Framework for Competence Development in Pharmacy

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Content

1. Drivers changing the education landscape

2. Current activity
   • Competency (professional development) Frameworks

3. Infrastructure building – delivering practitioners fit for purpose
Drivers for Change...........

Medication related problems

• International data on adverse drug events – e.g. US, Australia, UK
Deaths in England and Wales from medication errors and adverse effects

Number of deaths

- Medication errors
- Adverse effects of medicines in therapeutic use

Audit Commission 2001 A spoonful of sugar
Medicines adherence rates can diminish over time

n=120 accepting HAART (Horne et al. JAIDS. 2007;45(3):334-341) Significant increase in the number of participants reporting low adherence over follow-up (Cochran’s Q =39.9, df = 3, p<0.001)
Drivers for Change

Changing health care systems

- Integration of acute and community care – long-term conditions
- Increased patient choice and expectation
- Health care professionals – role clarity – whose job is it?
- Competence – can professionals do the job?
- Performance – do professionals deliver what is needed?
Progressive regulation & revalidation...

- Linked to societal needs (safety, services, policy)
- Outcomes, not credits
- Competence, not hours
- Collaborative, not sectoral
Where are we now?
The typical response........

Mandatory Continuing professional development (CPD)

but the problem with CPD is........
Continuing Professional Development (CPD) is a lifelong, ongoing process regardless of your age or the stage of your career. CPD focuses on your personal/individual competence in a professional role, aiming to improve your personal skills to enhance patient care and career progression.
Why is competence so important?

‘A patient is entitled to be cared for and by healthcare professionals with relevant and up-to-date skills and expertise.’

Kennedy Report (p14)
Why is competence so important?

2. Clinical governance & professional regulation
3. Anti–professional attitude – professions are driven by self-interest and promotion.
4. Public involvement (‘Informed consent’, Information and Choice)
Competency iceberg

Effective and persistent behaviour

Knowledge
Skills
Abilities
Values, attitudes and beliefs
Fuzzy concepts

Competence
  • Overarching capacity

Competences
  • Functional, *the what*

Competencies
  • Qualities, *the how*
Competency Frameworks - Australia

Competency Standards

for Pharmacists in Australia 2003

Functional Area 1  Practise pharmacy in a professional and ethical manner

Competency Unit 1.1  Practise legality

Element 1.1  Performance Criteria

1. Understand the experiences of nurse law applicable to pharmacy practice.
2. Applies legislation requirements directly applicable to the provision of pharmacy services.
3. Considers the impact of primary legislation on professional practice.
4. Understands the notion of patient consent.
5. Obtains patient consent as required by professional services, including those where patient health information will be disclosed.
6. Considers the responsibilities of the pharmacy in the workplace that arise from professional relationships.
7. Seeks additional information and/or expert advice and assistance when needed.

Competency Unit 1.2  Practise to accepted standards

Element 1.2  Performance Criteria

1. Demonstrates personal and professional integrity.
2. Practice personal and professional integrity.
3. Understands the pharmacy professional responsibility in the provision of pharmacy services.
4. Demonstrates personal and professional integrity.
5. Respects and promotes the relationships that other health professionals have with patients.
6. Practices personal and professional integrity.
7. Collaborates with other health care professionals to achieve the best health outcomes.
8. Practices personal and professional integrity.

Competency Frameworks - Canada

Model Standards of Practice for Canadian Pharmacists

April 2003

National Association of Pharmacy Regulatory Authorities (NAPRA)
Competency Frameworks - UK

Introducing the Framework

The structure of the framework

- This framework is made up of the following components:
  - delivery of patient care
  - patient consultation
  - need for the drug
  - relevant patient information
  - documentation
  - comprehensive drug history

- Each of these clusters contains closely related competencies. Using the Delivery of patient care competency cluster as an example, the competencies in this area pertain to:
  - patient consultation
  - need for the drug
  - relevant patient information
  - monitoring drug therapy
  - evaluation of outcomes

- Each of these competencies has:
  - a number of statements, known as behavioral statements, that outline how that competency would be recognized.
  - an assessment rating ranging from always, usually, sometimes to never.

The basic structure is illustrated in Figure 1:

Figure 1: Basic structure of the competency framework

- Delivery of Patient Care Competencies
  - Competency Cluster
  - Closely related competencies
    - Need for the drug
      - Relevant Patient Information
        - Documentation
          - Comprehensive Drug History
            - Behavioral Statement
              - Assessment rating

GLF Second Edition
October 2007
Competence approaches have their critics.............
Competence, like truth, beauty and contact lenses, is in the eye of the beholder

Dr Laurence J Peter
Critical accounts

Competence approaches

- Reductive
- Shopping lists
- Job specific
- Central control
- Adequacy not excellence
Professional competence

Habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served

Epstein and Hundert, 2002
Competency - supporting a Career Pathway for Pharmacists
Pharmacist development model

Undergraduate & preregistration

General post-registration

Higher level practice (1)
  - Advanced Practitioner
  - SI or PhwSI

Higher level practice (2)
  - Consultant Pharmacist

Professional Development Frameworks

General Level

Specialist or Advanced Level

Workplace education; work-based learning
Competency Frameworks - UK

CoDEG
Competency Development & Evaluation Group

GLF
General Level Framework
A Framework for Pharmacist Development in General Pharmacy Practice

GLF Second Edition
October 2007
## Delivery of Patient Care

### Competencies

<table>
<thead>
<tr>
<th>Needs for the Drug</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relevant Patient Background</strong></td>
<td><strong>Rating</strong></td>
</tr>
<tr>
<td>Retrieval of ALL relevant information from medical and nursing and electronic records</td>
<td>Retrieval of MOST relevant information from medical and nursing and electronic records</td>
</tr>
<tr>
<td><strong>Drug History</strong></td>
<td><strong>Rating</strong></td>
</tr>
<tr>
<td>ALWAYS documents an accurate and comprehensive drug history</td>
<td>MOSTLY documents an accurate and comprehensive drug history</td>
</tr>
</tbody>
</table>

**Comment**

### Selection of Drug

<table>
<thead>
<tr>
<th>Drug-drug Interactions</th>
<th><strong>Rating</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug-drug interactions</strong></td>
<td><strong>Rating</strong></td>
</tr>
<tr>
<td>Drug-drug interactions are ALWAYS identified</td>
<td>Drug-drug interactions are USUALLY identified</td>
</tr>
<tr>
<td>Drug-drug interactions are ALWAYS appropriately prioritised</td>
<td>Drug-drug interactions are USUALLY appropriately prioritised</td>
</tr>
<tr>
<td>Appropriate action is ALWAYS taken</td>
<td>Appropriate action is USUALLY taken</td>
</tr>
</tbody>
</table>

**Comment**
GLF Structure

Figure 1: Basic structure of the competency framework

- Competency Cluster
- Delivery of Patient Care Competencies
- Closely related competencies
- Need for the drug
  - Relevant Patient Background
  - Retrieval of ALL relevant and available information
  - Retrieval of MOST relevant and available information
  - Comment
- Space to write feedback comments for the individual’s development
- Drug History
  - ALWAYS documents an accurate and comprehensive drug history when required
  - MOSTLY documents an accurate and comprehensive drug history when required
- Behavioural Statement
- Assessment rating
Likely impact of frameworks?
Do they improve performance?
Controlled trial GLF in junior pharmacists

Intervention = GLF
n = 30 hospitals

Logrank
$P = 0.0048$

(Antoniou et al. Pharmacy Education 2005)
Performance improvement in Community Setting
Undergraduate & preregistration | General post-registration
---|---
Higher level practice (1) | Higher level practice (2)
Advanced Practitioner | Consultant Pharmacist
SI or PhwSI

General Level | Specialist or Advanced Level
Professional Development Frameworks

Workplace education; work-based learning
National Competency profiles – advanced practice

Guidance for the Development of Consultant Pharmacist Posts

Implementing care closer to home – providing convenient quality care for patients
A national framework for Pharmacists with Special Interests
Attributes of higher level practitioner?

1. Expert in area of practice
2. Able to work in multidisciplinary teams
3. Dissemination and contribution to evidence
4. Training, support and mentorship of staff
5. Managing a team and a caseload
6. Leadership skills
Advanced to Consultant Level Framework - Clusters

1. Expert Practice

2. Building Working Relationships

3. Research & Evaluation

4. Education, Training and Development

5. Management

6. Leadership
# Competency Framework for Advanced Practice Pharmacists

**Leadership**

*Inspires individuals and teams to achieve high standards of performance and personal development*

<table>
<thead>
<tr>
<th>No</th>
<th>Competency</th>
<th>Foundation</th>
<th>Excellence</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strategic Context</td>
<td>Demonstrates understanding of the needs of stakeholders and practice reflects both local and national health care policy</td>
<td>Demonstrates ability to incorporate national healthcare policy to influence local strategy</td>
<td>Demonstrates active participation in creating national health care policies</td>
</tr>
<tr>
<td>2</td>
<td>Clinical Governance</td>
<td>Demonstrates understanding of the pharmacy role in clinical governance. Implements this appropriately within the organisation</td>
<td>Influences the clinical governance agenda for the team.</td>
<td>Shapes and contributes to the clinical governance agenda at a higher level</td>
</tr>
<tr>
<td>3</td>
<td>Vision</td>
<td>Demonstrates understanding of, and contributes to, the department and corporate vision.</td>
<td>Creates vision of future and translates this into clear directions for staff and supervisors</td>
<td>Convinces others to share the vision at a higher level</td>
</tr>
<tr>
<td>4</td>
<td>Innovation</td>
<td>Demonstrates ability to improve quality within limitations of service. Requires limited supervision</td>
<td>Recognises and implements innovation from the external environment. Does not require supervision.</td>
<td>Takes the lead to ensure innovation produces demonstrable improvement in service delivery.</td>
</tr>
<tr>
<td>5</td>
<td>Service Development</td>
<td>Reviews last year’s progress and develops clear plans to achieve results within priorities set by others.</td>
<td>Develops clear understanding of priorities and formulates practical short-term plans in line with department strategy.</td>
<td>Relates goals and actions to strategic aims of organisation and profession.</td>
</tr>
<tr>
<td>6</td>
<td>Motivational</td>
<td>Demonstrates ability to motivate self to achieve goals</td>
<td>Demonstrates ability to motivate individuals in the team</td>
<td>Demonstrates ability to motivate individuals at a higher level</td>
</tr>
</tbody>
</table>

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Current level of practice

Knowledge and skills
Experiences and “evidences”

Mean cluster score

Expert Practice
Working relationships
Leadership
Management
E&T and Development
Research

Level 1-
Foundation
Level 2-
Excellence
Level 3-
Mastery

0.0
0.5
1.0
1.5
2.0
2.5
3.0

0.0 0.5 1.0 1.5 2.0 2.5 3.0

Level 1-
Foundation
Level 2-
Excellence
Level 3-
Mastery

Current level of practice

www.kcl.ac.uk
Attaining Competence - Problems for the Pharmacy Profession

1. *The service provided – what does the job entail?*
   - Lack of clear career strategy
   - Appoint pharmacists to posts on their potential
   - No robust standard approach to measuring quality of practice

2. *Education and Training Support – outdated models?*
   - Lack of workplace based learning models – integrate, working, studying and assessment
   - Competence seen as training not education i.e. not an academic function
Integrating Competency Frameworks into Education: The London, East & South East Joint Programme Board Experience
Reforming the Education Model

*Key Ingredients*

- Clarify the goal of education
- Build infrastructure to ensure a quality system which delivers the goal
- Establish a modern curriculum
- Ensure assessment strategy is appropriate – driven by competence and performance
Joint Programmes Board

Collaboration between 9 universities and the NHS in the south East of England.

Geography represents approximately 40% of the population of England.

Developing & delivering a modern work-based post-registration curriculum for pharmacists.

Universities
- London
- King’s College
- Portsmouth
- Reading
- Kingston
- Medway
- UEA
- Brighton
- Hertfordshire
Curriculum - Principles

• Integrate working and learning and a recognition that majority of learning should be work-based:
  - Patient safety at the heart of the approach
  - Curriculum must support the role of pharmacists

• Adopt the principles of self-directed and independent study - not be dominated by classroom delivery.

• Emphasise the unique scientific basis of the profession to improve medicines use by society.
So, why do workplace learning?

Learning about the *context* of health care

Professional *knowledge* and reasoning

Professional *skills*: history taking, identifying drug related problems, procedures etc

*Socialisation*: behaving like a pharmacist
The challenges of workplace based learning

- Observation
- Participation
- Assessment of task
- Assessment of learning acquired to date
Miller’s pyramid

- **Does**
- **Shows how**
- **Knows how**
- **Knows**

Supporting post-registration development

- Performance assessment, MiniPAT, MiniCEX, etc
- OSCE style assessment in vitro
- Case studies/PBL/Portfolio
- MCQ/Exams

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It’s what pharmacists do that’s important...........

Miller Cambridge Pyramid
Represents vast majority of junior pharmacists in catchment
Accreditation of Training Centres

>70 accredited hospitals

North London: 20
South Central: 10
South London: 16
East of England & Essex: 15
South East Coast: 10
Trainee Performance
Basic Knowledge – MCQ scores – cf old system

Student Group (age, post-registration, locality matched) 2000-2009

n = 208  n = 928

MCQ mean % score (95% CI)
Student perceptions of personal development

Yes, definitely

definitely not

Contribution to my development

Career development
Summary

Need new education models in pharmacy where:

Patients are the focus so that learning and working are better integrated

Competence is at the heart of the system

Adopt more appropriate assessment methods
  • Not just knowledge – competence & performance
  • Integrates basic science
  • Draws on view of other professionals.

Employers and academic departments must collaborate better

The system should be informed by workforce planning
Framework for Competence Development in Pharmacy

Questions?

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