

## VIEWPOINTS

### Towards a Global Competency Framework

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The Pharmacy Education Action Plan of the World Health Organization (WHO) United National Educational, Scientific and Cultural Organization (UNESCO) International Pharmaceutical Federation (FIP) is oriented towards identifying locally determined needs and pharmaceutical services and using those to facilitate comprehensive education development and achievement of competencies, which in turn are required to meet the local services.<sup>1,2</sup>

The world's current population is around 6 billion inhabitants; there are 191 countries and more than 6000 languages, and likely millions of different cultures depending on how the term culture is defined. Over the past decade, *cultural competency*, the ongoing and interactive process based on the respect for others' beliefs and traditions,<sup>3</sup> has crept into the professional literature with more than 10 articles in this *Journal* alone. From this, we know that culture plays a role in health and health care, and therefore, in health professions education, but we do not know how culture influences the ability to define *practice competency* from a global perspective.

Competence is very much a contemporary currency in the health care professions. It carries with it traditional meanings that can be hard to escape from, especially when we start to talk about new models of professional development and new ways in which to regulate professional performance. *Competences* are the functional part or the "what" that is attached to competence. *Competencies* refer to the qualities of capability or the "how" of competence. Looking holistically, all these concepts directly contribute to the development of effective and sustained performance within an individual.<sup>4</sup>

To achieve a high quality global infrastructure for pharmacy, the educational system should be mapped to the required competencies of pharmacists to provide the relevant pharmaceutical services for meeting the health needs in any given country context. While no one national model may be appropriate for all systems, there are significant global health and labor and market drivers which suggest that a competency-based approach is sensible and sustainable for workforce development.<sup>5</sup>

But the same reasons that a competency framework is needed are also the ones that can seem to stand in the way of achieving it. So before a competency framework is introduced, it is necessary to ask: What are the cultural implications influencing the understanding of pharmacist competency? What are the challenges and barriers to acceptance of a global competency framework? What are pharmacists' personal attitudes towards competency?

To address these questions, pharmacists representing the WHO UNESCO FIP Pharmacy Education Taskforce<sup>3,4</sup> led a workshop at the International Social Pharmacy Workshop (2008, New Zealand). During the session, participants discussed 3 different case scenarios created to explore the possibility of achieving an international understanding about competency in the pharmacy profession.

The dominant influencing forces raised by the participants were those concerning the daily work of the pharmacist in different countries: legal, clinical and, in some cases, business-driven factors. The critical element, however, is the type of patient care provided by pharmacists and the perspectives of the public and policymakers towards them.

As for challenges to acceptance of a global competency framework, the barriers identified included economic, educational, and linguistic; highlighting variability in pharmaceutical service provision and functional challenges such as how one framework with applicability to different settings could be developed. It was acknowledged that culture can influence expectations of pharmaceutical services by the public and regulatory bodies and that religion, traditions, history, experiences and perceptions of medicines are challenges to a unified understanding of competency in pharmacy. Despite this, the participants agreed that a pharmacist is still considered a medicines expert, regardless of the country in which he or she practices.

At the meeting, most participants recognized the need for a global competency framework, though questions still remained on how this could be achieved. One suggestion was to review existing frameworks/standards or models (internal and external to pharmacy) and develop a broad, simple framework with functional areas

that could be adapted to local situations. This work is ongoing.

At the country-level, the competence of pharmacists across different practice settings is of increasing interest. Practitioners need to be competent and able to perform at their best. Seeking a broad global common framework adaptable to national needs is a way forward. Cultural barriers can be acknowledged, making it possible to obtain a consensus on the basis that practitioners should always have the best interests of their patients at heart.

The emerging debate about a core set of competencies for practitioners in pharmacy comes at a time when other healthcare professions are in the process of developing or have already developed their own global competency frameworks.<sup>6</sup> In some countries, there are even efforts to compare and consolidate frameworks across multiple health professions.<sup>7</sup>

The pursuit of a global framework is intended to drive a possible harmonization of the pharmacy profession worldwide. Although there are often differences in education systems and teaching methods, we all share the same common goal as practitioners – the improvement

of patient health. In order to achieve such a goal we need to be competent in our everyday job, regardless of the practice setting, country, or culture.

## REFERENCES

1. Anderson C, Bates I, Beck D, et al. The WHO UNESCO FIP Pharmacy Education Taskforce. *Hum Resour Health*. June 5, 2009;7:45.
2. Anderson C, Bates I, Beck D, et al. FIP Pharmacy Education Taskforce – enabling concerted and collective global action. *Am J Pharm Educ*. 2008;72(6):Article 127.
3. Poirier T, Butler L, Devraj R, Gupchup G, Santanello C, Lynch J. A cultural competency course for pharmacy students. *Am J Pharm Educ*. 2009;73(5):Article 81.
4. Bates I, Bruno A. Competence in the Global Pharmacy Workforce – A discussion paper. *Int Pharm J*. 2008;1(23):30-33.
5. Maitreemit P, Pongcharoensuk P, Kapol N, Armstrong E. Pharmacist perceptions of new competency standards. *Pharm Pract*. 2008;6(3):113-120.
6. Kaslow N, Borden K, Collins F Jr, et al. Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology. *J Clin Psychol*. 2004;60(7):699-712.
7. Verma S, Broers T, Paterson M, Schroder C, Medves J, Morrison C. Core Competencies: The Next Generation. Comparison of a Common framework for Multiple Professions. *J Allied Health*. 2009;38(1):47-53.