

Applying the KSF to general level pharmacists

By Alison Eggleton, MRPharmS, Brit Cadman, MRPharmS, Helen Howe, FRPharmS, and Denise Farmer, MRPharmS

One of the guiding principles of the NHS KSF is that other, more specific, competence frameworks can be used with it. This article describes an initiative to link the KSF to the pharmacist-specific General Level Competency Framework



The Knowledge and Skills Framework should link with other current competence frameworks

One of the guiding principles of the NHS Knowledge and Skills Framework (KSF) is that it should be capable of linking with current competence frameworks that apply to certain NHS staff groups. This is because the KSF does not describe the exact knowledge and skills that people need to develop. Other, more specific, competence frameworks can be used as evidence of achievement of the dimensions and levels of the KSF where this is agreed and applicable.

General level framework

The General Level Competency Framework (GLF) is a pharmacist-specific framework that describes the competencies and behaviours that should be applied by pharmacists delivering core or general pharmacy services. In NHS hospitals, this is usually band 6 pharmacists. It has been developed by the Competency Development and Evaluation Group (CoDEG), a collaborative network of developers and

researchers, practitioners and specialist and academic pharmacists. Core membership of CoDEG comes from London, Eastern and South East Clinical Pharmacy Specialist Services and the schools of pharmacy at the universities of Brighton and London.

The GLF has been successfully evaluated in hospital,¹ primary care and community pharmacy settings.² It separates individual behaviours into competencies clustered into four main areas:

- Delivery of patient care
- Personal development
- Problem solving
- Management and organisational skills (added to version two of the GLF)²

Unlike the KSF, the GLF includes attitudes, as well as knowledge and skills, and allows performance against behaviours to be rated and compared against agreed achievement levels. This performance measurement aids the identification of specific learning needs.

This article describes an initiative at Addenbrooke's Hospital, Cambridge, where the role and development of band 6 pharmacists were revised to incorporate the requirements of the KSF and linked to the GLF. We wanted to determine whether the GLF could be used as evidence to demonstrate achievement of the KSF profile for a band 6 pharmacist, both at foundation and at full profile levels. The project involved:

- Step 1: Developing a KSF outline for band 6 pharmacists
- Step 2: Linking the KSF outline for band 6 pharmacists with the GLF
- Step 3: Identifying the evidence needed to produce a GLF-based portfolio
- Step 4: Implementation

Step 1: the KSF outline

The KSF outline for band 6 pharmacists' posts was drawn up in consultation with a representative of the staff group, a line manager and the chief pharmacist, with advice from a representative of the Cambridge University Hospitals NHS Foundation Trust KSF team. In order to validate the proposed outline, it was then compared with the profile drawn up by Richard Cattel on behalf of the Guild of Healthcare Pharmacists. Agreement with this sample profile was reached on all but one of the dimensions. Because band 6 pharmacists at Addenbrooke's Hospital undertake a three-month rotation in medicines information and are required to answer medicines information queries regularly as part of their on-call duty, it was thought appropriate to include the knowledge and information resources dimension (IK3). The KSF outline for the band 6 post at Addenbrooke's Hospital is shown in Panel 1 (p164).

Band 6 pharmacists at Addenbrooke's Hospital have a three-year fixed term contract as resident pharmacists. They are

Alison Eggleton is principal pharmacist (education and training); **Brit Cadman** is principal pharmacist (clinical services) and **Helen Howe** is chief pharmacist, all at Addenbrooke's Hospital, Cambridge. **Denise Farmer** is associate director (Eastern) for London, Eastern & South East Clinical Pharmacy Specialist Services

responsible for elements of service delivery and for providing the first-on-call service, but essentially this position is viewed as a training post, building on baseline competencies achieved at registration.

Training Training consists of a series of three- or six-month rotations covering patient services (inpatients, outpatients and a dispensary serving mental health patients), preparative services and medicines information. At the same time, pharmacists participate in the clinical pharmacy service to a range of surgical, medical and neurology wards. Training objectives are provided for each rotation which build upon those provided during the preregistration year. The duties performed and responsibilities undertaken within each section develop as general level pharmacists gain confidence and experience. Pharmacists are accredited to perform duties such as end-checking of dispensed work, clinical accuracy checking, dispensing and checking of clinical trial medicines and answering medicines information queries, as well as the full range of duties involved in preparative services for both parenteral nutrition and chemotherapy. For example, they are accredited to handle intrathecal drugs, and to end-check and perform the clinical accuracy check for chemotherapy regimens.

At the end of each rotation, section heads provide testimonials that are agreed through discussion with the resident pharmacist. These describe the quality of work achieved, commend success and suggest areas for improvement. Pharmacists are currently supported in undertaking a postgraduate clinical qualification if they wish to do so.

Each pharmacist is also allocated a senior pharmacist mentor to oversee and assess their development as a clinical pharmacist. Mentors will also act as personal tutor if a pharmacist is registered for a postgraduate course.

Step 2: linking to the GLF

In order to build the KSF into the current training programme, the overall KSF profile was first mapped to the GLF by the project lead and an external adviser from London, Eastern and South East Clinical Pharmacy Specialist Pharmacy Services, who is also a member of CoDEG, and familiar with both the KSF and the GLF. Care was taken to ensure that all KSF dimensions were adequately covered within the GLF. Version 2 of the GLF, that includes the management and organisation cluster, was found to map closely to the KSF outline.

The purpose was to ensure that the GLF could be used as the competence framework to assess the daily work of band 6 pharmacists. A local consultation process with senior education pharmacists in East Anglia had already established the levels of achievement

Panel 1: KSF profile for band 6 pharmacists at Addenbrooke's Hospital

Core dimensions

Communication	Level 3
Personal and people development	Level 2
Health, safety and security	Level 2
Service improvement	Level 2
Quality	Level 2
Equality and diversity	Level 2

Specific dimensions

Health and well-being (6)	Level 2
Health and well-being (7)	Level 3
Health and well-being (10)	Level 4
Information and knowledge	Level 1

expected of band 6 pharmacists at the end of their first and second years in post. Rather than draw up a foundation level profile, it was decided to adopt these achievement levels as indicators of satisfactory progress. Thus achievement of the levels expected at the end of year 1 would demonstrate that the pharmacist had met the requirements for the foundation gateway, and achieving the required level for year 2 would demonstrate that the pharmacist had met the requirements for the full profile.

Regular feedback and GLF reviews throughout the year should ensure that pharmacists failing to make satisfactory progress are identified and a remedial plan put into place.

Step 3: identifying evidence

Once the mapping process had taken place, all of the general level pharmacist training objectives were mapped to the GLF to demonstrate those behavioural statements or clusters for which pharmacists could provide supporting evidence. The testimonial form was also revised to match the GLF and a summary of the GLF handbook was provided to section heads to encourage them to use the updated format.

Pharmacists can also include assessments required by formal postgraduate training with a higher education institution (HEI) since these can be linked to specific competencies in the GLF. The GLF forms a routine part of the assessment of pharmacists undertaking the diploma in general pharmacy practice — a development by six HEIs in partnership with the NHS via the Joint Programme Board. The aim of the board is to ensure that pharmacists receive equivalent post-registration, mainly work-based, training and experience, irrespective of their workbase or of the HEI providing the formal academic element. The recent award of a

development grant from the Higher Education Funding Council is helping to support this initiative.

Step 4: implementation

With all the necessary supporting documentation complete, training of the general level pharmacists began. The education and training pharmacist ran training sessions for small groups to ensure that pharmacists understood the mapping, the process for evidence collection and the revised review and appraisal process. Training was also provided to pharmacists and technicians who will be responsible for assessing the competence of the general level pharmacists.

Pharmacists are required to collect evidence to demonstrate their competence against the GLF. A pharmacist and his or her line manager must agree and document the evidence sources considered acceptable for progress reviews and the formal end-of-year appraisal. This is achieved through one-to-one meetings followed by a formal written agreement. All written evidence must be signposted to illustrate those GLF competencies to which it applies. This

Panel 2: Evidence for the KSF review

The compulsory and optional forms of evidence used to demonstrate pharmacists' competence are listed below.

Compulsory evidence

- Monthly intervention report
- Quarterly Controlled Drugs check report
- Twelve continuing professional development records
- Signed sectional objectives

Other possible sources of evidence

- Reports from the pharmacist mentor
- Testimonials
- Completed interim GLF assessments
- Incident report forms
- Expanded intervention reports
- Diary log of significant incidents
- Medicines information enquiry responses
- Clinical intervention slips
- Records of on-call duties
- On-call handover reports
- Records of attendance at, and input into, resident pharmacist meetings
- Records of application of medicines management initiatives (eg, therapeutic switch policy)
- Stock list reviews
- Course work completed as part of formal postgraduate education

Evidence should be anonymised as appropriate to maintain patient confidentiality

includes any formal course work required by an HEI.

It is important to note that not all of the evidence needs to be written. Examples of the types of evidence that can be used to support grading decisions against the GLF are shown in Panel 2 (p164). Assessment tools provided by the HEI to assess practical skills such as pharmaceutical care planning are also mapped to the GLF. Pharmacists are given instructions on how to use the GLF as part of their professional CPD requirements and on how to add the GLF competencies to "Plan and record" so that their CPD evidence may also be signposted to the GLF.

Progress reviews are conducted at the end of each rotation by the section head and biannually by the line manager, who is responsible for the final decision regarding overall progress, taking into consideration the feedback provided by different assessors. Should the manager decide that progress is unsatisfactory and likely to affect the award of a pay increment at a gateway, advice from a human resources adviser must be sought at an early stage, before any action is taken or discussed with the individual concerned.

— Validity of approach

The agreed levels of competencies for the end of years 1 and 2 for band 6 pharmacists

at Addenbrooke's Hospital are based on expert opinion and remain essentially untested. However, equally, the KSF itself has not been tested to ensure that it will improve practice, or that it can describe competent performance in such a wide range of jobs.

Subjectivity of assessment remains an issue with the GLF, as it does with the use of any competence framework. However, the use of the GLF throughout a pharmacist's three-year training at Addenbrooke's Hospital ensures that he or she is assessed in a variety of contexts and by a range of assessors. This may reduce the impact of positive or negative bias that can result from the personal relationship between assessor and trainee.³ The testimonial completed at the end of each rotation facilitates frequent third party assessment of competence. Formative feedback at regular progress reviews is provided to trainees by section heads as well as line managers.

The ability to make judgements about the work of another person requires more than assessors simply to be competent practitioners themselves. Therefore the training of GLF assessors is also a vital component in the success of this initiative. People acting in the capacity of an assessor are encouraged to undertake a local "train the trainer" course and to become National Vocational Qualification assessors.

— Conclusion

The application of the GLF to support achievement of the KSF for general level pharmacists is at an early stage. We suggest that the approach we are using supports an appropriate model of competence assessment. The success of the project will be reviewed regularly to ensure that it is fair and equitable to the general level pharmacists and that it goes some way to ensuring competent practitioners who perform the role consistently and reliably. We are currently extending the work described here to link the Advanced Level Framework for senior pharmacists to the KSF.

— References

1. Antoniou S, Webb D, McRobbie D, Davies JG, Wright J, Quinn J, Bates I. A controlled study of the general level framework: results of the south of England competency study. *Pharmacy Education* 2005; 5: 201–7.
2. Mills E, Farmer D, Bates I, Davies G, Webb D, McRobbie D. Development of a general level framework for primary care and community pharmacy. *Pharmaceutical Journal* 2005; 275: 48–52.
3. Jolly B, Grant J (eds). *The Good Assessment Guide*. A practical guide to assessment and appraisal for higher specialist training. London: Joint Centre for Education in Medicine ; 1997.