

General
Pharmaceutical
Council

Consultation on revalidation for pharmacy professionals

April 2017



The text of this document (but not the logo and branding) may be reproduced free of charge in any format or medium, as long as it is reproduced accurately and not in a misleading context. This material must be acknowledged as General Pharmaceutical Council copyright and the document title specified. If we have quoted third party material, you must get permission from the copyright holder.

Contact us at communications@pharmacyregulation.org if you would like a copy of the document in another format (for example, in larger type or in a different language).

© General Pharmaceutical Council 2017

Contents

About the GPhC	5
Foreword	6
Overview	8
The consultation process	10
What we are changing and why	12
Summary of the changes	14
The work we did to reach our conclusions	18
Revalidation framework	20
How we will use your responses	40
Consultation questions	44
Appendix A: Collated consultation questions	46
Equality monitoring	47



About the GPhC

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales. It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

Our main work includes:

- setting standards for the education and training of pharmacists, pharmacy technicians, and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards that pharmacy professionals have to meet throughout their careers
- investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public
- setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- inspecting registered pharmacies to check if they are meeting our standards

Foreword

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 also comes because people, especially patients and service users, expect health professionals – be they doctors, nurses or pharmacists – to keep their knowledge and skills up to date. This consultation is about the changes we are proposing to improve this process. We are proposing a new model in pharmacy to support pharmacists and pharmacy technicians in keeping their knowledge and skills up to date, while providing assurance to the public that they are doing so.

For some time pharmacists and pharmacy technicians have been required to carry out and record their continuing professional development (CPD) activities. However, we know that if we are to provide the assurance that the public rightly expect we need to change the present requirements to make them more effective and proportionate for pharmacy professionals. We also know that carrying out our learning activities in a traditional CPD model, while an important part of keeping knowledge and skills up to date, is limited in providing the assurance that is needed. This consultation is about our proposals to improve that model, incorporating CPD into a more effective model of assurance.

We have carried out a three-year development programme which, during this time, we have called ‘continuing fitness to practise’.

We have spent a considerable period researching, testing, piloting and evaluating our proposals. The proposals were developed by working with pharmacy organisations, pharmacy professionals, patients and the public. Now is the time to share our thinking with everyone affected by our proposals so that we can review feedback before they are implemented in 2018.

One comment we heard from all our stakeholders was that the term ‘continuing fitness to practise’ was confusing. And it was too readily associated with the processes we use to investigate and act upon the rare instances when concerns are raised about pharmacy professionals.

Revalidation for pharmacy professionals is our proposal for what a future framework of assurance should look like. It builds upon our existing framework for continuing professional development (CPD) and adds extra components to further assure the public that their trust in pharmacy professionals is well placed. The new framework encourages reflection on learning and practice, and focuses on outcomes for people using pharmacy services.

Revalidation is something 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 we are proposing something similar in name but fundamentally different in design so that it is tailored for pharmacy.



We are asking for the views of members of the public, patient representative organisations, pharmacy professionals, professional leadership organisations, unions, employers, funding bodies for health and social care, education and training providers and funding bodies, governments, regulators and others to help us decide on our approach. We look forward to hearing your views.



Nigel Clarke
Chair



Duncan Rudkin
Chief Executive and Registrar

Overview

We are consulting until **17 July 2017** on proposals for revalidation for pharmacy professionals. You can find [more details about the proposals](#) on our website.

We are making changes to the way we work with pharmacy professionals to provide further assurance that trust in pharmacy professionals is well placed. Pharmacy professionals already do things to provide that assurance. But we believe the process can be enhanced, and improvements can be made for the benefit of pharmacy professionals and the people using pharmacy services.

At the moment pharmacy professionals make declarations every year that they meet our standards and remain fit to practise. This is part of their yearly renewal of their registration with us, and they record CPD activities and send those records to us if we ask to review them.

In future, we want to reduce and simplify the requirements we have for CPD recording. We will ask for fewer CPD entries (four, as compared with the current nine) but we will also ask for two other types of activities to be completed each year. In summary, our proposals for what pharmacy professionals must do each year are:

- make declarations that they continue to meet our standards and remain fit to practise
- undertake, record and submit four CPD activities
- undertake, record and submit a peer discussion
- undertake, record and submit a reflective account against one of our standards for pharmacy professionals

Over almost three years of research, testing, piloting and evaluation we have gathered evidence to show that this approach will be more engaging and meaningful to pharmacy professionals and will give a greater sense of assurance to the people using pharmacy services.

This consultation document has two sections:

- **What we are changing and why**
This section explains what we do now and what we propose to do. It sets out what we have taken into account when considering proposing changes, and it explains why we want to make the changes.
- **The work we did to reach our proposals**
This explains in summary how we went about considering how to change, measuring the impact of the proposals, and gathering evidence to support them.



The consultation process

We have considered a range of information in developing this consultation – in particular the **evidence we have collected** over the course of our research, testing, piloting and evaluation. We now want to communicate our proposals and receive feedback to make sure our new approach meets the expectations of pharmacy professionals and the people using pharmacy services. Please let us know what you think about the proposals described in this document.

The consultation will run for 12 weeks and will close on 17 July 2017. During this time we welcome feedback from individuals and organisations. We will send this document to a range of stakeholder organisations, including professional representative bodies, employers, education and training providers, and patients' representative bodies.

We hope you will read this consultation and consider responding. You can **get more copies of this document** on our website at **www.pharmacyregulation.org/get-involved/consultations** or you can contact us if you would like a copy of the document in another format (for example, in a larger typeface or in a different language).

How to respond

You can respond to this consultation in a number of different ways. You can fill in the questionnaire at the end of this document or go to **www.pharmacyregulation.org/revalidation_consultation** and fill in an online version there. If you fill in the questionnaire in this document, please email it to:

consultations@pharmacyregulation.org with the subject 'Revalidation for pharmacy professionals'

or post it to us at:

**Revalidation for pharmacy professionals
Consultation response
Revalidation Team
General Pharmaceutical Council
25 Canada Square
London E14 5LQ**

Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please email them to:

feedback@pharmacyregulation.org

or post them to us at:

**Governance Team
General Pharmaceutical Council
25 Canada Square
London E14 5LQ**

Please **do not** send consultation responses to this address.



Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive. The council will receive the analysis report at its meeting in September 2017. We will take what we have heard and the council's views into account when producing a consultation response report. The council will receive this document at a later date when they will decide if and how to proceed in 2018.

We will also publish both reports so that there are summaries of the responses we received and an explanation of the decisions taken. You will be able to see these on our website **www.pharmacyregulation.org**

What we are changing and why

The changes we are proposing are explained in the revalidation framework document which accompanies this consultation. The revalidation framework sets out the expectations on pharmacy professionals and describes the processes we will follow to provide assurance that the trust in pharmacy professionals is well placed.

We are changing a number of things about how we work and what we are asking pharmacy professionals to do. The section below summarises the changes. The table on the following pages describes the changes and what they mean in more detail. You can **find out even more detail** on our website.

The changes we are proposing are to:

- reduce and simplify the recording requirements for CPD
- introduce a peer discussion
- introduce a reflective account
- simplify the standards and guidance
- ask for records to be submitted every year at the same time that pharmacy professionals make their declarations for renewal of registration
- improve the review of submitted records


As well as making the changes we are consulting on, we plan to make some changes to how we work. These will make the process of recording and submitting records to us easier.

These include:

- producing an integrated online recording tool so that pharmacy professionals can use one system to log into their account at GPhC to record entries and renew their registration
- reducing the need for 'dual recording' by working with organisations who have their own learning and development portfolios – such as professional bodies, education and training providers and employers – so that records can be transferred easily into the GPhC online recording tool
- introducing automated support for our registrants in the online recording tool so that simple errors in recording do not automatically lead to remedial action
- introducing easier ways to report and provide evidence of circumstances that might prevent submission or complete submission of records at the time of renewal

We want to introduce the changes in stages so that the pharmacy sector has time to adapt. We plan to consult and consider what we hear during the rest of 2017.

In 2018 we will begin implementation by communicating with and involving everyone affected by any changes we make. We will ask pharmacy professionals to begin using our new approach in 2018, but we will not plan to review their records until:

- 
- 2019 for revised CPD records, and
 - 2020 for peer discussion and reflective account records

We will give notice before any renewal deadlines where we will require submission of records. In the information on our website we give more details about what this means.

Summary of the changes

Reduce and simplify the recording requirements for CPD

What the change means:

- At the moment, we ask pharmacy professionals to record nine CPD entries each year. We also ask for lots of information to be provided for each entry.
- We want people to focus on the benefit the learning and development activity has on the people using a pharmacy professional's services. So we will be reducing the number of CPD entries each year to four and using a simplified recording process.

Why the change is necessary:

- We know that our current requirements are seen as being time consuming and not always of benefit to pharmacy professionals or the people using their services.
- Therefore, we want to make the exercise of recording entries more accessible and focused on the things that matter to pharmacy professionals and the people using their services.
- We also want to make time available for pharmacy professionals to carry out the peer discussion and reflective account by reducing the amount of time spent recording CPD entries.

Introduce a peer discussion

What the change means:

- We want pharmacy professionals to identify someone with whom they will speak about their practice and record the benefit it has for the people using their services. (They can do this in person, over the phone or using another form of communication). Importantly we want the relationship to be trusted, respected, open and honest, and feel like a 'safe space' where learning can arise from things that have gone well and not so well.
- It will take some additional time to carry out a peer discussion. But we expect that once relationships are formed the time it will take will be less each year.
- If someone is selected for review, we would only want to confirm that the peer discussion took place and not ask for details of what was discussed.

Why the change is necessary:

- We have evidence to show that a peer discussion is a valuable exercise for bringing about improvement and reflection. We also see this as being an important way to reduce the sense of professional isolation that many pharmacy professionals have reported to us.
- We also know that members of the public think it is important that other people are involved in the process of reflection, to give them further assurance that an objective perspective is brought in to enhance learning and development.



Introduce a reflective account

In our pilots we called this a 'case study' but feedback suggested this was confusing to some pharmacy professionals, so we have renamed it.

What the change means:

- We want pharmacy professionals to write a reflective account based on our standards for pharmacy professionals.
- We think that pharmacy professionals are reflecting upon the standards continuously, but this exercise will help demonstrate that it is happening. We also know from our testing that we will need to provide supporting guidance and examples, as this is an exercise that some of them have not done before as part of their initial education and training.

Why the change is necessary:

- We want our approach to revalidation to take pharmacy professionals back to the core standards that underpin their practice, in whichever form it may take. The standards are already a key part of the proposed framework. Even so, we want the framework to explicitly focus on those standards.

Simplify the standards and guidance

What the change means:

- We currently have a complex arrangement of standards, guidance and legislation underpinning our CPD requirements. We want to use a single set of standards (the standards for pharmacy professionals) and a single set of more detailed guidance and requirements (the revalidation framework).

Why the change is necessary:

- The complicated approach we have at present makes it harder to communicate our expectations and for them to be understood. Simplification will mean it will be easier to understand the expectations that we have for pharmacy professionals.

Ask for records to be submitted at the same time as declarations for renewal are made

What the change means:

- We want all our registrants to submit their records to us at the time they renew their registration with us. We will then select which of our registrants' records we will review – some of them randomly and some in a targeted way.
- Linking record submission to renewal may mean that some pharmacy professionals are entered into a process of remediation if they do not submit all their records on time without good reason. The process of remediation will include action by us and a requirement for records to be submitted. In rare cases, following remediation we may decide to start action to remove the professional from our register.
- If there are legitimate reasons for non-submission or incomplete submission, such as illness or periods of maternity leave, we will continue to accept these and registration will not be at risk.
- We have already introduced random selection and targeted selection for our review of records as a result of our consultation in 2016.
- By asking all our registrants to submit records each year we can provide further assurance that the activities are being completed. We can also select from the records submitted each month the ones that will be reviewed.
- We also believe that by asking for records to be submitted each year we can spread the burden placed on pharmacy professionals more evenly. Some registrants had been carrying out their CPD continuously but only recorded all their entries when we asked to review them.

Why the change is necessary:

- We expect registrants to complete their records every year. However, our previous approach to reviewing records led some people to believe that we only expected records to be made when they were called for review. This approach makes our expectation clearer.



Improve the review of submitted records

What the change means:

- We want to improve the criteria we use to review records and provide a clearer framework for us to offer developmental feedback to pharmacy professionals.
- We want our reviewers to be more consistently matched to the records they review: pharmacist reviewers for pharmacist submissions and pharmacy technicians for pharmacy technician submissions.
- We want to pair a pharmacy professional reviewer with a lay reviewer. This is to enhance the voice of patients and the public in the process and to help with ensuring the quality of the review process.
- We want to offer better-quality feedback to the pharmacy professionals who are selected for review. And we also want to share learning from the feedback with all pharmacy professionals so that everyone can continue to develop and improve.

Why the change is necessary:

- We have listened to the feedback we have had saying that our review criteria are not effective in ensuring that pharmacy professionals record their reflections on their learning and practice. We also accept that our present review criteria and recording requirements mean that when we provide feedback on the quality of CPD it feels unhelpful for lots of pharmacy professionals. Now that we are using a

sampling approach, we can produce more developmental and tailored feedback for the pharmacy professionals selected for review. We can then share the learning to continue to support improvement for all pharmacy professionals.

- At the moment our review process involves single reviewers, who may not be familiar with the context in which a pharmacy professional practises. We think it is a more sound approach when a balanced view is taken involving both a professional and a lay person working together.

The work we did to reach our conclusions

We began developing these proposals shortly after we became the regulator for pharmacists, pharmacy technicians and registered pharmacies in 2010. This included reviewing work done by the previous regulator, the RPSGB, as well as working with other regulatory bodies including the General Medical Council to see what we could learn from them.

After almost three years of research, testing, piloting and evaluating (from 2014 to 2017) we have evidence to show that our proposals are the right ones for us to consult on. This section of the document describes the steps we have taken to reach our proposals, including how we involved pharmacy professionals, their representatives and members of the public. You can **[find more details about this work](#)** in reports that we and others have produced on our website.

The advisory group

The advisory group was set up in 2014. It is chaired by Lord Kirkwood of Kirkhope and made up of representatives from more than thirty organisations. The purpose of the group was to advise and provide feedback on the development work and the proposals. The group included representatives of pharmacy professionals and a patient representative, and worked together at regular workshops to steer all aspects of the work. The advisory group was vital to the development of the proposals and their insights have significantly altered the proposals over the course of the development programme.

Research

Before and during 2015 we carried out various forms of research, including desk research and commissioning studies, to understand more about:

- the outcomes we are trying to achieve
- how other healthcare regulators were working
- the theory and practice behind activities like peer discussion, and
- how our present approach to CPD was viewed by pharmacy professionals and our reviewers

Testing

After our research in 2015 we used the evidence we collected to test the proposals with more than 200 pharmacy professionals from a range of roles and contexts of pharmacy practice. We evaluated the results and found that the proposals were largely effective, but that we had more work to do to make our expectations clearer and provide support to pharmacy professionals. We applied what we learnt when developing our pilot.

Piloting

In 2016 we began a pilot with over 1300 volunteers from a range of roles and contexts of pharmacy practice. Over eight months the volunteers used draft guidance and examples that we produced to complete:

- their entries for revised CPD recording

- a peer discussion, and
- an early version of the reflective account

During the pilot we held an online workshop for volunteers to find out which parts of the pilot were working for them, which could be changed and their proposals for improvements. We used their feedback to improve the proposals that we make in this consultation.

Evaluation

During and after the pilot in 2016, Solutions for Public Health (SPH) carried out an independent evaluation of the pilot. SPH began their work by reviewing the outcomes we were aiming to achieve, and designed an evaluation approach based on these. Using a range of methods, SPH collected data about how pharmacy professionals took part in the pilot arrangements and what they thought about them. In their independent report, SPH found that the proposals largely had the impacts we expected and in some cases some especially positive outcomes. There were areas for improvement in the design of the proposals and we have taken these on board in our proposals.

Equality and diversity

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. We have worked with a wide range of audiences and have made sure that our testing

involved a sample of pharmacists and pharmacy technicians that broadly reflected the profession as a whole. We have not identified any significant negative equality or diversity implications in our proposals and expect there to be a positive benefit for patients and the public.

However, we ask a specific question in the consultation and would welcome any feedback so that we can make sure we are considering any relevant issues.

This section shows the text of the proposed framework

Revalidation framework

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:

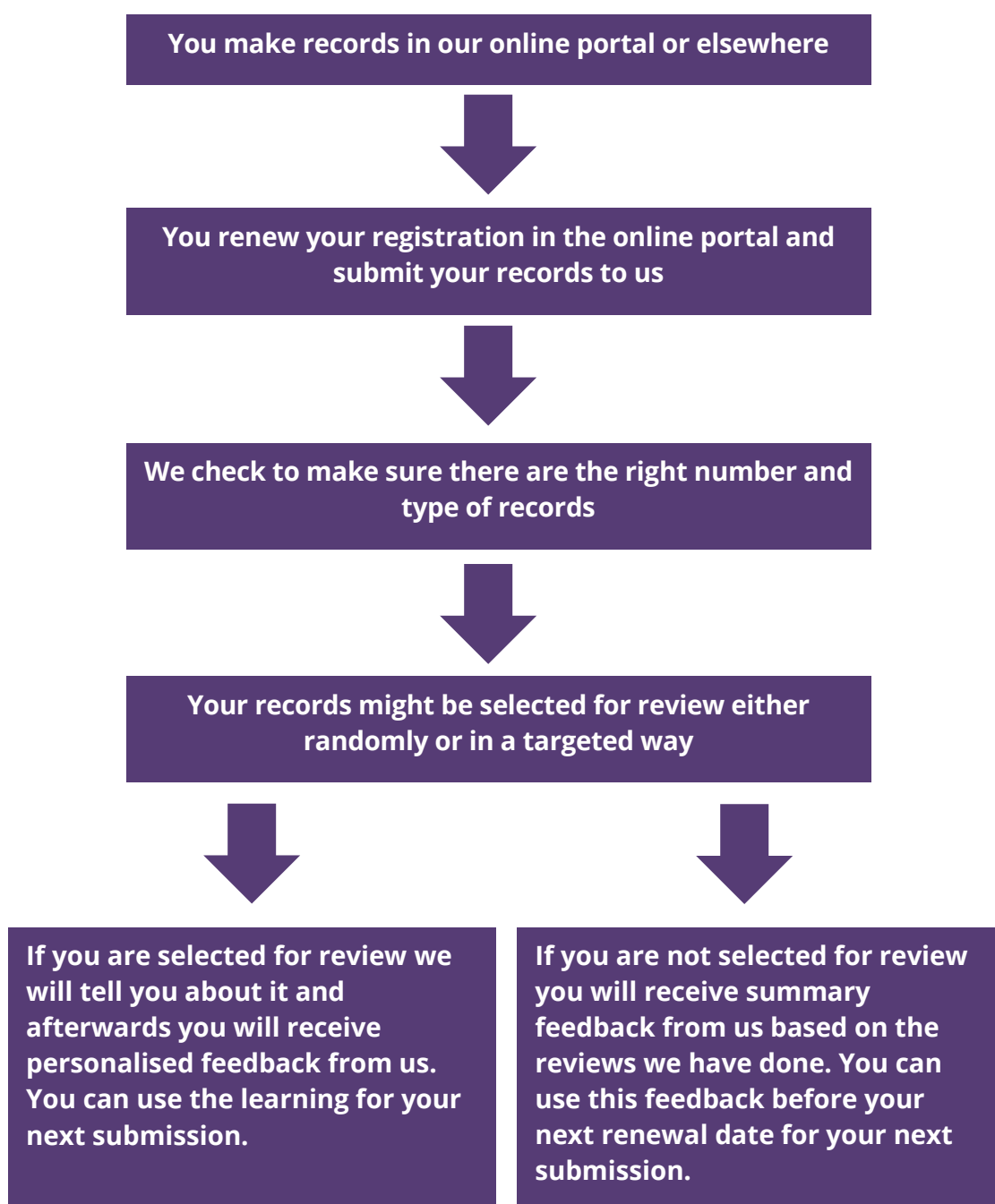
- making your records – recorded CPD, a peer discussion and a written reflective account
- submitting records to us and what happens when they are not or cannot be submitted

It also covers what we will do, including:

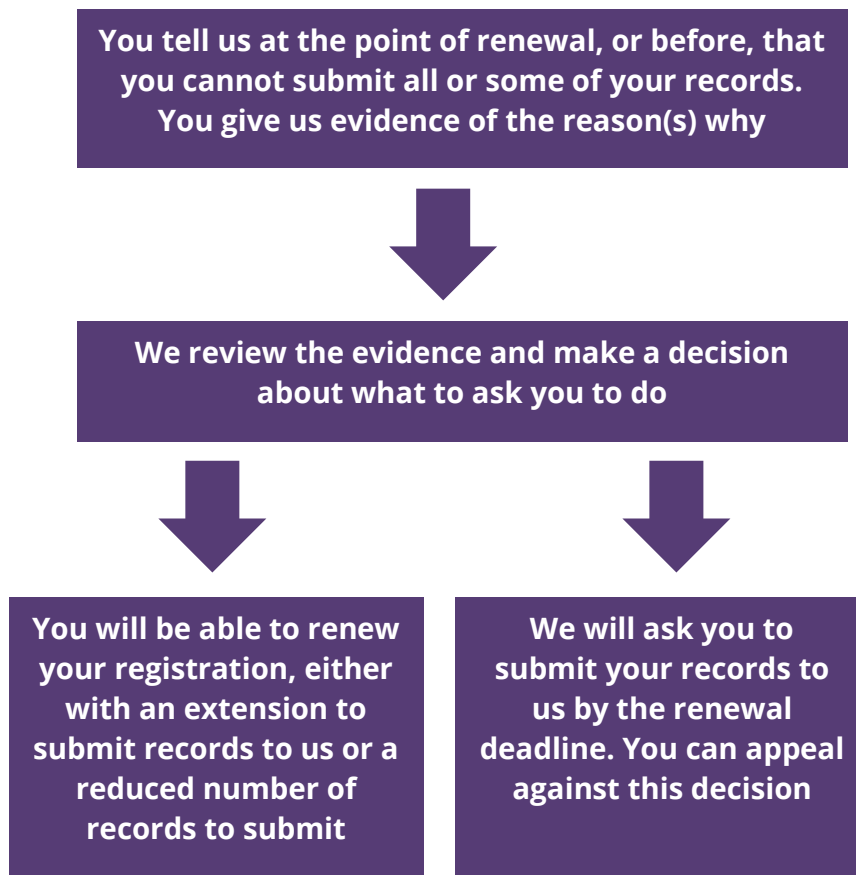
- selecting records for review
- reviewing records and giving you feedback
- following up when it seems our review criteria are not met

The process explained: overview

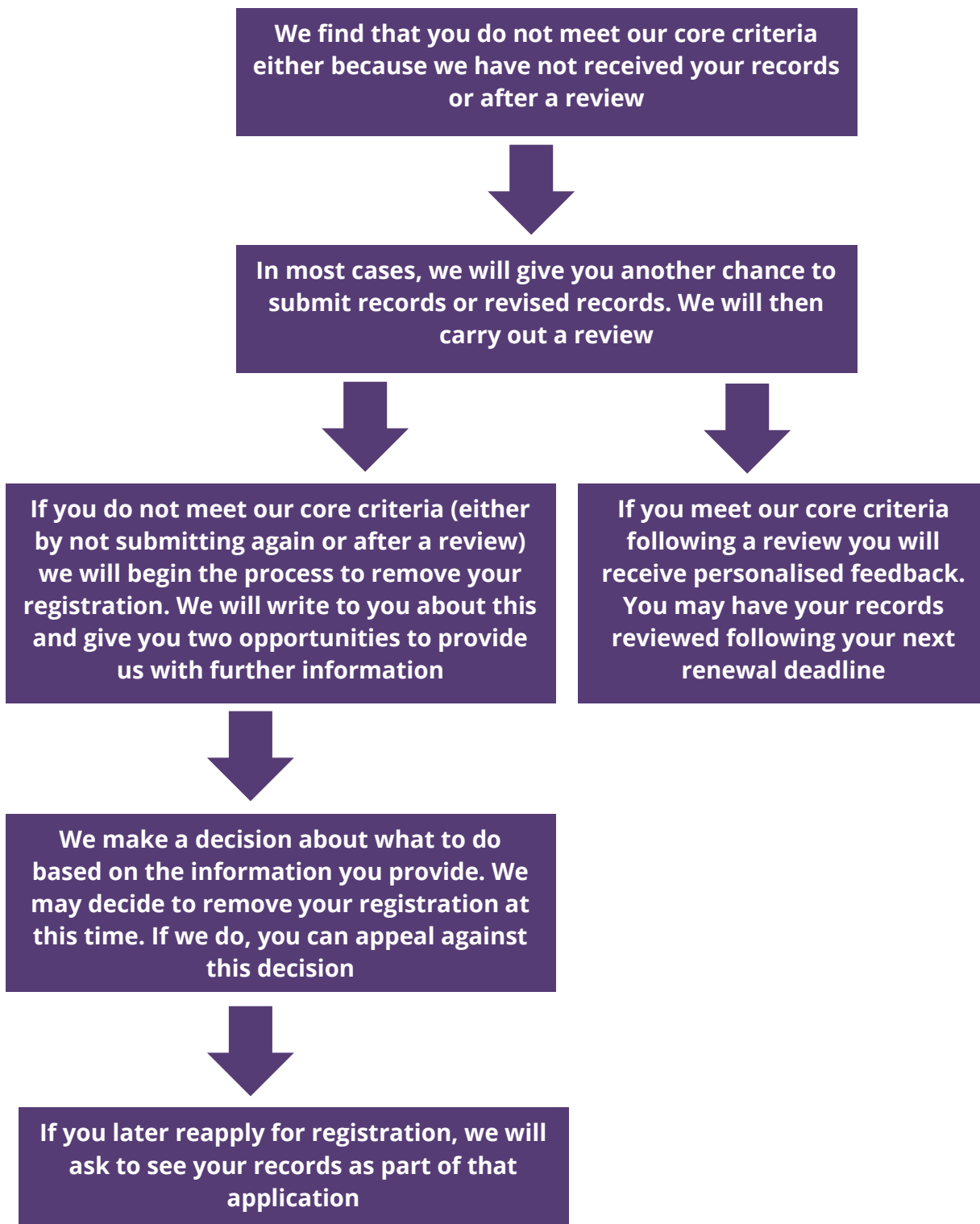
1. How you make records and submit them to us



2. How you tell us if you want to renew but cannot submit all the records we require



3. What happens if we do not receive your records or you do not meet our core criteria





The process explained: recording

This section 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 [more to be produced following consultation]. 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 on review and feedback 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.

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. Although patients and the public have told us that they prefer to see planned learning activities to provide them with assurance that learning and development is taking place, we have included the option to record both planned and unplanned learning because pharmacy professionals have told us that they find both approaches useful.

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. For example, some pharmacy leaders may consider seeking out someone in another leadership role who is not a pharmacist. There may be rare occasions when you choose to have a discussion with an 'expert patient'¹ 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

¹ 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.

Choosing a peer is important and you should think about perceptions in terms of independence and objectivity. We would strongly recommend that you do not choose anyone as a peer with whom you have too close a relationship, such as a family member or very close friend.

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 should 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.

We have separate guidance for peers to let them know what to expect. [to be produced following consultation]

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 will say which of the standards for pharmacy professionals we expect you to reflect upon.

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.

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 rules². 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.

² 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

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 confidentiality³.
- 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 information⁴.

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

³ 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.

⁴ 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 under part 4 or 5 of the register, 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.

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. Please take care to 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: *(If you took part in a group peer discussion, please only provide details for one person from the group)*

Peer's role:

Name of peer's organisation:

Peer's contact number:

Peer's contact email:


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) 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.


How we will use your responses

After the consultation, we will publish a report summarising what we heard. If you respond as a private individual, we will not use your name or publish individuals' responses.

If you respond on behalf of an organisation, we will list your organisation's name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe the information you have given is confidential.

The GPhC may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try to respect it but we cannot guarantee that confidentiality can be maintained in all circumstances.

If you email a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.



Consultation on revalidation for pharmacy professionals response form

Background questions

First, we would like to ask you for some background information. This will help us to understand the views of specific groups, individuals and organisations and will allow us to better respond to those views.

Are you responding:

- as an individual – please go to section A
- on behalf of an organisation – please go to section B

Section A – Responding as an individual

Please tell us your:

name:

address:

email:

Where do you live?

- England
 - Scotland
 - Wales
 - Northern Ireland
 - other (please give details)
-

Are you responding as:

- a member of the public
 - a pharmacy professional or owner – please go to section A1
 - a pre-registration trainee
 - a student
 - other (please give details)
-

Section A1 – Pharmacy professionals

Are you:

- a pharmacist
- a pharmacy technician
- a pharmacy owner

Please choose the option below which best describes the area you mainly work in:

- community pharmacy
 - hospital pharmacy
 - primary care organisation
 - pharmacy education and training
 - pharmaceutical industry
 - other (please give details)
-



Section B – Responding on behalf of an organisation

If you want your response to stay confidential, please explain why you think the information you have given is confidential. We cannot give an assurance that confidentiality can be maintained in all circumstances.

- Please keep parts of my organisation's response confidential

Please tell us if you have any concerns about our publishing any part of your response and explain which parts you would wish to keep confidential:

Please tell us your:

name: _____

job title: _____

organisation: _____

address: _____

email: _____

a contact name for enquiries: _____

Please choose the option below which best describes your organisation:

- organisation representing patients or the public
- organisation representing pharmacy professionals or the pharmacy sector
- independent pharmacy (1-5 pharmacies)
- Multiple pharmacy (6 or more pharmacies)
- NHS organisation or group
- research, education or training organisation
- other (please give details)

Please provide a brief description of what your organisation does and its interest in this particular consultation

Consultation questions

We are particularly interested in your views on the following points, although we welcome your comments on any issues that you want to raise about our proposals for revalidation for pharmacy professionals.

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:

- 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
- selecting records for review
- reviewing records and feedback
- how we follow up if the review criteria are not met

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

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 we 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

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 No

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

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

Yes No

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

Revalidation framework: impact

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

- No impact
- Mostly positive
- Partly positive
- Positive and negative
- Partly negative
- Mostly negative

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

- No impact
- Mostly positive
- Partly positive
- Positive and negative
- Partly negative
- Mostly negative

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

- No impact
- Mostly positive
- Partly positive
- Positive and negative
- Partly negative
- Mostly negative

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

Equality analysis

We believe revalidation for pharmacy professionals should have positive implications for people. We have 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.

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

- Yes No

If 'Yes', please explain and give examples.

Appendix A: Collated consultation questions

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:

- 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
- selecting records for review
- reviewing records and feedback
- how we follow up if the review criteria are not met

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

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 we 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
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?

3. Do you have any comments about the changes we have proposed?
4. Do you think the revalidation framework overall will achieve its aim of providing further assurance to users of pharmacy services?
5. Is there anything else, not covered in the framework, that you would find useful? Please give details.

Revalidation framework: impact

6. What kind of impact do you think the proposals will have on people using pharmacy services?
7. What kind of impact do you think the proposals will have on pharmacy professionals?
8. What kind of impact do you think the proposals will have on pharmacy employers?
9. Please give any further comments you have on the possible impact of the proposals on any of the above groups.

Equality analysis

10. Do you think the proposal might have an impact on certain individuals or groups who share any of the protected characteristics? If 'Yes', please explain and give examples.



Equality monitoring

At the GPhC, we are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties.

We want to make sure everyone has an opportunity to respond to our consultation on revalidation for pharmacy professionals. This equality monitoring form will provide us with useful information to check that this happens.

You do not have to fill it in, and your answers here will not be linked to your consultation responses.

What is your sex?

Please tick one box

- Male
- Female
- Other

What is your sexual orientation?

Please tick one box

- Heterosexual/straight
- Gay woman/lesbian
- Gay man
- Bisexual
- Other
- Prefer not to say

Do you consider yourself disabled?

Disability is defined in the Equality Act 2010 as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. Please tick one box.

- Yes
- No
- Prefer not to say

What is your age group?

Please tick one box

- 16 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65 + years

What is your ethnic group?

Choose the appropriate box to indicate your cultural background. Please tick one box.

White

- British
- Irish

- Gypsy or Irish traveller
- Other white background (please fill in the box at the end of this section)

Black or Black British

- Black Caribbean
- Black African
- Other black background (please fill in the box at the end of this section)

Mixed

- White and black Caribbean
- White and black African
- White and Asian
- other mixed background (please fill in the box at the end of this section)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- other Asian (please fill in the box at the end of this section)

Chinese or Chinese British

- Chinese or Chinese British

Arab

- Arab

Other

- Prefer not to say
- Other ethnic group background (please give more information in the box below)

What is your religion?

Please tick one box

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- None
- Other (please give more information in the box below)
- Prefer not to say



General Pharmaceutical Council
25 Canada Square, London E14 5LQ
T 020 3713 8000
E info@pharmacyregulation.org

 [@TheGPhC](https://twitter.com/TheGPhC)
 [TheGPhC](https://www.facebook.com/TheGPhC)
 [/company/general-pharmaceutical-council](https://www.linkedin.com/company/general-pharmaceutical-council)
www.pharmacyregulation.org