The adoption and evaluation of the General Level Framework and Associated Performance Development Tools in Australia

Dr Ian Coombes & Lynda Cardiff

Medication Services Queensland (Formerly Safe Medication Practice Unit) & Society of Hospital Pharmacists of Australia

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Aims

1. Increase understanding of the use of competency based performance evaluation and development tools
2. To describe how GLF could be adopted to a different healthcare service
3. To increase understanding of the workplace evaluation and feedback process
4. Introduce the electronic GLF to assist data capture, entry and review of overall service performance
Overview

• Definition
• Why adopt a competency based approach?
• Australianisation of the GLF
• Experience and outcomes in Qld
• How GLF fits into practitioner development
• Use in identifying and measuring training impacts
• Mini Clinical examination (mini CEX)
• Mini peer assessment tools (mini-PAT)
• Case Based Discussion
• Questions
Pharmacy services across the state

- 116 acute QH hospitals
  - 46 have pharmacist/s employed on site
  - 16/42 sole pharmacist
  - 370 FTE

- 70 acute hospitals with **no** pharmacist/s
  - 16 have limited pharmacist support (e.g. regular visits, outreach service, telepharmacy)
Drivers of Pharmacy Services

• Safety and Quality Agenda
• Patient demographics and throughput
• Society Hospital Pharmacy Standards
• Australian Pharmacy Competency Standards
  – Patient care, problem solving, professional behaviour
• Australian Pharmaceutical Advisory Council
  – Principles Continuity Medication management
  – History, assess, plan, information, monitor, liaise
• Government commitments: “Pharmaceutical review”
  – Minimum standard, objective review, qualified, suitable
    trained individual to optimise Quality Use of medicines
A career structure link to patient outcomes – Pharmacy Negotiations Qld Health 2005-2008
Medication Services Queensland

• Multidisciplinary team objective: to prevent harm by improving medication practices

• Multi-faceted approach to harm reduction
  – Specific high risk medicines or processes
  – \(\downarrow\) risks at interfaces of care
  – Developing staff medication management competencies
  – Using technology to support safe practice
  – Standard medication chart, anticoagulation, insulin

• Agenda driven by national and local issues, observation, incident analysis, stakeholder input
Strategy for developing Pharmaceutical Services to Patients in Queensland

- Individualised Training + Development (CPD)
- Identifying Gaps
- Targeting training through GLF, Mini CEX, Mini PAT, CBD

Standards of practice

Goal:
- Safe + Effective
- Medicine Centred
- Patient Focused care

Supporting practitioner development

Targeted Service Development

Service Re-engineering
Competence (Epstein + Hundert)

- “The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of patients being served”
  - ..a habit of lifelong learning
  - ..contextual
  - .. a persons abilities and what they have to do
Linking competence to performance and assessment

“The assessment of competence (what a person is able to do) should provide insight into actual performance (what he or she does do) as well as their ability to adapt to change, find, generate new knowledge and improve overall performance”
The Competency iceberg

Effective and persistent behaviour

Knowledge
Skills
Abilities
Values, attitudes and beliefs
Why do we measure competence of staff and their performance?
Australia's 'Dr. Death' linked to 87 fatalities

Former Kaiser surgeon was highly recommended by colleagues in U.S.

From a patient’s perspective:

• Professionals’ competence is not negotiable [Forster Enquiry, Aus]

• Patients deserve professionals caring for them to have relevant and up to date skills and expertise [Kennedy report, UK]
Patient Safety and pharmacist performance

Admission medication history
ADR Check
Adherence assessed
Identify medication problems
Gather data
TDM. Monitoring therapy
Team work, communication
Discharge education, liaison

Opportunity For Error
Opportunity For Error

Admission medication history
ADR check
Adherence assessed
Identify medication problems
Gather data
Therapeutic monitoring
Team work - communication
Discharge information

Adapted by P.Thornton from J. Reason, 9/01
Some evidence........21 Pre-reg 2006

Pre-Registration "Performance"
(n=21)

Post Induction OSCE

End of 10 month training
ADR documentation without pharmacist review, n=161, 2005
ADR documentation with and without review, n=161, 2005
Why do pharmacists behave in an unsafe way?
Miller Cambridge Pyramid

Competency

System factors

Human Factors

Performance
“Welcome to the hospital”,
“You’ll be doing the surgical wards, see you at 11!”
Learning and working......a different culture

Undergraduate Learning Environment

- Guided study
- Learning Support
- Peer contact
- Tutor Access
- Defined curriculum
- Regular Appraisal

Employees learning in the workplace

- Unable to identify learning needs
- Limited Opportunity to learn
- Individualised Curriculum
- Limited Tutor Support
- Infrequent Appraisal
- Lack of feedback
Risks if Pharmacy staff not supported

• Poor staff morale
• Increase pressure on staff
• “Training” is independent of service delivery
• Increase pressure on existing staff
• Little opportunity for service review
• Staff feel isolated
• Lack a culture of learning
• Poor recruitment + retention
• Staff may become “de skilled”
• Decrease in patient safety
Practitioner Development in Qld
Competency Matrix for General Level Clinical Practice

PROFESSIONAL

DELIVERY OF PATIENT CARE

PROBLEM MANAGEMENT SOLVING

- Organisation, Team working, Communication, Professionalism
- Drug use process
- Gathers information
  - Knowledge
  - Analyzes Information
  - Provides information
  - Follows up and reflects

- Assertiveness
- Initiative
- Confidentiality
- Drug history taking
- Interaction identification
- Patient counselling
- Assesses information
  - Provides - Accurate
  - relevant, Timely
Mapping Australian Standards to Actions

<table>
<thead>
<tr>
<th>APAC Guidelines Cont QUM</th>
<th>QH Service Capability Framework for Pharmacy Services</th>
<th>SHPA Clinical Pharmacy Standards</th>
<th>PSA/ Guild/ SHPA Competency Standards</th>
<th>QH Pharmaceutical review Activities</th>
<th>Individual behaviours – combined to competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Guiding principle – linked to Pharmaceutical reform</td>
<td>• ADRs • History • Review • Evaluation</td>
<td>• 8 Activities, procedures link to Med Action Plan</td>
<td>• History • Review • Plan • Provide information</td>
<td>• Patient selection to discharge</td>
<td>• Patient Care • Problem solving • Professional competencies</td>
</tr>
</tbody>
</table>

=GLF
Method

• Site engagement & standard setting
• Complete self-assessment
• Evaluation and Feedback – “Snapshot”
  – 4 hrs, 6-12 monthly
  – 1.5-2 hr observation,
  – 1-2 hrs feedback session
  – Agree gaps
  – Agree training plan
  – Agree case to present
• Training, skills development, mentoring
GLF – Baseline Assessment

NOTE: THE PHARMACIST WILL BE EVALUATED AGAINST INDIVIDUAL COMPETENCIES ONLY AS APPROPRIATE TO EACH PATIENT

### PART 1: Delivery of Patient Care Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1 Patient History</strong></td>
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<tr>
<td><strong>1.1.1 Opening the consultation</strong></td>
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</tbody>
</table>

- **Provides clear introduction to the consultation**
  - Establishes patient identity, introduces self and other colleagues as applicable
  | RARELY | SOMETIMES | USUALLY | CONSISTENTLY |
  | S     | E       | S       | E           |

- **Agrees on an agenda with the patient**
  - Checks time is appropriate
  - Explains purpose of discussion
  | RARELY | SOMETIMES | USUALLY | CONSISTENTLY |
  | S     | E       | S       | E           |

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<thead>
<tr>
<th>Comments</th>
<th>Self</th>
<th>Evaluation</th>
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</thead>
</table>

| **1.1.2 Questioning** | Uses appropriate questioning to obtain relevant information from the patient |

- Relevant, succinct
- Uses appropriate language (non-judgmental, non-alarmist, reassuring)
- Starts with open-ended questions, ends with close-ended questions to confirm, avoids leading questions
- Talks at an appropriate level
  | RARELY | SOMETIMES | USUALLY | CONSISTENTLY |
  | S     | E       | S       | E           |

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Consider use of more open questions – and active listening
Key points RE self assessment

• Initially one self assessment and multiple visits
  – Need self assessment each time

• Practitioners find self assessment beneficial

• This is adult learning – self identification of learning needs
Observational assessment of performance within a range of competencies –

Unveiling the “unknown unknowns” – Rumsfelt, D. 2002
Miller Cambridge Pyramid

System factors

competency

Human Factors

Performance
Johari Window Model
PRINCIPLES OF AGENDA-LED OUTCOME-BASED ANALYSIS (ALOBA) from Pendleton

• Learner’s agenda and intended outcomes
• Self assessment
• Self problem solving
• Non-judgmental approach
• Uses balanced descriptive feedback
• Makes and offers suggestions
• Generates alternatives
• Well intentioned, valuing and supportive
Lack of effectiveness of GLF for training and development

Student perceptions: JPB Diploma 12/08

- Assessments are relevant when they reflect where working and what learning

- GLF: a lost opportunity for developing practice
  - Passive, tick box, irrelevant exercise, undertaken by tutors not seen them work, lack recommendations, not real time
Evaluator training

- Must have experienced GLF
- Background information and training session
- Observes/ accompanies “trainer”
- Participates in process
- Leads evaluation and feedback
- Re-validation and review feedback from staff
GLF evidence baseline and re-assessment

• 320(70%) pharmacists Qld have had a baseline
• 107 have had at least 1 re-evaluation
• Baseline data used to develop training program
• Comparative data of 66 pharmacists
• Mean 11 months between base and re-visit
• Assessors= 6 trained experienced pharmacists all working in clinical education
Taking patient’s medication history (base)

Scale: 1 = rarely, 2 = sometimes, 3 = usually, 4 = consistently

Ian Coombes SHPA
November 2009
Taking patient’s medication history

Scale: 1 = rarely, 2 = sometimes, 3 = usually, 4 = consistently
Assessing medicine taking behaviour

Scale 1 = rarely, 2 = sometimes, 3 = usually, 4 = consistently
Miller Cambridge Pyramid

System factors

competency

Human Factors

Performance

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November 2009
Targeted introduction of system changes

• Medication Action plan
  – Pharmaceutical care plan
  – Patient profiles
  – All kept by separate pharmacists
  – Not shared with rest of “team”
  – Not kept with patients
  – Structured, checklists, record of work!
1.3 Documentation of review & MAP

Ian Coombes SHPA
November 2009
3.2 Communication
Post GLF feedback n = 229

Ian Coombes SHPA
November 2009
Enjoyable Aspects of Process

• Ability to see my weaknesses
• Giving me tips on how to work smarter and more efficiently
• I’m quite positive towards my current practice, but it gave me useful ideas about areas that could improve, i.e. time management
• Encouragement and positive feedback about what I'm doing well.
• Reinforcing what I think I should do is correct.
• Excellent to have someone come and show me how things should be done.
SHPA “GLF” project

As a result of this project, we expect to see:

• **Document** - to improve and support pharmacists’ practice
• **Process** - support the ongoing use of competency based performance evaluation and development tools
• **Understanding** - of what constitutes good clinical pharmacy practice
• **Identification** - improvements noted during progression
• **Support** - to identify achievements and fill gaps
• **Self-reflection** of practice and professional needs
• **Documentation** - professional goals
SHPA - Project outcomes

• To develop an evaluation tool & process to
  – improve understanding of what constitutes good clinical pharmacy practice
  – enhance self-reflection of practice and professional development needs by pharmacists
  – improve and support pharmacists’ practice
  – support practitioner development
  – improve documentation and support achievement of professional goals
The SHPA CPD target

- 77% Information Delivery without assessment
- 10% Improving Knowledge and Skills with assessment
- 41% Towards Facilitating Change
SHPA - Project benefits

• For the Consumer
  – Quality assurance that individual pharmacists are practicing according to commonly accepted standards of practice.

• For the Profession
  – Assists pharmacists as they progress along the continuum of professional development
  – Identifies gaps between agreed service standards and actual activity
  – Identifies inadequacies in systems/processes
  – Allows transferability of evidence regarding individual pharmacist’s practice between sites across Australia
Feedback regarding identifying CPD

• Highlighting things I do routinely - that I do not always know I am doing and how I can improve on these.
• Having a chance for feedback and another pair of eyes to see what I can improve on and what I am doing well.
• Ideas about strategies to improve.
• Identify goals and what to work towards.
• Getting some new ideas to improve practice
Range of interventions

- In house clinical education and training
- Mentoring and team based support
- Self-directed learning
- SHPA clinical seminars
- Post graduate training – diploma/ MSc
  - Mapped to GLF, site based learning/ assessment
- Centralised up-skilling programs
  - Skills development centre
Issues related to GLF use

Questions
• At start or end of rotation?
• How often should it be done?
• Does it need face to face feedback?
• Can it be replaced by a Mini CEX?
• Can it link to PAD process?
• Can I see the completed version?
• How will this work if doing P-G dip?

Answers
• Start = sets a baseline and direction
• Start of each rotation (yearly if not)
• Critical factor for learning benefit
• No – mini CEX can follow up issues
• Absolutely – particularly for clinical
• Kept in portfolio for any review.
• Uni to align with QH standards
Critical success factors - summary

• Seen as a formative – constructive process
• Associated with teaching/ mentoring
• Sequential observation and feedback
• Recognised the importance of feedback
• Structured teaching and learning
• Supported by other assessment and training
The value for service, staff and safety

- Quality Indicators
  - Value for money
  - Training needs analysis
  - Identify poor performance

- Director of Service Perspective
- Performance Review System
- Individual Pharmacist Perspective
- Regular feedback
  - Motivation
  - Identifies CPD needs
  - Key training targets
- Developing the Service
- Protecting the Patient
- Developing the Individual

Performance Review System
Performance Assessment

Identifies CPD needs
Key training targets
Motivation
Identify poor performance
Developing the Service
Protecting the Patient
Developing the Individual

Director of Service Perspective
Performance Review System
Individual Pharmacist Perspective

55
GLF – baseline; within 1st month new post/rotation

- Clinical Evaluation Tool (mini-CEX) – target issues from GLF
- Team working evaluation (Mini-PAT), 360°
- Case Discussion (CbD), assessment of input to patient care
- Regulatory requirements for registration (CPD)
- Portfolio of Evidence = record evaluation, training and performance
Mini-Clinical Evaluation Exercise (Mini-CEX)

• 15-20 minute observation
• One patient/case
• Educator scores performance structured form
• Immediate feedback (10-20 mins)
• Strengths & weaknesses identified,
• Action plan formulated
• Follow up on training needs identified in GLF
• Assess areas not observed during GLF
• Quick and easy
• Well-accepted
Cased based Discussion

• Complements the existing GLF process
• Evaluates and provides feedback on:
  – Problem identification and prioritisation
  – Clinical decision making
  – Application/use of pharmaceutical knowledge
  – Ability to share learning and debate evidence
  – Aspects of professionalism
• Quick and easy
  – 1 on 1 or present to a group
# Mini peer Assessment tool

**Queensland Health mini-Peer Assessment Tool (mini-PAT)**

**Pharmacist Surname**

**First Name**

Please use the comments boxes to commend good performance and to describe any behaviour that is causing you concern.

<table>
<thead>
<tr>
<th>Please grade the pharmacist according to the following scale:</th>
<th>Totally disagree</th>
<th>Highly disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Highly agree</th>
<th>Totally agree</th>
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<tbody>
<tr>
<td>1 Maintains trust/professional relationship with patients</td>
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<td>- Works effectively</td>
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<td>- Demonstrates a genuine interest in patients and their needs</td>
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| 2 Works effectively as part of the team                      |                  |                |                  |              |              |              |
| - Accepts and values input from other members of the team, including pharmacist or other relevant healthcare workers |                  |                |                  |              |              |              |
| Comments                                                      |                  |                |                  |              |              |              |

| 3 Accepts responsibility for patient care                    |                  |                |                  |              |              |              |
| - Takes responsibility for actions when needed               |                  |                |                  |              |              |              |
| - Greets patients with respect                               |                  |                |                  |              |              |              |
| - Demonstrates effective communication with patients         |                  |                |                  |              |              |              |
| Comments                                                      |                  |                |                  |              |              |              |

<p>| 4 Works in an organised manner                               |                  |                |                  |              |              |              |
| - Takes personal and professional accountability            |                  |                |                  |              |              |              |
| - Adheres to work practices and deadlines                    |                  |                |                  |              |              |              |
| - Meets deadlines and other responsibilities                |                  |                |                  |              |              |              |
| Comments                                                      |                  |                |                  |              |              |              |</p>
<table>
<thead>
<tr>
<th>Please grade the pharmacist according to the following scale:</th>
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<td>5 Communicates effectively</td>
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<td>- Demonstrates a clear, concise and respectful manner, including:</td>
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<td>- Verbal clarity</td>
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<td>- Non-verbal consistency</td>
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<td>Comments</td>
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<td>6 Demonstrates confidence</td>
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<td>- Maintains confidence in self</td>
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<tr>
<td>- Incorporates new knowledge</td>
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<td>- Recognises own limitations</td>
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<tr>
<td>7 Possesses an appropriate knowledge base for their clinical role</td>
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<tr>
<td>- Demonstrates sound knowledge of anatomy, physiology and pathology</td>
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<td>- Incorporates the appropriate management of disease and the rationale for any treatment</td>
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<td>Areas in which pharmacist performing well</td>
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<tr>
<td>Suggestions for development</td>
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</table>
| Assessor’s name .............................................. | Assessor’s position ........................................
| Assessor’s signature ....................................... | Date.................

ALL INFORMATION YOU PROVIDE WILL BE TREATED IN THE STRICTEST CONFIDENCE. Thank you for your time.
# Agreed standards by DOPs Qld 6/09

<table>
<thead>
<tr>
<th>Months</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
<th>7 (if rotate)</th>
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<tbody>
<tr>
<td><strong>GLF</strong></td>
<td>△ baseline identify areas for learning</td>
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<td>Repeat</td>
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<tr>
<td><strong>CBD</strong></td>
<td>▲ 1:1</td>
<td>▲ Group as part of clinical education</td>
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<tr>
<td><strong>Mini-CEX</strong></td>
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<td>○ post GLF follow up during rotation○</td>
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<tr>
<td><strong>Mini-PAT</strong></td>
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<td>□ (1 during year)</td>
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**Portfolio**

- □
- □
- □
Critical success factors

• Seen as a formative & constructive process
• Associated with teaching / mentoring
• Sequential observation and feedback
• Recognised the importance of feedback
• Structured teaching and learning
• Supported by mentoring further assessment
Other Performance processes in Qld

- Medical malpractice – performance enhancement process
- Poorly performing staff identified by complaint / incidents
- Forced process of assessment and corrective intervention
- Potential problems with this approach?
Summary

• Assists practitioner development
• Identify unknown behaviour, knowledge or skill
• Opportunity for 1 on 1 teaching and mentoring
• Allow targeted training and development
• Optimising individual practice
• Identify training requirement’s for workforce
• Optimise service and systems of care
• Put into operation standards and deliverables
Conclusion

• Standards outlined in competency frameworks direct practitioner performance
• Evaluation + development vs assessment + pass
• Feedback is the key intervention
• Constructive vs remedial process
• Support staff, optimise service and patient care
• This is part of a journey not an event
Acknowledge

SMPU:
• Karen Bettanay
• Lynda Cardiff
• Karen Whitfield
• Judith Coombes

Clinical educators

Site based pharmacists

CODEG and JPB:
• Graham Davies
• Ian Bates
• David Webb
• Catherine Duggan
Questions
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<td>Case Base Discussion (CBD)</td>
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<td>▲ Group presentation as part of clinical education</td>
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<td>Mini-Clin Exam (Mini CEX)</td>
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<td>○ post GLF follow up during rotation ○</td>
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<td>Mini-Peer Assess (Mini_PAT)</td>
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<td>☀ (1 during year)</td>
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November 2009

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Regression of Hospital Standardised Mortality Rates on clinical pharmacy establishment per 100 beds

Borja-Lopetegi A*§, Webb DG*, Bates I§, Sharott P

R²=0.33, n=34, p<0.001
Patient Consultation Factor (Medical)

Borja-Lopetegi A, §, Webb DG, *, Bates I, §, Sharott P

High factor 1 performance
$R^2=0.62, n=11, p=0.004$

Low factor 1 performance
$R^2=0.10, n=22, p=0.146$
SHPA Project benefits-pharmacist

- Identifies achievements and performance gaps through a formal documented process
- Contributes to improvement of the pharmacist’s practice along the professional development continuum
- Identifies professional development requirements
- Supports career plan and progression
- Supporting documentation for re-registration
SHPA - Project benefits-directors

• Provides guidance/support for individual staff
• Demonstrates consistency in practitioner performance
• Assists with performance review/management process
• Identifies gaps between agreed service standards and actual activity
• Identifies inadequacies in systems/processes
• Helps to identify service levels and monitor progress
• Assists in the identification and planning of training and development
CPD needs identified using the GLF

- N = 221 pharmacists.
- Specific suggestions for development extracted
- 35 had no agreed suggestions recorded
  - 16 were advanced practitioners
- A mean of 3.3 (range 1-7) suggestions were documented with the 186
Domain in which suggestions were documented

Domain in which development needs were identified and documented

- Delivery of Patient Care
- Problem Solving
- Professional Competency
Controlled Study GLF UK
n=102, Antoniou, Webb, McRobbie et al, 2005

Method:
• Assessment base, 3, 6, 12 months
• Intervention = self and peer assessment and feedback and planning using GLF
• Control = no access to GLf or feedback

Results:
• Int’n = 24/25 competencies improved + sustained
• Ctrl = 7/25 improved at 6 months, 12/25 by 1yr
Practitioners UNDER ESTIMATED

Number Of Pharmacists

Agenda setting
- observed less often
- same
- observed more often

Pharmacology

*P < 0.05
Practitioners Over ESTIMATED

Number Of Pharmacists

Documentation of Drug Intervention recording related problems

- observed less often
- same
- observed more often

*P < 0.05
Continuing Professional Development

- CPD is part of being professional
- Legislated for many-near future
- The Society of Hospital Pharmacists (SHPA) has provided a comprehensive approach to help pharmacists ensure they are competent in their usual areas of practice
  1. reflect on needs,
  2. formulate a plan,
  3. document actions
  4. evaluate the outcome