



# Revalidation framework

January 2018

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# Introduction

The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales.

The trust people have in pharmacy professionals is strong. It is based mostly on the knowledge, attitudes and behaviours of individual pharmacists and pharmacy technicians and the relationships they have with the people using their services. But part of that trust comes from the expectations that people have on how the professions work with us to provide assurances that pharmacy is safe and effective.

Revalidation for pharmacy professionals is one of the ways that we work with pharmacy professionals to provide assurance that the trust in pharmacy professionals is well placed. It builds upon what pharmacy professionals do – as part of their work and development – to make sure they remain fit to practise through using, maintaining and developing their professional knowledge, attitudes and behaviours.

Revalidation is a term that health and social care professionals and their employers know well from the models that have been put in place for doctors, nurses and midwives. The pharmacy professions are distinct from other professions and from one another so the framework for pharmacy professionals is similar in name,

but is fundamentally different in design so that it suits pharmacy.

For a long time pharmacy professionals have provided assurance of their ability to keep their knowledge and skills up to date by carrying out and recording learning and development activities. But in the evolving world of health and social care, patients and the public would like to have further assurance that pharmacy professionals remain safe and effective after their initial registration. The framework encourages pharmacy professionals to reflect on their learning and practice, and it focuses on the outcomes for the people using the services of pharmacy professionals to provide that assurance.



## About the language in this document

Throughout this document, 'we' and 'our' mean the GPhC and 'you' and 'your' mean pharmacists and pharmacy technicians.

'Reflective practice' is a term with many definitions. For revalidation we have chosen to use this definition: 'the critical evaluation of practice and learning to find ways to benefit further the people using your services'.

Pharmacy professionals work in many different places and provide their services to a variety of people (not just people who might be defined as patients). Therefore, we have chosen to use the words 'people using your services' to mean any person receiving services from a pharmacist or pharmacy technician. The term is relevant to all pharmacy professionals, whether they directly interact with patients or not. The term includes, but is not limited to:

- patients
- the family and carers of patients
- health and care professional colleagues
- non-health and care professional colleagues
- students
- trainees, and
- organisations

## About the revalidation framework

The revalidation framework describes how pharmacy professionals, working with the GPhC, provide further assurance to the public that their trust in pharmacy professionals is well placed.

One of our standards for pharmacy professionals says that you must maintain, develop and use your professional knowledge and skills. The revalidation framework is one of the tools we use to demonstrate to members of the public that this standard is met by you and other pharmacy professionals.

The revalidation framework sets out our expectations of what you must do each year:

- making your records – recorded CPD, a peer discussion and a written reflective account
- submitting records to us and what happens when they are not or cannot be submitted

It also covers what we will do, including:

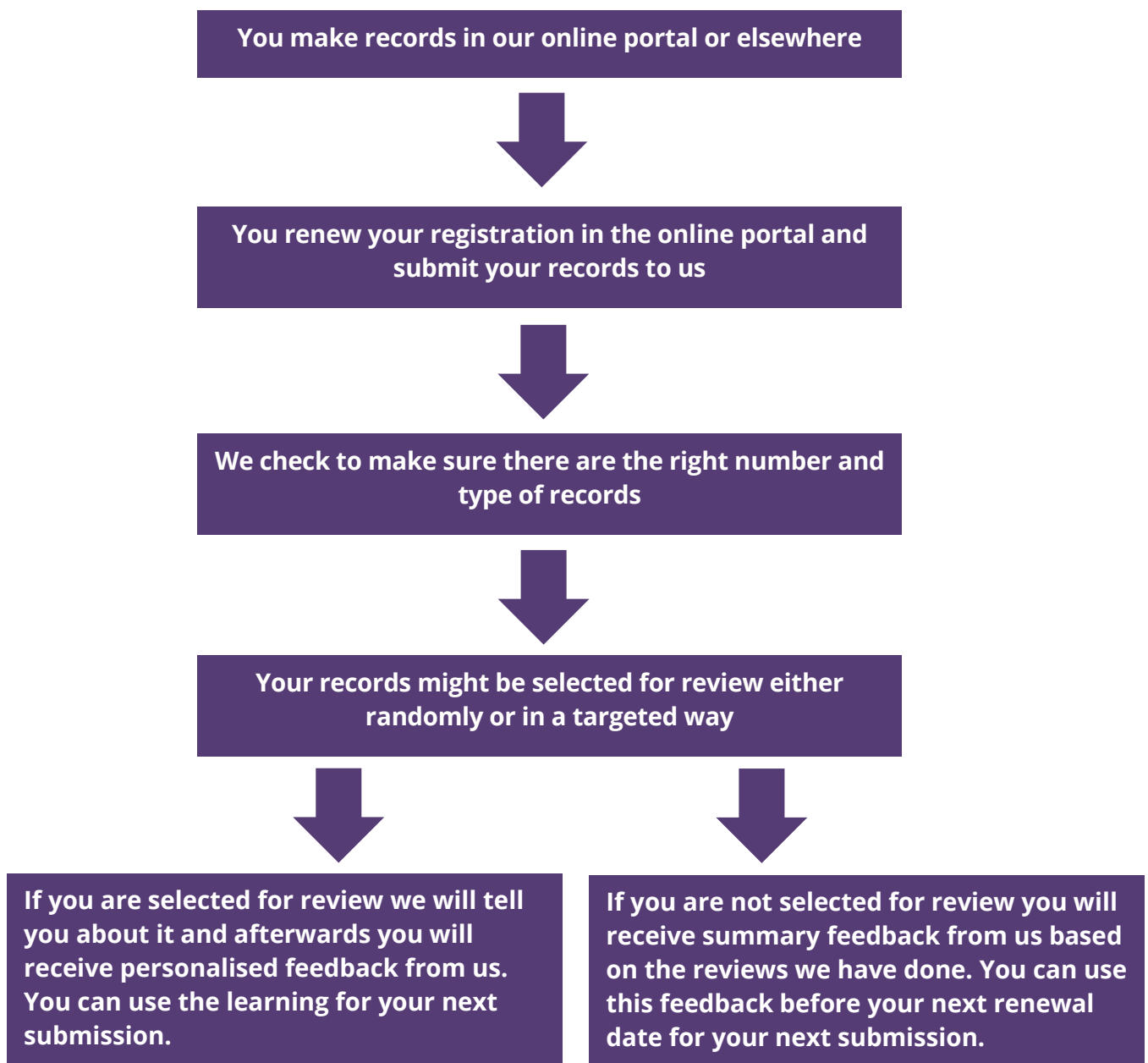
- selecting records for review
- reviewing records and giving you feedback
- following up when it seems our review criteria are not met

Please see the annex for information about how the language and requirements in this document relate to our governing legislation, the Pharmacy Order 2010.

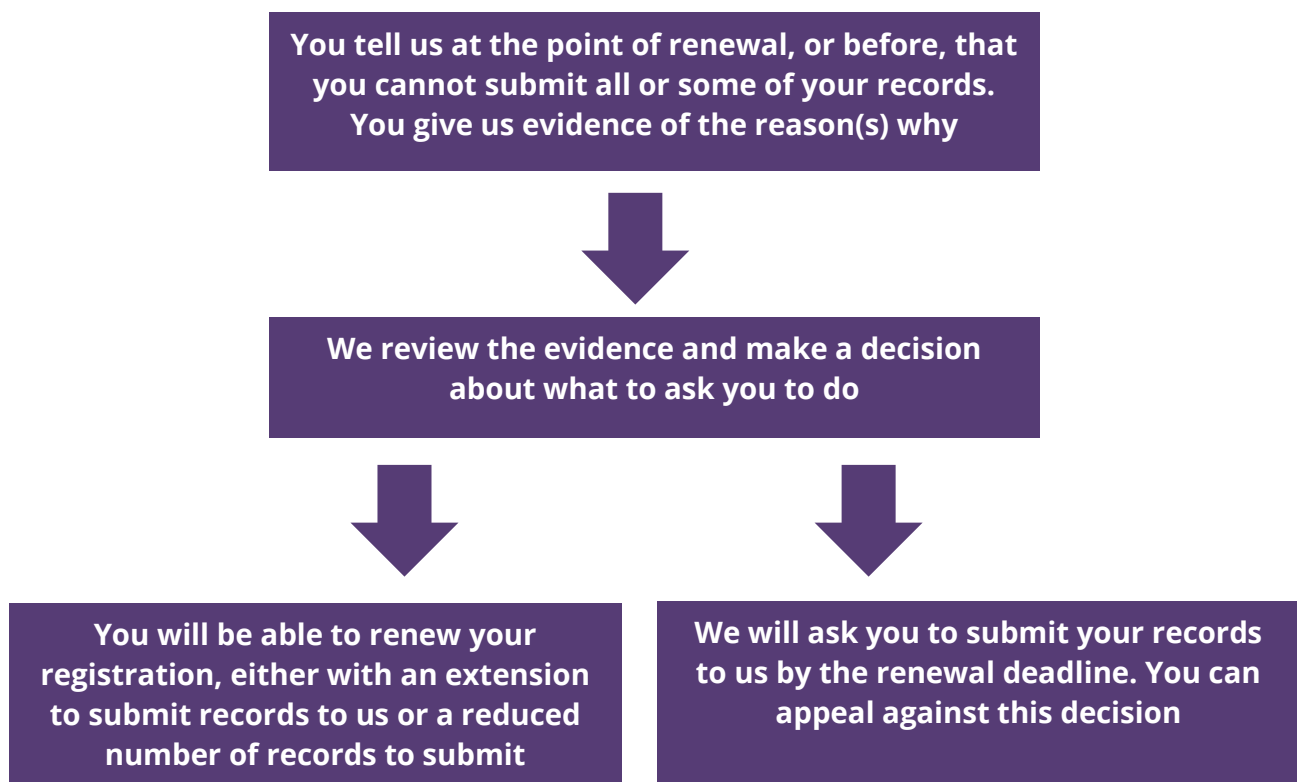
# The process explained

## 1. Overview

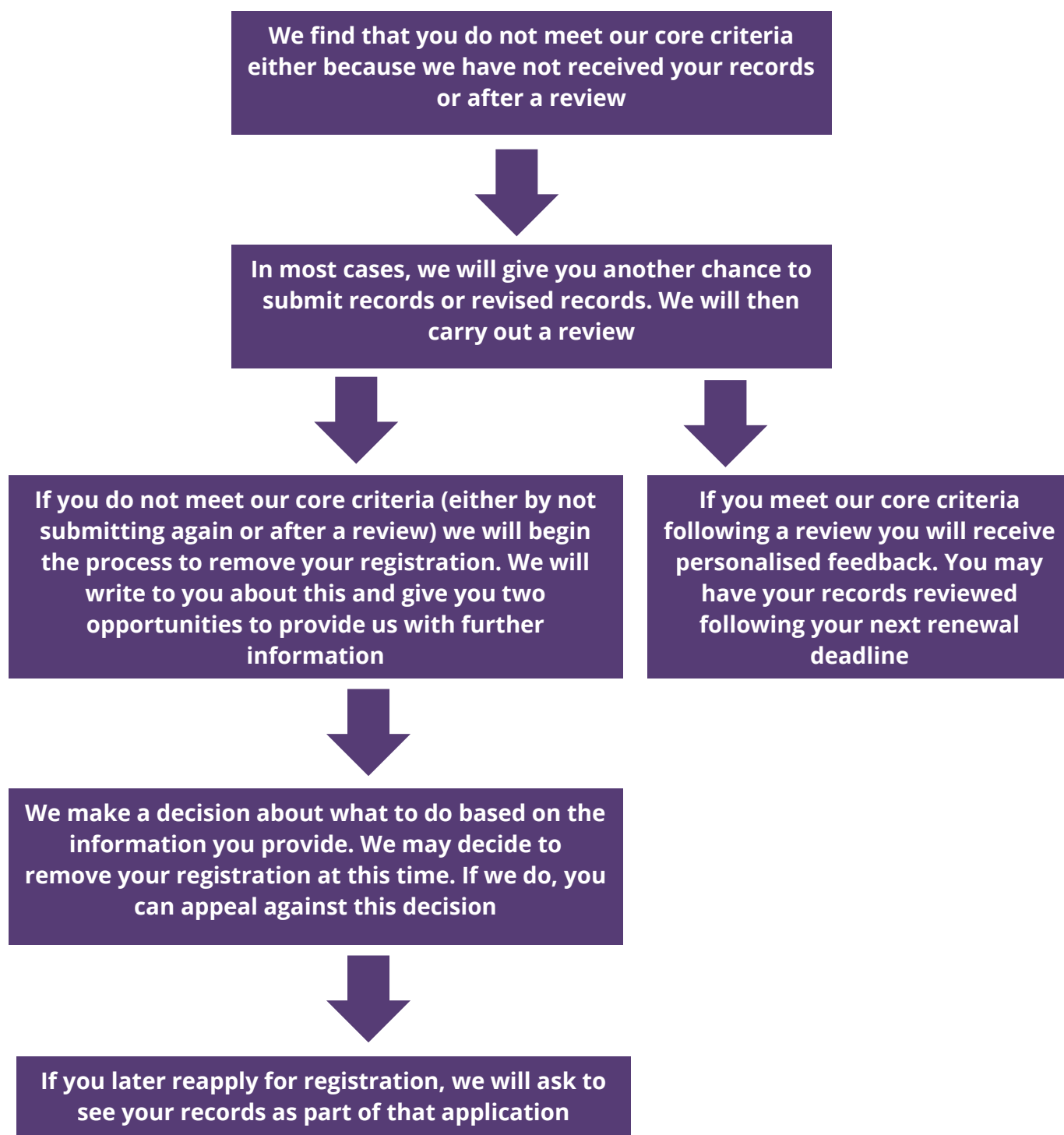
How you make records and submit them to us



## How you tell us if you want to renew but can't submit all the records we require



## What happens if we do not receive your records or you do not meet our core criteria







## 2. Recording

This section of the framework describes what you must do and record each year that you are registered as a pharmacy professional.

### Find information about:

- **what we expect you to do**
- **how to record what you do**
- **CPD**
- **peer discussion**
- **the reflective account**

You can find out more about the structure of records and supporting guidance in Appendix 1.

We have also produced example entries to help you understand what good records look like. We have also produced an example of the common ways that people might not meet the expectations for recording, so these mistakes can be avoided. We have provided these as a separate document and on our website.

### What we expect you to do

Each year, and by the time you renew your registration, we expect you to:

- carry out, record and submit four CPD entries, at least two of which must be planned learning activities
- carry out, record and submit one peer discussion

- carry out, record and submit one reflective account

### How to record what you do

You will find much more detail below about how to carry out and record CPD, a peer discussion and a reflective account. However, there are some things common to all types of record:

- Before submission you can keep records in our online portal, but you might want to keep your records somewhere else (in written notes or another online portfolio for example).
- At the point of submission, your records are expected to be in our online portal. You may therefore need to transfer your records to us before your registration renewal deadline.
- We do not usually accept paper submissions. If you have circumstances which prevent you from using our online portal please contact us.
- Your records must be relevant to the safe and effective practice of pharmacy and should relate to the context of your practice, including any specialisms.
- Your entries should demonstrate our review criteria (see section 4, *Review and feedback*). The guidance we have produced reflects these criteria so you will find it helpful to refer to that as well.
- Your entries should relate to activities that you have completed, with examples of the benefit you think they have had for the people using your services.

- Your records should be your own.
- You should respect patient confidentiality.

## CPD

Research shows that a simple approach to CPD recording encourages reflective practice. We want you to complete four CPD entries a year, of which at least two must be planned.

There are two types of learning that you can record in your CPD entries:

- **Planned learning** – when you decide to develop your knowledge and/or skills in advance of carrying out the learning activity.
- **Unplanned learning** – when an event happens that causes an unscheduled learning activity without prior thought or planning, for example through reading a journal or talking to a colleague.

There are two types of learning because it is important that some learning each year is planned. Members of the public have told us that they agree with this because it gives them assurance that pharmacy professionals are keeping themselves up to date. But we also recognise some of the most beneficial learning is prompted by your practice and not planned.

Each of these types of learning can lead to the other. A planned learning activity might lead to an unplanned one or the other way round.

You should continue to carry out as much CPD as is necessary for you to be able to practise safely and effectively. But we only want you to submit entries that have relevance to the people using your services.

We ask that you give a real example of how the learning has benefited the people using your services. We want to hear about the benefits for the people using your services (while respecting patient confidentiality) using real rather than hypothetical examples. In some cases, recording may involve more than one stage: you may start an entry and then return to it later after the learning has been applied.


Across your four entries you should try to learn using a variety of methods. We want to see the relevance and breadth of your learning and development activities, and the methods you use should be varied depending on what you are learning.

Your learning should also reflect the context of your practice. If you have multiple roles or specialisations, you should use your four entries to reflect that breadth.

## Peer discussion

Peer discussion is a learning and development activity that encourages you to engage with others in your reflection on learning and practice. Research shows that having another person's view can help pharmacy professionals to reflect on their practice and can reduce the potential for professional isolation.

To be most effective, these discussions should be designed to aid your development, open and honest and with someone who you trust and respect. Peer discussions can take place in any format: face to face, over the phone, via web chat, via a video call or any other means of real-time communication that is effective for you.



For your peer discussion to be effective you need to consider the following things:

- deciding on an appropriate peer or peers
- sharing relevant information to guide the discussion
- having the discussion and responding to it in a reflective way

There are different types of peer discussion and only you will be able to decide which type would be most effective for you. Some types of peer we have seen to be effective in prompting discussion are:

- a trusted colleague
- a line manager (with their staff member, or the other way round)
- another health and social care professional
- a group of peers
- a mentor or coach

For many of you, the most effective peer relationship would be with another pharmacy professional. However, for some of you, it may be appropriate to consider a peer from another health and social care profession, or possibly someone who is not a health and social care professional but has insight into the kind of work you do. And we also believe that seeking out someone from another background may be beneficial in bringing new perspectives on your work.

For example, some pharmacy leaders may consider seeking out someone in another leadership role who is not a pharmacist. And someone with links to other health and social care professionals might want to have their peer discussion with a nurse who understands their

role. There may be rare occasions when you choose to have a discussion with an ‘expert patient’<sup>1</sup> with a long-term condition. You may also have different peers at different stages of your career.

Your peer should be someone who understands aspects of the work you do and someone that you respect and can trust. This might mean it is:

- an individual you work with
- a group of people with a similar roles to you
- someone with the same or similar professional background, or
- a colleague from a multidisciplinary team

The relative status of the peer does not matter in terms of prompting discussion and you may choose a peer who has a different level of authority to you.

You are free to select your own peer. You must not have a peer allocated to you by someone else unless you are comfortable with the selection. We will ask you to make a declaration when you renew your registration with us to make sure that you selected your peer. For example, an employer cannot force you to have a particular peer if you do not want to. Neither can an employer require your peer discussion to be a part of your appraisal. And you can look for a peer in a number of different places, such as your professional body, if you do not want one based in the place you work.

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<sup>1</sup> The term ‘expert patient’ usually means patients – especially those with long-term conditions – who, working with relevant health and social care professionals, choose and are able to take more control of their treatment plan.

Choosing a peer is important and you should think about perceptions in terms of independence and objectivity. You must not choose anyone as a peer with whom you have too close a relationship, such as a family member or very close friend. We will ask you to make a declaration when you renew your registration to make sure that there is no conflict of interest in your peer selection.

You might find your peer(s) through:

- your employer
- an education and training provider
- a professional body or association
- local or national networks

Before your peer discussion you should consider sharing information to make sure the conversation is effective. You should consider discussing your CPD activities and your reflective account (especially if you have yet to decide what they might be). You might also want to discuss other pieces of information about your practice, such as:

- quality improvement activity
- critical incidents
- significant events
- review of complaints and compliments
- feedback you receive from the people using your services
- performance and development reviews
- the standards for pharmacy professionals

The discussion should aim to influence your development positively, rather than for your peer to make an assessment of you. You do not have to send us information on the subjects

discussed. The discussion is intended to aid your reflection, so your peer may ask you questions about you and your practice to help draw out reflections you might not have reached on your own. The discussion may take place face to face, by phone or using some other real-time electronic medium.

We know some peer discussions happen spontaneously rather than being pre-planned, and work well. However, these are generally less effective as a reflective exercise because preparation – including thinking about the discussion in advance – will make the discussion more effective.

You must make sure your peer has agreed to be named in the record of your discussion, and contacted about it. If you are selected for review, we will contact your peer to confirm the discussion has taken place. We will not ask your peer for any information about the discussion other than to confirm that it has happened.

If your peer discussion does not go well you can choose a different peer. In some very rare circumstances discussions might cause concern about someone's fitness to practise. You and your peer should refer to our guidance on raising concerns if this happens.

If your peer is a health and social care professional you should check their registration on the appropriate public register to make sure they are currently registered and not subject to an active investigation. There is no bar to someone acting as a peer if they are fully registered but have previously been subject to fitness to practise processes which are complete.

We will have separate guidance on the peer discussion for you, your peer and employers to let them know what to expect.



## Reflective account

The purpose of the reflective account is to encourage you to think about how you meet our standards for pharmacy professionals in the work you do as a pharmacy professional.

Evidence suggests that producing a reflective account that focuses on our standards increases awareness and understanding of the standards and helps you reflect on how your practice affects the people using your services.

The main parts of your reflective account will be:

- a brief summary of your practice history for the last year including who the typical users of your service may be
- a statement of how you have met one or more of our standards for pharmacy professionals
- examples to support your statement

Each year we ask you to select one or more of the standards to reflect upon. We will say which of a range of the standards for pharmacy professionals we expect you to reflect upon from that year. We will tell you which standards you should choose from at the start of your registrant year.

We want you to tell us briefly about your work (the setting of your practice, your main roles and responsibilities, the typical users of your service). Giving us this type of context is helpful if your record is selected for review, and also helps you to consider if the people using your services have changed.

We want you to give at least one (but ideally more) examples to support your account so that we can see how you have reflected on the standards and their application in practice. The

standards for pharmacy professionals are all inter-related, so you will find that you can show how you met more than one of them using just one example. You can look at our example records to see how this can be done.

You may find it helpful to discuss what to include in your reflective account as part of your peer discussion.

### 3. Submission

This section of the framework describes how you submit records to us when you renew your registration.

**Find out about:**

- **what happens at the time of registration renewal and what you must do**
- **what to do if you cannot submit all or some of your records**
- **what happens if you do not submit all or some of your records and have not told us**

#### **What happens at the time of registration renewal and what you must do**

Each year, as part of renewing your registration, you are expected to submit records of your CPD, peer discussion and reflective account to us.

We will give you plenty of notice of when your registration renewal deadline is approaching so that you have time to prepare. If you have been keeping your records in our online portal you will need to log in, and as part of the renewal process you will be able to submit your records to us. If you have been keeping your records somewhere else (in paper form or in another online portfolio) you will need to transfer your records into our online portal.

We do not normally accept paper submissions, but if you cannot submit your records online you can contact us to discuss what to do.

#### **What to do if you cannot submit some or all of your records with good reason**

There are sometimes reasons why you will not be able to submit some or all of your records when you renew your registration. This might be because of sick leave, maternity leave, military postings, breaks from practice and possibly other reasons.

Usually, if you have a good reason, you will still be able to renew your registration without submitting your records to us. It is essential that you contact us, through the online portal, to let us know about these circumstances as soon as you can.

If you cannot submit all your records, we might be able to accept the records that you can complete. If there are gaps in your records like this, they should not normally be more than 12 months.

In other cases, we might be able to give you an extension so that you can submit all your records at a later date.



## What happens if you do not submit some or all of your records and have not told us

If you are unable to submit your records without good reason we will enter you into the 'remediation process'. This gives you another chance to submit your records in a form that is acceptable to us.

If you still do not submit your records after the period of remediation, we will start a process called 'administrative removal', described in our rules<sup>2</sup>. If you are removed from the register through this process, and you later reapply for registration, we will expect to receive and review your CPD, peer discussion and reflective account records as part of your reapplication.



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<sup>2</sup> The General Pharmaceutical Council (Continuing Professional Development and Consequential Amendments Rules) Order of Council 2011

## 4. Review and feedback

This section of the framework describes how we review your records.

### Find out about:

- **how we select records for review**
- **how we carry out reviews and what happens afterwards**
- **the criteria we use for reviewing records, and**
- **how we provide feedback to you if you have been selected for review**

### How we select records for review

Once your records are submitted they may be selected for review. Our selection process is partly random and partly targeted. We will let you know if your records are selected and tell you how long it will take before you know the outcome.

Each year we will select a random sample of registrants to have their records reviewed. If your records are selected for review, and you meet the review criteria, we will not review your submitted records again for the next two years. In some cases you may be selected to have your records reviewed more often than this, for example:

- if we have required you previously to undertake remedial measures following a review of your records
- if you have a history of poor compliance with any of our standards, or

- if your records are submitted late without a good reason

We may select your records for review at any time, once you have submitted them. If your records are selected for review we will tell you in advance. We will review the four CPD entries, peer discussion and reflective account you submitted as part of your most recent renewal.


We may also ask you to carry out additional activities and make records of these for us to review if:

- the outcome of your review is that you have not met our review criteria
- your register entry has been restored following a period of removal and your application for restoration to the register has been granted subject to your agreeing to comply with additional learning requirements, or
- a direction has been given by a fitness to practise committee (following a hearing) that your continued registration is conditional on your carrying out additional learning activities

### How we carry out reviews and what happens afterwards

We may review your records at any time once you have submitted them. This is because we will spread the number of reviews we do evenly throughout the year. We will let you know if you have been selected for review and how long it will be before you receive your feedback.





If your records are selected they will be reviewed against our review criteria. These are outlined below. We will also try to contact your peer to confirm that your peer discussion took place. We will not ask for details of the discussion, simply confirmation that it happened.

The review will be carried out jointly by a pharmacy professional and a lay reviewer who will receive anonymised copies of your records. The two reviewers will work together using the review criteria to make a joint review of your records and produce a feedback report. The professional and lay reviewers will both be trained to carry out reviews and offer developmental feedback.

We think it is important that there are two reviewers so that one understands your practice and the other can look at your submission from a lay or patient perspective. Also, pairing reviewers improves the quality and consistency of reviews. We will also take further steps to quality assure feedback reports to ensure consistency of quality and approach.

As part of the review of your records we may ask you to provide more information so that we can verify that the information you submitted relates to learning you have undertaken and to your context of practice.

If you meet the review criteria we will tell you, and you will receive a feedback report to help you with your future recording. Usually, after that point you will not be selected for review for another two renewal cycles. After this you may be selected randomly in the following years.

If you do not meet some of the review criteria you may be entered into a period of

remediation. This gives you another opportunity to submit records.

If you do not meet some of the review criteria a second time we will follow the steps outlined in our statutory rules. These rules set out the procedures we will follow if you have not met the requirements of this framework. In very rare cases we may take steps to administratively remove you from the register or remove an annotation to your register entry relating to a speciality.

### **Visiting practitioners (registered in parts 4 and 5 of our register)**

If you are registered with us temporarily because you are registered as a pharmacist or pharmacy technician in another European state where you normally practise, then we can take account of any continuing professional development that you are required to carry out in your home state.

### **Dual registrants**

If you are registered as both a pharmacist and a pharmacy technician, you need to complete records that reflect the full breadth of your practice. These must include both your pharmacist and pharmacy technician practice. However, you only need to submit your six records once a year at the time of your renewal as a pharmacist.

## The criteria we use to review records

There are two types of criteria (core and feedback) that we will use to review your record. The core criteria, if not met, may lead to remedial measures where you are asked to submit more or revised records. The feedback criteria will be used to offer developmental feedback for your future records, and we may choose to review your records again at your next registration renewal.

The following are core criteria. If the following criteria are not all met we may enter you into the remediation process.

### Core criteria

1. Records have been submitted to the GPhC in the time specified by the registrar.
2. Records are legible and have been structured in a format published or approved by the GPhC.
3. Records cover the annual registration period, or, if there are gaps in records, an adequate explanation has been provided.
4. Records are related to activities that you have carried out, and you should have submitted them personally.
5. There are six records (four CPD entries, a peer discussion and a reflective account) completed for each annual registration period. These are relevant to the safe and effective practice of pharmacy within your context of practice, including any specialisations and the environment in which you practise. At least two of the four CPD entries completed for each full year are planned learning activities.
6. Records comply with or safeguard patient confidentiality.<sup>3</sup>
7. Records adequately reflect any special conditions that have been placed on your practice by the GPhC – for example by a fitness to practise committee, or by the registrar if your registration has been restored following removal.
8. Records only contain true and accurate information.<sup>4</sup>

<sup>3</sup> If we have grounds for thinking your record breaches patient confidentiality, we will investigate and may deal with this under our fitness to practise procedures. This could result in administrative removal.

<sup>4</sup> If we have grounds for thinking your record contains false or misleading information, we will investigate and may deal with this under our fitness to practise procedures. This could result in administrative removal.



## Feedback criteria

The following are feedback criteria. If the following criteria are not all met we will offer developmental feedback for your future records, and we may choose to review your records again in the following years.

### Planned CPD learning

There is a description of:

- what you want to learn
- the relevance of the learning to your practice
- how the learning will affect the people using your services
- the options or activities you have selected to carry out
- how you have applied the learning
- how the learning – once you have applied it – has benefited the people using your services, illustrated with an example

### Unplanned CPD learning

There is a description of:

- the activity you took part in that enabled new learning
- what you have learnt
- how you have applied the learning
- how the learning – once you have applied it – has benefited the people using your services, illustrated with an example

### Peer discussion

There is a description of:

- why you chose your peer(s)
- how the process of peer discussion has benefited your practice
- how the process of peer discussion has benefited the people using your services, illustrated with an example

### Reflective account

There is a description of:

- your area(s) of practice
- the typical users of the service(s) you provide
- how you are meeting one or more of the standards for pharmacy professionals, illustrated with real example(s)

# Data protection and confidentiality

## Our use of your personal data

The GPhC's data protection statement says:

*The GPhC is a data controller registered with the Information Commissioner's Office. The GPhC makes use of personal data to support its work as the regulatory body for pharmacists, pharmacy technicians and registered pharmacies in Great Britain.*

We will use information you give us in your revalidation records to make sure that you have carried out appropriate activities to meet the requirements of the revalidation framework, as explained in the 'The process explained: review and feedback' section. We may also use this information in processing complaints.

We may use personal data in compiling statistics and keeping stakeholders updated with information about the GPhC. This information is anonymised.

We may share personal data with third parties to help us meet our statutory aims, objectives and responsibilities, and in using our powers under the Pharmacy Order 2010, the rules made under the order and other legislation. These third parties may include other regulatory and enforcement authorities, NHS trusts, employers, the Department of Health, universities and research institutions.

## Patient confidentiality

Pharmacy professionals have a duty by law and under the GPhC's standards for pharmacy professionals not to disclose confidential information about patients without their consent, unless there are exceptional circumstances or the law says they have to. We will never tell you to submit patient-identifiable information as part of your revalidation records. When using examples from your practice, you must make sure you do not provide information that would breach patient confidentiality.



# Appendix 1

## Guidance on how to complete records

### CPD planned learning

#### **1. What are you planning to learn?**

Tell us what learning you are planning to carry out. What you need to learn may be new knowledge, skills, or a new attitude or approach – anything that you think will make you better able to do your job as a pharmacy professional or prepare you for a new service or role. You should be as specific as possible.

You should explain why this learning is relevant to you in your role as a pharmacy professional and how it will affect the people using your services. If you don't think it is relevant or will have a significant beneficial impact on anyone, you might want to consider why you are planning to carry out and record this learning.

Please take care not to disclose any confidential information about patients without their consent.

#### **2. How are you planning to learn it?**

It is important for you to consider a range of options for achieving your learning across the breadth of your CPD entries. Focus your planned CPD on those activities that are relevant to, or likely to have the biggest impact on, the people using your services.

#### **3. Give an example of how this learning has benefited the people using your services**

Putting learning into practice is a good way to prove that you have actually learnt what you intended. Tell us what specific skills, attitudes and/or behaviours you have gained as a result of your learning.

Include a real example of how the people using your services have benefited from your learning. If you were able to introduce a new service successfully, the benefits will be clear. If you are more confident in your ability to respond to a particular query, or have some new knowledge that you can use in your practice, that is also a beneficial outcome.

Do include any feedback about your practice that you have had from other people.

## CPD unplanned learning

### ***1. Describe an unplanned event or activity that enabled you to learn something new or refresh your knowledge or skills***

Tell us about the event or activity. Be specific about the event or activity you describe. If you read an article give it a reference.

Tell us what you learnt from the event or activity in terms of the skills, knowledge, attitudes and/or behaviours you have adopted.

Please take care not to disclose any confidential information about patients without their consent.

### ***2. Give an example of how this learning benefited the people using your services***

Include a real example of how the people using your services have benefited from your learning. If you were able to introduce a new service successfully, the benefits will be clear. If you are more confident in your ability to respond to a particular query, or have some new knowledge that you can use in your practice, that is also a beneficial outcome.

Do include any feedback about your practice that you have had from other people.

## Peer discussion

### ***1. Please give the name, contact details and the role of your peer on this occasion***

If you took part in a group peer discussion, please only provide details for one person from the group.

### ***2. Describe how this peer discussion changed your practice for the benefit of the people using your services***

Tell us why you chose this peer.

Tell us how this peer discussion has helped you to reflect on and make improvements to your practice.

Give a real example of any beneficial outcomes for the people using your services as a result of making changes to your practice.

Do include any feedback about your practice that you have had from other people.

You do not have to include information on the subject(s) discussed if you feel the contents are confidential.



## Reflective account

- 1. Provide us with a reflective account of how you met one or more of the standards for pharmacy professionals (we will tell you which standards to choose from each year)***

Tell us briefly about your area of work (the setting of your practice and your main roles).

Tell us briefly who the typical users of your service(s) are.

Tell us how you meet the standards for pharmacy professionals we have selected.

Give a real example (or examples) taken from your practice to illustrate how you meet the standards we have selected.



# Appendix 2

## Revalidation framework terminology and its relationship to the Pharmacy Order 2010

To make our requirements clearer for you, we have simplified the structure of documents defined in our legislation, the Pharmacy Order 2010.

The following documents are defined in the Pharmacy Order 2010, and for the sake of transparency we have also referred to them by their more familiar names:

- The standards of proficiency for maintaining registration, specified in paragraph 43(1)(a), are the standards for pharmacy professionals.
- The standards for continuing professional development, specified in paragraph 43(1)(b), is standard 4 of the standards for pharmacy professionals:  
*'pharmacy professionals must maintain, develop and use their professional knowledge and skills'.*
- The framework, specified in paragraph 43(4)(a), is the revalidation framework.









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**General Pharmaceutical Council**  
25 Canada Square, London E14 5LQ  
T 020 3713 8000  
E [info@pharmacyregulation.org](mailto:info@pharmacyregulation.org)

 [@TheGPhC](https://twitter.com/TheGPhC)  
 [TheGPhC](https://www.facebook.com/TheGPhC)  
 [/company/general-pharmaceutical-council](https://www.linkedin.com/company/general-pharmaceutical-council)  
[www.pharmacyregulation.org](http://www.pharmacyregulation.org)