

Competency frameworks — how they apply to hospital pharmacists

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The NHS Knowledge and Skills Framework affects the way in which NHS pharmacists are managed and developed. This article, the second of two about competency frameworks, sets out some of the implications and highlights the themes of the document



The Knowledge and Skills Framework has implications for all pharmacists working in the NHS

The NHS Knowledge and Skills Framework (KSF) is the third element of Agenda for Change (the first two being “job evaluation” and “terms and conditions”). It has lasting implications for the way in which all NHS employees are managed and developed. It also gives the opportunity to redefine the NHS pharmacy career and explore multidisciplinary working.

The aim of this article is to highlight key themes from the KSF and the development review process, and to explore some of the issues specific to pharmacists working in the NHS. It is not the intention of this piece to reproduce the KSF itself. Reading the document and attending training on its local application is the only way of ensuring that you have the fullest of understanding of the KSF.

Purpose and principles

Describing the knowledge and skills that the more than 1.2 million employees of the NHS need to apply in carrying out their

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roles is one of the main roles of the KSF. It seeks to provide a framework for development that is consistent, comprehensive and explicit and which can be used as a basis for the development and review of all staff. It applies to everyone except doctors, dentists and some board level and other senior managers, who have separate arrangements in place for their development review. The KSF supports development by:

- Being based on the principles of good people management and ensuring the development of services, through the development of all staff
- Ensuring that all staff have a range of development opportunities and accompanying resources relating to their role
- Ensuring that all staff are clear about the role they have and the roles of those around them

Its principles include equity in application for all staff, ensuring equal access to development. It is simple and deliverable and capable of including all nationally validated and approved competency frameworks.

Structure

Dimensions The statements in the KSF are grouped into 30 dimensions. There are six core dimensions, which are relevant to all posts in the NHS. The remainder are termed “specific dimensions”. These apply to partic-

ular posts in the NHS. It is the selection of these specific dimensions that represents one of the more interesting discussion areas of the development of KSF post outlines (see later).

Levels and indicators Each dimension has four levels of application. Each dimension, with its accompanying level, is described in full by a list of indicators. For individuals to meet a defined level, they have to be able to show they can apply knowledge and skills to meet all of the indicators in that level.

Examples of application Examples of application are the key area of the KSF. They describe the basis by which individuals and their managers or reviewers provide evidence for the development review process. In other words, they are the statements that describe what activity is expected to create the evidence of meeting a particular indicator for a dimension.

Examples of application are most likely to come from the job description for the role, or from suitable competency frameworks (see later). There are also suggested examples of application in the KSF itself. An example of application for the level 3 indicator to “develop oneself and contribute to the development of others” could include a statement from a job description such as “be a mentor to a preregistration trainee, guiding them through your area of practice during their year of experimental learning, under the guidance of the tutor”.

— Creating a KSF outline

Choosing specific dimensions Specific dimensions should be selected to provide a robust framework for the assessment and development of an individual role. A general aim is to include as few specific dimensions as possible, limiting selection to those that capture key development requirements for the particular post. It is not possible to cover every activity — only pick the major ones — and main activities can generally be covered in one or two dimensions.

Further along the career pathway, it may be appropriate to drop some specific dimensions that account for a less significant part of a particular post. For example, a manager might no longer require “health and wellbeing dimension 7” (ie, interventions and treatments) if he or she no longer has patient contact.

Overlapping dimensions When creating KSF outlines, it is useful to explore the overlap between the core and specific dimensions. For example, core dimension 2 — personal and people development — includes the informal teaching and mentoring that many pharmacists undertake. Specific dimension G1 — learning and development — is probably best used for those pharmacists who are responsible for formal teaching and training activities (including the planning, delivery and evaluation of training) and where it forms a significant part of their role.

By understanding how the two dimensions interrelate, a choice can be made as to whether to include a specific dimension or not and, if not, whether that influences the level of the core dimension.

Evolving KSF outlines It is likely that while a pharmacist is employed within one pay band, the nature of his or her role may change, either slightly or significantly. With either change, some alteration in the KSF outline may be required, and any such change can be agreed between the postholder and the manager. This allows us to evolve our KSF outlines as the role and service require.

Incorporating gateways In most years, pay progression will take the form of an annual increase in pay from one pay point within a pay band to the next, because there is a normal expectation of progression. At defined points in a pay band — known as “gateways” — decisions are made about pay progression as well as development. There are two gateways in each of the pay bands, set out in Panel 1.

The full KSF outline describes all of the knowledge and skills that need to be applied to meet the demands of the post in full. It is the expectation that individuals, once through the second gateway, will progress to

Panel 1: Gateways present in each pay band

- Foundation gateway — this takes place no later than 12 months after an individual is appointed to a pay band regardless of the pay point to which the individual is appointed
- Second gateway — this is set at a fixed point towards the top of a pay band as set out in the national agreement

The foundation gateway is a subset of dimensions and levels that are selected to reflect the basic knowledge and skills that need to be applied in a post. It describes this minimum set, plus any development in a foundation period

the top of the band and will start to develop the knowledge and skills sufficient for roles in the next pay band up the scale (providing they wish to move up).

Using other competency frameworks

Potential sources of examples of application include the KSF itself and also other competency frameworks. The KSF is clear that only nationally recognised, validated and assured competency frameworks can be used in the implementation of the KSF. Examples of these include the Royal Pharmaceutical Society’s framework for preregistration trainees and, in the future, the pharmacy services national occupational standards.

Linking with continuing professional development and “Plan and record”

By using the examples of application, after discussions at development reviews, to identify and evaluate development opportunities, the KSF outline lends itself well to supporting the professional CPD agenda and the completion of “Plan and record” (the Royal Pharmaceutical Society’s CPD recording format) entries.

— Development review

The development review is the method by which the KSF is implemented. It is the ongoing cycle of review, planning, development and evaluation that forms part of any good management practice with respect to an individual’s development in a role. Four key stages make up the development review process:

- Holding discussions between the postholder and manager or reviewer about the postholder’s work against the KSF outline for that post
- Producing a plan that identifies development needs, and activities to address those needs

- Undertaking the development identified in the above plan
- Reviewing the effectiveness of the development undertaken and assessing any further development needs

— Challenges

Achieving local (ie, within professional groups or teams and across groups within organisations) and national consistency will be two of the main challenges of implementing the KSF. These and other issues are also likely to contribute to the implementation process being time consuming in the first instance while the new system is bedded in.

Financial (as well as time) resources will be another issue. For example, one of the main benefits of the KSF is that individuals and their managers or reviewers are clearly jointly responsible for those individuals’ development. This may well lead to more people accessing many different types of development opportunities, which could have monetary implications.

— Getting started

It is in the interest of all pharmacists to read through the KSF.¹ At a departmental or team level, it is a good idea to identify a lead who will engage with the organisation’s approach to KSF development. KSF outlines for each of the posts in the department should be generated, and their consistency and development checked across the organisation.

Using the Guild of Healthcare Pharmacists’ “Producing KSF outlines for pharmacists” as a guide can help.² In addition, a list of some frequently asked questions (and answers) is set out in Panel 2 (p223).

ACKNOWLEDGEMENT We thank Kate Price, regional CPD pharmacist, South West Medicines Information and Training, and Kevin Gibbs, clinical pharmacy manager, United Bristol Healthcare Trust for reviewing this article.

— References

1. Department of Health. The NHS Knowledge and Skills Framework (NHS KSF) and the development review process. London: The Department; 2004. Available from www.dh.gov.uk (accessed 25 May 2005).
2. Guild of Healthcare Pharmacists. Producing KSF outlines for pharmacists. Available from www.ghp.org.uk (published 23 May 2005).

Competency frameworks

The first article in this series of two articles sets out general information about how competency frameworks operate in the workplace (*Hospital Pharmacist* 2005;12: 144–7). Available via www.pjonline.com

Panel 2: Frequently asked questions (and answers) about the Knowledge and Skills Framework (KSF)

- Who decides on the dimensions and levels for my KSF outline?
Your KSF post outline is agreed in partnership with your organisation. This might involve you directly or a staff side representative. There should be local consistency checking within organisations.
- Will colleagues with the same job have the same KSF outline?
Yes. KSF outlines apply to posts and not people. Tailoring will be necessary to reflect specific aspects of posts.
- Who will decide on whether I pass through a gateway or not?
This is agreed in partnership between you and your manager or reviewer. If there is any disagreement then the matter is referred to a third party, who will consider all the facts objectively.
- Can I move up the pay scale faster than one point per year?
Within bands there is no opportunity to rise more quickly than one point per year. You can, however, apply for a post in the band above at any time.
- What happens when I get to the top pay point in my band?
At the top pay point, you will have shown that you have developed and applied the knowledge and skills required for your current post and will also be supported to start developing the knowledge and skills for the posts in the band above.
- When do I need to have my KSF outline completed by?
Every member of staff should have a KSF post outline by October 2006.
- How will I know that the process is carried out with equality and fairness?
There are four elements to this. Firstly, all staff and their managers should be trained to some extent in the implementation of the KSF. Secondly, trusts will have a consistency checking process to ensure fairness across their organisations. Thirdly, strategic health authorities have a role in ensuring equity. Finally, there will also be national monitoring to ensure that all NHS organisations are implementing the Agenda for Change agreement.
- What work is being done within pharmacy?
For two years, the Guild of Healthcare Pharmacists has been working with the KSF development group to ensure that the pharmacy and medicines agenda is adequately reflected in the KSF. The GHP released advice last month to members on implementation from the early implementer sites available from the GHP's website (see reference 2). This resource will develop over time.
- If I have two roles in my job, will I have two KSF outlines?
This depends on the nature of your employment. If you are employed part-time on each post, you should have two KSF post outlines. If you have a joint role then you should have a single outline that reflects both aspects of your job.
- If I manage staff, how long will all this take me?
The process of preparing the KSF outlines and undertaking a development review reflects good management practice. The main difference for many managers will be the use of the statements in the KSF. Once familiarity is gained with the working of the KSF then the time taken will reduce. The time required is certainly one of the challenges of the implementation of the KSF, but the process should have benefits, such as improved team working.