



# **Re-designing Pharmacy Careers**

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**"Conflict of interest:  
nothing to disclose"**

## Career Drivers



- **EU 2005/36: Recognition of Professional Qualifications** (as amended by Directive 2013/55)
- **National**
  - **Government Policy**
  - **Statutory Regulation** – in GB the General Pharmaceutical Council (GPhC). Powers over both pre- and post-registration
- **Employers** –statutory requirements (e.g. Health and Safety). In GB community NHS contract
- **Individuals**

## Professional Regulator



- **Regulator may set CE or CPD requirements.** In GB 9 reflective CPD entries per year call up ever 5 years. Base level no gradation.
- **Revalidation** – not yet in GB although on the horizon. Implemented for medicine
- **CPD – The Issues**
  - Currently by individual choice – does this reflect need?
  - Evidence of performance in the workplace and outcome change?

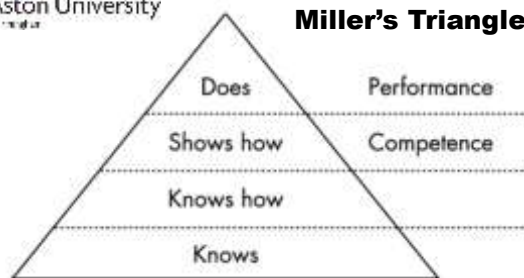
# Pharmacy Careers



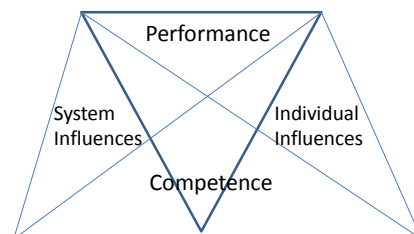
- In the UK - no statutory requirements to enter hospital or community pharmacy. Movement between sectors possible at any time
- Career requirements set by employers, professional groups and individual aspirations.
- **NHS Hospital Pharmacy**
  - Since the 1970s increasingly focussed on clinical pharmacy
  - **Early career requirement for a Clinical Diploma** – but no national agreement on structure. Traditionally linked to a University
  - Largely regional provision but individual hospitals not confined to their geographical region



## Miller's Triangle Assessment Model<sup>1</sup>



## Cambridge Model – Competence And Performance<sup>2</sup>



1. Miller (1990). *Acad. Med.*, 65: S63-S67.

2. Rethans et al (2002). *Medical Education*, 36: 901-909

## Competency Frameworks



- **Competence:** 'being able to perform tasks and roles to the expected standard'
  - Involves a judgement which can vary with context and with the assessor involved.
- **A competency:** “a quality or characteristic of a person required for effective delivery of a role”.
  - Also involves a subjective assessment which is context specific
  - Competency may be multi-factorial – behaviours
  - An individual is expected to demonstrate some consistency within the competency

## Competency Frameworks



- **Worker-orientated:** competence for effective work performance represented as knowledge, skills, abilities and personal traits of worker.
- **Work-orientated:** activities for a given role are identified and then broken into personal attributes.
- **Multi-method** combines both the worker- and work-orientated approaches - may be more comprehensive.

## Competency: Challenges



- Competences and associated behaviours may be hard to measure and measures are subjective.
- Frameworks can result in narrow and simplistic lists of activities that do not adequately reflect the complexity of the role
- Use of behaviours to measure competence can fragment leading to a dominance of process and “tick-boxing” behaviours
- Distinction between competence and performance in the workplace.

## Purpose of a Competency Framework?



- A professional or career development framework? Individual Perspective
- To ensure public and patient safety? Regulatory perspective.
- Framework to assess and ensure competence prior to assuming new roles or tasks? Employer perspective

## General Level Framework



- First draft 2001 with subsequent revisions
- Framework of 4 competency clusters
  - Delivery of patient care
  - Problem solving
  - Personal
  - Management and Organisation
- Each cluster made up of a number of competencies (25)
- Each competence measured by behaviours (104)
- Assessment: the frequency at which a behaviour was demonstrated (four point scale ranging from always to never)

## GLF – Quality Assurance

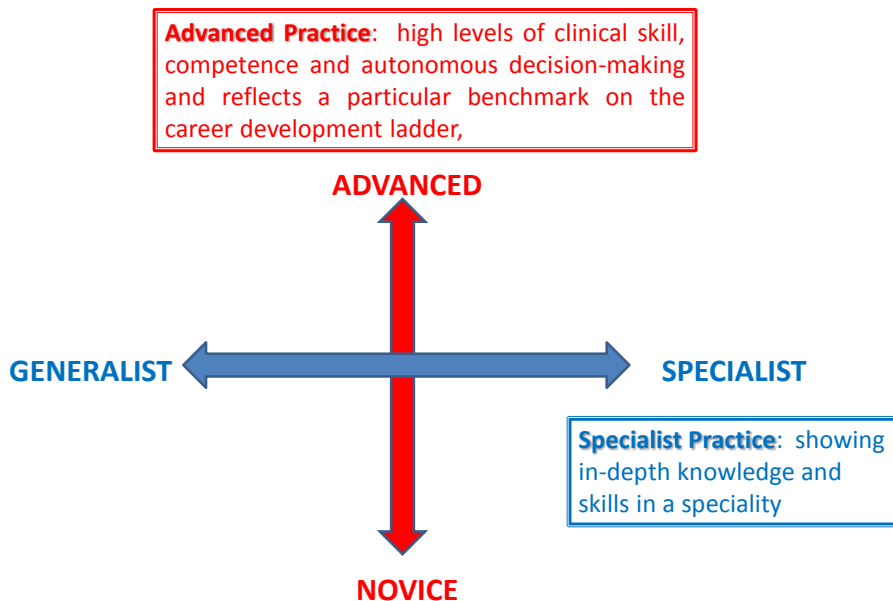


- Formation of training alliances between trusts to sustain the competency-based programme
- Need for external accreditation of such a programme - HEIs in absence of vocational based QA processes in pharmacy
- Incorporation of the general level framework (GLF) within some postgraduate diplomas to refocus them on competencies rather than knowledge.

## Pharmacist Career Framework



- Four levels of pharmacist practice (Davies et al 2004)
  - a registered pharmacist,
  - a general level pharmacist,
  - an advanced level pharmacist and a
  - consultant practitioner.
- Increasing distinction between **advanced practice** and **specialised practice**

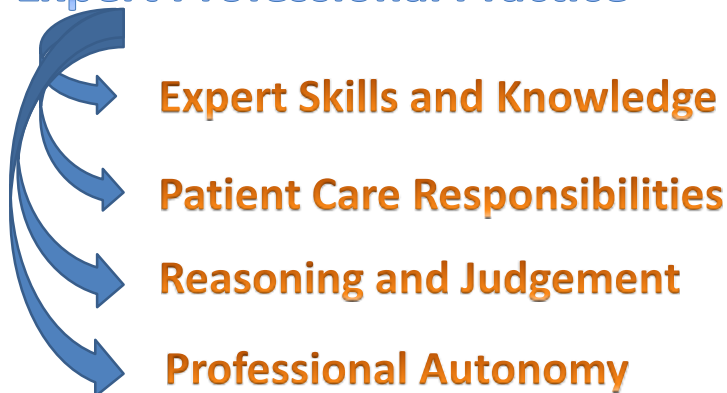


## Advanced to Consultant Level Framework (ACLF)



- Introduced 2004 based on 6 clusters
  - Expert Professional Practice
  - Building Working Relationships
  - Leadership
  - Management
  - Education, Training and Development
  - Research and Evaluation
- Each cluster made up of a number of competencies
- Competencies assessed at foundation, excellence or mastery level with supporting evidence

### Expert Professional Practice





## GLF & ACLF Competency Clusters



COMPETENCY CLUSTERS	GLF	ACLF
Building working relationships		√
Leadership		√
Education, training and development		√
Research and evaluation		√
Management	√	√
Expert professional practice	√	√
Organisation	√	
Problem solving	√	

## ACLF Competency Profiles



	Advanced*	Consultant*
Building working relationships	E	M
Leadership	E	M
Education, training and development	E	E
Research and evaluation	F	E
Management	E	E
Expert professional practice	E	M

\*Majority of competences at stated level

Foundation < Excellence < Mastery

## The Consultant Pharmacist



- Applies to approved posts – not just an advanced level pharmacist. Posts must be structured around:
  - Expert practice
  - Research, evaluation and service development
  - Education, mentoring and overview of practice
  - Professional leadership
- Control is via the employer (NHS) not the regulator. Does advanced practice mean greater patient risk?

## Focus on the Workplace



- Competency frameworks: about performance in the workplace with assessment in the workplace
- Expert knowledge is one competence in one cluster of the ACLF - not an academic award.
- Leadership, research and innovation and education important in ACLF – in the workplace
- Lead from NHS employers and employees BUT little from commercial community practice
- How is currency maintained? Where is ongoing QA? Revalidation?

## The role of Universities?



- Universities expertise:
  - the development & codification of knowledge/skills
  - imparting and assessing acquisition of knowledge
- **BUT** Universities are divorced from practice
- To what extent is career development and progression about knowledge?
- Is it the role of Universities to support and assess workforce development or is another body needed?

## RPS Faculty Launched 2012



- Led by Professional Body – Royal Pharmaceutical Society.
- Profession wide recognition programme
- Developed from the ACLF
- Focussed around an advanced practice portfolio
  - Support tools for development
  - Submission for assessment
  - Outcome of assessment submitted to Faculty Credentialing Panel for recognition
- Centralised assessment process – with a Faculty Board.
- Provides a mechanism for review and updating of framework
- Revalidation of performance?

## **RPS Faculty Advanced Practice**



### **Advanced Stage I: Established, Experienced Practice**

- Established in a role, performing well, advanced beyond foundation years or at a stages of specialisation and advancement beyond early years.

### **Advanced Stage II: Excellent Practice**

- An expert in an area of practice, experienced. Routinely manages complex situations; local/regional leader

### **Mastery: Exceptional Practice**

- Significant Leadership in an area of practice.
- National/international leader in an area of expertise, alongside a breadth of experience and expertise.
- **Consultant**

## **Portfolio of Evidence**



- Can be argued to focus on things done right rather than not done right.
- Can be a record of activity.
- Does it provide evidence of performance and clinical outcomes?
- Does it measure specialist knowledge?
- To what extent should it be structured so as to ensure comparability?
- Should there be a reflection alongside the portfolio?

## In Summary



- In hospital there is recognition of the need for structured career development post registration
  - To support individual career development
  - To advance skills in the workplace
  - To ensure appropriate levels of performance
- Increasing demands from society of evidence of continuing competence – revalidation. Not just at the minimal practice level.
- Recognition that knowledge is not the only need and may not be the most important
- Move towards professional development in the workplace and away from post-graduate specialised courses

## Some Questions?



- How to measure outcomes rather than inputs?
  - Competence frameworks – reductionist?
  - Portfolios – inputs rather than outputs?
- The role of formal qualifications?
- Linking early career with advanced practice:
  - Research and Innovation?
  - Education and scholarship?
  - Leadership?
- Revalidation – should this be at all levels and how to measure?

## Community Pharmacy



- Only clear career pathway is to management.
- Little engagement with GLF or ACLF.
- Clinical role of the pharmacist much less developed
- Some major challenges:
  - Automation and e-prescribing
  - Central dispensing and mail delivery
  - Contracted service with reduced autonomy



## Another Approach



- Aston Academic Practice Partnership
- The Aston PharmD programme
  - Step on step off design: flexible support for career development from registration onwards
  - Practice based linked to academic awards
  - Practice Research focus with support from a research intensive University department
  - Multiple routes – clinical, management, technical, educational



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