

# UNDERSTAND THE KNOWLEDGE AND SKILLS FRAMEWORK

*Getting ready for "Agenda for change" was the title of a conference in Birmingham on 23 June which revealed experience from early-implementer sites. Gareth Jones reports*

Pharmacy staff should familiarise themselves with the principles of the Knowledge and Skills Framework (KSF) now, but not worry yet about the detailed content, which is likely to change, according to Richard Cattell, director, South West Medicines Information and Training. This is because the KSF is still being developed, and is currently in draft seven. Under "Agenda for change", demonstrating your abilities through the KSF will be essential for achieving pay increases and obtaining promotions. However, there is not, at the moment, any experience from the early-implementer sites on how the KSF will work.

The KSF is a structured list of validated competencies which covers all activity in the NHS. In the same way that "Agenda for change" covers almost all roles in the NHS, the KSF is not specific to pharmacy. "One of our concerns when we first saw the KSF document was that the word medicine appeared about twice in the 168 page document," said Mr Cattell.

The KSF will be used to generate an outline of competencies for every role. There are six competencies which will feature on the outline of every role in the NHS (communi-

cation; people and personal development; health, safety and security; service improvement; quality; and equality, diversity and rights). There are a further 22 specific competencies (including patient care, teaching and information) and each role will be assigned between three and six of these to reflect the nature of that role.

## COMPETENCY LEVELS

On an individual's outline, each competency is scored at a particular level, which indicates whether a post holder should operate in a basic or more advanced way. The KSF also lists indicators for each level within a competency, which demonstrate the evidence that will be needed to prove you are operating at that level. The KSF outline will be agreed by the member of staff and their manager when they start a new role. For each competency, there will be a foundation level (to be achieved in the first year in a post) and a second gateway level (to be achieved before the post holder can move through the second gateway on the pay scale). Post holders will need to be performing their role at a higher level for many, but not necessarily all, of the

competencies to pass through the second gateway. Mr Cattell sounded one note of caution saying, "The consistency of assessment of competencies between different trusts causes me most concern."

"Having my own outline will tell me what my manager expects of me," said Mr Cattell. He added, "It means that I can sit down once a year with my manager and talk about my development, and make sure that I am on target to meet the requirements of the second gateway." It will be up to the employee to provide the evidence that they are performing at the right level to move through the gateways, according to Mr Cattell. It is currently unclear how much evidence will be needed, and where it will come from. From a management point of view, the KSF will provide an understanding of the learning demand in a department, so training can be delivered in the most cost effective way.

Once an employee is through the second gateway, they are deemed to have the competencies sufficient for the band above, and they can therefore start applying for jobs at a higher grade. However, meeting the second gateway or reaching the top of the scale will not result in an existing job being upgraded.

## Staff must be realistic about their new pay bands

Staff must be realistic about what pay band they can achieve under "Agenda for change", according to Duncan McRobbie, principal clinical pharmacist, Guy's and St Thomas' Hospital NHS Trust, one of the early-implementer sites. A ward sister, who may manage 30-40 staff, have a departmental budget and be responsible for what happens on their ward 24 hours a day, is only graded in band seven. There is a huge expectation from many pharmacists that they are going to be in band eight, he added, and people should be realistic.

"Some people think their jobs are special, and they want to go through a job analysis questionnaire", said Mr McRobbie. The experience at Guy's and St Thomas' was that this process was time consuming. The questionnaire is 36 pages long, before completion, rising to 50 pages once it has been filled in.

This takes about 30 hours to complete. "The vast number of people will fit the current profiles if you alter one or two words", said Mr McRobbie. Many staff found the process emotional, as they needed to distinguish between the skills they had, and the skills that were required to complete the job. This means, for example, that if a post holder has a higher qualification, which is not a necessity for the post, this would not be considered when performing the job evaluation.

## ANNUAL REVIEWS

Managers are required to perform annual reviews of staff performance under "Agenda for change". Mr McRobbie advised pharmacy managers to ensure clear lines of responsibility, so that they had a realistic number of staff (six to eight) for whom they personally performed the annual review. If a department has staff who are likely to claim enhancement in pay due to unsocial hours, it

is important to keep rota information for a reference period, as documentation is required to support this claim.

Jobs at Guy's and St Thomas' were put into families, which were all evaluated together. For example, all principal pharmacists, regardless of discipline (eg, clinical, technical services, medicines information), were considered together. Other pharmacist jobs were grouped and submitted as a group for each Whitley Council grade. These jobs were submitted in January, and the results are still unknown. This process is worrying for staff, and stressful for the one person in each family who attends the matching panel on behalf of themselves and their colleagues.

"It is vital to engage staff now", commented Mr McRobbie, as "Agenda for change" should not be a surprise for anyone. There is a new language to learn with this new system. Some members of staff need to become "Agenda for change" staff representatives in their local hospital.

Mr Jones is editor of Hospital Pharmacist