

RECOGNITION OF ADVANCED PHARMACY PRACTICE IN AUSTRALIA

A discussion paper developed on behalf of
the Competency Standards Review Steering Committee¹

April 2010

Introduction

Changes in practice and the practice environment since the last review of the Competency Standards have been considerable. It is therefore timely to consider professional pharmacy practice and the way in which we can define and progress the well accepted concept of 'advanced' pharmacy practice. This is seen as an important factor in responding to the advent of national registration and accreditation and preparing the profession for future change.

At the time the *Competency Standards for Pharmacists in Australia (2003)* were being developed in 2001/2002 concern was expressed about presenting professional practice in a vertical dimension rather than a horizontal one. The source of that concern was the apparent inherent risk of creating elitism within the profession.

The purpose of this document is to explore some of the issues associated with defining 'advanced' pharmacy practice with a view to reaching consensus within the pharmacy sector about the preconditions and pathways available for recognition of 'advanced' pharmacy practice in Australia.

Measuring Performance

Competence is generally taken to mean that an individual possesses the required knowledge, skills and attributes sufficient to successfully perform a specific function or task to a desired standard. Inherent to the concept of competence is the inference of assessment of performance in a given circumstance against a specified external measure.

The Competency Standards describe, in generic terms, the knowledge, skills and attributes that are central to pharmacists performing effectively and to an acceptable standard across a range of professional practice activities in Australia. They provide the external measure of expected performance against which actual performance can be assessed.

The Competency Standards include performance criteria that specify the level of performance expected of a competent pharmacist. They focus only on key aspects of performance and express what a competent professional would do in terms of observable results or behaviours. The Competency Standards make reference to supplementary performance criteria, denoted by the suffix 'S', which were developed and included to describe the level of performance required of individuals expected to practice at an enhanced level of responsibility or demonstrate additional expertise in a particular area of practice.

The supplementary performance criteria were a first attempt to demonstrate that 'more' was expected of some pharmacy practitioners in relation to their performance. The difficulty with the approach taken was that it did not distinguish between 'advanced' level performance and 'specialisation' (but at 'general' performance level) and both concepts were included within supplementary performance criteria (refer to *Scope of Practice* section below).

Defining Advanced Practice

Professional performance is underpinned by the expertise of the individual. It is a dimension of professional practice which exists as a continuum from the lowest to the highest levels of performance.

¹ The following organisations are represented on the Competency Standards Review Steering Committee: Association of Hospital Pharmacists; Association of Professional Engineers, Scientists and Managers, Australia; Australian Association of Consultant Pharmacy; Australian College of Pharmacy Practice and Management; Australian Pharmacy Council; Council of Pharmacy Schools: Australia and New Zealand Inc.; Pharmaceutical Society of Australia; Pharmacy Board of Australia; Society of Hospital Pharmacists of Australia; and The Pharmacy Guild of Australia.

Progression within the continuum is a function of sustained practice and experience leading to enhanced expertise.

At some point along the continuum there is a 'threshold' performance level above which performance could be considered 'advanced' while below that threshold performance would be considered to be at the 'general' level. Demonstration of 'advanced' performance for the competency standards applicable to a particular area of practice would be evidence of 'advanced practice' in that area.

In the scenario presented above we would regard usually observed behaviours as 'general' level performance and the term 'advanced' performance would be applied where we observe behaviours in practice that are beyond those usually observed. This concept underpins the definition of advanced practice developed by the Royal Pharmaceutical Society of Great Britain², an adaptation of which appears below.

Advanced Practice is practice that is so significantly different from that achieved at initial registration that it warrants recognition by professional peers and the public of the expertise of the practitioner and the education and training from which that expertise was derived.

A number of approaches have been taken for describing 'advanced' practice. The competency standards for advanced practice have been described for nursing in Australia (enrolled nurse/advanced enrolled nurse; registered nurse/advanced registered nurse). However, this has been achieved using discontinuous competency standard sets. A three level (foundation, excellence and mastery) competency standard framework has been developed for advanced pharmacy practice in the UK by the Competency Development and Evaluation Group (CoDEG). The Group has also developed competencies for general level practice but using a different competency set.

The Pharmaceutical Society of New Zealand had planned to recognise three levels of expertise by creating three performance levels (Pharmacist, Practitioner Pharmacist and Specialist Pharmacist) within the competency standards. To date, only the first level (Pharmacist level) has been completed. The approach proposed in NZ of using a single competency standard set and defining different performance levels is similar to that taken in Australia. It is viewed as a logical way of presenting the notion of 'advanced' practice to the profession and others since it:

- reinforces the concept that it is performance rather than scope of practice that determines whether practice is 'advanced';
- is supportive of the view that expertise and performance operate on a continuum; and
- presents 'advanced' performance criteria in a manner that is likely to be aspirational for pharmacists. This reinforces the value of the competency standards for supporting and facilitating professional practice and growth in the interests of public safety.

Scope of Practice

It is well recognised within and beyond the pharmacy sector that the scope of practice of pharmacists has changed considerably over recent years. Associated with that change in scope has been an increasing tendency for pharmacists to choose to focus on particular areas of practice such as management, compounding or medication management. In limiting their scope of practice pharmacists afford themselves the opportunity to increase their expertise and improve their performance. This is probably the reason that a narrowing in scope of practice or 'specialisation' in practice is often seen as being synonymous with 'advanced' practice. This is reinforced by the medical model where 'specialisation' is synonymous with enhanced expertise through advanced training.

However, 'specialisation' refers only to scope of practice rather than level of performance. Also, 'specialisation' of itself does not confer additional expertise. It therefore follows that 'specialisation' can occur without any associated enhancement in performance. The strong association of the term with advanced practice means its use can be misleading and should be avoided in progressing discussion of advanced pharmacy practice. Instead, reference should be made to a pharmacist's scope of practice and level of performance.

² RPSGB Pharmacy Practice Framework 2008

No individual pharmacist is expected to demonstrate competence in every Functional Area. The Competency Standards are designed to represent a complete picture of the pharmacy profession and they therefore cover areas in which a majority of pharmacists practise, as well as those in which only a limited number practise. The particular competencies required by any pharmacist will depend on their **scope of practice** – that is the professional roles they perform or services they provide.

The process for selecting relevant competencies and creating a role definition grid is described on page 17 of *Competency Standards for Pharmacists in Australia (2003)*. The resultant grid clearly shows the functional areas in which the pharmacist practises. That is, it shows their scope of practice. It may be broad and extend across all 8 Functional Areas or cover only 3 – 4 Functional Areas in which case their scope of practice is relatively narrow.

Profiling Professional Practice

In a previous section performance level was presented as a dimension of professional practice that is underpinned by the expertise of the individual practitioner. Scope of practice is a dimension of professional practice that can be defined through the Functional Areas of the Competency Standards. Together these two dimensions describe the professional practice profile of a pharmacist.

The professional practice profile of a pharmacist can be presented visually as shown below using the two role definition grid examples given in the Competency Standards. It should be noted that this type of visual representation of practice addresses both scope of practice and performance level. It can therefore be used to profile practice at an ‘advanced’ level once the threshold performance level has been determined.

Table 1: Professional Practice Profile – Dispensing pharmacist in community pharmacy (as per the role definition grid published on p. 18 of the Competency Standards and reproduced below)

Functional Area (* = universally applicable)	Units	Elements	Performance Criteria
1 – Practise pharmacy in a professional and ethical manner*	All	All	All
2 – Manage work issues and interpersonal relationships in pharmacy practice*	All	All	All
4 – Dispense medicines	All	All	All general
6 – Provide primary health care	All	All	All general
7 – Provide medicines and health information and education	7.1	1 2 4 & 5	All general 2 All general
	7.2	2 & 3	All general
	7.3	2, 3 & 4	All general
8 – Apply organisational skills in the practise of pharmacy*	8.1, 8.2 & 8.4	All	All
	8.3	1, 2, 3 & 5	All
	8.5	4	1
		5	1 & 2
	8.6	1 & 2	All general

Table 2: Professional Practice Profile – Senior Pharmacist Manufacturing Services in a public hospital (as per the role definition grid published on p. 18 of the Competency Standards and reproduced below)

Functional Area (* = universally applicable)	Units	Elements	Performance Criteria
1 – Practise pharmacy in a professional and ethical manner*	All	All	All
2 – Manage work issues and interpersonal relationships in pharmacy practice*	All	All	All
5 – Prepare pharmaceutical products	All	All	All
8 – Apply organisational skills in the practise of pharmacy*	8.1, 8.2, 8.3 & 8.4	All	All
	8.5	2 & 3	All
		4	1, 2S & 3S
		5	All
8.6	1, 2, 3 & 5	All	
	4	1, 2S-4S, 6S-8S	

The role definition grids in table format (above) can be represented graphically:

Competency Units	1.1	1.2	1.3	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	4.1	4.2	4.3	5.1	5.2	5.3	6.1	6.2	6.3	7.1	7.2	7.3	8.1	8.2	8.3	8.4	8.5	8.6	
Role																														
Dispensing pharmacist in community pharmacy (Table 1)																														
Senior pharmacist manufacturing services in a public hospital (Table 2)																														
AACP credential for DMAS/PAMS (additional example)																														
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