Standard Operating Systems (SOPs) are used operationally and as training materials.

The IOP is constrained in its evaluation activities of the success or relevance of some CPD programmes where sufficient funding or resources are not currently available to carry out that activity. Being able to evaluate programmes is critical to a culture of enhancement and as outlined in Section 8, to optimise resources.

The IOP has a staff complement of eight, four of whom have been with the IOP for six years or more. The IOP has experienced some turnover of staff in the other four positions. While response to advertisements for positions in IOP attract a good response rate, this level of turnover is seen to be driven by two factors. The experience and training provided in IOP provide a platform on which staff progress to other roles within RCSI or beyond. While staff progression is a positive thing, a career path within IOP would be more desirable in order to preserve institutional knowledge. As any new positions are of a fixed-term contract nature, understandably staff are drawn to opportunities that provide greater certainty.

Notwithstanding these issues, the staff that met with the PRG were engaged both with the quality review process and with the work of the IOP. They report that their working environment is both supportive and challenging, where new knowledge and skills are developed.

Staff development is supported through access to the wider RCSI staff development portfolio. The PRG notes and supports the use of shadowing as part of staff development and agree that it is a useful tool in ensuring cover for key activities in the face of staff illness/exit. We support IOP Proposal #2 to review its organisational structure during 2022 to support succession planning noting that this will, in large part, be dependent on wider discussion of the scope of the IOP and future contracting. The PRG also supports IOP Recommendation #4, that RCSI reviews current contractual arrangements relating to IOP staff and consider potential risk mitigation strategies which might assist with retention of staff until the end of the existing contract, to ensure that RCSI can deliver on the agreed services.

In broader operational terms, the IOP and its staff have benefitted from the wider professional and support systems of RCSI. IT provision is effective on campus and at home; HR expertise is welcomed, and finance and legal services are an integral part of contractual and related activities. Relationships between RCSI professional services staff and IOP are positive and built on a good working relationship. Users find the IT/learning/e-portfolio platforms developed to support IOP services to be accessible and appropriate. There is a risk to the current structures for practice review where there is dependence on specialist expertise from the Quality Enhancement Office (QEO) in RCSI to support assessment.

As noted elsewhere organisation and management risks reside in 1) a change in the contracting relationship, 2) the short-term nature of contracting, and 3) lack of clarity over whether and in what form IOP is involved in the leadership and development of the pharmacy profession. Clarity in these areas will largely determine the future shape and function of the IOP as it is organised and managed.

The PRG agrees with IOP Recommendation #3: that RCSI's Senior Management Team (SMT) should have a mitigation strategy in view of incongruence of timelines of the contract, and extends this to include mitigation in view of non-contract renewal. Acknowledging that the contract has provisions for this and that PSI understands that transfer of undertaking (TUPE) arrangements will apply, this mitigation strategy should consider the practicalities of disentangling the IOP from operations within RCSI.

Advice and support are ably provided by the IOP advisory group though the PRG found that there is a case for widening the membership to ensure key stakeholders inform strategy and planning.

#### **4.1 Commendations**

The PRG commends the following:

1. The Executive Director in the creation of a supportive and challenging working environment.
2. Commitment to robust quality assurance systems, processes and governance.
3. The enthusiasm and commitment of IOP staff in carrying out their role, despite the challenges of the short term nature of the contract governing their activities.
4. The service and support of the Advisory Group.
5. The development of a hybrid working model which has provided opportunities for staff not based in Dublin.
6. The wider support provided by RCSI to the IOP, especially access to staff development enabled by the relationship with RCSI.

#### **4.2 Recommendations**

The PRG recommends the following:

1. 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.
2. Careful consideration should be given to the practicalities and liabilities involved in disentangling IOP and RCSI should the contract not be renewed, including its impact on the functioning of IOP.

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

## **5 IOP SERVICES**

### **5.1 ePortfolio Review**

The PRG found the portfolio review to be a very well designed and developed process. In respect of the IOP request for Input # 1 regarding improvements to ePortfolio Review, many peers contribute to ePortfolio review and quality assurance processes but some of this is now done internally which may have drawbacks and resource implications. Training was provided to ensure that feedback was consistent, objective and standardised. There is uncertainty about the future of CPD assessment and the timetable for the PSI CPD review and for the tender for the new contract. The timeline for the review is set out in the PSI Service Plan, although it is accepted that the outputs of the review and implementation of any associated changes are not known at this stage. The peer reviewers who met with the PRG thought that it was a good process that was well structured and managed. They were unable to tell us how much of IOP provided training was identified in ePortfolio entries as compared to other forms of training. This analysis may be useful for future planning. They found the annual standardisation provided by the IOP process very useful and felt that the ePortfolio was enough to assure the public that pharmacists are competent. Pharmacists value the reflective nature of the ePortfolio as it allows those working across a range of environments to engage with their own practice and context. It allows the CPD to be needs-based. It would be very difficult to make a system that reflects such diversity and this form of ePortfolio succeeds in doing that. Pharmacists had initially felt under pressure but are now more confident as have got used to it.

### **5.2 Practice Review**

The PRG noted that the PSI (CPD) Rules 2015 (S.I. No. 553/2015) (CPD Rules 2015) requires pharmacists practising in patient-facing roles to participate in Practice Review. The IOP facilitates the Practice Review process in line with the provisions of the IOP Practice Review policy document shared with the PRG.

During the course of the Review the PRG met with stakeholders involved in Practice Review in various guises, including Peer Support Pharmacists, Practice Reviewers, PSI and DoH representatives and the IOP staff involved. The PRG found and heard substantial evidence of a high level of governance and quality assurance with regard to the design and operation of the Practice Review both from the IOP staff and Peer Support Pharmacists involved in Practice Review activities. The PRG noted the IOP had robust SOPs and policy documents in place related to Practice Review activities including a Practice Review policy, Conflict of Interest policy and Practice Review Appeals policy.

The PRG heard from pharmacist stakeholders across multiple meetings that the perceived benefit in the protection of the public via the profession undergoing Practice Review in its current format was limited. The Practice Review was not considered to detect significant issues with pharmacist practice generally and was described by stakeholders as a source of anxiety/apprehension for members of the profession. Anecdotal evidence of a disincentive for pharmacists to remain on the Register of Pharmacists held and maintained by the PSI nearing the end of their career due to the perceived onerous nature of Practice Review in its current form was described to the PRG.

The PRG noted the high administrative burden of conducting Practice Review events and the large financial costs associated with same. The IOP outlined that due to the COVID-19 pandemic the PSI instructed the IOP to cancel the Practice Review in 2020 and in 2021. The IOP outlined that the monies allocated for Practice Review in these years were, with the agreement of the PSI, allocated to activities to support the profession in their response to the COVID pandemic.



Cognisant of the current legislative requirement to conduct Practice Review and the ongoing review of the CPD model for pharmacists in Ireland as outlined to the group by the PSI in the course of the Review, the PRG recommend IOP and PSI consider emerging evidence and international best practice with specific regard 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.

### **5.3 Programme of CPD Activities**

The RCSI-PSI SLA outlines the obligations of IOP in the provision of CPD programme activities that support the development of pharmacists and pharmacy practice. CPD programmes/activities are obliged to meet the needs identified by the DoH, PSI and other key stakeholders and the agreed output is outlined in the IOP's annual work programme.

Funding is provided on a cost-recovery basis and the PRG noted this led to uncertainties and difficulties in planning for the IOP in the medium term. The PRG are of the view that compliance with public procurement rules and good governance with respect to public spend is essential.

In respect of the IOP request for input in relation to the factors inhibiting success in relation to the programme of CPD activities, the PRG noted that the IOP had developed a significant training programme portfolio. The IOP is constrained in its evaluation activities of the success or relevance of some CPD programmes where sufficient funding or resources are not currently available to carry out that activity. Being able to evaluate programmes to inform future development is critical to a culture of enhancement and to optimise resources. The PRG further comments on the limitations imposed by the accreditation process in section 9 of this report. Pharmacists outlined during meetings with the PRG that scheduling of IOP events should be cognisant of other CPD events to avoid timetable clashes and that the IOP could do more to market events to the profession.

The PRG heard from pharmacist stakeholders across multiple meetings that the IOP demonstrated flexibility and resilience in responding to development and information needs arising from the COVID-19 pandemic. HSE stakeholders outlined the dissemination of key information related to COVID-19 to pharmacist practitioners via the IOP channel. The IOP outlined high attendance at its webinar series during the COVID-19 pandemic.

#### **5.3.1 Accreditation**

There is a high level of governance across the process and IOP facilitate the process and provide appropriate guidance. In respect of IOP request for input on factors inhibiting the success of the accreditation model, the PRG were told that the process had improved over the last few years and that the IOP had acted upon feedback but that further improvements might be made, particularly using subject matter experts earlier in the process to approve the learning outcomes. Accreditation is short term for a maximum of three year and is resource intensive. The PRG wonder whether only accrediting training programmes and not the providers is an inefficiency. The PRG also wonder whether such regular reaccreditation is needed when regular review and necessary updates may be sufficient. The PRG question the need for programmes to be accredited when pharmacists can complete their CPD by attending unaccredited training. In respect of the IOP request for PRG observations on the issue of a potential conflict of interest between the IOP's role in both procuring and accrediting training, the PGR believe that involvement of the IOP in both procurement and accreditation of programmes could be perceived as representing a conflict of interest, with a vested interest in the accreditation success of its procured programmes.

## **5.4 Pharmacy Practice Development**

The PRG recognises that the current contract for the IOP includes a reduced pharmacy practice agenda than that set out in the original ambition and current lack of clarity re. the IOP role in practice development. Provision of support to practice development has continued to the extent possible within available resources with a summary of achievements outlined including a Pharmacy Practice Research discussion day, webinar series, effective representation programme, meetings, communications and collaborations. It was clear from the PRG'S interactions with PSI, pharmacist stakeholders and the HSE that the activities delivered, even within the limited scope, have been very beneficial and that the IOP is looked to for leadership. The HSE representatives noted the benefit and importance of engaging with the IOP, as a trusted conduit to the profession, as well as the improved capabilities perceived among the pharmacy workforce as a result of the work of the IOP. Specific reference was made at multiple meetings to the webinar series developed by the IOP during COVID-19 which addressed pertinent issues relevant to practice and also enabled direct communication between the HSE and pharmacists.

With regard to the IOP request for input on the discretionary activities of the IOP, the PRG observes that a post such as the Director of Pharmacy Practice Development originally envisaged would be in the best interests of the profession and their users. It would serve to identify best practice, what works and where future training and development could usefully be directed. The PRG noted during the course of the review that key stakeholders, and in particular the pharmacy profession, at multiple meetings, expressed the need for an enhanced strategic leadership role within pharmacy with particular reference being made to enabling the full value and potential of pharmacy practice for patients and delivery of the aims of Sláintecare. The PRG notes in the Crowe Horwath report (2017, p31) the described 'development phase' of a third contract for IOP which includes a) develop scope for pharmacy practice development activity, and b) explore further opportunities to enhance the role of the IOP.

## **5.5 Commendations**

The PRG commends:

1. The support provided to the peer support pharmacists network in enabling pharmacists' engagement with the ePortfolio process.
2. The agility that IOP has demonstrated especially in responding to challenges experienced during the COVID-19 pandemic.

## **5.6 Recommendations**

The PRG recommends:

1. That IOP 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.
2. That IOP 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 IOP.

3. IOP to explore options for streamlining accreditation processes.
4. 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).
5. IOP 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.
6. That IOP liaises with other pharmacy bodies to coordinate events so that pharmacists can avail of all opportunities.
7. That IOP develops a marketing plan to proactively communicate role and services to pharmacists.

## **6 ENGAGEMENT ACTIVITIES IN THE CONTEXT OF THE PROFESSION AND THE HEALTH SERVICE**

The PRG notes that all KPIs relating to engagement activities pertaining to the SLA with PSI have been consistently met and further that the Crowe Horwath review (2017) indicated a broadly positive appraisal of IOP communication with the profession. The high levels of engagement with the ePortfolio Review and Practice Review were also noted. The PRG was struck by the level of enthusiasm, appreciation and high levels of satisfaction expressed by members of the pharmacy profession in relation to engagement with the IOP and the support and engagement provided through the Peer Support Pharmacist Network. The Peer Support Pharmacist Network described enthusiastically their role in supporting colleagues, noting that while there was a high level of need early in the implementation of ePortfolio there continues to be a requirement to provide support to new entrants to the profession. Pharmacists described the benefits and impact of networking opportunities for colleagues and themselves, noting particularly those working in more isolated situations. While online activities are valued highly, access to opportunities to engage with peers on a face to face basis outside of Dublin would be welcomed by pharmacists. The openness of the IOP to feedback from PSP members was highlighted to the PRG together with the excellent support provided by the IOP.

The PRG also noted feedback during meetings with pharmacist stakeholders that some pharmacists are not fully aware of the role and services of the IOP (as distinct from the PSI).

The PRG supports that IOP Proposal #13: that as COVID-19 restrictions ease, the IOP will undertake a review of engagement activities to identify which ones should be maintained in a virtual format and which should revert to face-to-face format.

In relation to the future role of the peer support network, the PRG supports the proposal #14 to review the role of the network. Observations re the role as requested are noted below. The PRG observes that the Peer Support Pharmacists are a valuable conduit between the IOP and the profession and present as a continuing valuable resource for two way communication and engagement with the potential perhaps to feed into and inform CPD and development requirements as well as to support evolving practice.

### **6.1 Commendations**

The PRG commends the following:

1. The IOP's ability and willingness to collaborate with a range of stakeholders.
2. All those who provide service and support to the IOP through voluntary engagement.

### **6.2 Recommendations**

The PRG recommends the following;

1. Explore a blended approach to peer support using a combination of face to face, online and regional centres, course provision and networking.
2. Consider how the peer support network can be used to encourage a bottom up approach to the development of the profession.

3. Develop a marketing plan to proactively communicate its role and services to pharmacists.

## **7 EXTERNAL RELATIONS**

THE PRG finds that the IIOp has good relations with and is held in high regard by members of the Irish pharmacy community. Willingness to volunteer for and engage with the wider activities of the IIOp on the part of community members are testament to growing trust in the IIOp in terms of assessment and development. We note that many of those activities that build external relations national and internationally (e.g. Life Long Learning in Pharmacy Conference, advice to key stakeholders such as HSE, liaising with employers and co-operation with other training providers) are often developmental in nature and outside of the core responsibilities of the IIOp, its director and staff. Improvement might be considered in terms of marketing the IIOp's activities through different channels, while also liaising with cognate bodies to avoid event clashes.

The PRG find that there remains scope for deeper engagement between key national stakeholders in Ireland (i.e. RCSI, IIOp, PSI, DoH, HSE) with a view to furthering the development of pharmacy and its contribution to the health and well-being of the nation in policy and practice terms. Specifically, it might be observed that the time is right for a move from transactional (mediated, understandably, through contractual devices) to transformational engagement with a view to informing the strategic direction of the profession/sector.

In respect of the IIOp request for Input #8: IIOp would welcome the views of the PRG on how patient involvement could be incorporated into IIOp activities, please see recommendation (4.1) in section 4 where inclusion of public/patient voice in the advisory board is recommended. Further, the PRG would encourage critical assessment of their involvement in wider activities.

### **7.1 Commendations**

1. All those who provide service and support to the IIOp through voluntary engagement.

### **7.2 Recommendations**

1. IIOp to liaise with other pharmacy bodies to coordinate events so that pharmacists can avail of all opportunities.

## **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 RCSI, 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 IOP 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 IOP 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 IOP and RCSI should the contract not be renewed, including its impact on the functioning of IOP.
9. That RCSI should consider how staff might be retained within the context of the contract.
10. That IOP 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 IOP 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 IOP.
12. IOP 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. IOP 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 IOP liaises with other pharmacy bodies to coordinate events so that pharmacists can avail of all opportunities.
17. That IOP 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.



## APPENDIX 1: SITE VISIT SCHEDULE

### IN ADVANCE | Wednesday 12 January 2022

Date	Time	Dur. Mins	Mtg. No.	Mtg. Title
	11.00 – 11.45	45 mins	1	<b>Welcome and Introduction for PRG; Housekeeping and guidance for virtual review</b> Director of Quality & Quality Reviews Manager
	10.45 – 11.00	15 mins	2	Break
	11.00 – 13.00	60 mins	3	<b>Private Planning Meeting for PRG</b> Allow 10 minute break during meeting

### WEEK OF VIRTUAL SITE VISIT | Day 1 | Monday 17 January 2022

Date	Time	Dur. Mins	Mtg. No.	Mtg. Title
<b>Monday 17 Jan</b>	09.00 – 09.30	30 mins	4	PRG: Review of preparatory work
	09.45 – 10.45	60 mins	5	<b>Meeting with Executive Director and Operations Director of IIOP</b> Meeting Theme: Current performance, successes, challenges and future direction. Relevant SAR Sections: 3, 16
	10.45 – 11.10	25 mins	6	Break for PRG
	11.10 – 12.00	50 mins	7	<b>Meeting with Unit Staff</b> Meeting Theme: Working environment; collaboration and support; success and challenges; career development and opportunity. Relevant SAR Sections: 5
<b>15 minute break between meetings</b>				
<b>Monday 17 Jan</b>	12.15 – 13.05	50 mins	8	<b>Meeting with IIOP Advisory Group</b> Meeting Theme: Governance and strategic direction. Relevant SAR Sections: 3, 4, 9, 16
	13.05 – 13.45	40 mins	9	Break for PRG
	13.45 – 14.30	45 mins	10	<b>Meeting with members of the Peer Support Pharmacists Network</b> Meeting Theme: Previous experience as a Peer Support Pharmacist, future potential. Relevant SAR Sections: 3, 12
	<b>15 minute break between meetings</b>			
<b>Monday 17 Jan</b>	14.45 – 15.30	45 mins	11	<b>Meeting with Registrar of the Pharmaceutical Society of Ireland and representative of the Department of Health</b>

				Meeting Theme: Current performance, successes, challenges and future direction.
	15.30 – 16.00	30 mins	12	<b>PRG Review of afternoon's meetings; draft commendations &amp; recommendations; planning for next day</b>

### WEEK OF VIRTUAL SITE VISIT | Day 2 | Wednesday 19 January 2022

Date	Time	Dur. Mins	Mtg. No.	Mtg. Title
<b>Wednesday 19 Jan</b>	08.45 – 09.15	30 mins	13	PRG: Review of preparatory work
	09.15– 10.00	45 mins	14	<b>Meeting with RCSI Senior Management Team</b> Meeting Theme: Current performance, and how it aligns with the RCSI strategic direction. Relevant SAR Sections: 14, 16
<b>15 minute break between meetings</b>				
<b>Wednesday 19 Jan</b>	10.15 – 11.00	45 mins	15	<b>Meeting with pharmacists involved in ePortfolio review</b> Meeting Theme: Experiences of involvement in ePortfolio Review. Relevant SAR Sections: 7
	11.00 – 11.30	30 mins	16	Break for PRG
	11.30 – 12.15	45 mins	17	<b>Meeting with Pharmacists involved in Practice Review</b> Meeting Theme: Experiences of involvement in Practice Review. Relevant SAR Sections: 8
<b>15 minute break between meetings</b>				
<b>Wednesday 19 Jan</b>	12.30 – 13.15	45 mins	18	<b>Meeting with Training Providers and Accreditation Review Team members</b> Meeting Theme: Procurement and accreditation of training programmes. Relevant SAR Sections: 9, 10
	13.15 – 14.00	45 mins	19	Break for PRG
	14.00 – 14.45	45 mins	20	<b>Meeting with stakeholders from the Health Service Executive</b> Meeting Theme: Experiences of IIOP supporting HSE strategic priorities. Relevant SAR Sections: 9, 11, 15
	<b>15 minute break between meetings</b>			
	15.00 – 15.45	45 mins	21	<b>Meeting with pharmacists who interact with our services.</b> Meeting Theme: The experiences of registered pharmacists with the IIOP. Relevant SAR Sections: 7, 8, 9, 12
	15.45 – 16.15	30 mins	22	<b>PRG Review of afternoon's meetings; draft commendations &amp; recommendations; planning for next day</b>

**WEEK OF VIRTUAL SITE VISIT | Day 3 | Thursday 20 January 2022**

Date	Time	Dur. Mins	Mtg. No.	Mtg. Title
<b>Thursday 20 Jan</b>	09.00 – 09.30	30 mins	23	PRG: Review of preparatory work
	09.30 – 10.15	45 mins	24	<b>Meeting with stakeholders who provide operational support to the IIOP</b> Meeting Theme: Discussion on the operational support required by and provided to the IIOP Relevant SAR Sections: 6, 8, 14
<b>15 minute break between meetings</b>				
<b>Thursday 20 Jan</b>	10.30 – 13.00	150 mins	25	<b>PRG meeting to finalise commendations and recommendations.</b> (Breaks to be taken as needed)
	13.00 – 13.45	45 mins	26	<b>Break for PRG</b>
	13.45 – 14.15	30 mins	27	<b>PRG meeting with QEO for clarification and discussion of main findings</b>
	14.15 – 14.35	20	28	<b>Meeting with Head of Unit &amp; QEO to present main findings</b>
	14.40 – 15.00	20	29	<b>Closing presentation to all Unit staff</b>





**RCSI**

Leading the world  
to better health

# Internal Quality Review

## Quality Improvement Plan (QIP)

Irish Institute of Pharmacy,  
May 2022

# Quality Improvement Plan

**Irish Institute of Pharmacy, May 2022**

## DOCUMENT CONTROL SHEET

Name of Unit	Irish Institute of Pharmacy					
Project Title	Internal Quality Review of Irish Institute of Pharmacy 2022					
Document Title	Quality Improvement Plan, May 2022					
This Document Comprises	DCS	TOC	Text	List of Tables	List of Figures	No. of Appendices

Rev	Status	Author(s)	Reviewed By	Approved By	Office of Origin	Issue Date
1	Final	IIOP	IIOP, QEO, SMT	SMT	IIOP	26 Sept. 2022



Irish Institute of Pharmacy



Quality Improvement Plan May 2022

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
The IOP will establish an Institute-level risk register in 2022 so that all the project-related risks are collated in one location.	SAR Proposal 15	An institute level risk register will be in place by the end of 2022	IOP AL	Staff time	Q4 2022	Risk register in place	In progress
<p>The IOP will consider options for post-COVID working arrangements, taking into account space requirements to accommodate COVID arrangements, National and RCSI policy, IOP requirements and the team's appetite for a hybrid working model.</p> <p>A move to hybrid working in the face of COVID-19 has been successfully executed (with the support of RCSI) and should be assessed for its potential as a future model of organising, not least in terms of attracting and retaining talent nationally.</p>	<p>SAR Proposal 4</p> <p>PRG Report, page 11 section 4</p>	A new hybrid working policy will be developed in line with RCSI policy and implemented by Q4 2022	IOP OD	Staff time, office furniture, and IT equipment.	Q4 2022	New policy communicated to staff	In progress
<p>The IOP proposes to maintain remote delivery of workshops such as CKR and SPI case writing and review. This would improve efficiencies.</p> <p>Due to COVID restrictions, the ART meetings have been held virtually. This process makes better use of ART member's time and may widen the pool of interested reviewers, and the IOP propose that this is maintained.</p> <p>As COVID restrictions are eased, the IOP will undertake a review of engagement activities to identify which ones should be maintained in a virtual format and which should revert to face-to-face format.</p>	<p>SAR Proposal 6</p> <p>SAR Proposal 12</p> <p>SAR Proposal 13</p>	Event Delivery Strategy to be developed (Outlines mode of delivery for external events (workshops, meetings, training, peer-support) - remain virtual, revert to face-to-face or become hybrid). This will be set in 2022 and operationalised	IOP OD with input from project leads	Staff time	Q4 2022	Event Delivery Strategy in place and operationalised through Annual Work Plan	In progress

# Irish Institute of Pharmacy



## Quality Improvement Plan May 2022

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
-------------------------------------	---------------------------------------	------------------------------	------------------------------	---------------------------	-------------------------	----------------------------------	---------------------

		through the IOP Annual Workplans					
<p>Explore a blended approach to peer support using a combination of face to face, online and regional centres, course provision and networking.</p> <p>Consider how the peer support network can be used to encourage a bottom up approach to the development of the profession.</p> <p>The PRG heard that it has been difficult to get a geographical spread and difficult to get people who are working full time in pharmacy to be peer support pharmacists. There is a desire for pharmacists in rural areas to be able to meet. There is a need for centrally driven CPD material but also a need for materials to meet local and workplace specific needs. What is needed by, for example, a specialist renal pharmacist in hospital is very different from what is needed by a community pharmacist providing a vaccination service.</p> <p>Pharmacists described the benefits and impact of networking opportunities for colleagues and themselves, noting particularly those working in more isolated situations. While online activities are valued highly, access to opportunities to engage with peers on a face to face basis outside of Dublin would be welcomed by pharmacists.</p> <p>In relation to the future role of the peer support network, the PRG</p>	<p>PRG Recommend ation 6</p> <p>PRG Recommend ation 18</p> <p>PRG Report, page 10 section 3</p> <p>PRG report page 17 section 6</p> <p>PRG report</p>	<p>Review of Peer Support activities and proposal for restructuring within parameters of the current contract.</p>	IOP OD & ED	Staff time	Q3 2023	PSP proposal developed, agreed with PSI, and implemented	PSP event planning commence d

Irish Institute of Pharmacy



Quality Improvement Plan May 2022

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
<p>supports the proposal #14 to review the role of the network. Observations re the role as requested are noted below. The PRG observes that the Peer Support Pharmacists are a valuable conduit between the IIOP and the profession and present as a continuing valuable resource for two way communication and engagement with the potential perhaps to feed into and inform CPD and development requirements as well as to support evolving practice.</p> <p>The IIOP propose that the role of the peer support network be reviewed, in light of the fact that high levels of engagement in the CPD process have been achieved.</p>	<p>page 17 section 6</p> <p>IIOP Proposal 14</p>						
<p>The IIOP will propose to PSI that resourcing of webinars be accommodated through current funding mechanisms.</p>	<p>IIOP Proposal 9</p>	<p>IIOP will propose to PSI that resourcing of webinars be accommodated through current funding mechanisms as part of the IIOP Workplan 2023</p>	<p>IIOP OD</p>	<p>Staff time</p>	<p>Q4 2022</p>	<p>IIOP Workplan 2023 submission from IIOP to include a proposal on resourcing of webinars</p>	<p>In progress</p>
<p>That IIOP develops a marketing plan to proactively communicate its role and services to pharmacists</p> <p>The IIOP could do more to market events to the profession.</p>	<p>PRG Recommendation 17</p> <p>PRG report page 14</p>	<p>IIOP to review the communications and marketing plan to proactively communicate its role and services to</p>	<p>IIOP PRL</p>	<p>Staff time, External consultant, procurement process</p>	<p>Q2 2023</p>	<p>Communications &amp; Marketing plan in place</p>	<p>In progress</p>



# Irish Institute of Pharmacy



## Quality Improvement Plan May 2022

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
The PRG also noted feedback during meetings with pharmacist stakeholders that some pharmacists are not fully aware of the role and services of the IOP (as distinct from the PSI).	section 5.3  PRG Report page 17 section 6.	pharmacists.					
<p>The IOP proposes to share the results of the benchmarking exercise with PSI as part of the PSI's Review of the CPD Model for Pharmacists</p> <p>That RCSI with PSI should consider the scope of the IOP's role in the leadership and development of the profession as a matter of urgency.</p> <p>Any future contract term and associate review recognises the increasing maturity of the IOP and RCSI as a trusted provider (if retained) in its duration and terms</p>	<p>IOP Proposal 1</p> <p>PRG Recommendation 3</p> <p>PRG Recommendation 5</p>	IOP to provide a paper to PSI on the QEO review outputs – outlining resulting actions that will be taken and highlighting recommendations relevant to PSI	IOP ED	Staff time	Q4 2022	Paper provided to PSI on QEO Review outputs	In progress
<p>Consider how relationships between key stakeholders within RSCI, IOP, PSI, DoH and HSE can move from being transactional to transformative.</p> <p>The PRG find that there remains scope for deeper engagement between key national stakeholders in Ireland (i.e. RCSI, IOP, PSI, DoH, HSE) with a view to furthering the development of pharmacy and its contribution to the health and well-being of the nation in policy and practice terms. Specifically, it might be observed that the time is right for a move from transactional (mediated,</p>	<p>PRG Recommendation 2</p> <p>PRG Report page 19 section 7</p>	PSI & Advisory Group guidance sought on appropriate means of progressing this action	IOP ED	Staff time, external engagement, advisory group time	Q2 2023	Tabled for discussion at PSI Biannual Strategy Meeting Dec 2022	Commenced

# Irish Institute of Pharmacy



## Quality Improvement Plan May 2022

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
understandably, through contractual devices) to transformational engagement with a view to informing the strategic direction of the profession/sector.							
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.	PRG Recommendation 7	IIOP Advisory Group to consider QEO recommendation and develop a recommendation for consideration by RCSI and PSI	IIOP ED	Staff time, advisory group time	Q3 2023	Advisory group proposal submitted to PSI	Included on agenda for next Advisory Group meeting Sept 2022.
That RCSI as a matter of urgency considers its plans/intentions to tender to continue to host the IIOP.  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.	PRG Recommendation 1  PRG Recommendation 8	A paper on QEO review to be shared with RCSI, on the aspects specifically requiring their consideration	IIOP AL	Staff time	Q1 2023	Paper provided to SMT on QEO Review outputs	Yet to begin
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.	PRG Recommendation 4	RCSI to seek a meeting with PSI to discuss the recommendation as part of the CPD Model Review	IIOP ED	Staff time	Q3 2023	PSI-RCSI discussion requested	Yet to begin

# Irish Institute of Pharmacy



## Quality Improvement Plan May 2022

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
The IIOP recommends that RCSI SMT have a mitigation strategy in view of incongruence of timelines.	SAR Recommend ation 3	A process to be established to manage novation of subcontracts beyond the parent contract	IIOP AL	Staff time, external procurement consultant time	Q4 2022	Process in place	In progress
IIOP to explore options for streamlining accreditation processes.  The IIOP will review the continued accreditation process to ascertain if adequate oversight and governance could be implemented while using fewer resources	PRG Recommend ation 12  IIOP Proposal 11	Review the current accreditation process and identify changes to enable streamlining	IIOP AL	Staff time	Q2 2023	Accreditation processes updated	In progress
The IIOP propose that accreditation should be reserved for programmes where the level of rigor of accreditation is justified, e.g. skills based training. Our agility in responding to the training needs of the profession is reduced when programmes require accreditation.  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.  The IIOP will seek to formalise with PSI a tiered model of accreditation for CPD, in recognition that the quality assurance of training for a vaccination service is likely to be different, for	SAR Proposal 10   PRG Recommend ation 14  IIOP Proposal 16	IIOP to review accreditation policy and submit a paper to PSI by Q4 2023	IIOP AL	Staff time	Q4 2023	Proposal shared with PSI	In progress

Irish Institute of Pharmacy



Quality Improvement Plan May 2022

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
<p>example, to that relating to a communications programme.</p> <p>The IIOP would welcome PRG observations on the issue of a potential conflict of interest between the IIOP's role in both procuring and accrediting training.</p> <p>The involvement of the IIOP in both procurement and accreditation of programmes could be perceived as representing a conflict of interest, with a vested interest in the accreditation success of its procured programmes.</p> <p>The PRG wonder whether only accrediting training programmes and not the providers is an inefficiency.</p> <p>The PRG also wonder whether such regular reaccreditation is needed when regular review and necessary updates may be sufficient.</p> <p>The PRG question the need for programmes to be accredited when pharmacists can complete their CPD by attending unaccredited training.</p>	<p>SAR Request for Input 4</p> <p>PRG Report page 10 section 3</p> <p>PRG Report Page 14 section 5.3.1</p> <p>PRG Report Page 14 section 5.3.1</p> <p>PRG Report Page 14 section 5.3.1</p>						
<p>That IIOP liaises with other pharmacy bodies to coordinate events so that pharmacists can avail of all opportunities</p> <p>Pharmacists outlined during meetings with the PRG that scheduling of IIOP events should be cognisant of other CPD</p>	<p>PRG Recommend ation 16</p> <p>PRG report</p>	<p>IIOP to continue communication with other pharmacy bodies when scheduling events to allow</p>	<p>WOC</p>	<p>Staff time</p>	<p>Q1 2023</p>	<p>Communicati on established with other relevant pharmacy</p>	<p>Ongoing</p>

# Irish Institute of Pharmacy



## Quality Improvement Plan May 2022

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
events to avoid timetable clashes.	page 14 section 5.3	pharmacists to avail of all opportunities				bodies to coordinate events	
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.	PRG Recommend ation 11	IIOP currently provides a report to PSI annually showing cumulative registration numbers, completion rates, and cumulative costs. Report to be reviewed to ensure the information provided is optimal.	IIOP AL	Staff time	Q2 2024	The report reviewed and updated if necessary	Yet to begin
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.	PRG Recommend ation 10	PRG recommendation shared with PSI for potential inclusion in PSI CPD Model Review	IIOP PRL	Staff time	Q3 2022	Recommend ation shared with PSI	Complete
The IIOP recommends that RCSI considers its position and strategy in relation to future tendering opportunities relating to the IIOP.	SAR Recommend ation 1	Raised at SPFB May 2022	IIOP ED	Staff time, SPFB time	Q2 2022	Raised at SPFB May 2022	Complete

Irish Institute of Pharmacy



Quality Improvement Plan May 2022

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
The IIOP will review its organisational structure during 2022 to support succession planning.	SAR Proposal 2	Review of organisational structure to be carried out	IIOP OD	Staff time.	Q1 2023	Review of organisational structure complete	In progress
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).	PRG Recommendation 13	IIOP will review the current model, and trial possible new methods e.g. convening advisory groups.	IIOP AL	External subject matter experts and staff time	Q1 2023	The current model reviewed and a new method of programme specification trialled.	In progress
That RCSI should consider how staff might be retained within the context of the contract.  The IIOP recommends that RCSI HR review current contractual arrangements relating to IIOP staff, and consider potential risk mitigation strategies which might assist with retention of staff until the end of the existing contract, to ensure that RCSI can deliver on the agreed services.	PRG Recommendation 9  SAR Recommendation 4	IIOP will seek guidance from RCSI HR	IIOP OD	Staff time, RCSI HR time	When there is clarity on parent contract arrangement	RCSI HR guidance sought	Yet to begin
The IIOP proposes to share insights and learnings from IIOP ePortfolio system with other units within RCSI at Surgery and Postgraduate Faculties Board.	SAR Proposal 5	Insights will be shared by IIOP at the Surgery and Post Graduate	IIOP ED	Staff time	Q2 2022	Insights shared at June/July SPFB	Complete

Irish Institute of Pharmacy



Quality Improvement Plan May 2022

Recommendation in order of priority	SAR Reference PRGR reference	Response / Action Planned	Responsibility for Action	Resources Implications	Deadline / timeframe	Measurement / Benchmarking	Outcome / Status
		Faculty Board meeting in June/July 2022				meeting.	
The IIOP will offer MBTI training to all new and existing staff members during 2022.	SAR Proposal 3	MBTI in house training session held	IIOP ED	4 staff days	By end of 2022	MBTI training held.	Complete
The IIOP propose to publish on the practice review process in peer-reviewed journals.	SAR Proposal 7	Papers on Practice Review will be drafted and submitted to peer-reviewed journals for publication.	IIOP ED & IIOP PRL	Staff time and academic drafting support	Q3 2024	Submission to peer-reviewed journals	Yet to begin

Legend:

- ED = Executive Director
- OD = Operations Director
- OC = Operations Coordinator
- PRL = Practice Review Lead
- AL = Accreditation Lead
- WOC = Webinar Operations Coordinator