

# Report on the Review of the PSI Core Competency Framework (CCF) for Pharmacists in Ireland

Version 1

October 2020

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## Executive Summary

As stipulated by Rule 4 (1) of the PSI (Education and Training) Rules 2014, the PSI first published a Core Competency Framework (CCF) for pharmacists in 2013. The CCF is a framework document, which sets out the competencies, including knowledge, skills, attitudes and values, which are to be attained by a person who has pursued the programme of education and training referred to in Rule 7 leading to a qualification appropriate for practice. It is also used by pharmacists to evaluate their development and learning needs for the purposes of their continuing professional development (CPD) as referred to in section 7 (1)(d) of the Pharmacy Act 2007.

The PSI is required by legislation to review the CCF at intervals not exceeding five years. Consequently, in 2019, the PSI commenced a review of the CCF which concluded in March 2020. The review process included: a series of early engagement meetings with key stakeholders; an examination and benchmarking exercise of international competency frameworks for pharmacists; and a targeted consultation with registered pharmacists and various other stakeholders. A summary of the findings, along with conclusions and recommendations are included below.

## Findings

- **Early engagement meetings**

Thirteen meetings took place with a number of key stakeholders, including representative bodies from the main areas of pharmacy practice, i.e. community, hospital and industry, and those whose work is directly impacted by the CCF. Feedback indicated that the CCF is predominately used for CPD purposes and in the development of the MPharm programme. Areas highlighted for improvement include the development of a CCF that:

- is applicable to all pharmacists roles, including industry, hospital and role emerging practice,
- allows pharmacists to demonstrate different levels of competency, including advanced practice,
- to demonstrate specialisation, and
- removes the behaviours, or provides behaviours as examples only.

- **Benchmarking exercise**

An examination and benchmarking exercise was carried out, comparing the PSI CCF to 8 different competency frameworks for pharmacists in the following countries: Great Britain, Australia, New Zealand, South Africa, Canada and America. Thirteen different themes were identified that highlighted competencies that were either missing or could be strengthened in the CCF. These were:

- Administration of medicines,
- Work in partnership with patients to assist them in making informed decisions about their care,
- Embrace technology and innovation to optimise patient care,

- Identify and take appropriate action to address illegal, unethical or unprofessional behaviour,
  - Pandemic, disaster and emergency preparedness to ensure continuity of care,
  - Risk Management across the whole retail pharmacy business,
  - Take responsibility and be accountable for your own actions/decisions and those of pharmacy personnel (include reference to the need to delegate tasks appropriately),
  - Provide and accept feedback from patients and other colleagues, and in response modify practice,
  - Act with honesty and integrity,
  - Promote and support opportunities for learning and act as a role model, coach and mentor,
  - Maintaining appropriate professional boundaries,
  - Seek to be involved in research and apply critical appraisal techniques to scientific and research information, and
  - Promote the role of the pharmacist in addressing healthcare needs in the community and their inclusion on all multidisciplinary healthcare teams.
- **Targeted consultation**  
A targeted consultation with registered pharmacists, representative bodies and higher education institutions was carried out to gather additional feedback on the CCF. 95 respondents accessed the online survey which raised the following points to consider:
    - the CCF does not provide a platform for specialisation and advance practice,
    - the large number of behaviours, their repetition throughout the framework, and their applicability to all pharmacist roles, and
    - repetition of some competencies and their applicability to all roles.

## Conclusion and recommendations

Throughout the review process, stakeholders highlighted positive aspects of the CCF. For example, the domains, its structure and the clarity the CCF provides on what is expected of a pharmacist. Pharmacists engagement with the CCF for CPD and other purposes was also apparent. However, common themes emerged that could potentially result in significant changes to the CCF and to the profession in Ireland.

The PSI is of the opinion that it would be imprudent to implement these substantial changes without further consultation with stakeholders. Therefore, the PSI recommends:

- The CCF remain unchanged at present
- The PSI will explore and consult with stakeholders on:
  - a) the possible introduction of a CCF that allows pharmacists to demonstrate different levels of competence;
  - b) the applicability of the CCF to all pharmacist roles;
  - c) the inclusion, use and purpose of the behaviours in the CCF; and

- d) the findings of the benchmarking exercise.
- The PSI will consider how to provide clarification on the use of the CCF for CPD purposes, to highlight that pharmacists must only demonstrate competence in those competencies relevant to their role.

## Section 1: Introduction

The Pharmaceutical Society of Ireland (PSI) is an independent statutory body, established by the Pharmacy Act 2007 (the Act). It is charged with, and is accountable for, the effective regulation of pharmacists and pharmacies, including responsibility for supervising compliance with the Act. The PSI regulates the profession and pharmacy owners in the interest of patient safety and public protection.

Functions of the PSI include registration of pharmacists, pharmaceutical assistants and pharmacies, inspection and enforcement, and the handling of complaints and disciplinary matters. The PSI also sets standards for education and training, accredits educational programmes, and works towards the development of pharmacy practice.

Rule 4 (1) of the PSI (Education and Training) Rules 2014, stipulates that the PSI Council prepare, adopt and publish a framework document, which shall be known as the Core Competency Framework (CCF) for Pharmacists. As per Rule 4 (2), the CCF should set out the competencies, including knowledge, skills, attitudes and values, that are to be attained by a person who has pursued the programme of education and training referred to in Rules 7 leading to a qualification appropriate for practice. The CCF shall include the competencies against which pharmacists will evaluate their development and learning needs for the purposes of their continuing professional development as referred to in section 7 (1)(d) of the Act.

Consequently, in 2012, the PSI commenced the development of a CCF. The PSI Core Competency Framework for pharmacists was based on the FIP global competency framework for pharmacists which was then tailored during the development process for the Irish setting. This development process included an extensive review of national and international competency frameworks, including those relating to pharmacy and other health care professions, as well as an expert workshop with Irish pharmacy practitioners from various settings. This was followed by an extensive public consultation process with pharmacists, relevant stakeholders and the general public. Subsequently, in 2013, the PSI published a CCF which outlined four main objectives, which are:

1. To inform and develop plans for continuing professional development (CPD) by assisting pharmacists to reflect on their practice and identify learning needs and to provide guidance and structure for CPD over the changing demands of a pharmacist's career,
2. The development of curricula of educational programmes and inform the educational standards for accreditation of graduate education and training,
3. To provide a platform for the development of specialisation and advanced practice within pharmacy, and
4. To provide a public statement of the professional role of a pharmacist.

Rule 4 (4) stipulates that the PSI is required to review the CCF at intervals not exceeding five years. In August 2019, the PSI commenced a review of the CCF, which included:

- a series of early engagement meetings with key stakeholders to gather views and experiences of using the CCF for the purposes outlined above,
- an examination and benchmarking exercise of international developments in competency frameworks to identify areas that could potentially be adopted in the national context and be included in a revised CCF, and
- a targeted consultation with registered pharmacists and various other stakeholders to ascertain views and comments on the current CCF. The targeted consultation process was informed by the findings of the early engagement meetings.

This report provides an overview and analysis of the findings from the review of the CCF to date, and is divided into 5 Sections:

Section 1: Introduction

Section 2: A review of the findings from the early engagement meetings

Section 3: A review of the findings of the benchmarking exercise

Section 4: A summary and analysis of the findings from the targeted consultation process.

Section 5: Conclusion, common themes, feedback and the PSI's assessment thereof.

As stipulated by Rule 4 (5), where the Council proposes to amend the CCF any proposed amendments will be published on its website with invitation to relevant stakeholders to comment thereon.

The PSI would like to sincerely thank all those who have participated and contributed to the review process to date. Your involvement is very much appreciated.

## Section 2: Early engagement meetings

Between August and November 2019, the PSI commenced the review of the CCF by hosting a series of early engagement meetings with a number of the organisation's stakeholders, who would be expected to have an interest in the matter. These stakeholders were specifically chosen to include the representative bodies from the main areas of practice, i.e. community, hospital and industry, as well as those whose work is directly impacted by the CCF. Thirteen meetings took place in total. The purpose of the meetings was to ascertain if the purpose of the CCF is being met and remains appropriate and applicable for current practice.

The stakeholders that met with the PSI during the early engagement meetings are as follows:

- Pharmacy in Industry, Education and Regulatory (PIER),
- Representatives from Higher Education Institutions (the Royal College of Surgeons in Ireland (RCSI), Trinity College Dublin (TCD), and University College Cork (UCC)),
- Representatives from the Health Service Executive (HSE),
- The Affiliation for Pharmacy Practice Experiential Learning (APPEL),
- The Irish Institute of Pharmacy (IIOP),
- The Irish Pharmaceutical Students Association (IPSA),
- The Irish Pharmacy Union (IPU), and
- The Hospital Pharmacists Association of Ireland (HPAI),

To help ensure consistency in the feedback received, five questions formed the agenda for all thirteen meetings. These were:

1. How do you use the CCF?
2. What do you need from the CCF?
3. What are the merits of the current CCF?
4. What needs to be improved?
5. What is needed in the future from the CCF?

In addition to the five questions outlined above, stakeholders were also provided with an opportunity to provide any other feedback that they deemed appropriate at the time.

An analysis of the feedback received during the early engagement meetings was conducted. Responses to each question were analysed to identify and extract any potential emerging themes. A summary of the most recurrent themes is provided in Table 1. A more extensive summary is provided thereafter. Please note that the themes reported in Table 1 are reported in order of frequency of occurrence as reported by the stakeholders who took part in the early engagement meetings and may not necessarily reflect the use of the CCF by the profession as a whole.



Table 1: Summary of recurrent themes.

Question	Summary of Responses
How do you use the CCF?	<ol style="list-style-type: none"> <li>1. CPD purposes.</li> <li>2. Development of the MPharm programme.</li> <li>3. Development of job descriptions.</li> </ol>
What do you need from the CCF?	<ol style="list-style-type: none"> <li>1. To be relevant to all pharmacist roles.</li> <li>2. Removal of behaviours, or behaviours to be included as examples only.</li> <li>3. Allow different levels of competency to be identified. For example, advanced practice.</li> <li>4. Allow for specialisation.</li> </ol>
What are the merits of the current CCF?	<ol style="list-style-type: none"> <li>1. It is a framework that allows for pharmacist development and CPD.</li> <li>2. The domains.</li> <li>3. It provides clarity on what is expected of pharmacists.</li> <li>4. The structure of the CCF.</li> </ol>
What needs to be improved?	<ol style="list-style-type: none"> <li>1. Allow for different levels of competency. For example, advanced practice.</li> <li>2. Allow for different pharmacist roles.</li> <li>3. Consider the language currently used.</li> </ol>
What is needed in the future from the CCF?	<ol style="list-style-type: none"> <li>1. Allow for different levels of competency. For example, advanced practice.</li> <li>2. Allow for different pharmacist roles.</li> <li>3. Allow for specialisation.</li> </ol>

## Summary of recurrent themes

- **Question 1: How do you use the CCF?**

As indicated in Table 1, feedback from the stakeholders who took part in the early engagement meetings suggests that the most common use of the CCF currently is for CPD purposes. Related to CPD, the feedback suggests that the CCF is used for:

- identifying the skills needed for a particular role,
- for self-assessment purposes,
- for personal development purposes, and
- the development and accreditation of CPD programmes.

The second most common purpose of the CCF indicated is in relation to the development of the MPharm programme. Related to the development of the MPharm programme is its use in relation to APPEL, such as:

- the development of student placement programmes,
- the development of guidance documents (student placements),
- the assessment of students on placement, and
- the development of student training plans when needed.

Finally, the third most common purpose of the CCF identified through the feedback is the development of job descriptions.

- **Question 2: What do you need from the CCF?**

The most common need that stakeholders identified is the need for the CCF to be relevant to all pharmacist roles. Feedback suggests that the current CCF is deemed by some to be more applicable to pharmacists employed in community and patient facing roles, as opposed to those pharmacists employed in hospital settings, industry and in role emerging practice.

The second most common need identified relates to the behaviours included in the CCF. The feedback suggests that consideration should be given to removing the behaviours included, or to include them as examples only.

The third most common need identified is the ability for pharmacists to identify different levels of competency. For example, intermediate and advanced practice, where applicable.

Finally, and less frequently, stakeholders indicated that the CCF should allow for the identification of specialisation amongst pharmacists.

- **Question 3: What are the merits of the current CCF?**

Stakeholders identified a number of merits of the current CCF. Most commonly, stakeholders highlighted that the CCF can be used as a framework for personal development and CPD purposes.

The second most common merit identified relates to the domains included in the CCF which were positively viewed. Currently, there are 6 domains included in the CCF which are:

1. Professional practice,
2. Personal skills,

3. Supply of medicines,
4. Safe and rational use of medicines,
5. Public health, and
6. Organisation and management skills

Another merit highlighted was the clarity that the CCF provides with regard to the competencies expected of pharmacists. Currently, there are 25 competencies included in the CCF.

Finally, the structure of the CCF was, among some, also positively mentioned.

- **Question 4: What needs to be improved?**

The most common improvement identified by stakeholders was that the CCF should allow pharmacists to identify different levels of competence. For example, intermediate and advanced practice, where applicable.

Secondly, the CCF should be applicable to all role's pharmacists may be employed in. As mentioned earlier, some feedback suggests that stakeholders view the current CCF as being more applicable to those pharmacists in community and patient facing roles as opposed to pharmacists' roles in hospitals, industry and role emerging practice.

Finally, the language used in the current CCF was identified by some stakeholders as needing improvement.

- **Question 5: What is needed in the future from the CCF?**

Similarly, and related to the feedback received from stakeholders in response to the other questions posed, the most common future needs that were identified are:

1. a CCF that allows pharmacists to identify different levels of competency irrespective of the numbers of years practice they have completed,
2. be applicable to all roles pharmacists may be employed in, and
3. allows for specialisation.

- **Other feedback**

During the early engagement meetings, some stakeholders recommended other competency frameworks that the PSI should consider during the review of the CCF. These included:

- RPS model in the UK,

- CanMeds 2015, and
- National Competency Standards Framework for Pharmacists in Australia

As part of a benchmarking exercise, the PSI reviewed these frameworks. The findings from the benchmarking exercise are reported in Section 3 of this report.

### Section 3: Benchmarking Exercise

As part of the review of the CCF, the PSI undertook an examination and benchmarking exercise of international competency frameworks for pharmacists to identify areas that could potentially be adopted in the national context and be included in a revised CCF. The exercise also provided an opportunity to identify areas that could be strengthened and/or elaborated upon.

The frameworks reviewed during the benchmarking exercise have either been developed or revised since the publication of the current PSI CCF in 2013. The competency frameworks that were reviewed, are as follows:

- National Association of Pharmacy Regulatory Authorities; [Professional Competencies for Canadian Pharmacists at Entry to Practice, 2014](#),
- Nova Scotia College of Pharmacists; [Standards of Practice: General Pharmacy Practice, 2014](#), (Canada)
- Pharmaceutical Society of Australia; [National Competency Standards Framework for Pharmacists in Australia, 2016](#),
- Pharmacy Council of New Zealand; [Competence Standards for the Pharmacy Profession, 2015](#),
- Royal Pharmaceutical Society; [Foundation Pharmacists Framework \(FPF\), 2019](#), (Great Britain)
- Royal Pharmaceutical Society; [Advanced Pharmacy Framework \(APF\), 2013](#), (Great Britain)
- South African Pharmacy Council; [Competency Standards for Pharmacists in South Africa, 2018](#), and
- The American College of Clinical Pharmacy; [ACCP Clinical Pharmacist Competencies. Pharmacotherapy 2017](#); 37(5):630-636.

In addition to the competency frameworks listed above, the PSI also reviewed requirements specified by the Ontario College of Pharmacists who advised that they have adopted the Standards of Practice developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) (included above) as the standards governing the practice of pharmacy in Ontario.

To help ensure continuity, the PSI also benchmarked the current CCF against the PSI *Code of Conduct – Professional Principles, Standards and Ethics for Pharmacists*, which was recently revised and published in 2019.

Thirteen different themes were identified for inclusion and strengthening. These, along with a brief description of each are provided in Table 2

Table 2: Identified themes and their description.

Theme	Description
Administration of medicines	<p>As practice has advanced considerably in this area since the current CCF was published, it is recommended that this should now be included.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Administration of medicines within a pharmacist's competence and in line with legislation</li> <li>• Obtains appropriate consent to administer medicine</li> <li>• Administers prescription-only medicines for the purpose of saving life or reducing severe distress in an emergency</li> <li>• Administers medicines using the necessary technical skills and applying the appropriate clinical knowledge</li> <li>• Follows relevant policies, procedures and documentation requirements</li> <li>• Complies with national standards and/or professional guidelines where available when administering injectable medicines or supervising medicine dosing</li> </ul>
Work in partnership with patients to assist them in making informed decisions about their care	<p>Review wording throughout the CCF to reflect the relationship between the pharmacist and patient where the patient is actively involved in all decisions about their healthcare and empowered to work in partnership with the pharmacist to direct and improve their health.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Collaboration/work in partnership/works co-operatively with the patient and other members of the healthcare team</li> <li>• Encourage/facilitate the patient to ask questions/to make decisions about their own healthcare/voice concerns</li> <li>• Engages and informs patients to empower them for autonomy in decision making/Involve and support patients in decision making/Accepts and supports the individual's right to make autonomous decisions/assists individuals to make informed choices</li> <li>• Supports them to make changes to their health behaviour</li> <li>• Recognises and supports the right of individuals to have health beliefs and practices different to one's own, including the use of traditional healing and treatments</li> </ul>

	<ul style="list-style-type: none"> <li>Provides support where advice or treatment is declined or choices are at variance with own preferences</li> </ul>
Embrace technology and innovation to optimise patient care	<p>Enhance the wording in relation to the use of technology and virtual communication, where relevant throughout the CCF to ensure it is aligned with future changes with eHealth as well as advancements in technology (including the increased use of telemedicine, online doctors and prescriptions sent electronically).</p> <p>For example:</p> <ul style="list-style-type: none"> <li>Facilitates communication using appropriate technology, virtual communication on digital/electronic platforms</li> <li>Use health informatics to optimise the care of individual patients and patient populations</li> <li>Respects opinions and views including when communicating through digital or electronic platforms, distance/virtual cooperation</li> </ul> <p>In relation to innovation, consideration to be given to making it more active. For example:</p> <ul style="list-style-type: none"> <li>Embrace technology and innovation that can improve patient care</li> <li>Foster initiative and contribute to innovation, improvement and service development, leads change management</li> </ul>
Identify and take appropriate action to address illegal, unethical or unprofessional behaviour	<p>This is included in the current CCF to some extent, but is not explicit enough.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>Identifies/Raises concerns and takes appropriate action to address unprofessional and unethical behaviour including inappropriate prescribing</li> <li>Not partaking in unprofessional and unethical behaviour, including conflicts of interest</li> </ul>
Pandemic, disaster and emergency preparedness to ensure continuity of care	<p>For example:</p> <ul style="list-style-type: none"> <li>Participation in organised initiatives for disaster, pandemic and emergency preparedness</li> <li>Establishment of a pandemic, disaster and emergency preparedness plan that ensures continuity of care</li> </ul>
Risk Management across the whole retail pharmacy business	<p>Risk management should be applied to all professional services and processes within the operation of the pharmacy- proactively identify potential risks and take steps to mitigate these risks.</p>

	<p>For example:</p> <ul style="list-style-type: none"> <li>• Risk Management Plan/system</li> <li>• Risk management in relation to the work place, patient and public</li> <li>• Identify and resolve risk management issues that place the patient at risk</li> <li>• Use of data in risk management</li> </ul>
Take responsibility and be accountable for your own actions/decisions and those of pharmacy personnel (include reference to the need to delegate tasks appropriately)	<p>To strengthen the emphasis on taking responsibility for one's professional judgements, decisions, actions and omissions and accountability for the outcome achieved, and accepting responsibility for the actions of pharmacy personnel under your supervision</p> <p>Delegation examples:</p> <ul style="list-style-type: none"> <li>• Defining tasks that can be safely delegated to individuals who are appropriately trained and competent</li> <li>• Communicating delegated activities and the expected outcomes to supervised staff</li> <li>• Checking scope of delegation is fully understood</li> <li>• Monitors and supports progress with delegated responsibility</li> </ul>
Provide and accept feedback from patients and other colleagues, and in response modifies practice	<p>For example:</p> <ul style="list-style-type: none"> <li>• Accepts, values and acts upon feedback/criticism from colleagues and patients to modify behaviour and practice</li> <li>• Listens to others when decisions are questioned and is open to further evidence</li> <li>• Seeks feedback where appropriate</li> <li>• Provides constructive feedback to all collaborators including healthcare colleagues</li> <li>• Seeks support to deal with ethical dilemmas or challenging situations</li> </ul>
Act with honesty and integrity	<p>To strengthen the emphasis on demonstrating and maintaining the highest standards of personal and professional honesty and integrity.</p>
Promotes and supports opportunities for learning and acts as a role model, coach and mentor	<p>Refers to the pharmacist taking a greater role in relation to supporting learning and sharing knowledge.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Education and training of colleagues and students</li> </ul>



	<ul style="list-style-type: none"> <li>• Promotes and supports opportunities for learning that enhances the practice of colleagues, pharmacy students and/or other healthcare professionals</li> <li>• Should promote and encourage a culture of learning, training and development</li> <li>• Should facilitate student learning to help them develop their professional knowledge, competence and confidence</li> <li>• Serve as a role model, coach and mentor for others</li> </ul>
Maintaining appropriate professional boundaries	<p>For example:</p> <ul style="list-style-type: none"> <li>• Must maintain appropriate personal and professional boundaries with patients</li> </ul>
Seeks to be involved in research and applies critical appraisal techniques to scientific and research information	<p>Refers to critical analysis skills in relation to scientific information and research on medicines and practice.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Seeks to be involved in research in day to day practice</li> <li>• Collaborate with other healthcare professionals to carry out research</li> <li>• Shares research findings</li> <li>• Apply critical appraisal techniques to scientific and research information</li> <li>• Demonstrates an understanding that data can support improving care; values the importance of the skills required for the interpretation, an</li> <li>• analysis and the effective use of data within clinical practice</li> </ul>
Promotes the role of the pharmacist in addressing healthcare needs in the community and their inclusion on all multidisciplinary healthcare teams	<p>For example:</p> <ul style="list-style-type: none"> <li>• Promotes the role and value of the pharmacist to address healthcare needs in the community</li> <li>• Advocate for the pharmacists to be included in all multidisciplinary healthcare teams</li> <li>• Seeks opportunities to deliver different services in practice</li> <li>• Consideration of future roles, including development of diagnostic skills and the needs of your community, impacting on professional development needs</li> </ul>

## Section 4: Targeted Consultation

Between 10 February and 9 March, a targeted consultation was conducted. The purpose of the targeted consultation was to gather additional feedback on the current CCF to supplement and build upon feedback received during the early engagement meetings (see Section 2) and the benchmarking exercise (see Section 3). The following stakeholders were invited to participate in the targeted consultation:

- All pharmacists registered in Ireland during that period,
- The Department of Health,
- Pharmacy in Industry, Education and Regulatory (PIER),
- Representatives from Higher Education Institutions (the Royal College of Surgeons in Ireland (RCSI), Trinity College Dublin (TCD), and University College Cork (UCC)),
- Representatives from the Health Service Executive (HSE),
- The Affiliation for Pharmacy Practice Experiential Learning (APPEL),
- The Irish Institute of Pharmacy (IIOP),
- The Irish Pharmacy Union (IPU), and
- The Hospital Pharmacists Association of Ireland (HPAI).

Participants were requested to complete an on-line survey which included items relating to: the purpose of the CCF; area of practice; the domains, competencies and behaviours included in the CCF; and advanced practice and specialisation. The survey was informed by the feedback received during the early engagement meetings and participants were also provided with an opportunity to suggest changes and improvements that could potentially be incorporated into a revised CCF. The response rate, respondents profile and the results from the survey are reported below.

### Response rate and respondents profile

A total of 95 respondents accessed the online survey. Not all 95 respondents completed each question included in the survey; response rates for each question are included in the results section below. In relation to the results of the survey, one factor that may have had an impact is that the majority of respondents (53.76%) indicated that their main area of practice is in the community. In addition, the majority of respondents (62.63%) indicated that they have been registered as a pharmacist for a period of between 11 and 30 years.

The PSI notes the low response rate and acknowledges that consequently, the results are not representative. We note the need to engage further with pharmacists and other stakeholders. A full public consultation will also be held to gather views and comments on any updated CCF before it is finalised.

The PSI has conducted an analysis of the responses from those stakeholders who took the time to participate in the survey in an effort to help ensure that any revised CCF will be fit-for-purpose, insofar as is possible, for all its stakeholders. An analysis of each question is provided below. For information, the response rate for each question is included.

## Results

### Respondents Profile:

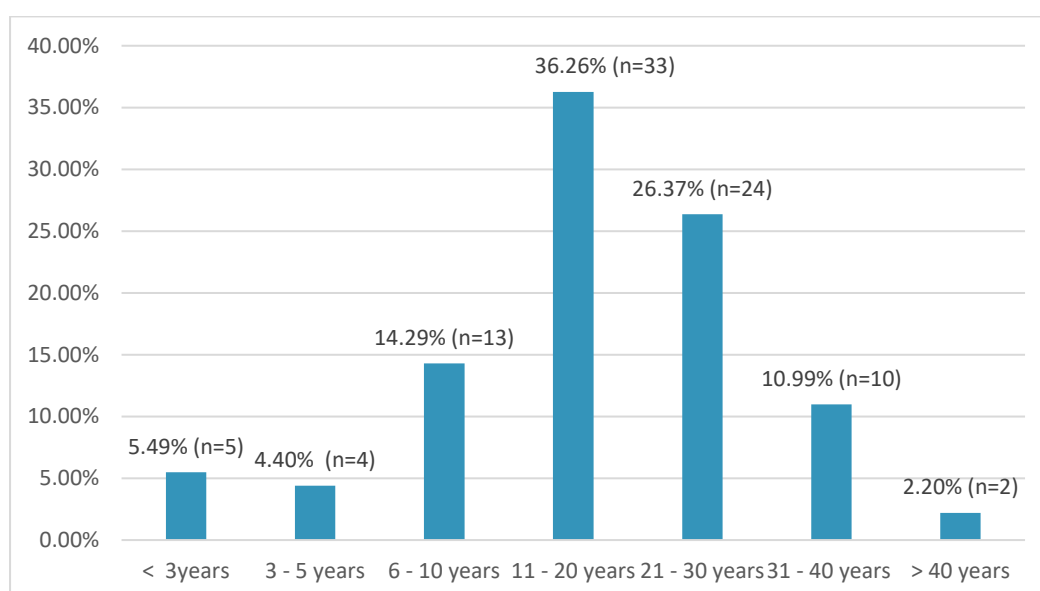
#### Question 1: Are you a pharmacist?

Answered	95
Yes	97.89% (n=93)
No	2.11% (n=2)

97.89% of respondents indicated that they are pharmacists. The two respondents who indicated that they are not pharmacists, identified themselves as academic staff employed in Higher Education Institutions.

#### Question 2: How long have you been registered as a pharmacist?

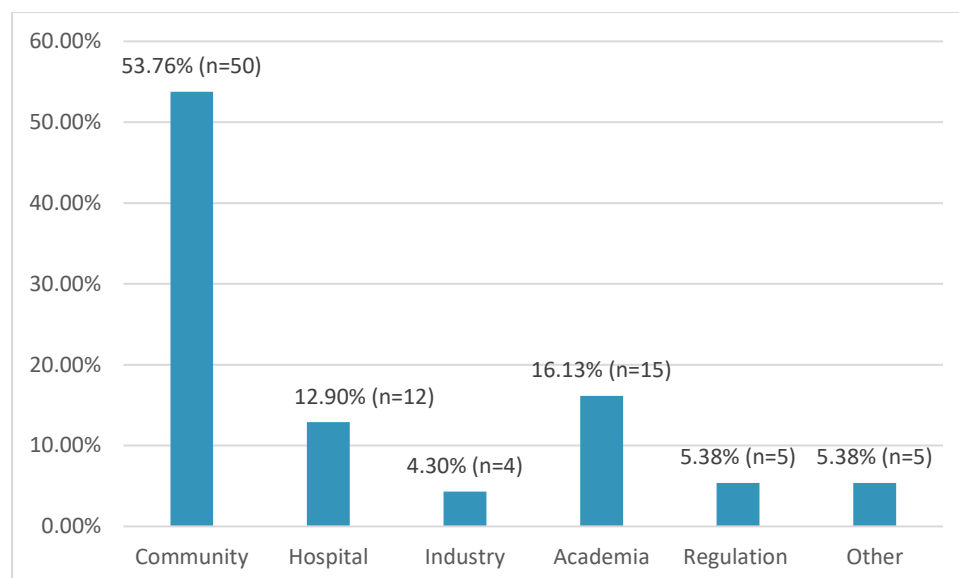
Answered		91
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The majority of respondents (62.63%), have been registered as pharmacists between 11-20 years and 21-30 years. 14.29% have been registered as pharmacists between 6-10 years, whilst 10.99% have been registered between 31-40 years. 4.40% have been registered between 3-5 years and 5.49% have been registered for three years or less. Only 2.20% have been registered as pharmacists for 40 years or more.

### Question 3: Please indicate your main area of practice at present.

<b>Answered</b>	93
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As mentioned previously, the majority of respondents (53.76%), indicated that their main area of practice is in the community. 16.13% indicated that their area of practice is in academia and 12.90% are in hospitals. A further 5.38% indicated that their area of practice is in regulation and 4.30% are in industry. 5.38% indicated their area of practice as 'other'. Of those who indicated 'other', the information provided indicates that these pharmacists practise in areas including: long term care; homecare; the army; patient safety; and training and development.

### Question 4: Are you responding on your own behalf or on behalf of an organisation?

<b>Answered</b>	94
<b>On my own behalf</b>	98.94% (n=93)
<b>On behalf of an organisation</b>	1.06% (n=1)

98.94% of respondents indicated that they are responding on their own behalf, while just 1.06% indicated that they are responding on behalf an organisation.

### Purposes of the CCF:

#### Question 5: For the purposes that you have used the Core Competency Framework was it: Useful; Not Useful; Not Applicable?

Responses and the response rate for this question are provided in Table 3. The purposes provided in the question were informed by feedback received during the early engagement

meetings (see section 2). Respondents were asked to indicate for each of the purposes whether the CCF is 'useful', 'not useful' or 'not applicable'.

*Table 3: Uses of the CCF*

<b>Purpose</b>	<b>Answered</b>	<b>Useful</b>	<b>Not Useful</b>	<b>Not Applicable</b>
<b>To identify personal learning needs for CPD</b>	77	66.23% (n=51)	31.17% (n=24)	2.60% (n=2)
<b>For performance management of members of my team or staff</b>	76	28.95% (n=22)	32.89% (n=25)	38.16% (n=29)
<b>Drafting job specifications in my place of work</b>	76	21.05% (n=16)	35.53% (n=27)	43.42% (n=33)
<b>In my role as a Preceptor or Supervisor for a pharmacy student</b>	76	31.58% (n=24)	17.11% (n=13)	51.32% (n=39)
<b>During development and review of the MPharm programme</b>	75	16.00% (n=12)	14.67% (n=11)	69.33% (n=52)
<b>During development of CPD programmes</b>	74	32.43% (n=24)	22.97% (n=17)	44.59% (n=33)

As indicated in Table 3, the majority of respondents, 66.23%, indicated that the CCF is useful when used to identify learning needs for CPD purposes. However, a significant 31.17% of respondents indicated that it was not useful for that purpose.

In relation to performance management, 28.95% of respondents indicated that the CCF is useful for performance management purposes, while 32.89% indicated that it is was not useful for that purpose.

For drafting job specification purposes, 21.05% of respondent indicated that the CCF is useful, while 35.53% of respondents indicated that it was not useful.

Preceptors and supervisors oversee the work placements of students whilst undertaking the MPharm programme. 31.58% indicated that CCF was useful for those purposes, while 17.11% indicated that it was not useful.

In relation to the development and review of the MPharm, 16.00% of respondents indicated that the CCF was useful for those purposes and 14.67% of respondents indicated that it was not useful for those purposes.

32.43% of respondents indicated that the CCF was useful with regard to the development of CPD programmes. 22.97% indicated that the CCF was not useful for that purpose.

#### Question 6: Do you use the Core Competency Framework for any other purpose?

<b>Answered</b>	75
<b>Yes</b>	17.33% (n=13)
<b>No</b>	74.67% (n=56)
<b>Unsure</b>	8.00% (n=6)

17.33% of respondents indicated that they use the CCF for purposes other than those stated above. The majority of those respondents identified themselves as academics and indicated that they use the CCF for purposes such as teaching, assessment and reflective practice purposes. 74.67% of respondents indicated that they do not use the CCF for any other purpose.

#### Question 7: Does the Core Competency Framework adequately reflect the competencies required of pharmacists in the early stages of their career, i.e. 0-3 years registered?

<b>Answered</b>	75
<b>Yes</b>	44.00% (n=33)
<b>No</b>	34.67% (n=26)
<b>Unsure</b>	21.33% (n=16)

44.00% of respondents indicated that the CCF adequately reflects the competencies required of pharmacists for the early stages of their career. However, 34.67% of respondents indicated that the CCF does not adequately reflect the competencies required of pharmacists for the early stages of their career. In relation to those respondents who answered negatively, the comments provided include: the CCF is restrictive and not suitable to all pharmacy roles; too many behaviours are included; it is not entirely applicable, especially for early stages of a pharmacist's career; and the human resources/business/financial management skills were mentioned as not appropriate. Surprisingly, comments from those respondents who answered positively are similar and include the following: the number of behaviours and competencies included is too great; the behaviours are too detailed and granular; not all the included behaviours are applicable

to early practices; it is burdensome; and over regulation which reduces professional judgement.

**Question 8: Does the Core Competency Framework provide a platform for the development of specialisation and advanced practice within pharmacy?**

<b>Answered</b>	75
<b>Yes</b>	26.67% (n=20)
<b>No</b>	54.67% (n=41)
<b>Unsure</b>	18.67% (n=14)

The majority of respondents, 54.67% indicated that the CCF does not provide a platform for the development of specialisation and advanced practice within pharmacy. Only, 26.67% of respondents indicated that it does. The comments provided by those who responded negatively indicate that additional and specific competencies would need to be included to reflect advanced practice and specialisation.

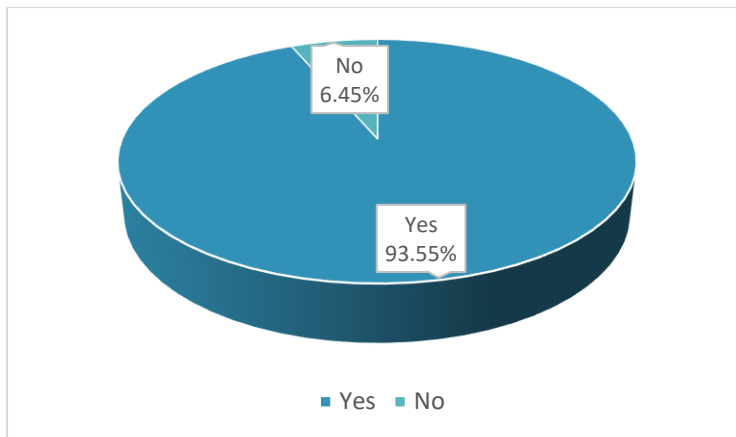
#### **Feedback on the Domains, Competencies and Behaviours:**

**Question 9: Domain 1. Professional Practice. There are 5 competencies identified:**

- 1. Practices 'patient-centred' care**
- 2. Practices professionally**
- 3. Practices legally**
- 4. Practices ethically**
- 5. Engages in appropriate continuing professional development**

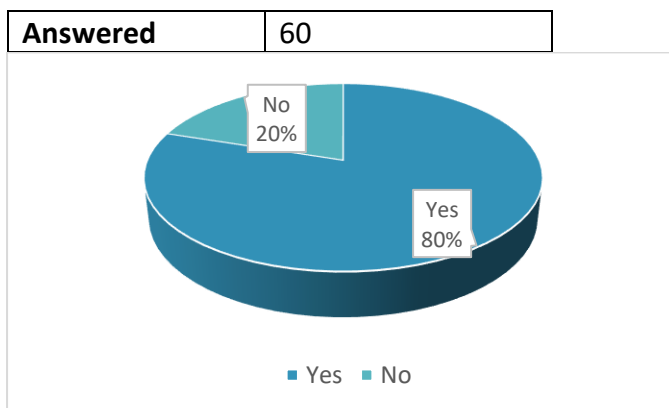
**Do you think the domain is appropriate?**

<b>Answered</b>	62
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The majority of respondents (93.55%), indicated that the domain, *Professional Practice*, is appropriate. 6.45% of respondents indicated the domain is not appropriate.

#### Question 10: Do you think the competencies in the domain are appropriate?



78.69% of respondents indicated that the five competencies included in the domain, *professional practice*, as appropriate. 19.67% of respondents indicated that the competencies are not appropriate. Comments provided by those who responded negatively, include: there are too many behaviours included; not all behaviours are reflective; and there is overlap.

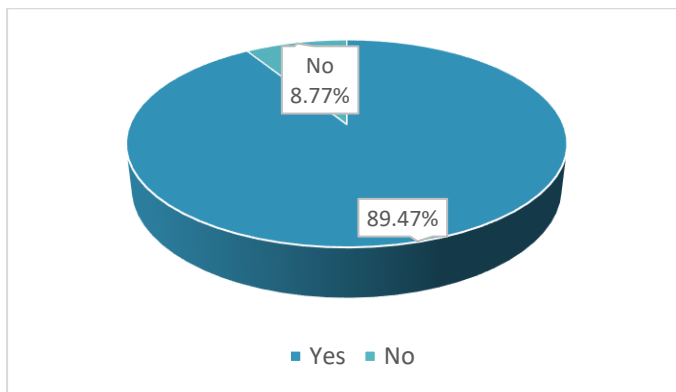
#### Question 11: Domain 2. Personal Skills. There are 4 competencies identified:

1. Leadership skills
2. Decision-making skills
3. Team working skills
4. Communication skills

**Do you think the domain is appropriate?**

Answered	56
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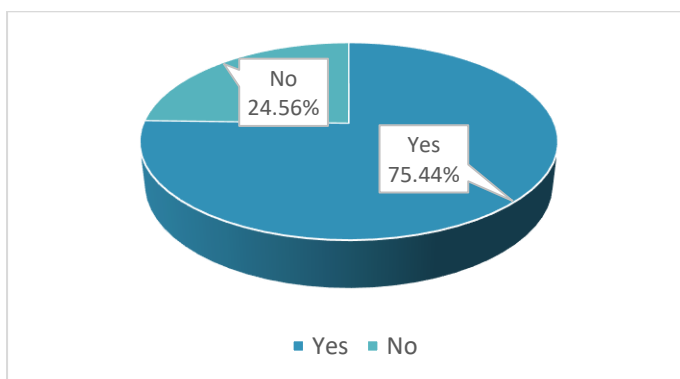




The majority of respondents (89.47%), indicated that the domain, *Personal Skills*, is appropriate. 8.77% of respondents indicated the domain is not appropriate.

#### Question 12: Do you think the competencies in the domain are appropriate?

Answered	57
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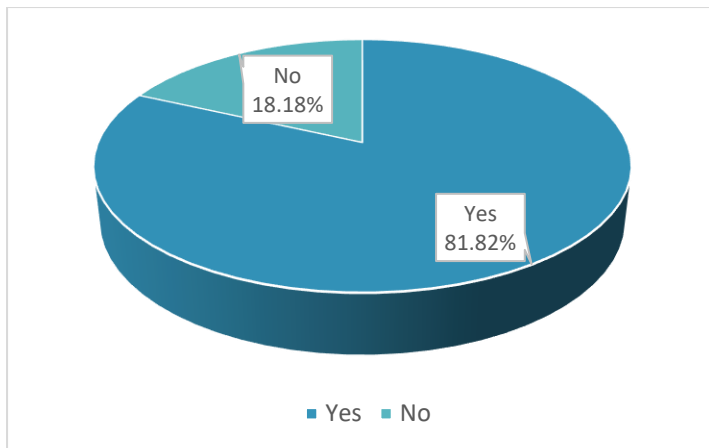
75.44% of respondents indicated that the four competencies included in the domain, *Personal Skills*, as appropriate. 24.56% of respondents indicated that the competencies are not appropriate. Comments provided by those who responded negatively, include: there are too many behaviours included; there is overlap; and they are focused on pharmacists in community settings.

#### Question 13: Domain 3. Supply of Medicines. There are 3 competencies identified:

1. Manufactures and compounds medicines
2. Manages the medicines supply chain
3. Reviews and dispenses medicines accurately

Do you think the domain is appropriate?

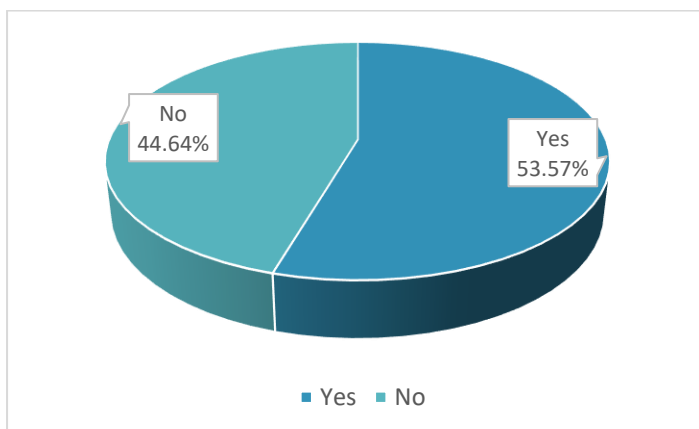
Answered	55
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81.82% of respondents indicated that the domain, *Supply of Medicines*, is appropriate. 18.18% of respondents indicated the domain is not appropriate. The majority of the comments provided indicated that the appropriateness of this domain, was dependent on the area of practice a pharmacist is in.

#### Question 14: Do you think the competencies in the domain are appropriate?

Answered	55
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53.57% of respondents indicated that the three competencies included in the domain, *Supply of Medicines*, as appropriate. 44.64% respondents indicated that the competencies are not appropriate. Similar to comments made in relation to the appropriateness of the domain, the majority of comments indicated that the competencies are not reflective of all pharmacists. Other comments referred to the amount of behaviours and overlap and suggest consideration should be given to the inclusion of falsified and non-prescription medicines.

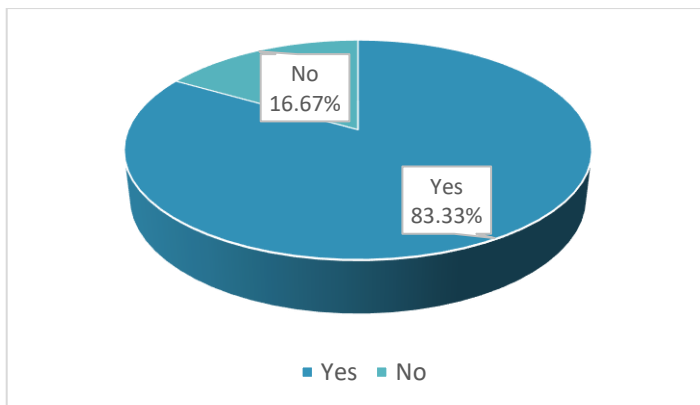
#### Question 15: Domain 4. Safe and rational use of medicines.

**There are 5 competencies identified:**

- 1. Patient consultation skills**
- 2. Patient counselling skills**
- 3. Reviews and manages patient medicines**
- 4. Identifies and manages medication safety issues**
- 5. Provides medicines information and education**

**Do you think the domain is appropriate?**

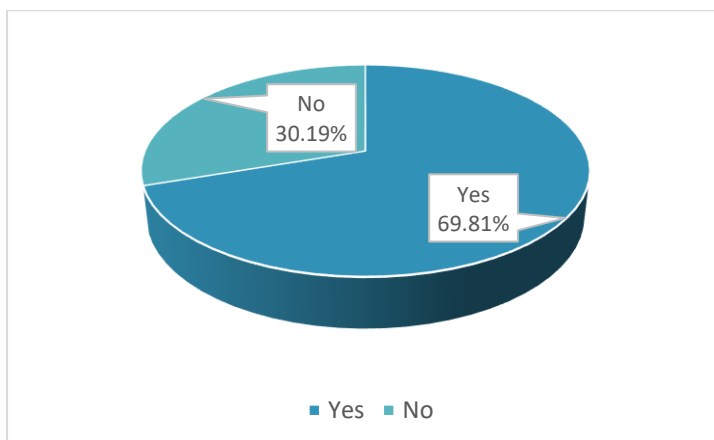
<b>Answered</b>	54
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83.33% of respondents indicated that the domain, *Safe & Rational Use of Medicines*, is appropriate. 16.67% of respondents indicated that it is not appropriate.

**Question 16: Do you think the competencies in the domain are appropriate?**

<b>Answered</b>	53
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69.81% of respondents indicated that the five competencies included in the domain, *Safe & Rational Use of Medicines*, are appropriate. 30.19% of respondents indicated that the

competencies are not appropriate. Again, comments from those who responded negatively refer to overlap and repetition and the appropriateness of the competencies to all pharmacist roles.

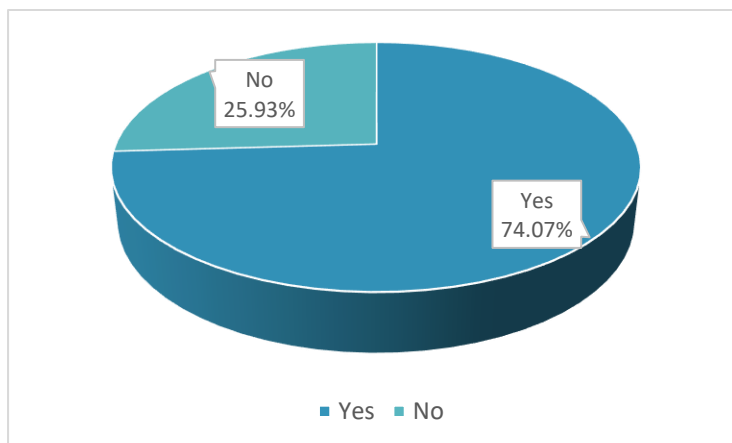
#### Question 17: Domain 5. Public Health

**There are 3 competencies identified:**

- 1. Population Health**
- 2. Health promotion**
- 3. Research skills**

**Do you think the domain is appropriate?**

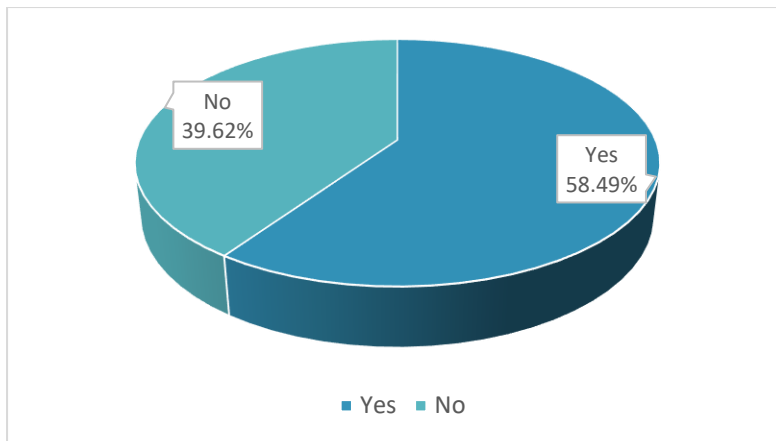
<b>Answered</b>	54
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74.07% of respondents indicated that the domain, *Public Health*, is appropriate. 25.93% of respondents indicated that it is not appropriate.

#### Question 18: Do you think the competencies in the domain are appropriate?

<b>Answered</b>	52
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58.49% of respondents indicated that the three competencies included in the domain, *Public Health*, as appropriate. 39.62% of respondents indicated that the competencies are not appropriate. Many comments from those who responded negatively refer to the competency, *Research Skills*, and the applicability of the competencies to all pharmacists.

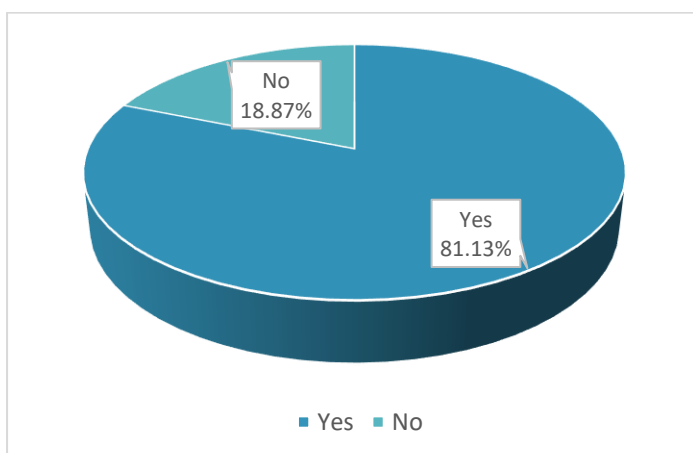
#### Question 19: Domain 6. Organisation and management skills

**There are 5 competencies identified:**

- 1. Self-management skills**
- 2. Workplace management skills**
- 3. Human resources management skills**
- 4. Financial management skills**
- 5. Quality assurance**

**Do you think the domain is appropriate?**

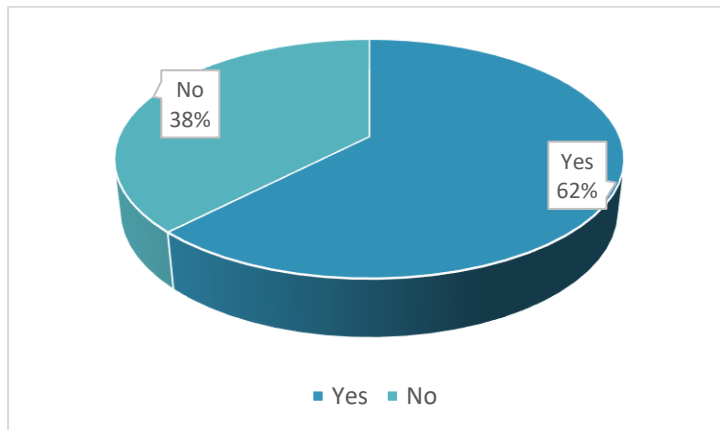
<b>Answered</b>	53
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81.13% of respondents indicated that the domain, Organisation & Management Skills, is appropriate. 18.87% of respondents indicated that it is not appropriate.

**Question 20: Do you think the competencies in the domain are appropriate?**

<b>Answered</b>	53
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62.26% of respondents indicated that the three competencies included in the domain, Organisation & Management Skills, as appropriate. 37.74% of respondents indicated that the competencies are not appropriate. The applicability of the competencies to all pharmacists roles and not just community pharmacy roles was commented on, as well as overlap of competencies with other domains.

**Question 21: Do you have any suggestions for other domains that should be included in the Core Competency Framework?**

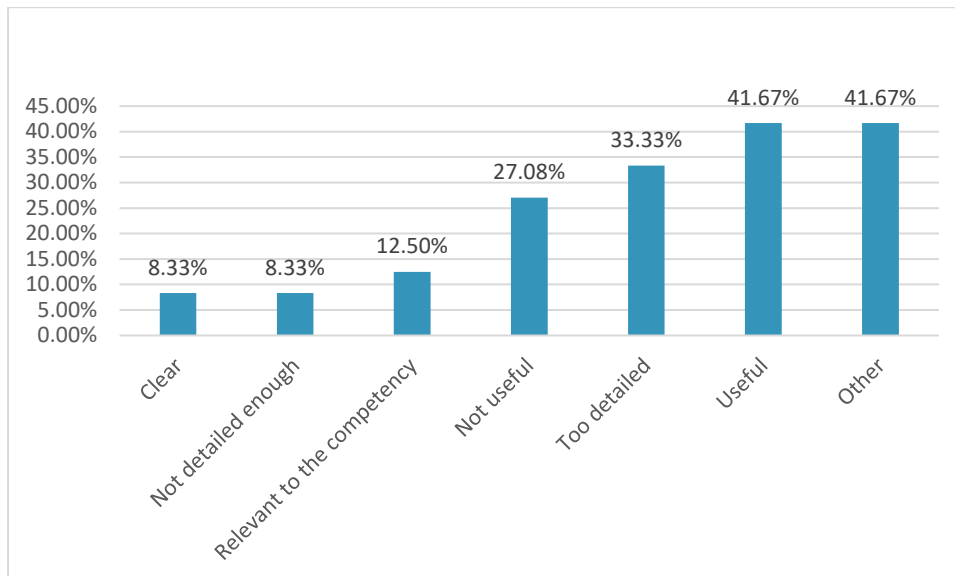
Fifteen people responded to this question. Some of the suggestions included revising the domains so that they would be suitable for specialisation and to remove the domains and make it more general. Some suggested inclusions are empathy, representation of the profession and interpersonal skills.

**Question 22: Do you have any suggestions for other competencies that should be included in the Core Competency Framework?**

Seventeen people responded to this question. Some suggested inclusions include: the advancement of the profession; conflict management; use of technology; and medical devices, food supplements and cosmetics. Other comments referred to specialisation and including competencies applicable to all pharmacist roles.

**Question 23:** A number of behavioural statements are given under each competency to show how individuals can demonstrate that competency in practice. Do you think they are: (you can tick more than one option)

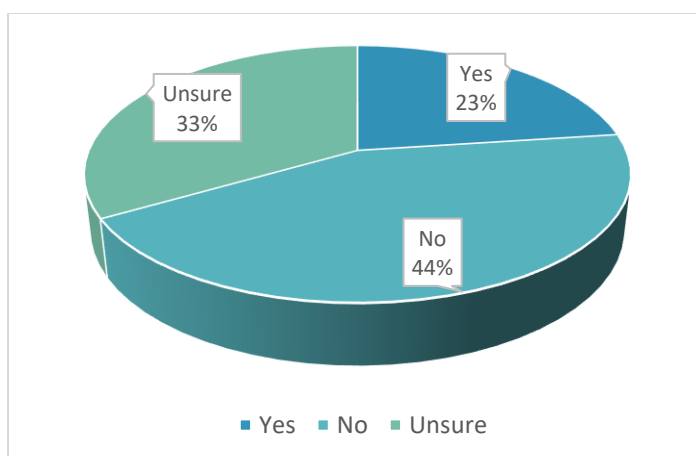
Answered	48
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The feedback in relation to the behaviours included in the CCF is mixed. While 41.46% of respondents indicated that the behaviours are useful, 27.08% indicated that they are not useful. Further, 33.33% indicated that they are too detailed. The comments provided include that: there are too many behaviours; they are repetitive; they are too specific; they are not applicable to all pharmacist roles; and they are very general.

**Question 24:** Do the competencies in the Core Competency Framework support the emergence of evolving and innovative practice?

Answered	48
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Only, 22.92% of respondents indicated that the competencies in the CCF support the emergence of evolving and innovative practice. 43.75% of respondents indicated that it does not. The comments included suggest that: the CCF should allow for future practise

developments, e.g. vaccinations and technology; the competencies are not applicable to all roles; the behaviours are too many and too prescriptive; and there should be more flexibility in demonstrating competency.

**Question 25: Looking at the Core Competency Framework in its entirety, do you have any further suggestions as to how it could be improved or resources that we should consult when carrying out the review?**

Twenty six people responded to this question. The suggestions provided include:

- Competencies: include generic competencies; facilitate pharmacists to include their own competencies; allow students to be assessed against competencies as opposed to behaviours; include competencies applicable to all roles.
- Reduce the number of behaviours,
- Streamline the current CCF and reduce duplication,
- Allow for specialisation, and
- Allow for different levels of competence.



## Section 5: Conclusion, Common Themes, Feedback and PSI Response

Following completion of the early engagement meetings and the targeted consultation, an analysis of the feedback was conducted. Many positive aspects of the CCF were highlighted by stakeholders, including: the domains included in the CCF; its structure; and the clarity it provides on what is expected of pharmacists. Pharmacists engagement with the CCF for CPD purposes was also apparent and is welcomed by the PSI.

However, stakeholders also highlighted concerns and improvements that could be made to the CCF. Some common themes and other noteworthy findings emerged from the analysis, namely:

- The applicability and usefulness of the CCF to all pharmacist roles, including industry, hospital and role emerging practice;
- The usefulness of the CCF in relation to advanced practice and specialisation, and
- The appropriateness and usefulness of the behaviours included in the CCF.

As the analysis resulted in the emergence of what could be potentially significant changes to the CCF and to the profession, the PSI is of the opinion that it would be imprudent to implement these potential changes at this point without further consideration, research and consultation with stakeholders. Therefore, the PSI recommends:

- The CCF remain unchanged at present
- The PSI will explore and consult with stakeholders on:
  - a) the possible introduction of a CCF that allows pharmacists to demonstrate different levels of competence;
  - b) the applicability of the CCF to all pharmacist roles;
  - c) the inclusion, use and purpose of the behaviours in the CCF; and
  - d) the findings of the benchmarking exercise.
- The PSI will consider how to provide clarification on the use of the CCF for CPD purposes, to highlight that pharmacists must only demonstrate competence in those competencies relevant to their role.

A more detailed description of the feedback received and the PSI response to same is included below.

### Common Themes

- **Applicability and usefulness of the CCF to all pharmacist roles**

As reported in Section 2 and 4 of this report, some stakeholders during the early engagement meetings and targeted consultation indicated, that in their opinion, the current CCF is not applicable or suitable for use by all pharmacists. This feedback was particularly noteworthy when referring to the applicability and usefulness of the CCF

for CPD purposes. As indicated earlier in this report, an analysis of the feedback suggests that the current CCF is deemed, among some, to be more applicable to pharmacists in community and patient facing roles, as opposed to those in other settings, such as hospitals, industry and roles emerging practice. Consequently, some stakeholders suggested that some pharmacists may experience frustration and difficulty when completing CPD cycles.

### **PSI Response**

This finding is noted by the PSI. One of the purposes of the CCF is to assist pharmacists to reflect on their practice and identify learning needs and to provide guidance and structure for CPD over the changing demands of a pharmacist's career. Furthermore, CPD is a legal requirement for pharmacists registered in the state. Therefore, it is important that pharmacist's engagement with CPD is useful and beneficial and assists a culture of life-long learning.

While the competencies included in the CCF are central to the role occupied by all pharmacists, it is acknowledged and recognised in the CCF that pharmacists can self-assess their abilities against the competency standards relevant to their role to determine areas in which further development is needed.

The PSI acknowledges that further communication and clarification with its stakeholders on the use of the CCF for CPD purposes would be beneficial.

- **Advanced Practice and Specialisation**

Another theme that emerged from the analysis was the usefulness of the CCF in relation to advanced practise and specialisation. One of the purposes of the current CCF is to provide a platform for the development of specialisation and advanced practise within pharmacy. Specifically, the CCF states that *"the CPD model allows for the professional career development of individual pharmacists as specialist and advanced practitioners, as well as facilitating innovation and development throughout the profession and in pharmacy services for the ultimate benefit of patients and the public. The competency framework has been developed to allow this flexibility"*. However, 54.67% of respondents during the targeted consultation indicated that the CCF does not provide a platform for the development of specialisation and advanced practice. Further, during the early engagement meetings, a CCF that allows pharmacists to demonstrate different levels of competence and specialisation, was cited by some stakeholders as both a need and an improvement that would be welcomed.

## **PSI Response**

The PSI acknowledges the feedback it has received in relation to introducing a change to pharmacy practice in Ireland; advanced practice and the acquisition of specialisation. Such a fundamental and significant change will require extensive consideration, research and consultation with stakeholders which the PSI will undertake prior to the development and implementation of any such framework(s).

- **Behaviours**

The third theme that emerged from the analysis was in relation to the appropriateness of the behaviours included in the CCF. Currently, there are 178 behaviours included in the CCF. As previously noted, the feedback in relation to the behaviours is somewhat varied. For example, 41.46% of respondents who took part in the targeted consultation indicated that the behaviours are useful, while 27.08% indicated that they are not useful, and 33.33% indicated that they are too detailed. The feedback provided during the review process highlights various issues that some stakeholders identified in relation to the behaviours. These include: the large volume of behaviours included in the CCF; the overlap among some of the behaviours; and their applicability to all pharmacist roles. It was also suggested that consideration should be given to including the behaviours as examples only. Some of the comments are addressed individually below.

- **Applicability of behaviours to all roles and levels of competence**

### **PSI Response**

As noted earlier, the behaviours included in the CCF are those that *“relate to those expected of a newly registered pharmacist for the first three years of their registration in Ireland”*. The CCF is a tool to assist pharmacists in identifying learning needs, by self-assessment against the competencies relevant to their role. It is noted that as a pharmacist’s career progresses the competencies they require will change and develop in line with their role. Pharmacists can use the included behaviours to demonstrate competence if appropriate to do so. The CPD model facilitates pharmacists to provide their own examples of how they demonstrate competence in the competencies relevant to their role. The PSI will provide clarification on this matter.

- **Volume of Behaviours and Overlap**

### **PSI Response**

The PSI has noted the feedback in relation to the volume of behaviours and this will inform the drafting of a revised CCF.

- **Include Behaviours as Examples Only**

#### **PSI Response**

As advised above, pharmacists can provide their own examples of how competence in the relevant competencies is demonstrated for CPD purposes. The PSI acknowledges that further communication and clarification with its stakeholders on this issue would be beneficial.

Feedback from HEI's and students also suggests that flexibility with regards to the behaviours would also be welcomed. Currently, when HEI's are developing and delivering the MPharm programme, the curriculum is mapped to each of the behaviours included in the CCF. During the review process, HEI's advised the PSI that it would be useful and beneficial if this was no longer a requirement, allowing the HEIs further flexibility when designing the curriculum. It was highlighted that in some cases, it would be inappropriate, and in some instances potentially at odds with legislative controls to allow students who are not qualified and registered pharmacists, to demonstrate some of the behaviours included in the CCF. Similarly, pharmacy students advised the PSI that it would be beneficial if students could be facilitated in providing their own examples when demonstrating competence in the various competencies during work placements.

The PSI acknowledges this feedback and will consult further with stakeholders, including the HEI's, students and APPEL to consider the implications of this potential change in any revised CCF.

### **Other Feedback**

- **Purpose and use of the CCF**

The feedback suggests that the CCF is being used most frequently for two of the purposes outlined in the current CCF, namely for CPD purposes and in the development of the MPharm programme, albeit, sometimes in differing contexts. However, in relation to the other two purposes outlined in the CCF, namely: *"a competency framework provides a public statement on the professional role of a pharmacist"*; and to *"provide a platform for the development of specialisation and advanced practice within pharmacy"*, it appears that the CCF is not currently being utilised to any great extent for those reasons.

#### **PSI Response**

The PSI will consider, in conjunction with its stakeholders, the purposes any revised CCF could have that would be most relevant to the profession and how these can be best utilised.

- **Domains and Competencies**

As can be seen in Section 4 of this report, the feedback from the targeted consultation suggests that among some stakeholders, the domains included in the CCF are viewed more favorably than the competencies. In particular, the feedback in relation to the competencies included in the following domains was particularly less favorable:

- Supply of Medicines
- Safe & Rational Use of Medicines
- Public Health
- Organisation and Management skills.

An analysis of the comments received in relation to the relevant competencies, again refers to the applicability of the competencies to all pharmacist roles and the volume and overlap of the relevant behaviours.

### **PSI Response**

Although the response rate to the targeted consultation was low, the negative feedback received in relation to some of the competencies is in line with the feedback received with regards to the applicability of the CCF to all pharmacists roles, to advanced practice, and to the behaviours. As highlighted above, the PSI will publish communication and clarification regarding the use of the CCF for CPD purposes. It is hoped that this will address the feedback that was received in relation to the competencies.

In addition, the PSI acknowledges that as the CCF was first published in 2013, it would not be unexpected that additional competencies, or a change to some, might be required to reflect changes in the profession and the roles that pharmacists are employed in. Similarly, some changes might be required to ensure that the CCF remains applicable and useful over the coming years as the profession evolves further still. Some suggested changes were highlighted by stakeholders during the review of the CCF and in some instance, the suggested changes were similar to those that emerged during the benchmarking exercise (see Section 3). The PSI will consult further with its stakeholders. Any changes to the CCF will be done in consultation with stakeholders and the general public.