

Your KSF development review — how to collect evidence

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Evidence to show that an individual is meeting the KSF outline for his or her post needs to be presented at his or her annual development review. This article describes the types of evidence that might be used and provides tips on how it can be collected

During their annual development review all pharmacy staff working in the NHS need to show that they are meeting the knowledge and skills framework (KSF) outline for their post. In order to do this, they will need to have collected evidence of their achievements, roles and responsibilities throughout the year.

The aim of this article is to provide guidance to pharmacy staff on the collection of work-related evidence to use at their annual development review, the formal forum where much of the development review process takes place (see Figure 1). Although the article is written mainly with technicians in mind, many of the general principles will also be of relevance to pharmacists.

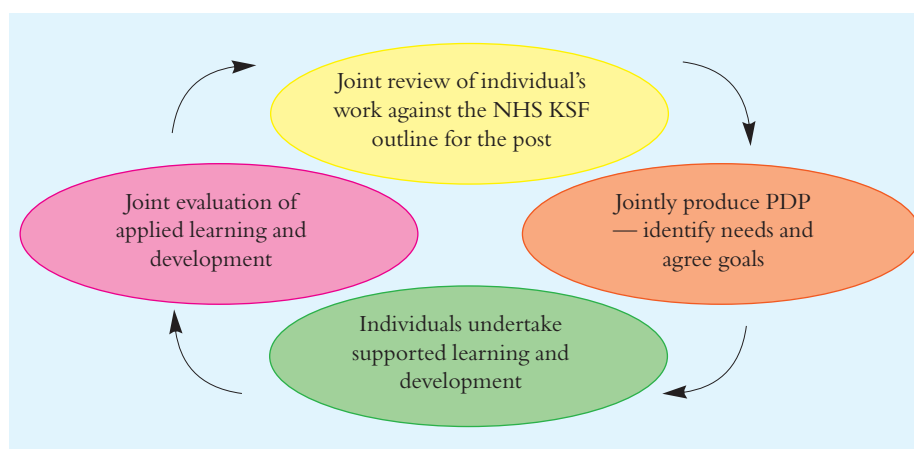


Figure 1: The NHS KSF development review process. “KSF” means knowledge and skills framework. “PDP” means personal development plan. Adapted from reference 1.

Evidence

It is worth noting that pharmacy technicians are generally experienced in collecting evidence — they need to do this to produce the portfolios required to achieve level 3 of the national vocational qualification in pharmacy services. In common with the evidence for NVQ portfolios, the evidence of work required for NHS KSF reviews can take a variety of forms and can be presented and recorded in different ways. Some forms (for example, written statements from supervisors, certificates, notes from meetings, environmental monitoring records, appraisal records, log books and forms, continuing professional development records and adverse incident reports) are included in Panel 1 (p27). Other types of evidence could include:

- Written or electronic work produced by the individual
- Records of guided discussions

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- Contents of reflective practice diaries
- Records of general qualifications
- Departmental learning and training and development plans
- Departmental records of performance or results
- Financial, resource, budget or other records of particular initiatives
- Projects, assignments and audits
- Records of “360 degree” feedback (ie, staff to managers as well as managers to staff) at appraisals

Whatever form the evidence takes, it should comply with the five “VACCS” rules — it should be:

- Valid, in that it is relevant and fair to the NHS KSF outline and the individual is not being asked to produce evidence outside the level, depth, breath or scope of his or her post
- Authentic, in that it is reliable and can be attributed to the individual
- Current, in that it is up-to-date information and reflects the individual’s recent work practice
- Cost-effective, in that it is a product of normal work that requires minimal

“paper chasing”. Evidence should also meet more than one indicator in a dimension and can be cross-referenced to other dimensions

- Sufficient, in that it clearly demonstrates the individual’s work against the KSF outline

Following these rules should help allay some of the concerns that have been expressed by pharmacy staff that collecting evidence will take up too much time.² For example, when considering level 2 of core dimension 1 — communication — one of the indicators is “communicates with a range of people on a range of matters in a form that is appropriate to them and the situation.” Relevant examples of application might include:

- Establishing and maintaining contact with different people
- Explaining how to do something
- Making arrangements
- Reporting any changes that are needed
- Sharing information and opinions

Translating into specific job roles and tasks, this indicator could therefore be interpreted as, for example, “patient

Panel 1: Examples of evidence relating to the six core dimensions and one specific dimension (HBW10)

Dimension	Level	Possible examples of appropriate evidence	Relevant indicator
Communication	2	<ul style="list-style-type: none"> ■ Written patient counselling log forms demonstrating counselling to a range of patients (explaining use of new medicines, changes to prescriptions or obtaining repeat supplies) and documenting referral to pharmacist or other colleagues as necessary 	a, b, c, e
		<ul style="list-style-type: none"> ■ Written statement (ie, witness statement) from pharmacists or senior technicians on effective use of listening and questioning skills and identification of non-verbal signals from patients 	a, b, c, e
		<ul style="list-style-type: none"> ■ Evidence of accreditation in patient counselling or medicines management courses or of passing rotational technician in-house competency programmes 	a, b, c, d, e
People and personal development	2	<ul style="list-style-type: none"> ■ Records or recall of verbal feedback from manager at individuals appraisal 	a, b, f
		<ul style="list-style-type: none"> ■ KSF development review documentation and achieved PDP together with new PDP 	a, b, c, e
		<ul style="list-style-type: none"> ■ CPD records ■ Written statement from new colleague on contribution made to induction and instruction of daily work matters 	a, b, c c, d, f
Health and safety and security	1	<ul style="list-style-type: none"> ■ Attendance certificates of mandatory training (eg, fire safety, manual handling, infection control, child protection) 	a, b
		<ul style="list-style-type: none"> ■ Verbal recall of emergency procedures involving fire, bomb alerts, security issues and injury, (eg, needlestick injuries with cytotoxic drugs) 	a, b, e
		<ul style="list-style-type: none"> ■ Incident reporting records and written records or e-mails raising or highlighting risks with the responsible person 	e
		<ul style="list-style-type: none"> ■ Written statement from supervisor on adherence to procedure used for disposing of waste (ie, cytotoxic waste or return and disposal of waste from ward top-ups) 	a, b, c
Service improvement	1	<ul style="list-style-type: none"> ■ Notes or minutes of team meetings where constructive suggestions have been made to improve work systems or raising issues of risk (eg, highlighting faulty equipment) 	c, d, e
		<ul style="list-style-type: none"> ■ Revision of standard operating procedure with sign off 	c, d
		<ul style="list-style-type: none"> ■ Documentation demonstrating active participation in audit data collection(eg, outpatient waiting times) 	a, c
Quality	1	<ul style="list-style-type: none"> ■ Self checklist for checking own dispensed medicines before putting forward for final check 	c, d
		<ul style="list-style-type: none"> ■ Competency records demonstrating adherence to good manufacturing practice 	a, b, c, d, e
		<ul style="list-style-type: none"> ■ Appraisals from supervisors relating to team working 	b, c
		<ul style="list-style-type: none"> ■ Environmental monitoring records for production areas 	a, b, c, d, e
		<ul style="list-style-type: none"> ■ Written records of customer service issues or complaints and own strategy for dealing with these 	a, b, c, d, e
Equality and diversity	2	<ul style="list-style-type: none"> ■ Written statement from senior technician on interaction with patients and maintaining patient confidentiality while receiving or issuing prescriptions 	a, b, c
		<ul style="list-style-type: none"> ■ Feedback about customer service skills when interacting with patients face-to-face or over the telephone 	a, b, c
		<ul style="list-style-type: none"> ■ Records or recall of verbal discussion with KSF reviewer relating to trust equality and diversity policies and the pharmacy technician code of ethics and how this applies in every day practice 	a, c, d
		<ul style="list-style-type: none"> ■ Written patient counselling log forms documenting patients special needs and accommodating patients views and personal preferences to support medication compliance (ie, issuing of compliance aids, different form of medicine [syrup, dispersible tablets], oral syringes etc) 	a, b, c
HBW10	2	<ul style="list-style-type: none"> ■ Dispensing accuracy log forms (demonstrating ability to interpret and confirm legality of prescription) recording dispensing marked as correct and accurate by final checker 	a, b, c, d, e, f, g
		<ul style="list-style-type: none"> ■ Records of non-sterile and sterile batches of medicines manufactured in pharmacy production facilities 	a, b, c, d, e, f, g
		<ul style="list-style-type: none"> ■ Records of ward stock top-ups including maintaining stock areas and ensuring stock is “fit for purpose” and in date 	a, b, c, d, e, f, g
		<ul style="list-style-type: none"> ■ Written statements about the correct ordering, receiving and issuing of ward and clinic stock 	a, b, c, d, e, f, g
		<ul style="list-style-type: none"> ■ Records of manufacturing sterile and non-sterile extemporaneous or batch products with quality control release documentation and deviation records 	a, b, c, d, e, f, g
		<ul style="list-style-type: none"> ■ Training and competency records from aseptics and oncology, recording the complete process of preparing the environment and work area, manufacturing products and cleaning equipment and work areas afterwards 	a, b, c, d, e, f, g

The examples of evidence set out relate to part of the proposed rotational pharmacy technician NHS KSF published in reference 3. They are not exhaustive and are a sample and a guide only. The quality of the evidence provided against the indicators would be judged by the reviewer as to its sufficiency and clarity in supporting the NHS KSF outline. "PDP" means personal development plan and "CPD" means continuing professional development. "HBW10" is the health and well-being specific dimension relevant to pharmacy staff

counselling when issuing prescriptions”. However, this example is taking one dimension level and indicator in isolation. A more detailed review of the level 2 indicators of core dimension 1 illustrates that evidence of counselling patients while issuing prescriptions could relate to all of the indicators and many examples of application. Therefore evidence can be cross-referenced to reduce repetition.

Appendix 3 of the KSF contains a list of subjects and identifies the dimension to which these relate. This can be used as a tool to help decide on appropriate pharmacy-related evidence. For example, “accident or incident reporting” is signposted to core dimension 3 (health, safety and security) and core dimension 5 (quality). So, a report of, for example, a needlestick injury completed in the appropriate trust format, could be relevant to both dimensions.

It should be noted that the responsibility for collecting evidence lies with individuals, but managers and supervisors should offer support. The NHS KSF process should allow for six-monthly informal discussions to provide opportunity to plan for the development review and allow discussions about the evidence that is required. When planning evidence collection, any learning material and learning outcomes that have been met as a result of previously identified

development needs should be included. Also, to ensure sufficiency and reliability, information should be gathered using a variety of different forms from a variety of different sources. For example, evidence consisting entirely of verbal reports will not stand up to scrutiny.

— Practical issues

Following are some practical hints to help with collecting and recording KSF evidence:

- Agree with supervisors what type of evidence will demonstrate the outline requirements and will meet particular indicators
- Keep written notes of supervised sessions
- Pay attention to confidentiality and the Data Protection Act by keeping staff and patient details anonymous
- Wherever possible, use the same piece of evidence for several dimensions and indicators
- Make entries in personal log books throughout the year. This will avoid having to collect a lot of evidence just before the development review
- Provide evidence of the application of learning and do not just rely on having obtained a certificate

— Conclusion

Collecting evidence need not be an onerous task, particularly if evidence that results from normal working practices is used for more than one indicator in a dimension and cross-referenced to more than one dimension. There is, however, a need to agree in advance what types of evidence are required and to plan ahead.

It should be noted that the collection of quality evidence helps pharmacy technicians to climb the skills escalator and enhance their career progression within the Agenda for Change process. This, in turn, gives the public and patients confidence in pharmacy technicians’ competence, skills and knowledge to provide quality pharmacy services.

— References

1. Department of Health. The Knowledge and Skills Framework (NHS KSF) and the development review process. The Department: London; 2004.
2. Safdar A, Kostrewski A, West T. How fair is the KSF? — staff perceptions and concerns. *Hospital Pharmacist* 2006;13:336–8.
3. Association of Pharmacy Technicians UK. A guide to developing NHS Knowledge and Skills Framework outlines for pharmacy technicians. *Pharmacy Technician Journal*: August 2005.