



General Pharmaceutical Council  
25 Canada Square  
London  
E14 5LQ

11<sup>th</sup> July 2017

Dear Colleague

## **Consultation on revalidation for pharmacy professionals**

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain. The RPS leads and supports the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders in a number of different forums.

The RPS welcomes the opportunity to respond to this consultation and has answered the questions asked by the GPhC in its discussion paper as follows:

*The revalidation framework: process. The revalidation framework sets out our proposals for carrying out, recording and submitting continuing professional development entries. It covers the following areas:*

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

**Question 1: Do you have any comments on any of the steps in the process covered in the framework**

The steps in the process are laid out logically. However, further information is required about how the process can be made more 'real time' (possibly by harnessing technology). RPS also requests further guidance on the format that the feedback will take (when records are reviewed) and how it will be evaluated year on year (or 2 yearly) to evidence a change in practice that benefits patients. It is not clear how reviewers will provide better quality feedback and whether this will support professional development.

It is of concern that the revalidation framework is too focused on process rather than judging whether the Standards for Pharmacy Professionals have been met. In other professions, such as medicine, domains have been applied to the standards for instance: knowledge, skills & practice, safety & quality, communication, partnership & teamwork and maintaining trust. A pharmacist's CPD entries, peer review and reflective account should provide specific evidence (against domains) that the standards are being met during the year.

The GPhC has stated that it aims to work with organisations to reduce the need for dual recording. However, the need to transfer records before the registration renewal deadline is also a requirement so further information is needed to understand how the bureaucratic burden will be minimised for registrants.

The RPS would also request more information on how lay people will be selected to undertake the role of a reviewer. If lay people are selected from the general population they must be of good standing, high quality and trained to a standard which allows for professional development feedback to be given. It is our understanding that other Royal Colleges select lay people as reviewers who are accredited professionals. It is crucial that reviewers are trained and the GPhC should consider including the experience of sector experts and also other health professionals where appropriate. Confidentiality and potential conflicts of interest should also be considered when selecting reviewers.

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

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

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

The RPS believes that there is insufficient evidence that the proposed revalidation framework will ensure safety any more than the current system. For this reason we are unable to simply answer 'Yes' or 'No'.

**Question 3: Do you have any comments about the changes we have proposed?**

The RPS is disappointed that the proposed changes do not include a process where a specific judgment can be made about whether the nine professional standards (as set out by the GPhC) have been met. This should be explicitly stated within the narrative with examples for CPD, peer review discussions and reflective accounts. The framework for revalidation offers a wider approach than current measures and although this is an opportunity to provide further assurance the RPS is concerned that it is not rigorous or robust enough. In recent years, new roles have emerged e.g. pharmacists in GP practices and existing pharmacy roles have taken on more responsibility for patient outcomes; it is therefore important to ensure that quality assured mechanisms are in place to support pharmacists and mitigate the risk to patients. As new models of care develop, a revalidation framework must be future proof as well as allowing professionals to recognise that the approach they are taking with professional development is the right one. In addition, the standing of the pharmacy profession in the eyes of other healthcare professions will not be served if revalidation is perceived simply as a check list and/or too light touch. We also believe that the revalidation process should distinguish between pharmacists and pharmacy technicians and reflect their different scopes of practice and career pathways.

We naturally commend and recommend as good practice the RPS Foundation and Faculty programmes, alongside the support, guidance, quality assurance mechanisms and the range of professional development frameworks, portfolios and assessment tools that RPS has developed (for both self and peer assessment) provide robustness by:

- I. Mitigating the risk to patients and the public from the range of advanced generalist and specialist practice in a proportionate approach;
- II. Demonstrating continuing fitness for purpose within a system that supports the required mitigation, and properly describes the components of a system that develops individual practice.

The RPS supports a simplified approach to CPD recording including reducing dual recording, indeed in our pilot of the use of professional development frameworks, portfolios and assessment tools to support continuing fitness to practice in 2016, we secured 847 CPD volunteers (808 who were registered for 2 years or longer and 39 registered for less than 2 years). 388 volunteers completed CPD entries, 211 were submitted for peer review. RPS members who volunteered for the pilot were motivated enough to access the RPS professional development frameworks and portfolios and record CPD entries even though this was not mandatory. Indeed 46% of all volunteers actively made CPD entries as part of the RPS pilot without incentives apart from knowing that the process would ready them for future GPhC Revalidation/CFtP/CPD requirements. The RPS pilot was based on quality assured, validated tools and professional development frameworks, with international recognition.

The RPS supports the principle of peer discussion but there is a risk it becomes a tick-box exercise that does not deliver assurance or professional development. We believe it should also only be undertaken within a structured format of trained reviewers/assessors. Further evidence is required that the quality and outcome of such a discussion provides further assurance for patients and is supportive of professional development. Peer reviewers must possess the skills to facilitate a discussion and it is not clear how this process will be used to identify poorer practitioners or indeed if a fitness to practise issue is identified. Although the GPhC has provided some guidance, access to appropriate peer reviewers may prove challenging. RPS is unique in providing quality assured peer assessments that enable members to demonstrate competence, professional development and stage of practice from Foundation to Advanced Practice. These would provide robust evidence and we would recommend this approach in place of a peer discussion. With time, we strongly recommend that peer review evolves into a formal appraisal that balances challenge with support. Lessons should be learnt from other professions such as medicine i.e. organisations should support pharmacists with their learning but not use a professional appraisal system as a mechanism to achieve local objectives or targets.

In simplifying the standards and guidance, the RPS requests that the GPhC should not inadvertently put in place barriers to completing the revalidation process for those pharmacists in non-patient facing roles (or who are away from their usual role e.g. on maternity leave). Although members of RPS working in science e.g. academia and the pharmaceutical industry focus on the welfare of the patient, this may not be obvious from the nature of their CPD activities – it is important that the GPhC recognise and support these roles as well as portfolio careers and management consultant roles which are increasingly prevalent and the need to maintain registration is viewed as important. Standards and guidance should also take into account the emerging range of patient-facing roles. This particularly applies to the reflective account – further examples are needed of this approach so that it is accurately described in all cases. The GPhC need to be clear about their expectations of this CPD record so that it is flexible to support all roles in demonstrating a change in practice to benefit patients and is sufficiently rigorous enough to identify poorer practitioners.

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

As with question 2, the RPS believes that there is insufficient evidence that the revalidation framework will achieve this aim.

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

It is important and useful to make CPD entries with reference to an appropriate professional development framework. The RPS Foundation and Faculty programmes include validated competency frameworks. Entries could therefore be made that serve both professional development and revalidation thereby reducing the duality of recording. The RPS believes that those registrants who have undertaken quality assured peer review and assessment as part of their Faculty portfolio submission should be exempt from the GPhC's random or targeted review of records. The RPS is working towards widening participation in its professional development frameworks with the intention of supporting all registrants who are pharmacy professionals.

The framework does not contain enough information on the process of remediation – this is extremely important for patient and professional confidence. Simply resubmitting records may not be appropriate for some practitioners – additional learning, support and development will be important as part of a clearly defined remediation process.

The framework needs to be flexible enough to assure and develop more advanced practice such as independent prescribers and advanced clinical practitioner type roles.

Further guidance would be useful on the time period that data and information submitted by registrants as part of revalidation will be stored.

*Revalidation framework: impact*

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

Please insert your response

No impact	<input type="checkbox"/>
Mostly positive	<input type="checkbox"/>
Partly positive	<input checked="" type="checkbox"/>
Positive and negative	<input type="checkbox"/>
Partly negative	<input type="checkbox"/>
Mostly negative	<input type="checkbox"/>

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

Please insert your response

No impact	<input type="checkbox"/>
Mostly positive	<input type="checkbox"/>
Partly positive	<input type="checkbox"/>
Positive and negative	<input checked="" type="checkbox"/>
Partly negative	<input type="checkbox"/>
Mostly negative	<input type="checkbox"/>

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

Please insert your response

No impact	<input type="checkbox"/>
Mostly positive	<input type="checkbox"/>
Partly positive	<input type="checkbox"/>
Positive and negative	<input checked="" type="checkbox"/>
Partly negative	<input type="checkbox"/>
Mostly negative	<input type="checkbox"/>

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

Where appropriate, employers should be able to make a stronger and more supportive input to revalidation for pharmacy professionals than is currently proposed e.g. providing time and support for peer review (without being prescriptive about who the peer should be or making links to local objectives/targets). This will add a level of robustness and could be as simple as a declaration. Employers can then be open and transparent about the support they give for revalidation.

### Equality analysis

The GPhC believes revalidation for pharmacy professionals should have positive implications for people and has not identified any implications that would discriminate against or unintentionally disadvantage any individuals or groups who share the particular protected characteristics set out in the Equality Act 2010.

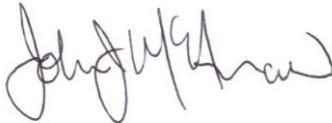
### Question 10: Do you think the proposal might have an impact on certain individuals or groups who share any of the protected characteristics?

As long as online tools and standards and guidance are utilisable by all with additional support for those with disabilities then the impact should be minimal. Timelines should be clear for those individuals that are unable to submit due to e.g. ill-health or maternity leave.

### Other comments

Further information is requested about how transitional arrangements will be managed i.e. when pharmacists should stop using the current system.

The RPS would like to formally request a meeting with the GPhC to discuss their proposed framework for revalidation further and indicate how, as the professional leadership body, we can support registrants and ultimately improve patient care.

		
<b>Ms Sandra Gidley</b> FRPharmS Chair, English Pharmacy Board	<b>Dr John McAnaw</b> PhD, MRPharmS Chair, Scottish Pharmacy Board	<b>Ms Suzanne Scott-Thomas</b> MRPharmS Chair, Welsh Pharmacy Board