Revalidation in Pharmacy: Evaluation of appraisal and alternative sources of evidence

Executive Summary
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1 Background

High profile medical cases such as the Bristol and Shipman Inquiries have highlighted failures in doctors' competence and performance and have called for the introduction of a system of regulation for all healthcare professionals. The Royal Pharmaceutical Society of Great Britain (RPSGB), as the current regulatory body for pharmacy professionals, has thus been charged with preparing for a system of revalidation, which has not previously existed.

In mid-2009 the RPSGB called for applications to be submitted for conducting research on four different work streams related to revalidation in pharmacy. One of these projects involved evaluating appraisals and other sources of evidence in the pharmacy profession and was contracted to the Centre for Pharmacy Workforce Studies (CPWS) at The University of Manchester.

2 Scope of study

The RPSGB specified a number of key areas that were required to be evaluated by the contractors which included:

- gathering information on existing structures, processes, and items covered in appraisals implemented in areas of pharmacy providing NHS services (i.e. hospital trusts, primary care organisations and private sector community pharmacies), in the sector of academic pharmacy (i.e. schools of pharmacy), and in the pharmaceutical industry – in England, Scotland and Wales;

- examining the views of practising pharmacists and registered pharmacy technicians working in all sectors on assessment methods and processes for the purpose of revalidation;
exploring and quantifying the views of pharmacy employers on whether issues of revalidation form part of current appraisal systems (if in place) and their views on incorporating such issues in future; and

exploring other possible sources and structures for evidence gathering for the purpose of revalidation, i.e. the RPSGB inspectorate in Great Britain, and community pharmacy contract monitoring through Primary Care Trusts (PCTs) in England.

3 Methods

The research team employed a mixed-method design: combining qualitative and quantitative methods throughout this project. Semi-structured interviews and/or questionnaire surveys were conducted with pharmacy employees and employers in different sectors, as well as those involved in other processes of relevant evidence gathering (i.e. the RPSGB Inspectorate and PCT contract monitoring). These explored the current use of appraisals and other forms of evidence, and views on their potential usefulness and adaptability for the purpose of revalidation. To allow comparison across different sectors of pharmacy, the following were included: those working in patient facing sectors and providing NHS services, those who educate future pharmacy professionals, and those working in the pharmaceutical industry. Most elements were undertaken in all three countries which are under the jurisdiction of the RPSGB, i.e. England, Scotland and Wales (Great Britain – GB).

The data were obtained through:

- semi structured interviews with:
  - fourteen senior staff (e.g. superintendent pharmacists and/or professional development managers) from five national chain/multiple pharmacies and four supermarket chains;
  - nine owners/managers of independent community pharmacies;
  - three senior managers of locum agencies;
  - four pharmacy technician stakeholders;
• nine pharmacists and pharmacy technicians with management responsibilities in a range of roles from seven pharmaceutical companies of differing sizes across Scotland and England;
• five senior academics from Schools of Pharmacy;
• seven RPSGB inspectors from each of the three regions, including the chief inspector and the three regional leads; and
• six PCT personnel all directly involved in community pharmacy contract monitoring processes in England; and

• surveying:
  • nine hundred and sixty-six practising pharmacists and 240 pharmacy technicians;
  • individuals with clinical governance responsibilities in 67 English PCTs
  • individuals with clinical governance responsibilities in 28 acute hospitals / hospital trusts in England

In addition to these sources that provided insight into appraisals and alternative sources of evidence for revalidation, relevant documentation was retrieved from a number of key stakeholders. This included appraisal documentation from employers and contracts monitoring documentation from PCTs. These documents were used to assist in analysing and verifying the content of the interviews.

4 Overview

This study concentrated on a number of issues concerning revalidation, including the views held by both practitioners and employers on the revalidation process, and what appraisals or alternative sources of evidence may contribute towards the revalidation of a pharmacy professional. The findings from the study pertinent to these areas will be discussed in turn.
4.1 Practitioners’ opinions on revalidation

Through surveying a large number of pharmacists and pharmacy technicians, representative of the current population of practising pharmacy professionals, we were able to ascertain respondents’ views on revalidation from all sectors. In general, they agreed that revalidation should be an ongoing, continuous process rather than a periodic comprehensive assessment. Three quarters (75%) believed it should include evidence from a fitness to practise appraisal and even more (86%) stated that it should include evidence of continuing professional development (CPD). A smaller majority (60%) thought that revalidation should include feedback from work colleagues and peers with fewer still agreeing that observations or information from ‘mystery shoppers’ should contribute to the revalidation process.

Thirty-five percent of respondents stated a preference for revalidation assessments to be carried out by someone within their employing organisation. This proportion was greater for hospital pharmacists and pharmacy technicians (44%) than for those working in the community sector (33%). Most believed that this person should be a pharmacy professional with an understanding of their role who is trained and accredited by the regulator.

The strongest expressed preference was for the revalidation assessment to be conducted by the individuals’ main employer, although this was still only just over a third of all respondents. This was particularly true for pharmacy technicians, where the majority (58.4%) thought their main employer would be the most appropriate assessor.

The views of individual groups of respondents were also captured in the analysis. For example, nearly half of locums (46%) and pharmacy owners (44%) favoured an independent senior pharmacy professional – based within the geographical area where they most practised – or else the pharmacy regulator as their preferred assessor of choice. The majority of self-employed pharmacists (71%) did not agreed with locums having their revalidation assessment conducted by an assessor from a locum agency.
4.2 Employer opinions on appraisals and their potential use for revalidation

A number of key stakeholder representatives in NHS organisations, community pharmacy, academia (Schools of Pharmacy) and the pharmaceutical industry also gave their views on revalidation, mostly with regards to appraisals and their potential use for the purpose of revalidation. Key findings from the employers are summarised below.

The use of appraisals of pharmacists and pharmacy technicians was widespread among pharmacy employers in the sectors involved in this study. However, appraisal systems were generally not in place within independent pharmacies, particularly for owners themselves. They also did not necessarily cover portfolio workers for all sectors they worked in.

Appraisals in the various sectors involved in this study were generally conducted annually and were based around reviewing performance over the previous period, identifying learning and development needs, and setting objectives for the following period. Appraisals were generally seen as supportive rather than an approach which would lend itself to a form of assessment. Indeed, there were some voices who considered that the current supportive, formative approach was in conflict with a more summative assessment, suggesting that the latter may jeopardise the current context which encouraged honest and open discussion.

Although performance was reviewed during appraisals, what was covered under performance was not particularly concerned with clinical or professional performance (which is what would be relevant for a fitness to practise assessment), but with performance related to the focus of the sector of pharmacy in question. In community pharmacy and the pharmaceutical industry performance focused particularly on business or organisational targets. In schools of pharmacy performance was centred more on general academic performance. NHS employers (PCTs and hospital trusts), on the other hand, appeared most likely to cover issues of professionals performance, and were also most positive about the potential adaptability for revalidation of their current system.
In the different sectors and organisations pharmacists and pharmacy technicians were appraised by their line manager, who was not necessarily a pharmacy professional. Whilst pharmacy professionals in patient facing roles were commonly appraised by pharmacists, those in non-patient facing roles (i.e. in academia and the pharmaceutical industry, but also more senior management staff in, for example, community pharmacy) were often appraised by non-pharmacists.

The general consensus amongst employers in all sectors was that the current appraisal system would not be adequate to assess a pharmacist’s or pharmacy technician’s fitness to practise for the purpose of revalidation. For example, interviewees within the pharmaceutical industry did not perceive their organisation’s current appraisals to link directly to the assessment of individuals’ work as pharmacy professionals; some thought that they were assessed on their professional role but not so much as a pharmacist. Interviewees from the community pharmacy and the Schools of Pharmacy noted that appraisals may aid the process of revalidation, but alone, they were not considered a method suitable for revalidation. This is not surprising based on the finding that many organisations’ appraisals do not assess individuals’ clinical and professional skills.

It is important to highlight the fact that there was a lack of awareness amongst many employers over what revalidation is and what it might involve. For example, some respondents from English PCTs and hospitals that were surveyed provided comments which declared that they knew very little about revalidation. Similarly, employers in other sectors appeared not to know a great deal about revalidation or how a pharmacist’s or pharmacy technician’s fitness to practise might be determined. Respondents also found difficulty in expressing views about revalidation and the potential use of appraisals, without clarity about the standards to be applied. They further noted that there are distinct differences between the roles of pharmacists and pharmacy technicians in different sectors and therefore demonstrating fitness to practise in, for example, a non-patient facing role (i.e. an academic) would be different from a patient-facing role, as in community or hospital pharmacy.
4.3 Alternative sources of evidence: RPSGB Inspectorate and PCT contracts monitoring visits

In addition to appraisals conducted by the employing organisation of a pharmacist or pharmacy technician, external bodies, such as the RPSGB Inspectorate and PCT contracts monitoring staff, may have a role to play in revalidation. Currently, both of these bodies collect detailed information about the quality and standards of pharmacies and the services they offer through regular inspections and contract monitoring processes. They also gather some information relating to concerns about the performance of individual pharmacists: collected through complaints and investigative procedures. Although the work they do can highlight problems occurring in a pharmacy premises, such as poor service delivery, their remit does not extend to the evaluation and assessment of the individuals working within the pharmacy. Thus, the data obtained by these bodies on their routine visits to pharmacies may be an inconsistent source in the revalidation of individual pharmacy professionals.

Most pharmacies, except, perhaps, small independents, have more than one pharmacist that will practise on the site. Therefore, there is no control over which pharmacist is present at the time of a visit from the RPSGB Inspectorate or PCT contracts monitoring staff; it could be the owner, a second or relief pharmacist or a locum. This poses difficulty for the potential use of these external bodies in the revalidation of individual pharmacy professionals within existing structures and procedures. A further issue found with PCT contract monitoring processes was that visits were often conducted by non-pharmacists, which would need to be considered if a revalidation assessment was to be incorporated. A source of information that PCTs collect which may have the potential to be used for revalidation purposes is the annual patient survey which community pharmacies are now contractually obliged to conduct. However, as with inspections and contract monitoring visits, it would be difficult to determine which individual pharmacists or pharmacy technicians were reflected in the information received from patient surveys.

Many interviewees from the RPSGB Inspectorate and PCTs considered the inspection and contract monitoring visits with the aim of supporting the development
of pharmacies and pharmacy services. As with a number of employers when discussing appraisal systems, interviewees from the RPSGB Inspectorate and PCTs thought that the visits were directed at improvement and development, and were not intended to be summative in nature. Interviewees also found, in the absence of specified standards for revalidation, it difficult to comment upon whether or not any of the information routinely collected during these visits would be appropriate for revalidation purposes. The general perception that came across during the interviews was that the performance of an individual pharmacy professional would not be picked up during inspection/contract monitoring visits. The only way such issues could be noticed was if an individual’s performance in practice had raised concern.

5 Key Recommendations

As an outcome of the research findings from this study, we have been able to summarise key issues that have arisen from this study and provide a set of recommendations for the regulator. These recommendations are grouped under three headings: standards for revalidation; evidence for revalidation; and processes for revalidation.

5.1 Standards for revalidation

It is recommended that:

- before being able to design a system of revalidation for pharmacy professionals and the set of processes that will be involved, development work is undertaken on defining and elucidating a set (or sets) of contemporary standards against which individuals will be assessed

- a single set of generic standards, to be met and demonstrated (by whatever means) by all pharmacy professionals for revalidation purposes, may not be
sufficient, due to the diversity of roles and responsibilities of pharmacy professionals across different sectors

5.2 Evidence for revalidation

It is recommended that:

- if any kind of appraisal system is used to feed into the process of revalidation, it is only one element of a range of evidence to be presented

- the regulator considers whether the same sources of evidence should be used for every pharmacy professional or whether different sources are more appropriate for some professionals in different roles and different sectors

5.2.1 Appraisals

It is recommended that:

- the regulator looks to secure engagement of employers of pharmacy professionals in ensuring their fitness to practise, and that development work is undertaken in partnership with the employers of pharmacy professionals to adapt appraisal systems to be able to assess clinical and professional competencies

- development work is undertaken in those sectors of employment and self-employment, where appraisals do not currently take place, such as cross sector (portfolio) working, pharmacy owners and locums

- resources are dedicated to undertaking the important groundwork required in the different sectors of pharmacy employment to begin to engage employers in this endeavour
the regulator looks to NHS employers, in particular the hospital sector, as a potentially conducive setting in which to conduct further in depth explorations and initial piloting of any appraisal based system of revalidation it might choose to develop

5.2.2 Other sources of evidence – RPSGB Inspectorate and PCT contract monitoring processes

It is recommended that:

- RPSGB Inspectorate and PCT contract monitoring processes, in their existing form, have little utility in contributing towards a system of revalidation for pharmacists and pharmacy technicians, one important reason being that they assess pharmacies rather than individual pharmacy professionals

- unless properly resourced, routine inspections and contract monitoring processes cannot be easily adapted for revalidation purposes

- consideration is given to issues of confidentiality and data protection and to the information systems which would be required to link these data to other sources of evidence for revalidation purposes

- processes used currently for conducting and reporting patient surveys in community pharmacy may be unreliable sources of evidence for revalidation of individual community pharmacists, due to high variability in pharmacies’ compliance and the detail and quality of survey data, as well as the difficulty of linking these to an individual pharmacy professional.

5.3 Processes for revalidation

It is recommended that:
• the regulator gives consideration to the importance of having a pharmacy professional conduct appraisals which feed into revalidation

• appraisers/ assessors have adequate training in conducting appraisals or other assessments for revalidation purposes

• options are considered for ensuring the quality and consistency of appraisals or any other sources of evidence used for revalidation purposes

• steps are taken to engage employers in any developments of revalidation appraisals and other forms of assessments which would involve them

• the options are explored of having a number of different appraisers and/or an independent assessor from outside the employing organisation and/or a panel to judge the evidence submitted for revalidation purposes

• consideration is given to who might undertake the appraisals (or other forms of assessment) of locum pharmacists for revalidation purposes

• consideration is given to who might undertake the appraisals (or other forms of assessment) of independent pharmacy owners for revalidation purposes

• the regulator explores whether portfolio workers should undergo appraisals in each sector of pharmacy they work in, or whether appraisal by one assessor would be sufficient

• the information systems required for an individual pharmacist/ pharmacy technician (or their employer or other informant) to submit evidence from a variety of sources are investigated

• the regulator considers who might be suitably placed to make an assessment of a pharmacy professional’s fitness to practise and subsequent
recommendation to the regulator regarding the individual’s revalidation, and where they might be based