From competence to capability

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UNDERSTANDING THE DIFFERENCE BETWEEN CAPABILITY AND COMPETENCE CAN HELP IMPROVE OUR ABILITY TO PRACTICE.

Since the Renaissance and the life of Isaac Newton and his scientific legacy, human beings have been fascinated by the nature of things and how they work. But this interest is hardly fuelled by interest itself. It is fuelled by the promise of 'control'. With the rise of what became known as modernism in the late 19th century, science has been obsessed with the idea that if we know all of the parts of a complex system and lay them bare for inspection, we can gain control of the system by manipulating the parts. The incredible outcomes of this scientific approach have led the world to what we know it to be today.

But social scientists have found that the science of reductionism and determinism are not particularly successful methods for getting good control of human behaviour. Take 'leadership' for example. After a couple of hundred years of scientists trying to 'bottle it', so it can be developed and delivered on command, the whole concept remains elusive. Neither is leadership able to be precisely defined for every context, nor can it be executed according to any type of repeatable formula. Simply put, when it comes to people and their behaviour, the sum of the parts does not explain the whole.

This also seems to be the trouble with the concept of competence. For decades the essence of what constitutes a 'competent' individual has been sought after. In the tradition of scientific modernism, competence has been variously defined and then anatomically deconstructed into its apparent constituent parts. Thus, we have seen the rise and rise of competency standards and frameworks which purport to display the anatomy of competent behaviour.

From a descriptive viewpoint, standards and frameworks are highly useful (and necessary), at least for the purpose of being explicit about what is required, for example, to practice pharmacy in an acceptable way. But there are limitations. The absence of context and any mention of 'how' to act within that context, is seen as problematic (kind of like reading described dance steps but still being unable to dance!). Another limitation is the expectation that if someone can act in a competent way at a point in time, (i.e. in one context), that they will be able to repeat it later. The concept of competence is, thus, retrospectively focused and is a poor predictor of appropriate action in the event of complex, new and emerging environmental circumstances…the sort of environment that pharmacy finds itself within today.

It is this limitation which has seen academics look beyond the idea of competence to the concept of capability, which is focused on dealing with the emerging future. But the concept of capability cannot be understood in the typical reductionist way in which competence is viewed. This is because capability is understood holistically, ‘an all-round human quality, an integration of knowledge, skills and personal qualities used effectively and appropriately in response to varied, familiar and unfamiliar circumstances’. Unlike competence, capability does not have meaning as a stand-alone idea. Capability is not only holistic, it can only be understood dynamically—that is, with the passage of time.

The idea of a ‘capable person’ is not hard to grasp and most of us have met some. These people seem to know how to ‘cope with apparent ease’. No matter what seems to arise in their work/business life, they seamlessly match emerging reality with the next right action—a mix of tacit pre-emption with an execution-mastery. Whatever else is going on inside them, learning seems to be the key. Capable people know how to learn!

Gardiner et al describe at least five clusters of behaviours which seem to describe ‘capability’ within nurse practitioners. These are:

- Knows how to learn
- Works well with others
- Is creative
- Has a high degree of self-efficacy (belief that they will be successful)
- Can apply competencies in novel as well as familiar situations

Now that pharmacy has done the hard work of explicating optimal practice for both general and advanced practitioners through its recently published competency frameworks, the job of describing ‘what is’ competent pharmacy practice is mostly done. But with a modern environment defined by the degree of turbulence rather than the fact of it, as well as the drive to transform practice itself into more integrative models, the need for leadership about ‘how to’ has never been greater.

Perhaps it is time to raise the capability concept as the natural advancement of our recent obsession with competence. To do so will require a completely new way of thinking about and understanding ‘reality’, and being willing to understand different ways of what it means to ‘know’. Social science can help, and the rewards may be great because this direction is towards an understanding of what it means to be a capable human in ‘practice’—a key to evolving with the times.