



## UKCPA policy on revalidation

### Background

Prior to September 2010 the Royal Pharmaceutical Society of Great Britain (RPSGB) performed both a regulatory and a professional body function for pharmacists. This was an unusual situation for a healthcare profession and was recognised as such by a government White Paper published in February 2007.<sup>1</sup> The report clearly acknowledged the inappropriateness of the dual role and set out steps to separate the two functions:

*“The RPSGB’s responsibilities towards pharmacists for professional leadership are potentially in conflict with its role as an independent regulator for the profession itself. The RPSGB itself has recognised the need for much greater clarity about its regulatory and leadership functions. As the profession takes on an increasingly clinically important and professionally demanding role in the treatment of patients, whereby pharmacists have autonomy to prescribe potent drugs, the Government believes that this dual responsibility is no longer sustainable if the public are to be reassured that there is effective independent regulation of this role. The RPSGB needs to separate its regulatory system from its system of professional and clinical leadership, allowing each distinct function to focus solely on its core role.”* (page 30).

Then followed a process of separation and in September 2010 the RPSGB shed its regulatory function to become the new professional leadership body for pharmacists in England, Scotland and Wales, known now as the Royal Pharmaceutical Society (RPS). The regulation of pharmacists is now managed by a separate body - the General Pharmaceutical Council (GPhC).

### Preparing for revalidation

All practising pharmacists in England, Scotland and Wales are required to be registered with the GPhC. The function of the GPhC is to “protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmaceutical services in England, Scotland and Wales” (GPhC, 2010 [www.pharmacyregulation.org](http://www.pharmacyregulation.org)). Their focus is firmly on patient safety.

Currently pharmacists are assessed only once in their professional career: at the point of registration. However, they are required by law to meet the GPhC standards of continuing professional development (CPD) throughout their career<sup>2</sup>. As of September 2010 these standards are that practising pharmacists should: keep a clear record of their CPD; make a minimum of nine CPD entries per year which reflect the context and scope of their practice; keep a record of CPD that complies with good practice criteria set by the GPhC; record how CPD has contributed to the quality or development of their practice using the GPhC CPD framework; and, be able to submit the CPD record at the request of the GPhC.

<sup>1</sup> Department of Health. *Trust, Assurance and Safety – The regulation of health professionals in the 21<sup>st</sup> century*. February 2007. The Stationary Office, London.

<sup>2</sup> General Pharmaceutical Council. *Standards for Continuing Professional Development*. September 2010.

However, in the same White Paper which demanded the separation of the professional body and regulatory functions of the RPSGB, the government outlined new proposals to ensure that all the statutorily regulated health professions have in place arrangements for the “revalidation” of their professional registration.

Revalidation is a process through which pharmacists can periodically demonstrate their continued competence and fitness to practise. Following the proposals set out in the White Paper in 2007, all the regulated health professions are now developing proposals to do this for their registrants.

In November 2008, the Department of Health published a report establishing twelve principles for any revalidation model, based on transparency, accountability, consistency, and that revalidation should be proportionate and targeted.<sup>3</sup>

In February 2009 a report was submitted to the Department of Health from the expert advisory group set up by the regulator arm of the RPSGB to develop proposals for revalidation in pharmacy. The report set out 10 principles against which the success of a future revalidation process can be established: the process should be effective and cost-effective, be standards-based, be proportional, be evidence-based, be quality-assured, involve stakeholders, be equal and diverse, be remedial, be consistent across Great Britain, and be implemented incrementally.

The GPhC’s Vision and Strategy document<sup>4</sup> promises to develop an effective system of revalidation. The GPhC has initiated several pieces of work including an appraisal of several different approaches to revalidation and has invited comments from the pharmacy profession.

### **The UKCPA perspective on revalidation**

1. UKCPA accepts that minimum standards of competency exist, but believes that revalidation should exceed these, and should be linked to higher aspirations of professional development.
2. UKCPA advocates for a seamless attachment of the revalidation process to practitioner development, continued learning and useful CPD processes.
3. As such, the focus of revalidation should be relevant to a practitioner’s area of practice, as well as include generic competencies and knowledge facing pharmacists working in all sectors.
4. The revalidation process should be credible. The process should be informed by practitioner expertise from special interest groups. It should involve expert and trained assessors who use standardised tools.
5. UKCPA is in a position to provide the expertise to ensure that revalidation is a credible and effective process.

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<sup>3</sup> Department of Health. *Principles for Revalidation – Report of the working group for non-medical revalidation*. November 2008.

<sup>4</sup> <http://www.pharmacyregulation.org/pdfs/generalinfo/gphcvisionandstrategy.pdf>