

Council on Credentialing in Pharmacy

Development of a U.S. National Competency Framework for Pharmacists

The mission of the Council on Credentialing in Pharmacy (CCP) is to provide leadership, guidance, public information, and coordination for the profession of pharmacy's credentialing programs. Since its establishment, CCP has developed a number of resource documents that have served to guide the profession on matters relating to education, training and credentialing of pharmacists and pharmacy technicians. Important documents include CCP's paper on the Scope of Contemporary Pharmacy Practice (2009), which included a framework for credentialing in pharmacy practice ("Appendix E," attached), and a paper on credentialing and privileging in pharmacy (2014).

These two aforementioned documents refer extensively to the "competence" of practitioners, both in terms of achievement of competence through appropriate pre-service education and training, and ongoing maintenance and enhancement of competence through structured continuing education and other activities that support continuing professional development (CPD). CCP defines **Competence** as: *The ability to perform one's duties accurately, make correct judgments, and interact appropriately with patients and colleagues. Professional competence is characterized by good problem-solving and decision-making abilities, a strong knowledge base, and the ability to apply knowledge and experience to diverse patient-care situations.* CCP defines a **Competency** as: *A distinct knowledge, skill, attitude or value that is essential to the practice of a profession. A pharmacist must master a variety of competencies to gain competence in his or her profession.*

Ongoing competence must be assured throughout the practitioner's career. At a minimum this is the responsibility of state boards of pharmacy, and traditionally completion of continuing education (CE) credits has served as the proxy for assurance of competence in the healthcare professions. There have, however, been calls, including by the Institute of Medicine (IOM), for direct assessment of a practitioner's competence. More realistically, this is likely to be assessment of *performance* in the practice setting using direct observation of competency-related behavior. Employers have a direct interest in the ongoing competence of their employees and through performance appraisal and credentialing and privileging systems, it is likely that employers will play a much greater role in assurance of practitioner competence than they have had in the past.

The subject of competence and "fitness for practice" is – or should be - central to any current discussion relating to pharmacy education, practice and regulation. Accreditation standards for pharmacy education require schools to clearly define the competencies that must be achieved by all graduates of the program. The CAPE Educational Outcomes (competency-based statements), developed through a profession-wide effort under AACP's leadership, serve this purpose and have been adopted by ACPE. FIP's Education Development Team's Needs-Based Education Model depicts how competencies should determine educational design and delivery (Figure 1). Entrustable Professional Activities (EPAs) are professional activities that a pharmacy graduate should be able to perform independently without supervision on graduation. A group convened by AACP is currently developing a list of EPAs applicable to pharmacy. As a pharmacist continues to gain experience and "professional maturity" his/her competence will continue to evolve and the

level of proficiency will increase. Such development is supported by formal (e.g., CE activities) and informal (e.g., on-the-job) learning. A majority of pharmacists will practice as “generalist” pharmacists, as depicted in CCP’s attached credentialing framework (Quadrant A). With deliberate practice/career choices and additional targeted education and training, some pharmacists will become “focused practitioners,” “advanced generalist,” or “advanced focused” practitioners (Quadrants B, C, and D). In all of these practice areas (quadrants), there will be a number of core competencies that are common, but pharmacists practicing in more focused and/or advanced areas are likely to have developed some additional competencies, or at least practice a “core” competency at a higher level of proficiency.

While the concepts and constructs of *competence* may appear to be straightforward and be generally well understood, it has emerged globally that there is value and application to better defining – and in a more standardized manner – the core professional competencies and associated observable behaviors that are applicable to the contemporary practice of pharmacy. A useful parallel is how JCPP found it necessary and valuable (for internal and external audiences) to clearly describe and depict the elements of pharmacist-delivered care.

A number of countries have now developed national competency frameworks for pharmacists and the International Pharmaceutical Federation (FIP’s) Global Competency Framework (GbCF) has served as the starting point for many of these frameworks. The framework developed by the Pharmaceutical Society of Ireland is an example.

CCP believes that it would be valuable to develop a national competency framework for pharmacists in the USA, and proposes to develop such a framework in a phased manner, using the CCP Credentialing Framework structure, starting with competencies for “generalist pharmacists,” and then working on the other three “quadrants.” A provisional work plan has been drafted and it outlines the proposed layout/contents of the document, including background, purpose, target audiences, applications and main sections.

CCP has no doubt that the national competency framework will align well with other related resource documents and frameworks already in existence (e.g., CAPE, NAPLEX Blueprint, IOM Core Competencies, JCPP Patient Care Process, etc.) but believes that this assured alignment does not negate the value of having pharmacist competencies better defined and presented in a way that has already been globally validated and endorsed. The document will demonstrate how needed competencies are progressively developed by students, entry-level practitioners, residents, advanced and specialist practitioners, and even those in “non-patient-facing” roles. In 2011, FIP and the World Health Organization (WHO) jointly adopted revised guidelines for good pharmaceutical practice. The guidelines define *Good Pharmacy Practice* as “the practice of pharmacy that responds to the needs of the people who use the pharmacists’ services to provide optimal, evidence- based care.” Furthermore: “To support this practice it is essential that there be an established national framework of quality standards and guidelines.”

CCP does not believe that the proposed competency framework will necessarily change the way pharmacists practice but it will better define the competencies (knowledge, skills, attitudes and values) which qualify a pharmacist to perform certain functions. This is particularly important as these functions are increasingly paid for. The framework will provide more explicit and transparent

expectations of performance, better support competency-based self-directed assessment and learning, and facilitate better competency-based feedback for professional development. For various systems of accreditation, the competencies will inform the movement to a more outcomes-based assessment process.

CCP believes that the framework can be developed with minimal direct cost. As with the development of previous resource documents, the effort will require some staff and volunteer time from CCP member organizations, and CCP would also welcome volunteers from JCPP member organizations. A pharmacist competency framework from Ireland is included with these materials to provide an understanding of what competency frameworks are and what they look like.

Mike Rouse
ACPE
Chair of Working Group
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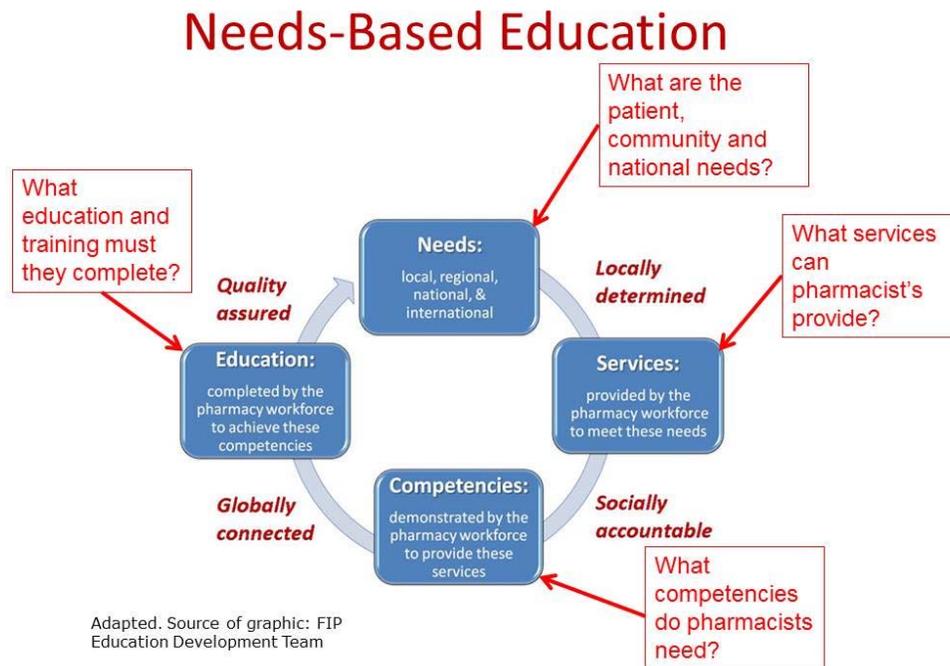


Figure 1: Needs-Based Education