

Response to the General Pharmaceutical Council consultation on revalidation for pharmacy professionals

July 2017

1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at www.professionalstandards.org.uk
- 1.2 As part of our work we:
- Oversee the nine health and care professional regulators and report annually to Parliament on their performance
 - Conduct research and advise the four UK governments on improvements in regulation
 - Promote right-touch regulation and publish papers on regulatory policy and practice.

2. General comments

- 2.1 We welcome the opportunity to respond to this consultation from the General Pharmaceutical Council (GPhC) on the new framework for revalidation for pharmacy professionals. We published *An approach to assuring continuing fitness to practise based on right-touch regulation principles* in November 2012¹. The report sets out a number of guiding principles for regulators developing policy in this area, and we have used it to inform our response to this consultation.
- 2.2 We recognise that a significant amount of work has been carried out by the GPhC to develop a more effective and proportionate system for pharmacy professionals to keep their knowledge and skills up to date and ensure ongoing compliance with the standards. The proposals outlined in the consultation document are an improvement on the current CPD framework for pharmacy professionals, which the GPhC's research has demonstrated to be largely a 'tick-box' exercise for registrants². The focus of the proposed scheme

¹ Professional Standards Authority 2012, *An approach to assuring continuing fitness to practise based on right-touch regulation principles*. [Online] Available at: <http://www.professionalstandards.org.uk/publications/detail/an-approach-to-assuring-continuing-fitness-to-practise-based-on-right-touch-regulation-principles> [Accessed: 11/07/2017]

² IFF Research May 2015, GPhC Review of Continuing Professional Development. [Online] Available at:

on assuring the continuing fitness to practise of registrants is welcome, as is the clear focus on the standards for pharmacy professionals. As outlined in our 2012 paper the primary purpose of continuing fitness to practise is to ensure that registrants remain compliant with the standards throughout their professional life. The annual requirement for registrants to reacquaint themselves with the standards is a good example of an 'upstream' approach to regulation.³

- 2.3 We also welcome the strong focus on the needs and views of service users in the consultation document and the work that has been carried out to ensure that these perspectives are taken into account in the development of the new requirements. It is also positive to see the commitment from the GPhC to use lay individuals as part of the process of reviewing revalidation submissions as this should help to provide an additional and equally valid viewpoint and ensure that the needs of service users are always central in considering the CPD activities that registrants are completing.
- 2.4 We would however have welcomed a clearer description of how the risks presented by pharmacy professionals have been and will continue to be taken into account in the design and operation of the model. The consultation document doesn't explicitly link some of the measures proposed, with the risks they are seeking to address. For example, the introduction of peer discussion is proposed as a way to address professional isolation reported by some pharmacy professionals; however, it would have been useful to have further detail on research suggesting that this is a significant risk area for pharmacy practice and if so why it will be required for all registrants.
- 2.5 We welcome the proposals to make use of both targeted and random auditing of revalidation returns – it would have been helpful to know on what basis the audits would be targeted, and in particular whether they would be based on risk. We would suggest that the GPhC will want to ensure robust guidance and training in place for reviewers to ensure a consistent approach that is fair to registrants.
- 2.6 Whilst we recognise that evaluation of such a scheme is a difficult area, further information would be useful on how GPhC intend to assess the effectiveness of the new framework both in relation to how it is received and used by pharmacy professionals and whether it makes a positive impact on public protection in ensuring that registrants remain compliant with the standards.
- 2.7 We note the GPhC's explanation that the term revalidation has been used to describe the scheme because it was seen as clearer to the public than 'continuing fitness to practise'. However, we would highlight the need to ensure ongoing communication to professionals, employers and the public about the specific nature of the GPhC scheme and the level of assurance it

https://www.pharmacyregulation.org/sites/default/files/5453_gphc_review_of_continuing_professional_development_general_pharmaceutical_council_iff_v3_00_final.pdf [Accessed: 14/07/2017]

³ The term 'upstream' in reference to regulation refers to interventions designed to address the causes of harm before it occurs rather than interventions to deal with harm once it has occurred. There is a useful reference to and explanation of the origins of the term in relation to health and care in the General Dental Council's 2017 discussion document, *Shifting the Balance*, [Online] Available at: <https://www.gdc-uk.org/about/what-we-do/regulatory-reform> [Accessed: 17/07/2017]

provides compared to other schemes with the same name. As highlighted in our 2012 paper, there is a spectrum of approaches to continuing fitness to practise. The GMC revalidation model falls at one end of the spectrum and stakeholder views may be based on knowledge of revalidation for the medical profession, or on that of the NMC, which has been introduced since our paper was written. The GPhC consultation highlights that the scheme is 'similar in name but fundamentally different in design so that it is tailored for pharmacy'. It would be useful to understand how these differences might be communicated once the scheme is launched.

3. Detailed answers

- 3.1 We have only commented on some of the specific consultation questions below.

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

- 3.2 The process seems clear and easy to understand both for pharmacy professionals, employers and members of the public. The proposed annual submissions, in line with applications for renewal seem likely to help in embedding the requirements into the routine of registrants to ensure that all fulfil the different elements of the scheme.
- 3.3 The focus on the standards at the core of the scheme should make the requirements relevant and clear to both registrants and members of the public.

Question 2. Do you think that the changes [A simplified approach to CPD recording, introducing peer discussion, introducing a reflective account based on the standards for pharmacy professionals] will help to support registrants in their practice and provide assurance that pharmacy professionals remain fit to practise?

- 3.4 The changes as outlined seem likely to help support registrants in their practice and provide a level of assurance that pharmacy professionals are meeting the requirements to update their skills and knowledge on a regular basis. As the document highlights, research suggests that a simplified approach to CPD recording encourages a more reflective approach to practice and requirements that are too prescriptive can discourage engagement from registrants and lead to a tick-box attitude to compliance.
- 3.5 The proposals outlined will allow registrants to prioritise their CPD needs depending on their scope of practice. However, as outlined in our general comments it would have been useful to see a more detailed explanation of how the different elements are designed to address the specific risks in the practice of pharmacy professionals. For example, if the peer discussion is intended to address professional isolation, is this because isolated practice has been identified as a significant area of risk? If this is the case then it may have been useful to clarify why it has been included as a requirement for all registrants, not just those working in an isolated context. Overall, it will be important for the scheme to ensure a balance between giving registrants the

responsibility to identify their own learning and development needs and ensuring a focus on areas identified as high risk by the GPhC for pharmacy professionals or groups within the professions more broadly.

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

- 3.6 See above and our general comments.
- 3.7 We welcome the proposals to make use of both targeted and random auditing of revalidation returns although it would have been helpful to know on what basis the audits would be targeted, and in particular whether they would be based on risk. In relation to the targeted auditing, if work has been carried out to identify characteristics of those in higher risk groups it may have been helpful to reference this to demonstrate which risk areas have informed the overall approach.
- 3.8 We would suggest that the GPhC will want to ensure robust guidance and training in place for reviewers to ensure a consistent approach that is fair to registrants.

Question 4. Do you think that the revalidation framework overall will achieve its aim of providing further assurance to users of pharmacy services? Is there anything else, not covered in the framework, that you would find useful?

- 3.9 See answer to question 2 for our general comments in relation to greater clarity on how the changes proposed are designed to address the specific risks presented by pharmacy practice.
- 3.10 Further detail on this issue would help to clarify the purpose of the scheme – whether it is to reassure the public that registrants are meeting certain requirements or to provide assurance of continuing fitness to practise. It would also be helpful to clarify mechanisms for ensuring the scheme can adapt and respond to new risks identified over time.

Question 5. What kind of impact do you think the proposals will have on people using pharmacy services?

- 3.11 The proposals should give service users confidence that pharmacy professionals are carrying out regular activities to update and develop their skills and reflect on and embed the standards of conduct and competence. Further clarity on how the different elements are designed to address the specific risks associated with pharmacy practice should provide further assurance.
- 3.12 The inclusion of lay reviewers as part of the audit process should ensure that the views of service users will be taken into account when reviewing registrants' revalidation records. However, as noted it will be important to have clear guidance to ensure a consistent approach to review of revalidation submissions.

Question 6. What kind of impact do you think that the proposals will have on pharmacy professionals?

- 3.13 The proposals should allow pharmacy professionals more flexibility in how they complete their revalidation requirements and allow them to tailor activity more closely to their specific scope of practice. As the changes proposed are a fairly significant departure from the previous requirements, care should be taken that all registrants are given the support they need in understanding and complying with the new scheme. However, the testing and piloting carried out by the GPhC in advance and the proposed phased timescales for introduction suggest that this issue has been considered.
- 3.14 We welcome the efforts made by the GPhC to minimise the impact of compliance on registrants by seeking to avoid 'dual recording' of CPD activities, by facilitating the transfer of records completed for professional bodies or training providers into the GPhC system.

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

- 3.15 As highlighted it will be important to communicate clearly to employers and the public about the specific nature of the GPhC revalidation scheme and the level of assurance it provides compared to other schemes with the same name. We recognise that the GPhC has already carried out a great deal of engagement activity with pharmacy professionals and the pharmacy sector more broadly.

4. Further information

- 4.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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