

# Analysis report on the consultation on revalidation for pharmacy professionals: what we did

## 1. Policy background

- 1.1. Between April and July 2017, we consulted on a proposed new framework for revalidation for pharmacy professionals, which is due for a phased implementation between 2018 and 2020. The new framework is intended to support pharmacists and pharmacy technicians in keeping their knowledge and skills up to date, while providing assurance to the public that they are doing so.
- 1.2. These proposals emerged from a three year development programme and a longer period of exploratory research into the methods we might use to provide further assurance that the trust in pharmacy professionals is well placed. We already had mechanisms, such as annual renewal and our current CPD scheme, to provide this assurance. However, it was clear that there were enhancements that we could make to our ways of working that would improve assurance and better reflect the changing expectations on regulators and pharmacy professionals from governments, members of the public, employers and the professions.
- 1.3. The proposals we consulted upon were rigorously tested over the course of the development programme through research, testing, piloting and evaluation. The consultation is one of the last steps to engage with people affected by the proposals to understand their impact prior to implementation.

## 2. Summary of our proposals

- 2.1. We proposed changing a number of things about how we work and what we ask pharmacy professionals to do in order to remain on our register and to provide further assurance that the trust in pharmacy professionals is well placed.
- 2.2. The changes we proposed were to:
  - reduce and simplify the recording requirements for CPD
  - introduce a peer discussion
  - introduce a reflective account
  - simplify the standards and guidance
  - ask for records to be submitted every year at the same time that pharmacy professionals make their declarations for renewal of registration
  - improve the review of submitted records and the feedback to registrants

- 2.3. As well as making the changes we consulted upon, we also highlighted changes to how we will work. These changes were intended to make the process of recording and submitting records to us easier and included:
- producing an integrated online recording tool so that pharmacy professionals can use one system to log into their account at GPhC to record entries and renew their registration
  - reducing the need for ‘dual recording’ by working with organisations who have their own learning and development portfolios – such as professional bodies, education and training providers and employers – so that records can be transferred easily into the GPhC online recording tool
  - introducing automated support for our registrants in the online recording tool so that simple errors in recording do not automatically lead to remedial action
  - introducing easier ways to report and provide evidence of circumstances that might prevent submission or complete submission of records at the time of renewal

### 3. About the consultation

#### 1.1. Overview

- 1.1.1. The consultation was open for twelve weeks, beginning on 24 April and ending on 17 July 2017. To ensure we heard from as many individuals and organisations as possible:
- An online survey was available for individuals and organisations to complete during the consultation period. We also accepted postal and email responses.
  - We organised a series of stakeholder events aimed at pharmacy professionals, pharmacy service users, organisations and other interested parties.
  - We created a toolkit of materials for organisations to disseminate information about the consultation to their members, including a press release and a presentation.
  - We engaged with media outlets to encourage coverage.
- 1.1.2. For transparency, Appendix 1 provides a list of the organisations that have engaged in the consultation through the online survey, email responses and one-to-one meetings.

#### 1.2. Online survey

- 1.2.1. The online survey asked questions about:
- the proposed framework for revalidation of pharmacy professionals
  - the impact of the changes on pharmacy professionals, employers and pharmacy services users.
- 1.2.2. We received **1,858** responses to the survey, the vast majority of these were collected via the online survey with the remaining responses received by post or email using the consultation document. Alongside these, we received a small number of responses from organisations writing more generally about their views.
- 1.2.3. Of those who submitted a written response, **1,785** were individuals and **80** were from organisations.

### **1.3. Stakeholder events**

- 1.3.1. The questions in the online survey were also used as a structure for discussion in our stakeholder events, allowing us to capture people's views, and include them in our consultation analysis.
- We held four stakeholder events in London, Manchester, Cardiff and Edinburgh and spoke at 32 events and conferences across England, Wales and Scotland. These were attended by a mix of pharmacists, pharmacy technicians, people working in education and training, employers, pre-registration pharmacists, and representatives from professional bodies and trade bodies.
  - We organised four patient focus groups, held in London, Manchester, Cardiff and Edinburgh and held one-to-one meetings with three patient organisations who were unable to attend any of our other events.
  - We hosted an online webinar.
- 1.3.2. Around **2,450** individuals and representatives of organisations participated in these events.

### **1.4. Media coverage**

- 1.4.1. The revalidation consultation was promoted through interviews, press releases and social media activity.

### **1.5. Advisory group**

- 1.5.1. As well as formally consulting on the proposals, we have involved stakeholders throughout their development. This involvement took the form of an advisory group, chaired by Lord Kirkwood of Kirkhope and made up of representatives from the pharmacy sector and patients. The advisory group steered the work to research, test, pilot and evaluate the proposals. During the consultation period, advisory group members attended our stakeholder events and in many cases provided responses to the consultation as individuals or through their organisations.
- 1.5.2. For details of the members of the advisory group, please visit our website at <https://www.pharmacyregulation.org/advisory-group>

## **4. Our approach to analysis and reporting**

### **4.1. Overview**

- 4.1.1. Every response received during the consultation period including notes from stakeholder events has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing, or heard them in meetings or events.
- 4.1.2. An important part of this consultation was a self-selection survey. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded..
- 4.1.3. The consultation questions are provided in Appendix 2.

## **4.2. Quantitative analysis**

- 4.2.1. The online survey contained a number of quantitative questions such as yes/no questions and rating scales. All responses have been collated and analysed including those submitted by email or post using the consultation document. Those responding by post or email more generally about their views are captured under the qualitative analysis only.
- 4.2.2. We are aware that organisational responses may represent a large number of individuals and so these have been reported separately in our quantitative analysis.
- 4.2.3. A small number (less than 30) of multiple responses were received from the same individuals. These were identified by matching on email address and name. In these cases, the individual respondent's most recent response was included in the analysis.
- 4.2.4. The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the online survey. The ordering of relevant questions in the survey has been followed in the analysis.
- 4.2.5. Skipped answers have not been included. Cells with no data are marked with a dash.

## **4.3. Qualitative analysis**

- 4.3.1. This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations, email and postal responses and notes of stakeholder engagement events.
- 4.3.2. A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.
- 4.3.3. The purpose of the analysis was to identify common themes amongst those involved in the consultation activities rather than to analyse the differences between specific groups or sub-groups of respondents.
- 4.3.4. The term 'respondents' used throughout the analysis refers to those who completed the consultation survey and those who attended our stakeholder events. It includes both individuals and organisations.

# Analysis of consultation responses and engagement activities: what we heard

## 5. Views on the proposed revalidation process

The core questions in the consultation focused on respondents' views of the proposals. Responses were sought on questions relating to the steps in the process and the changes being made. These questions were open ended to enable us to capture detailed feedback and a wide range of views. This section provides an analysis of the themes that arose.

### 5.1. General feedback on the proposals

- 5.1.1. The consultation received a large number of responses which included diverse feedback on the new approach. There was consistency across the issues that emerged through the online survey and the stakeholder events and across the organisational and individual responses.
- 5.1.2. The majority of respondents supported the overall proposals and comments were generally very positive. The approach was seen to be more robust and structured and an improvement on the current system which was seen as a largely tick box exercise. Respondents referred to the new requirements as being more fit for purpose and providing more flexibility in how registrants complete their revalidation. There was broad support for the alignment with both the Standards for Pharmacy Professionals and each registrant's own scope of practice. Respondents agreed that the new requirements would ensure ongoing compliance with the Standards for Pharmacy professionals and would also provide assurance that registrants were keeping their skills and knowledge up to date. There was recognition that the addition of the peer discussion and the reflective account together with better review and feedback mechanisms would be beneficial for professional development.
- 5.1.3. There was agreement that the standards and guidance had been simplified and that the overall approach was clear and easy to understand for pharmacy professionals, employers and the public. The simplified and streamlined approach together with the emphasis on reflection was seen to be less prescriptive than the current requirements and therefore more meaningful and engaging for registrants.
- 5.1.4. However, there were some concerns 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. The remaining concerns and queries were focussed on specific elements or steps in the process and are therefore explored in detail in the commentary below.

### 5.2. New CPD requirements

- 5.2.1. Both individuals and organisations were very positive about the proposals to reduce and simplify the recording of CPD. The reduction in the number of entries from nine per year to four per year was welcomed as fewer entries would mean quality rather than quantity and allow individuals more time to

reflect and learn from their CPD activities. There was agreement that the new requirements ensured a focus which was relevant to each individual's role as opposed to the current requirements which were described as a tick-box exercise that focused on process rather than value. Many respondents also commented on the importance of the reflective approach which has been emphasised in the new framework, especially in relation to the impact on patients and service users. It was understood that reflecting on practice in this way would help to secure benefits for those using pharmacy services.

- 5.2.2. There was some uncertainty around the introduction of 'unplanned' activities and the terms 'planned' and 'unplanned' entries. Some respondents wanted further clarification on the difference between these types of CPD. Similarly, some questioned the need to differentiate between the two as the requirements in relation to recording and reflecting were the same for both.

### **5.3. Peer discussion**

- 5.3.1. 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. For those supporting the peer discussion, it was seen to strengthen the current CPD process through the requirement to have input from another professional. This would enable pharmacy professionals to better share information, knowledge and different points of view. It was also seen to provide greater assurance to users of pharmacy services through the knowledge that someone else other than the registrant is involved in the process. Many highlighted the value of peer discussion as a learning and development activity that encourages reflection on one's own practice and helps to identify areas for development that may not be noticed independently. There was further support for peer discussion as it will help pharmacy professionals to improve standards within specialities through discussing with a peer who understands and shares their specialisms. A common theme was recognition that peer discussion will reduce the professional isolation experienced by some pharmacists and pharmacy technicians and will promote collaboration and inter-professional learning.
- 5.3.2. One of the most frequently raised issues regarding the introduction of a peer discussion related to the choice and availability of a peer. Respondents were concerned that some members of the profession may find it challenging to find an appropriate person with which to discuss their professional practice. This was cited as being of particular concern for more isolated workers such as those working in remote areas, owners of small community pharmacies and locums who will come into contact with an ever changing group of peers. For many there was unease and uncertainty about their ability to find an individual they could trust and with whom they could have an honest and open conversation. A large number of respondents also linked this to the issue of specialisms and the difficulty in finding a peer who had sufficient knowledge and experience of their specialist areas of practice. Concern was also raised by pharmacy professionals working in other sectors, those taking career breaks or unemployed registrants as availability of a peer would be particularly difficult.
- 5.3.3. Many respondents asked for further guidance on who would be considered an appropriate peer, whether this had to be a pharmacy professional or whether it could be another member of the healthcare team. There was call for more support from the GPhC in helping registrants to find a peer, especially those in more isolated roles. Some respondents were reassured by the different ways in which the peer discussion could be conducted, for example by Skype or by telephone and saw this as a mechanism for alleviating some of the obstacles to finding a peer. Several organisations saw the

potential for them to help pharmacists to identify a peer or to host opportunities for peer discussions at sector events and workshops.

- 5.3.4. An issue that was raised by a smaller number of respondents related to choice of reviewer and objectivity. The GPhC guidance recommends not using a peer who is a friend or family member. There were a number of calls from both organisations and individual respondents for this to be mandatory to ensure objectivity and remove any bias. Similarly some questioned the use of the same peer over a number of years as this could also decrease objectivity over time.
- 5.3.5. This links to a wider concern raised by many respondents over the robustness of the proposed peer discussion as a mechanism for assuring continuing fitness to practise. The main issue related to the fact that the content of the conversation is not submitted to the GPhC, and only confirmation that a discussion has taken place is required. Consequently there is no review or quality assurance of the peer discussion which led respondents to question its validity and purpose. Many felt that it could become a tick box exercise rather than a valuable discussion on professional practice. Some also questioned the rationale for allowing a spontaneous conversation to be permissible and were concerned that this would not be as robust or beneficial as a planned and structured discussion.
- 5.3.6. Respondents also expressed concern about the quality and consistency of the peers and suggested that training, guidance and support be made available. It was further suggested that there should be more stringent controls on who can act as a peer including mechanisms for ensuring they have appropriate knowledge and experience to fulfil the role. This would increase the quality, consistency and value of the peer discussion.
- 5.3.7. There were requests for more clarity on what a peer discussion should cover and how to carry it out. Examples of both a good and a bad discussion were asked for and some suggested the use of video clips to illustrate how a peer discussion should be conducted. There was a lack of clarity among respondents as to what was expected from the peer discussion and recognition that whilst it could be a very beneficial exercise, this was dependent on the quality of the discussion. Again, as the review process would not address the quality of the discussion, some concluded that the benefits could vary across the profession.
- 5.3.8. Suggestions on how to improve the peer discussion included the requirement for a thorough and accurate record of the conversation, the requirement for it to take place in a structured format with trained reviewers and the replacement of the peer discussion with a quality assured peer assessment or 360 degree appraisal system.
- 5.3.9. Another issue to emerge regarded the influence of employers over the peer discussion. There was concern that instead of creating a safe space in which professional practice can be discussed openly and honestly, employers may use the peer discussion for performance management purposes and even to admonish or discipline staff. It was suggested that this would impact on the ability of individuals to be honest and to discuss and learn from their mistakes. There was also concern that employers would dictate who the peer would be and the content of the discussions and could use it to achieve local objectives. It was emphasised that the discussion needs to be a supportive and professional conversation that focusses on learning and reflection. Mixed feedback was received regarding the links between peer discussion and workplace appraisals, with some respondents describing duplication and asking for alignment of the peer discussion with existing internal appraisal systems. Others felt strongly that the peer discussion should not be linked to appraisals, nor should it be carried out by a line

manager so as to maximise the opportunities for honest and meaningful reflection. It was suggested that guidance should highlight that a peer need not be from within the same organisation and that this should be actively encouraged.

- 5.3.10. A more general concern regarding the involvement of a peer was that registrants would no longer be able to complete all their CPD activities on their own and in their own time. Peer discussion was seen to move CPD activities into the work domain and many were concerned about the time available to complete the activities. Another resource implication was that it would involve the time of another individual and this could have a negative impact on both individuals and their employers.
- 5.3.11. Confidentiality, conflicts of interest and data protection were also themes that emerged in relation to the peer. Many registrants were concerned about their ability to discuss their work openly with a peer, due to patient confidentiality or non-disclosure agreements. There were also issues around how conflicts of interest would be addressed when selecting the peer. A small number were concerned about the GPhC storing personal contact details of their peer, how this would be stored securely and for how long. There were a few additional queries raised through the consultation regarding professional, personal and legal liability with respondents asking if the peer could be held liable should any problems arise with a registrant's performance.

#### **5.4. Reflective account**

- 5.4.1. Most respondents to the consultation welcomed the introduction of the reflective account and recognised the value of reflection in learning and development. It was seen as an improvement on the current system which does not encourage reflection and as a crucial element in improving outcomes for those using pharmacy services. There was support for the alignment of the reflective account with the standards for pharmacy professionals as a mechanism for increasing awareness and understanding of the standards and for alignment with individual practice. Organisations were particularly keen to see this upstream approach to regulation that encourages registrants to reacquaint themselves with the standards on a regular basis. Furthermore by focussing on the standards, it was generally agreed that the requirements for the reflective account were clear and relevant.
- 5.4.2. There were mixed views however regarding the choice of standard selected for reflection. Some respondents did not agree that the GPhC should be responsible for the choice of standard, instead arguing that pharmacy professionals should be empowered to select their own standard in order to ensure that it was closely aligned to their individual roles and responsibilities. There were also many requests for clarity on how and when registrants would be notified of the standard chosen for reflection each year. Similarly, more guidance was required on the GPhC's expectations of the reflective account such as the length, content and format. Many individuals requested examples of a 'good' and 'bad' account to be made available in order to help them submit compliant records.
- 5.4.3. There was concern that some registrants may struggle with reflection as they are not used to this approach to their work, with older registrants and pharmacy technicians the most frequently cited groups in this regard. Additional support was requested for these groups, or for any individuals unused to reflection.
- 5.4.4. A small number of registrants were against the introduction of reflection arguing that reflective accounts are inherently subjective and questioning their value in improving practice.

## 5.5. Submission of records to the GPhC

- 5.5.1. The vast majority of respondents supported the move to annual submission of records instead of the previous requirement for records to be called on a 5-yearly basis. There was general opinion that whilst registrants are carrying out CPD regularly throughout their careers, the current system encourages recording and reflection on activities only when records are called. Smaller, annual submissions would avoid backlogs and would be more practical for managing workloads. This would also help to embed CPD and reflection in day-to-day practice and would ensure records are completed in a timely manner. Furthermore, many agreed that regular recording would ensure that proof of competency is current and up-to-date. Overall the new approach was seen to reduce and simplify the recording of CPD activities with much support for the reduction in dual recording through integration with other tools from professional bodies, education and training providers and employers. The move to a central depository for recording and storing CPD activities and for registration and renewal was welcomed by many.
- 5.5.2. Whilst many agreed that the new platform for recording CPD would be easier and more streamlined than the current system, there were some concerns raised through the consultation. Some respondents were concerned about the issue of detecting plagiarism and requested for there to be inbuilt anti-plagiarism software. Linked to this, there were questions on how to prevent the resubmission of old records as the new system will only store records for 18 months. A number of respondents were concerned at the loss of a permanent recording place for all CPD activities and the impact this would have on their ability to collate and retrieve existing records for other purposes. It was suggested that records should be stored for longer than 18 months, be easily retrievable, and that there should be the ability to store all CPD activities and not just those that are selected for submission to the GPhC. More general concerns regarding storage of data included questions on how data would be stored, for how long and the implications in terms of confidentiality and data protection.
- 5.5.3. Respondents stressed that the new recording system must be user-friendly and easily accessible from all devices and it was suggested that the GPhC could develop an App to improve accessibility. Queries were raised about which tools would be integrated to reduce dual recording and for more guidance on how such tools could be adapted. There were also a number of requests for the recording platform to be integrated with the RPS Faculty portfolio and it was suggested that further engagement with professional bodies and employers would eliminate more duplication of entries.
- 5.5.4. Many respondents expressed confusion about the process of submission at the time of renewal and how this would work in practice with the main concern being at what point in the renewal process the records would need to be submitted. Respondents commented that submission of all records at the same time as renewal could become burdensome and many were unaware that recording could take place throughout the year. Further guidance on the timelines for submission was requested. There were also requests for regular reminders when submission is due and for a sufficiently flexible timeframe for submission so as not to impact on workload. Similarly, respondents were concerned about the initial time it would take to get used to the new system and agreed that support during the transition phase was essential.
- 5.5.5. A small number of respondents disagreed with the move to annual submission, citing this as being too onerous and out of line with other healthcare professionals who undergo revalidation on 3-yearly or 5-yearly cycles.

## **5.6. Reviewing records**

- 5.6.1. Many respondents agreed that the changes proposed improved the way in which records are reviewed and provide a more robust process. The current review of records was mostly seen as a tick box exercise that ensured registrants had followed the process for submitting CPD rather than providing a qualitative review of the activities carried out. The move towards more detailed scrutiny of records was therefore welcomed and seen as introducing quality assurance and rigour to the process. There was also support for the use of two reviewers in ensuring objectivity and increasing consistency in the review process.
- 5.6.2. There were mixed views about the inclusion of the lay reviewer. Many saw this as bringing a balanced approach between the views of the profession and the views of patients and the public. For those in agreement there was strong support for the lay reviewer in representing the needs of patients and for ensuring the needs of service users are central to the process. This was seen as providing broader assurance than the professional view alone would bring. Those who objected questioned the ability of the lay reviewer to understand and comment on the professional practice of registrants, particularly the more technical and complex elements. Professional expertise was seen as essential to making reasoned judgements and for providing meaningful feedback on the content, accuracy and relevance of activities and the involvement of the lay reviewer was therefore viewed as tokenistic.
- 5.6.3. There was more general feedback about the selection of reviewers and how to ensure that they had sufficient expertise to review records, particularly for those individuals in specialist areas and senior positions. A small number of respondents argued that only pharmacists should be used as reviewers. Many respondents stressed the importance of having sufficient breadth of experience within the pool of reviewers and for training of reviewers to be robust in order to ensure a consistent approach. This was seen as especially important for lay reviewers and there were calls for the selection criteria and recruitments process to be made explicit and for the role and responsibilities of both reviewers to be more transparent. Issues of confidentiality and conflicts of interest must also be addressed in the recruitment and selection of reviewers.
- 5.6.4. Although it was not subject to consultation at this time because of a previous consultation held in 2016, many individuals welcomed the targeted and random review of records as an improvement on the previous method of calling every registrant's records on a 5-yearly basis. Those supporting the change were satisfied that this provided sufficient assurance. However, the new sampling approach was also met with some opposition and uncertainty. The 2.5% sampling approach was viewed by some as too low as it could result in some registrants not having their records called for up to 40 years. There were suggestions to increase the sample size to address this. Other respondents requested guidance on how risk would be assessed and targeted and for clarity on how the random sampling would work. A small number suggested there should be more assessment of risk when calling records and low risk registrants should be exempt from review.

## **5.7. Feedback to registrants**

- 5.7.1. There was considerable support for the introduction of tailored developmental feedback rather than the current percentage score. It was generally acknowledged that the proposals will produce better quality feedback that will be more meaningful and constructive for registrants and will aid them in their professional development and day-to-day practice. It was further agreed that the introduction of generalised feedback for those registrants not called for review was a positive step towards raising

standards across the profession. However, there was recognition that this would not be as beneficial as personalised feedback and some registrants expressed the desire to be included in the sample for review.

- 5.7.2. It was noted that the value of the feedback lies in both its quality and timeliness with the need for sufficient detail to have an impact on learning and development. Some asked for more guidance on the format the feedback will take before they were able to assess its usefulness and others asked for clear timelines for the review and feedback process. There was also confusion for some respondents about the feedback they will receive if not called for review and greater clarity was requested.
- 5.7.3. There were a number of comments around the process for remediation which highlighted a lack of clarity on what this entailed and how it would be communicated to registrants. Respondents requested guidance on what happens if unsatisfactory practice is identified. A small number of organisations described the need to work in partnership with employers to ensure that registrants are supported to address any deficiencies and it was suggested that signposting to support networks should also be provided.

## **5.8. Resource implications**

- 5.8.1. 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.
- 5.8.2. However, this view was not shared by all and there was concern that the new requirements would take longer to complete and would therefore create an additional burden on already busy professionals. Many respondents commented on the additional time that would be required to complete all three elements of revalidation and to record and submit on an annual basis. It was unclear to some respondents how the reduction in dual recording would reduce the bureaucratic burden as records must still be transferred from one system to another. There was also concern about the time required to adopt and adapt to the new system.
- 5.8.3. Pharmacy professionals described having to complete the current CPD requirements in their own time due to work pressures and in some cases due to a lack of support from their employers. Many respondents therefore highlighted the need for protected time at work to enable them to carry out the activities and to record and submit their records. There were several requests for protected time to be made a mandatory requirement for employers.
- 5.8.4. There was particular concern about the introduction of the peer discussion as this will need to be completed during work time and will also involve the time of another individual thus adding to the workload and pressures of two people. There were also questions around the cost implications for employers and pharmacy owners as the additional work may require extra staff to provide cover or backfill.
- 5.8.5. Respondents highlighted the resource implications for the GPhC such as the increased cost of having two reviewers and questioned whether this would result in an increase in their registration fees. There was also concern about whether there were sufficient resources in place to deal with busy periods such

as December when large numbers of registrants are due for renewal. Overall, there was general assurance that the proposals had been costed effectively and would result in savings for the GPhC due to the sampling approach.

## 5.9. Transition

- 5.9.1. Many comments were received regarding the transition process for introducing the new revalidation requirements. There was a lot of support for the phased approach which would allow registrants time to adapt and gain familiarity with the new system. There was agreement that the proposed timescales were sufficient to enable a smooth transition and for support mechanisms to be put in place. However, many respondents did express concern about the difficulties of adopting the new system and the possible time implications involved as they adapted to the new requirements. There were many queries about when the changes would happen and further clarity on timescales and the transition process was requested. A particular concern was what would happen to old records and whether a combination of old and new records would be eligible for submission during the first year. Specific comments were made around how the changes will be communicated and emphasis on the need for clear communication and promotion to all pharmacy professionals.
- 5.9.2. Linked to the feedback around the transitional arrangements were requests for general guidance and support. A number of requests were made for training and support to be available in addition to guidance for those who may struggle with meeting the new requirements or may need support in the transition phase. Workshops and briefing sessions were given as examples of how the GPhC could support registrants.

## 6. Providing assurance

### 6.1. Assurance of fitness to practise

- 6.1.1. Respondents were asked if they thought the changes will help to support registrants in their practice and provide assurance that pharmacy professionals remain fit to practise.

	<b>Individuals</b>	<b>%</b>	<b>Organisations</b>	<b>%</b>
Yes	1224	70%	60	86%
No	535	30%	10	14%
<b>Total responses</b>	<b>1759</b>		<b>70</b>	

- 6.1.2. Overall, a large majority of both individuals (70%) and organisations (86%) agreed that the changes will help to support registrants in their practice and provide assurance that pharmacy professionals remain fit to practise. One of the main reasons given for this was that the new approach was more robust than the current requirements due to introduction of the peer discussion and reflective account. Respondents agreed that the use of a variety of mechanisms created a broader range of assurances of pharmacy professionals' fitness to practise. Furthermore, the move to annual submission was seen to provide greater assurance that knowledge and skills are updated on a regular basis and not every five years when called for review. Similarly, having a mechanism whereby all pharmacy professionals, and not just those being called for review, must submit their records gives greater assurance across the profession as a whole. The emphasis on reflective practice and the links to the standards for pharmacy

professionals were seen as a more valuable and meaningful approach to CPD than the current process-driven requirement and thus would support and enhance practice.

- 6.1.3. For the smaller number of respondents who disagreed with the question above, a variety of issues were raised including the robustness of the process. The requirements rely on self-declaration and some respondents questioned whether registrants would be able to fabricate or exaggerate their activities. These respondents called for greater external scrutiny of the evidence in order to increase the assurances it provides. There was particular concern about the robustness of the peer discussion due to the general lack of quality assurance regarding the content and quality of the discussions and the choice of peer. There were also comments that the introduction of the lay reviewer would reduce the robustness of the review process due to their lack of technical expertise and that this could also affect the quality of feedback in supporting registrants in their practice.
- 6.1.4. Another concern for respondents was the issue of detecting impaired practice particularly at the early stages. Respondents referred to the ability of registrants to complete poor quality records, to pass the automated submission tests and then not get their records called for review for many years as contributing to this lack of rigour in detecting poor practice. Others referred to fitness to practise as a much broader issue that goes beyond completion of CPD records.
- 6.1.5. This linked to a wider theme concerning the purpose of the revalidation process. There were mixed views on the level of assurance the process should provide. Some viewed the activities as a mechanism for developing, reflecting on and improving their practice. Others saw it as a means of assessing the competency of pharmacy professionals much in the same way that doctors are required to go through a formal revalidation process. Several organisations questioned the use of the term 'revalidation' on the basis that they perceived this as implying formal appraisal by a senior professional. As a result the term suggests greater assurance than the process offers. This was echoed in the individual responses where the level of assurance was questioned due to the lack of formal assessment of skills and knowledge. Several organisations saw the proposals as a step towards a full revalidation process, whereas other respondents requested clearer communication on the specific meaning, nature and assurance the scheme is intended to offer.
- 6.1.6. Respondents also referred to the development and pilot phase as increasing their confidence that the proposals would meet their aims of supporting registrants and assuring they are fit to practise. However, others felt there was insufficient evidence that the proposals offered greater assurance than the current system both in terms of patient safety and support for pharmacy professionals
- 6.1.7. Some respondents commented that the proposals were still too focussed on process rather than improving practice and patient outcomes. There were suggestions of how the process could be better utilised for improving practice such as providing evidence that each of the standards for pharmacy professionals has been met. Another suggestion was to incorporate feedback on performance from other members of the multi-disciplinary team and from patients and service users.
- 6.1.8. A theme to emerge in relation to proving assurance was the flexibility of the proposals and their applicability to all registrants. There was concern regarding the 'one size fits all' approach with some respondents commenting that the proposals were not appropriate for those in more senior roles, such as superintendents and chief pharmacists suggesting a different revalidation framework is used to assess and assure their suitability for their positions of responsibility. Similarly, for those in non-patient facing roles, there was considerable feedback that the framework was not appropriate due to its

emphasis on the impact on patients. A small number of respondents suggested that the proposals were less appropriate for pharmacy technicians due to their different roles within the healthcare team. It was also commented that the framework must be sufficiently flexible to adapt to the emerging roles in pharmacy particularly those in advanced practice.

- 6.1.9. A final theme under assurance of fitness to practise was the issue of risk. There was concern that the random sampling process does not address risk and so may result in impaired performance going unnoticed for many years. There was also concern that the framework as a whole does not have mechanisms for identifying and responding to high risk areas or the emergence of new risks. Whilst many respondents agreed that registrants need to be responsible for their own learning and development, there were also calls for this to be balanced with a focus on areas identified as high risk.

## 6.2. Assurance to users of pharmacy services

- 6.2.1. Respondents were asked if they thought the revalidation framework overall will achieve its aim of providing further assurance to users of pharmacy services.

	Individuals	%	Organisations	%
Yes	1090	62%	54	79%
No	670	38%	14	21%
<b>Total</b>	<b>1760</b>		<b>68</b>	

- 6.2.2. 62% of individuals and 79% of organisations agreed that the revalidation framework will achieve this aim. These figures illustrate support from a majority of individuals and organisations, but also demonstrate that there was more uncertainty regarding the ability of the framework to provide assurance to pharmacy service users as compared with general assurance around fitness to practise (see 6.1 above). Many of the same issues identified in 6.1 were mentioned in relation to assuring service users but there were a number of additional issues specifically relating to patients and service users.
- 6.2.3. For those agreeing that the framework provides further assurance, there was support for the introduction of the peer discussion as this would strengthen the public's confidence through the knowledge that another professional has been involved in reviewing a registrant's practice. There was also recognition that the involvement of service users both in the development of the proposed framework and in the ongoing review of records would increase levels of assurance through ensuring that the needs and views of service users are represented. The framework was seen to enhance trust between pharmacy professionals and service users although there were also comments that public trust in pharmacy was already high and therefore further assurance was unnecessary.
- 6.2.4. For those who did not agree, many comments particularly from individuals related to perception of the public's awareness both of the profession as a whole and of the role of revalidation. Respondents proposed that the general public do not know what pharmacy professionals do nor what role they have in the provision of safe and effective care and therefore questioned how assurance could be achieved. Respondents highlighted the need to raise awareness of the pharmacy profession as a whole. Similarly, there were many comments regarding the lack of public awareness of the existing CPD requirements and that this would not change with the new framework. For these respondents, there would be no impact on the public's perception and therefore no further assurance. Respondents suggested that

greater assurance to service users was dependent on public engagement and communications and that the proposed changes would need to be promoted effectively to achieve their aim of providing such assurances. It was these issues that account for the lower levels of agreement rather than greater concern about the validity or effectiveness of the proposals from the perspective of service users.

## 7. Impact of the new approach

The second part of the consultation survey focused on the possible impact of the new approach on three groups: people using pharmacy services, pharmacy professionals and employers. Questions were asked about the expected impact of the proposed changes on a five-point Likert scale from mostly positive to mostly negative and views were sought on what the nature of that impact would be.

### 7.1. Impact on pharmacy service users

	Individuals	%	Organisations	%
No impact	687	39%	16	23%
Mostly positive	640	36%	38	55%
Partly positive	241	12%	12	17%
Positive and negative	136	8%	3	4%
Partly negative	31	2%	-	N/A
Mostly negative	39	2%	-	N/A
<b>Total</b>	<b>1774</b>		<b>69</b>	

7.1.1. 48% of individuals and 72% of organisations described the changes as having a mostly positive or partly positive impact on service users. These respondents described the proposals as providing assurance that pharmacy professionals are carrying out regular activities to keep their knowledge and skills up to date which is beneficial to service users. Similarly, the focus on the standards for pharmacy professionals was seen to embed professionalism in service provision and the need to reflect on the benefits for patients would have a positive impact on service users by ensuring services are patient focussed. Furthermore, streamlining and simplifying the processes would allow pharmacy professionals more time to focus on patient outcomes. Other benefits to service users included improved practice, better services, and better counselling. Some commented that the impact on service users would not be seen immediately but that over time, the framework would enhance service provision.

7.1.2. Organisations were broadly more positive about the impact on service users than individuals. This was partly due to the fact that a larger proportion of individual respondents believed the new framework would have no impact on service users (39% of individuals compared with 23% of organisations). Those who felt there would be no impact highlighted the lack of awareness of what pharmacy professionals do and of the requirements for revalidation. In these cases, this lack of awareness meant service users would not see any marked impact from the proposed changes. Others stated that pharmacy professionals already provide a high standard of service and that the proposed changes will not affect this. It was apparent in the analysis that respondent selected the 'no impact' category when they felt the impact was in fact unknown. Many comments were made by both individuals and organisations that

it was difficult to qualify and quantify the impact and that there would need to be further evaluation to establish what would be the full impact of the proposals. There were requests for regular evaluation in order to track and evidence changes in practice that benefit service users.

- 7.1.3. Smaller numbers identified both positive and negative impact on service users (8% of individuals and 4% of organisations) and a very small number of individuals felt the overall impact would be partly or mostly negative. No organisations described only a negative impact. The negative comments focussed on concerns that the time taken to meet the requirements for revalidation would take pharmacy professionals away from service delivery and would therefore reduce the quality of services. This links to the resource implications of the proposed changes and individuals described themselves as being already over-burdened and wanting to focus on service delivery and patients rather than completing and recording CPD.

## 7.2. Impact on pharmacy professionals

	Individuals	%	Organisations	%
No impact	74	4%	2	3%
Mostly positive	686	39%	45	64%
Partly positive	191	11%	8	11%
Positive and negative	481	27%	9	13%
Partly negative	135	8%	3	4%
Mostly negative	205	12%	3	4%
<b>Total</b>	<b>1772</b>		<b>70</b>	

- 7.2.1. 50% of individuals and 75% of organisations agreed that there would be a mostly positive or partly positive impact on pharmacy professionals. This represented slightly more than the number rating the impact on service users and employers as positive. Conversely 20% of individuals and 8% of organisations identified only negative impact on pharmacy professionals. Very few respondents saw the changes as having no impact on pharmacy professionals (only 4% of individuals and 3% of organisations) and a considerable number of individuals and organisations saw both positive and negative outcomes (27% and 13% respectively).
- 7.2.2. Those with positive ratings described numerous benefits for pharmacy professionals including the increased flexibility in how registrants complete their revalidation and better alignment with their own scope of practice. The emphasis on reflection would enable pharmacy professionals to identify areas for development and enhanced feedback would help them to improve in their practice. As a result some respondents commented that the new framework will increase their self-awareness and confidence in their work, especially for those sampled for review. Others commented that the more streamlined process would benefit pharmacy professionals and described the new requirements as more engaging and meaningful. The peer discussion was cited as reducing the professional isolation felt by many, especially for certain groups such as locums, community pharmacists and some non-patient facing roles such as those working in consultancy.

- 7.2.3. Negative comments fell into two categories, those describing the negative impact on the profession as a whole and those identifying negative impact on certain groups. The general negative comments echoed the themes identified in the commentary under section 6 with a particular emphasis on the resource implications and the additional burden that the new framework may bring.
- 7.2.4. When referring to certain groups, respondents indicated that there would be a negative impact on individuals who may find it difficult to meet the requirements. This included locums for whom access to an appropriate peer was seen as a challenge. In addition, locums may have difficulties demonstrating how their work has impacted on patients due to the changing locations and patient groups they work with. There was similar concern regarding those in non-patient facing roles with feedback suggesting that the proposals lacked sufficient flexibility to enable these individuals to complete CPD relevant to their role. Pharmacy professionals in remote locations or isolated roles were also seen to be disadvantaged due to the new requirements for a peer discussion to take place. Questions were also raised about how registrants living and working overseas would meet the requirements. Respondents requested additional guidance for those in different sectors and different roles to help support these registrants.
- 7.2.5. Some respondents commented that the proposals placed a disproportionate burden on part-time workers by requiring them to do the same amount of professional development as their full-time colleagues. Other respondents suggested that the proposals would impact negatively on pharmacy professionals who were unemployed, between jobs or taking a career break as these individuals may find it challenging to complete their CPD, especially the peer discussion as they may not have direct access to any peers. More clarity and guidance was requested around the requirements for such situations. This linked to a wider theme around exemptions with suggestions that the reasons for not submitting should be extended to cover periods of unemployment, part-time work and caring or parental responsibilities. Some argued that annual submission meant these factors would have more impact on an individual's ability to complete all the requirements than the current system. There was a general lack of clarity around the process, eligibility and timelines for those unable to submit records and further guidance was requested.
- 7.2.6. There was general concern about the move towards a more reflective approach and how this would affect those less used to reflecting on their work. Pharmacy technicians were identified as a group who had little experience of reflective practice and would therefore need additional support and guidance to meet the requirements. Some respondents even suggested there should be a different revalidation process for each registrant group due to their different career paths. A small number of organisations asked for more research to be done on the impact of the proposals on pharmacy technicians as they were under-represented in the pilot study. Pharmacists towards the end of their careers were also referred to as a group who may struggle to adapt to the new requirements and some respondents expressed concern that it would result in people leaving the profession. It was suggested that more guidance and additional support should be made available for these registrants.

### 7.3. Impact on employers

	Individuals	%	Organisations	%
No impact	386	22%	7	10%
Mostly positive	556	31%	29	42%
Partly positive	186	10%	15	22%
Positive and negative	393	22%	10	14%
Partly negative	138	8%	5	7%
Mostly negative	113	6%	3	4%
<b>Total</b>	<b>1772</b>		<b>69</b>	

- 7.3.1. 41% of individuals and 64% of organisations described the impact on employers as mostly positive or partly positive. The reasons given included the fact that the new requirements will give employers further assurance that their employees are carrying out regular CPD and that their skills and knowledge are being kept up to date. Employers would benefit from improvements in practice and service delivery. There was also the suggestion that employers could link the revalidation requirements, especially the peer discussion, to internal quality monitoring and for identifying and addressing risk.
- 7.3.2. As with service users, some respondents said there would be no impact or the impact would be unknown (22% of individuals and 10% of organisations). For individuals, this was often due to the fact that CPD was seen as the responsibility of the individual and was often done during their own time. For others this was due to the fact that the possible impact on employers was not yet known and further evaluation is needed.
- 7.3.3. 14% of individuals and 11% of organisations identified a partly negative or mostly negative impact on employers. This was mostly due to the potential resource implications such as the additional time required for individuals to complete, record and submit their records. The requests for protected time for CPD would take pharmacy professionals away from their usual duties which could reduce service quality or may require employers to provide cover and backfill which would have cost implications. There was a lot of concern about the introduction of the peer discussion and how this would impact on employers. It could potentially involve the time of two members of staff and would therefore have a greater impact on resourcing. Respondents also commented on the need for employers to be more engaged with the process and to provide more support to employees in order for it to work effectively.
- 7.3.4. A considerable number saw both positive and negative impact of the proposals (22% of individuals and 14% of organisations). The reason given echoed those described above with these respondents agreeing employers would benefit from having assurance that their team were regularly updating their skills but would also have to invest more time and resources into providing support for their teams.

## 8. Equality impact

### 8.1. Impact on groups with protected characteristics

8.1.1. We are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to ensuring that our equality duties are met. The final question on the survey asked if there might be an impact of the proposals on individuals or groups who share protected characteristics.

	Individuals	%	Organisations	%
Yes	177	10%	10	15%
No	1567	90%	58	85%
<b>Total</b>	<b>1744</b>		<b>68</b>	

8.1.2. A small minority of both individuals (10%) and organisations (15%) indicated that they thought there would be an impact on groups who share protected characteristics. These included registrants with learning needs such as dyslexia, and registrants with disabilities that may make it difficult for them to complete the requirements in the formats requested. Different methods of recording and submission should be admissible such as verbal recordings and all guidance and materials must be made accessible for all. A small number of respondents highlighted the possible negative impact on those more likely to engage in part-time work such as women. There was also a number of respondents who identified age as a factor, suggesting older registrants may be less familiar with the concepts and therefore less inclined to engage. Additional support would be required for these individuals if necessary. Finally, more clarity was requested regarding the timelines for submission for registrants on maternity leave or for those with long term health issues.

## 9. About our individual respondents

A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the survey. For pharmacy professionals, further questions were asked to identify whether they are pharmacists, pharmacy technicians or pharmacy owners, and where they usually work. These questions were asked to help understand the profile of respondents to the consultation.

### 9.1. Location

	All	%
England	1487	85%
Scotland	156	9%
Wales	69	4%
Northern Ireland	5	<1%
Other	23	1%
<b>Total</b>	<b>1740</b>	

9.1.1. The distribution of individual respondents across England, Scotland and Wales is broadly similar to the distribution of the UK population.

## 9.2. Type of respondent

	All	%
A member of the public	11	1%
A pharmacy professional	1706	96%
A pre-registration trainee	34	2%
A student	13	1%
Other	21	1%
<b>Total</b>	<b>1785</b>	

9.2.1. In terms of types of respondents, the vast majority of individual respondents identified themselves as pharmacy professionals (96%).

## 9.3. Pharmacy professionals: part of the register

	All	%
Pharmacist	1253	72%
Pharmacy technician	440	25%
Pharmacy owner	41	2%
<b>Total</b>	<b>1734</b>	

9.3.1. Among pharmacy professionals, the percentage of respondents from each professional was broadly in line with the total registrant numbers for each profession. The number identifying themselves as pharmacy owners is notably small (2%). However, this group had two potential routes to respond to this consultation: as individuals, and on behalf of organisations. Responses from organisations have been dealt with separately.

#### 9.4. Pharmacy professionals: usual workplace

	All	%
Community pharmacy	736	43%
Hospital pharmacy	519	30%
Pharmaceutical industry	52	3%
Pharmacy education and training	77	5%
Primary care organisation	180	11%
Other	143	8%
<b>Total</b>	<b>1707</b>	

- 9.4.1. 43% of pharmacy professionals responding to the survey identified community pharmacy as their usual workplace, 30% of respondents work in hospital pharmacy and 11% in a primary care organisation. The remainder work in other locations.

### 10. Monitoring questions

- 10.1.1. Data was collected on respondents' protected characteristics, as defined within the Equality Act 2010. The GPhC's equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross section of the population had been included in the consultation exercise. A separate equality impact assessment has been carried out and will be published alongside this analysis report.

## Appendix 1: Organisations

The following organisations engaged in the consultation through the online survey, email responses and one-to-one meetings:

Age UK

APTUK Yorkshire and Humber Branch

Association of Independent Healthcare Organisations (AIHO)

Association of Independent Pharmacies

Association of Pharmacy Technicians UK (APTUK)

Avon Local Pharmaceutical Committee

Bexley, Bromley and Greenwich Local Pharmaceutical Committee

Boots

Boots Pharmacists' Association

BPSA

Buchanhaven Pharmacy

Cambridge University Hospitals NHS Foundation Trust

Care Inspectorate

Care UK

Celesio UK

Central and North West London NHS Foundation Trust

Chief Pharmacists Group in Wales (CPGW)

City and Hackney LPC

Co Durham and Darlington Local Pharmaceutical Committee

Community Pharmacists Wales (CPW)

Community Pharmacy Scotland

Company Chemists' Association

Coventry LPC

Directors of Pharmacy Scotland

Dudley Taylor Pharmacies Ltd

East Sussex Local Pharmaceutical Committee

Education and Training Operational Sub-Group of the All Wales Chief Pharmacist Committee

Essex Partnership University NHS Foundation Trust

Everetts Pharmacy  
General Medical Council (GMC)  
Guild of Healthcare Pharmacists  
Health Education England - London and South East Pharmacy Workforce Group  
Health Education England (HEE)  
Health education England Thames Valley  
Health Education London and South East Pharmacy Team  
Healthwatch  
Healthwatch Barnsley  
Healthwatch Southend  
Hertfordshire Local Pharmaceutical Committee  
Hightown Pharmacy  
Humber Local Pharmaceutical Committee  
Kent Local Pharmaceutical Committee  
King Edward VII Hospital  
Lambeth Southwark and Lewisham LPC  
Lindsay and Gilmour  
Medacs Healthcare  
Merton Sutton & Wandsworth Local Pharmaceutical Committee  
National Association of Women Pharmacists  
National Pharmacy Association  
NHS Education for Scotland  
NHS Highland Area Pharmaceutical Committee  
NHS Pharmaceutical Technician Specialists Education and Training Group (TSET)  
NHSE Specialist Pharmacy Service  
NHSGGC Area Pharmaceutical Committee  
North East and North Cumbria Clinical Pharmacy Network  
Oxford Health NHS Foundation Trust  
Patients Association  
Pharmaceutical Services Negotiating Committee (PSNC)  
Pharmacist Support

Pharmacists' Defence Association (PDA)  
Pharmacy Forum NI (PSNI)  
Pharmacy London  
Primary and Community Healthcare Pharmacy Network (PCCPN)  
Professional Standards Authority (PSA)  
Rowlands Pharmacy  
Royal College of General Practitioners (RCGP)  
Royal College of Surgeons and Physicians Glasgow (RCPSG)  
Royal Pharmaceutical Society (RPS)  
RPS Consultant Pharmacist Group  
RPS London North West Local Practice Forum  
Scottish Health Council  
Sheffield Children's NHS Foundation Trust  
South Staffordshire Local Pharmaceutical Committee  
STAR Medication Consultants Ltd  
The Centre for Professional Development and Lifelong Learning, Keele University  
The Royal Marsden NHS Trust  
UK Clinical Pharmacy Association (UKCPA)  
University Hospitals of Leicester  
University of Manchester  
Vida Rogers Ltd  
Wales Centre for Pharmacy Professional Education, Cardiff University  
Weldricks Pharmacy  
Welsh Pharmaceutical Committee

## Appendix 2: Consultation questions

### The revalidation framework: process

The revalidation framework sets out our proposals for carrying out, recording and submitting continuing professional development entries.

It covers the following areas:

- your records – recorded CPD, a peer discussion and a written reflective account
- submitting records to us and what happens when they are not, or cannot be, submitted
- selecting records for review
- reviewing records and feedback
- how we follow up if the review criteria are not met

1. Do you have any comments on any of the steps in the process covered in the framework?

The framework aims to provide further assurance to the public that pharmacy professionals keep their knowledge and skills up to date and remain fit to practise throughout their careers. The changes we are proposing are:

- a simplified approach to CPD recording
- introducing a peer discussion, and
- introducing a reflective account based on the standards for pharmacy professionals

2. Do you think the changes above will help to support registrants in their practice and provide assurance that pharmacy professionals remain fit to practise?

3. Do you have any comments about the changes we have proposed?

4. Do you think the revalidation framework overall will achieve its aim of providing further assurance to users of pharmacy services?

5. Is there anything else, not covered in the framework, that you would find useful? Please give details.

### Revalidation framework: impact

6. What kind of impact do you think the proposals will have on people using pharmacy services?

7. What kind of impact do you think the proposals will have on pharmacy professionals?

8. What kind of impact do you think the proposals will have on pharmacy employers?

9. Please give any further comments you have on the possible impact of the proposals on any of the above groups.

### Equality analysis

10. Do you think the proposal might have an impact on certain individuals or groups who share any of the protected characteristics? If 'Yes', please explain and give examples.