

NHS
East & South East England Specialist Pharmacy Services

Aims of the session

1. Define competencies and competency frameworks and how they relate to Pharmacy Technicians
2. Describe the General Level Framework used by Pharmacists in primary and secondary care
3. Share our progress on adapting the (P) GLF for medicines management technicians
4. Identify the outstanding work and plans for the future

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Why a competency approach?

- Policy
 - Agenda for Change and the NHS KSF
- Inconsistency in clinical practice
- Evidence shows accelerated improvement
- Sustainability
 - defines and makes explicit development needs

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Definitions

- A **Competency Framework** is a collection of competencies central to effective performance
- The **competencies** describe what you need to know or be able to do so you can do your job properly

Similarity with NVQ approach to learning and skills?

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The Framework

Figure 1
A Typical Competency Framework Structure
From Whiddett and Hollyforde

The diagram illustrates a competency framework structure. At the top level are 'Competency Clusters' (e.g., 'Delivery of Patient Care'). Below these are 'Competency Frameworks' (e.g., 'Provision of product'). Each cluster contains several 'Competencies' (e.g., 'C', 'CC', 'CC'). These competencies are further defined by 'Behavioural Indicators' (e.g., 'Ensures prescription is legal', 'Ensures prescription is unambiguous').

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New General Level Framework

| Delivery of Patient Care | Personal | Problem Solving | Management and Organisation |
|---------------------------|--------------------------------|-----------------------|----------------------------------|
| Patient consultation | Organisation | Gathering information | Clinical governance |
| Need for the drug | Effective communication skills | Knowledge | Service Provision |
| Selection of the drug | Teamwork | Analysing information | Budget setting and reimbursement |
| Drug specific issues | Professionalism | Providing information | Organisations |
| Provision of drug product | | Follow up | Training |
| Medicines information | | | Staff management |
| Monitoring drug therapy | | | Procurement |
| Evaluation of outcomes | | | |

Cluster names

Competency Titles

Each competency further defined by behavioural statements that describe behaviours that would be observed when the competency is demonstrated.

The framework contains a rating scale to allow Rating of performance.

Management and Organisation Cluster

Staff Management

| Performance management (Optional) | ALWAYS carries out staff appraisals on a regular basis | a | b | USUALLY carries out staff appraisals on a regular basis | c | d | SOMETIMES carries out staff appraisals on a regular basis | e | NEVER carries out staff appraisals | f | g |
|-----------------------------------|--|---|---|---|---|---|---|---|---|---|---|
| Comment | Space to write feedback on individuals development | | | | | | | | | | |
| Staff development (Optional) | ALWAYS supports staff in their development | a | b | USUALLY supports staff in their development | c | d | SOMETIMES supports staff in their development | e | NEVER supports staff in their development | f | g |
| Comment | | | | | | | | | | | |
| Employment issues (Optional) | ALWAYS correctly applies employment issues | a | b | USUALLY correctly applies employment issues | c | d | SOMETIMES correctly applies employment issues | e | NEVER correctly applies employment issues | f | g |
| Comment | | | | | | | | | | | |

| Management and Organisation Cluster | | | | | | | | | | | | |
|-------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|
| Competency | | | | | | | | | | | | |
| Staff Management | | | | | | | | | | | | |
| Performance management (Optional) | ALWAYS carries out staff appraisals on a regular basis | a | b | USUALLY carries out staff appraisals on a regular basis | a | b | SOMETIMES carries out staff appraisals on a regular basis | a | b | NEVER carries out staff appraisals | a | b |
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| Comment | | | | | | | | | | | | |

| Management and Organisation Cluster | | | | | | | | | | | | |
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| Comment | | | | | | | | | | | | |
| Behavioural Statement | | | | | | | | | | | | |

| Management and Organisation Cluster | | | | | | | | | | | | |
|-------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|
| Competency | | | | | | | | | | | | |
| Staff Management | | | | | | | | | | | | |
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| Comment | | | | | | | | | | | | |
| Behavioural Statement | Assessment ratings at times a,b,c and d | | | | | | | | | | | |

The Framework NHS

Assessment

ALWAYS demonstrates the behaviour with very rare lapses (85-100%)

USUALLY implies occasional lapses (51-84%)

SOMETIMES much more haphazard (21-50%)

NEVER very rarely demonstrates the behaviour (0-20%)

The Framework NHS

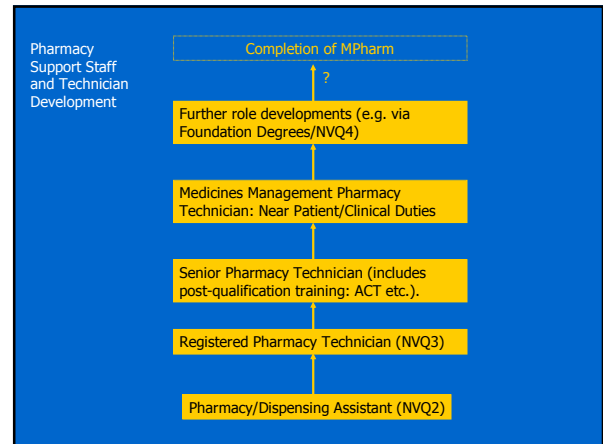
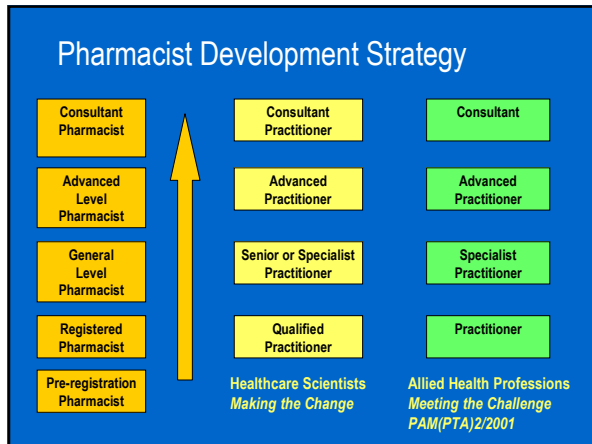
The handbook

- Handbook helps to interpret the competencies and behaviours
- Describes how competencies and behaviours relate to different sectors
- Used to think about how the competencies and behaviours relate to the pharmacist's/technician's job
- Includes the grids to provide complete CPD resource

The Framework NHS

General Level Framework

- First Edition was implemented in 100+ hospital trusts nationally
- Outcomes based on research evidence (accelerated improvement in performance which is sustained)
- Second Edition (nGLF) piloted in Community Pharmacy to cover primary and secondary care
- Used in Joint Programme Board
- Mapped to KSF profile for a Band 6 Pharmacist
- Third Edition under development (link to NOS)



Technician Roles

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- Currently roles for technicians vary across different Acute Trusts and PCTs
- Boundaries between pharmacist and technician duties vary in different trusts
- Variations in training requirements within Trusts eg formal accredited course v in-house training
- No specific Competency Frameworks for post-NVQ3 pharmacy technicians that describe your roles

i.e. there is a degree of inconsistency (as there was for pharmacists)

Task Group

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If technicians doing similar roles to pharmacists

Could the GLF be used to assess and develop technicians?

Task Group

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- Identified members – ranging from technician practitioners, those running MMT courses, interested pharmacists
- Looked at work already in existence
- What do medicines management technicians do (varies from place to place)
- Identified which competencies/behavioural statements are appropriate for technicians
- Checked if any needed modifying
- Identified those to be added
- And some behavioural statements were deleted

We found

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- Most behavioral statements appropriate in two clusters (personal and problem solving)
- Management and Organisation behavioural statements – some less relevant depending on your role
- Delivery of Patient Care Competencies – most challenging (and largest section)
- Added more behavioural statements especially around PODs/Discharge
- Two levels – core and optional

Current work NHS

- NEVER “rarely demonstrates the behaviour (0-20%)” replaced with RARELY
- Layout wasn’t logical!
- Handbook needed reworking and is being done
- Number behavioural statements to make cross referencing easier
- Have suggested level(s) of competence

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- Redefining some of the terminology to ensure reflects practices by technicians
- Working on what evidence to use to show competence
- Who to do the assessments?
- Checking applicability to primary care
- Discussions around accountability
- Need to agree a version to pilot and then pilot!

Future work NHS
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- Need support of sponsoring organisations
- CoDEG – valuable piece of work “ with the (P)GLF describes a complete medicines management service”
- UKCPA
- APTUK
- UK Clinical Technicians Network
- Key Senior Pharmacy Managers
- Discuss with the Society

Task Group NHS

There is no need to prove:

- It works!
- Is evidence based
- Measures competence
- Is reliable
- Shows improvement with time

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Pilot

- Does the framework work for Medicines Management technicians?
- Is it user friendly?
- Does it describe what technicians do?


Your turn to have a go!

| | | | | | | | | | | | | |
|--------------------|---|---|---|--|---|--|--|--|--|---|--|--|
| | ALWAYS introduces self to explain role and checks patient details with chart and patient | A | B | USUALLY introduces self to explain role and checks patient details with chart and patient | A | | SOMETIMES introduces self to explain role and checks patient details with chart and patient | | | RARELY introduces self to explain role and checks patient details with chart and patient | | |
| Patient Assessment | C | d | | | | | | | | | | |

Consider aspects of your role

Where should the standard be set for your role?

Where would you rate your own performance?

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Assessment **Your turn to have a go!!**

ALWAYS demonstrates the behaviour with very rare lapses (85-100%)

USUALLY implies occasional lapses (51-84%)

SOMETIMES much more haphazard (21-50%)

NEVER/RARELY very rarely demonstrates the behaviour (0-20%)


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| | | | | | | | |
|--------------------------------------|---|--|--|---|--|--|--|
| Medication History Taking (Optional) | ALWAYS documents a current and comprehensive medication history when required | USUALLY documents a current and comprehensive medication history when required | SOMETIMES documents a current and comprehensive medication history when required | RARELY documents a current and comprehensive medication history when required | | | |
|--------------------------------------|---|--|--|---|--|--|--|

Consider an aspect of your role:

How could this behaviour be assessed?

What evidence could you use to demonstrate this?

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| | | | | | | | |
|--------------------------------------|---|--|--|---|--|--|--|
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|--------------------------------------|---|--|--|---|--|--|--|

Have we got the right terminology?

Medicines Reconciliation "the process of identifying the most accurate list of a patient's current medicines – including name, dosage, frequency and route – and comparing it to the current list in use, recognising any discrepancies and documenting any changes, thus resulting in a complete list of medicines, accurately communicated" *Institute of Healthcare Improvement (NPSA/NICE pilot PJ 19th May page 580)*

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Core Project Group

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- Diane Blunden
- Tess Fenn
- Julie Chatters
- Sarah Gray
- Kulpna Daya
- Paul Lindars
- Dawn Denison
- Tracey Tisley
- Elizabeth Ebner
- Vanessa Eggerdon

CoDEG Future Work

CoDEG developing an electronic version

(P) GLF mapped onto Band 6 Pharmacist KSF
Could the technician version map to Band 5 or 6?

Work on NOS using (P) GLF
Could technician NOS work link to Technician Competency Framework

Competency Development and Evaluation Group

| | |
|-----------------|------------------|
| David Webb | Graham Davies |
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| Duncan McRobbie | Ian Bates |
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