

# Pharmaceutical Society of Northern Ireland

## Monitoring report

2024/25

The Pharmaceutical Society of Northern Ireland (PSNI) regulates the practice of pharmacists and also registers pharmacies in Northern Ireland.

There were:

**3,040**

pharmacists and 536 pharmacy premises on the register as at 31 December 2025

This report covers the period 1 January to 31 December 2025

## Key findings and areas for improvement

### Overview

As this report sets out, we have seen an improvement in the PSNI's performance compared to last year, when we concluded that it met only 11 of our 18 Standards of Good Regulation; this year, the PSNI has met 14 Standards. We welcome this improvement and appreciate the constructive engagement from the PSNI throughout this time. However, many of the areas of improvement relate to work we would expect regulators to be carrying out as a matter of course, and there are still a number of significant issues that are yet to be addressed. The PSNI's decision not to publish its 2025-30 Corporate Strategy, because of the uncertainty around the future of pharmacy regulation in Northern Ireland, was a factor in our decision that the PSNI had not met Standard 2 again this year. In line with our escalation policy, we have written to the Minister of Health for Northern Ireland and the Chair of the Northern Ireland Assembly Committee for Health to provide them with an update on the PSNI's performance, which we will continue to closely monitor during 2025/26.

See overleaf for more detail

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## Standard 3 on Equality, Diversity and Inclusion

The PSNI has made progress against Standard 3 this year, underpinned by the publication of its EDI Strategy. However, several significant gaps we identified in our last report have not been addressed – notably regarding the PSNI not using data and evidence to identify unfairness in processes and decisions, not using research to inform its work, and not publishing its own EDI data, research and analysis. The PSNI met one out of four outcomes within this Standard; we therefore concluded that the PSNI had not met Standard 3.

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## Online pharmacy

For several years, we reported on the need for the PSNI to understand and manage the risks arising from online pharmacy, and last year we concluded that the PSNI had not met Standard 7 because of the lack of progress to publish guidance for registrants on this issue. The PSNI launched a consultation exercise on draft guidance regarding prescription delivery and collection in November 2025, but this is narrow in scope and is not an update on the PSNI's 2016 standards and guidance on internet pharmacy services. We have also seen little progress in terms of the PSNI's understanding of the risks around online pharmacy during this review period. We therefore concluded that the PSNI had not met Standard 7.

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## Fitness to practise

The PSNI has met four out of five of our fitness to practise (FTP) standards this year. We concluded that it had not met Standard 15 because it was still taking too long to deal with FTP cases. While the PSNI had succeeded in reducing the number of open cases overall, the improvement was largely confined to cases at the earliest part of the FTP process, and the number of open older cases remained high compared to previous years.

# Standards met: 14 out of 18



General Standards

3 out of 5



Guidance and Standards

1 out of 2



Education and Training

2 out of 2



Registration

4 out of 4



Fitness to Practise

4 out of 5

Previous years

2023/24

11 out of 18

2022/23

15 out of 18

## Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process [here](#). We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.



## General Standards

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**The PSNI met three of five General Standards. The PSNI met Standards 1, 4 and 5 and did not meet Standards 2 and 3.**

These five Standards cover a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk to the public.

This section of our report mainly focuses on Standard 3 because this is our second year of using our new approach to assessing the regulators against this Standard. More information is available [on our website](#), including our guidance document and our evidence framework.

### **Our assessment of the PSNI's performance against Standard 3**

In 2024, we introduced a new approach to assessing regulators against Standard 3, which focuses on Equality, Diversity and Inclusion. As part of that approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we would need to be assured that the regulator has met all four outcomes. Our assessment of the PSNI's performance against the four outcomes is set out below.

#### **Outcome 1: The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities**

In June 2025, the PSNI published an EDI Strategy (2025-28) which sets out five overall outcomes, supporting objectives and success measures, as well as governance arrangements for delivery. The PSNI also published an annual EDI Action Plan and reports progress in its Council papers.

We saw evidence of the PSNI carrying out Equality Impact Assessment (EIA) screening exercises in advance of consultation exercises this year. The PSNI also carried out a full EIA after the consultation exercises for the Standards for Chief Pharmacists and the updated Code, and has committed to taking this two-stage approach on future consultations.

The PSNI has made some progress in collecting EDI data for its senior leadership, Council members and decision makers this year, and we will continue to monitor the PSNI's work to improve the completeness of this data.

The PSNI has made progress against all the indicators within this outcome, and the launch of the EDI Strategy and annual action plans should help the PSNI drive its EDI work forward. We were satisfied that this outcome was met.

## **Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills**

During this review period, the PSNI completed work to update its standards for pharmacists (the Code), which included strengthened requirements around providing appropriate care to all patients and service users, valuing diversity and challenging discrimination. The updated Code was published after the end of this review period.

In December 2025, the PSNI published updated Standards for Chief Pharmacists, requiring them to ‘create and maintain a culture of equality, diversity and inclusion’, including ‘developing a culture where staff feel confident and supported in challenging behaviours such as discrimination, bullying and harassment’.

We saw little evidence of the PSNI supporting and encouraging registrants to improve their EDI knowledge and skills again during this review period. It did not publish any guidance for registrants on EDI issues, and it did not start the planned review of its CPD framework. These remained significant gaps and therefore this outcome was not met.

## **Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions**

The PSNI has provided EDI training to staff, Council members and FTP panel members during this review period. It also progressed its work to develop FTP guidance for staff members and decision makers regarding allegations of racist or other discriminatory behaviour. However, this guidance was not published by the end of this review period.

The PSNI continues to collect EDI data from registrants through its annual retention process and published interim findings for the most recent retention round, which ended in August 2025, on its website. The PSNI does not yet have a process for collecting EDI data from those raising FTP concerns, and we have not seen evidence of the PSNI using data and/or other evidence to identify unfairness in its processes and decisions. This outcome was therefore not met.

## **Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes**

The PSNI made efforts to reach out to diverse stakeholders through its consultation work regarding proposed changes to its fees and to its Initial Education and Training. It has also participated in meetings of the Joint Healthcare Regulators EDI Forum.

As was the case last year, we did not see evidence of the PSNI making use of external research or other evidence regarding EDI issues, or of it publishing any data, research or analysis which it has generated, other than analysis of its registrant EDI data. This outcome was therefore not met.

## Conclusion

The PSNI has made progress against Standard 3 this year, underpinned by the publication of its EDI Strategy. However, several significant gaps we identified in our last report have not been addressed – notably regarding the PSNI not using data and evidence to identify unfairness in processes and decisions, not using research to inform its work, and not publishing its own EDI data, research and analysis. The PSNI met one out of four outcomes within this Standard; we therefore concluded that the PSNI had not met Standard 3.

### Provision of information

The PSNI did not meet Standard 1 last year because of weaknesses in its Council papers and delays to its website refresh project. The PSNI has consistently published its Council papers one week ahead of its meetings throughout this review period and its public sessions considered more substantive items than in recent years. The PSNI has also continued to improve the content and usability of its website this year. We concluded that the PSNI met Standard 1.

### Clarity of purpose

The PSNI did not meet Standard 2 last year because, for much of the year, we saw the PSNI make little progress on a variety of key projects such as publication of a new Corporate Strategy, the review of The Code, guidance for registrants, education reform and improvements to its website. The PSNI has addressed most of the issues we identified last year, but there was evidence of it failing to prioritise and deliver in certain respects again this year. The PSNI's decision not to publish its 2025-30 Corporate Strategy, because of the uncertainty around the future of pharmacy regulation in Northern Ireland, was further evidence for us to conclude that the PSNI had not met Standard 2 this year.

### Performance reporting

Just before the end of the last review period, the PSNI introduced a new suite of quarterly performance dashboards. These have been further developed during this review period and published as Council papers, covering fitness to practise, registration, continuing professional development, Regulator Online (the portal for registrants), IT and complaints. The PSNI has engaged constructively with us in the course of our performance review work, and we have not encountered any issues obtaining the information we required. We therefore concluded that the PSNI met Standard 4.

### Stakeholder engagement

The PSNI did not meet Standard 5 last year because there was inactivity across a number of different areas and workstreams, and stakeholders sought, but did not receive, updates from the PSNI. This year, the PSNI has made progress on a number of consultation exercises across various important policy areas, including the Code, Standards for Chief Pharmacists, and Initial Education and Training Reforms. We also received more positive feedback from stakeholders regarding the PSNI's engagement and consultation this year and therefore concluded that the PSNI met Standard 5.

# Guidance and Standards

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**The PSNI met one of two Standards for Guidance and Standards. The PSNI met Standard 6 and did not meet Standard 7.**

## Standards for registrants

In June 2025, the PSNI implemented a three-stage Standards and Guidance Review Programme, and we have seen evidence of the PSNI taking a more structured approach to ensuring its standards remain up to date this year.

Last year, we reported that we had not seen evidence of progress to update its 2016 standards for registrants (The Code) since the PSNI consulted on a draft in December 2023. In September 2025, the PSNI reconvened its Expert Advisory Group to review a revised draft, taking into account the previous consultation exercise, and published an updated version of the Code in January 2026, shortly after the end of this review period.

The PSNI published Standards for Chief Pharmacists in December 2025, which are aligned with the standards published by the General Pharmaceutical Council (GPhC) earlier in the year. We will monitor the PSNI's work in 2026 to publish new standards for Responsible Pharmacists and Superintendent Pharmacists and to update its Standards for Registered Pharmacy Premises.

## Guidance for registrants

For several years, we reported on the need for the PSNI to understand and manage the risks arising from online pharmacy, and last year we concluded that the PSNI had not met Standard 7 because of the lack of progress to publish updated guidance for registrants on this issue. The PSNI launched a consultation exercise on draft guidance regarding prescription delivery and collection in November 2025, but this is narrow in scope and is not an update on the PSNI's 2016 standards and guidance on internet pharmacy services. We have seen some progress in terms of the PSNI's understanding of the risks around online pharmacy, but this has either taken place very late during this review period or is still ongoing. We therefore concluded that the PSNI had not met Standard 7.

# Education and Training

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**The PSNI met both Standards for Education and Training.**

## Initial education and training of pharmacists

In January 2021, the PSNI adopted the new Standards for the initial education and training of pharmacists published by the GPhC, which covers both the MPharm degree and the Foundation Training Year (FTY), with a period of transition before full implementation in 2025/26. Under the reforms, newly-qualified pharmacists would be eligible to apply for annotation to permit them to independently prescribe from their first day of registration – the previous requirement to have been registered for a minimum of two years was to be removed. In order for these changes to take effect, the Northern Ireland Assembly had to amend the Pharmaceutical Society of Northern Ireland (General) Regulations (Northern

Ireland) 1994. Last year, we reported that we had seen little evidence of the PSNI progressing the work needed to ensure the successful implementation of these reforms.

The PSNI consulted on the proposed changes to the FTY from February to April 2025 and Council approved the recommendations in May. The Northern Ireland Assembly made the necessary amendments to the 1994 Regulations in June, and these took effect on 1 August; trainees who successfully complete their FTY in summer 2026 will therefore be eligible to apply to register as independent prescribers from their first day of registration.

### Quality assurance of pharmacy education

During this review period, both MPharm degrees in Northern Ireland and the FTY received accreditation from the PSNI.<sup>1</sup> We received some feedback from stakeholders regarding the roles of the PSNI and the GPhC in the quality assurance of pharmacy education in Northern Ireland. The accreditation reports do explain the respective roles and the accreditation process, but these were not easily found on the PSNI website. The PSNI made improvements to the training section of its website during this review period, and this now includes an explanation of the quality assurance process and links to the accreditation reports.

## Registration

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### The PSNI met all four Standards for Registration.

As we noted last year, in March 2024 the PSNI introduced a quality assurance process in which it checked the public facing register against fitness to practise sanctions and interim orders each week. This year, the PSNI told us that it had found no errors in its weekly checks and had adjusted this to fortnightly checks. It has not identified any errors since making that change and we did not find any errors in our own checks this year.

The PSNI continues to process registration applications promptly and did not receive any appeals against registration decisions.

### Continuing Professional Development

Last year, we reported that the PSNI had not carried out all parts of its quality assurance in respect of registrants' Continuing Professional Development (CPD) for the 2021/22 and 2022/23 CPD periods. In July 2024, the PSNI published a revised CPD Framework which has been in force from the 2024/25 CPD period; we are satisfied that the PSNI carried out the quality assurance process this year as set out in the framework.

We received further concerns from stakeholders regarding certain practical aspects of the CPD process this year. Community Pharmacy Northern Ireland (CPNI) told us that the PSNI's CPD portal crashed in the days leading up to the CPD submission deadline, and some registrants lost work as a result. CPNI welcomed the PSNI's decision to keep the

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<sup>1</sup> Accreditation and reaccreditation of pharmacy courses in Northern Ireland is undertaken by the GPhC on behalf of the PSNI.

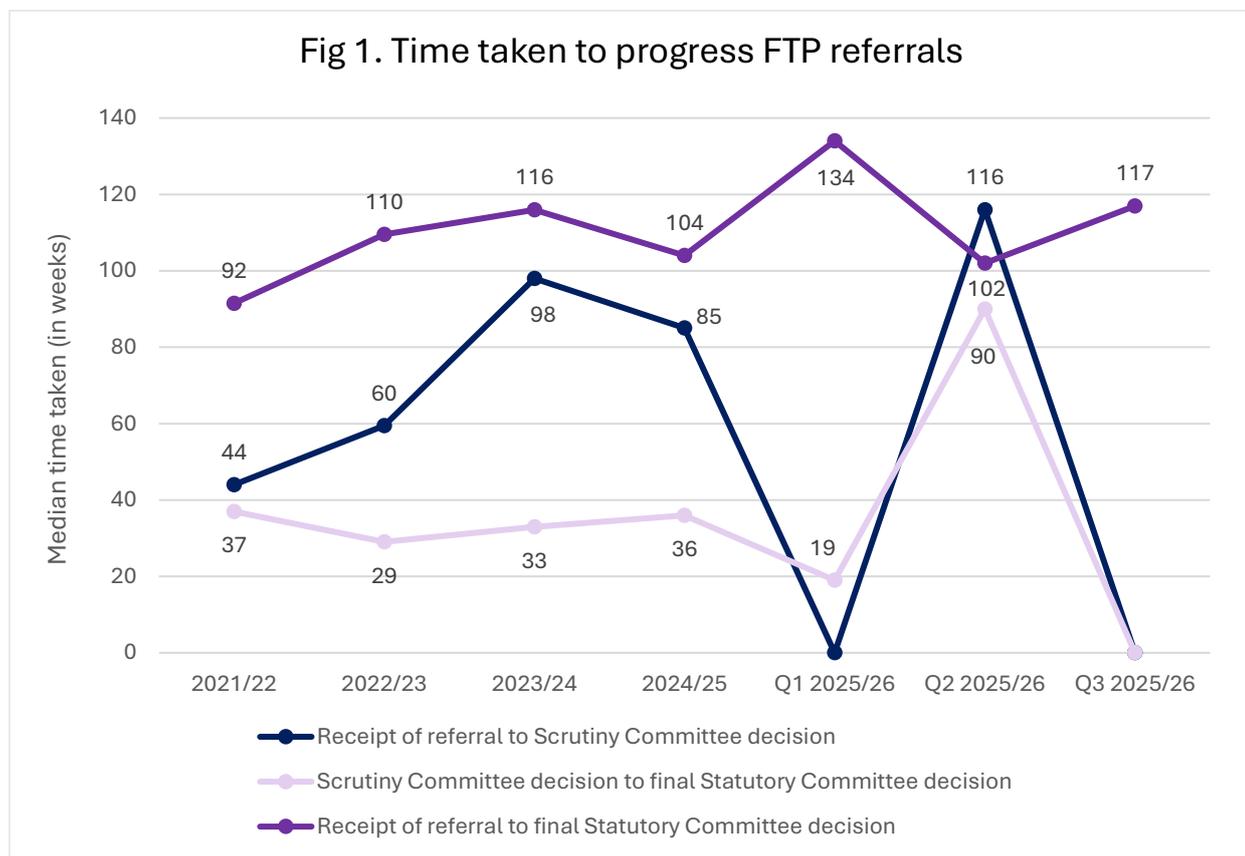
portal open beyond the deadline and for contacting affected registrants. The PSNI also sent out inaccurate automated emails in July to 270 registrants regarding their CPD portfolios; the PSNI quickly investigated and corrected the error and published a statement to apologise to registrants. It is clear that the PSNI needs to improve the service it provides to registrants in terms of CPD submissions.

## Fitness to Practise

**The PSNI met four of five Standards for Fitness to Practise. The PSNI met Standards 14, 16, 17 and 18 and did not meet Standard 15.**

### Fitness to Practise investigations

The PSNI makes very few decisions at Scrutiny Committee or Statutory Committee each quarter, so the quarterly data can fluctuate significantly, as shown in Figure 1 below. However, the median end-to-end figure (from receipt of referral to final Statutory Committee decision) has remained high throughout the review period, and we have not seen sustained improvement in the other key timeliness measures since last year.

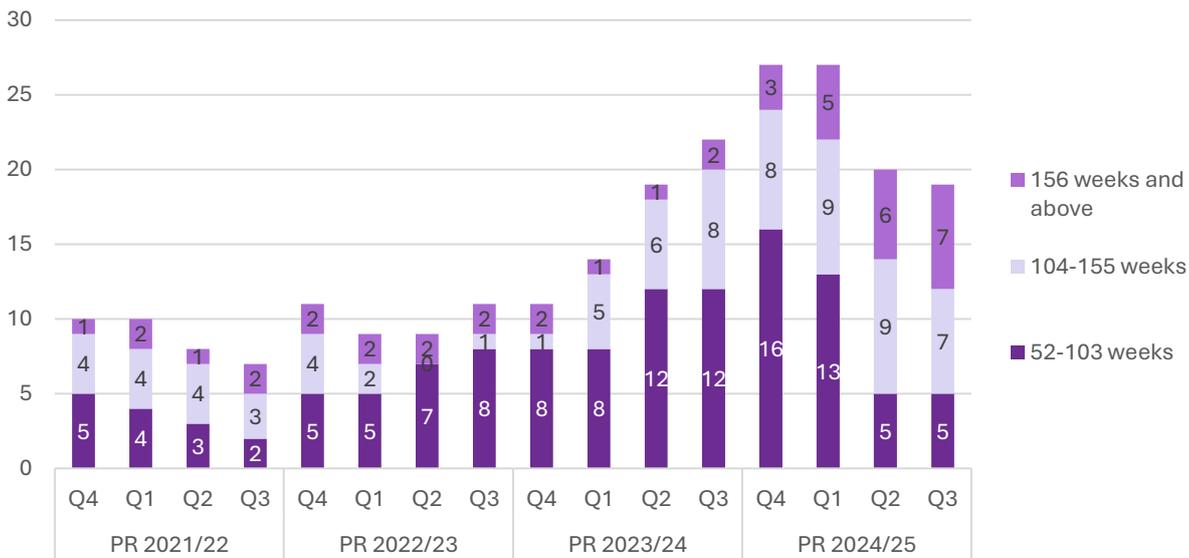


As Figure 2 shows below, the PSNI reduced its open FTP caseload in the second half of this review period. However, the improvement has been largely limited to cases awaiting a jurisdiction decision at the very start of the FTP process. And, as Figure 3 shows, the number of open older cases remains high compared to previous years, and the number of cases older than 156 weeks (three years) has continued to increase.

Fig 2. Number of open cases at each stage of the FTP process



Fig 3. Number of open older cases over 52 weeks



The PSNI has not met Standard 15 in four of the last five performance reviews, and the data for this year does not indicate a sustained improvement in performance. We therefore concluded that the PSNI had not met Standard 15.

### Fitness to Practise decisions

The PSNI has updated and improved the template forms used to document decisions at the jurisdictional test and threshold test stages of its FTP process which should provide greater detail, clarity and transparency around early decisions in the FTP process. We have not seen evidence to indicate concerns about decisions made at these stages of the FTP process during this review period.

The PSNI informed the PSA of eight substantive Statutory Committee decisions during this review period, compared to two during the 2023/24 review period. Out of those eight decisions, the PSA has lodged two appeals. The PSA has not previously appealed a PSNI Statutory Committee decision, and the high proportion of cases being appealed this year is concerning. We will monitor the outcome of those appeals and take account of them in future performance reviews.

## Quick links/find out more

- Read the [PSNI's 2023/24 performance review](#)
- Find out more about [our performance review process](#)
- Read our [Standards of Good Regulation](#)
- Read our [evidence framework for Standard 3](#)



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