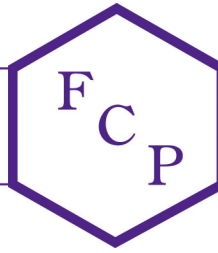

FACULTY OF
CANCER PHARMACY



FACULTY OF CANCER PHARMACY (FCP)

Applying for General Level Membership of the FCP

– The General Level Competency Framework

July 2008

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1. The purpose of the framework

This framework provides standards of practice that define the competencies required for General Level membership of the Faculty of Cancer Pharmacy (FCP). This document outlines the FCP General Level Framework (GLF) which is based on the General Level Competency Framework, developed and validated by the Competency Development and Evaluation Group (CoDEG). The process for applying for General level membership of the FCP is also outlined in this document.

Use of the FCP General Level Framework will:

- Guide Associate members through the process of applying for General level membership.
- Support Associate members in preparing the portfolio of practice that is required for General membership of the Faculty.
- Provide a robust approach to assessment of Associate members of the Faculty that apply for General membership.

The framework published in this document is designed for pharmacists providing services to cancer patients either in a generalist setting or at a foundation level.

This includes:

- Community pharmacists.
- Hospital Pharmacists not working solely in a single clinical specialty or
- Pharmacists with less than three years experience in practice.

For further information on the Faculty and its competencies, please refer to the Faculty membership handbook. For further information on the Advanced Level Framework, please refer to the relevant booklet.

This framework should be used as a self assessment of competence, and must be backed up with a supporting portfolio of evidence when applying for FCP and College membership.

2. Achieving General level membership of the FCP

Associates wishing to apply for General level membership of the FCP are required to:

- Complete the framework in a way that best matches their skills, experience, knowledge etc (see section 7 of the document).
- Submit a portfolio of evidence that “backs up”, the self assessment framework.

The Foundation level competencies within the BOPA Competency Framework for Specialist Oncology Pharmacists will support the gathering of evidence for the Patient Care and Problem Solving clusters.

3. Main audiences for this document

Providing pharmaceutical care for patients with cancer involves pharmacists working at all levels in many different types of organisations. The shift of emphasis of inpatient to outpatient and secondary to primary care setting for all patients has resulted in this becoming part of all pharmacists' roles from the point of RPSGB registration irrespective of where they work.

The Faculty recognises that the changes described above require a review of the place of Faculty membership for pharmacists practicing in general roles (such as community pharmacy) rather than exclusively in specialist roles within the NHS or private sector.

The Faculty is committed to widening the scope of its membership to include pharmacists delivering general services. This is recognised by General membership of the Faculty and College.

4. Key facts about the Framework

The General Level Competency Framework (GLF) can be found in section 8 of the document along with an explanation of the structure and its potential uses.

- The framework was developed by the Competency Development and Evaluation Group (CoDEG) and has been adopted by the DoH as the framework for the development and approval of General Level posts in the NHS and in both Primary and Secondary Care.
- The College was involved in the DoH commissioned audit of the framework. Members completed the audit and provided the results that demonstrated the framework has broad applicability for pharmacists delivering prescribing and medicines management services, particularly in primary care.

- The framework was designed initially for NHS employed pharmacists but the structure and content has broad applicability and relevance to pharmacists employed in the private sector (e.g. community pharmacy, other pharmacy organisations).
- The interpretation and use of the GLF by Faculty members is in the general/foundation level of practice of Cancer Pharmacy. The evidence contained in a member's portfolio should therefore relate to general/foundation areas of their practice when submitting portfolios for general level membership.

5. What can the Framework be used for?

- Recruitment and selection.
- To provide a robust approach to performance review (including assessment or accreditation, e.g. FCP).
- To help individual FPMM members, with their managers where appropriate, to identify knowledge gaps and skills and to identify training and development needs.
- Facilitating continuing professional development.
- Providing documentary support for appraisals and Personal Development Plans.

In the first instance we hope the framework will be used in helping to identify the training and development needs of those pharmacists currently in post and those newly recruited into such posts. In the medium term it should assist in the selection process for pharmacists working in the foundation level of cancer pharmacy.

6. Using the framework as a continuing professional development tool

- Think of the framework as a means of guiding your reflections on practice.
- Use it in a variety of settings to suit your needs (alone, peer groups, clinical lead).
- Developing your CPD requirements takes time and effort – speak to people about it.
- You can download a copy of the framework from the FCP webpage to allow you to use the framework flexibly to fit with your own needs.

7.2 How to complete the framework

The assessment rating is on a 4-point scale ranging from never, sometimes, usually and always. Assessments should be referenced to the *norm* or *standard practice* that would be expected at a general/ foundation level. This may vary between areas, trusts or organisations. The table below outlines the definitions suggested for the assessment ratings:

Rating	Definitions	Percentage Expression
Always	Demonstrates the expected standard practice with very rare lapses	85 – 100%
Mostly	Implies standard practice with occasional lapses	51 – 84%
Sometimes	Much more haphazard than “mostly”	21 – 50%
Never	Very rarely meets the standard expected. No logical thought process appears to apply	0 – 20%

The framework is divided into two sections:

(i) Section One

This asks you to provide information relating to your current post, place of work and career progression. This can be placed in the front of your portfolio thus relating the content to your current job.

(ii) Section Two

This asks you to rate your current level of practice using the GLF. As mentioned previously, this comprises four clusters, each one divided into individual competencies. (The framework is included in this booklet. Each area of competency (competency cluster) is available as a separate booklet for completion. You may wish to complete and return these one section at a time or as a single document when applying for membership.

On the framework, you are asked to assess your current level of practice for each behavioural statement. These should be supported by evidence in your portfolio.

In your portfolio you will need to have at least one piece of evidence for each competency. Some behavioural statements within the competencies may not be applicable to you. In this case you should justify why it is not applicable and make a record on the self assessment sheet as such. No more than 15 behavioural statements should be marked in this way.

For each competency cluster, you should also provide a short summary that demonstrates how you are working at the competency level you have indicated on your framework. In this summary, you should link your evidence to the competency. Please note that a single piece of evidence may be used to illustrate more than one competency, although there may need to be a different focus placed on this piece of evidence for different competencies. All pieces of evidence should be clearly cross-referenced.

The assessment made for each behavioural statement is allocated a score by the assessors as follows:

Always	3
Usually	2
Sometimes	1
Never	0

Total scores for each competency are calculated. Each individual competency must be passed according to the passmarks below:-

Competency Cluster and Competencies	Passmark
Delivery of Patient Care Competencies	
Patient consultation	8
Need for drug	4
Selection of drug	18
Drug specific issues	10
Provision of drug product	8
M.I. and patient education	10
Monitoring drug therapy	10
Evaluation of outcomes	2
Personal Competencies	
Organisation	8
Effective communication skills	18
Team work	10
Professionalism	22
Problem Solving Competencies	
Gathering information	6
Knowledge	8
Analysing information	10
Providing information	6
Follow up	2
Management and Organisation Competencies	
Clinical governance	10
Service provision	6
Budget setting and reimbursement	6
Organisations	6
Training	4
Staff management	6
Procurement	10

N.B. The passmark for each competency will be reduced to allow for those behavioural statements which are submitted as not applicable. Once all of the competencies have been rated as passed and back up by evidence in your portfolio then you are ready to submit for Faculty membership at the General level.

7.3 How to complete your portfolio

A portfolio has been defined as “a structured collection comprising labelled evidence and critical reflection on that evidence”. Essentially, it is a collection of evidence demonstrating your learning, development, achievements and experience and how you have put your learning into practice. It offers a structured approach to analyzing and recording your professional development, and provides a record and evidence of professional activities and training undertaken.

It is important to realise that everyone’s portfolio is individual and there is no ‘right’ or ‘wrong’ information to include in it. However, it is important that the layout of your portfolio mirrors the competencies of the framework. This is for two reasons:

- To facilitate your own working and allow you to ensure that you have included evidence for each competency. It will also be helpful during the interview process.
- To allow the assessors to ensure that you are accredited with the correct level of membership.

Both a paper-based and electronic version of a portfolio template is available from the College. While some people may find a portfolio template helpful, others may prefer to develop and use their own format.

When you start to complete your portfolio, you may find it helpful to consider the following areas to provide you with good examples.

Your job description / personnel specification

This will give you an overview of the job you do and the skills necessary to do it.

Your day-to-day work

During normal progression in any job, you develop new knowledge and skills without, necessarily, a corresponding change in job description. It is advisable to look at the activities you presently undertake and the abilities you need to perform them.

Training and education

You may already have a record of courses or conferences you have attended. Organisations like the College, BOPA, Centres of Postgraduate Pharmaceutical Education (CPPE), National Prescribing Centre etc may be able to provide you with more information. Attendance at courses will become more valuable and

effective if you make a note of the main learning points of the session and how they might be used in practice. In some cases they will not be of everyday use, but they will enhance your knowledge of the setting in which professional services are provided and they will help you to identify how attendance may have improved your competencies.

CVs and job application forms

These can be helpful places to identify skills you have developed and initiatives you have been involved in.

Annual reviews, appraisals, action plans, and personal development plans

Membership of groups and organisations

Portfolios completed for RPSGB, CPPE etc

Your portfolio should contain documented evidence such as certificated continuing education, examinations, published papers, prepared guidance notes or protocols, etc. You may not have detailed records about every activity you have undertaken but you should try to include as much detail as you can. You may find it helpful to start to record more details about significant events that occur. This encourages a reflective approach to your practice so that you can analyse and evaluate your activities.

When completing the portfolio, it is important to keep its ultimate purpose in mind – namely that the evidence contained within should demonstrate that competencies and criteria have been met.

Keep your evidence concise so that it is easy to read and understand. Keep your evidence structured e.g. keep details of all courses attended in one section. It may be helpful to include a contents page.

It is advisable to complete the portfolio over a period of time and to undertake small pieces of work at a time. Essentially, it is not the number of examples that is important but the 'depth' of them, what has been learned from the examples and how this has been incorporated into practice. Learning needs can also be included.

Do not use clear plastic presentation wallets in your portfolio; these can make it difficult for the assessors to examine the evidence you are supplying.

Some examples of the type of evidence that you may use to build your portfolio are shown in Appendix 1. Please note that these are general examples of evidence rather than those you might use for specific competencies.

Delivery of Patient Care Competencies

Delivery of Patient Care

Competencies

Rating

Patient consultation

Patient assessment	ALWAYS uses appropriate questioning to obtain relevant information from the patient		USUALLY uses appropriate questioning to obtain relevant information from the patient		SOMETIMES uses appropriate questioning to obtain relevant information from the patient		DOES NOT use appropriate questioning to obtain relevant information from the patient	
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Comment

Consultation or referral	Pharmaceutical or health problems are ALWAYS appropriately referred		Pharmaceutical or health problems are USUALLY appropriately referred		Pharmaceutical or health problems are SOMETIMES appropriately referred		Does NOT appropriately refer pharmaceutical or health problems	
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Comment

Recording consultations	ALWAYS documents consultation where appropriate in the patient's records		USUALLY documents consultation where appropriate in the patient's records		SOMETIMES documents consultation where appropriate in the patient's records		Does NOT document consultation where appropriate in the patient's records	
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Comment

Patient consent	ALWAYS satisfactorily obtains patient consent if appropriate		USUALLY satisfactorily obtains patient consent if appropriate		SOMETIMES satisfactorily obtains patient consent if appropriate		NEVER satisfactorily obtains patient consent	
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Comment

Delivery of Patient Care

Competencies Need for the drug

Rating

Relevant patient background	Retrieval of ALL relevant and available information		Retrieval of MOST relevant and available information		Retrieval of SOME relevant and available information		Does NOT retrieve relevant or available information	
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Comment

Drug history	ALWAYS documents an accurate and comprehensive drug history when required		MOSTLY documents an accurate and comprehensive drug history when required		SOMETIMES documents an accurate and comprehensive drug history when required		Does NOT document a drug history for any patient	
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Comment

Selection of drug

Drug – Drug Interactions	Drug-drug interactions are ALWAYS identified		Drug-drug interactions are USUALLY identified		Drug-drug interactions are SOMETIMES identified		Does NOT identify any drug-drug interactions	
Drug – Drug Interactions	Drug-drug interactions are ALWAYS appropriately Prioritized		Drug-drug interactions are USUALLY appropriately prioritised		Drug-drug interactions are SOMETIMES appropriately prioritised		Does NOT prioritise any drug-drug interactions	
Drug – Drug Interactions	Appropriate action is ALWAYS taken		Appropriate action is USUALLY taken		Appropriate action is SOMETIMES taken		Does NOT take any appropriate action	

Comment

Delivery of Patient Care

Competencies
Selection of drug

Rating

Drug – Patient Interactions	Drug-patient interactions are ALWAYS identified		Drug-patient interactions are USUALLY identified		Drug-patient interactions are SOMETIMES identified		Does NOT identify any drug-patient interactions	
Drug – Patient Interactions	Drug-patient interactions are ALWAYS appropriately prioritised		Drug-patient interactions are USUALLY appropriately prioritised		Drug-patient interactions are SOMETIMES appropriately prioritised		Does NOT prioritise any drug-patient interactions	
Drug – Patient Interactions	Appropriate action is ALWAYS taken		Appropriate action is USUALLY taken		Appropriate action is SOMETIMES taken		Does NOT take any appropriate action	

Comment

Drug – Disease Interactions	Drug-disease interactions are ALWAYS identified		Drug-disease interactions are USUALLY identified		Drug-disease interactions are SOMETIMES identified		Does NOT identify any drug-disease interactions	
Drug – Disease Interactions	Drug-disease interactions are ALWAYS appropriately prioritised		Drug-disease interactions are USUALLY appropriately prioritised		Drug-disease interactions are SOMETIMES appropriately prioritised		Does NOT prioritise any drug-disease interactions	
Drug – Disease Interactions	Appropriate action is ALWAYS taken		Appropriate action is USUALLY taken		Appropriate action is SOMETIMES taken		Does NOT take any appropriate action	

Comment

Delivery of Patient Care

Competencies

Rating

Drug Specific Issues

Ensures appropriate dose	Appropriate dose is ALWAYS ensured		Appropriate dose is USUALLY ensured		Appropriate dose is SOMETIMES ensured		Does NOT ensure appropriate doses for any patient	
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Comment

Selection of dosing regimen	Appropriate route is ALWAYS ensured		Appropriate route is USUALLY ensured		Appropriate route is SOMETIMES ensured		Does NOT ensure appropriate route for any patient	
Selection of dosing regimen	Appropriate timing of dose is ALWAYS ensured		Appropriate timing of dose is USUALLY ensured		Appropriate timing of dose is SOMETIMES ensured		Does NOT ensure appropriate timing of dose	

Comment

Selection of formulation and concentration	Appropriate formulation is ALWAYS ensured		Appropriate formulation is USUALLY ensured		Appropriate formulation is SOMETIMES ensured		Does NOT ensure appropriate formulation for any patient	
	Appropriate concentration is ALWAYS ensured		Appropriate concentration is USUALLY ensured		Appropriate concentration is SOMETIMES ensured		Does NOT ensure appropriate concentration for any patient	

Comment

Delivery of Patient Care

Competencies

Rating

Provision of Drug Product

The prescription is clear	ALWAYS ensures the prescriber's intentions are clear		USUALLY ensures the prescriber's intentions are clear		SOMETIMES ensures the prescriber's intentions are clear		Does NOT ensure the prescriber's intentions are clear for any patient	
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Comment

The prescription is legal	Legality of prescription is ALWAYS ensured		Legality of prescription is USUALLY ensured		Legality of prescription is SOMETIMES ensured		Does NOT ensure the appropriate regimen for any patient	
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Comment

Labelling of the medicine	The label on the dispensed medicine ALWAYS includes required information		The label on the dispensed medicine USUALLY includes required information		The label on the dispensed medicine SOMETIMES includes required information		The label on the dispensed medicine NEVER includes required information	
Labelling of the medicine	The dispensed medicine is ALWAYS labelled appropriately for the patient		The dispensed medicine is USUALLY labelled appropriately for the patient		The dispensed medicine is SOMETIMES labelled appropriately for the patient		The dispensed medicine is NEVER labelled appropriately for the patient	

Comment

Delivery of Patient Care

Competencies Rating

Medicines Information and patient education

Public health	ALWAYS provides lifestyle advice appropriately		USUALLY provides lifestyle advice appropriately		SOMETIMES provides lifestyle advice appropriately		Does NOT provide lifestyle advice appropriately	
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Comment

Health needs	ALWAYS takes into account the patient's individual circumstances		USUALLY takes into account the patient's individual circumstances		SOMETIMES takes into account the patient's individual circumstances		Does NOT take into account the patient's individual circumstances	
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Comment

Need for information is identified	Patient need for information is ALWAYS identified		Patient need for information is USUALLY identified		Patient need for information is SOMETIMES identified		Did NOT identify the need for information in any patient	
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Comment

Medicines information	Accurate and appropriate medicines information is ALWAYS communicated		Accurate and appropriate medicines information is USUALLY communicated		Accurate and appropriate medicines information is SOMETIMES communicated		Did NOT communicate accurate and appropriate medicines information	
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Comment

Delivery of Patient Care Rating

Competencies

Medicines Information and patient education

Provision of written information	Appropriate information is ALWAYS provided		Appropriate information is USUALLY provided		Appropriate information is SOMETIMES provided		Did NOT provide appropriate information	
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Comment

Monitoring drug therapy

Identification of medicines management problems	Medicines management problems are ALWAYS identified		Medicines management problems are USUALLY identified		Medicines management problems are SOMETIMES identified		Does NOT identify any medicines management problems	
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Comment

Prioritisation of medicines management problems	Medicines management problems are ALWAYS accurately prioritised		Medicines management problems are USUALLY accurately prioritised		Medicines management problems are SOMETIMES accurately prioritised		Does NOT accurately prioritise any medicines management problems	
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Comment

Use of guidelines	Current clinical guidelines are ALWAYS applied as appropriate		Current clinical guidelines are USUALLY applied as appropriate		Current clinical guidelines are SOMETIMES applied as appropriate		Does NOT apply recent clinical guidelines	
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Comment

Delivery of Patient Care

Competencies

Rating

Monitoring drug therapy

Resolution of medicines management problems	Appropriate action is ALWAYS taken to resolve or refer medicines management problems		Appropriate action is USUALLY taken to resolve or refer medicines management problems		Appropriate action is SOMETIMES taken to resolve or refer medicines management problems		Does NOT appropriately resolve or refer any medicines management problems	
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Comment

Record of contributions	Appropriate documentation of the intervention is ALWAYS completed		Appropriate documentation of the intervention is USUALLY completed		Appropriate documentation of the intervention is SOMETIMES completed		Does NOT complete appropriate documentation of the intervention	
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Comment

Evaluation of outcomes

Assessing outcomes of contributions	Outcomes of contributions are ALWAYS appropriately assessed		Outcomes of contributions are USUALLY appropriately assessed		Outcomes of contributions are SOMETIMES appropriately assessed		Does NOT appropriately assess outcomes of contributions	
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Comment

Personal Competencies

Personal

Rating

Competencies Organisation

Prioritisation	ALWAYS prioritises work well		USUALLY prioritises work well		SOMETIMES prioritises work well		POOR prioritisation results in work not being completed	
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Comment

Punctuality	ALWAYS punctual		USUALLY punctual		SOMETIMES punctual		NEVER punctual	
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Comment

Initiative	ALWAYS demonstrates appropriate initiative		USUALLY demonstrates appropriate initiative		SOMETIMES demonstrates appropriate initiative		Does NOT demonstrate appropriate initiative	
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Comment

Efficiency	ALWAYS uses time Efficiently		USUALLY uses time efficiently		Inefficient use of time SOMETIMES results in tasks not being satisfactorily completed		Inefficient use of time results in tasks NEVER being completed	
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Comment

Personal

Competencies

Rating

Effective Communication Skills

Patient and carer	Communication is ALWAYS clear, precise and appropriate		Communication is USUALLY clear, precise and appropriate		Communication is SOMETIMES clear, precise and appropriate		Communication is unclear and inappropriate	
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Comment

Medical staff	Communication is ALWAYS clear, precise and appropriate		Communication is USUALLY clear, precise and appropriate		Communication is SOMETIMES clear, precise and appropriate		Communication is unclear and inappropriate	
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Comment

Nurses	Communication is ALWAYS clear, precise and appropriate		Communication is USUALLY clear, precise and appropriate		Communication is SOMETIMES clear, precise and appropriate		Communication is unclear and inappropriate	
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Comment

Other healthcare professionals	Communication is ALWAYS clear, precise and appropriate		Communication is USUALLY clear, precise and appropriate		Communication is SOMETIMES clear, precise and appropriate		Communication is unclear and inappropriate	
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Comment

Personal

Competencies

Rating

Effective Communication Skills

Other health staff	Communication is ALWAYS clear, precise and appropriate		Communication is USUALLY clear, precise and appropriate		Communication is SOMETIMES clear, precise and appropriate		Communication is unclear and inappropriate	
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Comment

Immediate pharmacy team	Communication is ALWAYS clear, precise and appropriate		Communication is USUALLY clear, precise and appropriate		Communication is SOMETIMES clear, precise and appropriate		Communication is unclear and inappropriate	
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Comment

Mentor/tutor	Communication is ALWAYS clear, precise and appropriate		Communication is USUALLY clear, precise and appropriate		Communication is SOMETIMES clear, precise and appropriate		Communication is unclear and inappropriate	
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Comment

Employing organisation	Communication is ALWAYS clear, precise and appropriate		Communication is USUALLY clear, precise and appropriate		Communication is SOMETIMES clear, precise and appropriate		Communication is unclear and inappropriate	
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Comment

Personal

Rating

Competencies

Effective communication skills

Linked organisations	Communication is ALWAYS clear, precise and appropriate		Communication is USUALLY clear, precise and appropriate		Communication is SOMETIMES clear, precise and appropriate		Communication is unclear and inappropriate	
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Comment

Team work

Pharmacy Team	ALWAYS recognises value of other staff		USUALLY recognises value of other staff		SOMETIMES recognises value of other staff		Does NOT value other members of staff	
Pharmacy team	ALWAYS works effectively as part of a team		USUALLY works effectively as part of a tea		SOMETIMES works effectively as part of a team		Disruptive in team	

Comment

Personal

Rating

Competencies

Team work

Multi-disciplinary team	ALWAYS recognises value of other members of the healthcare team		USUALLY recognises value of other members of the healthcare team		SOMETIMES recognises value of other members of the healthcare team		Does NOT value other members of the healthcare team	
Multi-disciplinary team	ALWAYS uses appropriate channels to refer patients to other members of the healthcare team		USUALLY uses appropriate channels to refer patients to other members of the healthcare team		SOMETIMES uses appropriate channels to refer patients to other members of the healthcare team		NEVER uses appropriate channels to refer patients to other members of the healthcare team	

Comment

Organizational team	ALWAYS recognises the roles of non-clinical staff within the organisation		USUALLY recognises the roles of non-clinical staff within the organization		SOMETIMES recognises the roles of non-clinical staff within the organisation		Does NOT recognise the roles of non-clinical staff within the organization	
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Comment

Personal Rating

Competencies Professionalism

Confidentiality	ALWAYS maintains confidentiality						Does NOT always maintain confidentiality	
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Comment

Recognition of limitation	ALWAYS recognises limitations		USUALLY recognises limitations		SOMETIMES recognises limitations		UNABLE to recognise limitations	
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Comment

Quality and accuracy of documentation	Legally required information is ALWAYS documented		Legally required information is USUALLY documented		Legally required information is SOMETIMES documented		Does NOT document legally required information	
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Comment

Personal

Rating

Competencies Professionalism

Legislation	Can describe ALL the legislation that affects patient care		Can describe MOST of the legislation that affects patient care		Can describe SOME of the legislation that affects patient care		Can NOT describe any legislation that affects patient care	
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Comment

Responsibility for own action	ALWAYS takes responsibility of own action		USUALLY takes responsibility for own action		FAILS to accept responsibility for own action		FAILS to recognise personal responsibility	
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Comment

Confidence	ALWAYS inspires Confidenc		USUALLY inspires confidence		SOMETIMES inspires confidence		FAILS to inspire confidence	
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Comment

Personal Rating

Competencies Professionalism

Responsibility for patient care	ALWAYS takes responsibility for patient care		USUALLY takes responsibility for patient care		SOMETIMES takes responsibility for patient care		FAILS to recognise responsibility for patient care	
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Comment

CPD	ALWAYS maintains a CPD record		USUALLY records some evidence		SOMETIMES records some evidence		Does NOT maintain a CPD record	
CPD	ALWAYS reflects on performance		USUALLY reflects on performance		SOMETIMES reflects on performance		NEVER reflects on performance	
CPD	ALWAYS identifies CPD learning needs		USUALLY identifies CPD learning needs		SOMETIMES identifies CPD learning needs		NEVER identifies CPD learning needs	
CPD	ALWAYS evaluates learning		USUALLY evaluates learning		SOMETIMES evaluates learning		NEVER evaluates learning	

Comment

Problem Solving Competencies

Problem Solving

Competencies

Rating

Gathering information

Accesses information	ALWAYS able to access information from appropriate information sources		USUALLY able to access information from appropriate information sources		SOMETIMES able to access information from appropriate information sources		NEVER able to access information from appropriate information sources	
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Comment

Summarises information	ALWAYS able to summarise key points from information gathered		USUALLY able to summarise key points from information gathered		SOMETIMES able to summarise key points from information gathered		NEVER able to summarise key points from information gathered	
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Comment

Up-to-date information	ALWAYS keeps information needed on a day to day basis up to date		USUALLY keeps information needed on a day to day basis up to date		SOMETIMES keeps information needed on a day to day basis up to date		NEVER keeps information needed on a day to day basis up to date	
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Comment

Problem Solving

Competencies Knowledge

Rating

Pathophysiology	Knowledge of pathophysiology is EXCELLENT		Knowledge of pathophysiology is GOOD		Knowledge of pathophysiology is REASONABLE		Knowledge of pathophysiology is POOR	
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Comment

Pharmacology	ALWAYS able to discuss how drugs work		USUALLY able to discuss how drugs work		SOMETIMES able to discuss how drugs work		NEVER able to discuss how drugs work	
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Comment

Side effects	ALWAYS able to describe the major side effects of drugs		USUALLY able to describe the major side effects of drugs		SOMETIMES able to describe the major side effects of drugs		NEVER able to describe the major side effects of drugs	
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Comment

Interactions	ALWAYS able to describe mechanisms of interactions		USUALLY able to describe mechanisms of interactions		SOMETIMES able to describe mechanisms of interactions		NEVER able to describe mechanisms of interactions	
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Comment

Problem Solving

Competencies

Rating

Analysing information

Evaluates information	Is ALWAYS able to evaluate information gathered		Is USUALLY able to evaluate information gathered		Is SOMETIMES able to evaluate information gathered		Is NEVER able to evaluate information gathered	
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Comment

Problem identification	ALWAYS able to identify Problems		USUALLY able to identify problems		SOMETIMES able to identify problems		NEVER identifies problems	
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Comment

Appraises options	ALWAYS appraises options		USUALLY appraises options		SOMETIMES appraises options		NEVER appraises options	
--------------------------	--------------------------	--	---------------------------	--	-----------------------------	--	-------------------------	--

Comment

Decision making	ALWAYS demonstrates clear decision making		USUALLY demonstrates clear decision making		SOMETIMES demonstrates clear decision making		NEVER demonstrates clear decision making	
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Comment

Problem Solving

Competencies

Rating

Analysing information

Logical approach	ALWAYS demonstrates a logical process to problem solving		USUALLY demonstrates a logical process to problem solving		SOMETIMES demonstrates a logical process to problem solving		NEVER demonstrates a logical process to problem solving	
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Comment

Providing information

Provides accurate information	ALWAYS provides accurate information		USUALLY provides accurate information		SOMETIMES provides accurate information		NEVER able to provide accurate information	
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Comment

Provides relevant information	ALWAYS provides relevant information		USUALLY provides relevant information		SOMETIMES provides relevant information		NEVER able to provide relevant information	
--------------------------------------	--------------------------------------	--	---------------------------------------	--	---	--	--	--

Comment

Problem Solving

Competencies

Rating

Providing information

Provides timely information	ALWAYS provides timely information		USUALLY provides timely information		SOMETIMES provides timely information		NEVER able to provide timely information	
------------------------------------	------------------------------------	--	-------------------------------------	--	---------------------------------------	--	--	--

Comment

Follow up

Ensures resolution of problem	ALWAYS ensures resolution of problem		USUALLY ensures resolution of problem		SOMETIMES ensures resolution of problem		NEVER able to ensure resolution of problem	
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Comment

Management and Organisation Competencies

Management and Organisation

Competencies

Rating

Clinical governance

Clinical governance issues	Can ALWAYS demonstrate the application of clinical governance issues		Can USUALLY demonstrate the application of clinical governance issues		Can SOMETIMES demonstrate the application of clinical governance issues		NEVER demonstrates the application of clinical governance issues	
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Comment

Standard operating procedures	ALWAYS uses relevant and up to date procedures for practice		USUALLY uses relevant and up to date procedures for practice		SOMETIMES uses relevant and up to date procedures for practice		NEVER uses relevant and up to date procedures for practice	
--------------------------------------	---	--	--	--	--	--	--	--

Comment

Working environment	ALWAYS implements legal and professional requirements for a safe system of work		USUALLY implements legal and professional requirements for a safe system of work		SOMETIMES implements legal and professional requirements for a safe system of work		NEVER implements legal and professional requirements for a safe system of work	
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Comment

Management and Organisation Rating

Competencies

Clinical governance

Risk management	ALWAYS documents critical incidents		USUALLY documents critical incidents		SOMETIMES documents critical incidents		NEVER documents critical incidents	
Risk Management	ALWAYS forwards critical incident reports to the appropriate organisations		USUALLY forwards critical incident reports to the appropriate organisations		SOMETIMES forwards critical incident reports to the appropriate organisations		NEVER forwards critical incident reports to the appropriate organisations	

Comment

Service provision

Quality of service	ALWAYS looks to improve the quality of the services offered		USUALLY looks to improve the quality of the services offered		SOMETIMES looks to improve the quality of services offered		NEVER looks to improve the quality of the services offered	
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Comment

Management and Organisation

Competencies

Rating

Service provision

Service development	Can ALWAYS describe the key drivers for national and local service development		Can USUALLY describe the key drivers for national and local service development		Can SOMETIMES describe the key drivers for national and local service development		Can NEVER describe the key drivers for national and local service development	
	ALWAYS identifies and refers the need for new services		USUALLY identifies and refers the need for new services		SOMETIMES identifies and refers the need for new services		NEVER identifies or refers the need for new services	

Comment

Budget setting and reimbursement

Service reimbursement	ALWAYS uses relevant reference sources to ensure appropriate and accurate reimbursement		USUALLY uses relevant reference sources to ensure appropriate and accurate reimbursement		SOMETIMES uses relevant reference sources to ensure appropriate and accurate reimbursement		NEVER uses relevant reference sources to ensure appropriate and accurate reimbursement	
Service reimbursement	ALWAYS claims reimbursement appropriately for services provided		USUALLY claims reimbursement appropriately for services provided		SOMETIMES claims reimbursement appropriately for services provided		NEVER claims reimbursement appropriately for services provided	

Comment

Management and Organisation

Competencies Rating

Budget setting and reimbursement

Prescribing budgets	Can ALWAYS interpret how prescribing affects prescribing budgets		Can USUALLY interpret how prescribing affects prescribing budgets		Can SOMETIMES interpret how prescribing affects prescribing budgets		CANNOT interpret how prescribing affects prescribing budgets	
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Comment

Organisations

Organisational structure	Can ALWAYS describe the structure of employing organisation		Can USUALLY describe the structure of employing organisation		Can SOMETIMES describe the structure of employing organisation		CANNOT describe the structure of employing organisation	
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Comment

Linked organisation	Can ALWAYS describe the key organisations that affect service delivery		Can USUALLY describe the key organisations that affect service delivery		Can SOMETIMES describe the key organizations that affect service delivery		CANNOT describe the key organisations that affect service delivery	
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Comment

Management and Organisation

Competencies Organisations

Rating

Pharmaceutical industry	ALWAYS follows local and national guidance when working with the pharmaceutical industry		USUALLY follows local and national guidance when working with the pharmaceutical industry		SOMETIMES follows local and national guidance when working with the pharmaceutical industry		NEVER follows local and national guidance when working with the pharmaceutical industry	
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Comment

Training

Staff	ALWAYS ensures staff are competent to undertake the tasks allocated to them		USUALLY ensures staff are competent to undertake the tasks allocated to them		SOMETIMES ensures staff are competent to undertake the tasks allocated to them		NEVER ensures staff are competent to undertake the tasks allocated to them	
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Comment

Other healthcare professionals	Is ALWAYS active in training other healthcare professionals		Is USUALLY active in training other healthcare professionals		Is SOMETIMES active in training other healthcare professionals		Is NEVER active in training other healthcare professionals	
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Comment

Management and Organisation Rating

Competencies Staff management

Performance management	ALWAYS carries out staff appraisals on a regular basis		USUALLY carries out staff appraisals on a regular basis		SOMETIMES carries out staff appraisals on a regular basis		NEVER carries out staff appraisals	
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Comment

Staff development	ALWAYS supports staff in their development		USUALLY supports staff in their development		SOMETIMES supports staff in their development		NEVER supports staff in their development	
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Comment

Employment issues	ALWAYS correctly applies employment issues		USUALLY correctly applies employment issues		SOMETIMES correctly applies employment issues		NEVER correctly applies employment issues	
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Comment

Management and Organisation

Competencies Procurement

Rating

Pharmaceutical	Can ALWAYS describe how pharmaceuticals can be sourced		Can USUALLY describe how pharmaceuticals can be sourced		Can SOMETIMES describe how pharmaceuticals can be sourced		Can NEVER describe how pharmaceuticals can be sourced	
Pharmaceutical	Can ALWAYS source pharmaceuticals in a timely manner		Can USUALLY source pharmaceuticals in a timely manner		Can SOMETIMES source pharmaceuticals in a timely manner		Can NEVER source pharmaceuticals in a timely manner	

Comment

Supply problems	Supply problems are ALWAYS resolved Promptly		Supply problems are USUALLY resolved promptly		Supply problems are SOMETIMES resolved promptly		Supply problems are NEVER resolved promptly	
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Comment

Stock management	ALWAYS ensures stock is managed		USUALLY ensures stock is managed		SOMETIMES ensures stock is managed		NEVER manages stock Comment	
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Management and Organisation

Competencies
Procurement

Rating

Cost effectiveness	ALWAYS ensures stock purchased maximises cost effectiveness		USUALLY ensures stock purchased maximises stock effectiveness		SOMETIMES ensures stock purchased maximises stock effectiveness		NEVER ensures sock purchased maximises cost effectiveness	
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General comments

Appendix 1

Examples of Evidence*

Expert professional practice

- Records of consultation requests for specialist advice from the locality
- Evidence of application or ideas from the literature to patients in the specialist area
- Documented examples of contribution to multidisciplinary care in specialist area
- Intervention records either in patient medication record, branch diary or separate system for recording
- Documented audits of prescribing quality
- Copies of communications
- Records of pharmaceutical care programmes
- Case studies and documented examples of medicines management
- Examples of actions with witness testimonial
- Evidence of successful completion of formal learning programme where appropriate

Building working relationships

- Evidence of contribution to local treatment guidelines or protocols
- Demonstration of contribution to a local strategy for pharmaceutical care, for example:
 - evidence of witness test
 - introduction of new services or new ways of working
 - introduction of systems to reduce medication risk
- Evidence of activity and contribution within a multidisciplinary team
- report of such event with organisation chart
- witness testimony

Leadership

- Evidence of influencing skills
- Evidence or witness testimony of successful motivation of others
- Demonstration of a service development in response to strategic change
- Contribution to clinical governance policy for specialist area
- Proposals for successful service development
- Use of SMART objectives
- Team members able to articulate their own contribution to achievement of plans
- Examples of clinical governance for specialty
- Evidence of vision and direction for colleagues

Management

- Contribution to a local strategy for pharmaceutical care
- Evidence of service planning, e.g. business plan
- Introduction of new services or new ways of working
- Introduction of systems to reduce medication risk
- Securing new resources for service
- Documentation of changes to services and feedback or reflective practice
- Project report
- Risk management procedure
- Collaborative projects and/or services

Education, training and development

- Activity as mentor or trainer including witness testimony
- Presentations given at local or higher level
- CPD records
- Pre-registration tutor or specialist trainer
- Accredited tutor for postgraduate programme
- Training needs analysis
- Responsible for in-house training
- Contribution to education programme(s)
- Examples of education and training programmes designed and run in response to change
- Examples of interpretation of relevant national policies

Research and evaluation

- Evidence of critical appraisal skills
- Documented audits of service provision
- Documented contribution to design of local audits
- Publication of literature reviews
- Publication of evidence-based service improvements
- Contributions to local formulary or drug use policies

* Taken from “Implementing Care Closer to Home – providing convenient quality care for patients – A national framework for pharmacists with special interests” – Department of Health, September 2006.

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