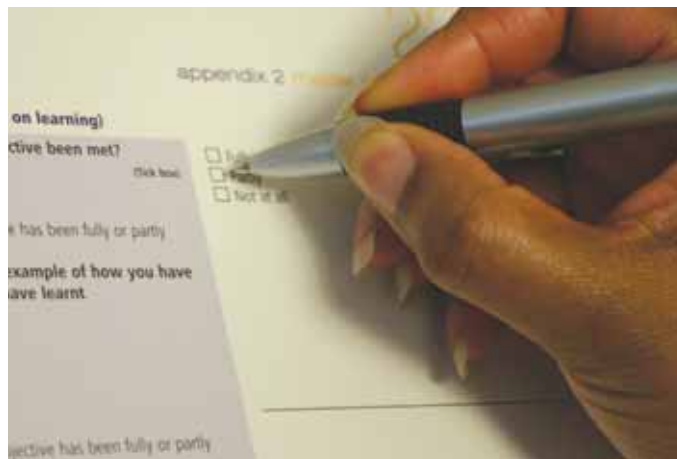


# Applying the KSF to advanced level pharmacists

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

The NHS Knowledge and Skills Framework should be linked to competence frameworks for different levels of staff. This article describes how a team in Cambridge have linked the KSF to the competence framework for advanced level practitioners



Understanding the KSF process can help pharmacists complete their CPD

The advanced and consultant level framework (ACLF) was developed by the Competency Development and Evaluation Group (CoDEG) to outline the skills required of pharmacists working at an advanced or consultant level (see **Comment**, p34). The ACLF consists of 34 competencies in the following six clusters:

- Expert professional practice
- Building working relationships
- Leadership
- Management
- Education, training and development
- Research and evaluation

Each competency has three levels of attainment: foundation, excellence and mastery.<sup>1</sup> In England, the ACLF is used to describe the competency profile expected of applicants for consultant pharmacist posts. To be considered for either a consultant post or an advanced practitioner post, applicants need to demonstrate that they have attained the required levels at each cluster. For

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example, consultant posts require "mastery" of the "expert professional practice" cluster, and the "building working relationships" cluster, and advanced level posts require "excellence" of these clusters.

Work has shown that the ACLF can be specifically applied to critical care pharmacists<sup>2</sup> and pharmacy service managers.<sup>3</sup>

Since one of the guiding principles of the NHS Knowledge and Skills Framework (KSF) is that other, more specific competence frameworks can be used with it, a team at Addenbrooke's Hospital, Cambridge set out to link the KSF for pharmacists of bands 7–8d to the ACLF.

## Step 1: the KSF outline

The KSF outlines for a range of senior pharmacist posts were drawn up through discussion with a representative postholder, their line manager, the trust chief pharmacist and a KSF adviser. The senior pharmacists' job descriptions were complex, incorporating a broad range of departmental and clinical responsibilities. Although the posts were very different, several similarities were found within posts of the same band, which applied to both core and specific dimensions of the KSF. The main differences lay in the weighting of the clusters according to the responsibilities of the post. For example, a senior clinical pharmacist's post might be weighted towards the "expert professional practice" cluster, but may also

involve an education and training role. Similarly, a senior education and training pharmacist's post might be weighted towards the education, training and development cluster, but retain a clinical role.

Different elements of a complex job description will inevitably assume greater importance at different times, depending on current priorities.

## Step 2: linking to the ACLF

A working party comprising the project lead, a principal clinical pharmacist and an external adviser from NHS Specialist Pharmacy Services (who is also a member of CoDEG) was set up to investigate whether the KSF profiles for senior pharmacists in bands 7–8d could be mapped to the ACLF. The aim was to use the ACLF as a surrogate marker of achievement of the KSF profile for a range of senior pharmacists' posts. This would be done by varying the attainment level (foundation, excellence or mastery)

### Related article

A previous article in this series described how the pharmacist-specific General Level Competency Framework can be linked to the Knowledge and Skills Framework outline for band 6 hospital pharmacists (*Hospital Pharmacist* 2007;14:163–5).

expected within the different clusters, according to the emphasis of each particular post.

To help pharmacists understand how their post fits in with the goals of the department and the Trust, the KSF profile was also linked to the core and developmental standards within the Government's "Standards for better health".<sup>4</sup> For example, the ACLF cluster "Building working relationships" states that pharmacists should be able to communicate, establish and maintain working relationships and gain the co-operation of others. Panel 1 (p58) shows how this could be mapped to the KSF and "Standards for better health", using the communication competency as an example.

### — Step 3: agreement

With the initial mapping complete, a meeting was held to engage the senior pharmacists in the process. The types of evidence that might be used for each cluster within postholders' portfolios was discussed and agreed. This included compulsory evidence such as statutory three-monthly controlled drug checks and evidence of the 12 continuing professional development records required by the Royal Pharmaceutical Society.

It was suggested that band 7 pharmacists should produce the majority of evidence at foundation level and band 8a or 8b pharmacists should produce the majority at the level of excellence. Band 8b to 8d pharmacists would be expected to produce some evidence at mastery level, in clusters to be agreed with their line manager.

It is inevitable that evidence included in a personal portfolio will demonstrate a range of professional practice at different levels, even within the same cluster. For example, a lead pharmacist specialising in education and training might be a personal tutor to a postgraduate student, demonstrating performance at the foundation level, yet might also present research at a national conference, demonstrating performance at the mastery level. The appraiser would therefore need to look for a balance of evidence in favour of the agreed level for the post.

### — Step 4: implementation

A training programme was organised for appraisers and appraisees. Meetings were then held between postholders and their line managers to establish the level at which each cluster should be demonstrated and the evidence that the individual would provide to demonstrate competence.

It was considered that postholders would not have time to produce detailed portfolios of evidence, and appraisers would not have time to review them. Also, since senior staff are often in post for many years, a repetitive approach to constructing a portfolio of evidence did not seem appropriate. It was

## Panel 1: Linking the “building working relationships” cluster of the ALCF to the KSF

Below is an example of how the communication competency of the “building working relationships” cluster of the advanced consultant level framework can be linked to the “Knowledge and Skills Framework” and “Standards for better health”

Level Band	Foundation Band 7	Excellence Band 8a, 8b or 8c	Mastery Band 8b, 8c or 8d
<b>Descriptors</b>	Demonstrates use of appropriate communication to gain the co-operation of patients, colleagues and clinicians  Demonstrates ability to communicate where the content of the discussion is explicitly defined	Demonstrates use of communication skills to gain co-operation of small groups of patients, colleagues, senior clinicians and managers  Demonstrates ability to communicate where the content of the discussion is based on opinion	Demonstrates ability to present complex, sensitive or contentious information to large groups of patients, clinicians or senior managers  Demonstrates ability to communicate in a hostile, antagonistic or emotive atmosphere
<b>Link to KSF profile for senior pharmacists</b>	Communication, level 4	Communication, level 4	Communication, level 4
<b>Link to “Standards for better health”*</b>	C6, C16, C17, D2c, D9a, D9b	C6, C16, C17, D2c, D9a, D9b	C6, C16, C17, C22a, C22c, D2c, D9a, D9b,

### \*Standards for better health

**C6** = Healthcare organisations co-operate with each other to ensure that patients’ individual needs are met

**C16** = Healthcare organisations make information available to patients and the public on their services, provide suitable and accessible information on the care and treatment they receive and inform patients on what to expect during treatment

**C17** = The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services

**C22** = Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

- a) co-operating with each other and with local authorities and other organisations
- c) making an appropriate and effective contribution to local partnership arrangements

**D2c** = Patients receive effective treatment and care that is well co-ordinated to provide a seamless service

**D9** = Patients, service users and carers receive timely and suitable information on treatment, care, services, prevention and health promotion and are:

- a) encouraged to express their preferences
- b) supported to make choices and shared decisions about their own healthcare

decided that the postholder should only collect physical evidence where something novel or atypical arose, or where the line manager specifically requested such evidence. Otherwise, verbal discussion at regular progress reviews would be considered acceptable evidence. Pharmacists who wished to develop a more detailed

reflective portfolio to support their own CPD were given an example of how evidence could be signposted and mapped. The education and training team is also in the process of developing a sample portfolio at each band level for training purposes.

New staff are offered an interview with a member of the education and training team to ensure that they understand the KSF process. This also provides an opportunity to offer and initiate CPD facilitation.

However, we are confident that the approach we are using supports the appropriate model of competence and of assessment.

The success of the project will be reviewed regularly to ensure that it is fair and that it goes some way to ensuring competent practitioners who perform the role consistently and reliably.

### “Careers” articles

This series contains articles relating to hospital pharmacist career progression and development. It also profiles different careers available to hospital pharmacists, giving readers a “taster” of working in different specialities. Any hospital pharmacist who has an idea for an article or who is considering writing about their career is invited to contact the editorial office on 020 7572 2425/2419. Ideas can be e-mailed to [hannah.pike@pharmj.org.uk](mailto:hannah.pike@pharmj.org.uk). Articles can be sent by post to *Hospital Pharmacist*, 1 Lambeth High Street, London, SE1 7JN.

### Future work

Use of the ALCF to support achievement of the KSF for advanced level pharmacists is at an early stage, although it is now also being developed further to support the role of a senior pharmacy manager. Cambridge University Hospitals NHS Foundation Trust requires that postholders are issued with an electronic version of their approved KSF profile. The remaining task is to cross-reference the ALCF back to the electronic KSF profile. This has proved challenging since the different clusters map back to a range of the core and specific dimensions of the KSF.

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