Competence in the Global Pharmacy Workforce

A discussion paper

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The 3rd Global Pharmacy Education Consultation was held in Basel, Switzerland this September at the FIP World Congress of Pharmacy and Pharmaceutical Sciences. The consultation gathered input for the establishment of a gloal platform for dialogue and collective action as part of the Vision for pharmacy education. The theme of this year was 'Reengineering pharmacy practice in changing the world' and one of the goals of the Pharmacy Education Taskforce is working towards a Global Competency framework. Are we on the right track?

Competence can undoubtedly be seen as a complex construct comprising a set of knowledge, skills, behaviours and values

What do we mean by "competency"? Why is it central to practitioners and policymakers agendas? And, perhaps most importantly, why do we need to be competent in what we do?

One of the pleasures of language is having the creativity and freedom of expression which comes from the rich extended vocabulary on offer. There are downsides however, and in science and policy matters, definitions and contexts have a tendency to become somewhat convoluted. We believe this has happened with the word "competence". The confusion will still exist if we do not agree on our motives for using the concept of "competency".[1]

Competence is very much a contemporary currency in the health care professions.[2] It carries with it traditional meanings which can be hard to shake off, especially when we start to talk about new models of professional development and new ways in which to regulate professional performance. The concept is becoming more accepted at a global level and can be identifiable in health care, being linked to professional roles. It is important to reach an agreement on what we mean by "competence" and, more importantly, how we can measure it.

The evidence base for the success of post-registration education and training in relation to practitioner performance is rather small. The evidence base for how the pre-registration period properly equips junior practitioners for the profession is also surprisingly small (compared to other professions). For example the WHO has data which shows that publications in health professional education are increasing in number, scope and media format – with the exception of pharmacy.[3] To be able to address the concern with policymakers about changes that are need to occur to diminish the gap between academia and practice, we need to encourage an objective, empirical approach to educational development.[4]

We do not have any clear association between routine and regular forms of post-graduate education and training activity and practitioner performance. Performance is key to understanding the concept of practitioner development and central in the protection of patient safety and improvement of quality.[5,6]

Measuring the performance of practitioners, at various levels from general through to advanced, should be the cornerstone of practitioner regulation. But this cannot happen without recognising that competence is part of the developmental route map towards assuring safe and high quality performance in individuals. There is an emergent need to clarify career paths and to define educational goals as opposed to assessing clinical ability of healthcare professionals by a "tick-box" approach.[7]

These days, other uses of the word "competence" will also be found in political and policy documents. The European Union, for example, is particularly fond of using it to denote the authority (or not) of a statement or policy. But let us shift our perspective for a moment, and look at contemporary thinking about "competence" – starting within the relatively safe territory of definition. Competence per se is about the overarching capacity of a person to perform. It is an attractive concept because it can be measured and evaluated – not always easily – but it can be done.[8]

Competences (note the plural) are the "functional", the "what" that are attached to competence. These too can be evaluated, and more importantly, they can be defined and codified, although this is not always done very well, and this laxity in some of the literature has undoubtedly contributed to the bad press ascribed

We are more than the sum of our competencies

by some to the competency agenda. Competencies (a different plural) refer to the qualities of capability, the "how" of competence. Looking holistically, all these concepts directly contribute towards the development, within an individual, of effective and sustained performance.[9]

Competence has suffered a poor acceptance in the past, partly due to the original attributes ascribed to the concept and partly due to a peculiar form of academic snobbery. Certainly, no one can doubt that "competence" was a concept that was directly associated with technical performance and skills-based display of capability. As such, competence was fairly low on the academic scale of intellectual behaviours.[8,10]

Critical accounts have characterised competence-based approaches to education as being reductive, mere shopping lists or job specific task descriptions.[11] We would not deny these arguments, which were well made at the time, but based on old, rather orthodox notions of competence. In the opposite side competency-based approaches put the professional practice in the core of education and competence development programmes.[1] Educational and training "competency frameworks" have been designed that do indeed look unnervingly like "job descriptions", stripped of any progression incentives for the individual. We do not ascribe to this, and maintain that a modern, contemporary approach looks at developing effective performance of the individual, via competence, within a supportive framework that enables progression and development.[12]

A closer dissection of more modern definitions reveals several facets; competence can undoubtedly seen as a complex construct, comprising a set of knowledge, skills, behaviours and values to which effective capability can be ascribed.[7,8,13]

This particular definition has the benefit of combating the "intellectually light" argument, but introduces another contention in that not all of the factors can reasonably be measured. Knowledge and skills are straightforward enough, and indeed behaviours can also be evaluated if the right developmental framework is used. Routinely, and reliably, measuring "values" in a practitioner is not so easy. However, this is not say that we should not try, and with the right model, in the right circumstances, and with an enlightened professional regulatory framework, these concepts can feed into a developmental pathway for practitioners, from pre-service, to general, to advanced levels of practice.

The word 'competent' itself carries historical baggage with it, and if we are honest, perhaps is not a wholly desirable term. There is a tendency for an association to be made with being sufficient, the minimum or just "satisfactory". If we view the concept of competence in its correct context, adopting a holistic attitude towards the necessary components, then competence and competency-based education can be a substantial and progressive offering to the profession.[14] We are more than the sum of our competencies, but being competent is definitely on the route-march towards effective performance. Let's just call it 'developmental education' if it helps.[7]

But let us not forget that the opposite of competent is incompetent, and none of us want that in our practice or our profession. Competence becomes a pragmatic and desirable attribute when we set it against practitioner performance. Safe, effective and consistent performance is a necessary feature of any healthcare professional, in whatever employment setting. If we are serious about improving standards in the profession or even just promoting pharmacy as a desirable front line activity, the competence of the workforce needs to be in the spotlight. ■

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