

BY E-MAIL

11 March 2026

Mike Nesbitt MLA  
Minister of Health

Dear Minister,

### **Regulatory performance of the Pharmaceutical Society of Northern Ireland (PSNI)**

On 18 March 2026, we will publish our annual review of the PSNI's performance, covering the period from 1 January to 31 December 2025. I attach a copy of our report, which is under embargo until publication.

As you know, the PSA reports to Parliament each year on the performance of the 10 statutory health and social care regulators of professionals.<sup>1</sup> We judge a regulator's performance against our 18 Standards of Good Regulation, which cover the four key regulatory functions of guidance and standards, education and training, registration and fitness to practise. Each Standard is assessed as being 'met' or 'not met'.

### **Our 2024/25 performance review**

As our 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.

#### Standard 2

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

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<sup>1</sup> These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Nursing and Midwifery Council, the Pharmaceutical Society of Northern Ireland and Social Work England.

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. We note that the PSNI subsequently published its Corporate Strategy on 24 February 2026.

### Standard 3

The PSNI has made progress against Standard 3 this year, underpinned by the publication of its Equality, Diversity and Inclusion (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.

### Standard 7

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.

### Standard 15

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.

### **Next steps**

Our legislation does not provide us with any power to require action to be taken by the regulators in response to our reports. We will continue to monitor the PSNI's performance closely and will provide you with annual updates until the issues we have identified are resolved. This includes meeting the PSNI's Chief Executive every month, attending Council meetings, analysing quarterly performance data and obtaining feedback from its key stakeholders. We will also conduct an audit of the PSNI's fitness to practise function as part of our 2025/26 performance review. In the meantime, we

would welcome the opportunity to meet with your officials to discuss the PSNI's performance and how it can be supported to improve.

I have copied this letter to Dr Geraldine O'Hare, President of the PSNI, and I am writing in similar terms to Philip McGuigan MLA as Chair of the Committee for Health, copied to counterparts in the UK Government and Parliament for information.

Yours sincerely,

A handwritten signature in black ink that reads "Caroline Corby". The signature is written in a cursive, flowing style.

**Caroline Corby**  
Chair