

## **Knowledge and Skills Framework for Healthcare Professionals Working with the Older Person – PSI Submission**

### **About the PSI – the Pharmacy Regulator**

As the pharmacy regulator in Ireland, the Pharmaceutical Society of Ireland (PSI), is responsible for protecting the health, safety and wellbeing of patients and the public by regulating pharmacists and pharmacies in Ireland and assuring public trust in the quality of pharmacy services through effective regulation.

The PSI regulates all registered pharmacists, irrespective of where they work, be that in community pharmacies, or hospitals, in other areas of healthcare, or industry, education or regulation. We do this in the public interest. In achieving this objective, the PSI works across the full extent of each pharmacist's professional career – from setting the standards for the education and training courses which lead to registration as a pharmacist, assessing through a robust registration process the suitability of a pharmacist to enter the Register of Pharmacists, to supporting continuing professional development (CPD). We work to assure the public that pharmacists are always working to high standards of practice and that the public can have continued trust in pharmacists. In conducting our regulatory responsibilities, it is intended to support pharmacists in their central role to support patients in obtaining optimal outcomes from medicines by maximising the benefits and minimising the potential for patient harm.

The PSI is also charged with the responsibility to regulate retail pharmacies in Ireland. This is an important aspect of our public protection remit. Pharmacies are a critical part of our healthcare system, and it is essential that, as with all healthcare settings, the public can be assured that they provide a safe and reliable healthcare service. In this role, we are required to ensure that all pharmacies are properly registered and that each pharmacy is operating in accordance with pharmacy and medicines law.

### **PSI General Commentary on the Knowledge and Skills Framework**

PSI welcomes the opportunity to respond to the knowledge and skills framework developed by the Health Service Executive (HSE), Royal College of Physicians of Ireland (RCPI) and the National Integrated Care Programme for Older Persons (NICPOP) to outline the requisite knowledge and skills required of healthcare professionals in order to deliver quality, person-centred care to older people across healthcare settings in Ireland. We welcome this comprehensive framework as a key learning and self-development tool to assist pharmacists in any practice setting working with older people.

We recognise that the challenges presented by the demographic changes in the Irish population and an increased burden of chronic disease will require an unprecedented response from all those working across the health and social care system. This framework will provide a very useful mechanism to facilitate new ways of working within interdisciplinary teams and assist all healthcare professionals to utilise their full skill set and expertise to enable older people to access person-centred, high-quality safe and appropriate care, in the right place, at the right time, in line with government policy on healthcare reform as set out in the Sláintecare report.

Pharmacists as healthcare professionals have unique skills and expertise. They are recognised as experts in medicines in the healthcare system, and are a highly trusted and accessible profession. However, as stated in the [PSI Future Pharmacy Practice Report](#), this expertise is currently underutilised. Advances in practice and regulation in recent years have assured a high level of clinical governance within pharmacies with regulatory standards in place for all registered pharmacies. There have been significant developments in the qualification for practice as pharmacists. The mandatory system for CPD as implemented by the Irish Institute of Pharmacy (IIOOP) on behalf of the PSI provides a demonstrable quality assurance system for pharmacists' competence that further enables the realisation of the profession's potential. Overall the picture is of a highly qualified profession that is a unique resource to the health system and patients and which could be capitalised upon to support older people to manage their healthcare needs both in community and hospital settings.

### PSI Commentary on the Common knowledge and skills

While we are in general happy to endorse the common knowledge and skills as set out in the framework, we have set out here in the table areas where we consider additional points, clarifications or opportunities for consolidation could potentially be considered. To encourage healthcare professionals to engage with the framework we would suggest, based on our experience from the regulation of pharmacists and pharmacies that indicators are as concise, succinct and clear as possible.

Reference	PSI Comments
1.05	We would query if the term 'life course perspective' is well understood.
1.13	Consideration could be given to clarifying or providing examples of the forms of abuse to which this indicator refers.
1.17	Use the full term Comprehensive Geriatric Assessment (CGA)
1.21	Suggest that each knowledge/skill descriptor should be self-explanatory rather than requiring the previous one to be read. In this example, we would suggest that they are combined, or this one is expanded to what is being referenced by 'these conditions.'
1.19 to 1.24	Some opportunity for consolidation of these indicators here.
1.25	Consideration could be given to including the requirement for all healthcare professionals to have an awareness of the impact of renal and hepatic function on medicines and potential requirements for dose adjustment.
1.34	Suggest including 'as relevant to your role' in this sentence.
1.36	Suggest including the older person in this statement.
1.37	Suggest this may be more appropriate in the enhanced skills section rather than the core skills section.
1.38	Suggest this may be more appropriate in the enhanced skills section rather than the core skills section and also included in the specific knowledge and skills of all relevant professions.
2	In this domain, we consider additional reference could be included as to the importance of patient consent for the sharing of health information among multidisciplinary teams. Additionally, consideration could be given to including reference to adherence to GDPR and relevant Data Protection legislation.
2	Consideration could be given to removing the term 'demonstrate the ability' from the indicators to make them more concise.
2.38	Suggest this is core rather than enhanced.

3.33 & 3.54	We consider that additional reference could be made to adherence to relevant legislation e.g. relevant medicines legislation or Data Protection legislation.
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### Discipline-Specific Knowledge and Skills – Pharmacy

While we are in general happy to endorse the discipline specific knowledge and skills for pharmacy as set out in the framework, we have set out in this section areas where we consider additional points or clarifications could potentially be considered.

- In the introduction section, we would suggest that the text here is edited to match that as set out on the PSI website “Anyone wishing to practise as a pharmacist in Ireland must first register with the PSI. The PSI must be satisfied that the requirements for a pharmacist to register are met. This registration must then be renewed on an annual basis. There are different routes of registration for pharmacists depending on where a person has graduated and trained as a pharmacist. Further information is available on the [PSI website](#).”
- Consideration could be given to giving further information on the role of community pharmacists and how this supports the delivery of high-quality, safe services to older people in the community, as well as the many other areas where pharmacists practice their profession including industry, regulation, academia, education, research as well as in other clinical and managerial settings, including residential care settings.
- In order to future proof the document, we would suggest that time-bound statements are removed i.e., ‘the revised structure is due soon’.
- We would suggest that pharmacist’s roles in improved transitions of care are also referenced in more detail in this section.
- In the pharmacy specific knowledge and skills section, we consider that it may be useful to have further detail as to what a pharmacist’s roles and responsibilities are, as they relate to the care of the older person.
- The differentiation between core versus enhanced knowledge and skills is less clear when compared with the general section. Also, it would be useful to separate out skills and knowledge as has been done in the common knowledge and skills section and for the other professions.
- We have set out some specific comments on the indicators in the table below:

Reference	PSI Comments
3.01 & 3.02	We would caution referencing such general descriptors in a framework specifically related to working with older persons. Other tools such as the PSI Core Competency Framework (CCF) and Code of Conduct, are the more appropriate source of guidance we would suggest. Other descriptors that are provided could be made more specific to their applicability to working with older persons.
3.04	Suggest amending as follows ‘Access most up-to-date, reputable information and reference sources about medicines’.
3.09	We suggest that this could be made more specific, e.g., Know that potential for medication errors increases in those on multiple medicines, and the impact of errors, when they occur in older persons, can be more serious due to disease state and other factors. Systems should be in place to identify, report and learn from errors, including the reporting and investigation of near miss and error events when they occur.
3.11	Suggest that this should be broader than just medicines and include all necessary information so as to ensure continuity of patient care at transitions of care.

3.13	Suggest this needs to be reworded, and more action driven (e.g., Has knowledge of the range of compliance aids available to support greater adherence and independence with medicines use, and identifies opportunities where their use may be beneficial).
3.14	Suggest this should be re-worded to include the application of this specialist knowledge as it relates to non-prescribed medicines.
3.15	Opportunity for this to be made more specific.
3.24	Reference could be included here to the HIQA requirement to conduct medicine use reviews in providing care to persons in residential care settings.
3.47	Opportunity to link to the steps required in any available guidance or standards.
3.48	We suggest that this is core rather than enhanced.
3.57	We suggest that this is core rather than enhanced.

Please note we have not provided feedback on the core knowledge and skills required in relation to the identified therapeutic clinical areas e.g., gastrointestinal system, respiratory system, central nervous system, infections, endocrine system etc, as clinical matters are outside of the scope of the regulatory remit of PSI.