Developing a Competency Framework for Advanced Pharmacy Practitioners

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Abstract

Aim: To develop and validate a competency framework that will define, in generalised terms, the competencies which pharmacists would be expected to demonstrate in order to be accredited for advanced level practice.

Design: Literature search and review: design of competency framework structure by expert panel based on literature findings; Validation of descriptor terms to describe a progression in competency by consensus development panels.

Setting: Hospital-based practice (secondary care).

Outcome measures: Consensus development of descriptor terms.

Results: The literature search identified 24 policy documents, 8 strategy documents, 11 research articles and 7 other articles. From a literature analysis, 34 competencies were identified and grouped into related areas. 6 competency domains were thus identified: Expert professional practice; Building working relationships; Leadership; Management; Education, training & development; Research & evaluation. Consensus development panels validated the descriptor terms used to define competency at "Foundation", "Excellence", or "Mastery" level practice. The outcomes resulted in the production of a Competency Framework for Advanced Pharmacy Practitioners booklet.

Conclusions: This study has developed an evidence-based competency framework, grounded in the multi-disciplinary literature and validated by expert opinion. A set of competencies for advanced pharmacy practice has been identified provides a picture of the skills, knowledge and attributes that would be required by individuals practising, or aspiring to practice, at this level. This is the first step in the process that will enable the definition and recognition of "Consultant" pharmacy practitioners in the UK and make clear the progression in competency from general[1] to advanced level practice.

Word count 249 (max 250)

Introduction

Patients, the general public and the National Health Service (NHS) rightly demand that high quality services are provided to patients. Patient care depends substantially on the skills and knowledge of healthcare professionals. 'Working Together: Securing a Quality Workforce for the NHS'[2] aims to ensure that the NHS has a quality workforce, with sufficient quantity, skills, diversity and organisation to deliver the governments service objectives. Professional accountability is a key theme in the plan for the NHS. Public and political concern over the prevalence of adverse events occurring throughout the NHS has driven a requirement that healthcare professionals demonstrate a high level of performance. The Kennedy Report[3] recognised the need for reform and suggested that a framework of standards and a system of professional regulation are required to clarify what is expected from the NHS and its professionals.

Strategy documents published over the last five years have demonstrated the commitment of the government to develop consultant posts for non-medical NHS healthcare practitioners. The development of these posts have been described in the strategy for nurses set out in 'Making a Difference'[4], for allied health professionals stated in 'Meeting the Challenge'[5] and for healthcare scientists in 'Making the Change'[6]. Competencies are used to describe the core and supportive roles of consultant level practitioners and to support the development of healthcare practitioners in these roles. For example, a competency package for consultant nurses describes the progression in practice and is being used to enable the development of individuals to meet the specifications of the post[7].

The consultant role for pharmacists has been identified in the recent 'Vision for Pharmacy'[8] and offers an opportunity for the development of a structured career pathway for pharmacists as practitioners. Knowledge and skills frameworks, described in 'Agenda for Change'[9] are intended to remunerate NHS staff across the range of healthcare professions based on their responsibility, competence and satisfactory performance, so breaking down traditional professional boundaries and enhancing career progression opportunities. As pharmacists embrace the opportunities presented to them to lead and develop their services to the benefit of patients, 'Agenda for Change'[9] creates an imperative for the establishment of the roles and functions of advanced level pharmacy practitioners.

Competence-based programmes for junior pharmacists[10, 11] has improved recruitment and retention as well as improving motivation and performance; benchmarking standards of practice and aiding the identification of training and development needs of individuals. The need for a competency-based approach to ensuring the development of high quality pharmacy practitioners has been identified[10]. However, a review of the literature has not identified any research aimed at defining or assessing the competency of advanced level pharmacy practitioners.

Aim

The purpose of this research was to develop and validate a competency framework that will define, in generalised terms, the competencies which pharmacists would be expected to demonstrate in order to be accredited for advanced level practice.

Objectives

The objectives were:

- To identify the key competencies of an advanced level healthcare practitioner.
- To develop the defined elements of a competency framework that will enable the demonstration of advanced level practice.
- To validate the defined elements of the devised competency framework.

Methods

This research project followed methodology described by Whiddett and Hollyforde[12] for the development of a competency framework. A flow diagram of the methodological process is displayed (see Figure 1).

Literature review

A literature review was undertaken of relevant NHS policy, professional body strategy and research documents relating to the advanced level practice of pharmacists worldwide, other healthcare professionals or NHS managers practising in the United Kingdom (UK). In addition, documents describing the limitations of the use of competencies were identified. This review was undertaken in order to determine the competency clusters and competencies necessary for an advanced healthcare practitioner to demonstrate effective performance. A panel of pharmacists with individual expertise in clinical practice, research, education and training and management formed an expert panel. The expert panel used the literature findings to establish the competency domains, competencies and progressive ratings scale that formed the structure of the competency framework.

Consensus development panels

In order to validate the competency framework, three consensus development panels were established comprising of pharmacists with expertise in the areas related to the competency domains under review. The contributors to the consensus development panels are shown in Table 1. Each consensus development panel meeting was chaired and facilitated by a researcher following a pre-agreed meeting schedule. The panel meetings aimed to achieve consensus of the descriptor terms used to describe the progression and differentiation in competency within the two competency domains related to their areas of expertise. Changes to the descriptors were made by agreement of the majority of the group members. The group members were asked to identify any words or phrases used in the descriptors that would require a definition in a glossary. The discussions and changes made to the descriptor terms at each meeting were recorded and the revised elements of the framework were circulated to consensus panel members for further comment.

Expert panel review

The expert panel met to review the findings and comments from the consensus development panels. Each revised competency cluster was reviewed in order to: ensure that the descriptor terminology consistently described progression in competency; to review comments received from consensus development panel members following circulation of the revised domains of the framework; to agree definitions for words and phrases identified by the panels as requiring inclusion in the glossary; and to review the framework as a whole to ensure that it met the quality standards described by Whiddett and Hollyforde[12].

Results

Literature research findings

The databases Medline and the Cumulative Index to Nursing & Allied Health (CINAHL) were searched using the search terms competence, competency, framework, consultant, advanced practice and healthcare professional. Internet websites for the Department of Health, UK and international organisations for pharmacists were also searched for relevant strategic and policy documents. The literature search identified 24 NHS policy documents, 8 strategy documents published by healthcare practitioner professional bodies, 11 research articles and 7 other relevant articles by non-healthcare practitioner organisations. The literature sources were used to identify the terminology used to describe advanced practice. The findings are summarised in Table 2, which shows the wide variety of terms and meaning applied to advanced level practitioners. The literature review did not identify terminology used to describe the roles and functions of advanced level pharmacists practising either in the UK or overseas.

From further analysis of the literature, 34 competencies were identified and were grouped into 6 related domains, each domain containing between 2 and 9 competencies. The 6 competency domains and competencies identified from the literature are displayed in Table 3. The expert panel used the domains and competencies to form the basic structure of the competency framework, and the literature findings to draft descriptor terms describing a progression in competency from 'foundation' to 'excellence' to 'mastery' level practice.

Consensus development panel findings

Changes to the descriptor terms were made for several reasons. These included ensuring that:

- The descriptor described a progression in competency level. For example, changes were made to the expert clinical skills and knowledge descriptors to ensure that practitioners develop from working under supervision at foundation level, to working independently at excellence level and advancing the knowledge base at mastery level.
- Consistent language was used throughout the domains. For example in the patient care responsibilities descriptors, the language was changed to ensure that accountability for patient care was described at each competency level.
- The abilities stated in the descriptor were appropriate to the competency level. For example, the changes made to the descriptors terms for communication when describing the ability to gain co-operation and influence levels of managerial staff.
- Changing wording to ensure clarity of meaning and the removal of unnecessary wording.

After all the descriptors had been reviewed, the chair led discussions on the prioritisation of the competencies to determine their ordering in the revised framework. At the end of the meeting, the researcher collected all the frameworks annotated by panel members and used them, together with the meeting notes, to revise the descriptors. A follow-up letter with a copy of the revised elements of the framework was sent to each person attending the meeting asking them to comment on any descriptors that they thought required further refinement or explanation. The comments received were discussed at the expert panel review meeting.

Outcomes of the expert panel review

The expert panel met to review the findings from each consensus development panel meeting and the resultant competency framework and determine the glossary definitions. Changes were made to the descriptor terms to ensure that the resultant framework met the quality standards described by Whiddett and Hollyforde[12]. This included making changes to ensure that the competencies were generalised; that is that they would apply to pharmacists across a range of specialities and areas of practice and to ensure consistency in the terminology used throughout the competency domains.

The resultant framework and glossary was then incorporated into a booklet together with a brief introduction explaining the rationale and purpose of the framework, a description of competencies, their uses and the structure of a competency framework. The structure of the competency framework is illustrated in Table 4. This illustration shows an extract from the competency domain 'Expert professional practice', an overarching statement giving a flavour of the purpose of the domain, the competencies identified from the literature, and the descriptor terms describing a progression in competency from 'foundation' to 'excellence' to 'mastery' level practice.

Discussion

Through this study, an evidence-based competency framework has been developed, grounded in the literature findings and validated by expert opinion. The majority of competency frameworks that have been produced for pharmacists to date apply to specialist areas of practice e.g. primary care[13] and medicines information[14]. Although these frameworks can be used to set standards of practice for pharmacists working within these areas, these standards are not being applied across the pharmacy profession. Therefore, the frameworks currently in use divide the profession rather than uniting it with one set of standards to describe advanced pharmacy practice. This research has addressed this issue by producing a generic framework, relevant to all areas of pharmacy practice. Unlike other healthcare professions, the pharmacy profession lacks a nationally recognised standard of advanced practice. It is important that that this work is nationally recognised and accredited by a professional body in line with a strategy to ensure the development of pharmacists across the profession into consultant roles.

The production and national acceptance of a set of competencies for advanced pharmacy practitioners however, will not be sufficient to ensure the development of pharmacists into these roles. This problem was recognised by the nursing profession whose regulatory body introduced a set of competencies for consultant nurse posts, but through which NHS organisations experienced difficulty in recruiting nurses with the required set of skills to meet the needs of the posts. Hunt & Halle[7] identifies that a lack of an appropriate career pathway within the NHS failed to provide nurses with personal development plans that encouraged the development of a well-balanced set of skills. Hunt & Halle[7] addressed this issue by developing a competency package which described the progression in competency from 'novice' to 'proficient' to 'expert' and which provided a template for the development of nurses into consultant roles. The levelled descriptors developed during this research can be used in the same way to provide a template for the development of pharmacists into consultant roles.

Limitations

The literature findings formed the evidence on which the competencies and descriptors were based. When undertaking the literature review, however, weaknesses in the literature base were identified. The majority of the documentation contributing to the evidence base were policy documents developed by professional or governmental bodies, and were not necessarily research findings. This is a weakness, as the policy documents did not fully describe the methodology used to develop the competencies, and did not provide a critique of the published work or enable peer review to be undertaken. Little published work was found in this area that related to pharmacy practice.

Further work

This research followed the methodology developed by Whiddett & Hollyforde[12]. The consensus development panel had the benefit of being a relatively quick method of obtaining opinions and developing consensus. The limitations of this process are that there could be selection bias as the experts who participated may not be representative of all advanced pharmacy practitioners. Further validation is required to ensure that the framework excludes bias towards one particular group of pharmacists and that it is relevant to all potential users. This can be achieved by the testing of the framework by pharmacists, from different specialities and areas of practice who are recognised as practising at an advanced level.

Conclusion

This study has developed an evidence-based competency framework, grounded in the multi-disciplinary literature and validated by expert opinion. A set of competencies for advanced pharmacy practice has been identified provides an illustration of the skills, knowledge and abilities that would be required by individuals practising, or aspiring to practice, at this level. This is an important step in differentiating between different levels of pharmacy practice and will ultimately allow the recognition of consultant pharmacists in the UK. This work has been shared with many of the professional bodies involved in the consultant debate.

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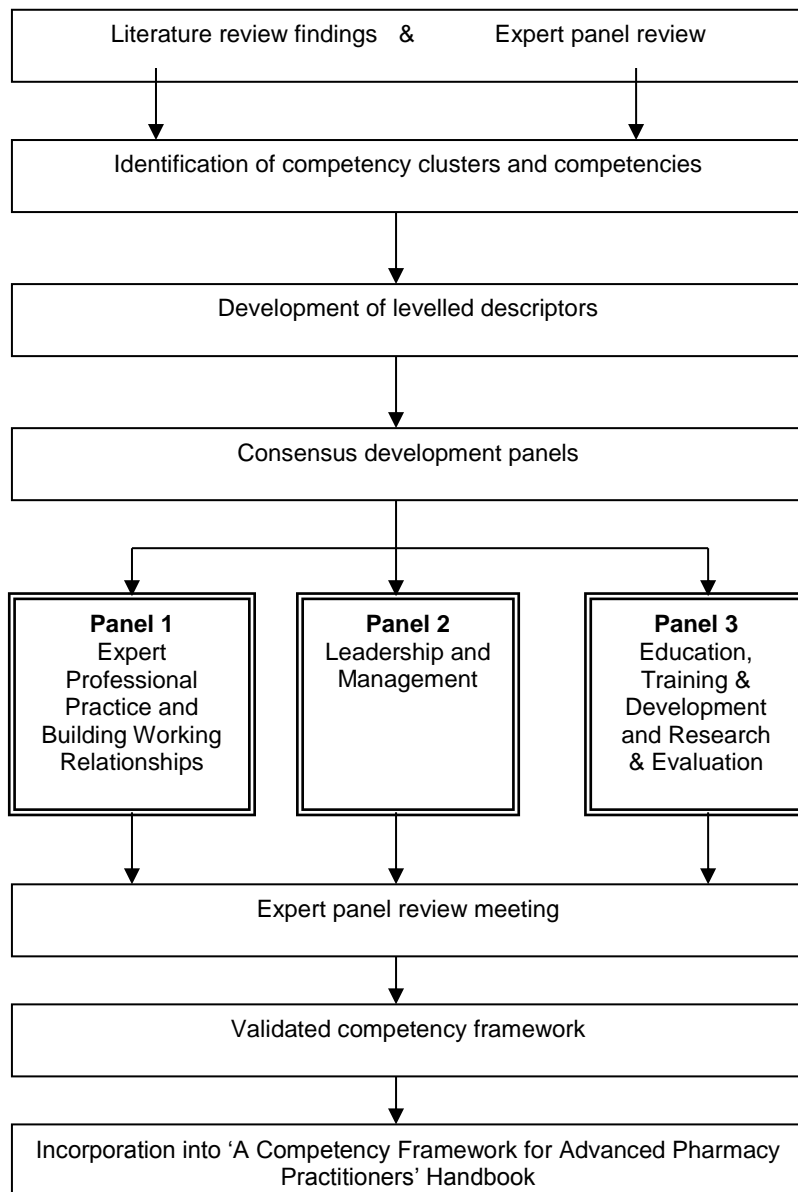
Figure 1: Study methodology flow chart

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│            Development of levelled descriptors               │
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│               Consensus development panels                   │
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│    **Panel 1**   │ │    **Panel 2**   │ │    **Panel 3**   │
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│ Professional     │ │ Management       │ │ Training &       │
│ Practice and     │ │                  │ │ Development      │
│ Building Working │ │                  │ │ and Research     │
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│ Pharmacy Practitioners' Handbook                             │
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Table 1. A table to show the contributors to the consensus development panels

Panel 1: Expert Professional Practice and Building Working	Panel 2: Leadership and Management	Panel 3: Education, Training & Development and Research & Evaluation
British Oncology Pharmacy Association	St Mary's Hospital NHS Trust	Academic Department of Pharmacy, Barts & The London NHS Trust
British Human Immunodeficiency Virus Pharmacy Association	Pharmaceutical Advisor, Secondary Care, Department of Health and Social Care	Homerton University Hospital
UKCPA* Critical Care Practice Interest Group	Modernisation Department, Guy's and St Thomas' Hospitals NHS Trust	Education & Training, South Coast (South East)
Neonatal and Paediatric Pharmacist's Group	North West London Hospitals NHS Trust	Academic Department of Pharmacy, Hammersmith Hospitals NHS Trust
College of Mental Health Pharmacists	Guild of Hospital Pharmacists	Pharmacy Education & Training, Greater Manchester Workforce Development Confederation

* United Kingdom Clinical Pharmacy Association

Table 2. A table to show the terminology used to describe advanced practice

Profession	Term	Explanation of term
General Professional	Expert	An expert usually knows what to do based on mature and practiced understanding. An expert no longer relies on rules or guidelines but has an intuitive grasp of situations based on deep tacit understanding.
Doctors	Consultant	From 1 January 1997 it will be a legal requirement for all doctors to be on the General Medical Council's Specialist register before they can take up a substantive consultant post.
Nurse	Advanced nursing practice	Encompasses expert nursing practice (as a generalist or specialist) but it is more than that, as it also integrates the sub-roles of educator, researcher and consultant. Such posts are multidimensional and their purpose is to promote and develop clinical nursing from clinical to strategic and policy levels, whilst simultaneously creating and maintaining a culture in which nurses and nursing strive for more effective patient and health care service.
Nurses, midwives and health visitors	Consultant	Consultant nurses, midwives and health visitors are expected to be competent to initiate and lead significant practice, education and service development.
Professions Allied to Medicine	Consultants	Consultants will be experts in their clinical field. They will bring clinical leadership and strategic direction to their particular area of expertise, by expanding and developing improved outcomes for patients.
Healthcare Scientist	Advanced Practitioner	Is able to function at a higher level but across a narrow range of functions.
Healthcare Scientist	Registered Specialist	A practitioner who is able to offer a broad range of services at a higher level
Healthcare Scientist	Consultant	Experts who wish to concentrate on the practice of their profession rather than administration or management

Table 3. A table to show the competency domains for an advanced healthcare practitioner

Competency Domain	Competencies
Expert professional practice	Expert skills and knowledge; Patient care responsibilities; Reasoning and judgement; Professional autonomy
Building working relationships	Communication; Teamwork and consultation
Leadership	Strategic context; Clinical Governance; Vision; Innovation; Service development; Motivational;
Management	Implementing national priorities; resource utilisation; standards of practice; Managing risk; Managing performance; Project management; Managing change; Strategic planning; Working across boundaries
Education, training & development	Role model; Mentorship; Conducting education and training; Continuing professional development; Links practice and education; Educational policy
Research & evaluation	Critical evaluation; Identifies gaps in the evidence; Develops and evaluates research protocols; creates evidence; research evidence into practice; supervises others undertaking research; establishes research partnerships

Table 4. Structure of the competency framework for advanced pharmacy practitioners

No.	Competency	Expert Professional Practice		
		Improving standards of pharmaceutical care for patients		
		Competency Level Descriptors		
		Foundation	**Excellence**	**Mastery**
1	**Expert Skills and Knowledge**	Demonstrates general pharmaceutical knowledge in core areas	Demonstrates specialist pharmaceutical knowledge in a defined area(s)	Advances the knowledge base in the defined area
		Is able to plan, manage, monitor, advise and review general pharmaceutical care programmes for patients in core areas	Is able to plan, manage, monitor, advise and review specialist pharmaceutical care programmes for patients in defined area(s)	Advances specialist pharmaceutical care programmes for patients in the defined area(s)