



Dr Deirdre McAree, PSNI lead on revalidation, provides an update on the latest moves to introduce a revalidation requirement for all non-medical health professions.

The White Paper "Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century" (Feb 2007), set out the government's aim to ensure all statutorily regulated health professions have revalidation arrangements in place for their registrants through which they can periodically demonstrate their continued Fitness to Practise.

Following this, the Non-Medical Revalidation Working Group (NMRWG), was established, comprising members from all of the UK healthcare regulatory bodies and of which I have been a member since July 2008. The work of the group resulted in the publication of "Principles for Revalidation: Report of the working group for non-medical revalidation" in November 2008 (See Table 1).

This defined a common purpose of revalidation: "to ensure that health professionals remain up to date and continue to demonstrate that they continue to meet the requirements of their professional regulator."

Early scoping of revalidation model for Northern Ireland Pharmacists

Subsequent to the report of the NMRWG, the Department of Health in London requested all regulators provide an update of their views on how revalidation might operate for each of their respective professions.

Informed by participation in the Royal Pharmaceutical Society of Great Britain's Revalidation Advisory Group (RAG) as well as local circumstance in Northern Ireland, an initial scoping was conducted of what a revalidation

model for pharmacists in Northern Ireland could look like. This was approved at the February meeting of the Council of the Pharmaceutical Society of Northern Ireland and submitted to the Department.

The model included 3 broad themes:

1. CPD
2. Self-certification; and
3. A review mechanism

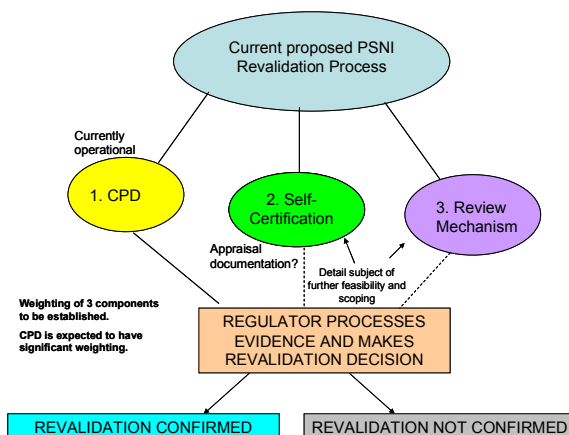


Figure 1: Visual Representation of PSNI proposed revalidation model

1. CPD

This 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.

2. Self-Certification

This would be a personal assessment of a pharmacist's current level of performance against criteria/standards depending on their sphere of practice.

3. A review mechanism

This 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 how feasible this would be. The system adopted will require sufficient rigour.

Next Steps

It should be noted that work on revalidation is at an initial stage. Further extensive research and consultation to refine proposals will be conducted. Accordingly, if you would like to contribute to the ongoing project work on pharmacy revalidation in Northern Ireland or otherwise share your views do not hesitate to contact me at deirdre.mcaree@psni.org.uk

Principle	Theme	Summary
1	Consistency	Models should be consistent with the Better Regulation Executive's five principles of good regulation.
2	Professional Standards	The regulatory body for each profession should set out the contemporary professional standards, which registrants will have to meet in order to maintain registration.
3	Remediation	Where revalidation processes highlight performance concerns there should be scope for remediation of the professional but measures to secure public safety must remain paramount.
4	Patient and Public Involvement	A successful revalidation process must have the confidence of the public that it is appropriate, relevant and fit for purpose.
5	Continuing Professional Development	This is the process by which individual registrants keep themselves up to date in order to maintain the highest standards of professional practice.
6	Quality Assurance	Quality assurance mechanisms must be built into the revalidation processes.
7	Equality	Equality and Diversity considerations must be evident in the development of systems and processes for revalidation.
8	Integration	Clinical governance frameworks yield information on professional's performance and practice. Where appropriate, effective connections need to be made between them and the system of revalidation.
9	UK-wide	Revalidation arrangements should be consistent in outcome across the United Kingdom.
10	Demonstrating Benefits	The structures and processes of revalidation should be effective in confirming fitness to practise.
11	Information	The nature of the information required by each regulatory body will be based on their risk profiling of the registrant groups.
12	Incremental Introduction	The introduction of revalidation should be incremental.

Table 1: 12 agreed principles of non-medical revalidation (November 2008)

Continuing Professional Development News

Formation of General Pharmaceutical Council Progresses

A quick round up of CPD developments

1. CPD and Public Safety

An important objective of CPD for all health professionals is to ensure public protection through a workforce that constantly updates its skills and knowledge in light of developments in practice. Hence the Pharmaceutical Society of Northern Ireland requests pharmacists consider how their learning contributes to patient safety. Plans are progressing to enable pharmacists in Northern Ireland to assign each of their CPD records in future to particular categories, including patient safety. This will enable a clearer picture to be gained of the extent to which pharmacists are focusing on patient safety in terms of their CPD. Further information about this will be publicised in the coming months.

2. CPD and Maternity Leave

CPD requirements do not apply to you if you are on maternity leave. However you must write to us to advise of the dates of your maternity leave and when you plan to return to work. If you have a gap of longer than two years, you must submit a Personal Development Plan showing how you will meet your CPD requirements before returning to practice. If you are on maternity leave and undertake work as a pharmacist (e.g. one day's locum or a "keeping in touch day") you will be deemed to be practising and would therefore not be exempt from your obligation to complete your 30 hours of CPD. For further information please contact Dr. Deirdre McAree, Post-registration Facilitator (deirdre.mcaree@psni.org.uk).

3. Change of Circumstances

Please do keep us informed of changes in circumstance (e.g. address, practice). Occasionally there are registrants with very similar names so please also use your registration number in all correspondence.

The Department of Health in London recently closed its consultation on the legislation which will form the General Pharmaceutical Council for Great Britain. The GPhC, as it will be known, will take on all the regulatory functions of the Royal Pharmaceutical Society of Great Britain .

The consultation was a prelude to a "Section 60" legislative order being laid before the Westminster and Scottish Parliaments. As the legislation encompasses the regulation of pharmacy technicians (a "new" regulated profession) Members of the Scottish Parliament must signal their consent for the legislation to take effect over what is an area of their competence under the Scotland Act 1998.

The legislative order will also create new regulatory powers in pharmacy in Great Britain, including: powers to set standards for pharmacies, pharmacy owners and superintendent pharmacists; powers to request periodic declarations and self assessments; and, a range of new sanctions and enforcement tools, including 'improvement notices',

finances, prosecution, conditional registration and temporary suspension of registration.

As the proposed legislation will not have effect in Northern Ireland the Pharmaceutical Society of Northern Ireland submitted only a short response to the consultation. Our comments were restricted to expressing the desire for continued close working relationships between the new body and the PSNI in relation to common UK wide standards in pharmacy. The response also recommended that any similar change to how pharmacies and pharmacists are regulated in Northern Ireland should be conducted in a manner similar to that in Scotland.

As with the Scottish Parliament, the approval of the Northern Ireland Assembly should be sought about major changes in regulation for *any* health profession. Professional regulation in health is *fully* devolved under the Northern Ireland Act 1998.

It is envisaged that the GPhC will be operational from early 2010, initially in shadow form.



Scottish MSPs can veto Westminster pharmacy regulation that they judge inappropriate for Scotland. The Pharmaceutical Society of Northern Ireland consider that Stormont MLAs should have the same entitlement, in keeping with Northern Ireland's devolved competency over health professional regulation.

Answers to the Registration Exam Practice Questions:

1 AT, BT,CF,DT

2 AT,BT,CT,DF

3 AF,BF,CT,DF

4 AF,BT,CT,DT