



Mid-September to 31 October 2016

Pharmacists' Defence Association Response to the General Pharmaceutical Council's Consultation on Sampling Continuing Professional Development Records for Review

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About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists and, when necessary, defend their reputation. It currently has more than 25,000 members. The PDA Union was inaugurated in May 2008 and achieved independent certification in 2011.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Provide insurance cover to safeguard and defend the reputation of the individual pharmacist

Executive Summary

The GPhC is consulting until Monday 31 October 2016 on a new approach to calling in continuing professional development records – completed by registrants – for review. The essence of the proposed change, explained in the consultation document, is that instead of calling records every five years as at present, a minimum of 2.5% of registrants' records will be selected at random for review each year. Registrants' records will not be called on two consecutive years, though some registrants may have their records called more frequently where they have been 'required previously to undertake remedial measures following a review of [their] CPD record[s]' in the past or where they have a 'history of poor compliance with any of [the GPhC] standards'.

The PDA's recommendations are:

- The GPhC must:
 - phrase consultation questions in a neutral manner
 - use the phrase 'registrants' instead of 'pharmacy professionals' to refer to pharmacists and pharmacy technicians collectively
- No changes should be made to the GPhC's CPD requirements until the results of its pilot study (as outlined in the Council meeting paper from 8 September 2016) and continuing fitness to practice pilot study have been fully explained and published. At that point, the GPhC should conduct a more robust consultation covering all the changes it proposes to make. The GPhC must explain its proposed CPD record sampling mechanism in more detail and present robust evidence to support its assertions and proposals.
- Research should be conducted to assess whether CPD recording is of material benefit to the public (and not just of benefit to the regulator).

The Consultation Document

As a general principle, the PDA recommends that questions in a consultation such as this should be asked in an entirely neutral manner. Commencing questions with leading wording such as 'do you agree' could lead to acquiescence bias.^{1,2,3,4} This may mean that the responses obtained will not truly represent respondents' views. The PDA has provided the same feedback in its response to a number of GPhC consultations in the past.

The PDA is concerned by the GPhC's continued use of the term 'pharmacy professionals' to refer to pharmacy technicians. The organisation believes that this may have a detrimental impact on public safety. The rationale for this is provided in its response to the GPhC's consultation on 'Standards for Pharmacy Professionals', which can be found on the PDA website.

Recommendation

The GPhC must:

- *phrase consultation questions in a neutral manner*
- *use the phrase 'registrants' instead of 'pharmacy professionals' to refer to pharmacists and pharmacy technicians collectively*

Consultation Response

1. Is the amended paragraph clear?

NO

The amended paragraph reads: "Usually, we will call in the CPD records of a random sample of registrants each year. If you meet the GPhC's CPD requirements we will not ask you again the following year."

Although it is written in comprehensible English, it is unclear because:

- It could be interpreted to mean that, although it will *usually* do so, some years, the GPhC will not call in the CPD records of a random sample of registrants at all. This is not what is proposed in the consultation document.
- At present, when the GPhC calls CPD records (normally every five years), the records pertaining to each year are requested (since the last call was made). Under the new proposals, some pharmacists may go through an entire forty-year career or more without ever having their CPD records called. The paragraph does not explain this.

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

The paragraph needs to be more specific in terms of the minimum and maximum percentage of registrants whose CPD records could be called each year and should set out how the GPhC will determine which registrants are to be included in the sample.

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

NO

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

This question is misleading and as such, the PDA takes the view that this may limit the usefulness of many of the responses the GPhC receives to it. Taking a sample of registrants to review their CPD records is not a *new approach*. The key element of the proposed approach which is new is that the GPhC will randomly select at least 2.5% (about 1 in 40) registrants to have their records reviewed each year. We do not agree with that approach, for the following reasons:

1. The mechanism and algorithm for achieving randomness of sampling has not been explained in the consultation document. The process is therefore neither sufficiently clear nor transparent.

Paragraph 3.3 on page 111 of the GPhC Council papers from September 2016 (see reference) states "*we intend over time to enhance the sampling approach to increase the likelihood of selection based on a number of factors including time since last review. The wording of the amended paragraph allows for these future enhancements without needing further consultation.*"⁵ This is not explained in the consultation document and such an approach cannot be described as 'random'; therefore, in the view of the PDA, the GPhC cannot be said to have consulted about the above proposal. It is disappointing that it appears that respondents to this consultation would need to have come across this paragraph in the Council papers in order to be aware of the proposed changes. This does give rise to concerns about what other regulatory changes the GPhC might be planning to implement without consultation, or by stealth as a result of vague wording in its documents.

2. The way in which the GPhC will 'focus [its] attention toward' the 0.3% who find it more challenging to meet its CPD requirements has not been described. Does it intend, in the interests of public safety, to ensure that those people are provided with appropriate guidance and support to meet its requirements, or to simply call in to question those pharmacists' fitness to practice?

3. If the GPhC only calls the CPD records for 1 in 40 registrants every year, at 'random', some pharmacists may go through an entire forty-year career or more without ever having their CPD records called. How, then, would the GPhC identify registrants who were struggling to meet its CPD requirements? Many people who find it more challenging might not be identified for a long period of time.

Alternatively, since no maximum percentage of respondents whose CPD records may be called each year has been specified, all registrants' CPD entries could be called every other year for review, which may not be a proportionate approach.

4. A section of page 5 of the consultation document states, in relation to calling a smaller sample of registrants' CPD records for review and selecting those who have had difficulty meeting the GPhC's requirements: 'We have evidence from research and a pilot study in 2016 to show that this is likely to mean that pharmacy professionals will still carry out and record their CPD activities.'

- To what evidence is the GPhC referring? This has not been made clear; the evidence should have been set out transparently in the consultation document or otherwise made available.
- The details of the pilot study are not included in the consultation document. Some details can be found in paragraph 2.5 on page 110 of the GPhC Council meeting papers from September 2016.⁵ This states:
 - In preparation for a change to policy, Council initiated a pilot study of a sampling approach to calling records. The following method of registrant selection for review of records was used:
 - i. random selection of 2.5% of all eligible registrants (n = 1264)
 - ii. all eligible registrants from the last five years who had previously required a period of remediation before meeting CPD requirements (n = 432)
 - iii. all registrants who had recently been restored to the register and had not yet had their CPD records reviewed (n = 104)

There is insufficient detail about how this pilot study was conducted, but it may appear that a selection of registrants was made from those who were subject to existing CPD requirements, where registrants' records are called every five years. If, as appears to be the case, the wider group of registrants who were not part of the pilot were unaware that the pilot was taking place, conclusions cannot be drawn that the proposed changes will mean that registrants will still carry out and record their CPD activities once all registrants have been made aware of the proposed changes.

5. Text on page 8 of the consultation document states 'Our pilot study shows us the new approach is more proportionate and effective.'

- How does the GPhC justify that claim?
 - The GPhC has not stipulated as to what outcome the new approach is more effective at achieving;
 - The pilot was conducted over the course of less than one year, in 2016; it would be difficult to demonstrate that any new approach was 'more effective' than the current one, since the current one involves a five-year cycle of CPD review. This may suggest that this consultation has been conducted prematurely and based on insufficient evidence to support the proposals.
 - It may have been appropriate to wait for the outcome of the ongoing CFTP pilot to understand what insights are gained in relation to CPD recording. We note that the Council is currently conducting a survey of 63 questions of CFTP pilot participants using SurveyMonkey, but that none of the questions are mandatory and the survey can be completed multiple times by the same respondent, without any restriction by IP address to a person completing it twice. We are therefore sceptical about the quality of the data that will be available for analysis.

6. Text on page 8 of the consultation document states 'We will introduce further checks in future for all registrants to make sure CPD is recorded yearly, and consult on these proposed changes in 2017'. No further detail has been provided about how the GPhC proposes to do this, yet it is perhaps the most significant change and in the PDA's view it would have been better to consult on all of the proposed changes at the same time.

The PDA is also concerned that the GPhC's consultation in 2017 could be regarded as a sham; the above statement says that the GPhC **will** introduce these future checks, so it seems that the changes are not going to be merely proposed – they are going to be enforced, at least in some form.

7. Text on page 14 of the consultation document states 'Asking for a sample of CPD records to review each year should encourage more regular recording of CPD activities. It will allow us to introduce more yearly administrative checks over time'. The PDA does not understand how the changes proposed in this consultation, on their own, will result in more regular CPD recording. The consultation document states, on page 9, that records 'may be called less often than every 5 years' (indeed it may be less than every forty years). Many registrants may continue to record CPD only when called to submit their records, whether that is every two years or less often than every five years. The GPhC already asks 'for a sample of CPD records to review each year' under current arrangements. It might appear that under these proposals, there will be less chance of CPD records being called than at present; some registrants may not record CPD unless it is called.

The PDA also does not understand how the GPhC's ability to conduct 'more yearly administrative checks' is dependent upon its ability to ask for a sample of registrants' CPD records to review each year; it is unclear how this would *allow* the GPhC to conduct more yearly administrative checks.

8. Under the proposals, the GPhC could decide to only sample CPD records from 1 in 40 registrants each year, for some less often than every five years. In fact, if the GPhC was bound by the proposed amendments to paragraph 3.1 of the CPD framework, and not the minimum of 2.5% of registrants' records to be called each year as outlined in the consultation document, the GPhC might not actually review any CPD records in a given year. If the current CPD sampling mechanism is intended to give the public a level of confidence in the pharmacy profession and CPD, the PDA does not understand how the proposals would give that same level of confidence or better. The changes appears to set a lower standard for CPD sampling.

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

YES

Whereas at present, 20% of registrants' records may be checked each year, this sample size may drop to 2.5% under the proposals. The changes proposed may be more or less onerous for GPhC registrants; the GPhC may call a registrant's records for review less frequently than every forty years, or may call them every other year. Again, the algorithm that the GPhC wishes to use to determine this has not been explained in sufficient detail.

The PDA would like to see research conducted into the effectiveness of CPD *recording* on public safety and care. Whilst the organisation believes that activities to develop oneself professionally are essential for public safety, we would like to see the benefit (or otherwise) of recording it assessed, both in terms of the likelihood of engaging in relevant activities and ultimately the impact on the public. We are not aware of any such study having been done in pharmacy, but a study on 'The Impact of Continuing Professional Development in Dentistry' concluded that 'The literature identified a range of potential regulatory benefits of participation in CPD, but did not demonstrate any direct associations with quality of care delivered, performance, professional standards, competence, public satisfaction or safety.'⁶ The PDA acknowledges that the study was conducted on literature applicable to a range of healthcare professions, whose models of CPD may have been different to that used in pharmacy; nevertheless, the point remains that research is required to assess whether CPD *recording* is of material benefit to the public (and not just of benefit to the regulator).

The GPhC's time might be more meaningfully spent on such research or on providing better guidance to registrants on the relevant activities that they may wish to undertake or do differently in order to further develop themselves in the future.

Recommendation

No changes should be made to the GPhC's CPD requirements until the results of its pilot study (as outlined in the Council meeting paper from 8 September 2016) and continuing fitness to practice pilot study have been fully explained and published. At that point, the GPhC should conduct a more robust consultation covering all the changes it proposes to make. The GPhC must explain its proposed CPD record sampling mechanism in more detail and present robust evidence to support its assertions and proposals.

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

The organisation's comments about the proposals have been provided in response to the other questions asked.

However, the PDA also noted that paragraph 6 on page 112 of the Council's papers from the meeting on 8 September 2016 states that there is an estimated resource saving of £200,000 per year for the Council, if these proposals are accepted.⁵ It was stated that these savings are not the primary consideration, but since they may appear to be a consideration for the Council and may be relevant to how the GPhC operates as a public authority, the PDA takes the view that they should also be given for consideration as part of the public consultation.

References

1. Avoiding the Yes Bias by Dave Vannette
<https://www.qualtrics.com/blog/avoiding-the-yes-bias/>
2. Lean Analytics: Use Data to Build a Better Startup Faster by Alistair Croll, Benjamin Yoskovitz page 166
3. Preventing Chronic Disease: Public Health Research, Practice and Policy, Volume 2 No 1, January 2005: A Catalog of Biases in Questionnaires by Bernard C.K. Choi, PhD and Anita W.P. Pak, PhD
http://www.cdc.gov/PCD/issues/2005/jan/pdf/04_0050.pdf
4. Questionnaire Design: Asking Questions with a Purpose by Ellen Taylor Powell, University of Wisconsin – Extension
http://cstpr.colorado.edu/students/envs_5120/taylorpowell_QD1998.pdf
5. GPhC Council Meeting Papers 8 September 2016
www.pharmacyregulation.org/sites/default/files/gphc_council_papers_8_sep_16_-_for_website_8_sep_16.pdf
6. 'The Impact of Continuing Professional Development in Dentistry: a Literature Review', Professor K. Eaton et al, November 2011
www.fgdp.org.uk/_assets/pdf/research/final%20impact%20of%20cpd%20on%20dentistry%20november%202011.pdf

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