Workplace education and work-based learning

Dr Catherine Duggan

Director
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Chair of the United Kingdom Clinical Pharmacy Association.
Council Member of the Royal Pharmaceutical Society of Great Britain.
The aims of our time here with you...

1. Increase understanding of the use of competency based performance assessment tools as a component of a formalised practitioner development programme

2. Share the learnings from the original development of ALF and GLF in UK and how they "fit" in with above

3. To describe how these can be successfully adopted to a different healthcare service and workforce with similar benefits to practitioner performance and patient care delivery

4. To increase educator/ leaders understanding of the workplace assessment and feedback process utilising the Sing GLF to "upskill" 16 "super users"

5. Introduce the use of electronic GLF to assist data capture, entry and review of overall service performance
This presentation

1. Increase understanding of the use of competency based performance assessment tools as a component of a formalised practitioner development programme

2. Share the learnings from the original development of ALF and GLF in UK and how they "fit" in with above

3. To start to describe how these can be successfully adopted to a different healthcare service and workforce with similar benefits to practitioner performance and patient care delivery
Professional challenges?

Patient safety
Access to medicines
Quality and Self-care
Cost effectiveness

Changing demography
Chronic diseases, complexity of therapy
Long term disease management
New models of delivery
New technologies and treatment options

Fitness for purpose
Knowledge and skills
Links between education & practice?
Levels of practice related to complexity of patient

Improving the quality of training...
improving the quality of patient care
Improving the quality of training...

The regulation of the healthcare professions

A review by the Department of Health

Good doctors, safer patients

Proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients

A report by the Chief Medical Officer

Learning from the Bristol Royal Infirmary Inquiry

What the White Paper says...

PG education and CPD must support levels of practice
general, advanced and consultant model

There must be consistency:
• Standard, accredited services
• Standard credentialing processes
• Consistent approval processes
• Longer term regulation of advanced practice
Pharmacist development model

Undergraduate & preregistration
General post-registration
Higher level practice (1)
Higher level practice (2)

Point of regulation in pharmacy

Professional development programmes

Improving the quality of training...
improving the quality of patient care
JPB Drivers for Change

Principles for a Pharmacist development strategy:

1. Recognises different level of practitioner, 
   *General, Advanced and Consultant pharmacists.*

2. Embraces all facets of practice.

3. Embraces all sectors of practice.

4. Linked to two recognised competency frameworks that define knowledge and skills (*General Level Framework* and *Advanced to Consultant Level Framework*)

5. Underpinned by educational quality assurance structures to provide rigour
Improving the quality of training... improving the quality of patient care
Use of frameworks?

UK
Australia
Croatia
Slovenia

Projects to evaluate use in:
• EU countries
• African countries
General Level Framework

- Delivery of Patient Care
- Personal
- Problem Solving
- Organisation and Management

Improving the quality of training...
improving the quality of patient care
General Level Framework

Delivery of Patient Care

- Patient consultation
- Need for the drug
- Selection of the drug
- Drug specific issues
- Provision of drug product
- Medicines information
- Monitoring drug therapy
- Evaluation of outcomes

Personal

- Organisation
- Effective communication
- Teamwork
- Professionalism

Problem Solving

- Gathering information
- Knowledge
- Analysing information
- Providing information
- Follow up

Management and Organisation

- Clinical governance
- Service Provision
- Budget setting and reimbursement
- Organisations
- Training
- Staff management
- Procurement

Improving the quality of training...
A Competency Framework for Pharmacy Practitioners: General level

Delivery of Patient Care

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for the drug</td>
<td></td>
</tr>
<tr>
<td>Relevant Patient Background</td>
<td></td>
</tr>
<tr>
<td>Drug History</td>
<td></td>
</tr>
</tbody>
</table>

**Moving from “knowing” (theory)…**

**towards**

**…“doing” (performance)**

**Selection of drug**

**Drug-drug interactions**

<table>
<thead>
<tr>
<th>Drug-drug interactions are ALWAYS identified</th>
<th>Drug-drug interactions are USUALLY identified</th>
<th>Drug-drug interactions are SOMETIMES identified</th>
<th>Did NOT identify any drug-drug interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-drug interactions are ALWAYS appropriately prioritised</td>
<td>Drug-drug interactions are USUALLY appropriately prioritised</td>
<td>Drug-drug interactions are SOMETIMES appropriately prioritised</td>
<td>Did NOT prioritise any drug-drug interactions</td>
</tr>
<tr>
<td>Appropriate action is ALWAYS taken</td>
<td>Appropriate action is USUALLY taken</td>
<td>Appropriate action is SOMETIMES taken</td>
<td>Did NOT take any appropriate action</td>
</tr>
</tbody>
</table>

**Comment**
Controlled trial GLF in junior pharmacists

Intervention = GLF
n = 30 hospitals

Logrank
P = 0.0048

Improving the quality of training...

improving the quality of patient care
Community pharmacists
Practice pharmacists

Overall competence score

Probability of achieving desired performance level

Time desired performance level achieved (months)

Community pharmacists
Practice pharmacists
Community pharmacists-censored
Practice pharmacists-censored

Improving the quality of training...
Improving the quality of patient care
GLF evidence baseline and re-assessment

• 320 (70%) pharmacists Qld had baseline

• 107 have had 1 or more re evaluation

• Baseline data used to develop training

• Comparative data of 66 pharmacists

• Mean 11 months between base and re-visit

• Median scores and ranges for 66 different competencies (activities, behaviours, attributes)
Taking patient's medication history

It does not contain Adverse Drug Reactions (ADRs) in this document.

Improving the quality of training...

improving the quality of patient care

Ian Coombes MSQ  November 2009

Scale: 1 = rarely, 2 = sometimes, 3 = usually, 4 = consistently
Taking patient's medication history.

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Agenda</th>
<th>Questions</th>
<th>Consent</th>
<th>ADRs</th>
<th>Med Hx</th>
</tr>
</thead>
</table>

Scale: 1 = rarely, 2 = sometimes, 3 = usually, 4 = consistently
<table>
<thead>
<tr>
<th>Patient Background</th>
<th>Understands illness</th>
<th>Experience of medicines</th>
<th>Understand treatment</th>
<th>Adherence assessment</th>
<th>Manages medicines</th>
</tr>
</thead>
</table>

Scale: 1 = rarely, 2 = sometimes, 3 = usually, 4 = consistently
Attributes of higher level practitioner?

• Expert in area of practice
• Able to work in multidisciplinary teams
• Dissemination and contribution to evidence
• Training, support and mentorship of staff
• Managing a team and a caseload
• Leadership skills
Competency profiles

Consultant profile
- EPP, BR and Leadership at Mastery
- Management, ETD and RE at Excellence

Advanced profile
- 5 clusters at Excellence
- RE at Foundation

Special Interest Pharmacists profile
- 4 clusters at Excellence
- 2 clusters ET&D, RE optional
Improving the quality of training...

improving the quality of patient care

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<table>
<thead>
<tr>
<th>No.</th>
<th>Competency</th>
<th>Foundation</th>
<th>Excellence</th>
<th>Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Critical Evaluation</td>
<td>Demonstrates ability to critically evaluate medical and review pharmaceutical literature</td>
<td>Demonstrates application of critical evaluation skills in the context of specialist practice</td>
<td>Is recognised as undertaking peer review activities within the specialty.</td>
</tr>
<tr>
<td>2</td>
<td>Identifies Gaps in the Evidence Base</td>
<td>Demonstrates ability to identify instances where there is a gap in the evidence base to support practice</td>
<td>Demonstrates ability to formulate appropriate and rigorous research questions within the specialty</td>
<td>Demonstrates ability to design a successful strategy to address research questions within the specialty.</td>
</tr>
<tr>
<td>3</td>
<td>Develops and Evaluates Research Protocols</td>
<td>Demonstrates ability to describe the core features of research protocols</td>
<td>Demonstrates ability to design a rigorous protocol to address previously formulated research questions</td>
<td>Demonstrates active involvement in the critical review of research protocols.</td>
</tr>
<tr>
<td>4</td>
<td>Creates Evidence</td>
<td>Demonstrates ability to generate evidence suitable for presentation at local level</td>
<td>Demonstrates ability to generate new evidence suitable for presentation at research symposium</td>
<td>Demonstrates authorship of primary evidence and outcomes in peer-reviewed media.</td>
</tr>
<tr>
<td>5</td>
<td>Research Evidence into Practice</td>
<td>Demonstrates ability to apply research evidence into own practice</td>
<td>Demonstrates ability to apply evidence-based practice within the team</td>
<td>Is able to use research evidence to shape organisational policy/procedure.</td>
</tr>
<tr>
<td>6</td>
<td>Supervises Others Undertaking Research</td>
<td>Demonstrates understanding of the principles of research governance</td>
<td>Is able to contribute to research supervision in collaboration with research experts</td>
<td>Is a research project supervisor for postgraduate students.</td>
</tr>
<tr>
<td>7</td>
<td>Establishes Research Partnerships</td>
<td>Demonstrates ability to work as a member of the research team</td>
<td>Demonstrates ability to establish new multidisciplinary links to conduct research projects</td>
<td>Demonstrates ability to show leadership within research teams concerning the conduct of specialist research.</td>
</tr>
</tbody>
</table>
Pharmacist development model

Undergraduate & preregistration  General post-registration  Higher level practice (1)  Higher level practice (2)

Pharmacist  Advanced Practitioner  Consultant Pharmacist  Special interest pharmacists

General Level  PhwSI/Advanced  Consultant Level

Workplace education; work-based learning

Improving the quality of training... improving the quality of patient care
Advanced level practitioners

HOMALS Quantification

- Expert PP
- Leadership
- Management
- E & T
- R & E

Practice level
Specialist in training
Experienced practitioner
Leading-edge practitioner

n = 390

Improving the quality of training...
improving the quality of patient care
Improving the quality of training...
improving the quality of patient care

Improving the quality of training...
improving the quality of patient care
Start with the practitioner...

Who wants to move on...towards specialism & expertise *(or revalidation)*...

Who needs access to a practitioner development “programme”...

Who wants “credentialing” as proof of competence *(for self, patients, employers, commissioners)*...

Who wants rewards *(£, career, satisfaction, Awards)*...

Who will needs to be regulated at some point...

**The Practitioner**

- Novice /early career → General Level
- Mid-career → PhwSI, Advanced or Consultant
- Generalist → revalidation
  - “sector” independent

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Improving the quality of training...
improving the quality of patient care
Improving the quality of training...

Outsourcing for revalidation?
Improving the quality of training...

Improving the quality of patient care

Knowledge and skills
Experiences and “evidences”

0.0
0.5
1.0
1.5
2.0
2.5
3.0

Mean cluster score

Level 1- Foundation
Specialists in training

Level 2- Excellence
Experienced practitioners

Level 3- Mastery
Leading-edge practitioner

Expert Practice
Working relationships
Leadership
Management
E&T and Development
Research

Specialists in training (Level 1- Foundation)
Experienced practitioners (Level 2- Excellence)
Leading-edge practitioner (Level 3- Mastery)

Improving the quality of training...

Improving the quality of patient care
## CRITICAL ADJACENCIES

**1. Expert Professional Practice**

**improving standards of pharmaceutical care for patients.**

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<tr>
<td>1</td>
<td>Expert Skills and Knowledge</td>
<td>Demonstrates general pharmaceutical knowledge in core areas. Is able to plan, manage, monitor, advise and review dental pharmaceutical care programmes for patients in core areas.</td>
<td>Demonstrates specialist pharmaceutical knowledge in a defined area(s). Is able to plan, manage, monitor, advise and review specialist pharmaceutical care programmes for patients in defined area(s).</td>
<td>Advances the knowledge base in the defined area(s). Advances specialist pharmaceutical care programmes for patients in the defined area(s).</td>
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<td>2</td>
<td>Patient Care Responsibilities</td>
<td>Is accountable for the delivery of a pharmacy service to patients to whom they themselves directly provide pharmaceutical care.</td>
<td>Is accountable for the delivery of a pharmacy service to a defined group of patients.</td>
<td>Is accountable for the direct delivery of the pharmacy service for the defined area(s).</td>
</tr>
<tr>
<td>3</td>
<td>Reasoning and Judgement</td>
<td>Demonstrates ability to use skills in a range of routine situations requiring analysis or comparison of a range of options. Recognises priorities when problem-solving and identifies deviations from the normal pattern.</td>
<td>Demonstrates ability to use skills to make decisions in complex situations where there are several factors that require analysis, interpretation and comparison. Demonstrates an ability to see situations holistically.</td>
<td>Demonstrates ability to use skills to manage difficult and dynamic situations. Demonstrates ability to make decisions in the absence of evidence or data or when there is conflicting evidence or data.</td>
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<td>4</td>
<td>Professional Autonomy</td>
<td>Is able to follow legal, ethical, professional and organisational policies/procedures and codes of conduct.</td>
<td>Is able to take action based on own interpretation of broad professional policies/procedures where necessary.</td>
<td>Is able to interpret overall health service policy and strategy, in order to establish sound and standards for others within the defined area(s).</td>
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*Improving the quality of training... improving the quality of patient care*
Improving the quality of training...

improving the quality of patient care
### 6. Research & Evaluation

Uses research to deliver effective practice. Identifies and undertakes research to inform practice.

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**TRANSFERABLE SKILLS**

Improving the quality of training...

improving the quality of patient care
Academic provision

- Various masters we have developed
- Consider QA and validation processes

Practice support

- Study days
- National clinical and specialist groups
- National courses
- Resource pack
- Link to levels of practice
Advanced level II
Mastery and/or Doctoral level development

Statement of Completion (Advanced Practice)

MSc (Advanced Practice)

Education, Training & Development
Management & Leadership
Research & Evaluation

APP Professional Development Programmes

MSc Programme:
APP Professional Development Courses ("Core")

Improving the quality of training...
improving the quality of patient care
Credentialing & accreditation

- Existing UK models
- Medical Royal Colleges
  - Membership
  - Fellowship
- US models
Assessments?

- Testing knowledge, skills, abilities, performance

- Assessment tools may include:
  - RITA
  - mini-CEX
  - mini-PAT
  - 360º CBD
  - advanced OSCE style assessment
  - MCQ examination

- A *viva voce* and portfolio review could assess the practitioner’s knowledge and experience across all competencies **to** Excellence level

- **Against the curriculum and syllabus defined by the SCG**

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