

# Competencies for pharmacists should be designed robustly and be evidence based

By **Duncan McRobbie, J Graham Davies, Ian Bates, David Webb**

**N**HS reports and policy have driven the need to ensure that pharmacists are “fit for purpose”. For over ten years we have been investigating methods of evaluating the competence of pharmacists in clinical practice. This work programme has arisen from the lack of standardised performance criteria for pharmacists involved in direct patient care, a concern regarding the lack of clarity of the clinical role of pharmacists and a shortage of robust objective assessment criteria to evaluate clinical practice. Much of this work has been shared by presentation at national conferences and publication in pharmacy journals. However, we are concerned that there is now a plethora of “competencies” being produced with no objective data to support them. There is a risk that competencies developed without a rigorous approach will not meet their aims.

The introduction of pre-registration competencies by the Royal Pharmaceutical Society in 1992 served as a starting point. The original “competencies” described behavioural descriptors, but in hospitals we did not have (and we believe the Society still does not have) any test for the rigour with which these were interpreted and assessed by the

pre-registration tutors. We therefore designed and tested an Objective Structured Clinical Examination (OSCE) to ensure that the subjectivity of individual clinical tutors was minimised. This OSCE was constructed of tasks that were deemed to be appropriate to expect a newly registered pharmacist to be able to perform safely by a consensus panel of practising pharmacists. Each task was tested for reliability and reproducibility, and the assessors tested for inter-rater reliability. The candidates and assessors satisfaction with the content and methods was regularly assessed and they found it to be a useful and effective method of assessment.

## Frameworks

Subsequent work has shown that there may be a mismatch between the level of expectation that employers have of their newly registered pharmacists and what they can do. We therefore proposed a competence-based practitioner development framework. This resulted initially in the development of a general level framework for practice. So that individual service requirements are recognised, as well as the individual pharmacist’s improvement in efficiency over time, a performance scale was also incorporated. These frameworks have been tested in a controlled educational trial and this demonstrates that using the framework improves individual pharmacist’s performance and achievement of the competencies.

As part of the early work it was noted that use of the framework by pharmacy managers helped them identify the service delivery that was required of their junior pharmacists. As yet, there is no national consistency

as to the level of clinical pharmacy that patients require.

The general level frameworks are now widely used across England, with over 60 hospitals using them to identify and assess the expected level of practice of junior pharmacists. The complete general level framework is available to any NHS organisation wishing to use it ([www.londonpharmacy.nhs.uk](http://www.londonpharmacy.nhs.uk)). With the development of clinical requirements in primary care through the new contract we have now adapted the general level framework to support primary care and community pharmacists.

Using a different, but equally evidence based approach, we started the development of advanced level frameworks. A literature review of published competence frameworks from other health professions and non-health profession-related competencies showed a significant amount of commonality in the core competence clusters for advanced level practice, no matter what the area.

There was an obvious need to demonstrate some degree of expertise in the area of practice, but this alone was not enough, and needed to be combined with building relationships, leadership, management, research and development and educational competencies. Using peer groups of recognised experts, competencies and behavioural descriptors were defined for each of these clusters. These were ranked so that different levels of expertise could be recognised.

The advanced level framework has been validated through groups of specialty pharmacists, both in the clinical and non-clinical areas. This work has been useful in guiding deliberations at the Department of Health regarding the

competencies required for consultant pharmacist practice.

While the behaviours for the generic clusters can be drawn from established literature, there is still no consensus on what constitutes expert professional practice. This area of expert practice equally applies to clinical specialties and to other areas of pharmacy professional practice. We are relying on the individual groups of specialty pharmacists to describe this. We are aware that the Critical Care Group of the UK Clinical Pharmacy Association (UKCPA) is taking this forward with the Department of Health using the advanced and consultant level framework as a template.

## Scientific approach

During this whole process we have attempted to take a robust scientific approach to the development and evaluation of these competence frameworks. We believe that we are the only group that has attempted to introduce this level of rigour into this important process. We have strived to be inclusive and our work has been supported by national organisations like the Guild of Healthcare Pharmacists, UK medicines information pharmacists group and the UKCPA. We also acknowledge the effort by numerous individual pharmacists who have been involved in this project. We would be interested in the Society’s view of these evidence based competencies and how they would translate to all pharmacists delivering pharmaceutical care, in whatever setting.

We call on all those involved in developing competencies to be aware of the current literature and the effort that we have made to provide an evidence base for the development of competencies in pharmacy.

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