General Pharmaceutical Council

Response to the consultation on revalidation for pharmacy professionals

1. Introduction

1.1. This response to the consultation was approved by our council at its meeting on 7 December 2017 as part of a council paper. The remainder of this document is a direct extract from that paper.

2. Background

2.1. 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.

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

2.3. 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.

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

2.5. 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.

2.6. 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] **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**

2.7. 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.

2.8. 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).

2.9. 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.

2.10. 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.

3. Responses to the consultation

Summary

3.1. 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.

3.2. 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

3.3. 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.

3.4. **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

3.5. 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.

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

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

3.6.2. Further guidance on selecting an appropriate peer.

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

3.6.4. Robustness of the proposed peer discussion as a mechanism for continuing assuring fitness to practise.

3.6.5. Quality and consistency of peers.

3.6.6. Production of more guidance to support the discussions.

3.6.7. Requiring a more structured and recorded conversation or possibly mandating 360 feedback models.

3.6.8. The function of the peer discussion being misappropriated by some employers.

3.6.9. The link between peer discussion and appraisal.

3.6.10. That peer discussion would prevent pharmacy professionals undertaking their learning and development on their own which would have a resource implication.

3.6.11. Confidentiality, conflicts of interest and data protection.

3.7. **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.

3.8. **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.

3.9. **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.

3.10. **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.

3.11. **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.

3.12. **Response:** We will provide additional guidance on data protection for registrants and peers and include a declaration to me 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

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

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

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

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

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

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

3.14. **Response:** The guidance in the revalidation framework has been enhanced and further supporting information is being developed to provide additional support for registrants.

3.15. **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.

3.16. **Response:** We will continue to collaborate with other pharmacy organisations to ensure that registrants understand the new requirements they need to meet.

3.17. **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

3.18. 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:

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

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

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

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

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

3.19. **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.

3.20. **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.

3.21. **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.

3.22. **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

3.23. 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:

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

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

3.24. **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.

3.25. **Response:** We will provide further clarity on the selection, skills and training of reviewers in supporting information.

Feedback

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

3.26.1. Requests for more guidance and clarity over the timings and outcomes of feedback.

3.26.2. Requests for clarity on the process for remediation and more information to be made available to support registrants in remediation.

3.27. **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

3.28. 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.

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

3.29.1. There would be an additional time burden overall.

3.29.2. Time would be required for adaptation to the new requirements.

3.29.3. There were requests for protected learning time.

3.29.4. 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.

3.29.5. There was concern that costs may increase at GPhC and there may be a resulting impact on the registration fee.

3.30. **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.

3.31. **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.