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KSF implementation

— producing outlines for pharmacy staff

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By September, NHS Trusts are required to have assigned Knowledge and Skills Framework outlines to each job and to have carried out their first review. This article describes one trust's experience of using a pragmatic approach to implement the KSF in the pharmacy department



In the new appraisal system performance is assessed against KSF outlines

The NHS Knowledge and Skills Framework (KSF) describes the knowledge and skills that NHS staff need to apply to their work in order to deliver quality services. It provides a single, consistent and comprehensive framework on which to base staff review and development. The framework aims to facilitate service development, support the effective learning and development of both individuals and teams, and promote equality and diversity of all staff.¹ It also provides a single system of pay progression across the NHS and is an integral component of Agenda for Change.

Each NHS job will have a KSF outline consisting of six core dimensions plus specific dimensions related to the post. For each dimension there are certain levels that the post holder should meet no later than 12 months after appointment ("foundation gateway") and at a fixed point towards the top of a payband ("second" or "full gateway") in order to achieve pay progression. Within these levels there are indicators that describe how the knowledge and skills need to be applied to the particular job, with practical examples ("examples of application").

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The Department of Health originally stated that KSF outlines for all NHS jobs should be produced by September 2005, but last summer this deadline was extended to 21 December 2005 for all broad outlines (ie, the dimensions with levels and indicators but not examples of application). A deadline of 31 March 2006 was then set for the completion of examples of application within all KSF outlines, although some trusts are still completing this step. The final deadline for all KSF outlines to be assigned and the first review to have taken place is the end of September 2006. The pharmacy department at Chelsea and Westminster Hospital was one of the trust's KSF implementation pilot sites. This article discusses how we have implemented the KSF into our pharmacy department, making it work within our current system of training and reviews.

Developing KSF outlines

Three staff members with training and operational backgrounds were selected to write and produce the KSF outlines for all posts on behalf of the pharmacy department line managers. It could be argued that line managers should have written the KSF outlines for their own staff since this may engender a sense of ownership and develop line managers' own understanding of the KSF process.

However, there were several operational reasons for our approach. First, the large vol-

ume of KSF outlines to write and the short time to complete them in would have placed unrealistic pressure on the line managers. Second, we felt that our approach would allow us to map KSF outlines within the pharmacy department and the trust, and against comparable posts from other trusts. This would improve the efficiency of the approval process by the trust KSF review panel. Third, we found that drafting outlines for line managers to review produced a faster response than asking the managers to produce outlines from scratch. Providing a draft for the line managers to work with also appeared to promote objectivity, minimising the temptation to write the outline according to the ability of the current post holder rather than the job description.

We initially drafted the outlines without including practical examples, since the review panel were willing to approve the broad outlines first. We began by producing outlines for all posts that had more than one post holder, such as resident pharmacists, rotational technicians, rotational pharmacy assistants and medicines management technicians. The next stage was to sort other jobs into groups with similar bandings and

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responsibilities according to job title descriptions, such as lead pharmacists and clinical specialist pharmacists. We then wrote the outlines for other individual posts. Once agreed with the line managers, the outlines were uploaded onto the e-KSF (see Panel 1) and submitted to the review panel.

Anecdotal discussion with pharmacy staff involved with implementing the KSF in other trusts suggested some ambivalence. Comments received included the perception that dimensions and levels were “meaningless” and that their generic nature made it difficult to start the process of writing outlines for specific posts. We therefore decided to investigate how we could incorporate the KSF into our existing structure of training and appraisal, rather than making unnecessary changes to our schemes.

Our departmental training schemes were checked to ensure that they accurately reflected the relevant job description. It was then possible to choose KSF dimensions and levels that fitted these training schemes, thus providing instant examples of application.

We decided to apply a liberal interpretation to each of the KSF dimensions, taking a pragmatic approach depending on the post under review. Once dimensions had been chosen for a particular post, the dimension levels were selected. We found that this was best achieved by reviewing the highest level

Panel 1: The e-KSF

The e-KSF is an internet-based system designed to help manage the KSF and personal development review process. Chelsea and Westminster Healthcare Trust encourages all staff to use this system and is linking the system with the trust's payroll system to ensure the database of staff is accurate.

Training sessions on use of the electronic system were held for all staff in the hospital. A procedure was written and adapted to fit in with our internal practices, such as the fact that “examples of application” were input by the staff members facilitating the KSF implementation rather than the line managers.

One of the challenges we faced when inputting KSF outlines and examples of application onto e-KSF was editing previous versions. Once information has been put onto the system and approved by a panel this version can no longer be edited or updated. To meet the phased deadlines of KSF implementation, the outlines for each post were completed and approved and then examples of application added at a later stage, as a second version. We therefore had to adopt a nomenclature to signify which was the most recent version.

first (level 4) to check for appropriateness and working backwards, to level 1. We were then able to review a job description and, relatively quickly, achieve a sense of what levels would be appropriate for each dimension.

— Examples of application

Incorporating examples of application into each outline is critical to relate the broad KSF outline to each individual post. Review of our in-house training programmes found

that the objectives and competencies already defined in the training manuals could be used as examples of application.

There were certain dimensions not covered in the training manual (eg, equality and diversity), so we had to identify suitable examples of application for these to ensure that they were included in the KSF outline.

For each staff group examples of application were identified from statements in the job descriptions. These were then circulated to each line manager to review and to add further examples.

Within our department, there was considerable debate around how many examples of application to include for each dimension and outline. Our early observation of e-KSF was that many outlines contained numerous examples and we found this highly time consuming. We therefore decided to provide relatively few examples and leave it to line managers and post holders to negotiate additional examples which would be recorded as evidence at KSF reviews. This approach would rely on staff familiarising themselves with KSF dimensions and levels, assisted by ongoing support from the pharmacy education and training team.

We appreciate that staff groups and pharmacy departments will vary in opinion of what constitutes acceptable numbers of examples of application for KSF outlines.

— Managing expectations

An important step in integrating the KSF into existing training programmes (see Panel 2, p171) was to manage the expectations of staff, particularly of those participating in rotational training schemes. Before the introduction of the KSF, staff would achieve a grade and/or pay progression once certain criteria were met. A fundamental difference in the KSF system is that demonstration of knowledge and skills is now associated with

Panel 2: Integration into existing training programmes

The Chelsea and Westminster Hospital has a number of training programmes for staff groups, each with an associated training manual, appraisal paperwork and assessment methods. We felt it important to retain these schemes and so adapted them to encompass the KSF. Careful integration of the KSF into the existing training manuals also helped to reassure staff that the KSF would not mean unnecessary extra work.

The first step was to ensure that training programmes reflected the revised Agenda for Change job descriptions. We made use of existing timetables of assessment where possible, with mini-KSF reviews replacing, for example, elements of “end of section” appraisals. Section heads were provided with copies of KSF paperwork to complete at these appraisals, which could then be forwarded to the line manager for use at formal KSF reviews, which would involve using e-KSF (Panel 1, p170).

We were able to clearly illustrate that if the demands of a training scheme were met the post holder would automatically meet the KSF outline. This also helped the line managers to feel more confident in assessing the individuals against their KSF outline.

pay progression only and is not associated with a grade change. Several staff were concerned about how their progression would be affected by the implementation of the KSF. Workshops were held to explain the nature of Agenda for Change bandings and its relationship with the KSF.

— Review and appraisal

As part of the trust’s KSF implementation programme, new trust-wide personal development review paperwork was developed.

Before the introduction of KSF, the appraisal paperwork consisted of the following sections:

- Pages to define the individual’s objectives
- A personal development plan to document any training needs
- Comments pages to document feedback following quarterly reviews and end of year appraisals

The new appraisal system focuses on a review of performance against the individ-

ual's KSF outline and any personal development actions identified from gaps in the KSF Agreement was obtained from the trust KSF consultant to use the new paperwork but to incorporate elements of the existing pharmacy paperwork such as the objective sheets. Retaining our record of objectives enables us to link back to the pharmacy department and trust business plans.

Another key change to our practice related to the timing of reviews and end of year appraisals. Historically, objectives were set for all non-rotational staff at the start of the financial year irrespective of their start date and reviews took place every quarter thereafter. For rotational staff, objectives were set at the start of each new rotation with appraisals taking place at the end of each rotation and an overall review at the end of each year. Under the KSF system, matching individuals (rotational and non-rotational) to their outlines and setting objectives

Further reading

Articles on how the Knowledge and Skills Framework operates and applies to hospital pharmacists (*Hospital Pharmacist* 2005;12:144-7 and 2005;12:221-2) can be accessed via *PJ Online* (www.pjonline.com/competence).

occurs on appointment and there is a minimum of two meetings with the line manager per year to review progress and produce a personal development plan. These key changes in the review process had to be incorporated into in house practices and all staff trained accordingly.

The KSF annual review, including the assessment of eligibility to progress through KSF gateways, now includes a financial dimension in terms of pay progression. This may alter the dynamic of the reviews and our early experience found some level of anxiety amongst staff. Both line managers and post holders will need support to ensure that examples of application are clearly agreed and assessed. This process has begun by the updating of in-house appraisal training. The trust KSF consultant has visited the pharmacy to train staff in these areas and to identify any problems.

In addition, the introduction of mandatory recording of continuing professional development means that the KSF outline can be used to identify suitable CPD entries.

Conclusion

The KSF is having a significant impact upon pharmacy staff within the NHS. Other than for new posts, the task of writing outlines for the department is largely a one-off exercise

and we have been able to share our experience and outlines with other trusts. The KSF has added structure to our training schemes and we have been careful to promote an aspirational rather than an impositional approach to KSF. In practice, this has meant promoting the KSF as an opportunity to define and measure progress in the acquisition of knowledge, skills and attitudes.

We have been open about the obligations of KSF but have presented these as a secondary issue. We hope that the approach of making KSF work for us, with appropriate support from all staff, will have minimised any potentially negative impact of implementing the KSF in the pharmacy department at the Chelsea and Westminster Healthcare NHS Trust.

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Using KSFs to support CPD

An article about using KSF outlines to record continuing professional development is set to appear in the next issue of *Hospital Pharmacist*.