

A.4 Grouping competencies

Competency framework models typically group competencies into 'domains' relating to an area of responsibility or professional endeavour (e.g. Communication or Deliver primary and preventive health care). This is the model used in the current competency framework for pharmacists in Australia.

More recently, there has been a trend towards grouping competencies according to 'roles' (e.g. Communicator or Health Advocate).

This is the model used in the *CanMEDS Physician Competency Framework* (and the increasing trend may be associated with the uptake of this model in over 16 countries, including Denmark, the Netherlands, New Zealand and Australia).¹² Despite this trend, it has been argued that roles and competencies are not synonymous. *Roles* are a social construct, and *competencies* are a behavioural manifestation. Further, neither should be confused with *professional identity* which forms as an adaptive, developmental process at the level of the individual (through their psychological development) and at the collective level (through their socialisation into appropriate roles and participation in the community and work).¹³

Both the 'domains' and 'roles' models are now commonly used, and neither is unquestioningly accepted as the 'right' or 'best' approach. With either model, professional practice requires integration of competencies across the domains or roles, and both models have been criticised for such things as limiting attention to relational and situational factors, limiting the ability to capture the complex nature of expertise,¹⁴ fragmenting elements of professional competence and imposing limitations on understandings of professional work.¹²

Where role-based competency models are used, the specific names chosen to describe roles are considered significant. The 'roles' should not be considered inherently 'natural' or 'self-evident', but decided in specific historical, cultural, social and national contexts. The language and imagery to describe, divide and reintegrate roles has been reported to affect how the roles are understood, valued and enacted.¹⁴

The CanMEDS Framework was developed for physicians in Canada and was released in 2005. It '*is based on the seven roles that all physicians need to have to be better doctors: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional*'.¹⁵ For each role, there are *key competencies* which are further described by *enabling competencies*.

The *Eight-Star Pharmacist* provides a comparable grouping of roles for pharmacists as CanMEDS does for physicians, with the concept first introduced in 2000 by the World Health Organization and adopted by the International Pharmacy Federation as the *Seven Star Pharmacist*.

The eight roles now reflected are *Caregiver, Decision-maker, Communicator, Manager, Life-long learner, Teacher, Leader, and Researcher*.¹⁶