

Competencies of the future pharmacy workforce

Full report on the results of the consultation on Phase 1

December 2003



**Royal
Pharmaceutical
Society**
of Great Britain

Competencies of the future pharmacy workforce Full report on the results of the consultation on Phase 1

December 2003

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Other reports on this project

Competencies of the future pharmacy workforce: Phase 1 report, Royal Pharmaceutical Society of GB, April 2003. (Downloadable from www.rpsgb.org.uk.)

Competencies of the future pharmacy workforce: results of the consultation on Phase 1. Summary report. Royal Pharmaceutical Society of GB, December 2003. Downloadable from www.rpsgb.org.uk or from:

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COMPETENCIES OF THE FUTURE PHARMACY WORKFORCE

SECTION 1: SUMMARY OF THE RESULTS OF THE CONSULTATION ON PHASE 1

Background

This report from the Royal Pharmaceutical Society of Great Britain (RPSGB), the regulatory and professional body for pharmacists, summarises the results of a consultation on the first phase of the *Competencies of the Future Pharmacy Workforce* project.¹ The project aims to identify the competencies that will be needed for future pharmacy roles.

A few key points should be noted:

1. The term 'competencies' has been used in a broad sense, encompassing the knowledge, skills, attitudes and behaviour required for professional roles. Many other definitions of competence/competencies are used and a selection appears in Box 1 for comparison.
2. The work so far has focused on pharmacists' roles and competencies but it may also have relevance for other groups in the wider pharmacy workforce (e.g. technicians, dispensing assistants etc).
3. There has also been a focus on future pharmacy roles in healthcare. Other work would be needed to address specific requirements for future pharmacy roles outside healthcare (e.g. in the pharmaceutical industry and higher education).

Summary of Phase 1

Phase 1 of the *Competencies of the future pharmacy workforce* project involved analysing over 70 government policy documents across GB to identify the future competence requirements of all healthcare professionals and of pharmacists specifically. The outcome of this analysis was combined with the current frameworks for pharmacy undergraduate education and pre-registration training to produce a new draft competency framework.

A report on Phase 1 was published in April 2003, inviting comment and feedback from a wide range of stakeholders within and outside pharmacy.

Phase 2

Phase 2 has involved 'reality testing' of the new competency framework with pharmacists who have taken up new or evolving roles. This will be the subject of a further report early in 2004.

¹ The Phase 1 report can be downloaded at: www.rpsgb.org.uk/pdfs/compfutphwfph1.pdf

Box 1 **Definitions of ‘competencies’**

The “knowledge, skills, attitudes and behaviour expected of new graduates” (Tomorrow’s Doctors: recommendations on undergraduate medical education. GMC, 2002)

The “knowledge, skills and attitudes deemed necessary for trainees to demonstrate competence ...” (Competence based curricula, Joint Committee on Higher Medical Training, 2002)

“A quality or characteristic of a person which is related to effective or superior performance. Competencies can be described as knowledge, skills, motives and personal traits.” (Competencies for pharmacists working in primary care. First edition, National Prescribing Centre, April 2000)

“There is a degree of confusion and uncertainty about competencies and what people mean when they talk about them. Essentially, competencies are a means of improving performance that help people work more effectively. They enable a manager and job holder to agree a clear statement of the knowledge, skills, attitudes and values the job holder needs to do their job well and the standards of knowledge, skills and attributes that are appropriate at different levels of responsibility.” (National Occupational Standards for Mental Health Implementation Guide, 7th outline, p. 20.)

“There are broadly three models of competence ... (a) what people need to achieve – outcomes (standards) models; (b) what people need to possess – educational competence models; (c) what people are like – personal competence models.” ... The outcomes approach is the model used in the NHS KSF ... (The NHS Knowledge and Skills Framework (NHS KSF) and Development Review Guidance. Working draft 6, Department of Health, March 2003, p. 156.)

Summary of responses to the consultation

1. 72 responses to the consultation were received: 45 of these were from organisations, 11 from professional groups in pharmacy and 16 from individuals. A list of respondents appears in Section 3 of this report. It was evident that most respondents had considered the issues and the draft competency framework in considerable depth. The majority were very supportive of the work and of the contribution they thought it would make to the development of the profession. The feedback contained very useful comments and suggestions, some of which occurred as common themes in many of the responses.

2. A few respondents were not so positive, expressing the view that government policy should not be used as a basis for this work because it is likely to change too rapidly to form a durable basis for a new competency framework.

Several respondents thought the aspirations and vision of pharmacists themselves should be used in preference to, or alongside, government policy.

3. Several respondents asked whether pharmacists working outside the NHS or outside healthcare altogether were included in the project. The Royal College of General Practitioners' response summed this up as follows:

“The document is very influenced by, and aimed at, the healthcare system and the NHS. Pharmacists, however, work in many other environments. Developments in areas such as international healthcare systems, the pharmaceutical industry, academia and research, and the independent healthcare industry must also be assessed in shaping competency frameworks for the profession.”

Pharmacists working outside healthcare, e.g. in the pharmaceutical industry and the Medicines Control Agency, were included in the Phase 2 'reality testing' process, but policy and other developments in the non-healthcare arenas were not covered in the analysis of policy documents that preceded development of the framework. These areas will need to be considered in developing the project further.

4. Some areas of misunderstanding were evident in a minority of the responses, the most prevalent being:

(i) that the statements in the draft framework are not competencies *per se*. That is, they are not measurable and so could not be used to assess competence. Many respondents would be familiar with competencies used in national occupational standards to assess job performance e.g. National/Scottish Vocational Qualifications, and might therefore have expected this framework to be in a similar format. Also, they may not have taken on board the following statement in the Phase 1 report:

“It should be emphasised that the new framework is at a very early stage: considerable further development and testing will be required. The elements could be worded in different ways for different purposes (e.g. for developing education curricula; for assessing competence in a clinical placement, fitness to practise at the point of registration or the competence of a registered practitioner; or for drawing up a job description). The new framework in its current form uses descriptors worded for ease of use in the 'reality testing' process”.

In Phase 1 we were looking at the requirements for new and emerging pharmacy roles, rather than competencies demonstrated by individuals. Before developing the framework any further, we then started testing it with pharmacists currently engaged in new or

evolving roles to see if the framework actually reflected the requirements of those roles. Once the components of the framework have been fully defined, they could be further developed to make them suitable for use, for example, in assessment tools.

- (ii) That a competency-based approach would represent a significant change for preregistration training e.g:

"The report will move preregistration training increasingly to competence based learning. Facilitating this process will be a challenge to preregistration tutors."

Preregistration training has in fact been competence-based since 1993. The current preregistration performance standards for trainees introduced in 2001 give predominance to generic underpinning skills and behaviours such as communication and self-management. In addition, from 2001 the preregistration training programme has included a set of tutor competencies for preregistration tutors to use in their own CPD.

5. Several recurring issues appeared in many of the responses. The most frequently occurring comment was that future development of the framework must take account of the Department of Health's *Agenda for Change*² and the NHS *Knowledge and Skills Framework* (KSF)³. The KSF Development Group (KSF DG) of the DH submitted a detailed response having considered our report from the perspective of *Agenda for Change*.

6. Other recurring themes in the responses were as follows:

- The need to take account of the impact of the NHS University.
- The framework will need to fit with the new RPSGB CPD system, especially once it becomes mandatory.
- It would be a significant change for Schools of Pharmacy to move from a knowledge-based curriculum to a competency-based approach. Competency-based learning would require much professional input into the undergraduate course, together with significant practice experience, and this could be difficult to achieve given the problems of recruitment generally and especially in academia.
- The framework must take account of the whole pharmacy workforce to fit with skill mix and the skills escalator approach. Levels of competency could be assigned to allow the framework to be used with different staff grades.
- The framework is too broad with insufficient detail and no indication of levels of competence. (Conversely, a few respondents said the framework was too narrow and needed to be broadened.)
- Most respondents agreed with the idea that if a 'core' set of competencies were to be defined, these competencies should all be acquired prior to registration⁴. However, a

² The programme for modernising the NHS pay system: <http://www.doh.gov.uk/agendaforchange/>

³ When we carrying out the main review of government policy documents during the first half of 2002, the KSF was at a much earlier stage of development. It was included in our review in the form it was in at that time.

⁴ We identified from government policy documents the generic competencies that *all health professions* including pharmacy will need (though not every element would be needed for every job), but further work is needed on the pharmacy-specific competencies to distinguish the core skills from the specialist ones. It is envisaged that the final framework will comprise only the core competencies required at initial registration, and that competencies for the various post-registration specialities would be addressed through post-registration training and development.

-
- few said this would be impractical and not consistent with continuous improvement and CPD.
 - The competencies should be categorised to fit into the stages of a pharmacist's career when they would be needed.
 - Most respondents took the view that professional 'confidence' could not be reflected in a competency framework but a few thought that it could, with such a competency being behaviourally evidenced⁵.

The Phase 1 report invited respondents to let us know about other relevant competency frameworks. These are listed in Section 5 of this report⁶, along with other frameworks we became aware of during the project.

Section 4 of this report contains a more detailed summary of the specific points made by individual respondents. Individual responses, where the respondent consented, are available on our website.⁷

Using the feedback received

Several responding organisations (the NHS University, NHS Confederation, Department of Health, the Pharmaceutical Services Negotiating Committee, the Guild of Healthcare Pharmacists and the patient group Epilepsy Action) offered to work with the Society on further development of the competency framework. The KSF Development Group has also offered to work with the RPSGB to ensure compatibility between our competency framework and the KSF. We intend to take up these offers through a steering group which is being set up to take the project forward and through joint work with the KSF Development Group.

The comments received via this consultation will be taken into consideration in the course of further work on the project.

⁵ It is in fact included in the current preregistration performance standards.

⁶ A number of initiatives have been undertaken by specialist groups of pharmacists to define the scope of activities involved in their particular areas of practice and/or the competencies required for practice in that field (e.g. for primary care, medicines information and community health services). These will inform our work but they should be kept distinct from each other and from the core set of competencies required for all basic pharmacy roles. This will enable clarity to be retained about the sets of competencies required at different stages of education, training and professional development, and for different purposes.

⁷ www.rpsgb.org.uk

SECTION 2 CONSULTATION QUESTIONS

This section has been extracted from the Phase 1 report

We are very keen to obtain feedback and comment on this report from a broad range of stakeholders. We welcome comments on any aspect of the report. The consultation questions below may be helpful in shaping your response, but please feel free to comment on any other points.

Please select the items below that are of most interest to you: we are not expecting everyone to answer every question.

To submit your response you can either:

1. Download the Word version of the consultation questions from the web page, complete your response electronically and email it back to us. (This would be our preferred option.)
2. Or write your response and post it to us.

General approach

1. Is the approach we have taken an appropriate one for identifying the future competency requirements for pharmacists? *If not, what other approaches would you suggest?*
2. Are there any additional sources of information we should use?
3. What other competency, skills (or similar) frameworks do you know of that might be relevant to this project? *Please give details.*
4. How do this project and its outputs so far fit with the likely future needs of patients, customers and carers for pharmacy services?

Analysis of policy documents (Section 4)

5. Have we omitted any important policy documents? *Please give details.*
6. What specific points in it/them should we add to (a) our analysis of policy documents; (b) the new competency framework?
7. Have we analysed the main themes and implications of individual policy documents correctly? *Please give details of any errors, omissions, misinterpretations etc.*

Competency framework (Section 5)

8. Is the scope of the competency framework (a) too broad, (b) too narrow or (c) about right? *Please give details.*
9. *For pharmacists:* How relevant is the framework to (a) you personally (b) your organisation (c) your field of practice? *Please give details.*

-
10. Which of the domains and/or elements would you see as being 'core', i.e. necessary for all pharmacists? *Why?*
 11. Should all the 'core' competencies be acquired prior to registration?
 12. Should initial registration be made subject to demonstrating that all the core competencies have been acquired?
 13. Which (if any) of the competencies do you believe would significantly enhance the service pharmacists give to patients or customers?
 14. *For Schools of Pharmacy:* Which of the competencies would you expect current final year pharmacy undergraduates to have developed from your programme by the time they graduate?
 15. *For Schools of Pharmacy:* Please list any additional competencies that you anticipate final year undergraduates will be gaining from your programme in five years' time.
 16. Are there any domains or elements you would omit, add, combine or amend?
 17. Which of the domains and or elements would you see as having commonality with the requirements for other health professions?
 18. Which of the competencies do you think can be achieved by other members of the wider pharmacy team to allow a skillmixed approach to service delivery?
 19. *For pharmacists, pharmacy students and pre-registration trainees:* Is there any comment you would like to make about your own education and training in relation to the new competency framework?
 20. Can the idea of 'professional confidence' be reflected in a competency framework (i.e. the confidence to deal assertively with other professionals, managers and patients)?
 21. How should we test the new competency framework?

Pharmacy education and training

22. What types of education and training will be needed to prepare pharmacists for future roles?
23. What are your views on using competencies as a basis for professional education curricula and learning outcomes?
24. What problems might Schools of Pharmacy have in implementing a competency based undergraduate curriculum?
25. How would Schools of Pharmacy view the idea of adopting a more health service focussed curriculum?
26. What implications might this report have for clinical education and training in the undergraduate programme?
27. What implications might this report have for the current pre-registration programme?

Future pharmacy practice and services

28. *For employers, service commissioners and individual pharmacists:* How do this project and its outputs so far fit with your aspirations to develop pharmacy practice and/or services?

Other issues

31. Are there any other issues or aspects of the report you wish to comment on?

Information on respondents to this consultation

It would be a great help to us in analysing the responses to this consultation to have some basic information on the respondents. We would therefore be grateful if you would complete the items below.

We may place your written response to the consultation on our website, unless you ask us to treat your response as confidential.

We may use quotations from your response to illustrate particular points. We would indicate the source unless you ask us to treat your response as confidential.

Please tick the relevant boxes below

1. *In which capacity/role are you responding primarily?*

- ₁ Pharmacist
- ₂ Education provider (School of Pharmacy, HEI etc)
- ₃ Education commissioner (WDC etc)
- ₄ Community pharmacy employer
- ₅ Pharmacy commissioner (e.g. PCT)
- ₆ Other NHS manager
- ₇ Other healthcare professional
- ₈ Department of Health policy lead
- ₉ Department of Health – other official
- ₁₀ Patient/customer/consumer
- ₁₁ Carer
- ₁₂ Professional body
- ₁₃ Patient/citizen/carer representative organisation
- ₁₄ Other representative organisation
- ₁₅ Regulatory body
- ₁₆ Other *please specify*

2. *If you are a pharmacist, please tick main sector of practice:*

- ₁ Community – retail
- ₂ Primary/community care
- ₃ Hospital/secondary care
- ₄ Other NHS *please specify*

-
- ₅ Pharmaceutical industry
 - ₆ Higher education (teaching/research)
 - ₇ National pharmacy body
 - ₈ Wholesale
 - ₉ Medicines information
 - ₁₀ Other *please specify*

Contact details (voluntary)

Name	
Organisation (if relevant)	
Job Title/Role	
Email address	
Tel. No	

Please send your response to:

Karen Turnham
Royal Pharmaceutical Society of Great Britain
1 Lambeth High Street
London
SE1 7JN
020 7572 2217
Email: KTurnham@rpsgb.org.uk

The closing date for receipt of responses is Monday 30 June 2003.

SECTION 3
LIST OF RESPONDENTS TO COMPETENCIES OF THE FUTURE PHARMACY
WORKFORCE PHASE 1 REPORT

Title	Forename	Surname	Job title/role	Organisation/group
	Ruth	Wood	Deputy Epilepsy Services Manager	Epilepsy Action
	Neil	Johnson	Director of Learning Programmes	NHSU
	Mel	Smith	Chairman	RPSGB Industrial Pharmacists Group
	Tony	Nunn	Director of Pharmacy	Royal Liverpool Children's NHS Trust
	Keith	Johnston	HR Policy Advisor	NHS Confederation
	Alan	Nathan	Senior Tutor	Department of Pharmacy, King's College London
	Steve	Tomlin	Principal Paediatric Pharmacist	Guy's & St Thomas' NHS Trust
	Nick	Mapstone		Audit Commission
	Peter	Burley	Director of Education and Policy	Health Professions Council
Professor	R	Bedi	Chief Dental Officer	Department of Health
	E B	McGinnis	Special Adviser	MENCAP
	Jane	Stanton	Community Learning Disability Nurse/Specialist Practitioner	Preston Primary Care NHS Trust
Dr	Richard	Needle	Chief Pharmacist	Colchester General Hospital
Professor	Robert	Dingwall	Professor of Sociology	University of Nottingham
	R N	Longshaw	Chief Pharmacist	The Newcastle Upon Tyne Hospitals NHS Trust
	Felix	Blackburn		Higher Education Funding and Organisation Division, Department for Education and Skills
	Prashant	Sanghani	Chief Pharmacist	Newham Healthcare NHS Trust
	Nicholas	Wood	General Secretary	Institute of Pharmacy Management
	John	Sullivan		
	David	Brown	Head, Pharmacy Practice	School of Pharmacy, Portsmouth University
Dr	Jim Andrew	Smith & Foster	Chief Pharmaceutical Officer Director of Human Resources	Department of Health
			Knowledge and Skills Framework Development Group (KSF DG)	Department of Health
	Kathy	Bairstow	Senior Advice and Information Officer Epilepsy Services	British Epilepsy Association
Sir	Liam	Donaldson	Chief Medical Officer	Department of Health
	Carol A	Farrow	Head of Pharmacy Services	Norfolk & Norwich University Hospital NHS Trust
	Andy	Murdock	Pharmacy Director	Lloydspharmacy
	Nikki	Bristo	Prescribing Adviser	Horsham & Chanctonbury PCT
	Kevan	Wind	Procurement Specialist Pharmacist	Southend Hospital

	Stan	Wheatley	Vice Chairman	Boots Pharmacists Association
Professor	Joy	Wingfield	Professor of Pharmacy Law and Ethics	School of Pharmaceutical Sciences Nottingham
	Alan	Jones	Managing Consultant	ajc healthcare
Professor	Ian	Gilmore	Registrar	Royal College of Physicians
Professor	A T	Florence	Dean	School of Pharmacy, University of London
	Rose Marie	Parr	Acting Director, Pharmacy	NHS Education for Scotland
	Sophie	Corlett	Policy Director	Mind
	Sotiris	Antoniou	Competency Project Manager	London, Eastern and South East Specialist Pharmacy Services
	David	Turner	Policy Research Officer	British Dental Association
Dr	Mike	Sackville	Associate Dean; Head of Sunderland Pharmacy School	Sunderland University
	Diane	Heath	National Committee Member	Primary & Community Care Pharmacy Network
	Elaine	Readhead		County Durham and Tees Valley Workforce Development Confederation
Dr	Janice	Gosby	Professional Officer for Education	Nursing and Midwifery Council
Dr	Sheila	Woofrey	Principal Pharmacist – Clinical Services	Northumbria Healthcare NHS Trust
Dr	Hilary	Burton	Consultant in Public Health Medicine	Public Health Genetics Unit
	Carole	Blackshaw	Pharmacy Education & Training Facilitator	Shropshire and Staffordshire Workforce Development Confederation
	Simon	Tweddell	Senior University Teacher/Head of External Relations	Bradford School of Pharmacy
	Catherine	Kelly		Lothian Primary Care NHS Trust
	Sean	O'Sullivan	Senior Policy Analyst	Royal College of Midwives
	Mark	Tomlin	Critical Care Directorate Pharmacist	Southampton General Hospital
	Claire	Grout		North West Pharmacy Workforce
	Liam	Stapleton	Pharmacist Programme Development Manager	Boots The Chemists
	Amanda	Vezey	Diabetes Care Adviser	Diabetes UK
	Lynne	Bollington	All Wales Principal Pharmacist, Education, Training and Personal Development	On behalf of Carwen Wynne-Howells (Chief Pharmaceutical Adviser, National Assembly for Wales) and the Workforce subgroup of the Welsh Chief Pharmacists
	Jean	Curtis	Professional Secretary	Guild of Healthcare Pharmacists
Dr	Chris	Rostrom	Chairman	Academic Pharmacy Group Committee
Professor	Bob Duncan	Shaw & Craig	Director of Undergraduate Studies for Pharmacy	School of Chemical Sciences and Pharmacy University of East Anglia
	Graeme	Hall	Professional Secretary	United Kingdom Clinical

				Pharmacy Association
	Annie	Coppel	Chair	Faculty of Prescribing and Medicines Management, College of Pharmacy Practice
	Catherine	O'Brien	Secretary	RPSGB Welsh Executive
	Pat	Murray	Chair	Association of Scottish Trust Chief Pharmacists (ASTCP)
Professor	Sian	Griffiths	Chair President	Pharmacy Health Link/ Faculty of Public Health of the Royal Colleges of Physicians of the UK
	Vince	Cullen	Head of Development	General Osteopathic Council
	Darren	Leech	President	Association of Pharmacy Technicians UK
	Helen	Fawcett	Secretary	NHS Pharmacy Education & Development Committee
	Susan	Sanders	Director	London Pharmacy Education & Training
	Helen	Ringshaw	CPD Co-ordinator & Training Specialist	London Pharmacy Education & Training
	Sally	Taber	Head of Operational Policy	The Independent Healthcare Association
	Antonia	Gracie	Audit Manager, Health Value for Money Studies	National Audit Office
	Chris	Schillemore	Manager, Registration Programs	Ontario College of Pharmacists
	Sue	Carter	Chair	PCPA
Dr	Maureen	Baker	Honorary Secretary of Council	Royal College of General Practitioners
				RPSGB Science Committee
	Alastair	Buxton	Head of NHS Services	PSNC

SECTION 4 DETAILED SUMMARY OF RESPONSES

This section provides a detailed summary of the responses received. Seven of the 72 respondents did not want their responses to be made available on our website: we have not included their comments in this section.

In general, the phase 1 report was well received amongst those who sent in responses. Some less than positive responses were received e.g. from NHS Scotland.

Part I Table of Yes/No answers to specific consultation questions

The table below shows how many Yes or No answers were given, in response to the consultation questions which had a straight Yes or No answer, by the 35 respondents who addressed the specific consultation questions in their response.⁹ The remaining respondents submitted their responses in a different format i.e. without addressing the consultation questions specifically.

Consultation question	Total Yes responses	Total No responses	No comment or not a straight Yes or No
Qu 1. Is the approach we have taken an appropriate one for identifying the future competency requirements for pharmacists?	<p style="text-align: center;">22</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • But need to take more account of devolved governments' differing policies. • But need to encompass the whole pharmacy workforce. • Approach right for those in mainstream healthcare roles. • Approach right bearing in mind that the focus is future not present. • To a point but policy documents are not necessarily research-based. • But need also to gain pharmacists' own vision from all sectors and map new & innovative ways of working. • But at some point it would be useful also to analyse pharmacists' roles across the board. 	<p style="text-align: center;">7</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • Concerned about the methodology used. National Occupational Standards are normally developed first, from which a competency framework can then be developed (x2). This makes it possible to define levels of competence also. • This assumes the profession has agreed to adopt the competency approach: is that the case? • The framework is too focused on government policy and the future. • This is too policy-led: not enough of the RPSGB modernisation agenda. • This is not a competency framework but a checklist. These are not measurable. 	6

⁹ The other consultation questions required descriptive answers and so could not be tabulated.

<p>Qu 7. Have we analysed the main themes and implications of individual policy documents correctly?</p>	<p style="text-align: center;">10</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> Some areas may need strengthening. 	<p style="text-align: center;">0</p>	<p style="text-align: center;">25</p>
<p>Qu 8. Is the scope of the competency framework.....</p> <p>(a) about right?</p>	<p style="text-align: center;">12</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> Yes, for this stage. But the groupings are too broad & it is hard to see where 'general' professional competencies fit in. Yes, for those in a healthcare environment. It is broad but it has to be. As an overview, yes. But it is much too open to interpretation to be used: more detail is needed. Overall yes: too broad in some places (early domains), too narrow in others (later domains). 	<p style="text-align: center;">14</p> <p style="text-align: center;">(See b and c below)</p>	<p style="text-align: center;">9</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> Hard to comment on when purpose of final work not clear. Not enough detail to decide.
	<p style="text-align: center;">(b) too broad?</p> <p style="text-align: center;">11</p> <p>Comments</p> <ul style="list-style-type: none"> It includes material not relevant to the core practice of pharmacy. Yes. Even so it does not include enough science & therapeutics, which are core to the pharmacist's role (x2). Combines knowledge and competency: needs more focus. More a list of skills and topics than a competency framework. Could not envisage using this in practice. Yes but it reflects the diverse nature of the profession. It needs to concentrate on core competencies only. There is too much detail. Unwieldy: it should be core only and cross-referenced to specialist competencies. 	<p style="text-align: center;">(c) too narrow?</p> <p style="text-align: center;">3</p> <p>Comments</p> <ul style="list-style-type: none"> Not enough on scientific expertise. Needs to better address roles in hospital pharmacy today and in the future. 	

<p><i>Qu 11. Should all the 'core' competencies be acquired prior to registration?</i></p>	<p style="text-align: center;">14</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • By definition they must be. • But it must be an ongoing process after registration. • The core must be generic and applicable to a wide range of situations. • Yes, for newly qualified pharmacists. • But 'core' must be clearly defined. • Yes, if core competencies can be agreed. • The public have a right to expect newly qualified pharmacists to have all the core competencies. 	<p style="text-align: center;">5</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • It would be impractical and not consistent with continuous improvement & CPD (x2). • Not necessarily. • Some for registration and others post-registration. • Some will require more in-depth working experience. 	<p style="text-align: center;">16</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • Levels need to be defined for different stages of development. • All NHS employees will need to meet the 'core dimensions' of the KSF.
<p><i>Qu 12. Should initial registration be made subject to demonstrating that all the core competencies have been acquired?</i></p>	<p style="text-align: center;">14</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • Similar to the current preregistration performance standards (x2). • Depends on the definition of 'demonstrating'. • This is largely already the case. • It may be a challenge. 	<p style="text-align: center;">3</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • Some for registration and others post-registration. • Some will require more in-depth working experience. 	<p style="text-align: center;">18</p>
<p>Qu 20. Can the idea of 'professional confidence' be reflected in a competency framework (i.e. the confidence to deal assertively with other professionals, managers and patients)?</p>	<p style="text-align: center;">8</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • Evidenced by behaviour (x2). • If clearly defined and understood. • If reinforced by a Code of Professional Conduct. • Up to a point but is also dependent on personality. 	<p style="text-align: center;">12</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • Not <i>per se</i> but by behaviour in situations. • Competence must underpin confidence and confidence should stem from competence. • Confidence increases after years of experience. • Too dependent on self-esteem. • Hard to assess and specify. 	<p style="text-align: center;">15</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • A hard question to answer. RPS & academics need to work together on this. • Possibly, but hard to assess (x a few).

Part II Recurring Comments and Themes in the Responses

The most frequently occurring comment was that future development of the framework must take account of the Department of Health's *Agenda for Change*¹⁰ and the NHS *Knowledge and Skills Framework (KSF)*^{11,12}.

Other recurring comments and themes were:

- The need to take account of the impact of the NHS University (NHSU)
- The framework will need to fit with the new RPSGB CPD system, especially once it becomes mandatory. How will this be the case?
- This is too much led by policy documents and needs to link more with RPSGB modernisation and development work within the profession e.g. in diabetes and social care
- Is the validity of the competencies dependent on the timeframe to which the policy relates? Can competency development and curriculum changes keep pace with policy changes?
- It would be a significant change for Schools of Pharmacy (SoPs) to move from a knowledge-based curriculum to a competency-based approach. Competency-based learning would require much professional input into the undergraduate course, together with significant practice experience, and this could be difficult to achieve given the problems of recruitment generally and especially in academia.
- The framework must take account of the whole pharmacy workforce to fit with skill mix and the skills escalator approach: levels of competency could be assigned so that the framework could be used for different staff grades.
- If a 'core' set of competencies were to be defined, these competencies should all be acquired prior to registration. However, a few said this would be impractical and not consistent with continuous improvement and CPD.
- The competencies should be categorised to fit into the stages of a pharmacist's career when they would be needed.

Many respondents stated that, irrespective of the competency framework, the analysis of policy documents could be a useful resource and therefore should be kept up-to-date.

Part III Summary of Individual Responses

Summarised below are some of the main points made by individual respondents, grouped according to sector of practice/ type of organisation. (Recurring points and themes which are listed above are not also included here under individual responses, in order to minimise repetition.)

Detailed suggestions from respondents for changes to the elements and domains are not listed here but will be taken into consideration in the course of further work on the project.

¹⁰ The programme for modernising the NHS pay system: <http://www.doh.gov.uk/agendaforchange/>

¹¹ When the main review of government policy documents was being carried out (during the first half of 2002), the KSF was at a much earlier stage of development. It was included in our review in the form it was in at that time.

¹² Further information about the KSF can be found on the Department of Health website at www.doh.gov.uk/thenhsksf

Government and Workforce Development Confederations (WDCs)

NHS Knowledge & Skills Framework Development Group (KSFDG) of the DH

The Group sent a detailed response having considered the report from the perspective of *Agenda for Change*. Much of the response comprised detailed suggestions in relation to specific competencies in the framework. General points were:

- The group found the analysis of policy documents 'an interesting and useful approach for identifying the competencies of pharmacists in the future.' It was 'pleased to see the future focus of the work and the link of this to changing work roles.'
- The NHS KSF has 22 'dimensions', of which six are core. These core dimensions are:
 1. Communication
 2. Personal and people development
 3. Health, Safety and Security
 4. Service development
 5. Quality
 6. Equality, Diversity and Rights

The group found that it was not easy to identify two of these core dimensions clearly within the competency framework, namely 3 and 6. However, it had managed to map the remaining dimensions onto the competency framework.

Department of Health Chief Pharmaceutical Officer and Director of Human Resources

- The work is rigorous and comprehensive
- We strongly support a competency-based approach but it needs to
 - have resonance with qualification frameworks
 - support a common language across professions to promote interprofessional/wider team working
 - be developed using a common methodology with other competency frameworks
 - support seamless pathways for individuals wanting to progress their careers, transfer and enhance their skills, and on occasion change or transfer their careers to other professional pathways
- It is crucial to map to other current and related activities within the health sector & suggest the RPS collaborates with these projects (notably the KSF, QAA benchmarks, DH 'A framework for learning beyond registration', 'The Changing Workforce Programme', 'Maintaining Competency in Prescribing')
- There is a need to take more account of the specific environment of prisons - see 'Pharmacy services to Prisoners'
- There should be further consideration of the impact of Clinical Governance and risk management
- Breaking down the domains into 266 elements may be unmanageable.

Department of Health Chief Medical Officer

The Society's report is a helpful contribution to the DH's major programme of work to ensure that the NHS workforce, including pharmacists, meets the future needs of the service.

Audit Commission

- The work clearly supports a greater emphasis on the role of pharmacists in delivering front-line patient services, therefore it is welcomed
- Good to see strong emphasis on management competencies but need to put even more on influencing skills for senior pharmacists
- It needs more emphasis on ICT skills to deliver DH's ICT agenda
- Do the proposals contain adequate regard to the needs of specialist pharmacists working in mental health and learning disability specialities?

Department for Education & Skills

The response was an acknowledgement only, no comments. The Dept wishes to be kept informed of developments in the future.

North West Pharmacy Workforce Development Group

- Very thorough but might be worth considering work from outside the UK
- Use of core competencies in preregistration training would not be hard as competencies are already used. Might be more difficult at undergraduate level
- Will need to define what is specific for pharmacists compared to support staff
- Test on a cross-section of the profession in different working environments and job roles
- We need a more health-service focused curriculum but research should not be lost as we will always need competent researchers
- The two major developments to consider are genetic technology and public health.

Durham and Tees Valley WDC education team

- We welcome the clarity and comprehensiveness of the link to the policy agenda
- Could reality testing include feedback from consumers, patients and carers?
- The framework is comprehensive but lacks specificity in terms of the scope and range of the competencies
- Competencies which have commonality with other professions and the use of skill mix are key to successful implementation of the modernisation agenda.
- Competence based curricula in healthcare education should be seen as integral to a lifelong learning process
- How will Schools of Pharmacy be supported to implement this new approach?

Department of Health Chief Dental Officer

"Appreciative of the challenging work ahead".

National Audit Office

- Very supportive
- Glad to see use of 'Working together - Learning Together' which serves to underline the importance of the competencies as a basis for continuous improvement in standards of care for patients.
- Look out for 'Achieving Improvements through clinical governance', due to be published later in the year.
- Pleased to see the prominence of active medicines management in the competencies.

Scotland and Wales bodies

NHS Scotland

- A devolved government has many differences in policy areas in education and health: this has not been taken into account
- There is no information on who carried out, or with what expertise, the 'interpretation' of policy documents
- The competency-based approach can result in a focus on minimum acceptable standards and a reduction in the educational content. Higher order competencies need to be defined and developed more robustly. A more sophisticated model of professional education is required that recognises both basic standards and continuing professional development.
- If the competency-based training model for the profession is acceptable as the way forward for pharmacy, the methodology used in the phase 1 report needs to be urgently reviewed. It is unusual and does not follow a traditional educational approach
- Reflective practice is ignored by reducing professional practice to an exhaustive list of competencies
- The key partners involved in the education and employment of pharmacists need to be involved in the competency debate
- National Service Frameworks (NSFs) do not apply in Scotland.

Association of Scottish Trust Chief Pharmacists (ASTCP)

- The GB wide approach is appreciated but the differing policies in education & health are not fully taken into account e.g. NSFs not applicable in Scotland
- There are resource implications with respect to the use of competencies and assessment
- The project is welcomed because it should influence further development of the undergraduate curriculum
- It cannot be assumed that the profession has agreed to adopt the competency-based approach: this should be a matter for wide debate
- If the profession does decide to adopt a competency approach, there needs to be a clear definition of competence and standard educationalist competency models should be employed
- It is impossible to list all the requirements of professional roles via a list of competencies. Areas of professional judgement will require the practitioner to synthesise knowledge, experience and judgement to make a decision tailored to the needs of the individual patient. The proposal appears to produce a 'checklist'
- Concern that the emphasis appears to be on future, not present, roles

-
- Organisation of the framework is unclear
 - The experience from other existing pharmacy systems e.g. ASTCP's pharmacist vocational training scheme, the RPSGB preregistration tutors' CPD system could be used. In Scotland it is proposed to establish a continuum combining undergraduate vocational training programmes, the preregistration performance standards and the ASTCP's postgraduate programme. The ASTCP would be happy to share this with the RPSGB.

Lothian PCT

- A comprehensive, well researched document resulting in relevant competencies
- There are various Scotland policy documents (listed in the response) which might not add much to the framework but would help to ensure that each country feels ownership of the competencies
- Framework appears more useful to define the competency of a national pharmaceutical service than an individual practitioner
- Domains A - M should not be called competencies 'for all healthcare professionals' (too presumptuous) but something along the lines of 'shared with other healthcare professionals'
- The degree is not wholly vocational. What about pharmacists in academia, research and industry?
- There is a danger of developing a checklist approach and leaving behind 'being competent'.

National Assembly for Wales workforce subgroup of the Welsh Hospital Chief Pharmacists

- Few pharmacists could state that all the competencies were relevant to their role
- A set of core competencies for all pharmacists would contradict the CPD ethos of individual learning needs
- This will require new modes of teaching and assessment at SoPs
- There will be conflicts with those who will be concerned about loss of some science-based elements of the course.
- It would be difficult to justify a fully health service -oriented degree course unless the NHS commissions places in the same way as they do for other professions
- The degree and preregistration training should be seen as a 5 year programme so any changes to one will impact on the other.
- It is unclear how the competencies will be used once developed.

Primary & Community Care Pharmacy Network, Wales

- It is difficult to see how the competencies can relate to practice
- There needs to be a clear idea of what the framework is for and how it can be used.

RPSGB Welsh Executive

- "We have tried to examine the devolution aspects of the document"
- This should ideally apply to the whole of the UK i.e. to include Northern Ireland
- Inclusion of Wales policy documents might not add much to the framework but would be essential for credibility with the devolved government

-
- Consider NVQ2 and 3 for support staff, plus the existing preregistration training framework. Would like to see a marrying of the competencies in all these documents, with levels ascribed for different grades of staff.

Academia

Academic Pharmacy Group Committee

- There is not enough on basic science and therapeutics, too much on health service competencies. Science must not be lost or we will lose the special expertise of pharmacists
- Also there is a danger in terms of funding if the degree loses its science base. A balanced approach will be needed to incorporate both.
- The core should be therapeutics and medicines administration since these distinguish pharmacists from other health care providers - they are lost in a plethora of more peripheral issues
- Development of competency is a lifelong developmental process, a continuum. A pharmacist is not necessarily incompetent at the start but more competent later. There need to be levels relating to different stages in a professional's life.
- SoPs would have difficulty implementing a competency based curriculum; currently it is knowledge based.
- More resources would be needed for a competency based curriculum plus more clinical training. But it is already hard to achieve sufficient clinical input.
- Pharmacy academia would welcome the introduction of more interprofessional learning but not at the expense of scientific understanding.

The London School of Pharmacy

This response describes in some detail the London, Eastern & South East Specialist Pharmacy Services "Competency framework for pharmacy practitioners - general level", which several other respondents have referred to. This is a set of competencies for junior clinical pharmacists in hospital.

In relation to the RPSGB framework, the main comments from the School are:

- It is a 'shopping basket' of competencies and behaviours and cannot be operationalised.
- The work is not evidence-based.

Professor Joy Wingfield, Professor of Pharmacy Law & Ethics, Nottingham University and Director of the government-funded APPLET project¹³.

- Two areas where expansion of the competencies may be necessary are
 - the ability to relate risk awareness and management to defensive practice, especially decision making and to the principles of medical negligence
 - the ability to manage conflicts of interest arising from the delivery of healthcare in a private sector business environment .

¹³ "Advancing the Provision of Pharmacy Law & Ethics Teaching"

University of East Anglia

- It might be worth considering activities within the pharmacy profession in other countries.
- The short term outputs of the project seem reasonable but not perhaps the medium to long term. The approach of responding to the work and ideas of others might prevent a more proactive stance for the profession. There is a slight worry that we are casting ourselves as followers rather than leaders. Pharmacists need to seize the initiative.
- Overall this is extremely useful and interesting but we need to ask ourselves what unique skills we have that earn us the respect of patients and our peers.
- The science versus practice debate is too subliminal: the New Technologies section seems inadequate. It is the science expertise in combination with practice that makes pharmacists unique. (This theme is repeated throughout the UEA's response). Movement in the direction of practice/clinical skills is welcome but we must balance these with the scientific skills to ensure they are not lost.
- The skills targets seem conservative and focused on the status quo rather than embracing new pivotal roles.
- The undergraduate course needs to develop lateral thinkers from the start so that the linkage between science and practice is constantly explored. The key competency is to be able to make professional judgements and should be what separates pharmacists from technicians. The latter should work within protocols whilst pharmacists do not necessarily need to.
- For the new SoPs the outcomes of this project will have profound effects on how the undergraduate course is taught.
- A competency based undergraduate curriculum is not appropriate. University is not a training period but an opportunity for intellectual and personal growth. This is not a service degree.
- Testing the new framework in the health care setting might be hard.
- A big issue is the difficulty in recruiting pharmacists into academia.

Hospital and Primary Care

All respondents in this category drew attention to the need to dovetail this work with *Agenda for Change* and the *NHS Knowledge and Skills Framework*. Examples of such comments are listed in a few of the summarised responses below.

Guild of Healthcare Pharmacists

- This is a good start to the process of establishing the basic competencies for the pharmacy workforce. However....
- We have reservations about the methodology - in line with other professions, occupational standards should be produced first from which the knowledge, skills and then competencies can be identified.
- All NHS managed staff competencies must relate to the DH KSF so this framework will need to be mapped to the KSF before it can be any use in the NHS
- More work will need to be done to identify the different levels of practice and specialist areas.

NHS Pharmacy Education & Development Committee

- The competency approach is valid in that the NHS is wanting to develop competencies as a basis for professional education curricula and learning outcomes, to ensure its staff are 'fit for purpose' i.e. competent, limiting risk and enhancing the patient experience and general safety
- It provides a good overview but more detail is needed to make it useful in practice
- This is not yet a competencies document and needs to develop as a recognisable competency framework which fits alongside other similar frameworks. The NHS strategy is to develop National Occupational Standards
- If community pharmacists' roles and contracts develop such that they become NHS employees, this will affect the whole of the future pharmacy workforce (therefore this work must dovetail with the KSF)
- Too much is left to interpretation as to what certain phrases mean
- Rigorous validation is essential
- Competencies in staff development and training need to be added
- Training capacity is a very big issue currently. Access to practice bases and workplace trainers (of the right standard) is a big challenge
- Funding will be an issue for SoPs because they do not receive NHS (WDC) money.

London Pharmacy Education & Training (from London Senior Pharmacy Managers)

- We can see the potential for this work being helpful
- An alternative approach for identifying competencies would be to analyse the roles of all pharmacists: it may be useful to do this to validate the framework
- Further stages of the project as suggested on p 3 of the report must be done thoroughly if the draft framework is to become useful.
- 'Core' competencies are a difficult issue because many experienced pharmacists no longer use the pharmacy-specific competencies but need to understand them: this is an issue about maintenance of core competencies.
- Many of the competencies are best developed in the workplace
- Clarity is needed about how competence is measured and assessed
- Training capacity a very big issue currently. Access to practice bases and workplace trainers (of the right standard) is a big challenge
- Funding will be an issue for SoPs because they do not receive NHS (WDC) money
- We have concerns about education becoming competency-led and thereby engendering a culture of adequacy rather than excellence
- There is a risk of generating huge lists of competencies which are not deliverable
- In addition to the requirement of government that the KSF be used as a reference to develop competencies, it must be remembered that posts funded by PCTs will be subject to the requirements of the KSF so current practice may change considerably.
- Non-standard methodology used – see Whiddett S and Hollyforde S (1999) *The Competencies Handbook*. Chartered Institute of Personnel and Development.
- How will pharmacy staff provide evidence of competence?
- Needs to match KSF
- Many pharmacy specific competencies not relevant to pharmacist who do not have direct patient contact – but they need to understand practice issues
- Education and training is a gap.

Primary Care Pharmacy Association

- This will require pharmacists to be skilled and motivated in reflective practice
- Pharmacists will acquire the competencies to a base level on registration but will develop a greater depth of competency over their years in practice.
- There will be an increasing tension between the type of training required by the profession and the capacity of HE to deliver it. SoPs will need to be responsive to the continually changing health agenda and this will be very challenging for them.
- SoPs will need to adopt a more health services focused curriculum.

United Kingdom Clinical Pharmacy Association

- In principle we are supportive but.....
- Question the methodology and the applicability and usability of the competencies as distributed
- The current trend is for competencies to be divided into levels to help identify development needs.

Principal Pharmacist – Clinical Services, Northumbria Healthcare NHS Trust

- The framework does not address the roles in hospital pharmacy today or in the future. It seems to be one step away from the patient, not patient-focused enough as per *A spoonful of Sugar*
- Identification of the 'core' will depend on expectations re awareness, knowledge, skills, attitude
- This is too theoretical; removed from practice
- Preregistration training would become more of a tick-box exercise; too much like NVQs.

London, Eastern & South East Specialist Pharmacy Services

- The review of government policy documents is welcomed but it is not necessarily research based
- Acceptance of a set of competencies will not be enough to ensure the development of pharmacists in these roles. The nurses encountered this problem.
- The pharmacy profession lacks a career structure to take a pharmacist with a general level of competency to an advanced practitioner level.
- This is not a recognisable competency framework - it is a list of skills and topic headings
- The framework is strongly oriented towards community pharmacy: other areas such as aseptic preparation and teaching skills are poorly represented
- More development is required by consensus groups and by the integration of other approaches
- We are currently developing competencies for junior pharmacists which could be useful.

Director of Pharmacy, the Royal Liverpool Children's NHS Trust

A very brief response stating that the framework must take account of the Children's NSF and the competencies being developed by the College of Pharmacy Practice's Faculty of Neonatal and Paediatric Pharmacy.

Community learning disability nurse/specialist practitioner, Preston PCT

- There is a need to consider vulnerable individuals in society who access pharmacy services and who may inappropriately be using medication
- Training by specialists in this field is needed, together with exposure to vulnerable groups during undergraduate education. A piece of work with community pharmacists re their skills and knowledge in this area has highlighted a dearth of knowledge in this area. (not referenced)

Chief Pharmacist, Colchester General Hospital

- The framework is quite comprehensive but cannot cover everything because some elements can only be gained through experience.
- The ability to communicate must underpin everything else.
- Future pharmacy education & training should use this competency-based structure so that pharmacists do not register just with the underpinning knowledge of domains S & T.

Chief Pharmacist, Newham Healthcare Trust

- This appears to be a checklist not a framework. A framework would include other things like a guide towards obtaining the competencies so that the framework would be a useful tool.

Chief Pharmacist, Newcastle upon Tyne Hospitals NHS Trust

- These competencies can be seen as 'changing the way the workforce operates' and therefore should be used at undergraduate level to inculcate change into future practitioners. But....
- How can SoPs achieve this, with the degree being scientific not clinical? Perhaps other professions could be used within SoPs to develop specific aspects.
- Too much time is currently spent in preregistration training converting a science graduate to a caring professional. If some of the competencies were started at undergraduate level, this conversion might be made easier.

Head of Pharmacy Services, Norfolk & Norwich NHS Trust

- The aim of producing 'competent' practitioners fits with the hospital clinical governance agenda. However....
- It would have been appropriate to gain also the vision of practising pharmacists from all sectors of the profession.
- There will need to be a gradual change in the emphasis of undergraduate courses and preregistration training but many of these roles need to be carried out by experienced pharmacists so much of the training will remain as post-registration level.
- Newer SoPs will find it easier than the existing ones to adopt a more health service focused curriculum (cites the evidence of the University of East Anglia)
- This will not mean a change in delivery for preregistration training because it is already competency-based but the content may need to change to pick up what cannot be achieved at undergraduate level.

Procurement Specialist Pharmacist, Southend hospital

- More on procurement needs to be included e.g. sourcing of pharmaceuticals

Prescribing Adviser, Horsham and Chanctonbury PCTs

The document is not user friendly and is impractical in terms of readability. Therefore it is difficult to comprehend and answer the consultation questions.

Principal Paediatric Pharmacist, Guys and St Thomas' NHS Trust

An acknowledgement only.

Community pharmacy

Boots

- The approach is fine but confusion is created by different types of domains - e.g. T (a syllabus) vs L (list of client groups)
- The framework is too large to be usable by employers and pharmacists: it needs rationalisation
- The work must be referenced to competency frameworks used by pharmacy employers as it is important to understand how this framework will interface with the commercial environment in which pharmacy is practised.
- It should focus on the roles undertaken by the majority of pharmacists
- It would benefit from contributions from a range of people.
- Give the framework to practising pharmacists to see if they can make practical use of it
- Education to prepare pharmacists should focus on key skills and knowledge - we agree with the concept of just-in-time training and the inappropriateness of a long process that tries to cover everything an individual might need
- This would need a paradigm shift in undergraduate education, not to exclude science but to make it more applicable to practice
- Since current preregistration training uses the competency approach, there would be no issues with the approach but this framework would be too complex for prereg.

LLoyds Pharmacy

- The whole pharmacy workforce must be considered
- Refer to support staff competency frameworks e.g. for accredited checking technicians
- Some find change a difficult process but this approach may help to focus those who are resistant
- The document will need to be reviewed on a regular basis
- Documents from the UK countries other than England are light
- This will have significant implications for education & training and possibly for preregistration training too.

Boots Pharmacists' Association

The Association stated that they could not review the document properly as a body because of their structure but they concluded that it had been well researched and provides an excellent framework within which to debate the future pharmacy workforce competencies.

Pharmaceutical Services Negotiating Committee

- The work done so far is a very useful contribution to directing the future development needs of the profession.
- Most aspects of the future community pharmacy contract are currently picked up within the competencies but we hope the Society will keep a watching brief on developments with the contract and its future iterations.
- Independent prescribing will need to be included in future versions of the framework.

Other regulatory/professional bodies

Royal College of General Practitioners

- This is a thoughtful and evidence-based document.
- We support the attempt to define a core set of competencies common to all pharmacists.
- Specialist competencies could constitute a 'bank' of additional competencies and skills from which pharmacists could select, and be trained for, as and when required.
- Such additional competencies will require particularly well organised training programmes, assessment and ongoing monitoring
- 'Just in time' training will need intensive planning
- Training will need to be linked to personal development plans (PDPs), involving intensive commitment by the NHS. The NHS will have to move away from its current arrangement whereby the pharmaceutical industry effectively subsidises much of the current postgraduate training, thereby applying its own agenda and objectives to that training.
- We welcome the emphasis this document places on working with the patient.
- We welcome also the emphasis on educational outcomes and skills rather than curriculum content, but these skills and outcomes must be adequately assessed in each participant. More continuous assessment may be needed, followed by continuous monitoring in the pharmacist's normal clinical setting. This will require a 'sea change' in the support given to training and the attitude of professionals to outside scrutiny. For example, patient feedback or assessment might be required.
- The competency framework will need to remain fluid and open to regular review, development and reshaping to accommodate a constantly changing professional, social and political environment.
- Pharmacists work in many environments besides the NHS. Developments in areas such as international healthcare systems, the pharmaceutical industry, academia, research and the independent healthcare industry, must also be assessed in shaping competency frameworks for the profession.

Royal College of Physicians

- This is a comprehensive report
- We are supportive of the involvement of pharmacists in medicines management
- It is essential to be aware of boundaries of professional responsibility. Doctors, nurses and pharmacists need to define their areas of responsibility, especially where their competencies may overlap, and agree how to function within them. This will ensure benefit all round rather than strife.

British Dental Association

- There should be appropriate dental input in the training of pharmacists in the light of widening of prescribing for oral and dental conditions

Nursing and Midwifery Council

- What is the situation regarding GB vs UK? Should Northern Ireland policy be included?
- The framework is too restrictive/detailed: this renders it inflexible. It needs to be more broad to allow for change
- The QAA benchmarks might be a useful resource.

Royal College of Midwives

- We are supportive of the work
- This will hopefully equip pharmacists to work with other healthcare professionals in a more inter-disciplinary way.

Health Professions Council

An acknowledgement only since the initiative for curriculum development lies with the individual professional bodies more than the regulator.

General Osteopathic Council

- Perhaps there is a need to balance the needs of the Health Service and other sectors
- What about the inclusion of the complementary medicine arena to extend a pharmacist's interaction in primary care beyond the health service?

Patient groups

Mencap

- The approach makes eminently good sense but as well as contributing to the government's thinking you need to stake your own claim as a professional body for the professional roles of pharmacists. This is particularly true in the case of a professional group uniquely at risk of being misunderstood: 'chemist', 'pharmacist', 'alchemist'.
- We are glad that the document picks up 'Valuing People' as a significant policy document, although it features only modestly in the domains.

Diabetes UK

- This is an appropriate approach but the competencies need to be more patient focused/specific
- More patient-centred education is needed.

Mind

- All pharmacists need to have an understanding of mental health and the needs of people with mental health problems because they are liable to spend a significant portion of their time dealing with prescriptions for this group.
- Psychiatric medicines are often prescribed by GPs with very little advice and pharmacists are ideally placed to give information to patients about their prescribed medicines, their side effects and how to manage coming off them when necessary or desirable. Therefore Mind would like to see more in the competencies on pharmacists being pro-active in giving this information and advice.

British Epilepsy Association

- Pharmacists are especially well placed for helping people with epilepsy to know when other prescribed or non-prescribed medicines will interact with their anti-epilepsy drugs
- Pharmacists could benefit from working more closely with people from the voluntary sector who are experienced in a particular field.

Epilepsy Action

The project will benefit the future needs and treatments of patients.

Other organisations and individuals

College of Pharmacy Practice (Faculty of Prescribing and Medicines Management)

- We recognise the significant amount of work in the project
- More prominence should be given to the technology changes that may occur as a result of the human genome project
- It will be a challenge to meet the generic competencies re management and leadership: they may be easily taught in theory but growing professionals with the necessary strategic vision etc may be more difficult.
- There are significant public health indications for pharmacists - 'Getting Ahead of the Curve'
- The implications for methods of working and workforce competence may need strengthening in some areas to identify clearly where pharmacists could contribute as part of a multidisciplinary team
- Core elements will probably rest in the generic management and clinical skills to enable a pharmacist to function effectively within any organisation in a health or social care environment. But....
- There is a danger with core competencies that they change as working patterns and demands for delivery change: they will need updating regularly
- Many of the items in domain S may not relate to pharmacy practice in the future
- Using competencies as a basis for professional curricula is a logical step but traditional methods of education and training may need review

-
- Pharmacists of the future will need to understand the health environment in which they are working.

RPSGB Industrial Pharmacists Group

- We are not clear how much further forward this takes the profession.
- The timescale for the research was too short and the research was too narrow. A PESTE¹⁴ analysis should have been undertaken, from Nuffield in the mid 1980s and looking ahead for the next 20 years.
- The analysis should include questions such as:
Where do pharmacists work now?
Where will they work in the future?
What skills do they require now and in the future?
What skills will future employers require?
Where will healthcare be in the next twenty years?
- We could end up with a general healthcare professional and not a pharmacist. We must understand what makes a pharmacist and base the competencies on this, then overlay general (generic?) competencies on these.
- The competencies should be more limited and grouped.

Faculty of Public Health and Pharmacy Healthlink

The faculty provided a very detailed response relating to public health.

- This work is a step towards defining the activities necessary to develop the capacity for pharmacy to deliver the public health agenda.

Professor Robert Dingwall (Professor of Sociology, Nottingham University)

- This will require some significant changes in pharmacy education - a greater emphasis on 'soft' skills
- 'Just in time' training will need a solid base on which to build specialised expertise
- There is a danger that the science base will be compromised by over-emphasis on soft generic skills. Talking up the areas where professions overlap may help to reduce the isolationism and insularity of the past but the danger is in playing down the areas which make professions distinctive.

Association of Pharmacy Technicians

- The document title states 'future pharmacy workforce' but in fact is about the competencies of the 'future pharmacist workforce'. The document and its content are relevant to pharmacy technicians as their roles develop.

¹⁴ Political, economic, social, technological and environmental

Public Health genetics unit

The unit provided a detailed response concerning genetics in pharmacy education.

Institute of Pharmacy Management International (IPMI)

The response describes the Institute's own Fellowship portfolio.

- IPMI has started a process of identifying basic elements of competence in pharmacy management to be gained at undergraduate/preregistration level.
- This project could be potentially significant for the preregistration training year depending on how much would need to be added.

RPSGB Science Committee

- The report is timely. We need to ensure pharmacists remain fit for practice.
- Pharmacists are jacks of all trades. This is currently an advantage in industry because they can go and talk to anybody. This will change because of the new emphasis on patient care: pharmacists will be able to talk to other healthcare professionals but not to scientists. In future, industry will select pharmacists from SoPs with the greatest science content.
- Pharmacists cannot practise without a heavy science base underpinning.
- How would this framework apply to industrial pharmacy? How can we integrate what the Society wants with what the industry wants?
- New skills and how to put them into practice need to be learned from people who are actually doing the job i.e. by practitioners not academics.
- An issue is veterinary medicine. The government wants pharmacists to supply veterinary medicines so pharmacists need to be competent in this area. But this would not be wanted by pharmacists in their studies unless they were going to provide these services.
- There is a premium on a newly qualified pharmacist because of the 4 year degree. A chemistry graduate can be recruited at a lower salary than a pharmacist and taught on the job.
- Can competency frameworks reflect the extra dimension that makes a pharmacist a professional, not a technician? E.g. accountability and problem solving.

Independent Healthcare Association

The response was informed by a group of IHA member lead pharmacists

- The document is largely written from a community pharmacy perspective and needs to take a whole profession approach. Hospital competencies need to be developed further
- It needs to be determined where each competency is most relevant i.e. at what stage of a pharmacist's career.
- Subsets of competencies could be developed for different sectors
- Has discussion taken place with other professions who have already developed competency frameworks to evaluate the impact on these professions?
- There needs to be a competency covering the regulation of the independent sector.
- Some competencies are detailed and specific, others are broad and variable. The framework begins very broad and then becomes narrow.

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- There remains a basic knowledge and skills base that must be established in order to achieve the competencies.
 - In some parts of the framework, 'NHS' should be replaced by 'Healthcare' to include the independent sector also.

Ontario College of Pharmacists

The response describes the system for initial registration of pharmacists in Ontario and the quality assurance of those on register.

Alan Jones, ajc Healthcare (Managing Consultant to the pharmaceutical industry)

- Without medicines and their manufacture, there would not be much for pharmacists to do. There is a big gap in the framework with respect to the pharmaceutical industry.

SECTION 5
OTHER COMPETENCY OR STANDARDS FRAMEWORKS

Competency framework	Source
<p>(a) Pharmacy frameworks</p> <p>A Competency Framework for Pharmacy Practitioners</p> <p><i>General level, 2003</i></p> <p><i>Advanced level, 2003</i></p>	<p>London, Eastern & South East Specialist Pharmacy Services, Clinical Pharmacy</p> <p>In collaboration with Brighton School of Pharmacy & London School of Pharmacy In consultation with the Guild of Healthcare Pharmacists</p> <p>Contact: David Webb, Director of London Clinical Pharmacy, Northwick Park Hospital Tel: 02088692143 email: david.webb@nwlh.nhs.uk</p> <p>www.londonpharmacy.nhs.uk/clinical/competency</p>
<p>Maintaining Competency in Prescribing - an outline framework to help pharmacist supplementary prescribing, 2003</p>	<p>National Prescribing centre</p> <p>www.npc.co.uk/publications</p>
<p>Competencies for Pharmacists Working in Primary Care, 2nd ed 2003</p>	<p>National Prescribing centre</p> <p>www.npc.co.uk/publications</p>
<p>A Competency Framework for Community Health Pharmacy Services, June 2003</p>	<p>Primary & Community care Pharmacy Network</p> <p>www.pccpnetwork.org/publications</p>
<p>General Paediatric Competencies, Sept 2002</p>	<p>College of Pharmacy Practice Faculty of Neonatal and Paediatric Pharmacy</p> <p>www.collpharm.org.uk/FNPCC</p>
<p>A Competency Framework for Members and Associates (prescribing and medicines management), Sept 2002</p>	<p>College of Pharmacy Practice Faculty of Prescribing and Medicines Management</p> <p>www.collpharm.org.uk/PMM</p>
<p>Outline Competencies for Mental Health Pharmacists, 2001</p>	<p>College of Mental Health Pharmacists, the UK Psychiatric Pharmacy Group</p> <p>www.ukppg.org.uk/cmhp-competencies</p>

A Competency Framework for Medicines Information Pharmacists, 2001	United Kingdom Medicines Information (Pharmacists Group) www.ukmi.nhs.uk
Professional Competencies for Canadian Pharmacists at Entry to Practice, 1997	National Association of Regulatory Authorities (Canada) www.napra.org.pdfs/professionalcompetencies
Performance Standards for Entry to the Register of Pharmaceutical Chemists, RPSGB (preregistration training performance standards)	www.rpsgb.org.uk/education
NVQ/SVQ levels 2 and 3 in Pharmacy Services	www.edexcel.org.uk www.sqa.org.uk
The Pharm Value Project August 2000	van Mil JWF, Mobach MP, Tromp ThFJ. Quality Institute for Pharmaceutical Care, Kampen, The Netherlands
Fellowship Portfolio, 2001	The Institute of Pharmacy Management International
(b) Frameworks for other professions	
Tomorrow's doctors: recommendations on undergraduate medical education, 2002	GMC
Guidelines on minimum standards of clinical practice, 2000	The Society of Chiropractors and Podiatrists
The First Five Years: a framework for undergraduate dental education, 2002	GDC
Competences required for clinical scientists to attain state registration, 2002	Association of Clinical Scientists,
Requirements for pre-registration health visitor programmes, 2002	NMC

Requirements for pre-registration nursing programmes, 2000	UKCC
Requirements for pre-registration midwifery programmes, 2000	UKCC
Report of the higher level of practice pilot and project (executive summary), 2002	UKCC
Curriculum framework for qualifying programmes in physiotherapy, 2002	Chartered Society of Physiotherapy
Developing standards and competencies in health visiting, 2001	UKCC/NMC
A Competency-based 'Exit Profile' for Preregistration Mental Health Nursing, 2000	Northern Centre for Mental Health www.ncmh.org.uk
Standards for Public Health Physicians and Specialists in Training	Faculty of Public Health of the Royal College of Physicians of the UK (Was <i>Faculty of Public Health Medicine</i>) www.fph.org.uk
National Occupational Standards in Healthcare Science (Ongoing Project)	A project to develop national occupational standards for approximately 40 disciplines in healthcare science. www.noshcs.co.uk
Competencies for nurses, midwives and health visitors (some still in preparation)	www.nmc-uk.org
Competence based curricula, 2002	Joint Committee on Higher Medical Training (JCHMT)
Good Medical Practice for General Practitioners, Sept 2002	General Practitioners Committee
Core Curricula in Pharmacology, Dec 2002 onwards	British Pharmacological Society

Teaching Safe and Effective Prescribing in UK Medical Schools: A core curriculum for Tomorrow's Doctors, June 2003	British Pharmacological Society
Standards for Dental Practice, Draft guidance for consultation, Sept 2003	General Dental Council
Orthoptic Education, 2002	British Orthoptic Society
Optometrists (three routes to registration), 2002	General Optical Council
Becoming a Radiographer, 2002	The Society of Radiographers
Competencies Projects, 2002	Royal College of Speech and Language Therapists
Demonstrating competence through CPD (Allied Health Professions project)- a new multi-professional project, 2002	The Chartered Society for Physiotherapy
Model of Professional Practice, 2001	Kathleen Williamson, Royal College of Speech & Language Therapists
Revised Code of Practice and Standard of Proficiency (Consultation Draft Feb 03), 2003	General Chiropractic Council
Summative Assessment for General Practice Training Assessment of Consulting Skills - The MRCGP/Summative Assessment Single Route, 2002	RCGP
(c) Other	
The NHS Knowledge and Skills Framework (NHS KSF) and Development Review Guidance - Working Draft 6	Dept of Health, March 2003 www.doh.gov.uk/thenhsksf
Competency Frameworks being developed by Skills for Health on behalf of the 8 Department of Health Care Group Workforce Teams, in the areas of: <ul style="list-style-type: none"> • Access • Cancer • Children • Coronary Heart Disease • General • Long term conditions • Mental health • Older people 	www.doh.gov.uk/cgwt/skillscompetencies
Draft standards and competencies for Public Health Practice	Skills for Health www.skillsforhealth.org.uk

PCT responsibilities around prescribing and medicines management – a scoping and support guide, 2003	National Prescribing Centre
New NHS: New Workforce, a report on the roles and educational requirements of Interprofessional Practitioners for older people, Oct 2002	The University of Sheffield
Older People's Skills and Competency Framework	Skills for Health
National Occupational Standards in Mental Health, Nov 2001	Healthwork UK
National Occupational Standards for Mental Health Implementation Guide (Seventh) Draft Outline	Dept of Health
NHS Management Training Scheme - Framework of Graduation Standards, 1997	NHS Management Training Scheme
PCT Competency Framework, 2003	National Primary and Care Trust Development Programme www.natpact.nhs.uk
The Capable Practitioner, 2001	The Training & Practice Development Section of The Sainsbury Centre for Mental Health
Public health skills audit, 2001	HDA