C.1 Competencies in regulation

C.1.1 Regulation through scopes of practice

To regulate is '*to control, govern or direct, especially by means of regulations or restrictions*'.[5]

Historically, laws to define scopes of practice for professions and the performance of defined functions were introduced to protect the public from potentially harmful health services being provided by unqualified people. As such, they:[50]

- Defined the practice of the profession in question
- Limited that practice to people who satisfactorily complete a specified training and examination requirements
- Restricted professional titles or credentials and the performance of defined functions to those licensed in that profession.

However, such laws can also limit a profession's ability to contribute positively to health care. These limitations may be a result of not only the defined scope of practice for one's own profession, but by the scopes defined for other professions or functions as well.

Approaches to regulating both professions and the performance of defined functions through defined scopes of practice vary (sometimes quite significantly) between different jurisdictions, between professions within jurisdictions, and with time.

C.1.2 Regulation of pharmacists and their scope of practice

Within Australia's health system, there is a complex network of governance and support mechanisms that enable the policy, legislation, coordination, regulation and funding aspects of delivering quality services. It is a joint responsibility of all levels of government, with the planning and delivery of services being shared between government and non-government sectors.[51] As such, regulation occurs at a number of levels and is influenced by a number of sources (including the individual's self-regulation), restricting a pharmacist's potential individual scope of practice.

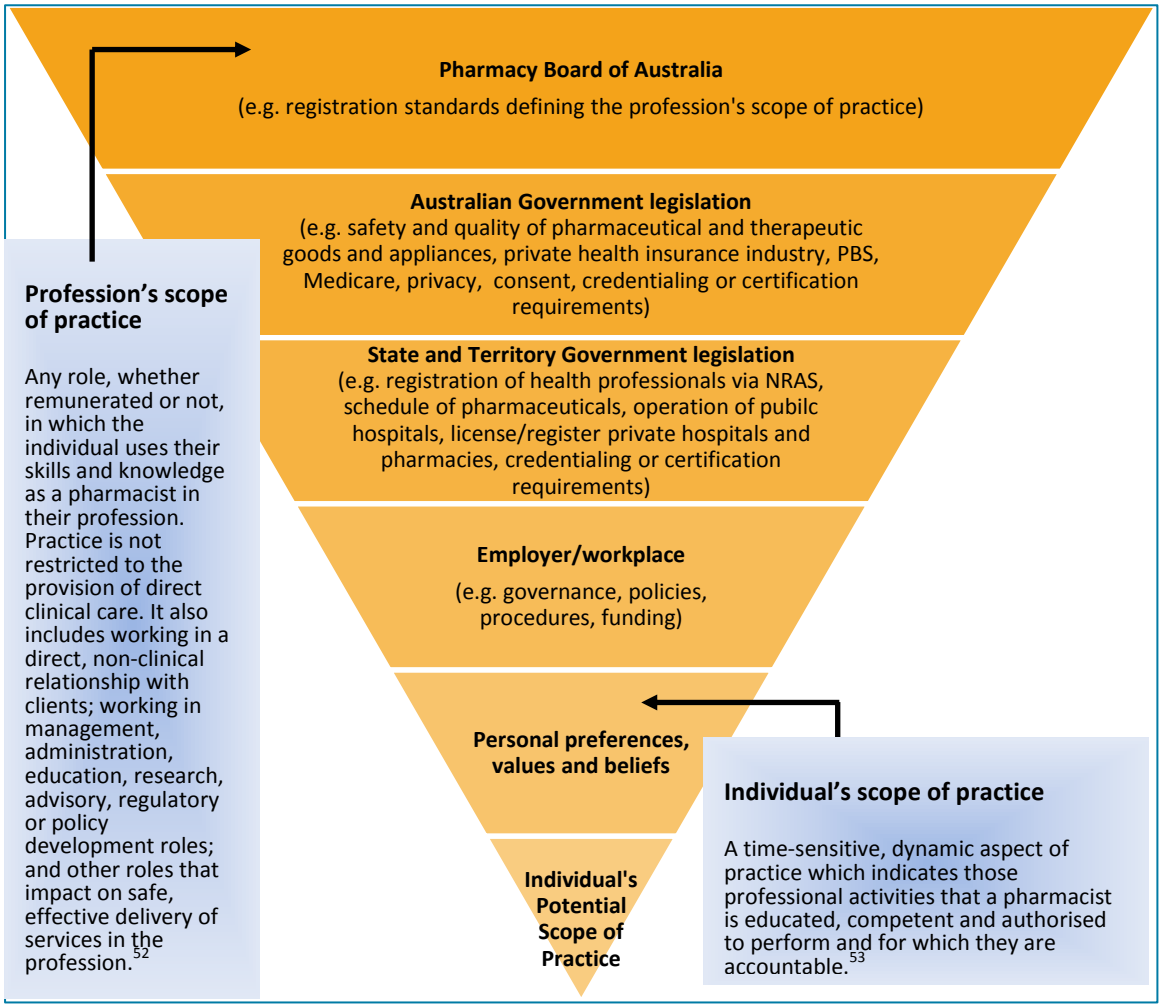
Figure 12 depicts in a simplified manner the regulation (or restriction) that occurs at a number of levels, from the pharmacy profession's scope of practice as reflected by the Pharmacy Board of Australia definition of practice, being:

> *'any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. … practice is not restricted to the provision of direct clinical care.*
>
> *It also includes working in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills'*[52]

to the individual pharmacist's scope of practice:

'a time-sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform and for which they are accountable'.[53]

Figure 12: Regulation of an individual pharmacist's scope of practice in Australia



C.1.3 Current use of competency frameworks to regulate individual scopes of practice

In Australia, pharmacists are regulated under the *Health Practitioner Regulation National Law Act*[54] (the National Law), as in force in each State and Territory. The Pharmacy Board of Australia (PBA) has been established for the pharmacy profession and has the functions defined in the National Law.

The Australian Pharmacy Council (APC) exercises the accreditation functions defined in the National Law for the pharmacy profession. The National Registration and Accreditation Scheme (NRAS), established as an object of this Law, has the objectives listed in Table 7. The *National Competency Standards Framework for Pharmacists in Australia* (the 'Competency Framework') for the pharmacy profession underpins activities that contribute to most of these objectives.

This Section will focus on those regulatory activities relating to objectives a. and e. (with the other activities being covered in later Sections).

Table 7. The application of the competency framework in achieving the objectives of the National Registration and Accreditation Scheme

Objectives of the National Registration and Accreditation Scheme[54]	Examples of the application of the competency framework towards achieving these objectives
a. To provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered	■ While not explicitly stated (e.g. in a Registration Standard), the Competency Framework is used by the PBA to indicate the scope of practice for the profession ■ The PBA and the APC use the Competency Framework in the development of exams for determining eligibility for registration ■ The Competency Framework may be used as a reference point in investigating, assessing or responding to notifications/complaints about the performance or conduct of a pharmacist
b. To facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction	■ None identified
c. To facilitate the provision of high quality education and training of health practitioners	■ Education providers (universities and intern training program providers) design and develop curriculum with regard to the Competency Framework ■ The APC accredits programs that (in meeting the relevant Accreditation Standards) can demonstrate students or interns achieve the required competencies in the Competency Framework
d. To facilitate the rigorous and responsive assessment of overseas-trained health practitioners	■ The APC designs and develops the assessments and examinations to determine whether overseas-trained pharmacists can demonstrate the required competencies in the Competency Framework
e. To facilitate access to services provided by health practitioners in accordance with the public interest	■ The Competency Framework has been used to demonstrate services that are within the pharmacy profession's scope of practice (i.e. pharmacist vaccination)
f. To enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners	■ The Competency Framework can be used to guide continuing professional development (CPD) of individuals ■ The Competency Framework provides a mechanism for employers, the profession (collectively through associations and individually) and policy makers to consider how the pharmacy profession can meet the current and future health needs of the community

The National Law, however, is not the only legislation governing a pharmacist's scope of practice. The federal system of government in Australia involves six states, two territories and the federal government, each with law-making functions. Through federal and state/territory government there is regulation of other legal and professional obligations (e.g. privacy, confidentiality, consent, safe and quality pharmaceuticals and therapeutic goods, access to pharmaceuticals, funding of services, pharmacy ownership, employment practices), where the competency framework may also be applied.

One example involves the *National Health Act 1953* (the Act), which allows for payment of a claim for the supply of a pharmaceutical benefit only where the supply has been made at or from premises for which the pharmacist is approved under the Act. The *National Health (Pharmaceutical Benefits) (Conditions of approval for approved pharmacists) Amendment (Supply from Premises) Determination 2014* specifies that approved pharmacists must maintain currency of their pharmaceutical knowledge in accordance with the Competency Framework.[55]

Another example involves the requirements by which pharmacists participate as a service provider in the Home Medicines Review (HMR) program, funded by the Australian Government Department of Health as part of the Fifth Community Pharmacy Agreement, including abiding by the *5CPA General Terms and Conditions* and *HMR Program Specific Guidelines.*[56] The Accredited Pharmacist who is approved to conduct the HMR Service is required to be Medication Management Review accredited through the Australian Association of Consultant Pharmacy (AACP) or Society of Hospital Pharmacists of Australia (SHPA).

The AACP accreditation process has been designed to identify pharmacists with the required competencies to provide a particular professional service to the required level, and uses a Competency Map[57] that selects those competencies from the Competency Framework that are required to practice in the area of medication reviews.

State and Territory Health Departments also have governance frameworks to regulate advanced and extended scope of practice roles (including through credentialing) for health professionals employed by that department across a diverse range of sectors, contexts and settings. While these governance frameworks differ between states and territories; the concepts of assessing competence and/or performance (and frameworks to define these) are generally discussed.

However, some governance frameworks refer users to the relevant professional competency standards; others recommend the development of workplace-specific competency standards.

An example of a recently developed framework is the Victorian Department of Health *Allied health: credentialling, competency and capability framework*, [58] which is accompanied by a complementary 'kit' of competency resources (e.g. general tools, developers' resources, supervisors'/assessors' resources, learners' resources, evaluation and case studies) that support the development and implementation of competency-based programs in health service organisations.[59]

Case examples included in the kit cover medical practitioners, dentists, physiotherapists, nurses and midwives, and allied health assistants. The resources do not include any published examples of the framework being applied to pharmacists. However, through this mechanism, the competency framework may facilitate the integration of pharmacists in advanced or extended scope of practice roles.

Consultation questions: Competencies in regulation

9. Would you like to provide a response in this Section? (Yes or No)
10. In the past 5 years, how have you used the current competency framework in the context of regulating pharmacists and their scope of practice?
11. In considering how the current competency framework has *facilitated* a regulatory activity or desired outcome:
    a. Please describe an example(s).
    b. What features of the current competency framework were important in *facilitating* the regulatory activity or desired outcome?
    c. Would the incorporation of any of the features described in Part A of this consultation paper have *hindered* this regulatory activity or desired outcome?
12. In considering how the current competency framework has *hindered* a regulatory activity or desired outcome:
    a. Please describe an example(s).
    b. What features of the current competency framework *most hindered* the regulatory activity or desired outcome?
    c. Would the incorporation of any of the features described in Part A of this consultation paper have *better facilitated* this regulatory activity or desired outcome?
13. With consideration of the features of competency frameworks described in Part A, to what extent do you support the following statements as they relate to regulation of the pharmacy profession in Australia? (Please explain your rating where possible.)
    [Likert scale: Strongly Disagree to Strongly Agree]
    a. 'Competent' should be identified as one level of performance along a continuum from Incompetent through to Mastery (i.e. the modified Dreyfus model), *[Refer to Section A.1 – The relationship between competence and performance]*
    b. A reduction in the level of detail and specificity in the current competency framework would improve the framework's practical value without impacting negatively on the purpose for which it is used. *[Refer to Section A.2 – Reducing the level of detail]*
    c. The development of markers of poor behaviour would be useful in the assessment of performance, providing a basis for support and remediation, in the regulatory environment. *[Refer to Section A.3 – Markers of poor behaviour]*
    d. The way in which competencies are grouped affects my use of the competency framework and the way a pharmacist's role is perceived. *[Refer to Section A.4 – Grouping competencies]*
    e. The development of competencies should be supplemented with a consideration of professional identity formation. *[Refer to Section A.4 – Grouping competencies]*
    f. A competency framework that provides a clear mechanism for demonstrating competence in, or capability for, extended scopes of practice should be pursued. *[Refer to Section A.5 – Variations in scope of practice]*
    g. The milestones in a performance continuum for pharmacist competencies should exist within one competency framework model. *[Refer to Section A.6 – Reflecting the performance continuum]*

h. Assessments of performance would benefit from the existence of performance rating scales that align with milestones in a performance continuum (rather than a dichotomous decision of competent or incompetent). *[Refer to Section A.6 – Reflecting the performance continuum]*

i. Interpretation and implementation of the competency framework for regulation would be assisted by the development of entrustable professional activities and levels of entrustment. *[Refer to Section A.7 – Supporting implementation with entrustable professional activities]*

14. Would consistency in competency frameworks across different professions facilitate cross-profession regulation, without impacting negatively on the purpose for which competency frameworks are used for individual professions? Why or why not? If yes, identify the professions for whom it would be most appropriate to align in such a competency framework.

15. Please provide any other feedback you have about the competency framework as used in regulation of the pharmacy profession in Australia.

C.2 Competencies in education leading to initial registration

C.2.1 Quality assurance of education leading to initial registration

Accreditation is an important quality assurance and quality improvement mechanism for health practitioner education and training.[60] For professions regulated under the *Health Practitioner Regulation National Law Act*[54] (the National Law), as in force in each State and Territory, the National Registration and Accreditation Scheme (NRAS) established a common statutory framework for accreditation bodies that had previously operated within a diversity of profession-specific models.[60] For professions not regulated under the National Law (both health and non-health), accreditation occurs under other regulatory models (including self-regulatory or co-regulatory).

Accreditation Standards are used to assess whether a program of study, and the education provider that provides the program of study, provides graduates of the program with the knowledge, skills and professional attributes to practise the relevant profession in that jurisdiction. [60]

In terms of curriculum development, the Accreditation Standards for every profession make reference to educational outcomes, be they competencies, graduate/learning outcomes and/or graduate/professional attributes. These outcomes may be integrated within the Accreditation Standards document, included as an appendix to the document, or referred to but only available as a separate document.

Variation in how educational outcomes are defined for professions appears to be largely influenced by whether graduates of the program are immediately eligible to register/practise in the relevant profession or whether there are additional requirements before being eligible for general registration. In Australia, most professions regulated under the National Law are eligible to register on graduation. As such, the outcome measure for graduation can be performance of the specified competencies. However, for some professions there are various 'milestones' occurring post-graduation along a trajectory towards competence, e.g. professional/workplace experience, professional/workplace assessments, portfolios and examinations. At each 'milestone', there may be different outcome measures, which may or may not be explicitly linked to the competencies or each other.

C.2.2 Defining outcome milestones to qualify as 'competent'

Where graduates of a program are eligible to register and practice immediately following registration, the learning outcomes for the program should at least be equivalent to the competencies defined for an entry level practitioner.[61]

Minimum threshold learning outcomes (TLOs) common across healthcare graduates at professional entry-level have been developed, and are also a key document in this regard.[62]

However, of the health professions regulated under the National Law in Australia, medicine and pharmacy have additional education and training requirements after graduation from an approved program of study in order for graduates to be eligible to register. As such, the determination of outcome milestones along the pathway towards being deemed competent needs broader and coordinated consideration.

For medicine, a number of frameworks exist to support the pathway towards a student being deemed competent and eligible for registration, as described in Table 8. While these do not exist within a single framework, there is clearly interest in the frameworks aligning:

- The same four domains are used for the graduate and intern outcome statements
- Mapping was undertaken between the competencies for clinical placements and (former) graduate outcomes (see Table 9)
- The domains for intern outcome statements align with the *Australian Curriculum Framework for Junior Doctors* at intern level.

For medical degree programs, in addition to graduate outcome statements, a need for a level of clarity and precision around the training that occurs in a clinical environment was identified. To address this need, the competencies that rely on clinical placements were determined, and to complement this, the common diagnostic and procedural skills and the level of achievement expected of a medical graduate were identified (see Table 10). This framework provides an example of how the model of *entrustable professional activities* (see Section 1) can be used in practice, and the levels of achievement for this framework were adapted from the Dreyfus model as:[63]

1. Observes
2. Performs in a simulated environment (Novice)
3. Performs in the clinical environment under structured supervision (Competent)
4. Performs routinely in the clinical environment under minimal supervision (Proficient).

Initiatives to state the level of achievement expected of interns (PGY1 and PGY2) is now anticipated to provide an understanding of the individual junior doctor's progression of skill level from the level achieved at the end of their undergraduate training.[63]

Table 8: Frameworks used in medical practitioner education and training in Australia

Performance milestone	Framework	Developed by	Framework components
Graduation from medical degree program	Graduate outcome statements	Australian Medical Council	Domains Graduate outcome statements
	Competencies which rely on clinical placements[64]	Medical Deans Australia and New Zealand	Competencies (mapped to former AMC graduate outcomes and attributes)
	Procedural and diagnostic skills for competencies which rely on clinical placements[63]	Medical Deans Australia and New Zealand	Skills with specified level of achievement: ■ Observes ■ Performs in a simulated environment (Novice) ■ Performs in the clinical environment under structured supervision (Competent) ■ Performs routinely in the clinical environment under minimal supervision (Proficient)
End of intern training program	Intern outcome statements	Australian Medical Council	Domains Graduate outcome statements
	Australian curriculum framework for junior doctors (PGY1, PGY2 and above)	Postgraduate Medical Education Councils of Australia	Learning areas Categories Learning topics Competencies or capabilities

Table 9: Mapping of graduate attributes, learning outcomes and competencies that rely on clinical placements for medical graduates - extract[64]

Attribute	Student Learning Outcomes	Competencies
(26) Recognition that the doctor's primary professional responsibilities are the health interests of the patient and the community.	1. The student has the ability to recognise that the doctor's primary professional responsibilities are the health interests of the patient and the community.	1. Makes patient care his/her primary professional responsibility. 2. Understands the professional responsibility of the doctor extends from the individual patient to the health interests of the community.

Table 10: Procedural and diagnostic skills for competencies which rely on clinical placements - extract[63]

Procedural Skill	1. Observes	2. Performs in a simulated environment (Novice)	3. Performs in the clinical environment under structured supervision (Competent)	4. Performs routinely in the clinical environment under minimal supervision (Proficient)
Men's health				
Male catheterisation	✓	✓		
Musculoskeletal injury and anaesthesia				
Simple wound repair including skin suture	✓	✓		
Plastering of the upper limb and lower limb	✓	✓		
Injection of a local anaesthetic	✓	✓	✓	
Subcutaneous injections	✓	✓	✓	

For pharmacists:

- the *Accreditation Standards for Pharmacy Programs* require pharmacy degree programs to produce 'graduates who have the graduate attributes of the University and the knowledge, skills and attitudes necessary to commence supervised practice as an intern pharmacist'.[65]
- the *Accreditation Standards for Australian Pharmacy Intern Training Programs* (ITP) require ITP providers to 'provide learning opportunities that enable interns to integrate and apply the defined functional areas, not including supplementary elements, of the current *Competency Standards for Pharmacists in Australia'*.[66]

While the entry-level competencies are to be met at entry to professional practice, they can serve as a source of guidance to the teaching and learning expected across both the pharmacy degree program and the intern training program. In this regard, the *Customised Entry-level Competency Tool for Pharmacists*[67] was developed to assist with identifying the contributions of pharmacy programs and intern training programs to the learning and development of students and intern pharmacists, respectively.[65]

Most recently, a collaborative initiative with representatives from pharmacy schools in Australia has developed nationally agreed Pharmacy Learning Outcomes (PhLOs) for students graduating from entry-level pharmacy programs, clarifying expectations of both standards and levels of achievements across programs in Australia.[68] The potential for mapping curricula to PhLOs in accreditation requirements is currently under consideration by APC.

C.2.3 Competency-based education and assessment

Although 'competence' has always been the implicit goal of more traditional educational frameworks, it is reported that 'competency based education' (CBE) makes this explicit by establishing observable and measurable performance metrics that learners must attain to be deemed competent. [69] In CBE, *'the critical issue is that the learner reaches the specified level of performance in a competency; how he or she reaches that point (the educational process) is secondary'*.[69]

However, while there is much focus on CBE in the health professions, its definition is highly variable in the literature,[70] and there appears to be little agreement on many aspects of the model.

Benefits of CBE that are advocated include a focus on outcomes, thereby providing greater accountability to the public; an emphasis on abilities and a de-emphasis on time-based training; and promotion of greater learner-centredness.[70]

However, CBE brings challenges and criticism, including that:[8,61,70]

- Current concepts of competence 'fail to account for the essential interplay between competencies and the contexts of practice'
- Breaking competencies into the smallest observable units of behaviour, creating endless lists of abilities, can frustrate learners and teachers;
- CBE promotes the lowest common denominator, with learners pursuing milestones and not excellence;
- The rationale for adopting CBE is almost entirely expressed in terms of assessment and accountability to society, with little direct link to teaching and learning;

- Valuable content and experiences are removed from the curriculum when they do not directly contribute to defined program outcomes; and
- There is logistical chaos with managing the scheduling of students all progressing at their own pace.

As such, various models appear to exist that incorporate CBE to varying extents. By definition, however, CBE necessitates a robust and multifaceted assessment system.[71] 133

If the modified Dreyfus model (see Section A.1) is accepted as the model to underpin a competency framework, then it would follow that all assessments of competence are assessments of performance. Assessments may then be differentiated by the different settings or environments and the influence of different factors (rather than whether they are assessing competence or performance), e.g.:[4]

- A workplace based assessment (e.g. DOPS, MiniCEX) would be considered 'Observed Performance in Workplace Settings'
- An OSCE would be considered 'Observed Performance in Simulated Setting'.

Both reflect 'Shows how' in Miller's pyramid (see Figure 5), and for the same competency, an individual may have different levels of performance in different environments. Actual performance (reflecting 'Does' in Miller's pyramid), however, can only be assessed when the individual is unaware of being observed or assessed, e.g. 'mystery/incognito patients'.[4]

With such an approach, it is proposed that assessment be more continuous and frequent (emphasising formative over summative assessment).[71] Assessment tools used by training programs should be required to meet minimum standards of quality, and assessment (especially for summative decisions) should draw upon the wisdom of a group and involve active engagement by the student/intern.[71] Assessments must be criterion-based, using a developmental perspective.[71] *Performance rating scales* should be developed; that is, holistic scales that would allow the level of performance to be recorded, rather than just a dichotomous decision of being competent or incompetent, and could allow individuals to track their performance over the years of training leading up to registration, and also post-registration.[4]

As such, CBE would not seek 'competence' as an ultimate state, but rather recognise 'mastery' as the end goal.[71]

Consultation questions: Competencies in education leading to registration

16. Would you like to provide a response relating to this Section? (Yes or No)
17. In the past 5 years, how have you used the current competency framework in the context of educating pharmacists?
18. Consider an example(s) of how the current competency framework has *facilitated* an activity or desired outcome:
    a. Please describe an example(s).
    b. What features of the current competency framework were important in *facilitating* the activity or desired outcome?
    c. Would the incorporation of any of the features described in Part A of this consultation paper have *hindered* the activity or desired outcome?

19. In considering how the current competency framework has *hindered* an activity or desired outcome:
    a. Please describe an example(s).
    b. What features of the current competency framework *most hindered* the activity or desired outcome?
    c. Would the incorporation of any of the features described in Part A of this consultation paper have *better facilitated* the activity or desired outcome?
20. Have you used the *Customised Entry-level Competency Tool for Pharmacists*? *[Refer to Section 2.2, p.45]* If yes:
    a. Please describe how you have used it. *[Including indicating if this was for a degree program, intern training, assessment of overseas pharmacists, or other]*
    b. How effective did you find it? (Please explain your rating.)
    [*Likert scale: Ineffective; Somewhat effective; Effective; Very effective*]
    c. What problems (if any) did you encounter when using it?
21. With consideration of the features of competency frameworks in Part A, to what extent do you support the following statements as they relate to education (degree program and/or intern training) for the pharmacy profession in Australia? (Please explain your rating where possible.) *[Likert scale: Strongly Disagree to Strongly Agree]*
    a. 'Competent' should be identified as one level of performance along a continuum from Incompetent through to Mastery (i.e. the modified Dreyfus model). *[Refer to Section A.1 – The relationship between competence and performance]*
    b. A reduction in the level of detail and specificity in the current competency framework would improve the framework's practical value without impacting negatively on the purpose for which it is used. *[Refer to Section A.2 – Reducing the level of detail]*
    c. The development of markers of poor behaviour would be useful in the assessment of performance, providing a basis for support and remediation, in education. *[Refer to Section A.3 – Markers of poor behaviour]*
    d. The way in which competencies are grouped affects my use of the competency framework and the way a pharmacist's role is perceived. *[Refer to Section A.4 – Grouping competencies]*
    e. The development of competencies should be supplemented with a consideration of professional identity formation. *[Refer to Section A.4 – Grouping competencies]*
    f. A competency framework that provides a clear mechanism for demonstrating competence in, or capability for, extended scopes of practice should be pursued. *[Refer to Section A.5 – Variations in scope of practice]*
    g. The milestones in a performance continuum for pharmacist competencies should exist within one competency framework. *[Refer to Section A.6 – Reflecting the performance continuum]*
    h. Assessments of performance would benefit from the existence of performance rating scales that align with milestones in a performance continuum (rather than the dichotomous decision of competent or incompetent). *[Refer to Section A.6 – Reflecting the performance continuum]*
    i. Interpretation and implementation of the competency framework for education (university and intern training) would be assisted by the development of entrustable professional activities and levels of entrustment. *[Refer to Section A.7 – Supporting implementation with entrustable professional activities]*

22. Would consistency in competency frameworks across different professions facilitate inter-profession education, without impacting negatively on the purpose for which competency frameworks are used for individual professions? Why or why not? If yes, identify the professions for whom it would be most appropriate to align in such a competency framework.
23. Please provide any other feedback you have about the competency framework as used in education for the pharmacy profession in Australia.

C.3 Competencies in the assessment of overseas trained practitioners

C.3.1 Pathways for assessment of overseas trained practitioners

The assessment of overseas trained health professionals who wish to practise in Australia is undertaken by the accreditation authority or professional association for that profession. For registration purposes, this function is assigned by the respective National Board under the National Law. For migration purposes (e.g. Skilled Migration and Temporary Activity visa programs), this function is specified by the Minister for Immigration and Border Protection.

The assessments undertaken by these bodies vary depending on:[72]

- The competencies or capabilities specified for that profession
- The methods of assessment chosen.

C.3.2 Competency frameworks that support the assessment of overseas trained practitioners

Competency frameworks are reported to be used to support the assessment of overseas trained practitioners by facilitating such things as:

- Consideration of equivalence of qualifications awarded by overseas institutions with those awarded by accredited Australian programs;
- Consideration of equivalence of accrediting bodies in overseas jurisdictions with those in Australia; and
- Development of assessment blueprints and tools/exams for assessing overseas trained practitioners.

For the health professions regulated under the National Law, some competency frameworks explicitly state that supporting the assessment of overseas trained practitioners is a key function. However, it is often not specifically identified within the competency framework how they have been (or are being) used.

The Australia and New Zealand Osteopathic Council and Osteopathic Council of New Zealand published a report following a review of their assessment process for overseas osteopaths to practice in Australasia. One aspect of the report considers a map of the osteopathic capabilities against the assessment tools in all stages of their overseas assessment process, to consider the appropriateness of each assessment tool for assessing the particular capabilities, the frequency that capabilities were assessed across the tools, and adequate coverage by the assessment as a whole.[73]

To inform an accelerated process for assessing overseas qualified pharmacists ('Stream B'), the Australian Pharmacy Council uses a comparison of competencies (or equivalent) required for pharmacy practice in other countries.

In addition to competencies, the accreditation standards, examinations and clinical placement activity; registration standards; pharmacy practice standards and practice environment are also compared. Standards to underpin this process have been developed and approved by the Pharmacy Board of Australia.

For some professions, guidance material has been developed to support the use of the respective competency framework for assessment of competence, e.g. the Nursing and Midwifery Board of Australia has published a *Framework for assessing national competency standards*.[74]

Consultation questions: Competencies in the assessment of overseas trained practitioners

24. Would you like to provide a response relating to this Section? (Yes or No)
25. In the past 5 years, how have you used the current competency framework in the context of assessing overseas trained practitioners?
26. Consider an example(s) of how the current competency framework has *facilitated* (or can facilitate) an activity or desired outcome:
    a. Please describe an example(s).
    b. What features of the current competency framework were (or are) important in *facilitating* the activity or desired outcome?
    c. Would the incorporation of any of the features described in Part A of this consultation paper have *hindered* the activity or desired outcome?
27. In considering how the current competency framework has *hindered* (or may hinder) an activity or desired outcome:
    a. Please describe an example(s).
    b. What features of the current competency framework *most hindered* (or were most likely to hinder) the activity or desired outcome?
    c. Would the incorporation of any of the features described in Part A of this consultation paper have *better facilitated* the activity or desired outcome?
28. With consideration of the features of competency frameworks in Part A, to what extent do you support the following statements as they relate to the assessment of overseas trained pharmacists for eligibility to practise in Australia? (Please explain your rating where possible.) *[Likert scale: Strongly Disagree to Strongly Agree]*
    a. 'Competent' should be identified as one level of performance along a continuum from Incompetent through to Mastery (i.e. the modified Dreyfus model). *[Refer to Section A.1 – The relationship between competence and performance]*
    b. A reduction in the level of detail and specificity in the current competency framework would improve the framework's practical value without impacting negatively on the purpose for which it is used. *[Refer to Section A.2 – Reducing the level of detail]*
    c. The development of markers of poor behaviour would be useful in the assessment of performance, providing a basis for support and remediation, in the assessment of overseas trained practitioners.
    [Refer to Section A.3 – Markers of poor behaviour]
    d. The way in which competencies are grouped affects my use of the competency framework and the way a pharmacist's role is perceived. *[Refer to Section A.4 – Grouping competencies]*
    e. The development of competencies should be supplemented with a consideration of professional identity formation. *[Refer to Section A.4 – Grouping competencies]*
    f. A competency framework that provides a clear mechanism for demonstrating competence in, or capability for, extended scopes of practice should be pursued. *[Refer to Section A.5 – Variations in scope of practice]*

g. The milestones in a performance continuum for pharmacist competencies should exist within one competency framework. *[Refer to Section A.6 – Reflecting the performance continuum]*

h. Assessments of performance would benefit from the existence of performance rating scales that align with milestones in a performance continuum (rather than the dichotomous decision of competent or incompetent). *[Refer to Section A.6 – Reflecting the performance continuum]*

i. Interpretation and implementation of the competency framework for the assessment of overseas trained pharmacists would be assisted by the development of entrustable professional activities and levels of entrustment. *[Refer to Section A.7 – Supporting implementation with entrustable professional activities]*

29. Please provide any other feedback you have about the competency framework as used for the assessment of overseas trained pharmacists for eligibility to practice in Australia.

C.4 Competencies for ongoing professional development of pharmacists

C.4.1 CPD registration requirements

Competency frameworks are reported to be commonly used for the continuing professional development (CPD) of health care professionals, introduced largely due to little formal structure to development post-registration.[34]

For the health professions regulated under the National Law, registration standards have been developed by each National Board that specify requirements for CPD. For most professions this involves completing a set number of hours of CPD activities, and for some, reflective elements including descriptions of how the activities relate to professional practice and whether desired outcomes have been achieved. However, reference to the respective competency framework in registration standards is only made by:

- The Nurse and Midwifery Board of Australia, with a requirement that for self-directed CPD, learning needs are identified and prioritised based on an evaluation of their practice against the relevant competency or professional practice standards;[75] and
- The Pharmacy Board of Australia, with a requirement that pharmacists are expected to self-assess their individual needs with reference to the Competency Standards for Pharmacists in Australia.[76]

The limited reference to competency frameworks for the purpose of CPD appears consistent with the stated purpose of competency frameworks that exist for the respective professions, with professional development generally not an explicit purpose for frameworks developed for the professions regulated under the National Law. Most of these frameworks focus on the competencies of entry level practitioners only.

C.4.2 Accreditation of CPD

As specified in the Pharmacy Board of Australia (PBA)'s CPD registration standard, CPD can be either accredited or non-accredited. The accreditation of CPD activities provides assurance to pharmacists that an activity has been reviewed for its educational quality and for its relevant to a pharmacist's practice. However, at this time, the PBA has not stipulated that a proportion of CPD activities must be accredited.

The Australian Pharmacy Council (APC) has been authorised by the PBA to accredit providers of pharmacy CPD activities. The APC does this by accrediting organisations that meet strict criteria to accredit CPD on APC's behalf. CPD accrediting organisations assess CPD activities against the *Accreditation Standards for Continuing Professional Development Activities*.[77]

These Standards specify that the *National Competency Standards Framework for Pharmacists in Australia* must be appropriately considered in the development of content and materials for CPD activities, and they must have a statement of specific learning objectives that are mapped to these competency standards. Organisations currently accredited to accredit CPD for pharmacists are the Australian College of Pharmacy, Pharmacy Guild of Australia, Pharmaceutical Society of Australia, and the Society of Hospital Pharmacists of Australia.[78]

C.4.3 Competency frameworks that support CPD

Internationally, there are examples of competency frameworks that have been developed with professional development as a key purpose, e.g. CanMEDS 2015 for medical practitioners in Canada, Competence Standards for the Pharmacy Profession in NZ, General Level Framework (GLF) for pharmacists in the UK.

The primary purpose of the GLF is stated as being to help with training and development activities. Features of the competency framework that support this purpose include (see Table 11):[26]

- The framework itself being a tool for assessment (self and peer assessment), with a four-point rating scale of *Never*, *Sometimes*, *Usually* and *Always* for each behavioural statement associated with each competency; and
- The framework facilitating periodic assessments at 4-monthly intervals so that progress can be recorded.

Table 11: General Level Framework for pharmacists in the UK – extract of assessment tool[26]

Need for the drug												
Relevant patient background	Retrieval of all relevant and available information	a	b	Retrieval of most relevant and available information	a	b	Retrieval of some relevant and available information	a	b	Does not retrieve relevant or available information	a	b
		o	d		o	d		o	d		o	d

Other assessment tools have also been developed to support the assessment against the framework, e.g. mini-PAT, mini-CEX, case-based discussion, which use a rating scale of *Significantly below*, *Below*, *Borderline*, *Meets expectations*, *Above*, and *Significantly above*.

There is substantial research supporting the use of the GLF for professional development in different contexts. However, misalignment with the advanced level framework (the Advanced to Consultant Level Framework) has been reported.

A lack of focus in some areas in early career stages (e.g. in areas of research, training and leadership) has been reported to underpin difficulties for individuals achieving advanced level performance of these competencies when in more senior roles.[34]

Consultation questions: Competencies for ongoing professional development of pharmacists

29. Would you like to provide a response relating to this Section? (Yes or No)
30. In the past 5 years, have you used the competency framework in the context of ongoing professional development?
    a. If yes, please describe how you have used it.
    b. If limited or no use, are you an individual pharmacist practitioner? If yes, please describe what might make the competency framework more useful and assist you to use it more?
31. In considering how the current competency framework has *facilitated* a professional development activity or desired outcome:

a. Please describe an example(s).

b. What features of the current competency framework were important in *facilitating* the professional development activity or desired outcome?

c. Would the incorporation of any of the features described in Part A of this consultation paper have *hindered* this professional development activity or desired outcome?

32. In considering how the current competency framework has *hindered* a professional development activity or desired outcome:

    a. Please describe an example(s).

    b. What features of the current competency framework *most hindered* the professional development activity or desired outcome?

    c. Would the incorporation of any of the features described in Part A of this consultation paper have *better facilitated* this professional development activity or desired outcome?

33. With consideration of the features of competency frameworks in Part A, to what extent do you support the following statements as they relate to professional development for the pharmacy profession in Australia? (Please explain your rating where possible.)
    [Likert scale: Strongly Disagree to Strongly Agree]

    a. 'Competent' should be identified as one level of performance along a continuum from Incompetent through to Mastery (i.e. the modified Dreyfus model). *[Refer to Section A.1 – The relationship between competence and performance]*

    b. A reduction in the level of detail and specificity in the current competency framework would improve the framework's practical value without impacting negatively on the purpose for which it is used. *[Refer to Section A.2 – Reducing the level of detail]*

    c. The development of markers of poor behaviour would be useful in the assessment of performance, providing a basis for support and remediation, in professional development. *[Refer to Section A.3 – Markers of poor behaviour]*

    d. The way in which competencies are grouped affects my use of the competency framework and the way a pharmacist's role is perceived. *[Refer to Section A.4 – Grouping competencies]*

    e. The development of competencies should be supplemented with a consideration of professional identity formation. *[Refer to Section A.4 – Grouping competencies]*

    f. A competency framework that provides a clear mechanism for demonstrating competence in, or capability for, extended scopes of practice should be pursued. *[Refer to Section A.5 – Variations in scope of practice]*

    g. The milestones in a performance continuum for pharmacist competencies should exist within one competency framework. *[Refer to Section A.6 – Reflecting the performance continuum]*

    h. Assessments of performance would benefit from the existence of performance rating scales that align with milestones in a performance continuum (rather than the dichotomous decision of competent or incompetent). *[Refer to Section A.6 – Reflecting the performance continuum]*

    i. Interpretation and implementation of the competency framework for professional development would be assisted by the development of entrustable professional activities and levels of entrustment. *[Refer to Section A.7 – Supporting implementation with entrustable professional activities]*

34. Would consistency in competency frameworks across different professions facilitate inter-profession CPD, without impacting negatively on the purpose for which competency frameworks are used for individual professions? Why or why not? If yes, identify the professions for whom it would be most appropriate to align in such a competency framework.
35. Please provide any other feedback you have about the competency framework as used in professional development for the pharmacy profession in Australia.

C.5 Competencies in the workplace

C.5.1 Frameworks to underpin development in the workplace

While professional development (particularly for registration purposes) is the responsibility of the individual practitioner, employers also have an interest in the development and advancement of health professionals.

Health service managers have been reported to use competency-based career frameworks for:[3]

- Conducting service reviews
- During workforce planning and development
- Redesigning or defining roles
- During appraisal, self-appraisal and personal development planning
- Conducting reviews of skill mix
- Developing and delivering training programs or qualifications.

Factors advocated in order to effectively implement competency frameworks in the workplace have been identified and include:[79]

- Keep it simple. Both language and structure should be kept simple in creating the framework. If it is too complicated, long or detailed, or if the language is not meaningful to the people who use it, it won't be used. However, if it a framework is too broad or contains only general statements, it will fail to provide adequate guidance.
- Communicate the purpose. Employees need to understand how their behaviours contribute to personal and organisational success.
- Train, don't blame. It must be kept in mind that the framework is a tool, and if users don't know how to use it, it will either not be used or it will fail to meet its full potential.

C.5.2 Competency-based career frameworks in Australia

The Australian Public Service (APS) *Work level standards for APS Level and Executive Level classifications*[80] provides an example of a comprehensive, multi-dimensional framework, developed to provide a consistent platform for classifying jobs. They accommodate the diversity of roles across the APS and are structured to clearly differentiate between the work expected (i.e. responsibilities and duties) at each classification level through identifying behaviours for each standard.

The APS has a *Senior Executive Leadership Capability Framework* for higher level positions, with descriptions and behaviours for each capability. An *Integrated Leadership System*[81] has also been developed to provide a comparative view of the behaviours at each level to provide a pathway for the development of leaders (See Table 12).

Table 12: Australian Public Service Integrated Leader System[81] – extract

Shapes strategic thinking					
EL1		**EL2**	**SES B1**	**SES B2**	**SES B3**
Inspires a sense of purpose and direction.	Provides direction to others regarding the purpose and importance of their work. Illustrates the relationship between operational tasks and organisation goals. Sets work tasks that align with the strategic objectives and communicates expected outcomes.	*Translates the strategy into operational goals and creates a shared sense of purpose within the business unit. Engages others* in the strategic direction of the work area, *encourages their contribution* and communicates expected outcomes.	*Develops the strategic direction for the business unit* and creates a shared sense of purpose by demonstrating *how elements of the strategy fit together and contribute to higher-level goals.* Encourages others' input and communicates required actions and expected outcomes.	*Champions the organisation's vision and goals and promotes a shared commitment to the strategic direction. Helps create organisational strategies that are aligned with government objectives and likely future requirements.* Encourages others' input and communicates expected outcomes from organisational strategies.	Champions the organisation's vision and goals and *unifies* business units with the strategic direction. Helps create organisational strategies that are aligned with government objectives and likely future requirements. Encourages others' input and communicates expected outcomes from organisational strategies.

Consultation questions: Competencies in the workplace

36. Would you like to provide a response relating to this Section? (Yes or No)
37. In the past 5 years, how have you used the competency framework in the context of the workplace?
38. In considering how the current competency framework has *facilitated* an activity or desired outcome in the workplace:
    a. Please describe an example(s).
    b. What features of the current competency framework were important in *facilitating* the activity or desired outcome in the workplace?
    c. Would the incorporation of any of the features described in Part A of this consultation paper have *hindered* the activity or desired outcome in the workplace?
39. In considering how the current competency framework has *hindered* a an activity or desired outcome in the workplace:
    a. Please describe an example(s).
    b. What features of the current competency framework *most hindered* the activity or desired outcome in the workplace?
    c. Would the incorporation of any of the features described in Part A of this consultation paper have *better facilitated* the activity or desired outcome in the workplace?
40. With consideration of the features of competency frameworks in Part A, to what extent do you support the following statements as they relate to the use of competency frameworks in the workplace? (Please

explain your rating where possible.)
[Likert scale: Strongly Disagree to Strongly Agree]

a. 'Competent' should be identified as one level of performance along a continuum from Incompetent through to Mastery (i.e. the modified Dreyfus model). *[Refer to Section A.1 – The relationship between competence and performance]*

b. A reduction in the level of detail and specificity in the current competency framework would improve the framework's practical value without impacting negatively on the purpose for which it is used. *[Refer to Section A.2 – Reducing the level of detail]*

c. The development of markers of poor behaviour would be useful in the assessment of performance, providing a basis for support and remediation, in the workplace. *[Refer to Section A.3 – Markers of poor behaviour]*

d. The way in which competencies are grouped affects my use of the competency framework and the way a pharmacist's role is perceived. *[Refer to Section A.4 – Grouping competencies]*

e. The development of competencies should be supplemented with a consideration of professional identity formation. *[Refer to Section A.4 – Grouping competencies]*

f. A competency framework that provides a clear mechanism for demonstrating competence in, or capability for, extended scopes of practice should be pursued. *[Refer to Section A.5 – Variations in scope of practice]*

g. The milestones in a performance continuum for pharmacist competencies should exist within one competency framework. *[Refer to Section A.6 – Reflecting the performance continuum]*

h. Assessments of performance would benefit from the existence of performance rating scales that align with milestones in a performance continuum (rather than the dichotomous decision of competent or incompetent). *[Refer to Section A.6 – Reflecting the performance continuum]*

i. Interpretation and implementation of the competency framework in the workplace would be assisted by the development of entrustable professional activities and levels of entrustment. *[Refer to Section A.7 – Supporting implementation with entrustable professional activities]*

41. Would consistency in competency frameworks across different professions facilitate their use in the workplace, without impacting negatively on the purpose for which competency frameworks are used for individual professions? Why or why not? If yes, identify the professions for whom it would be most appropriate to align in such a competency framework.

42. Please provide any other feedback you have about the competency framework as used in the workplace for the pharmacy profession in Australia.