Australian pharmacists’ self-perceptions in relation to the ‘Advanced Pharmacy Practice Framework’

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No Highlights needed to be attached.
Abstract

Background: The Australian Pharmacy Practice Framework was developed by the Advanced Pharmacy Practice Steering Committee and endorsed by the Pharmacy Board of Australia in October 2012. The Steering Committee conducted a study that found practice portfolios to be the preferred method to assess and credential Advanced Pharmacy Practitioner which is currently being piloted by the Australian Pharmacy Council. Credentialing is predicted to open to all pharmacists practising in Australia by November 2015.

Objective: To explore how Australian pharmacists self-perceived being advanced in practice and how they related their level of practice to the Australian Advanced Pharmacy Practice Framework.

Method: This was an explorative, cross-sectional study with mixed methods analysis. Advanced Pharmacy Practice Framework, a review of the recent explorative study on Advanced Practice conducted by the Advanced Pharmacy Practice Framework Steering Committee and semi-structured interviews (n=10) were utilised to create, refine and pilot the questionnaire. The questionnaire was advertised across pharmacy-organisational websites via a purposive sampling method. The target population were pharmacists currently registered in Australia.

Results: Seventy-two participants responded to the questionnaire. The participants were mostly female (56.9%) and in the 30 – 40 age group (26.4%). The pharmacists self-perceived their levels of practice as either entry, transition, consolidation or advanced, with the majority selecting the consolidation level (38.9%). Although nearly half (43.1%) of the participants had not seen the Framework beforehand, they defined Advanced Pharmacy Practice similarly to the definition outlined in the Framework, but also added specialisation as a requirement. Pharmacists explained why they were practising at their level of practice, stating that not having more years of practice, lacking experience, or postgraduate/post-registration qualifications, and more involvement and recognition in practice were the main reasons for not considering themselves as an Advanced Pharmacy Practitioner. To be considered advanced by the Framework, pharmacists would need to fulfil at least 70% of the Advanced Practice competency standards at an advanced level. More than half of the pharmacists (64.7%) that self-perceived as being advanced managed to fulfil 70% or more of these Advanced Practice competency standards at the advanced level. However, none of the self-perceived entry level pharmacists managed to match at least 70% of the competencies at the entry level.

Conclusion: Participants’ self-perception of the term Advanced Practice was similar to the definition in the Advanced Pharmacy Practice Framework. Pharmacists working at an advanced level were largely able to demonstrate and justify their reasons for being advanced practitioners. However, pharmacists practising at the other levels of practice (entry, transition, consolidation) require further guidance regarding their advancement in practice.

Keywords: Advanced Pharmacy practice; Self-perceptions; Australian pharmacist; Pharmacy profession; Pharmacy practice recognition
**Introduction**

Pharmacy has evolved from a traditional role of dispensing and compounding to that of a more patient focused approach.\(^1\)–\(^4\) There is now increasing acceptance by other health professionals to integrate Pharmacy into multidisciplinary teams in hospitals and general practices.\(^5\)–\(^8\) However, although community pharmacies are ‘one of the most trusted and visited healthcare destination in Australia’, there is still uncertainty within the general public as to the role of Australian pharmacists beyond that of medicine suppliers and advisors.\(^9\)–\(^11\)

The Advanced Pharmacy Practice Framework (APPF) was developed by the Advanced Pharmacy Practice Steering Committee (APPFSC) and endorsed by the Pharmacy Board of Australia (PBA) in October 2012.\(^12\) The APPFs’ aim was to enable pharmacists working at an advanced level of practice to gain formal recognition and aspire other pharmacists to work towards advancement.\(^12\) The APPF defines Advanced Practice as ‘practice that is so significantly different than 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.\(^12\)\(^,\)!\(^13\) It outlines the advanced knowledge, skills and attributes that pharmacists should possess to be recognised as Advanced Pharmacy Practitioners.\(^12\)

Currently pharmacists in Australia do not have a formalised professional development pathway to recognise them beyond their entry-level competencies which are defined by the National Competency Standards Framework for Pharmacists in Australia 2010 (National Framework).\(^4\)\(^,\)!\(^12\)\(^,\)!\(^14\)\(^,\)!\(^15\) In order to enhance these entry-level competencies, there is a need for Continuing Professional Development (CPD) and a requirement to identify the necessary improvements in one’s own expertise in order to facilitate the transition to advance in practice.\(^12\)\(^,\)!\(^15\) CPD can be obtained through an increase in scope of practice which narrows as a pharmacists becomes more focussed on a specific area of practice.\(^4\)\(^,\)!\(^12\) The term ‘specialisation’ is usually used when a pharmacist has a defined expert scope of practice.\(^4\)\(^,\)!\(^12\) This term is widely used by other health professions, such as Dentistry and Medicine.\(^15\) The increase in CPD through pharmacists performance level consists of an increase in expertise, training and experiences.\(^12\) This increase in performance level eventually leads to a ‘threshold’ and it is here that advanced practice defined.\(^12\)

The APPFSC noted the work that had already been done by the United Kingdom (UK) Competency and Evaluation Group (CoDEG), the Royal Pharmaceutical Society (RPS), and the Pharmacy Council of New Zealand.\(^12\)\(^,\)!\(^16\)\(^,\)!\(^17\) The Advanced – to – Consultant Level Framework (ACLF) developed by CoDEG, and the RPS Advanced Pharmacy Framework had significantly facilitated the concept of Advanced Pharmacy Practice in Australia.\(^12\)\(^,\)!\(^15\)–\(^18\) The APPFSC used the National Framework as well as these frameworks as the backbone to develop the APPF.\(^12\) The APPFSC also conducted an explorative study around the perspectives of the Australian Pharmacy profession in relation to Advanced Practice.\(^19\) The exploration helped ascertain the best method to assess Advanced Practitioners and targeted pharmacists that were either already advanced or were actively working towards advancement.\(^19\)
The APPF describes the ‘general’ level requirements which related to the competency standards described in the National Framework. The next part describes the general characteristics of pharmacists that are progressing towards becoming advanced. Fig. 1 displays these general characteristics as a continuum, describing the general characteristics at 3 major practice levels identified as transition, consolidation, and advanced. These characteristics indicate general pharmacists’ practice level and are in no way mandatory. Entry level, the level at which pharmacists begin their career, is not outlined in Fig 1 or the APPF. Any continuum towards advancement through CPD and identifying and addressing gaps in expertise is regarded as transitioning. This further leads to consolidation through an increase in performance level and eventually reaches a threshold of advancement. The next section in the APPF explains the competencies of Advanced Practice through a generic template that can be tailored to different areas of expertise. It outlines the Advanced Practice competency standards required to be at the transition, consolidation, and advanced level. For a pharmacist to be recognised as advanced they would have to fulfil at least 70% of the Advanced Practice competency standards for their scope of practice at the advanced level.

The pilot credentialing of these Advanced Pharmacy Practitioners through submission of practice portfolios is currently being conducted by the Australian Pharmacy Council (APC). The APC also released a round of consultation papers in 2014, engaging the profession to communicate about the process and standards that should be used for assessing Advanced Practice. The feedback was being considered in June/August 2015, with credentialing to open to all pharmacists by November 2015.
Fig. 1: General characteristics of pharmacists working with Advanced Practice competency standards adapted from An Advanced Pharmacy Practice Framework for Australia, 2012.

Objective

To explore how Australian pharmacists self-perceived being advanced in practice and how they related their level of practice to the Advanced Pharmacy Practice Framework.

Methods

This was a cross-sectional, explorative study using an electronic questionnaire. The target population were pharmacists registered as practising in Australia. The study utilised a mixed method study design, with triangulation of the methods using qualitative and quantitative analysis in relation to the theoretical propositions enabling better validation of the results. Fig. 2 offers an overview of the process and study timeline used in constructing the questionnaire. This study was granted ethics approval from the Griffith University Human Research Ethics Committee (Ref PHM/15/14/HREC).

Questionnaire construction
The tools used in constructing the questionnaire included a thorough review of the APPF and an in-depth analysis of the recent explorative APPFSC study. This helped construct the first draft of the questionnaire which incorporated the findings of the documents reviewed and the objective of the study. The study objective was highlighted by 5 parts of the questionnaire; the definition of Advanced Pharmacy Practice, the different levels of practice in the Pharmacy profession, the qualities and characteristics needed to be recognised as an Advanced Pharmacy Practitioner, and the demonstration of Advanced Practice competencies in comparison to the different levels of practice.

The questionnaire was constructed electronically using Adobe® FormsCentral and Twist of Lime®, but the latter was not preferred by the pilot participants. The questionnaire contained 14 questions/comment sections and took 10 minutes to complete. A link to the APPF was included in the questionnaire. The first question was the inclusion criteria asking pharmacists if they were registered in Australia. The questionnaire contained 6 demographic questions, with the remainder focusing on the study objective. The final question covered examples from the Advanced Practice competency standards, as described in the APPF. It contained 10 multiple choice questions relating to the competencies that were simplified to optimise comprehension. Entry level examples were also included in this section so that pharmacists beginning their career could also answer the questionnaire. The APPFSC explorative study questions were also compared and contrasted against the questionnaire. This helped shape questions that could further explore Advance Practice in the profession and assisted in validation.

Semi-structured interviews with pharmacists

The semi-structured interviews contributed to the triangulation process. Ten pharmacists that were from different areas and levels of practice in the South East Queensland region were contacted. The aim of these interviews was to provide real-life examples of pharmacists practising at different levels of practice that would help them understand entry, transition, consolidation, and advanced levels of practice in the questionnaire. The information received from the interviews was also analysed to form common themes to supplement the findings from the questionnaire. These participants also piloted the questionnaire to ensure reliability and validity (Fig. 2).

Recruitment process

The ‘deconstruction’ and explanation of the APPF, the explorative APPFSC study, the semi-structured interview, and the piloting of the questionnaire formed a triangulation of the tools used which ensured reliability and validity of the final questionnaire.31,32 This questionnaire contained the informed consent, multiple choices, open and closed-ended questions that addressed the study objectives. The target population of currently practising pharmacists in Australia were purposively sampled. As of December 2014, there were 27,836 pharmacists currently registered as practising in Australia either under a general, provisional or limited registration type with Australian Health Practitioner Regulation Agency (AHPRA).33

The final questionnaire was open for a total of 5 weeks starting from the 23rd of March to the 24th of April, 2015. The questionnaire was advertised on pharmacy-organisational websites that were most likely to be seen by the Pharmacy profession. Auspharmacist.net.au e-newsletter
(AusPharm), the Pharmaceutical Society of Australia (PSA) Facebook® page and the Society of Hospital Pharmacists of Australia (SHPA) e-newsletter advertised the questionnaire. A 16GB Apple® iPad mini 3 was the incentive offered through a prize draw. Participants’ personal details were only used for the draw and were in no way linked to the questionnaire responses.

Data analysis

The qualitative data from the open-ended questions was collected using Microsoft® Excel and analysed in an iterative manner using thematic analysis. Open coding was used as each open-ended question was analysed and codes were developed. This method allowed for grouping of similar ideas and emergence of common themes. The themes from the semi-structured interview were also compared against the themes that emerged from the questionnaire.

The quantitative data obtained from the demographics and the multiple choice questions were analysed via IBM® SPSS® Statistics Version 22.0. Descriptive statistics was used to describe this data. The data was then used to replicate the general characteristics of pharmacists working with Advanced Practice competency standards, as shown in Fig. 1.

See attached JPEG file titled: Fig. 2

Fig. 2: Overview of the method and recruitment process

Results

Seventy-two pharmacists currently registered as practising in Australia completed the electronic questionnaire. Table 1 shows that there were more female participants (56.9%) and the highest percentage of participants (26.4%) were in the 31 – 40 age groups. Nearly half of the participants (43.1%) had not seen the APPF document beforehand. Most of the pharmacists were currently working in the community sector (47.9%). About one third (33.8%, n=24/71) of the pharmacists were currently working in at least two or more areas of practice and about twenty percent (22.9%, n=16/70) of the participants held 2 or more qualifications.

Table 1: Demographics of the study respondents

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Percentage in sample population (N = 72)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>56.9%</td>
</tr>
<tr>
<td>Age Brackets</td>
<td></td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>22.2%</td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>26.4%</td>
</tr>
<tr>
<td>41 – 50 years</td>
<td>19.4%</td>
</tr>
<tr>
<td>51 – 60 years</td>
<td>22.2%</td>
</tr>
<tr>
<td>≥ 61 + years</td>
<td>9.7%</td>
</tr>
</tbody>
</table>
Definition of Advanced Pharmacy Practice

One of the questions helped understand how Advanced Pharmacy Practice was perceived by the profession through the definition of the term by Australian pharmacists. Most of the pharmacists identified that Advanced Practice had to be at a level that was significantly different from that achieved at initial registration.

“Fulfilling a work role substantially different to that undertaken by the 'average' professional and utilising a skill set different to that acquired during the professional qualification.”

The participants also deemed that an increase in skills and knowledge more easily seen in a clinical setting demonstrated an increase in expertise and specialisation, and this implied Advanced Practice.

“Where you can demonstrate "expertise" in Pharmacy practice that is recognised by peers and the profession.”

Involvement and recognition through the greater Pharmacy profession was also considered important. This involved increasing pharmacist responsibilities through contribution to research, mentoring others, becoming leaders in the profession and influencing the profession at a state, national or international level. Pharmacists had to be recognised by their peers, the community, and other health professionals in order to be called ‘advanced’ in practice.

Different levels of practice in the Pharmacy profession
Pharmacists were asked to self-perceive their level of practice and explain why they were working at this particular level. All 72 participants reflected on their current level of practice. A large proportion of participants (38.9%) believed that they were practising at a consolidation level.

Pharmacists that self-perceived to be practising at the lower levels of entry (15.3%) and transition (12.5%) stated that they lacked experience. Not having different areas to practice in, more years of practice and more qualifications were the primary reasons given to justify practising at this level. Those choosing to self-perceive as practising at the transition level stated that they had more qualifications or involvement then that described at entry level.

“Only have been practising as a registered pharmacist for 4 years. Practising in a specialised role for less than a year. Nil publications yet but contemplating research.”

Most consolidation level pharmacists believed that their years of practice, experience, adaptability and involvement at a level higher than at registration justified their level of practice. Not having specific training or qualifications was the primary reason they did not think they could be practising at an advanced level.

“I have not had my skills/knowledge in my specialist areas of practice assessed in any way. I have lots of experience but little formal training. I can identify significant knowledge gaps in my own areas of specialty…”

The participants that self-perceived to be at an advanced level stated a range of reasons to justify why they were at this level and not another. Years of practice and experience working in a specialised area or in a lot of different areas and being involved not only nationally, but at an international level, were the primary reasons for self-perceiving oneself to be at an advanced level of practice.

“Graduated in 1958 and have worked in most branches of Pharmacy, especially as a missionary pharmacist in Ethiopia and Liberia. Includes Hospital Director, clinical ward rounds, time learning about TB with WHO…”

Qualities and characteristics of an Advanced Pharmacy Practitioner

The qualities and characteristics Australian pharmacists self-perceived that they needed to possess in order to be recognised as an Advanced Pharmacy Practitioner was also explored. Pharmacists that self-perceived as advanced (29.2%, n= 21/72) did not need to answer this question and a further 8 did not respond. Hence, only 43 participants’ responses could be analysed. The participants believed that an increase in numerous qualities and characteristics were important. Fig. 3 summarises these findings which are not weighted, therefore, may have been mentioned by a few or by many participants.

See attached JPEG file titled: Fig. 3
Fig. 3: Qualities and characteristics of an Advanced Pharmacy Practitioner identified by the participating pharmacists

Demonstration of Advanced Practice competency standards

The quantitative aspect of this research asked pharmacists to self-perceive their level of practice for each of the Advanced Practice competency standard examples chosen from the APPF. Participants were excluded if they had given blank responses (n=3), chosen the “not applicable” option in one of the questions (n=20), or self-perceived as practising in the “other level” category (n=3). A total of 46 valid responses were used for this analysis. Table 2 outlines the two questions from each of the 5 domains that were asked and the received responses. Most of the self-perceived advanced level pharmacists answered the questions using the advanced answer. Rarely any of the self-perceived entry level pharmacists answered a question using the entry answer. The consolidated level pharmacists also rarely selected the entry level answers. Both the consolidated pharmacists and the transition pharmacists had very scattered responses, selecting answers in different levels of practice.
Table 2: Pharmacists’ self-perceptions and their response to each question at the different levels of practice

<table>
<thead>
<tr>
<th>Multiple Choice Questions</th>
<th>Entry level pharmacists (n=7)</th>
<th>Transition level pharmacists (n=5)</th>
<th>Consolidation level pharmacists (n=17)</th>
<th>Advanced level pharmacists (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E (%)</td>
<td>T (%)</td>
<td>C (%)</td>
<td>A (%)</td>
</tr>
<tr>
<td>Q1: I am able to plan, manage, monitor, advise and review professional programs</td>
<td>28.6 14.3 57.1 0.0</td>
<td>20.0 40.0 40.0 0.0</td>
<td>0.0 11.8 52.9 35.3</td>
<td>5.9 17.6 0.0 76.5</td>
</tr>
<tr>
<td>Q2: I make decisions in relation to my field of Pharmacy practice</td>
<td>14.3 42.9 42.9 0.0</td>
<td>0.0 40.0 20.0 40.0</td>
<td>0.0 47.1 23.5 29.4</td>
<td>0.0 23.5 35.3 41.2</td>
</tr>
<tr>
<td>Domain 2: Communication, collaboration and teamwork</td>
<td>Q3: My professional communication skills demonstrate that I am able to</td>
<td>0.0 28.6 57.1 14.3</td>
<td>40.0 0.0 20.0 40.0</td>
<td>0.0 5.9 52.9 41.2</td>
</tr>
<tr>
<td>Q4: When I work as a member of the Pharmacy team I am able to</td>
<td>0.0 28.6 57.1 14.3</td>
<td>0.0 40.0 40.0 20.0</td>
<td>0.0 0.0 23.5 76.5</td>
<td>0.0 0.0 5.9 94.1</td>
</tr>
<tr>
<td>Domain 3: Leadership and management</td>
<td>Q5: I am able to understand strategic context and contribute to strategic plans.</td>
<td>28.6 42.9 14.3 14.3</td>
<td>20.0 60.0 20.0 0.0</td>
<td>17.6 23.5 35.3 23.5</td>
</tr>
<tr>
<td>Q6: In regards to mentoring</td>
<td>14.3 28.6 42.9 14.3</td>
<td>20.0 0.0 80.0 0.0</td>
<td>0.0 0.0 23.5 76.5</td>
<td>0.0 0.0 29.4 70.6</td>
</tr>
</tbody>
</table>

E – entry level option, T – transition level option, C – consolidation level option, A – advanced level option

The highlighted sections are the particular level option that should have been chosen by the different self-perceived level pharmacists.
Table 2: (continued)

<table>
<thead>
<tr>
<th>Multiple Choice Questions</th>
<th>Entry level pharmacists (n=7)</th>
<th>Transition level pharmacists (n=5)</th>
<th>Consolidation level pharmacists (n=17)</th>
<th>Advanced level pharmacists (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E (%)</td>
<td>T (%)</td>
<td>C (%)</td>
<td>A (%)</td>
</tr>
<tr>
<td>Domain 4: Professional and ethical practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q7: In regards to applying and monitoring standards of Pharmacy practice</td>
<td>14.3</td>
<td>42.9</td>
<td>42.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Q8: I contribute to Continuing Professional Development (CPD)</td>
<td>0.0</td>
<td>71.4</td>
<td>28.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Domain 5: Critical analysis, research and education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q9: With regards to education and training</td>
<td>14.3</td>
<td>42.9</td>
<td>42.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Q10: My research skills allow me to generate</td>
<td>28.6</td>
<td>57.1</td>
<td>0.0</td>
<td>14.3</td>
</tr>
</tbody>
</table>

E – entry level option, T – transition level option, C – consolidation level option, A – advanced level option

The highlighted sections are the particular level option that should have been chosen by the different self-perceived level pharmacists
The participants’ characteristics were compared against the APPF general characteristics, as shown in Fig. 1. Table 3 describes most of the general characteristics of the study participants. The average years of practice for pharmacists increased as the levels of practice increased. Most of the pharmacists in the advanced level (95%) had obtained postgraduate and/or post-registration qualifications and practised/were practising in different areas. In regards to Advanced Practice competency standards, it was observed that none of the pharmacists at the entry level fulfilled the required competencies at this level and more than half of the advanced level pharmacists (64.7%) managed to fulfil competencies within their advanced level.

Table 3: General characteristics of pharmacists at different self-perceived levels of practice

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Entry level (n=11)</th>
<th>Transition level (n=9)</th>
<th>Consolidation level (n=28)</th>
<th>Advanced level (n=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of participants</td>
<td>15.3%</td>
<td>12.5%</td>
<td>38.9%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Average years of experience (SD)</td>
<td>4.4 ± 2.7yrs</td>
<td>7.3 ± 2.9yrs</td>
<td>22.9 ± 10.1yrs</td>
<td>30.9 ± 14.6yrs</td>
</tr>
<tr>
<td>Percentage that had practised/were practising in more than one area</td>
<td>54.5%</td>
<td>22.2%</td>
<td>71.4%</td>
<td>95.0%*</td>
</tr>
<tr>
<td>Percentage that held postgraduate/post-registration qualification</td>
<td>45.4%</td>
<td>33.3%</td>
<td>57.1%</td>
<td>95.0%*</td>
</tr>
<tr>
<td>Percentage that fulfilled competency requirements at the particular level¹</td>
<td>0.0% (0/7)</td>
<td>20.0% (1/5)</td>
<td>11.8% (2/17)</td>
<td>64.7% (11/17)</td>
</tr>
</tbody>
</table>

* n=20 due to missing data

¹participants had to answer 7 or more of the 10 multiple choice questions at their particular practice level (This is similar to the 70% Advanced Practice competency standard requirements that is mentioned in the APPF)

Discussion

To the best of the researchers’ knowledge this study is the first of its kind, examining Australian pharmacists’ self-perception in relation to the APPF in a small sample of registered pharmacists. The participant’s age and gender distribution was fairly similar to the distribution seen in the PBA 2014 annual report. The exception was that there were twice as many pharmacists in the 50 to 60 age bracket. Advanced Pharmacy Practice is seen to be attained with experience, therefore, this study could have attracted the slightly older pharmacist population.
Areas of practice and qualifications in relation to Advanced Practice

Specialisation was perceived to be one of the key factors in the definition of Advanced Pharmacy Practice in this study and it was also found to be an incidental finding of the explorative APPFSC study. The participants (26.8%) that had only ever practised in one particular area could have been working towards specialisation. Pharmacists working in two or more areas would obtain different experiences showing their versatility. However, it could be argued that this could lead to a decrease in specialisation and expertise knowledge as there would not be enough concentration in a particular scope of practice. Hence there needs to be some level of specialisation to be considered advanced in practice.

To be recognised as an Advanced Pharmacy Practitioner according to the APPF, one had to also be expanding their performance level by education, training and experience. Fig. 1 outlines postgraduate and or post-registration qualification as a general characteristic likely to be achieved by pharmacists working with Advanced Practice competency standards. The majority of the participants (70.4%) held a post-registration or postgraduate qualification or were in the process of obtaining such qualifications. These pharmacists also felt that qualification beyond that required to be registered as a pharmacist was necessary to be seen as practising at a higher level. Obtaining more training and education such as postgraduate and post-registration qualifications is perceived as necessary in becoming more advanced in practice.

There were twice as many hospital pharmacists that took part in this questionnaire in comparison to the statistics obtained from the Health Workforce of Australia, 2014 (43.7% vs 17.6%). Therefore, the idea of Advanced Practice being seen as something that is easier to gain in clinical settings may have been predisposition. However, Advanced Practice has been more developed in clinical settings and there is a need to develop validated competencies for Australian pharmacists in general practice settings.

Pharmacists definition of Advanced Practice

The present study also aimed to understand how Advanced Pharmacy Practice was perceived by the profession through the definition of the term by Australian pharmacists. The participants mentioned the key elements of higher level of practice, increased expertise, extensive involvement and recognition from the wider community. This is very similar to the APPF’s definition of Advanced Pharmacy Practice. Therefore, this cohort of Australian pharmacists were well aware of what Advanced Practice means in their profession.

However, pharmacists also included specialisation in their definition, which is not a part of the APPF definition. Even though increased expertise would mean having knowledge and skills in a particular field which may require a level of specialisation.
Pharmacist self-perceived levels of practice

Pharmacists that self-perceived to be at the consolidation level (38.9%) met most of the criteria for an advanced level pharmacist, as outlined in Fig. 1 but felt that there was something missing, such as formal qualifications that prevented them from being advanced in practice. While pharmacists that self-perceived to be advanced had journeys that they felt depicted Advanced Practice. They fulfilled most of the key elements in the APPF definition. Similarly, pharmacists practising at the lower levels of practice; entry and transitional levels, felt that an increase in expertise, education and training was needed to be considered advanced.

It was beyond the scope of this study to ascertain if these pharmacists were actually at the level they stated. The need for evaluation of these journeys towards advancement for pharmacists practising at all the levels has been noted in the feedback of the Advanced Pharmacy Practice evidence guides prepared by the APC. However, it could be observed that pharmacists were aware of their limitations. Self-perception allowed pharmacists to identify gaps in one’s level of practice, the first step in enabling them to seek further goals towards advancement.

An Advanced Pharmacy Practitioners’ qualities and characteristics

The qualities and characteristics Australian pharmacists had identified they needed to possess in order to be recognised as an Advanced Pharmacy Practitioner have been summarised in Fig. 3. Most of these qualities and characteristics are described in the APPF and are essential in establishing competency and advancement in health professionals. Lack of key aspects, such as confidence, recognition for being advanced, and opportunities to progress in the workforce are also regarded as being barriers to progress.

Pharmacists self-perceived levels of practice against the competencies

Table 2 showed that pharmacists practising at an advanced level could largely identify their correct corresponding level of competency. The APPF outlines the requirements to be an Advanced Pharmacy Practitioner, but lacks more clear interpretation regarding pharmacists that are practising at the other levels. This could make it challenging for pharmacists to identify their true level of practice.

In addition, it raises the question if the APPF is robust enough to accommodate all the other levels of practice that exists in the profession and guide them towards advancement. Literature lacks such comparison of pharmacists being compared against all the competencies to evaluate if it is a true representation of their profession at certain levels of practice. Australian Pharmacy seems to be a confused profession at this point in terms of pharmacists not being sure of their levels of practice or their competencies.

Table 3 takes this comparison further by finding the general characteristics of the sample population. The inconsistent results in the lower practice levels reiterated the need for clearer guidelines for pharmacists practising at the levels of entry, transition, and consolidation.
The lack of awareness and use of the APPF has also been reported in the explorative APPFSC study. Some of the participants also felt that there was no purpose to Advanced Practice as there has been no mention of remuneration or prescribing rights in relation to being recognised as an Advanced Pharmacy Practitioner. Although there is overall positivity to drive the profession forward, there is still uncertainty in the direction the profession is taking to achieve this. Similar uncertainty has also been observed in the Australian Nursing profession during the development and implementation of their Advanced Nursing Practice. Awareness of recognition for Advanced Practice in the Pharmacy profession may help in guiding Australian pharmacists’ towards advancement.

**Limitations**

It is unknown if the APPF and the other frameworks used for this study were validated before being implemented. The terminology in the Advanced Practice competency standard questions were also found to be difficult to understand by some participants. However, these could not be simplified further without changing their meaning. The small sample size influenced the generalisability of the results. It also prevented the researchers from doing any inferential statistics. This limited the interpretation and strength of the results observed. However, there was still a good cross-sectional representation of the variety of Pharmacy practice environments, enabling external validity.

**Conclusion**

As mentioned in the APPF, pharmacists also self-perceived that their years of practice, different areas of practice, specialisation, qualifications, contribution towards the profession through involvement, and recognition through peers and the wider community were the key elements in defining Advanced Practice. These elements were also mentioned when pharmacy professionals were asked to explain why they were at a particular level of practice and the qualities and characteristics they needed to be an Advanced Pharmacy Practitioner. Pharmacists that self-perceived to be advanced in practice seemed to largely fulfil most of the requirements needed to be considered advanced. This indicates that there are pharmacists in the community who are working at the advanced level in relation to the Advanced Practice competency standards and these pharmacists need formal recognition. However, pharmacists at the other levels of practice of entry, transition and consolidation need further guidance to follow the Advanced Practice pathway. It is also essential to specify what will be the practical outcomes of being recognised as advanced. Without clear definitions of advancement and guidance throughout the professional pathways, there may be barriers to the adoption of such frameworks not only within the Pharmacy industry but also in other disciplines that have introduced the concept of Advanced Practice.

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Conflict of interest
None declared.

References


August 2014: Deconstruction of the Advanced Pharmacy Practice Framework (APPF)

Documents reviewed

September 2014: Exploratory study by the Advanced Pharmacy Practice Framework Steering Committee (APPFSC)

January – February 2015: Semi-structured interview (n=10)

Draft questionnaire outlining objectives

Feedback and modification of questionnaire

Twist of Lime questionnaire (n=1)

February 2015: Piloting of the questionnaire (without real life examples) (n=5)

Adobe FormsCentral questionnaire (n=4)

Participants re-tested the questionnaire

March 2015: Piloting of the questionnaire (with real life examples) (n=10)

Feedback and finalisation of questionnaire

March 2015: Questionnaire advertised on AusPharmacist.net.au (AusPharm), Pharmaceutical Society of Australia (PSA), and the Society of Hospital Pharmacists of Australia (SHPA)

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