

Are we Competent in Pharmacy Practice? What are Pharmacist Competencies and How can they be Measured and Developed?

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In recent years, the International Pharmaceutical Federation (FIP) has focused particular attention on the development of programmes to evaluate and develop competencies in pharmacy, and to develop educational models that would enable an increase in competencies [1]. The Global framework for testing competencies has obtained its final form, and after evaluation by many countries, it will become an official model for assessing competencies in pharmacy [2]. According to this model, the professional scientific competencies of pharmacists are divided into three basic groups: expert competencies, organisation and management competencies, and personal and professional competencies.

The model of the global competency framework describes 20 competencies with a total of 101 accompanying specific indicators (behavioural statements). It is necessary to ensure that the specific indicators are clearly visible during the provision of pharmacy care services so as to be able to precisely assess the level of these services and ultimately, the level of competency. In assessing competencies, the assessment is not based on the acceptance of the expected standards of conduct in principle, but the alignment of the pharmacist's attitude and real behaviour in practice. In doing so, it is possible to observe the circumstances that could lead to possible discrepancies and to make conclusions and plans for the future development of competencies [3].

Expert competencies include the role of the pharmacist in public health care and the provision of pharmacist care in pharmacies, hospital pharmacies and specialised medicinal product shops. Pharmacist care implies the pharmacist's responsible provision of safe and rational patient therapy. This is a professional activity in which the pharmacist takes responsibility for the positive outcome of the medicinal therapy [4]. Pharmacist care ensues from the principles and postulates of clinical pharmacy, which pharmacists recognise as the scientific basis for interventions in treatment. The concept of clinical pharmacy clearly outlines the role of the pharmacist in the provision of health care, while pharmacist care justifies the basic intent and purpose of the existence of clinical pharmacy. It implies various forms of cooperation among health care experts, in which science and practice are integrated to benefit patient care. It can be said that the definitions of clinical pharmacy and pharmacist care have a cause-effect connection due to their common goal: to increase the efficacy and safety of pharmacotherapy.

Namely, pharmacists can significantly increase the quality of the treatment by providing care that is multidisciplinary, collaborative and focused on the patient, which is the fundamental characteristic of clinical pharmacy [5]. To ensure that this influence has the largest possible effect, it is necessary to develop not only knowledge, but also skills in the areas of clinical pharmacy, and clinical practice should take a more prominent role in the daily work of pharmacists, instead of being only one possible option or specialisation of pharmacists.

Indicators of expert competencies precisely define just how competent the pharmacist is in the promotion of health and in informing and advising patients on the prevention, treatment and control of illnesses. The assessment shows the competencies in the selection and preparation of the medicinal form, the issuance of

medicines and medicinal aids, knowledge about pharmacotherapy, monitoring the course of therapy and recognising disease diagnoses and advising patients thereof.

The organisation and management competencies encompass the complementary organisational skills and the necessary knowledge pharmacists are expected to develop for the purpose of executing organisation and management tasks. The knowledge that the competent pharmacist is expected to have include knowledge about finances and responsible business operations, team work and personnel management, time management and service quality management. Furthermore, this includes procurement, managing product stocks, motivating team members, and ensuring a positive work environment and atmosphere. Without developed organisation and management competencies, neither expert knowledge nor patient care can be developed to the desired level. Information flow, initiatives, taking responsibility and appropriate setting of priorities are expected from each member of the pharmacy team. Regardless of the level of responsibility, the final result of the pharmacy team and institution depends on the attitude and conduct of individual pharmacists.

These competencies are directly related to the development of human resources [6]. The evaluation of knowledge, skills and abilities gives an overview of the current situation and can serve as a starting point for developing human resources. Assessing competencies very often overlaps in the development processes of the organisation or national professional associations. The evaluation can be carried out in several ways. In the majority of cases, direct superiors evaluate their inferiors, however, occasionally the evaluation can be a self-evaluation, team evaluation, secret evaluation or with the help of specialised evaluation centres. The final assessment is best made taking several parameters into account, wherever possible. In open, i.e. generative, systems, these assessments are considered for promotions, decisions on expert specialisations or the organisation of new projects. If the evaluation procedure is unbiased and the assessment criteria perfectly clear, the changes occurring after evaluation can have a powerful motivational effect. A reliable assessment implies that the person conducting the evaluation has experience in the area under evaluation. In that context, it is possible to integrate motivational discussions, setting goals, development plans and assessments of employee satisfaction into this process.

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Professional and personal competences include personal efforts and individual added value of an employee to the expert competencies and organisation and management competencies. Communication is the fundamental discipline in executing the pharmacist's job, and therefore it is expected that communication be developed at all levels and that it be effective, two-sided, clear and assertive. Proper communication opens the door to cooperation, complementation, new ideas, the affirmation of colleagues and progress in general. There is a powerful link between the personal competencies of the pharmacist and patient safety [7]. The development of personal and professional competencies in pharmacy is one of the fundamental requirements for the provision of pharmacist care, as this includes taking responsibility for the outcome of the patient's treatment. These competencies are directed not only at executing tasks, but also at the adoption of certain behavioural forms, so as to ensure that patient care is of the appropriate quality. Research has shown that patients often question the competencies of the health care professionals involved in their treatment. There is no longer a general faith in the medical profession [8]. Patients are increasingly seeking and expecting that they be included in decision-making in the treatment process [9].

Concern about professional development and the development of knowledge and skills, openness to learning, the transfer of knowledge and experience and shifting the borders are expected from all members of the team. This is particularly expected from team leaders and more experienced colleagues, as part of the dynamic continuum that today's pharmacy is the development of professional competencies shows our recognition of the importance of team work, respect for authority, the ability to rate priorities and adaptations to the system in which we function as experts. Personal competencies clearly reveal our desire to be involved, our active contribution, collegiality and ethical profile. They very often affect the satisfaction of our team members, the management structure, our patients and the profession.

Personal and professional competencies are incorrectly considered to be inherent or left at the level "we were taught at home". These competencies can be developed through practice, independent or organised learning, formal education, mentor visits, rotating tasks and responsibilities, and the exchange of experiences. Education methods include lectures, discussions, printed materials, practical techniques and behaviour forming methods. The best results are achieved in workshops with small groups and an informal environment, including the postulates of mutual respect and asserting distinctiveness.

It is expected that pharmacists have knowledge of the legislation and regulations, act in compliance with the rules of the profession, professionalism and ethics, attitude, affiliation with the profession, and are assertiveness and self-awareness, proactive and willing to take initiative.

While it is envisioned that the Framework will primarily be used at a national level in the context of quality assurance or review by "external" evaluators, it was recognized that the Framework could also be used by individual institutions in their self-assessment and quality improvement efforts [10]. Quality assurance systems must ensure that educational programs are competency-based, reflect a vision for pharmacy practice and education developed through profession-wide consensus, are of high quality and appropriate, and meet the needs of the country and its people [11].

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