

# ***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

Report prepared by:

Virginia Wykes, independent consultant

Sue Burke, independent consultant

Eileen Neilson, Head of Policy Development, Royal Pharmaceutical Society of GB

Published by:

Policy Development

Royal Pharmaceutical Society of Great Britain

1 Lambeth High Street, London, SE1 7JN

[www.rpsgb.org.uk](http://www.rpsgb.org.uk)

ISBN 0-9546776-1-7

First published 2003

© Royal Pharmaceutical Society of GB 2003

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, without the prior written permission of the copyright holder.

The publisher makes no representation, express or implied, with regard to the accuracy of the information contained in this publication and cannot accept any legal responsibility for any errors or omissions that may be made.

## **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](http://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](http://www.rpsgb.org.uk) or from:

Karen Turnham

Royal Pharmaceutical Society of Great Britain

1 Lambeth High Street

London SE1 7JN

Tel: 020 7572 2218

Email: [KTurnham@rpsgb.org.uk](mailto:KTurnham@rpsgb.org.uk).

### **For further information please contact:**

Eileen Neilson

Head of Policy Development

Royal Pharmaceutical Society of Great Britain

1 Lambeth High Street, London SE1 7JN

Tel: 020 7572 2217

Email: [eneilson@rpsgb.org.uk](mailto:eneilson@rpsgb.org.uk)

## **Acknowledgements**

The following RPSGB Council members have acted as sponsors for the project:

Clive Jackson  
Alison Ewing  
Christine Glover  
Dr Gillian Hawksworth  
Helen Howe

## **Contents – full report**

- Section 1** Summary report
- Section 2** Consultation questions
- Section 3** List of respondents to the consultation
- Section 4** Detailed summary of responses
- Section 5** List of other competency frameworks

---

# 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.<sup>1</sup> 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.

---

<sup>1</sup> The Phase 1 report can be downloaded at: [www.rpsgb.org.uk/pdfs/compfutphwfph1.pdf](http://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, 7<sup>th</sup> 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*<sup>2</sup> and the NHS *Knowledge and Skills Framework* (KSF)<sup>3</sup>. 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 registration<sup>5</sup>. However, a few said this would be impractical and not consistent with continuous improvement and CPD.

---

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

<sup>3</sup> 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.

<sup>5</sup> 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.

- 
- 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 evidenced<sup>6</sup>.

The Phase 1 report invited respondents to let us know about other relevant competency frameworks. These are listed in Section 5 of this report<sup>7</sup>, 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.<sup>8</sup>

### **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.

---

<sup>6</sup> It is in fact included in the current preregistration performance standards.

<sup>7</sup> 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.

<sup>8</sup> [www.rpsgb.org.uk](http://www.rpsgb.org.uk)