

NHS Trust Band 6 Pharmacists KSF Outline: Operational Guidance on using General Level Framework (editions 1 & 2)

Introduction

The purpose of this document is to provide guidance to pharmacists and managers on how the General Level Frameworks¹ (GLFs) translates onto the NHS Knowledge and Skills Framework (KSF) Outline for Band 6 pharmacists. The document also provides some suggestions on how to manage the gathering of evidence to support the use of the KSF for this staff group. The KSF² states that “*Qualifications and other competences, for example, may be used as evidence towards the achievement of the dimensions and achievement of the dimensions and levels if this is agreed and applicable but they cannot replace the NHS KSF*”. The GLFs put the KSF into context for junior pharmacists and performance against them can be used as evidence of KSF performance attainment (as recognised by the KSF Guidance).

The GLF is becoming embedded in many post-graduate programmes (e.g. diplomas) and thus it is recommended that Trusts use this framework to support the achievement of KSF indicators and Band 6 pharmacist development. The aim of linking the GLF to the KSF is to help translate the general KSF terms to ones which are more specific to pharmacy practice and to individual pharmacists. Learning needs identified by using the GLF can be used to complete RPSGB Plan and Record entries. Using the GLF can prevent staff from having to duplicate their CPD effort and fragmenting developmental tools and mechanisms.

Requirements of KSF

All staff must have a KSF outline developed from their Job Description, incorporating the mandatory 6 core dimensions then usually up to 6 or 7 of the 24 optional dimensions. Annual reviews (Personal Development Reviews (PDRs)) must be completed using this outline. This document represents the **full outline or second gateway requirements for Band 6 posts**. Managers may wish to adjust their expectation for the Foundation Gateway (i.e. produce a subset of the outline that should be achieved within 12 months) according to local circumstances (e.g. certain placements may not occur in year 1 e.g. MI and thus IK2/IK3 may be deferred until Year 2/3). It is possible to exclude whole dimensions, accept a reduced level of a dimension (e.g. Communication level 2 instead of level 3) or exclude certain elements of a given level of a dimension (e.g. Communication level 3, statements a, b, c, e and f only) in year 1. For the full outline, whichever level is selected as appropriate for each dimension, every statement must apply.

Managers and/or individuals will also need to consider the standard of performance for each behaviour in the GLF expected of Band 6 pharmacists for both the foundation subset and for the full outline (i.e. which behaviours have to be demonstrated as “always, usually, sometimes or never). This may have already been agreed locally.

The KSF Outline (shown in the table overleaf) used in this document is the same as that provided in the Guild of Healthcare Pharmacists (GHP) examples³. Information from Trusts suggests that many have also included the optional dimension IK3 and we have added this dimension to the outline shown. We hope that Trusts find that further adaptation of this outline is unnecessary except if there are compelling reasons to do so (e.g. level changes for specific dimensions).

Table showing the KSF Dimensions and levels for Band 6 Pharmacist

FULL KSF Outline for Band 6 Pharmacists (Based on GHP)		
Dimension	Core/Optional (C/O)	Level
Communication	Core	3
Personal and People Development	Core	2
Health, Safety and Security	Core	2
Service Improvement	Core	2
Quality	Core	2
Equality and Diversity	Core	2
Health and Well-Being 6 (HWB6)	Optional	2
Health and Well-Being 7 (HWB7)	Optional	3
Health and Well-Being 10 (HWB10)	Optional	4 (+3)
Information and Knowledge 3 (IK3)*	Optional	1

*Not included in GHP KSF Outline.

How to use this Guide

1. Review the dimensions and levels listed in this KSF outline and compare this with the job description(s) and person specification(s) for your Trusts Band 6 pharmacists.
2. Decide whether the outline given in this document is exactly the same as the outline for your Band 6 pharmacists. If not note the amendments (e.g. level differences or additional/excluded dimensions- IK2 in place of IK3) to produce an amended document.
Please bear in mind that whichever level is selected for any of the dimensions this implies that the competencies at the lower levels are already and continue to be met. In respect of this please note that in particular HWB10 where there is arguably a less straightforward progression between level 3 and level 4 performance.
3. Take account of rotations and other placements the band 6 pharmacists will undertake. In particular note the timescales in which they will complete these. This will help defer specific dimensions/levels to year 2/3 or if there are any that do not apply at the foundation gateway.
4. Link any level changes or added dimensions to specific GLF behaviours from the GLF edition you are using.
5. Set standards of performance for the GLF for the Foundation and Second Gateway. There may be regional standards used locally or standards included as part of post-graduate courses available for your pharmacists.

N.B. As the 2nd Edition of the GLF more fully maps to the KSF Outline, it is recommended that Trusts who begin implementation of the GLF after April 2006 use this version of the framework. The latest version is available from christine.masterson@nwlh.nhs.uk. The dimension specifically lacking from the first edition is Core 4 Service Improvement.

What Evidence to use to demonstrate KSF or GLF competency

The most effective way for the pharmacists to collect evidence of their continuous development is via completion of a **portfolio**. Consider all the elements of the band 6 job (including placements and rotations) and try and use a variety of evidence sources. The KSF should not require the creation of new evidence-it can be that already created by activities within the pharmacist's role. Evidence examples could include:

- Formal training events
- on the job work and observed assessments
- other work-based assessments (e.g. Mini-Peer, Case Based Discussion & Mini-Clinical Example assessments available from www.postgraduatepharmacy.org)
- critical incidents
- Case examples
- post-graduate coursework/assessments
- induction and mandatory annual training
- patient and peer review surveys and testimonials
- presentations and completion of specific projects/audits

Evidence from any or all of these could potentially be used, along with anything else considered relevant. The GLF Handbook provides some examples of evidence to demonstrate competence.

The GLF competencies can be added manually to the pharmacist's individual RPSGB Plan and Record³ profile. The mechanism for achieving this is included in Appendix 1. In this way, one portfolio of evidence could be used to cover the requirements of the RPSGB, GLF and KSF.

To facilitate the matching of evidence sources and types for each dimension in the KSF, a column can be added to the GLF-KSF linking information to make suggestions as to where suitable evidence may be found. An example of this is shown in Appendix 2.

If people are using the second edition of the GLF, then the links to behaviours in this framework automatically demonstrate full KSF compliance against the outline provided in this document. If you have made local amendments, you will need to check that all the new KSF dimensions/levels map to the GLF version in use.

Signposting Evidence

It is the Band 6 pharmacist's responsibility to show their assessor or manager that they have achieved every element of the Band 6 KSF outline. Any evidence included in the pharmacist's portfolio (such as CPD entries or entries from postgraduate courses) should be signposted to the relevant GLF and/or KSF dimension.

As a pharmacist builds up a portfolio it will become increasingly difficult to assess this portfolio (and whether all behaviours have been evidenced) unless each piece of evidence clearly states the behaviours it relates to either in the GLF or KSF dimensions. We strongly recommend that pharmacists have a summary table at the front of the portfolio that shows where to find the evidence for each behaviour/dimension within the portfolio. As an example you could ask them to code their evidence types and number them sequentially. An example of how this could be achieved using the Delivery of Patient Care cluster in the nGLF is given in Appendix 3.

You are now ready to use the GLFs as evidence for KSF demonstration and development reviews for your Band 6 pharmacists!

References and web-links:

1. "General Level Competency Framework" 1st and 2nd Editions, Competency Development and Evaluation Group. (www.londonpharmacy.nhs.uk/clinical/)
2. "NHS Knowledge and Skills Framework", Dept of Health October 2004. (www.dh.gov.uk)
3. "Producing KSF Outlines for Pharmacists: A guide" GHP June 2005
4. RPSGB Plan and Record: www.uptodate.org.uk

Acknowledgements:

This guidance is a joint development between CoDEG and Cambridge University Hospitals NHS Foundation Trust led by Alison Eggleton with support from Richard Cattell on behalf of the Guild of Healthcare Pharmacists.

Band 6 Pharmacists
Knowledge and Skills Framework: Full Outline and Linked Supporting Evidence

Note: where the level is set at greater than level 1, compliance with the agreed level also includes compliance with all lower levels. E.g. Communication at level 3 assumes that the individual can demonstrate achievement of all statements in level 1, level 2 & level 3.

* The GLF and nGLF behaviours are rated. Trusts should agree the rate of performance required for each of the behaviours in the GLF they are using for both Foundation and full outline compliance. Some areas have agreed regional standards which could be used.

Core Dimensions

Communication				
Level 3				
Develop and maintain communication with people about difficult matters and/or in difficult situations				
	Statement	GLF*	nGLF Cluster	nGLF Competencies/Behaviours*
a.	Identifies the range of people likely to be involved in the communication, any potential communication differences and relevant contextual factors	PC 3e, 3f, 3g, 3h, 3i, 3o	P.C	Effective Communication Skills: <i>All behaviours under this competency</i>
b	Communicates with people in a form and manner that:			
	- is consistent with their level of understanding, culture, background and preferred ways of communicating	PC 3o	D.P.C P.S.C	Medicines & Patient Info: <i>Health Needs</i> Providing Information: All behaviours in this competency
	- is appropriate to the purpose of the communication and the context in which it is taking place	DPC 1p, 1q, 1r. PC 3l	D.P.C P.C.	Patient Consultation: <i>Patient assessment</i> Professionalism: <i>Confidentiality</i>
	- encourages the effective participation of all involved		P.C.	Effective Communication Skills: <i>All behaviours under this competency</i>

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
c	Recognises and reflects on barriers to effective communication and modifies communication in response		D.P.C. P.C. P.S.C	Patient Consultation: <i>Patient Assessment</i> MI and Patient Education: <i>Health Needs; Need for information; Medicines information</i> Effective Communication Providing Information
d	Provides feedback to other workers on their communication at appropriate times	PSC 2j, 2k, 2l. PC 3j, 3k	P.C.	Teamwork: <i>Pharmacy and Multidisciplinary Team</i>
e	Keeps accurate and complete records of activities and communications consistent with legislation, policies and procedures	DPC 1r, 1s. PC 3n	P.C. D.P.C	Professionalism: <i>Quality and accuracy of documentation; legislation</i> Monitoring of Drug Therapy: <i>Record of contributions</i>
f	Communicates in a manner that is consistent with relevant legislation, policies and procedures.	PC 3l, 3n, 3o,	P.C. M&O	Professionalism: All Clinical Governance: <i>Standard operating procedures</i>

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

2. Personal and People Development				
Level 2				
Develop own skills and knowledge and provide information to others to help their development				
	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
a.	Assesses and identifies:			
	-feedback from others on own work	PC 3j, 3k, 3m	P.C.	Teamwork: <i>Pharmacy and Multidisciplinary Team</i> Professionalism: <i>Recognition of limitations</i>
	- how s/he is applying knowledge and skills in relation to the KSF outline for the post		D.P.C M&O	Monitoring Therapy: <i>Evaluation of Outcomes</i> Service Provision: <i>Quality of Service</i> Staff Management: <i>Employment Issues</i>
	- own development needs and interests in the current post	PC 3c, 3p, 3q, 3r	P.C.	Organisation: <i>Initiative</i> Professionalism: <i>Responsibility for own actions; Responsibility for Pt Care; CPD</i>
	- what has been helpful in his/her learning and development to date		P.C.	Professionalism: <i>CPD Evaluates learning</i>
b.	Takes an active part in the development review of own work against the KSF outline for the post with their reviewer and suggests areas for learning and development in the coming year	DPC 1s, PC 3r	D.P.C. P.C. M&O	Monitoring Therapy: <i>Evaluation of Outcomes</i> Professionalism: <i>CPD Reflection</i> Service Provision: <i>Service Development; Quality of Service</i>

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
c	Takes responsibility for own personal development and takes an active part in learning opportunities	PC 3p, 3r	P.C.	Professionalism: <i>CPD</i>
d	Evaluates the effectiveness of learning opportunities and alerts others to benefits and problems	PC 3r	P.C.	Teamwork: <i>Pharmacy and Multidisciplinary Team</i> Professionalism: <i>CPD Evaluation</i>
e	Keeps up-to-date records of own development review process	PC 3r	P.C.	Professionalism: <i>CPD Always maintains a CPD record</i>
f	Offers information to others when it will help their development and/or help them meet work demands.	PC 3c, 3i	P.C.	Teamwork: <i>Pharmacy Team</i> Staff Management: <i>Performance management; staff development</i>

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3. Health, Safety and Security				
Level 2				
Monitor and maintain health, safety and security of self and others				
	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
a.	identifies and assesses the potential risks involved in work activities and processes for self and others	DPC1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h, 1k, 1l, 1n, 1o	D.P.C.	All competencies and behaviours in this cluster
b	identifies how best to manage the risks		P.S.C M&O	Analysing Information: <i>All</i> Clinical Governance: <i>Risk Management</i>
c	undertakes work activities consistent with: legislation, policies and procedures			
		DPC 1s	P.C. M&O	Professionalism: <i>Legislation</i> ; Clinical Governance: <i>Standard operating procedures</i>
	the assessment and management of risk	DPC 1i, 1j, 1k, 1l, 1n, 1o	D.P.C. P.S.C M&O	Monitoring Drug Therapy All Competencies Clinical Governance: <i>Risk Management</i>
d	takes the appropriate action to manage an emergency summoning assistance immediately when this is necessary	DPC 1o	D.P.C. P.S.C. M&O	Patient Consultation: <i>Consultation or referral</i> All Competencies Clinical Governance: <i>Risk Management</i>
e	reports actual or potential problems that may put health, safety and security at risk and suggests how they might be addressed	DPC 1k, 1l, 1n, 1o	D.P.C. M&O	Monitoring Drug Therapy Clinical Governance: <i>Working Environment</i>
f	supports others in maintaining health, safety and security.	PC 3j, 3k	P.C. M&O	Teamwork: <i>Pharmacy Team</i> ; <i>Multidisciplinary team</i> Training: <i>Staff</i> ; <i>other healthcare professionals</i>

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4. Service Improvement				
Level 2				
Contribute to the improvement of services				
	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
a.	discusses and agrees with the work team - the implications of direction, policies and strategies on their current practice - the changes that they can make as a team	PC 3j, 3k	P.C.	Teamwork: <i>Pharmacy team; Multidisciplinary team</i>
		PC 3r	P.C.	Professionalism: <i>CPD Reflection</i>
		DPC 3j, 3k	P.C. M&O	Teamwork: <i>Pharmacy team; Multidisciplinary team</i> Professionalism: <i>Initiative; responsibility for own action</i> Clinical Governance: <i>Service Development</i> Organisations: <i>All</i>
	- the changes that s/he can make as an individual	PC 3p	P.C.	Professionalism: <i>responsibility for own action</i>
	- how to take the changes forward	PC 3c	P.C.	Professionalism: <i>Initiative</i>
b	constructively makes agreed changes to own work in the agreed timescale seeking support as and when necessary	PC 3a, 3c ,3d	P.C.	Organisation: <i>Prioritisation; Punctuality; Initiative; Efficiency</i> Professionalism: <i>Recognition of limitation</i>
c	supports other in understanding the need for and making agreed changes	PC 3j, 3k	M&O	Training: <i>Staff; others</i> Staff Management
d	evaluates own and others work when required to do so completing relevant documentation	DPC 1s	D.P.C. P.C.	Monitoring Therapy: <i>Evaluation of outcomes; Record of contributions</i> Teamwork: <i>Pharmacy Team; Multidisciplinary team</i>
e	makes constructive suggestions as to how services can be improved for users and the public	PC 3c, 3j, 3k	P.C.	Organisation: <i>Initiative</i> Teamwork: <i>Pharmacy Team; Multidisciplinary team</i>
f	constructively identifies issues with direction, policies and strategies in the interests of users and the public	PC 3c	P.C. M&O	Organisation: <i>Initiative</i> Professionalism: <i>Responsibility for Pt Patient Care</i> Clinical Governance: <i>CG Issues</i>

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5. Quality				
Level 2				
Maintain quality in own work and encourage others to do so				
	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
a.	acts consistently with legislation, policies, procedures and other quality approaches and encourages others to do so	DPC 1j, 1m, 1s PC 3b, 3l	D.P.C M&O	Monitoring Drug Therapy: <i>Use of guidelines</i> Clinical Governance: <i>CG Issues</i>
b	works within the limits of own competence and levels of responsibility and accountability in the work team and organisation	DPC 1o PC 3m, 3p, 3q, 3r	P.C. M&O	Professionalism: <i>Recognition of limitations; Responsibility for own actions; responsibility for patient care</i> CPD: <i>Identification of learning needs</i> Organisations: <i>Organisational Structure</i>
c	works as an effective and responsible team member	PC 3j, 3k	P.C.	Teamwork: <i>Pharmacy Team; Multidisciplinary team</i>
d	prioritises own workload and organises own work to meet these priorities and reduce risks to quality	PC 3a, 3c, 3d	P.C. M&O	Organisation: <i>Prioritisation</i> Service Provision: <i>Quality of service</i>
e	uses and maintains resources efficiently and effectively and encourages others to do so	PC 3d	P.C. M&O	Organisation: <i>Efficiency</i> Prescribing Budgets; Service Reimbursement Procurement: <i>Cost-effectiveness</i>
f	monitors the quality of work in own area and alerts others to quality issues.	DPC 1o, 1s PSC 2m	D.P.C. P.S.C M&O	Monitoring Drug Therapy: <i>Evaluation of outcomes</i> Follow-up: <i>Ensures resolution of problem</i> Service Provision: <i>Quality of service</i>

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

6. Equality and Diversity				
Level 2				
Support equality and value diversity				
	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
a.	recognises the importance of people's rights and acts in accordance with legislation, policies and procedures	PC 3l	D.P.C P.C M&O	Patient Consultation: <i>Patient Consent</i> Professionalism: <i>Confidentiality</i> Staff Management: <i>Employment Issues</i>
b	acts in ways that: - acknowledges and recognises people's expressed beliefs, preferences and choices - respects diversity - values people as individuals		D.P.C. P.C.	Patient Consultation: <i>Patient Assessment</i> Medicines Info & Pt education: <i>Health Needs</i> Teamwork: <i>Pharmacy, Multidisciplinary & organisational</i>
c.	takes account of own behaviour and its effect on others	PC 3j, 3k, 3p, 3q, 3r	D.P.C. P.C. P.S.C	Monitoring Therapy: <i>Evaluation of Outcomes</i> Team Work: <i>Pharmacy, Multidisciplinary & organisational</i> Organisation: <i>Punctuality</i> Professionalism: <i>Responsibility for own actions and Patient care</i> Analysing Info: <i>Problem Identification; decision making; problem resolution.</i>
d	identifies and takes action when own or others' behaviour undermines equality and diversity.	PC 3p, 3q, 3r	P.C.	Team Work: <i>Pharmacy, Multidisciplinary & organisational</i> Organisation: <i>Punctuality</i> Professionalism: <i>Responsibility for own actions and Patient care</i>

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

**Band 6 Pharmacists
Knowledge and Skills Framework**

Full Outline and Linked Supporting Evidence

Note: where the level is set at greater than level 1, compliance with the agreed level also includes compliance with all lower levels.

For example, communication at level 3 assumes that the individual can demonstrate achievement of all statements in level 1, level 2 and level 3.

Specialist Dimensions

Health and Well Being 6				
Level 2				
Contribute to the assessment of physiological and/or psychological functioning				
	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
a.	discusses the assessment to be undertaken with the work team and understands his/her own role in the overall assessment and the activities to be undertaken	DPC 1a, 1b, 1c, 1d, 1e, 1k, 1l, 1m, 1o PSC 2a, 2b, 2d, 2e, 2f, 2g, 2h PC 3q	D.P.C. P.C.	Monitoring Drug Therapy: <i>Identification of MM problems; Prioritisation of MM Problems</i> Teamwork: <i>Pharmacy, Multidisciplinary & organisational</i> Effective Communication Skills: <i>Medical, nursing, other health professionals and health workers, pharmacy team.</i> Professionalism: <i>Responsibility for own action; responsibility for patient care</i> Organisation: <i>Prioritisation; Initiative</i>
b	respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for the assessment to be undertaken	DPC 1p, 1q, 1r PC 3 e, 3f, 3g, 3h, 3i, 3l, 3o, 3p, 3q	D.P.C. P.C.	Patient Consultation: <i>Patient Consent</i> Medicines Information and Pt Education: <i>Health Needs</i> Effective Communication skills: <i>Patients and carers</i>

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
c	identifies appropriate methods, techniques and equipment for different activities and individuals and prepares appropriately taking into account any risks	DPC 1f, 1g, 1h, 1i, 1j PSC 2h, 2i	D.P.C. P.S.C. M&O	Monitoring Drug Therapy: <i>Use of Guidelines; Resolution of MM problems</i> Analysing Information: <i>Problem Identification ;Appraises options; Decision making; logical approach</i> Clinical Governance: <i>CG Issues</i>
d	undertakes and records assessment activities as agreed with the care team, following established protocols/procedures and consistent with legislation, policies and procedures	DPC 1n PC 3n	D.P.C. P.C. M&O	Patient Assessment: <i>Drug History, Recording Consultations</i> Monitoring Drug Therapy: <i>Resolution of MM problems; Use of guidelines</i> Professionalism: <i>Legislation</i> Clinical Governance: <i>SOPs</i>
e	monitors individuals during assessment activities and takes the appropriate action in relation to any significant changes or possible risks	DPC 1n, 1s PSC 2m	D.P.C. M&O	Patient Consultation: <i>Patient Assessment</i> ; Monitoring Drug Therapy: <i>Identification of MM problems; Resolution of MM problems</i> Clinical Governance: <i>Risk Management</i>
f	reports assessment findings in the appropriate format to the people who need them	PSC 2j, 2k, 2l PC 3n	P.S.	Providing Information: <i>All behaviours</i>
g	offers to the team his/her own insights into the health and well-being needs and wishes of the people concerned and makes suggestions on the treatment that might be needed.	PSC 2a, 2b, 2d, 2e, 2f, 2g, 2h, 2i, 2j PC 3c, 3e, 3f, 3g, 3h, 3i, 3q	D.P.C.	Need for the drug: <i>Relevant Pt Background</i> ; Selection of Drug: <i>All behaviours</i> Drug Specific Issues: <i>All Behaviours</i> Medicines Information and Pt Education: <i>Health Needs</i>

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

Health and Well Being 7				
Level 3				
Plan, deliver and evaluate interventions and/or treatments				
	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
a.	respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent	PC 3e, 3f, 3g, 3h, 3i, 3l, 3o, 3p, 3q	P.C.	Effective Communication Skills: All behaviours under this competency Teamwork: <i>Pharmacy, Multidisciplinary & organisational</i>
b	<p>identifies with the individuals concerned</p> <ul style="list-style-type: none"> - goals for the specific activities to be undertaken within the context of the overall treatment plan and the individual's physiological and/or psychological functioning - the nature of the different aspects of the intervention/treatment - the involvement of other people and/or agencies - relevant evidence-based practice and/or clinical guidelines - any specific precautions or contraindications to the proposed interventions/treatments and takes the appropriate action 			
		DPC 1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h PSC 2a, 2b, 2c, 2d, 2e, 2f, 2g, 2h	D.P.C. P.C. P.S.C.	Patient Consultation: <i>Pt Assessment</i> MI & Pt Education: <i>Health Needs</i> Effective Communication: <i>Patient & Carer</i> Knowledge: <i>Pathophysiology</i>
			P.S.C.	Knowledge: <i>Pharmacology</i>
		PC 3e, 3f, 3g, 3h, 3i	P.C. M&O	Teamwork: <i>All behaviours</i> Organisations: <i>Organisational Structure; Linked Organisations</i>
		DPC 1i, 1j, 1k, 1l, 1m	D.P.C. P.S.C.	Monitoring Drug Therapy: <i>Use of guidelines</i> Gathering Information: <i>Accesses Information; Up to date information</i>
			D.P.C.	Selection of Drug: <i>All</i> Monitoring Drug Therapy: <i>Resolution of MM Problems</i>
c	prepares appropriately for the intervention/treatment to be undertaken	DPC 1c, 1d, 1e, 1f, 1g, 1h	D.P.C.	Selection of Drug: <i>All</i> Drug specific Issues: <i>All</i> Provision of Drug: <i>All</i>

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
d.	undertakes the intervention/treatment in a manner that is consistent with: - evidence-based practice and/or clinical guidelines/established theories and models - multidisciplinary team working - his/her own knowledge, skills and experience - legislation, policies and procedures and/or established protocols	DPC 1s. PC 3n	D.P.C. P.S.C. P.C. M&O	Monitoring Drug Therapy: <i>Evaluation of outcomes; Record of contributions</i> Follow-up: <i>Ensures resolution of problem</i> Professionalism: <i>Quality and accuracy of documentation</i> Clinical Governance: <i>Standard operating procedures</i>
			D.P.C. P.S.C	Monitoring Drug Therapy: <i>Use of guidelines</i> Gathering Information: <i>Accesses information ;Up to date information</i>
			P.C.	Team working: <i>Multidisciplinary Team</i>
			P.C.	Professionalism: <i>Recognition of limitation</i> CPD
			P.C M&O	Professionalism: <i>Legislation</i> Clinical Governance: <i>SOPs</i>
e	monitors individuals' reactions to interventions/treatment and takes the appropriate action to address any issues or risks	DPC 1o	D.P.C M&O	Pt Consultation: <i>Consultation or referral</i> Monitoring of drug therapy: <i>All</i> Clinical Governance: <i>Risk Management</i>
f	reviews the effectiveness of the interventions/treatments as they proceed and makes any necessary modifications	DPC 1k, 1l, 1m, 1n, 1o PSC 2j, 2k, 2l, 2m. PC 3e, 3f, 3g, 3h, 3i, 3j, 3k	D.P.C. P.C. P.S.C.	Monitoring Therapy: <i>All</i> Teamwork: <i>Pharmacy Team; Multidisciplinary team</i> Effective Communication Provision of Information
g	provides feedback to the person responsible for the overall treatment plan on its effectiveness and the health and wellbeing and needs of people	PSC 2g, 2h, 2i, 2j, 2k, 2l. PC 3a, 3b, 3c, 3d	P.C. P.S.C. M&O	Organisation: <i>All</i> All behaviours except knowledge Clinical Governance: <i>Risk Management</i>

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
h	makes accurate records of the interventions/treatment undertaken and outcomes	DPC 1s PSC 2j, 2k, 2l PC 3n	D.P.C. P.C.	Patient Consultation: <i>Record of Consultation</i> Professionalism: <i>Quality and Accuracy of Documentation</i>
i	responds to, records and reports any adverse events or incidents relating to the intervention/treatment with an appropriate degree of urgency	DPC 1k, 1l, 1n, 1o PSC 2m PC 3e, 3f, 3g, 3h, 3i, 3n	M&O	Clinical Governance: <i>Risk Management</i>

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

Health and Well Being 10				
Level 4 (also note content of level 3)				
Support, monitor and control the supply of products				
	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
a.	obtains, collates and evaluates relevant information on health and wellbeing needs	PSC 2a, 2b, 2c, 2g, 2h, 2i	D.P.C. P.S.C.	Patient Consultation: <i>Patient Assessment</i> Gathering Information; Analysing Information
b	evaluates product options and their methods of delivery and determines those which will best meet assessed needs, taking account of all relevant factors	PSC 2g, 2h, 2i.	D.P.C. P.S.C.	MI and Pt Education: <i>Health Needs</i> Analysing Information: <i>All</i>
c	provides information, advice and support on products and methods of delivery, explaining clearly the associated benefits and risks	DPC 1p, 1q, 1r, PSC 2j, 2k, 2l.	D.P.C. P.C. P.S.C	MI and Pt Education: <i>Need for information is identified; Medicines Information ;Provision of written information</i> Effective Communication: <i>All</i> Provision of Information: <i>All</i>
d	confirms the validity, accuracy, safety and appropriateness of requests for products and takes the appropriate action if there are concerns	DPC - all	D.P.C.	All competencies and behaviours in this cluster
e	monitors the quantity and quality of supplied products to confirm that they meet specified requirements and all relevant legislation, policies and procedures	DPC 1s	D.P.C. P.C. M&O	Monitoring Drug Therapy: <i>Evaluation of outcomes</i> Professionalism: <i>Legislation</i> Clinical Governance: <i>SOPs</i> Service Provision: <i>Quality of Service</i>
f	gathers feedback on the effectiveness of products in meeting identified needs and takes the appropriate action in response	DPC 1s PSC 2m	D.P.C. P.S.C.	Monitoring Drug Therapy: Evaluation of outcomes Follow-up

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

Information and Knowledge 3				
Level 1				
Access, appraise and apply knowledge and information				
	Statement	GLF	nGLF Cluster	nGLF Competencies/Behaviours
a.	correctly identifies the need for additional knowledge and information resources to support her/his work	PSC 2a, 2b PC 3r,	P.C. P.S.C.	Professionalism: <i>Identification of Limitations; CPD</i> Gathering Information
b	identifies possible sources of the knowledge and information	DPC 1a,1b PSC 2d, 2e, 2f PC 3r	D.P.C. P.C.	Need for the drug Professionalism: <i>CPD</i> Gathering Information: <i>Accesses Information</i>
c	determines appropriate knowledge/information resource(s) to meet identified need, seeking appropriate guidance and support if necessary	DPC 1m, 1o PSC 2a, 2b, 2c, 2d, 2e, 2f PC 3m	D.P.C. P.C. P.S.C.	Monitoring Drug Therapy: <i>Use of Guidelines</i> Professionalism: <i>Recognition of limitations; legislation</i> Gathering Information: <i>All behaviours</i> Knowledge: <i>All behaviours</i>
d	accesses the resource(s) using appropriate methods and identifies the relevant information			
e	appraises the knowledge and information and identifies whether it is appropriate to be applied in own context	PSC 2g, 2h, 2i.	P.S.C.	Analysing Information: <i>All behaviours</i>
f	appropriately applies the knowledge/information to their work consistent with legislation, policies and procedures.	PSC 2j, 2k, 2l	P.S.C. M&O	Providing Information: <i>All behaviours</i> Follow-up: <i>Ensures resolution of problems</i> Clinical Governance: <i>Standard Operating Procedures</i>

nGLF Key to Clusters: DPC: Delivery of Patient Care; PC: Personal Competencies; PSC: Problem Solving Competencies; M&O Management & Organisational

Appendix 1: How to add Competencies to RPSGB Plan and Record: A step by step guide

1. Go to www.uptodate.org.uk and click on the yellow button in the top left hand corner 'Log on to your CPD records'
2. Enter your registration number, username and password when asked
3. Select 'CPD record' from the menu presented. Your CPD records will be shown on the screen. If you have not yet entered a CPD record, click on 'New Entry' in the bottom left of the screen. You can add new competencies on any CPD entry. Once entered the competencies will be available for all your CPD entries.
4. You need to be in the 'Reflection' part of a CPD record to add new competencies. Click on the 'Reflection' button in the top left of the screen.
5. The fourth box on this page asks you 'To which areas of competence does this learning objective relate?' Click on 'Choose' in this box.
6. A new window will appear which allows you to select competencies applicable to the learning objective. To add new competencies select 'Edit competencies' at the bottom left of this box.
7. The new box that appears. The first line in this box reads: 'Areas of competence.' Click on this so it is highlighted in grey.
8. Click on 'New area of competence' in the bottom left of this box.
9. The new box asks you to write a description of the new area of competence. Look at the 'Delivery of Patient Care' cluster for example. Write 'Delivery of Patient Care' in this box and click on OK.
10. You will see that 'Delivery of Patient Care' has been added under the areas of competence. (You may need to click on the purple box to the left of 'Areas of competence' to reveal this.)
11. To add a competency title click on 'Delivery of Patient Care' so this is highlighted in grey. Then click on 'New area of competence' in the bottom left of this box.
12. Now type in the competency title in the box that appears. For example in 'Delivery of Patient Care' there is a competency title 'Need for the Drug'. Click on 'OK'
13. You will see that 'Need for the Drug' has been added under 'Delivery of Patient Care'. (You may need to click on the purple box to the left of 'Delivery of Patient Care' to reveal this.)
14. There are two subsections, or behaviours, under 'Need for the Drug': Relevant Patient Background and Drug History. To add these ensure that 'Need for the Drug' is highlighted in grey. Click on 'New competency' at the bottom of the box. A new box appears asking for a description of the competency. Write the name of the behaviour here. For example under 'Need for the Drug' the first behaviour is 'Relevant Patient Background.' Write this and Click OK.
15. Repeat step 14 to add the Drug History behaviour.
16. To add the next competency title, make sure 'Delivery of Patient Care' is highlighted. Click on 'New area of competence'. Write the next competency title in the box for example in 'Delivery of Patient Care'. Click on OK.
17. To add the behaviours under next competency, follow the procedure described in step 14, but ensure that the competency is highlighted when you click 'New competency'.
18. Continue until you have added all the competencies and behaviours for Delivery of Patient Care.
19. Add the Personal, Problem Solving and Management & Organisation (if using the second edition) clusters in the same way.

20. When you are adding a new competency, ensure that the area you want the section under is highlighted (e.g. Delivery of Patient Care). Likewise when you are adding a new behaviour ensure that the right competency title is highlighted (e.g. need for the drug).
21. Once you have entered all the competencies click on 'close'. The additions you made are saved.
22. When you are in the 'reflection' section of your record and you click on 'Choose' in the box 'To which areas of competence does this learning objective relate' – the competencies you have added should appear. You will be able to select from this list.

N.B. If you have 'pop ups' blocked on your computer the boxes may not appear when you try to make a new entry or amend the competency list. You either need to unblock your pop ups or the use an alternative website provided by the RPSGB to over come this problem:
www.uptodate.org.uk/recordonline/flash

Or alternatively the Society has provided a helpline for technical support 01225 323663 or email pccal@bath.ac.uk

Appendix 2: Examples of Evidence listed against a KSF dimension and the GLF (1st Edition)

Communication (Core)					
Level 3					
Develop and maintain communication with people about difficult matters and/or in difficult situations					
	Statement	GLF (Eastern Regional Standards)	Sectional/Rotational Objectives	Post-grad studies	Other
a.	Identifies the range of people likely to be involved in the communication, any potential communication differences and relevant contextual factors	PC 3e, 3f. 3g, 3h, 3i, 3o	Inpatient , Outpatient, MI, Preparatory Services, Mental Health, Clinical	Formal Course Assessments Maintains patient confidentiality in all coursework	Attendance at Trust mandatory customer care and cultural diversity training.
b	Communicates with people in a form and manner that:				
	- is consistent with their level of understanding, culture, background and preferred ways of communicating	PC 3o			
	- is appropriate to the purpose of the communication and the context in which it is taking place	DPC 1p, 1q, 1r. PC 3l			
	- encourages the effective participation of all involved				
	Statement	GLF	Sectional Objectives	Post-grad studies	Other
c	Recognises and reflects on barriers to effective communication and modifies communication in response		Inpatient , Outpatient, MI, Preparatory Services, Mental Health, Clinical	Obtains patient’s verbal consent for educational and clinical activities Inclusion of communication with patients with sensory impairment as part of case studies, care plans if appropriate	Evidence of monthly intervention monitoring report Applies principles of relevant SOPs, MEP, DoH guidelines and laws
d	Provides feedback to other workers on their communication at appropriate times	PSC 2j, 2k, 2l. PC 3j, 3k			
e	Keeps accurate and complete records of activities and communications consistent with legislation, policies and procedures	DPC 1r, 1s. PC 3n			
f	Communicates in a manner that is consistent with relevant legislation, policies and procedures.	PC 3l, 3n, 3o,			

Appendix 3: Summary of Portfolio Entries to Illustrate Signposting

Delivery of Patient Care Cluster Entries										
Number of Entries	1	2	3	4	5	6	7	8	9	10
GLF (2nd Ed) Behaviour										
Patient assessment	OAR1	PF1	PF2							
Consultation or referral	OAR2	T1								
Recording consultations	CI1									
Patient consent	OAR1	OAR2								
Relevant patient background	OAR1									
Drug history										
Drug-Drug interactions Identified Prioritised Appropriate actions	CI1									
Drug-patient interactions Identified Prioritised Appropriate actions	CI1									
Drug-disease interactions Identified Prioritised Appropriate actions	CI1									
Ensures appropriate dose	CE1	CE2								
Selection of dosing regimen Route Timing	CE1	CE2								
Selection of Formulation Concentration										
The prescription is clear	OAR3	T2	RA1							
The prescription is legal	OAR3	T2	RA1							
Labelling of the medicine Required information Appropriateness	OAR3	T2	RA1							
Public health	WA1									
Health needs	OAR1									
Need for information is identified	MI1	MI2								
Medicines information	MI1	MI2								
Provision of written information	WA2	MI2								
Identification of medicines management problems	CI1									
Prioritisation of medicines management problems	CI1									
Use of guidelines	MI1									
Resolution of medicines management problems	CI1									
Record of contributions	CI1									
Assessing the outcomes of contributions	PF1									

Key: CI : Critical Incident; T: Testimonial; CE: Case Example; OAR: Observed Assessment Record; WA: Written Assessment; PF: Patient/Peer Feedback; RA: Rotation Assessment; MI: Medicines Information Query