



Revalidation for Pharmacists in Northern Ireland: A Draft Model

Report to the Department for Health

February 2009

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There are three proposed components of the PSNI's Revalidation Proposals

CPD is likely to have significant weighting within a revalidation exercise, particularly as the Pharmaceutical Society of Northern Ireland's system for sampling, assessing and providing feedback on CPD portfolios is considerably advanced.

Self-Certification could be considered whereby the registrant completes a self-certification document. This would be a personal assessment of their current level of performance against criteria/standards depending on their sphere of practice. Where more than one sphere of practice is involved, the onus would be on the practitioner to complete the necessary self-certification documents. This would build flexibility into the system to deal with the many different practice situations pharmacists might be involved in throughout their careers.

A **Review Mechanism** could be considered on a targeted and/or sample basis. This could involve a peer review exercise but requires research to enable a decision to be made on its feasibility. It is important to note that the system adopted will require sufficient rigour.

“The purpose of revalidation is to ensure that health professionals remain up to date and continue to demonstrate that they continue to meet the requirements of their professional regulator”

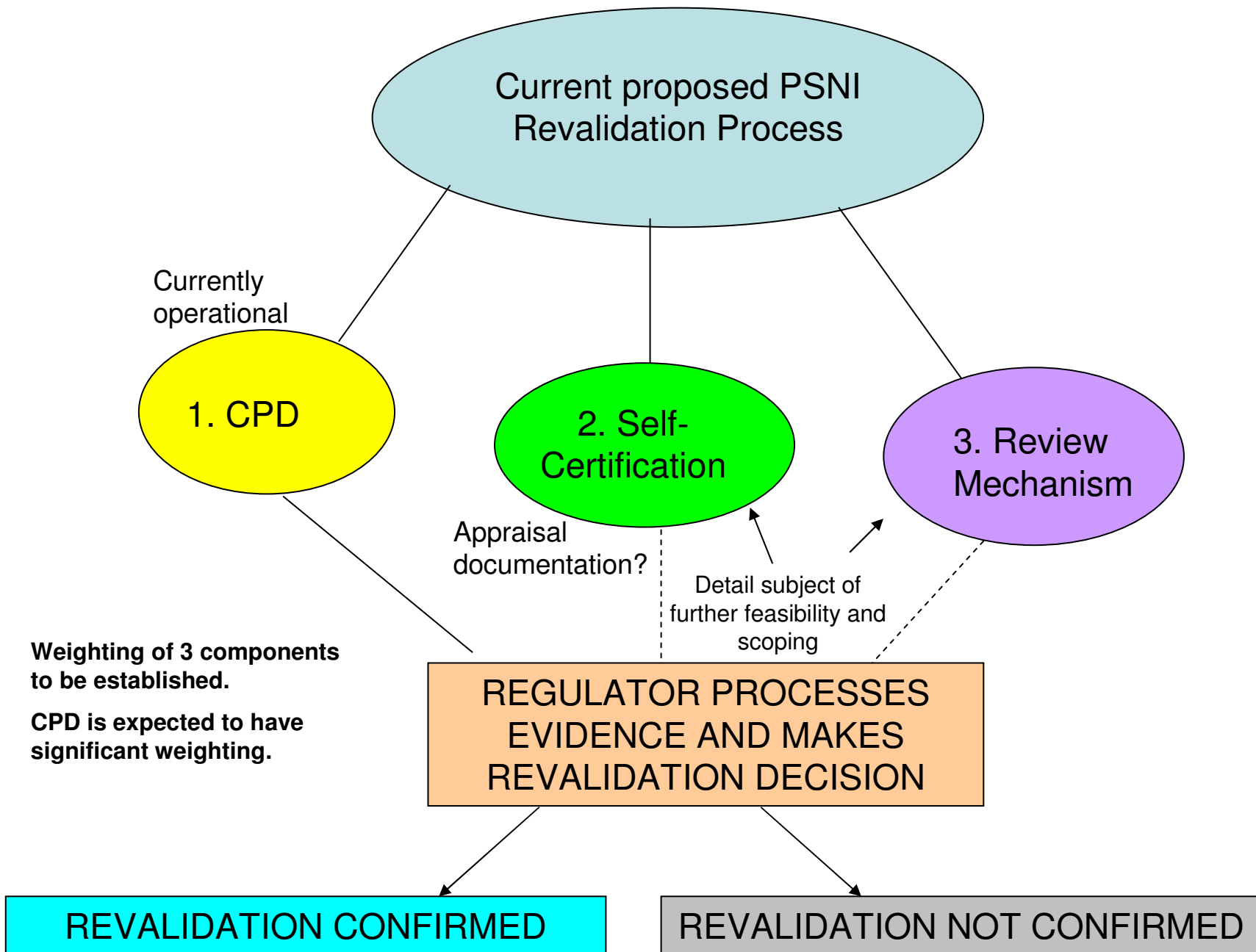
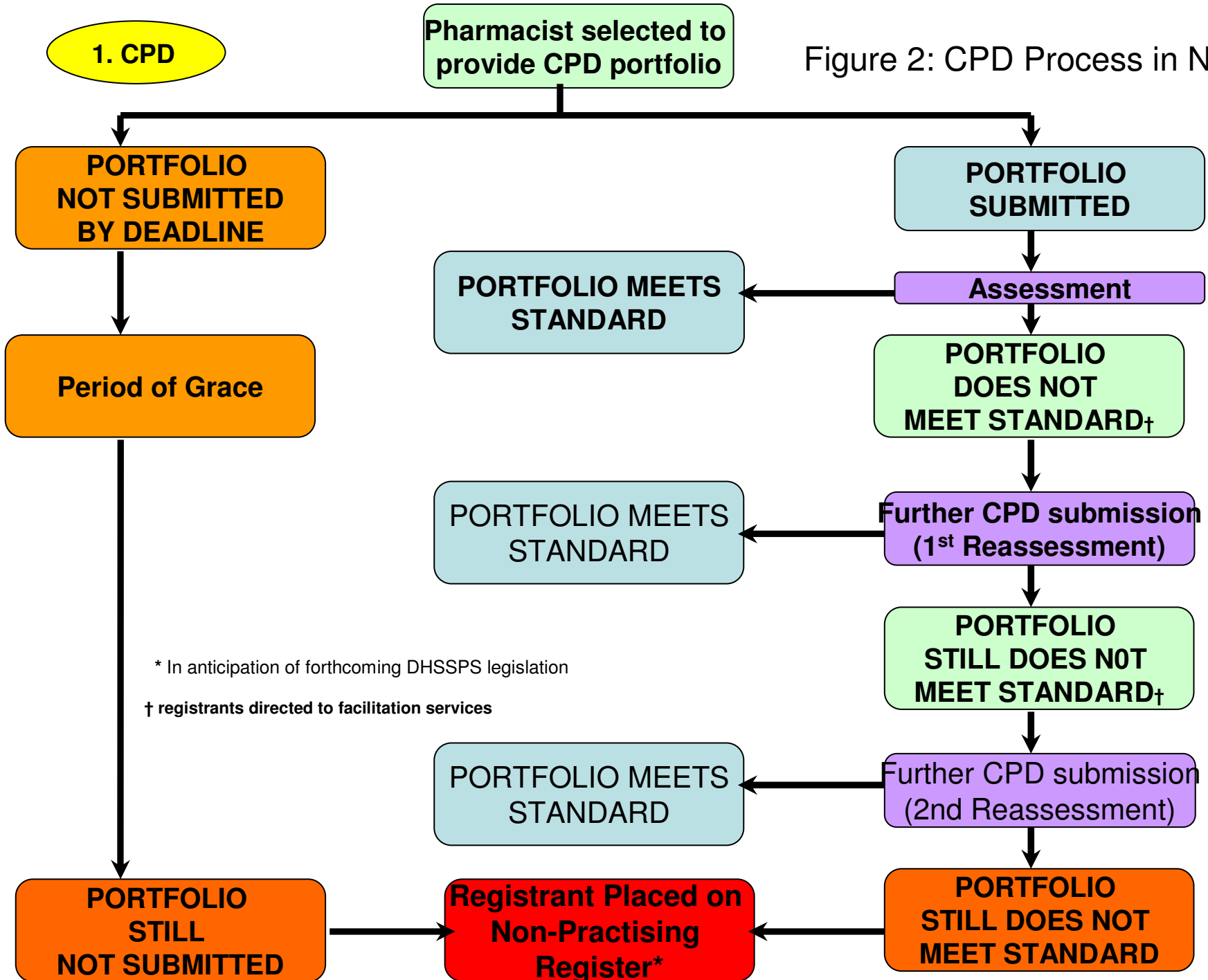


Figure 1: Visual Representation of PSNI proposed revalidation model

Figure 2: CPD Process in NI



CPD record keeping

Registrant's CPD portfolios may reach the required standard or fail to reach the required standard. Further detail in table below.

1. CPD

Assessment	Outcome and action
1. $\geq 70\%$ of cycles acceptable	Acceptable portfolio. No further action. General automatic feedback report supplied.
2. 55-69% of cycles acceptable	Automatic feedback report supplied with additional feedback. No further action.
3. 40-54% of cycles acceptable	Automatic feedback report supplied with additional feedback. Portfolio may be reviewed next year.
4. $< 40\%$ of cycles acceptable	Portfolio requires further development. Automatic feedback report supplied with additional feedback. Remediation and review after 3 months. A reassessment portfolio comprising 3 new CPD cycles will be submitted for review after 3 months.
5. No portfolio provided	After a period of grace situation referred to the Education Committee who will advise Registrar and the situation will be reviewed.

Table 1: CPD Assessment Outcomes

Scheduled Learning Evaluation Criteria

Reflection

1. Did the pharmacist identify what they wanted to learn? (Was it specific?)
2. Did the pharmacist describe why they wanted to learn about this?

Planning

3. Did the pharmacist describe the activity/activities that they planned to undertake to meet these need(s)?
4. Did the pharmacist indicate when they planned to complete these by?

Action

5. Did the pharmacist provide a description of the learning activity/activities they completed to meet the learning need(s)?
6. Did the pharmacist include a brief summary of what they learnt?

Evaluation

7. Did the pharmacist indicate whether or not they had met their learning need(s)?
8. Has the pharmacist indicated how they have applied/used their learning?
9. Is it evident from the cycle that the original learning need(s) have been addressed?

Unscheduled Learning Evaluation Criteria

Action

1. Did the pharmacist include a brief summary of the unscheduled learning activity?

Evaluation

2. Has the pharmacist indicated how they have applied/used their learning

CPD assessment

1. CPD

CPD is audited through a sample of 20% of the register every year

Evaluation criteria for the regulator's CPD is designed to be applied regardless of a pharmacist's occupational field, concentrating instead on assessing the registrant's reflection, planning, action and evaluation of their learning.

The process and evaluation criteria therefore place an onus upon the individual registrant to identify the type of CPD to be conducted, relevant to the registrant's occupational setting (as stated in the regulator's Code of Ethics).

Additionally, pharmacists in specialist areas, such as pharmacist prescribers, are actively encouraged through the regulator's guidance to maintain CPD relative to their field of competence.

The minimum amount of CPD to be completed by registrants is 30 hours. The regulator considers this to be consistent with the protection of patient safety, public interest and good practice. The process has flexibility in the type of CPD to be completed, but rigour in the minimum amount of CPD.

CPD reassessment

CPD reassessment process applies to registrants failing to meet the standard required by the regulator i.e. less than 40% of cycles submitted meet the evaluation criteria.

Rules associated with reassessment process are established and in practice currently.



2. Self-Certification

Self-certification documentation

We could consider a mechanism whereby the registrant completes a self-certification document (supplied by the PSNI).

The registrant completes a personal assessment of their current level of performance against criteria/standards depending on their sphere of practice.

Self-certification should be conducted annually and confirmed to the regulator by means of a declaration on the retention form.

Completed self-certification forms would form part of a portfolio of evidence in addition to evidence retained as part of CPD.

Where individuals engage in more than one sphere as part of their routine practice, the onus would be on the registrant to complete the necessary self-certification forms for both spheres of practice.

Risk/Patient Safety component

Some consideration to be given to the level of risk posed by individual areas of practice in devising the criteria/standards. This needs to be subject to further research.

Personal Development Plan and link to CPD

From the self-assessment form, it would be anticipated that areas identified as requiring development would warrant an action on the registrant's personal development plan (PDP) – which would naturally feed into their CPD requirements.

Envisaged Legislative requirement

The regulator is conscious of the need for legislative change to make a registrant's self-certification of meeting the contemporary standard for revalidation a statutory requirement*.

** Contemporary standard – the standard that demonstrates that a practitioner is up to date in their speciality in order to be fit to practise within a contemporary healthcare setting. This is the fundamental standard necessary for public protection. (Non-Medical Revalidation Working Group, November 2008)*

3. Review Mechanism

Review Mechanism

The regulator envisages a review mechanism whereby a sample of registrants could be requested to undertake a “review” (in the year in which their revalidation decision is to be made).

Further research is required into how peer review could be incorporated into such a review mechanism.

Peer Review and Fitness to Practise

The regulator also envisages the potential to invoke a review mechanism where concerns or other Fitness to Practise issues are brought to its attention.

The Pharmaceutical Society of Northern Ireland reserves the right to alter the proposed model in light of research findings.

Registrant Perspective of Revalidation

In a 5 year period every registrant's CPD portfolio will be assessed at least once. Where a CPD portfolio fails to meet the CPD standard set by the regulator the registrant enters a reassessment process.

The frequency of the regulator's review of registrant's self-certification documentation is to be decided subject to further research.

The regulator envisages a review being conducted on a sample basis which may affect a registrant within a 5 year revalidation cycle.

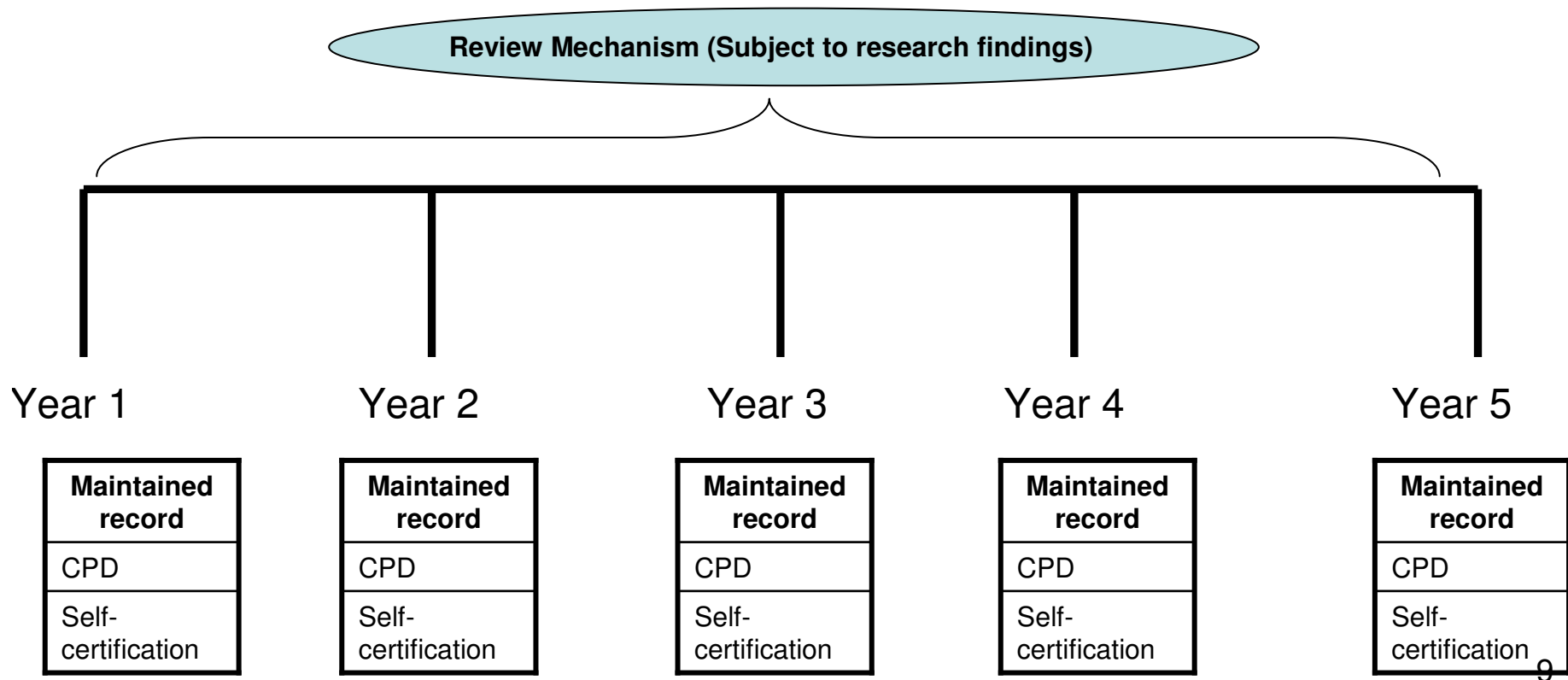


Figure 3: Annual activity by registrants to meet revalidation requirement