

Meeting paper

Council on Thursday, 07 December 2017

Public business

Response to the consultation on revalidation for pharmacy professionals

Purpose

To provide the council with an opportunity to review and approve the draft framework for revalidation for pharmacy professionals before it is implemented. This paper also provides the council with the opportunity to agree a number of matters which make the communication of the framework and its requirements easier for registrants. These matters are related to specific requirements in the Pharmacy Order 2010 or implementation so, for the sake of transparency of governance, the Council is asked to formally agree them.

Recommendations

Council is asked to review a number of differing matters and make decisions which are structured below into categories for transparency:

Agreeing the response and the revalidation framework

In order to agree the policy relating to the revalidation framework, the council is asked to agree

- the document setting out the response to the consultation (this paper); and
- the revalidation framework document (appendix 1).
- specifically the annex of the revalidation framework setting out terminology that relates to documents specified in the Pharmacy Order, 2010:

Agreeing the implementation timetable

In order to communicate clearly to registrants over the impact that the proposals will have on them, the council is asked to agree:

- implementation of the revalidation framework will take effect on 30 March 2018.

- a new online portal will be made available to registrants to record their revalidation records in March 2018.
- In 2018, the first tranche of registrants with a registration expiry date of 31st of December 2018 will be asked to submit four CPD records alongside renewing their registration.
- In 2019, the first tranche of registrants with registration expiry date of 31st of December 2019 will be asked to submit their full six revalidation records alongside renewing their registration.
- A bespoke communications and engagement approach beginning in February 2018 will be used to ensure every registrant understands what they need to do.
- In January 2018 we will increase our efforts to work collaboratively with other pharmacy organisations (professional bodies, employers, funding bodies, education and training organisations etc.) to further embed the framework.
- Preparation for evaluation will commence in January 2018 with the intent that an interim evaluation report will be published in 2020 and a full evaluation report in 2022.

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 failures¹ 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 Safety - The regulation of healthcare professionals in the 21st century*² 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

¹ www.bristol-inquiry.org.uk; www.shipman-inquiry.org.uk

² <https://www.gov.uk/government/publications/trust-assurance-and-safety-the-regulation-of-health-professionals-in-the-21st-century>

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. In October 2017 the council received an analysis of the responses we received to the consultation and also a series of engagement events held during the consultation period. The paper provided 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.
- 1.10. The remainder of this paper is a response to what we heard in the consultation which sets out the changes we have made to the revalidation framework or other steps we will follow to respond. Appended to this paper is the draft revalidation framework, updated based on what we heard in consultation for the council’s review.

2. Responses to the consultation

Summary

- 2.1. The overall response to the consultation to introduce revalidation for pharmacy professionals was largely positive. Further, owing to the ongoing engagement undertaken throughout their development we already had a sense of confidence that the proposals were the right ones. As a result of this, there are not widespread changes required.

- 2.2. However, where there were clusters of concern about our proposals, we will be taking action. These actions can be summarised as:
- Better explaining some parts of the proposals either through changing the wording in the guidance or producing supporting information.
 - Engaging with all registrants or groups of registrants, either directly or in collaboration with other pharmacy organisations to make sure the proposals are well understood.
 - Strengthening the requirements in the guidance or including the requirement for declarations by our registrants to be made at the point of renewal about aspects of revalidation activities.
 - Evaluating aspects of the proposals once implemented to better understand their impact and over time make adaptations to the revalidation framework.

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. **Response:** We have enhanced guidance in the revalidation framework to make the distinction between unplanned and planned learning clearer. We will continue to promote this distinction in supporting information and in engagement.

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. **Response:** To support peer discussions further we have enhanced the guidance provided in the revalidation framework. This will be further supplemented by guidance for the discussion itself for both the registrant and their peer. We will also produce supporting information that will further guide our registrants and their selected peers.
- 2.8. **Response:** To ensure peers are appropriately selected, as well as enhancing guidance to aid decision-making, we will also include declarations targeted at suitability of peers which will be made by registrants at the time of renewal.
- 2.9. **Response:** To further empower our registrants to feel free to select a peer, rather than have one allocated by another party, we have enhanced the guidance in the revalidation framework and will include a declaration to ensure registrants understand that they have the responsibility and right to select their own peer.
- 2.10. **Response:** To ensure registrants are able to find peers, we will continue 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. We will also encourage registrants to think outside of the pharmacy professions to find their peers to promote multi-disciplinary peer discussions.
- 2.11. **Response:** We will evaluate on an ongoing basis the effectiveness of the peer discussion in achieving its intended outcomes of reducing professional isolation and encouraging reflection drawing in the views of a third party. Based on evaluation, we will consider how the framework may be adapted iteratively over time to include new activities, including other forms of feedback gathering such as 360 feedback.
- 2.12. **Response:** We will provide additional guidance on data protection for registrants and peers and include a declaration to be made by registrants that they have permission of the peer to pass their data to us for the purposes of the review process.

Reflective account

- 2.13. The reflective account appears to also have been welcomed by many respondents however the following matters were raised for consideration:
 - 2.13.1. Registrants should be empowered to reflect on the standards they choose rather than the ones directed by us.
 - 2.13.2. More clarity was required over when registrants would know which of the standards were to be included in that year's reflective account.
 - 2.13.3. More guidance was requested on the form of a good or bad reflective account.
 - 2.13.4. Additional support may be needed for some registrants who are less familiar with reflective thinking.

- 2.13.5. Reflection, being inherently subjective, may do little to support improvement.
- 2.14. **Response:** The guidance in the revalidation framework has been enhanced and further supporting information is being developed to provide additional support for registrants.
- 2.15. **Response:** Registrants will be asked to select from a range of the standards each year upon which they can reflect with the expectation that over time they will cover all the standards on a periodic basis.
- 2.16. **Response:** We will continue to collaborate with other pharmacy organisations to ensure that registrants understand the new requirements they need to meet.
- 2.17. **Response:** There is evidence to show that reflective practice even though inherently subjective can contribute to improvements in practice quality and safety when it is supported by using more objective sources of information. For example, using feedback or the views of others, which is required and encouraged through the revalidation framework.

Submission of records

- 2.18. 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:
- 2.18.1. Prevention of plagiarism and resubmission of old records each year.
- 2.18.2. Life-long recording of learning and development given that records would only be maintained for 18 months.
- 2.18.3. Requests for clarity over submission deadlines and also regular reminders.
- 2.18.4. The need for a period of adaptation to the new requirements.
- 2.18.5. That annual submission feels too onerous for some, particularly when compared to 3 or 5 year cycles in operation for other regulated professionals.
- 2.19. **Response:** The guidance in the revalidation framework has been enhanced and we will produce further supporting information for registrants about submission of their records to us.
- 2.20. **Response:** We will introduce an amended declaration at the time of renewal establishing the work submitted is that of the registrant and relates to the period of submission. We will increase the retention period for records slightly to ensure the same records are not submitted repeatedly.
- 2.21. **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.
- 2.22. **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

- 2.23. 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:
- 2.23.1. Concerns about the involvement of a lay reviewer and in some instances a pharmacy technician reviewer.
 - 2.23.2. Requests for clarity about the selection, skills and training for reviewers.
- 2.24. **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.
- 2.25. **Response:** We will provide further clarity on the selection, skills and training of reviewers in supporting information.

Feedback

- 2.26. There was considerable support for the introduction of tailored developmental feedback rather than the current percentage score. Issues for consideration raised in responses were:
- 2.26.1. Requests for more guidance and clarity over the timings and outcomes of feedback.
 - 2.26.2. Requests for clarity on the process for remediation and more information to be made available to support registrants in remediation.
- 2.27. **Response:** Further supporting information will be produced on the feedback and remediation processes so that registrants will have clarity over what to expect and what to do if they need a period of remediation.

Resource implications and transitional arrangements

- 2.28. 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.
- 2.29. However, these views were not shared by all and the following issues were raised for consideration:
- 2.29.1. There would be an additional time burden overall.
 - 2.29.2. Time would be required for adaptation to the new requirements.
 - 2.29.3. There were requests for protected learning time.

- 2.29.4. The peer discussion was seen to have an impact on many pharmacy professionals and may have an impact on employers who would be required to consider back fill arrangements.
- 2.29.5. There was concern that costs may increase at GPhC and there may be a resulting impact on the registration fee.
- 2.30. **Response:** The guidance in the revalidation framework has been enhanced to promote seeking peers from outside of the pharmacy professions. Further supporting information will be produced and continued collaboration with other pharmacy organisations will take place to ensure registrants are able to locate suitable peers.
- 2.31. **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 following implementation will be undertaken to ensure that, when scaled up to the whole register, there are no unintended time or cost implications for GPhC, registrants and their employers.

3. Next steps

- 3.1. If council agrees the recommendations outlined in this paper the next step is to commence implementation in full. Preparatory work has already commenced and indications are that an online portal will be available for registrants along the predicted time scales. The remainder of the work in 2018 will be directed toward further development of internal systems to support revalidation, external engagement and finalisation of supporting information, engagement with pharmacy organisations to develop more tailored materials for their constituencies and where possible develop a technical solution to transfer records from other learning portfolios. There will also be work undertaken to prepare current reviewers and increase the pool of available reviewers in time for reviews in 2019.

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.
- 4.3. Equality and diversity implications will continue to be monitored continuously and also as a component of formal evaluation of the implemented proposals.

5. Communications

- 5.1. A communications plan leading up to implementation has been produced and will be used to guide communications activities. Budget has been set aside to engage with pharmacy organisations and

professionals throughout the first year of implementation. Funds have also been budgeted for the production of more supporting information in accessible formats such as online videos.

- 5.2. A key risk to the effectiveness of communications continues to be the relative importance of revalidation for our stakeholders when compared to other potential changes to pharmacy services as a result of a variety of matters including changes to funding, changing models of service delivery and exiting the European Union. Engagement approaches therefore are focused on the ways in which implementation of revalidation promotes simplification of previous requirements.

6. Resource implications

- 6.1. Resource implications for implementation have been accounted for in various budgets and work plans within the organisation including for technical development, partners and associates costs, the costs of reviews, and communications and engagement.
- 6.2. The impact on the external environment was modelled as part of evaluation of the pilot and suggests that there will be an initial time investment required from pharmacy professionals as they engage with the new requirements for the first time. However it is suggested from the evidence we have collected that this investment is comparable with the previous requirements and will reduce as familiarity grows.

7. Risk implications

- 7.1. Risk management in the formulation of the proposals has been directed at ensuring high levels of meaningful engagement, establishing a robust evidence base and on delivering phases of activity within their planned time frames.
- 7.2. A new approach to risk management will be required for implementation and work is taking place now to ensure that the various teams in the organisation responsible for delivery of components of the revalidation framework will account for and manage risks appropriately.

8. Monitoring and review

- 8.1. If the council decide to agree proposals, 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 review a number of differing matters and make decisions which are structured below into categories for transparency:

Agreeing the response and the revalidation framework

In order to agree the policy relating to the revalidation framework, the council is asked to agree

- the document setting out the response to the consultation (this paper); and

- the revalidation framework document (appendix 1).

Agreeing the terminology used for standards and guidance

In order to simplify how we express our requirements for continued registration for our registrants, the council is asked to agree the following use of terminology that relates to documents specified in the Pharmacy Order, 2010:

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Agreeing the implementation timetable

In order to communicate clearly to registrants over the impact that the proposals will have on them, the council is asked to agree:

- implementation of the revalidation framework will take effect on 30 March 2018.
- a new online portal will be made available to registrants to record their revalidation records in March 2018.
- In 2018, the first tranche of registrants with a registration expiry date of 31st of December 2018 will be asked to submit four CPD records alongside renewing their registration.
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- A bespoke communications and engagement approach beginning in February 2018 will be used to ensure every registrant understands what they need to do.
- In January 2018 we will increase our efforts to work collaboratively with other pharmacy organisations (professional bodies, employers, funding bodies, education and training organisations etc.) to further embed the framework.
- Preparation for evaluation will commence in January 2018 with the intent that an interim evaluation report will be published in 2020 and a full evaluation report in 2022. Osama Ammar, Head of Revalidation

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15 November 2017

Appendix one – Draft revalidation framework for council’s approval

Revalidation framework

Draft for Council

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PAGE NUMBERS WILL BE INSERTED UPON AGREEMENT OF TEXT

Introduction

The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales.

The trust people have in pharmacy professionals is strong. It is based mostly on the knowledge, attitudes and behaviours of individual pharmacists and pharmacy technicians and the relationships they have with the people using their services. But part of that trust comes from the expectations that people have on how the professions work with us to provide assurances that pharmacy is safe and effective.

Revalidation for pharmacy professionals is one of the ways that we work with pharmacy professionals to provide assurance that the trust in pharmacy professionals is well placed. It builds upon what pharmacy professionals do – as part of their work and development – to make sure they remain fit to practise through using, maintaining and developing their professional knowledge, attitudes and behaviours.

Revalidation is a term that health professionals and their employers know well from the models that have been put in place for doctors, nurses and midwives. The pharmacy professions are distinct from other professions and from one another so the framework for pharmacy professionals is similar in name, but is fundamentally different in design so that it suits pharmacy.

For a long time pharmacy professionals have provided assurance of their ability to keep their knowledge and skills up to date by carrying out and recording learning and development activities. But in the evolving world of healthcare, patients and the public would like to have further assurance that pharmacy professionals remain safe and effective after their initial registration. The framework encourages pharmacy professionals to reflect on their learning and practice, and it focuses on the outcomes for the people using the services of pharmacy professionals to provide that assurance.

About the language in this document

Throughout this document, 'we' and 'our' mean the GPhC and 'you' and 'your' mean pharmacists and pharmacy technicians.

'Reflective practice' is a term with many definitions. For revalidation we have chosen to use this definition: 'the critical evaluation of practice and learning to find ways to benefit further the people using your services'.

Pharmacy professionals work in many different places and provide their services to a variety of people (not just people who might be defined as patients). Therefore, we have chosen to use the words 'people using your services' to mean any person receiving services from a pharmacist or pharmacy technician. The term is relevant to all pharmacy professionals, whether they directly interact with patients or not. The term includes, but is not limited to:

- patients
- the family and carers of patients
- health professional colleagues
- non-health professional colleagues
- students
- trainees, and
- organisations

About the revalidation framework

The revalidation framework describes how pharmacy professionals, working with the GPhC, provide further assurance to the public that their trust in pharmacy professionals is well placed.

One of our standards for pharmacy professionals says that you must maintain, develop and use your professional knowledge and skills. The revalidation framework is one of the tools we use to demonstrate to members of the public that this standard is met by you and other pharmacy professionals.

The revalidation framework sets out our expectations of what you must do each year:

- making 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

It also covers what we will do, including:

- selecting records for review
- reviewing records and giving you feedback
- following up when it seems our review criteria are not met

Please see the annex for information about how the language and requirements set out in this document relate to our governing legislation, the Pharmacy Order, 2010.

The process explained: overview

FLOW CHARTS DETAILING STEPS WILL BE INESRTED HERE

The process explained: recording

This section of the framework describes what you must do and record each year that you are registered as a pharmacy professional. You can find information about:

- what we expect you to do
- how to record what you do
- CPD
- peer discussion
- the reflective account

You can find out more about the structure of records and supporting guidance in Appendix 1.

We have also produced example entries to help you understand what good records look like. We have also produced an example of the common ways that people might not meet the expectations for recording so they can be avoided. We have provided these as a separate document and you can also find them on our website.

What we expect you to do

Each year, and by the time you renew your registration, we expect you to:

- carry out, record and submit four CPD entries, at least two of which must be planned learning activities
- carry out, record and submit one peer discussion
- carry out, record and submit one reflective account.

How to record what you do

You will find much more detail below about how to carry out and record CPD, a peer discussion and a reflective account. However, there are some things common to all types of record:

- Before submission you can keep records in our online portal, but you might want to keep your records somewhere else (in written notes or another online portfolio for example).
- At the point of submission, your records are expected to be in our online portal. You may therefore need to transfer your records to us before your registration renewal deadline.
- We do not usually accept paper submissions. If you have circumstances which prevent you from using our online portal please contact us.
- Your records must be relevant to the safe and effective practice of pharmacy and should relate to the context of your practice, including any specialisms.
- Your entries should demonstrate our review criteria (see section X of this document). The guidance we have produced reflects these criteria so you will find it helpful to refer to that as well.

- Your entries should relate to activities that you have completed, with examples of the benefit you think they have had for the people using your services.
- Your records should be your own.
- You should respect patient confidentiality.

CPD

Research shows that a simple approach to CPD recording encourages reflective practice. We want you to complete four CPD entries a year, of which at least two must be planned.

There are two types of learning that you can record in your CPD entries:

- Planned learning – when you decide to develop your knowledge and/or skills in advance of carrying out the learning activity.
- Unplanned learning – when an event happens that causes an unscheduled learning activity without prior thought or planning, for example through reading a journal or talking to a colleague.

There are two types of learning because it is important that some learning each year is planned and members of the public have told us that they agree with this because it provides them with assurance that pharmacy professionals are keeping themselves up to date. But we also recognise some of the most beneficial learning is prompted by your practice and not planned.

Each of these types of learning can lead to the other. A planned learning activity might lead to an unplanned one or the other way round.

You should continue to carry out as much CPD as is necessary for you to be able to practise safely and effectively. But we only want you to submit entries that have relevance to the people using your services.

We ask that you give a real example of how the learning has **benefited** the people using your services. We want to hear about the benefits for the people using your services (while respecting patient confidentiality) using real rather than hypothetical examples. In some cases, recording may involve more than one stage: you may start an entry and then return to it later after the learning has been applied.

Across your four entries you should try to learn using a variety of methods. We want to see the relevance and breadth of your learning and development activities, and the methods you use should be varied depending on what you are learning.

Your learning should also reflect the context of your practice. If you have multiple roles or specialisations, you should use your four entries to reflect that breadth.

Peer discussion

Peer discussion is a learning and development activity that encourages you to engage with others in your reflection on learning and practice. Research shows that having another person's view can help pharmacy professionals to reflect on their practice and can reduce the potential for professional isolation. To be most effective, these discussions should be formative (that is, designed to aid your development), open and honest and with someone who you trust and respect. Peer discussions can take place in any format: face to face, over the phone, via web chat, via a video call or any other means of real-time communication that is effective for you.

For your peer discussion to be effective you need to consider the following things:

- deciding on an appropriate peer or peers
- sharing relevant information to guide the discussion
- having the discussion and responding to it in a reflective way

There are different types of peer discussion and only you will be able to decide which type would be most effective for you. Some types of peer we have seen to be effective in prompting discussion are:

- a trusted colleague
- a line manager (with their staff member, or the other way round)
- another healthcare professional
- a group of peers
- a mentor or coach

For many of you, the most effective peer relationship would be with another pharmacy professional. However, for some of you, it may be appropriate to consider a peer from another health profession or possibly someone who is not a health professional but has insight into the kind of work that you do. And we also believe that seeking out someone from another background may be beneficial to bring new perspectives on your work. For example, some pharmacy leaders may consider seeking out someone in another leadership role who is not a pharmacist. And someone with links to other healthcare professionals might want to have their peer discussion with a nurse who understands their role. There may be rare occasions when you choose to have a discussion with an 'expert patient'³ with a long-term condition. You may also have different peers at different stages of your career.

Your peer should be someone who understands aspects of the work you do and someone that you respect and can trust. This might mean it is:

- an individual you work with
- a group of people with a similar roles to you
- someone with the same or similar professional background, or

³ The term 'expert patient' usually means patients – especially those with long-term conditions – who, working with relevant health professionals, choose and are able to take more control of their treatment plan.

- a colleague from a multidisciplinary team

The relative status of the peer does not matter in terms of prompting discussion and you may choose a peer who has a different level of authority to you.

You are free to select your own peer and must not have a peer allocated to you by someone else unless you are comfortable with the selection. We will ask you to make a declaration at the time you renew your registration with us to make sure that you selected your peer. For example, an employer cannot force you to have a particular peer if you do not want to. Neither can an employer require your peer discussion be a part of your appraisal. And you can seek out a peer from a number of different places, such as your professional body, if you do not want one based in the same place you work.

Choosing a peer is important and you should think about perceptions in terms of independence and objectivity. You must not choose anyone as a peer with whom you have too close a relationship, such as a family member or very close friend. We will ask you to make a declaration at the time that you renew your registration to make sure that there is no conflict of interest in your peer selection.

You might find your peer(s) through:

- your employer
- an education and training provider
- a professional body or association
- local or national networks

Before your peer discussion you should consider sharing information to make sure the conversation is effective. You should consider discussing your CPD activities and your reflective account (especially if you have yet to decide what they might be). You might also want to discuss other pieces of information about your practice, such as:

- quality improvement activity
- critical incidents
- significant events
- review of complaints and compliments
- feedback you receive from the people using your services
- performance and development reviews
- the standards for pharmacy professionals

The discussion should be formative – that is, its aim should be to influence your development positively, rather than for your peer to make an assessment of you. You do not have to send us information on the subjects discussed. The discussion is intended to aid your reflection, so your peer may ask you questions about you and your practice to help draw out reflections you might not have reached on your own. The discussion may take place face to face, by phone or using some other real-time electronic medium.

We know some peer discussions happen spontaneously rather than being pre-planned, and work well. However, these are generally less effective as a reflective exercise because preparation – including thinking about the discussion in advance – will make the discussion more effective.

You must make sure your peer has agreed to be named in the record of your discussion, and contacted about it. If you are selected for review, we will contact your peer to confirm the discussion has taken place. We will not ask your peer for any information about the discussion other than to confirm that it has happened.

If your peer discussion does not go well you can choose a different peer. In some very rare circumstances discussions might cause concern about someone's fitness to practise. You and your peer should refer to our guidance on raising concerns if this happens.

If your peer is a health professional you should check their registration on the appropriate public register to ensure they are currently registered and not subject to an active investigation. There is no bar to someone acting as a peer if they have previously been subject to fitness to practice processes which are complete and they are fully registered.

We have separate guidance for peers to let them know what to expect. [to be published for the implementation date for revalidation]

Reflective account

The purpose of the reflective account is to encourage you to think about how you meet our standards for pharmacy professionals in the work you do as a pharmacy professional. Evidence suggests that producing a reflective account that focuses on our standards increases awareness and understanding of the standards and helps you reflect on how your practice affects the people using your services.

The main parts of your reflective account will be:

- a brief summary of your practice history for the last year including who the typical users of your service may be
- a statement of how you have met one or more of our standards for pharmacy professionals
- examples to support your statement

Each year we ask you to select one or more of the standards to reflect upon. We will say which of a range of the standards for pharmacy professionals we expect you to reflect upon from that year. We will tell you which standards you should select from at the start of your registrant year.

We want you to tell us briefly about your work (the setting of your practice, your main roles and responsibilities, the typical users of your service). Giving us this type of context is helpful if your record is selected for review, and also helps you to consider if the people using your services have changed.

We want you to give at least one (but ideally more) examples to support your account so that we can see how you have reflected on the standards and their application in practice. The standards for pharmacy professionals are all inter-related so you will find that you can show how you met more than one of them using just one example. You can look at our example records to see how this can be done.

You may find it helpful to discuss what to include in your reflective account as part of your peer discussion.

Our [frequently asked questions](#) give you more information.

The process explained: submission

This section of the framework describes how you submit records to us when you renew your registration. You can find out about:

- what happens at the time of registration renewal and what you must do
- what to do if you cannot submit all or some of your records
- what happens if you do not submit all or some of your records without a good reason

What happens at the time of registration renewal and what you must do

Each year, as part of renewing your registration, you are expected to submit records of your CPD, peer discussion and reflective account to us.

We will give you plenty of notice of when your registration renewal deadline is approaching so that you have time to prepare. If you have been keeping your records in our online portal you will need to log in, and as part of the renewal process you will be able to submit your records to us. If you have been keeping your records somewhere else (in paper form or in another online portfolio) you will need to transfer your records into our online portal.

We do not normally accept paper submissions, but if you cannot submit your records online you can contact us to discuss what to do.

What to do if you cannot submit some or all of your records with good reason

There are sometimes reasons why you will not be able to submit some or all of your records when you renew your registration. This might be because of sick leave, maternity leave, military postings, breaks from practice and possibly other reasons. Usually, if you have a good reason, you will still be able to renew your registration without submitting your records to us.

If you cannot submit all your records, we might be able to accept the records that you can complete. If there are gaps in your records like this, they should not normally be more than 12 months.

In other cases, we might be able to give you an extension so that you can submit all your records at a later date.

What happens if you do not submit some or all of your records without good reason

If you are unable to submit your records without good reason we will enter you into the 'remediation process'. This gives you another chance to submit your records in a form that is acceptable to us.

If you still do not submit your records after the period of remediation, we will start a process called 'administrative removal', described in our rules⁴. If you are removed from the register through this process, and you later reapply for registration, we will expect to receive and review your CPD, peer discussion and reflective account records as part of your reapplication.

⁴ The General Pharmaceutical Council (Continuing Professional Development and Consequential Amendments Rules) Order of Council 2011

The process explained: review and feedback

This section of the framework describes how we review your records. You can find out about:

- how we select records for review
- how we carry out reviews and what happens afterwards
- the criteria we use for reviewing records, and
- how we provide feedback to you if you have been selected for review

How we select records for review

Once your records are submitted they may be selected for review. Our selection process is partly random and partly targeted. We will let you know if your records are selected and tell you how long it will take before you know the outcome.

Each year we will select a random sample of registrants to have their records reviewed. If your records are selected for review, and you meet the review criteria, we will not review your submitted records again for the next two years. In some cases you may be selected to have your records reviewed more often than this, for example:

- if we have required you previously to undertake remedial measures following a review of your records
- if you have a history of poor compliance with any of our standards, or
- if your records are submitted late without a good reason

We may select your records for review at any time after they have been submitted. If your records are selected for review we will tell you in advance. We will review the four CPD entries, peer discussion and reflective account you submitted as part of your most recent renewal.

We may also ask you to carry out additional activities and make records of these for us to review if:

- the outcome of your review is that you have not met our review criteria
- your register entry has been restored following a period of removal and your application for restoration to the register has been granted subject to your agreeing to comply with additional learning requirements, or
- a direction has been given by a fitness to practise committee (following a hearing) that your continued registration is conditional on your carrying out additional learning activities

How we carry out reviews and what happens afterwards

Reviews may take place at any time in year following submission of your records. This is because we will spread the number of reviews we conduct evenly throughout the year. We will let you know if you have been selected for review and how long it will be before you receive your feedback.

If your records are selected they will be reviewed against our review criteria. These are outlined below. We will also try to contact your peer to confirm that your peer discussion took place. We will not ask for details of the discussion, simply confirmation that it happened.

The review will be carried out jointly by a pharmacy professional and a lay reviewer. The two reviewers will work together using the review criteria to make a joint review of your records and produce a feedback report. The professional and lay reviewers will both be trained to carry out reviews and offer developmental feedback.

We think it is important that there are two reviewers so that one understands your practice and the other can look at your submission from a lay or patient perspective. Also, pairing reviewers improves the quality and consistency of reviews. We will also take further steps to quality assure feedback reports to ensure consistency of quality and approach.

As part of the review of your records we may ask you to provide more information so that we can verify that the information you submitted relates to learning you have undertaken and to your context of practice.

If you meet the review criteria we will tell you, and you will receive a feedback report to help you with your future recording. Usually, after that point you will not be selected for review for another two renewal cycles. After this you may be selected randomly in the following years.

If you do not meet some of the review criteria you may be entered into a period of remediation. This gives you another opportunity to submit records.

If you do not meet some of the review criteria a second time we will follow the steps outlined in our statutory rules. These rules set out the procedures we will follow if you have not met the requirements of this framework. In very rare cases we may take steps to administratively remove you from the register or remove an annotation to your register entry relating to a speciality.

The criteria we use to review records

There are two types of criteria (*core* and *feedback*) that we will use to review your record. The core criteria, if not met, may lead to remedial measures where you are asked to submit more or revised records. The feedback criteria will be used to offer developmental feedback for your future records, and we may choose to review your records again at your next registration renewal.

The following are **core** criteria. If the following criteria are **not** all met we may enter you into the remediation process:

- Records have been submitted to the GPhC in the time specified by the registrar.
- Records are legible and have been structured in a format published or approved by the GPhC.
- Records cover the annual registration period, or, if there are gaps in records, an adequate explanation has been provided.
- Records are related to activities that you have carried out personally.
- There are six records (four CPD entries, a peer discussion and a reflective account) completed for each annual registration period. These are relevant to the safe and effective practice of pharmacy within your context of practice, including any specialisations and the environment in which you practise. At least two of the four CPD entries completed for each full year are planned learning activities.
- Records comply with or safeguard patient confidentiality.⁵
- Records adequately reflect any special conditions that have been placed on your practice by the GPhC – for example by a fitness to practise committee, or by the registrar if your registration has been restored following removal.
- Records only contain true and accurate information⁶.

The following are **feedback** criteria. If the following criteria are **not** all met we will offer developmental feedback for your future records, and we may choose to review your records again in the following years.

Feedback criteria for planned CPD learning

There is a description of:

- what you want to learn
- the relevance of the learning to your practice
- how the learning will affect the people using your services
- the options or activities you have selected to carry out
- how you have applied the learning
- how the learning – once you have applied it – has benefited the people using your services, illustrated with an example

⁵ If we have grounds for thinking your record breaches patient confidentiality, we will investigate and may deal with this under our fitness to practise procedures. This could result in administrative removal.

⁶ If we have grounds for thinking your record contains false or misleading information, we will investigate and may deal with this under our fitness to practise procedures. This could result in administrative removal.

Feedback criteria for unplanned CPD learning

There is a description of:

- the activity you took part in that enabled new learning
- what you have learnt
- how you have applied the learning
- how the learning – once you have applied it – has benefited the people using your services, illustrated with an example

Feedback criteria for peer discussion

There is a description of:

- why you chose your peer(s)
- how the process of peer discussion has benefited your practice
- how the process of peer discussion has benefited the people using your services, illustrated with an example

Feedback criteria for reflective account

There is a description of:

- your area(s) of practice
- the typical users of the service(s) you provide
- how you are meeting one or more of the standards for pharmacy professionals, illustrated with real example(s)

Visiting practitioners (registered in parts 4 and 5 of our register)

If you are registered with us temporarily because you are registered as a pharmacist or pharmacy technician in another European state where you normally practise, then we can take account of any continuing professional development that you are required to carry out in your home state.

Dual registrants

If you are registered as both a pharmacist and a pharmacy technician you need to complete records that reflect the full breadth of your practice. These must include both your pharmacist and pharmacy technician practice. However, you only need to submit your six records once a year at the time of your renewal as a pharmacist.

Data protection and confidentiality

Our use of your personal data: the GPhC's data protection statement:

The GPhC is a data controller registered with the Information Commissioner's Office. The GPhC makes use of personal data to support its work as the regulatory body for pharmacists, pharmacy technicians and registered pharmacies in Great Britain.

We will use information you give us in your revalidation records to make sure that you have carried out appropriate activities to meet the requirements of the revalidation framework, as explained in the 'The process explained: review and feedback' section. We may also use this information in processing complaints.

We may use personal data in compiling statistics and keeping stakeholders updated with information about the GPhC. This information is anonymised.

We may share personal data with third parties to help us meet our statutory aims, objectives and responsibilities, and in using our powers under the Pharmacy Order 2010, the rules made under the order and other legislation. These third parties may include other regulatory and enforcement authorities, NHS trusts, employers, the Department of Health, universities and research institutions.

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Patient confidentiality

Pharmacy professionals have a duty by law and under the GPhC's standards for pharmacy professionals not to disclose confidential information about patients without their consent, unless there are exceptional circumstances or the law says they have to. We will never require patient identifiable information from you to be submitted as part of your revalidation records. When using examples from your practice, you must ensure you make the information anonymous – or use coded information – when you are referring to issues concerning specific patients within a record.

Appendix 1

Guidance on how to complete forms

CPD planned learning form and guidance

1 What are you planning to learn?

Tell us what learning you are planning to carry out. What you need to learn may be new knowledge, skills, or a new attitude or approach – anything that you think will make you better able to do your job as a pharmacy professional or prepare you for a new service or role. You should be as specific as possible.

You should explain why this learning is relevant to you in your role as a pharmacy professional and how it will affect the people using your services. If you don't think it is relevant or will have a significant beneficial impact on anyone, you might want to consider why you are planning to carry out and record this learning.

Please take care not to disclose any confidential information about patients without their consent.

2 How are you planning to learn it?

It is important for you to consider a range of options for achieving your learning across the breadth of your CPD entries. Focus your planned CPD on those activities that are relevant to, or likely to have the biggest impact on, the people using your services.

3 Give an example of how this learning has benefited the people using your services

Putting learning into practice is a good way to prove that you have actually learnt what you intended. Tell us what specific skills, attitudes and/or behaviours you have gained as a result of your learning.

Include a real example of how the people using your services have benefited from your learning. If you were able to introduce a new service successfully, the benefits will be clear. If you are more confident in your ability to respond to a particular query, or have some new knowledge that you can use in your practice, that is also a beneficial outcome.

Do include any feedback about your practice that you have had from other people.

CPD unplanned learning form and guidance

1 Describe an unplanned event or activity that enabled you to learn something new or refresh your knowledge or skills

Tell us about the event or activity. Be specific about the event or activity you describe. If you read an article give it a reference.

Tell us what you learnt from the event or activity in terms of the skills, knowledge, attitudes and/or behaviours you have adopted.

Please take care not to disclose any confidential information about patients without their consent.

2 Give an example of how this learning benefited the people using your services

Include a real example of how the people using your services have benefited from your learning. If you are able to introduce a new service successfully, the benefits will be clear. If you are more confident in your ability to respond to a particular query, or have some new knowledge that you can use in your practice, that is also a beneficial outcome.

Do include any feedback about your practice that you have had from other people.

Peer discussion form and guidance

1 Please give the name, contact details and the role of your peer on this occasion

Name of peer:*

Peer's role:

Name of peer's organisation:

Peer's contact number:

Peer's contact email:

*If you took part in a group peer discussion, please only provide details for one person from the group.

2 Describe how this peer discussion changed your practice for the benefit of the people using your services

Tell us why you chose this peer.

Tell us how this peer discussion has helped you to reflect on and make improvements to your practice.

Give a real example of any beneficial outcomes for the people using your services as a result of making changes to your practice.

Do include any feedback about your practice that you have had from other people.

You do not have to include information on the subject(s) discussed if you feel the contents are confidential.

Reflective account form and guidance

- 1 **Provide us with a reflective account of how you met one or more of the standards for pharmacy professionals [we will tell you which standard(s) to choose from each year]**

Tell us briefly about your area of work (the setting of your practice and your main roles).

Tell us briefly who the typical users of your service(s) are.

Tell us how you meet the standards for pharmacy professionals we have selected.

Give a real example(s) taken from your practice to illustrate how you meet the standards we have selected.

Annexe – The terminology of the framework and the relationship to the Pharmacy Order, 2010

In order to make our requirements clearer for you, we have simplified the structure of documents defined in the our legislation, the Pharmacy Order, 2010.

For transparency, the way in which we use certain terms has been included in this section of the document. The following documents in the Pharmacy Order, 2010 are:

- the standards of proficiency for maintaining registration, specified in paragraph 43(1)(a), are the **standards for pharmacy professionals**.
- the standards for continuing professional development, specified in paragraph 43(1)(b), is **standard 4 of the standards for pharmacy professionals**:
“pharmacy professionals must maintain, develop and use their professional knowledge and skills”
- the framework, specified in paragraph 43(4)(a), is the **revalidation framework**.

Appendix two

Summary of Equality Impact Analysis: *Revalidation framework consultation*

Having considered the potential impacts on equality what action are you taking?		
No change to the policy (no impacts identified)	<i>Your analysis demonstrates that the policy is robust at this stage and the evidence shows no potential for discrimination. You have taken all appropriate steps to advance equality and foster good relations between groups. The policy will comply with our Welsh Language Scheme.</i>	
Continue the policy (equality impacts identified)	<i>Continue with the proposal, despite any adverse impacts on equality, provided it is not unlawfully discriminatory and is justified. The policy will comply with our Welsh Language Scheme</i>	
Adjust the policy and continue (equality and / or Welsh language impacts identified)	<i>Take steps to remove barriers, mitigate impacts or better advance equality before continuing with the policy. And / or, take steps to ensure that our Welsh Language Scheme will be complied with.</i>	
Stop and remove the policy	<i>There are adverse effects on equality that are not justified and cannot be mitigated. The policy is unlawfully discriminatory. And / or, the policy cannot comply with our Welsh Language Scheme so cannot proceed.</i>	
<p>Reason for decision:</p> <p>Evidence from both our pilot and from the consultation provides indicators that some may need additional support to effectively engage with the revalidation framework's requirements. These groups include:</p> <ul style="list-style-type: none"> • people less familiar with or reduced access to the internet (and sometimes this was linked in consultation responses to older people on our register or people in remote areas) • pharmacy technicians appear to have been less likely to complete all their entries in our pilot. However follow up with this group suggests there was no variation in the reasons underpinning the decision not be involved in the voluntary pilot study. Respondents told us that it was generally the voluntary nature of the pilot that meant they were less likely to be involved in the context of the essential activities they needed to undertake. • Pharmacy professionals working in relatively unusual contexts were also identified as potentially finding it harder to engage with the requirements, such as locum pharmacy 		

professionals, remote pharmacy professionals or those who practice overseas.

- Pharmacy professionals working part time or taking breaks in practice were also identified as potentially finding it harder to meet the requirements of the framework in consultation responses.
- It was reported in the consultation that the process of reflection may be more challenging for some people on our registers, however there is no evidence of this from piloting of the proposals.
- Pharmacy professionals with learning difficulties or other disabilities that may impact on their ability to use the online portal.

Although the policy has been designed to be inclusive of the above groups and evidence from piloting and the consultation suggests that a change to the policies is not required, there are a variety of actions that will be undertaken to ensure that the proposals do meet the needs of these groups.

- Where necessary individual reasonable adjustments will be made and this is already a part of the policy.
- Engagement activities with people on our registers will take place, both directly and through other pharmacy organisations to ensure that awareness of the requirements is widespread. Further, we will work with these organisations to promote reflective practice as a key skill required for meeting the requirements of the framework.
- A process is already in place to allow for alternate submissions and the online portal is being designed to accessibility standards (for learning and other types of disabilities) and to work on mobile devices.
- Monitoring and evaluation of how people engage with the requirements will be ongoing from implementation and can be assessed continuously.
- Improvements have been made to how registrants can routinely notify us of breaks in practice for any reason and gain extensions or reduced submission requirements through the new online portal. There has been no change to the policy we use to make decisions on granting these reasonable adjustments.