

# Sampling continuing professional development records for review

## A consultation report

### About this consultation

This report provides a summary of the responses to the consultation on sampling continuing professional development (CPD) records for review.

The consultation was open for 6 weeks from 19 September to 31 October 2016. We received 2264 written responses to the consultation.

We did not hold any engagement events over the course of the consultation. However, we did develop our proposals in collaboration with our advisory group made up of pharmacy organisations and a patient representative.

We invited all pharmacy professionals, our CPD reviewers and the members of our advisory group to respond to the consultation as well as other individuals and organisations who may be affected by the proposals.

### Written responses

We received written responses from 22 organisations and 2242 individuals. The vast majority of individual respondents (2189, around 98 per cent) identified themselves as a pharmacy professional. Around 0.1 per cent (2) indicated they were a member of the public. Just above 0.25 per cent (6) said they were a student and just under 1 per cent (21) said they were a pre-registration trainee. Seventeen respondents described themselves as “other”, including a researcher, a doctor/pharmacist, and a retired pharmacist. The remainder of individual respondents (7, 0.3 per cent) did not indicate the capacity in which they were responding. Around 70 per cent (1528) of those describing themselves as “pharmacy professionals” were pharmacists, while around 30 per cent (654) were pharmacy technicians.

The full list of organisations that responded to the consultation can be found in appendix A.

### Analysis

This report summarises the key topics that emerged in the consultation responses. All issues raised in these contributions have been fully taken into account and, where applicable, incorporated into this report. The structure of this report follows that of the consultation document and questionnaire.

The great majority of responses were submitted online using the formal consultation questionnaire. Responses to the yes/no questions have been reported giving both the numbers of responses as well as percentages.

Responses to the open questions were analysed using an iterative coding process, which identified themes. The main themes are presented in this report under each relevant question. This approach was also used to analyse the responses that were submitted by email or post, and these too are reported.

It should be noted that the whilst there were over 2,200 responses to the quantitative, yes/no, questions the number of responses to the qualitative, open, questions was much lower. Therefore the quantitative responses provide a broader context in which the qualitative responses should be considered.

## What we heard

Overall, the proposal to use a sampling approach to calling pharmacy professionals' CPD records was received very positively throughout. However, some concerns were raised, suggestions for further improvements were made and requests for further clarification were submitted as part of the consultation responses. The following section presents key issues raised under each section of the consultation and our response to them.

## Clarity

### What we proposed

We proposed to amend one paragraph of our CPD framework. Below is the amended paragraph with the proposed new text we consulted upon shown in bold:

“The GPhC may ask you to submit a CPD record for review at any time. **Usually, we will call in the CPD records of a random sample of registrants each year. If you meet the GPhC’s CPD requirements we will not ask you again the following year.** In some cases you may be asked to submit your CPD record for review more frequently than this, for example if you have been required previously to undertake remedial measures following a review of your CPD record or if you have a history of poor compliance with any of our standards.”

### What we heard

#### 1 Is the amended paragraph clear?

Response	Number of responses	Percentage of responses
Yes	2133	95.14%
No	109	4.86%
<b>Total</b>	<b>2242</b>	<b>100%</b>

22 respondents skipped this question.

#### 1a What else, if anything, should be added to or removed from the paragraph?

The majority of respondents (95 per cent) felt that the amended paragraph was clear but a number of comments and suggestions for clarification and improvement were also made.



One organisation suggested that the paragraph should set how out random sampling will be performed. While some suggested that the paragraph should state the sample size to be used each year.

Some respondents sought clarity over the following matters:

- the definition of a CPD record
- whether the random sample was of registrants or entries in a CPD record
- the number of CPD entries pharmacy professionals are expected to submit as part of a record
- the frequency of the call for a CPD record
- the notice period for submission of a CPD record
- the length of time a pharmacy professional would not be called to submit a CPD record if they met our requirements
- whether we would be monitoring submissions in real time before they are submitted to us.

### Our response

We will amend the wording of the paragraph to read:

“The GPhC may ask you to submit a CPD record for review at any time. **We will call in the CPD record of a random sample of registrants each year. If you meet the GPhC’s CPD requirements we will not ask you again for the next two years<sup>1</sup>.** In some cases you may be asked to submit your CPD record for review more frequently than this, for example if you have been required previously to undertake remedial measures following a review of your CPD record or if you have a history of poor compliance with any of our standards.”

The minor amendments to the wording of the paragraph improve clarity and make the language relating to a CPD record consistent with the rest of the CPD framework.

To address the points of clarification raised in the consultation by respondents, below is a summary of requirements that we did not consult upon and have not changed. The CPD framework document as a whole provides clarification on the requirements we set for CPD. If you want to know more about our requirements, please read the CPD framework document:

- Pharmacy professionals must make a minimum of nine CPD entries per year as part of their CPD record. This is an expectation of continued registration as a pharmacy professional.
- When called to submit, a period of six weeks’ notice is given. We will only be able to view a CPD record that has been submitted to us and there will be no live monitoring of submissions.
- The number of entries to submit as part of a CPD record varies based on the date of initial registration or last CPD review (whichever is sooner) but does not exceed five years’ worth of entries.
- It is possible to request extensions or a reduced number of entries as a result of periods away from practice for reasons such as sick leave or parental leave (this is not an exhaustive list) and requests are dealt with on a case by case basis. Gaps in a CPD record should not normally exceed 12 months.

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<sup>1</sup> The increase of the period of exemption is discussed in the sampling section

## Sampling

### What we proposed

We proposed that asking for a random sample of pharmacy professionals to submit their CPD record to review each year should encourage more regular recording of CPD activities. We said it would allow us to introduce more yearly administrative checks over time and focus our attention on pharmacy professionals who may find it harder to meet our requirements.

### What we heard

#### 2 Do you agree with our new approach of taking a sample of registrants to review their CPD record?

Response	Number of responses	Percentage of responses
Yes	1850	82.74%
No	386	17.26%
<b>Total</b>	<b>2236</b>	<b>100%</b>

28 respondents skipped this question.

#### 2a If you do not agree with this approach, please explain why.

The majority of respondents (83 per cent) agreed with our new approach to review the CPD records of a random sample of registrants each year.

However, many respondents who made a comment stated there would be an additional burden placed on pharmacy professionals. Some of these respondents stated that there would be an increase in administrative workload because there would be reduced flexibility over when learning was recorded. Others stated that the work pressures on pharmacy professionals combined with other life pressures made it difficult to record their CPD regularly and they would have to find time in their already busy days. A few respondents suggested increasing the proposed time following successful review of a pharmacy professional's CPD record to two years or longer to reduce the burden on pharmacy professionals.

Some respondents suggested that poor performance or poor CPD recording habits could go undetected as a result of not necessarily reviewing the records of all pharmacy professionals over a period of time. Whilst others expressed concerns that the pharmacy professionals who are meeting standards could have their records called for review more frequently.

Some stated that they simply preferred CPD records to be called in once every five years.

Some wanted more information about how pharmacy professionals would be selected randomly. And some wanted more information about the evidence we have to suggest that random sampling would encourage more regular recording. Others suggested that the proposals might encourage less frequent recording of CPD activities because the chances of being called to submit might be lower.



Some said, before we introduce random sampling, we should introduce automated checks on all pharmacy professionals, and complete all our piloting work for our broader changes to how pharmacy professionals will provide further assurance of meeting professional standards.

A few suggested some pharmacy professionals might still only record their CPD entries at the time they were called to submit.

Respondents who agreed with the proposal made the following points:

- Many referred to a positive impact of the proposal to encourage better and more regular recording.
- Some suggested that we use a larger random sample, or call in all pharmacy professionals CPD records regularly and review a sample of them in more detail.
- A few respondents supported our proposal to focus on pharmacy professionals who may have trouble meeting our CPD requirements and asked that we provide further information on where support may be available.

We received feedback on other matters related to CPD and our approach to it. These can be summarised as:

- Simplify the recording approach to reduce burden and prevent repetition in recording CPD entries.
- Reduce the number of entries required for recording each year.
- Improve the recording approach to focus it upon reflection on learning and practice.
- Request a pharmacy professional to submit their CPD record as part of annual renewal of registration.
- Consider introducing a peer discussion component to help validate CPD activities.

These are all areas currently under review as part of our work to further assure standards for pharmacy professionals throughout careers and we anticipate consulting upon changes on each of these matters in Spring 2017.

On another matter related to impact, we were asked to make explicit our projected savings of circa £200,000 per year if we moved to a sampling approach. This information was made public in a Council paper seeking approval to take our proposals to consultation but the figure was not stated in the consultation document itself.

### **Our response**

We have amended the relevant paragraph to allow for a two year period of exemption from calls to submit a CPD record following a successful review. The exemption period would run from the date of the call to submit records and cover the following two calls in successive years. This change was in response to feedback that stated:

- The period should be extended
- Concerns that there may be additional burden on pharmacy professionals as a result of being called to submit every other year

By making this change we will reduce the impact on those who successfully meet CPD requirements and also decrease the total number of pharmacy professionals eligible for random sampling each year and slightly increase the chance of pharmacy professionals who have not been called to submit for some time being selected. This

helps address some concerns that we may not identify poor recording practice from pharmacy professionals we have not called recently.

Some respondents suggested that the paragraph should include details of the sample size. We will not include the sample size in the paragraph so that we have the flexibility to respond to evidence and analysis from each call and adapt the sample appropriately. We will not sample less than 2.5% of the register but we may sample more in some events, such as when we see a higher than expected proportion of registrants in a sample experiencing difficulty in meeting our requirements.. We will never sample more registrants than necessary to draw conclusions about performance across the whole register or satisfy ourselves that CPD recording is taking place appropriately. We will make the sample size for each year public in advance of any call on our website and in Regulate (our newsletter sent to all pharmacy professionals).

Some respondents wanted us to be more explicit about the process we will use to randomly select pharmacy professionals to submit their CPD record. Each year we will take the following steps:

- Take a list of everyone on our register
- Remove the pharmacy professionals who are not eligible to be called to submit. These may be pharmacy professionals on our register for less than a year or who have recently submitted and met our requirements.
- We then determine the sample size and total number of pharmacy professionals to be called.
- We then allocate each eligible registrant a number.
- We then randomly generate a string of numbers and match them to each registrant.

In addition to randomly selecting pharmacy professionals, we will also now call pharmacy professionals who required additional attempts to meet CPD requirements (known as remediation) because we have good evidence to show they are more likely to find it harder to meet our requirements the next time they are called. More than 40 per cent of the pharmacy professionals who previously required remediation needed remediation again during our recent pilot study compared to around 13 per cent of randomly selected pharmacy professionals. We will also continue to call the CPD record of pharmacy professionals who have recently been restored to our register. Over time, we may develop more evidence about the kinds of indicators that suggest a pharmacy professional may find it harder to meet our requirements, such as any correlation between late submission of CPD and poorer performance. We are developing this evidence iteratively and responsively to emerging patterns in our data.

Our intent is to call pharmacy professionals who have had difficulty meeting our requirements more frequently than those who have not and suggest where they can seek additional guidance to improve future performance. To assist pharmacy professionals we will also signpost to the organisations that provide support for CPD activities and recording.

We highlighted in the consultation document that we have plans to introduce further administrative checks for all registrants to ensure CPD is recorded annually. We will consult on these proposals in Spring 2017. We plan to implement in 2018 alongside other changes to our requirements to reflect a new approach to assuring standards for pharmacy professionals throughout their careers. We were pleased to receive suggestions for improvements to our approach that reflect many of the areas we have been exploring over the last two years in research, testing and piloting.



We have committed to making incremental changes to our approach to further assuring standards for pharmacy professionals. We noted the suggestion that we should make all changes to our approach at the same time, however, we believe incremental change will reduce the impact on pharmacy professionals and allow people affected by the proposals to consider their impact gradually. Also, making this change sooner provides the opportunity to find savings of around £200,000 per year and provide a more proportionate and cost effective regulatory approach. These savings have been included in forecasting and the monies redistributed to other areas of our work as part of our annual planning and budgeting processes.

We have published the sources of evidence that contributed to our development of our approach to further assuring standards for pharmacy professionals, including CPD, on our website. You can find out more about the evidence that has informed our thinking at: [www.pharmacyregulation.org/registration/continuing-fitness-practise](http://www.pharmacyregulation.org/registration/continuing-fitness-practise)

## Equality analysis

As part of all of our work, we are committed to engaging with people affected by our proposals to understand the impact they may have.

### What we heard

#### 3 Are there any aspects of the change we are proposing that could have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups?

Response	Number of responses	Percentage of responses
Yes	302	13.60%
No	1918	86.40%
<b>Total</b>	<b>2220</b>	<b>100%</b>

44 respondents skipped this question. Comments attached to this question are summarised in question four.

#### 4 Do you have any comments on the potential impact of the change to the framework?

The majority of respondents (86%) did not think that the change would have a negative impact on patients, members of the public, pharmacists, pharmacy technicians, or any other groups.

A few suggested that the process should take into account those who may have limited opportunities to undertake CPD (part-time workers, those who have recently returned to practise, those in non-practising roles).

Some respondents suggested that when we call pharmacy professionals' CPD records we should take into account external pressures such as sickness, holidays, carer role responsibilities, maternity leave and busy times of the year.

Some respondents stated that regular online recording may be a problem with those who have difficulty accessing a computer or lack of access to the internet.

## **Our response**

We have received some useful feedback during the consultation which will be used to update our equality impact analysis.

All the comments related to equality impact were linked to aspects of our CPD call and review process that we did not consult upon because we did not plan any changes to our policy in this area. We already provide opportunities to request reasonable adjustments to our process including through paper submissions, providing extensions, or reducing the number of entries required as part of a CPD record. These adjustments can be requested in advance and are reviewed on a case by case basis.

We heard that some respondents felt differing locations of work or working patterns may affect their ability to undertake and record CPD. Again, we are not changing our policy in this area. Our CPD requirements apply equally to all pharmacy professionals. They are not changed by factors such as type of pharmacy practice or part-time employment.



## Appendix A: Organisations that responded to the consultation

Carters Chemist  
Association of Pharmacy Technicians United Kingdom (APTUK)  
Ayrshire & Arran APPC  
Chilton Chemist Ltd  
Co-operative Healthcare  
Dispharma Retail Ltd  
Dolphins Pharmacy  
Heath Pharmacy  
HMR CCG  
Lo's Pharmacy Group  
National Association Women Pharmacists  
National Pharmacy Association  
NHS Greater Glasgow & Clyde  
Nottingham North and East CCG  
Orchard Pharmacy  
Pharmacists' Defence Association  
Pharmacy Voice  
Rowlands Pharmacy  
Royal Pharmaceutical Society  
Superdrug  
Weldricks Pharmacy  
Plus one unnamed organisation