

The Reasons for Change

The Pharmacy Council's desire to be a good regulator means it is committed to the principles of right-touch regulation. This commitment causes us to apply regulation in a way that is proportionate and targeted. We are focused on activities that give us assurance of the competence of pharmacist in their roles, while ensuring those activities are not unduly onerous and are effective where risk of patient harm is greatest.

Role of the Pharmacy Council

The Pharmacy Council, under the Health Practitioner Competence Assurance Act 2003, uses recertification to provide assurance that pharmacists are staying competent through their careers for the purpose of maintaining the health and safety of the people who use their services. In striving to be an effective regulator the Council must ensure that its actions are effective as far as is reasonable and achievable. By regularly reviewing its recertification framework and processes Council looks for ways to achieve greater assurance of competence through more effective mechanisms or revised recertification requirements.

Changing views and greater effectiveness - recertification framework

From April 2013, Council's recertification framework required pharmacists to participate in learning to maintain their competence. Pharmacists are supported in their engagement with learning and activities are recorded in an online platform.

The Council Framework focuses on learning made meaningful by demonstrable change to a pharmacist's practice. The Framework is described in terms of group levels 1-3, moving from exposure to knowledge, through assessment of knowledge to evidence of new knowledge resulting in changed practice. In 2016 a cultural competence requirement was added. Compliance with requirements for the purpose of recertification is demonstrated through accrual of points to a total of 20 per year and 70 over three years. Points totals are further defined in terms of maximums or minimums for each type.

An analysis of the patterns of use and completion of online records since 2013 appear to prioritise points' accrual rather than a coherent approach to individual competence enhancement. This has caused Council to question the effectiveness of its recertification requirements.

In February 2018, Council reviewed contemporary practice to determine the best way to be assured of ongoing competence of pharmacists. Part of the consideration included information about regulators that had recently renewed or were thinking about renewing their requirements, Medical Council of New Zealand, Dental Council of New Zealand and the Canadian Ontario regulator, and how they had interpreted literature on the subject in the context of the professions they regulated. Other regulators agreed that learning on its own is not a reliable indicator of, or proxy for, competence in practice. They were tailoring their requirements more explicitly towards competence in everyday practice and were looking at ways to be more effective in attaining assurance. We also accessed some of the available literature and we acknowledge in particular the contents of the [Dental Council's literature review](#) and other papers such as Integrating Performance Assessment, Maintenance of Competence and Continuing Professional Development of Community Pharmacists by Winslade et al, 2007.

In June 2019, Council finalised its approach for development of a new recertification framework, based on information that compared and assessed options, and considered the elements of assurance. This comparison referenced pharmacy recertification (revalidation) requirements in Australia, UK, Ireland and Ontario as well as New Zealand Medical Council,

Dental Council and Nursing Council. As well as already-mentioned literature, it referenced pharmacy-relevant papers that included “Professional Quality Assurance and Competence Assessment, written by Young, Gregory and Austin in 2016, and others by Kane 1991, Eva and Regehr 2005, Schindel et al 2018, and Austin et al 2005.

Actions considered important to assurance were also considered: verification, evaluation, attestation and audit. Council recognised, too, that recertification requirements have a role in assisting pharmacists to prepare for future practice.

Elements common to other regulators’ recertification requirements were identified and analysed to determine how well they assured competence, the actions required for compliance and how the activities might be verified.

Council used the information from comparisons and analyses to agree a set of guiding principles and a starting framework for new requirements, and a development phase was initiated. The New Zealand context of pharmacy practice was held central in the development process, together with a desire to implement a high-trust framework that was effective, reasonable and achievable for pharmacists in all roles.

A strong case for change from the existing requirements was made after consideration of contemporary thinking about what influences competence, the principles of good regulation and the elements of assurance.

Support of the framework

As a consequence of the changes in the requirements, it is helpful to understand how the requirements are supported. The diagram shows the three parts to supporting a recertification framework: (1) the technology platform for recording activities, (2) guidance and (3) support for meeting the requirements. Some comments Council has previously received as part of fee consultations support a need to ensure effectiveness and efficiency of all its functions. Council has commenced a formal procurement process for a technology platform to support the new framework to provide confidence that requirements are delivered as effectively and efficiently as possible.

