Meeting paper
Council on Thursday, 12 October 2017

Public business

Analysis of the consultation on revalidation for pharmacy professionals

Purpose
To provide Council with an analysis of the recent consultation on the proposals for revalidation for pharmacy professionals (provided as an appendix to this paper).

Recommendations
Council is asked to:

- Note the analysis of the consultation on revalidation for pharmacy professionals (provided as an appendix to this paper);
- Discuss the key areas of stakeholder feedback; and
- Provide feedback on how to respond to the consultation analysis findings.

1. Background

1.1. It has become a widely accepted principle that health professionals need to keep up to date to deliver safe and effective care. Further, it increasingly understood that to maintain public confidence, regulatory bodies working with health professionals must demonstrate that this happens.

1.2. A number of reports into high profile failures\(^1\) in healthcare, predominantly although not exclusively, involving medical practitioners led to calls from governments, patient representative bodies and others for the health professional regulators to introduce reforms to provide assurance about their registrants.

1.3. In particular the Bristol Inquiry report made extensive recommendations about the need for all healthcare professionals to be subject to some form of regulatory scrutiny and revalidation. A UK white paper published by the Department of Health (England) with UK and cross party support, Trust, Assurance and

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\(^1\) [www.bristol-inquiry.org.uk](http://www.bristol-inquiry.org.uk); [www.shipman-inquiry.org.uk](http://www.shipman-inquiry.org.uk)
Safety - The regulation of healthcare professionals in the 21st century set out governments’ expectations that all healthcare professional regulators would bring forward revalidation proposals in due course for their professions.

1.4. For some time the pharmacy professions have been required to undertake continuing professional development (CPD) and submit records to the GPhC (as well as the previous regulator the RPSGB). However, the council made an early commitment to review the process by which the pharmacy professions provided assurance to the public, through the regulator, that individuals remained up to date in their knowledge and competence. This was in recognition that CPD alone was not consistent with the independent reports referenced above, or would meet the expectations of policy makers, governments or our oversight body the Professional Standards Authority.

1.5. Preliminary scoping work was carried out from 2011 to 2013 including a review of relevant research and reports before Council made a commitment at its meeting in November 2013 to develop a new framework for assuring the continuing fitness to practise of pharmacists and pharmacy technicians.

1.6. Council commissioned work from the executive of the GPhC to develop a new framework which would include three core elements, described at that time as “a peer review process”, “a review of continuing professional development (CPD)” and the use of “external performance indicators”.

1.7. Proposals were developed against a set of core principles set out below.

- The primary role of continuing fitness to practise is to reaffirm registrants continue to meet the core professional regulatory standards.
- The framework will need to take account of the full range of roles and settings of pharmacy practice and as a result be based upon a common standard and flexible process and evidence requirements.
- The framework will complement and where possible incorporate existing mechanisms provided by organisations within pharmacy that support continuing fitness to practise assurance.
- Any framework would need to be appropriately tested, piloted and evaluated using robust evaluation criteria including impact assessment of intended and unintended consequences.

1.8. The work to research, test, pilot and evaluate proposals has been completed and the draft framework for revalidation for pharmacy professionals was subject to consultation from 24 April to 17 July 2017 (three months).

1.9. Appended to this paper is an analysis of the responses we received to the consultation and also a series of engagement events held during the consultation period. The paper provides a summary of the consultation, including what we consulted upon, how we conducted the consultation and engagement activities, who we heard from and what we heard. The consultation analysis report contains much more detail on each of the points raised in the summary below.

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2. Key themes from the responses to the consultation

General feedback on the proposals

2.1. The majority of respondents supported the overall proposals and comments were generally very positive. Respondents expressing positive comments were supportive of what they perceived to be enhancements in robustness, simplicity of the requirements for registrants, an improvement focus, moving away from a “tick box” approach, flexibility of the model, aligning with the standards for pharmacy professionals and personal scopes of practice. There was also support expressed for the inclusion of the peer discussion and the reflective account in the new model. The planned changes to the review and feedback processes were also thought to be more meaningful and engaging.

2.2. However, some concerns were expressed about the proposals and respondents raised a number of issues and queries about the new revalidation process. General opposition came from those who were happy with the current system and saw no need to change, and from those who questioned the requirement to record and submit any of their CPD referring to the additional burden that it generates. Some respondents were worried about how the changes would affect them, particularly those in non-patient facing roles, locums and older registrants.

Continuing professional development

2.3. Respondents generally expressed satisfaction with the proposals to revise the approach to CPD recording but requested clarity around the distinction between planned and unplanned learning entries.

2.4. Recommended response: We will enhance guidance materials to make the distinction between unplanned and planned learning clearer.

Peer discussion

2.5. Of the proposed changes, the introduction of the peer discussion generated the most feedback from both organisations and individuals with a large number of respondents having questions or concerns about the approach.

2.6. Although many respondents had positive comments related to peer discussion the following areas were raised for consideration:

2.6.1. Choice and availability of a peer (particularly for pharmacy professionals who may be in more isolated roles).

2.6.2. Further guidance on selecting an appropriate peer.

2.6.3. Maintaining objectivity in the peer relationship and over time.

2.6.4. Robustness of the proposed peer discussion as a mechanism for continuing assuring fitness to practise.
2.6.5. Quality and consistency of peers.
2.6.6. Production of more guidance to support the discussions.
2.6.7. Requiring a more structured and recorded conversation or possibly mandating 360 feedback models.
2.6.8. The function of the peer discussion being misappropriated by some employers.
2.6.9. The link between peer discussion and appraisal.
2.6.10. That peer discussion would prevent pharmacy professionals undertaking their learning and development on their own which would have a resource implication.
2.6.11. Confidentiality, conflicts of interest and data protection.

2.7. **Recommended response:** For the most part, these issues can be addressed through further guidance and information materials. We propose to produce this guidance as planned but also supplement it with communications and engagement with the most affected parties.

2.8. **Recommended response:** On the issues related to the format of the discussion and perception of rigour it is proposed that the form and structure of the peer discussion as consulted upon continues to be the one taken into implementation, but it is recognised that over time, as the sector adapts to the new requirements that council may wish to enhance the model iteratively based on evidence collected through evaluation.

2.9. **Recommended response:** Working collaboratively with other pharmacy organisations so that they can support registrants to locate appropriate peers and engage with the process in the most meaningful way.

**Reflective account**

2.10. The reflective account appears to also have been welcomed by many respondents however the following matters were raised for consideration:

2.10.1. Registrants should be empowered to reflect on the standards they choose rather than the ones directed by us.

2.10.2. More clarity was required over when registrants would know which of the standards were to be included in that year’s reflective account.

2.10.3. More guidance was requested on the form of a good or bad reflective account.

2.10.4. Additional support may be needed for some registrants who are less familiar with reflective thinking.

2.10.5. Reflection, being inherently subjective, may do little to support improvement.

2.11. **Recommended response:** For the most part, these issues can be addressed through further guidance and information materials. We propose to produce this guidance as planned but also supplement it with communications and engagement with the most affected parties.
Submission of records

2.12. Again, the majority of respondents appear to feel the change to annual submission of records is a positive one. However the following issues were raised for consideration:

2.12.1. Prevention of plagiarism and resubmission of old records each year.

2.12.2. Life-long recording of learning and development given that records would only be maintained for 18 months.

2.12.3. Requests for clarity over submission deadlines and also regular reminders.

2.12.4. The need for a period of adaptation to the new requirements.

2.12.5. That annual submission feels too onerous for some, particularly when compared to 3 or 5 year cycles in operation for other regulated professionals.

2.13. Recommended response: For the most part, these issues can be addressed through further guidance and information materials. We propose to produce this guidance as planned but also supplement it with communications and engagement with most affected parties.

2.14. Recommended response: We will work in collaboration with other pharmacy organisations, particularly those supporting life-long learning to promote opportunities to record learning in other places and also to simplify transfer of records to GPhC.

2.15. Recommended response: We are planning phased implementation over 2018-2020 to support registrants in their adaptation to the new requirements. We are also planning collaboration with other pharmacy organisations to support registrants to meet the new requirements.

Review of records

2.16. Many respondents agreed that the changes proposed improved the way in which records are reviewed and provides a more robust process. There was also support for the use of two reviewers in ensuring objectivity and increasing consistency in the review process. There were however a number of issues raised for consideration:

2.16.1. Concerns about the involvement of a lay reviewer and in some instances a pharmacy technician reviewer.

2.16.2. Requests for clarity about the selection, skills and training for reviewers.

2.17. Recommended response: The involvement of lay people is a key improvement to include the views of members of the public in the review process. Additionally, allocation of the appropriate professional reviewer means a better understanding of the role of the professional whose records are under review. We will provide further clarity on the review process, selection, skills and training of reviewers in guidance and supporting information.
Feedback

2.18. There was considerable support for the introduction of tailored developmental feedback rather than the current percentage score. Issues for consideration raised in responses were:

2.18.1. Requests for more guidance and clarity over the timings and outcomes of feedback.
2.18.2. Requests for clarity on the process for remediation and more information to be made available to support registrants in remediation.

2.19. Recommended response: Further guidance and supporting information will be produced on the feedback and remediation processes.

Resource implications and transitional arrangements

2.20. Mixed feedback was received on the resource implications of the new proposals. Many saw the proposals as a more streamlined process supported by technological improvements. The reduction in the number of CPD entries was seen as creating space for the introduction of the peer discussion and reflective account, meaning overall the new proposals would reduce the burden on pharmacy professionals. Similarly, the simplified process for recording would allow more time for registrants to focus on their work and their patients or service users.

2.21. However, these views were not shared by all and the following issues were raised for consideration:

2.21.1. There would be an additional time burden overall.
2.21.2. Time would be required for adaptation to the new requirements.
2.21.3. There were requests for protected learning time.
2.21.4. The peer discussion was seen to have an impact on multiple pharmacy professionals and may have an impact on employers who would be required to consider back fill arrangements.
2.21.5. There was concern that costs may increase at GPhC and there may be a resulting impact on the registration fee.

2.22. Recommended response: For the most part, these issues can be addressed through further guidance and information materials. We propose to produce this guidance as planned but also supplement it with communications and engagement with the most affected parties.

2.23. Recommended response: Evidence and modelling based on the test and pilot studies suggest that the time and cost implications of the new requirements are an improvement on the previous model of CPD. However, monitoring and evaluation of the proposals will be undertaken to ensure that, when scaled up to the whole register, there are no unintended time or cost implications.

3. Next steps

3.1. This paper presents the analysis of the responses to the consultation only. Following council’s deliberation over what we heard, it is intended that we will present the proposals (subject to any further work or amendments that council may direct) at a later meeting for approval prior to implementation.
3.2. Following approval of the final version of the proposals, there will be a period of time allowed to make preparations both within GPhC and beyond. During this time we will produce further guidance and engage with the sector. We currently anticipate being able to launch the new recording tool and guidance in Spring of 2018, allowing time for affected people and organisations to acquaint themselves with the new process and requirements prior to the first group of registrants who will be asked for submission of solely new format CPD for their renewal in Autumn 2018. In Autumn 2019 the first group of registrants will be asked to submit their full set of revalidation records alongside renewal of registration. By 2020, the revalidation framework will be fully introduced when the first reviews against the review criteria for all revalidation records will take place.

4. Equality and diversity implications

4.1. In all stages of our development work we have considered whether there are any significant equality implications, either positive or negative, for registrants or members of the public. Each phase of the three year development programme and some of the specific activities within the programme have warranted separate equality impact analysis reports, such as at the stage of consultation.

4.2. A full impact analysis has been prepared following the consultation on revalidation for pharmacy professionals which draws upon not only the information that was given to us through survey responses and engagement events, but also other information collected at earlier stages of the development programme. This report has been presented alongside the consultation analysis.

5. Communications

5.1. At this time, key stakeholders will have the analysis report shared with them (including the revalidation advisory group). The report will also be published online.

5.2. Communications planning is focused toward the activities that will follow any decision of Council rather than their consideration of the analysis report. Activities will be planned to ensure common and widespread understanding of the proposals and their impact on pharmacy professionals and the sector.

6. Resource implications

6.1. Resource implications are not directly imminent as a result of the council’s consideration of the analysis report, however, there are some matters raised in the report which relate to resource implications for the sector, pharmacy professionals and the organisation upon which the council may wish deliberate.

6.2. When the council comes to deliberate on the final proposals for implementation there will be another opportunity to consider resource implications.

7. Risk implications

7.1. Risk management in relation to the formulation of the consultation analysis report has been applied through a robust methodology to ensure that the summary of the responses is accurate and does not mislead.

7.2. There are again, no imminent risks as a result of council’s discussion of the analysis report. However, the council may want to consider if any risks have emerged from the issues raised by respondents and consider further mitigations to be put in place if required.
8. Monitoring and review

8.1. Depending on the council’s comments on the analysis report, it is intended that they will consider final proposals for approval at their meeting in December 2017.

8.2. If the council decide to agree proposals at that time then a full programme of monitoring the early stages of implementation will be produced and the first steps will be taken to design a coherent strategy for ongoing and long term evaluation of the revalidation framework.

9. Recommendations

Council is asked to:

- Note the analysis of the consultation on revalidation for pharmacy professionals (provided as an appendix to this paper);
- Discuss the key areas of stakeholder feedback; and
- Provide feedback on how to respond to the consultation analysis findings.

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