



# Snapshot

Annual review of performance 2017/18



Regulator reviewed: **Pharmaceutical Society of Northern Ireland**

## Key facts & figures:

- regulates the practice of **pharmacists** and also registers **pharmacy premises** in **Northern Ireland**
- **2,563** professionals on register, 550 pharmacies (as at 30/09/2018)
- **£398** annual fee for registration (£155 for pharmacies)

## Standards of good regulation

### Core functions

Annual performance review 2017/18

### Met

(number of Standards)

Guidance & Standards

4/4

Education & Training

4/4

Registration

6/6

Fitness to Practise

10/10

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[www.professionalstandards.org.uk/performance-reviews](http://www.professionalstandards.org.uk/performance-reviews)

## Focus on: **Activities and actions demonstrating how the PSNI is meeting the Standards**

The PSNI has met all of the Standards of Good Regulation for the third year in a row. We have previously reported on issues resulting from amendments made to the PSNI's legislation. The PSNI has assured us that it is continuing to work to address these issues. This includes drafting new legislation, but its progress is affected by the current political situation in Northern Ireland and the absence of a health minister.

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### **GUIDANCE AND STANDARDS: ADDITIONAL GUIDANCE HELPS REGISTRANTS APPLY THE REGULATOR'S STANDARDS**

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During this review period, the PSNI started an extensive review of its existing standards and guidance documents. The review has already resulted in discontinuing some documents and identifying gaps where new documents may be needed, some of which will be consulted on. This work is ongoing, but we are satisfied that this Standard continues to be met.

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### **REGISTRATION: REGISTRANTS MAINTAIN THE STANDARDS REQUIRED TO STAY FIT TO PRACTISE**

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We took a closer look at this Standard to better understand how the PSNI's current system for CPD is working. The PSNI identified an issue around pharmacists who had voluntarily removed themselves from the register and their CPD requirements – its legislation does not enable it to enforce the requirements for this group. Longer term, the PSNI plans to change its legislation. In the meantime, it needs to manage risks associated with this group of registrants. It has formulated an approach to address their CPD. We wanted to look at the potential risk these registrants might pose. The statistics show that the actual number of them is quite low – applying to around 41 registrants a year out of approximately 2,300. We are satisfied therefore that the PSNI has responded proportionately to the level of risk and this Standard continues to be met.

You can read the full report on our website at  
[www.professionalstandards.org.uk/performancereviews](http://www.professionalstandards.org.uk/performancereviews)

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### **FITNESS TO PRACTISE: THE PROCESS IS TRANSPARENT, FAIR, PROPORTIONATE AND FOCUSED ON PUBLIC PROTECTION**

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The PSNI continues to increase the visibility of its fitness to practise process. This year work has continued to update its *Indicative Sanctions Guidance* (ISG) for fitness to practise hearings. It completed its review of the current guidance and drafted an updated version. As part of the pre-consultation stage of its review, the PSNI asked the Authority to comment on a discussion paper it had prepared. Our response was incorporated into the revised draft and the guidance is now more focused on public protection. The PSNI consulted on the draft, publishing the final version in January 2019. The new guidance takes effect from 27 March 2019. We are satisfied that this Standard continues to be met.

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### **FITNESS TO PRACTISE: CASES ARE DEALT WITH AS QUICKLY AS POSSIBLE**

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We completed a targeted review of the PSNI's performance against this Standard. We wanted to understand why there had been a significant increase in the number of older cases within the PSNI's caseload; and how the PSNI was managing these cases. The PSNI told us that there had been a mistake in the figures reported to us. It gave us the corrected figures and also informed us that that this type of case usually involves third-party investigations or complex health matters. The PSNI also told us how it monitors and manages cases involving third party investigations, confirming that it undertakes regular risk assessments during the course of its investigations and applies for interim orders where necessary. We are therefore satisfied that this Standard continues to be met.