

Decisions about individual prescribing may be difficult, and similarly, individual patient use and formulary decisions for Drug and Therapeutics Committees may be challenging. Key to good decision making is understanding the evidence before us, and distinguishing subtle marketing messages from clinical trial methodological details that form the scientific basis of good clinical practice.

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Reference

1. Garattini S, Bertele V. Non-inferiority trials are unethical because they disregard patients' interests. *Lancet* 2007; 370: 1875-7.

Developing and Recognising Advanced Practitioners in Australia: An Opportunity for a Maturing Profession?

The need to ensure patient safety through assured professional competence needs little justification. The National Competency Standards Framework for Pharmacists in Australia (NCSFPA) outlines the key competencies required by registered pharmacists to successfully practice to the desired minimum standard.¹ Professional development is clearly a necessary requirement for continued competence, which in turn is essential to ensure sustained and effective performance.² The use of competency standards together with practitioner development tools (such as the General Level Framework) can significantly improve the consistency of a pharmacist's performance.³

The pharmacy profession in Australia is close to having a nationally embedded competency framework for the development of hospital pharmacists particularly in their early years post registration. We believe the timing is now right to address the needs of more advanced practitioners, who would benefit from a framework to support their development as well as a means of recognising their contribution to patient care.⁴

Changes in practice since the previous version of the NCSFPA have been considerable. It is therefore timely to consider the scope of professional practice and the way in which we can define and progress the concept of 'advanced' pharmacy practice. The debate centres on the need to acknowledge levels of practice above that currently required by legislation, i.e. day 1 of practice as a pharmacist, and how capability can be evaluated, or professional development defined for advanced levels of practice that we know exist.

Professional practice is underpinned by the capability of the individual. Capability is a dimension of professional practice which exists as a continuum from the lowest to the highest level of performance. Progression within the early years of this continuum should be continuous from undergraduate, to intern to a day 1 registered pharmacist. At some point thereafter is a 'threshold' performance level above which performance could be considered advanced (Figure 1).

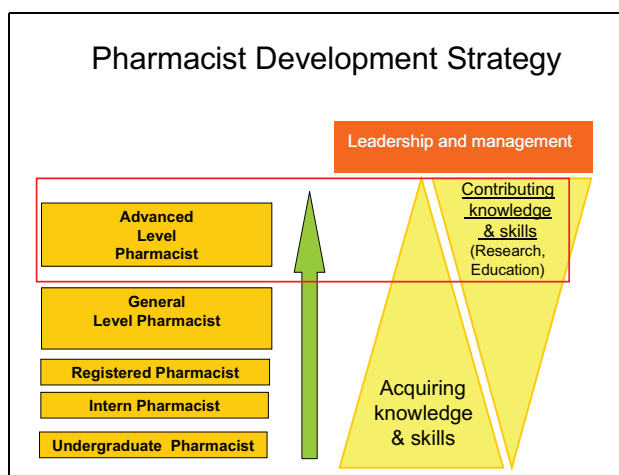


Figure 1. Pharmacist practitioner development and roles and responsibilities (Bates 2007).

A key difference between advanced practitioners and interns or general level pharmacists is their increasing contributions to medicine management, the profession and development of staff and colleagues. While refining their own knowledge and skills often in clearly defined areas of practice, advanced practitioners are also expanding their contributions to areas such as leadership, management, education, training, research and progressing working relationships.

In some systems in Great Britain, pharmacy has developed clarity on what constitutes capable advanced practitioners. The 2010 version of the NCSFPA recognises the concept of advanced practice and includes an adaptation of the Royal Pharmaceutical Society of Great Britain's definition: 'Advanced Practice is practice that is so significantly different from that achieved at initial registration that it warrants recognition by professional peers and the public of the expertise of the practitioner and the education, training and experience from which that capability was derived'.¹

The Advanced and Consultant Level Framework developed originally to support the development of advanced and then Consultant level practice uses a practitioner-grounded competency approach that includes a specific work area cluster for 'expert professional practice' and five 'core' clusters that describe the competencies and evidence required for building working relationships, leadership, management, education, training and development, and research and evaluation.^{5,6} However, having a functional developmental framework for capability (e.g. the Advanced and Consultant Level Framework) does not negate the additional need to define professional curricula for specific areas of practice.

There has been a heightened level of interest and activity in the area of advanced practice in Australia. Until recently, dedicated groups of pharmacy practitioners in various speciality areas had been working on their own versions of advanced level frameworks and developing curricula to support their use. In March 2011, pharmacists who have been working in the area of advanced practitioner development met under the auspices of the National Alliance for Pharmacy Education to discuss how to progress the advanced practice agenda in Australia. Recently, we have also seen the formation

of the Advanced Pharmacy Practice Framework steering committee. This group, with wide representation from across all major pharmacy organisations, will hopefully provide national leadership on the advanced practice agenda.

Some specialist groups in Australia have produced practitioner-led standards of knowledge, skills and experience. For example the Clinical Oncological Society of Australia has developed a framework of cancer care pharmacy competencies to guide the development of advanced practitioners.⁷ More often pharmacists working in a specialised area acquire their knowledge by the needs of their workplace which may not necessarily be transferable to other positions within the same speciality or may consist of a narrow scope. Allied with this, employers are often compromised when appointing practitioners to highly specialist or advanced positions as there is no transferable competence set or credentials to use for evidence of the applicants capability – a nationally endorsed Advanced and Consultant Level Framework would facilitate this void.

By harmonising advanced practice in all specialties of pharmacy, the transferability of knowledge and skills from one workplace to another would be enhanced. Furthermore, this process would guarantee a valid set of competence for employers (across all sectors), patients and the public that prospective practitioners are able to perform to the expectations of the service and effectively manage complex patients and populations.

In Great Britain, the Royal Pharmaceutical Society works in formal partnerships with a wide range of practitioner groups to advise on the parity and development of advanced level professional curricula.^{8,9} Members of the Professional Curricula Group are practitioners who are members of and represent national specialist and clinical groups. By working together in recent years, these specialist groups (comprising leading edge practitioners and managers) have ensured the valid and credible development of workable and robust models of professional recognition. The Professional Curricula Group has now developed 22 professional curricula documents, six of which have been endorsed by external bodies, such as the medical Royal Colleges.

The Committees of Specialist Practice within the Society of Hospital Pharmacists of Australia (SHPA), Medication Services Queensland, and other practice area specific groups, such as the Clinical Oncological Society of Australia, are the equivalent bodies in Australia and have already contributed to the production of frameworks for pharmacists working and developing in cancer care, paediatrics and the emergency department.⁷ These groups are ideally suited to advise on the competencies required of advanced practitioners.

While professional curricula in such varied areas as medicines information, education and training or infectious diseases would be expected to have considerable differences, the Professional Curricula Group has noted that ‘critical adjacencies’ of expert knowledge form a generic advanced core that spans many of the clinical specialities.

So, where now for advanced practice in Australia? Who are the key players? There are many practitioners who aspire to develop and be recognised as advanced practitioners and professional bodies have engaged in discussion via the Advanced Pharmacy Practice

Framework steering committee which is key to the agenda moving forward. Providers of continuing and higher education and training must ensure that there is access to high quality material which should be mapped to the advanced practice curricula (some of this work is currently under way).

As a profession we need to recognise that advanced practice is not for everyone. The number of pharmacists with the appetite to pursue a career at this level in Australia is likely to be small. Advanced level frameworks and expert professional practice curricula need to address the fact that for smaller sites and for community pathways the frameworks have to address the concept of advanced practice rather than a route for specialisation. The pharmacy workforce must remain flexible and adaptable and a developmental process for advanced practice that has sector-cutting core components is essential. We should also bear in mind that advanced practice is not just for ‘specialist’ pharmacists with a narrow scope of practice. Advanced generalists may be the most important group of advanced practitioners to be recognised in this process.

The profession needs to determine how advanced practice will be recognised and regulated. This may either be done by professional groups such as the SHPA or a national standard setting and accrediting body such as the Australian Pharmacy Council in partnership with professional groups, with ultimate recognition and possible endorsement by the Pharmacy Board of Australia.

Valid and credible advanced practice developmental frameworks can provide a pragmatic and realistic educational infrastructure to ensure self and peer review of practice, and guide needs based professional development programs from pluralistic providers.

All clinically oriented health professions in Australia have recognised advanced levels of practice, including psychologists, physiotherapists, doctors and nurses. The pharmacy profession also needs this distinguishing credential to allow for patient confidence and to advance the patient-focused roles envisioned in the Advanced Pharmacy Practice Framework steering committee’s proposal and competency standards.

It is no longer acceptable to ‘stand still’ as health professionals, advanced levels of practice, properly aspirational, need professional leadership. For SHPA, the time is now to lead the way.

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References

1. Pharmaceutical Society of Australia. National competency standards framework for pharmacists in Australia. Deakin: Pharmaceutical Society of Australia; 2010. Available from <www.psa.org.au/site.php?id=6783>.
2. Keen N. Clinical pharmacy and competency assessment. *J Pharm Pract Res* 2010; 40: 6-7.
3. Coombes I, Avent M, Cardiff L, Bettenay K, Coombes J, Whitfield K, et al. Improvement in pharmacist's performance facilitated by an adapted competency-based general level framework. *J Pharm Pract Res* 2010; 40: 111-18.
4. Bates I, Davies G, Carter S, Quinn J, McRobbie D, Hall G, et al. Advancing and Improving practice in pharmacy: is 'Elitism' a dirty word? *Pharm J* 2009; 283: 149.
5. Competency Development and Evaluation Group. Advanced and consultant level competency framework. 3rd ed. London: Competency Development and Evaluation Group; 2005.
6. Obiols Albinana L, Webb DG, Bates IP, Davies JG, McRobbie D. Validating advanced practice: towards a definition of consultant pharmacist. *Int J Pharm Pract* 2005; 13: R54
7. Carrington C, Weir J, Smith P. The development of a competency framework for pharmacists providing cancer services. *J Oncol Pharm Pract* 2010 Apr 20. [Epub ahead of print.]
8. Duggan C. Professional recognition in pharmacy: part 1 – demystifying the concepts. *Pharm J* 2010; 285: 592.
9. Duggan C. Professional recognition in pharmacy: part 2 – what pharmacists can expect. *Pharm J* 2011; 286: 307.

SHPA Research and Development Grants Program

NEWS

Welcome to another year of the SHPA Research and Development Grants Program! As always we acknowledge our partners in the pharmaceutical industry for their support of the program. Further information and flyers for some of these grants are available on the SHPA web site <www.shpa.org.au>. Also watch out for media releases from RDGAC. If members would like clarification on the suitability of a proposal for a particular grant, please contact the SHPA Federal Secretariat or members of RDGAC.

DBL HOSPIRA

For many years DBL Hospira have generously supported the grants program with \$50 000 per annum. These funds have been distributed as the \$10 000 Young Pharmacist award and a \$40 000 Professional Development fund which has supported research projects, attendance at national and international conferences, study tours and professional development resources. In 2011, DBL Hospira will continue to provide \$10 000 for the Young Pharmacist award as well as \$10 000 for the new Hospital Pharmacist award. The closing dates for these grants was 31 March 2011.

AUDITMAKER – NEW GRANT

We are pleased to announce a new grant for 2011 – the \$5000 Auditmaker Clinical Audit Research Grant. The closing date is 31 July 2011. For further information refer to the flyer enclosed in this issue of the Journal.

SHPA GRANTS TIMETABLE 2010

Grant	Value	Closing date
Hospira DBL Young Pharmacists Award	\$10 000	31 March 2011
Hospira DBL Pharmacists Award	\$10 000	31 March 2011
Sanofi-aventis Continuum of Care Research Grant	\$10 000	31 March 2011
Auditmaker Clinical Audit Grant	\$5000	31 July 2011
Fresenius Kabi Cancer Services Pharmacist Grant	\$10 000	31 August 2011
Roche Research Grant on Quality and Safety	\$10 000	31 August 2011
Celgene Pharmacy Grant	\$10 000	30 September 2011

The timetable is subject to change without notice.

CONGRATULATIONS TO THE RECENT RECIPIENTS OF SHPA GRANTS

Grant	Recipient	Purpose	Value
Hospira DBL Professional Development Fund (3rd round)	Karim Ibrahim	Clinical placement at the HIV Immunodeficiency Clinic, Toronto Hospital, Canada.	\$3500
Hospira DBL Professional Development Fund (3rd round)	Heidi Lok Tsi Wong	Attendance at the 9th International Conference in Life Long Learning in Pharmacy, New Zealand.	\$2282
Hospira DBL Professional Development Fund (3rd round)	Felicity Wright	Attendance at the American Society of Blood and Marrow Transplantation Tandem Blood and Marrow Transplantation Meeting, Hawaii.	\$2500