“Advanced Clinical Practice” - a Pharmacist’s perspective

By

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Background

• Health Education England - national project for emergency medicine
• HEWM – WestMidlands pilot in three trusts
• What impact could pharmacists have in this crisis? Members of the ED teams?

A&E departments face crisis

Waiting target missed in major A&Es 'for whole year'
The ED Pharmacy Pilot

- Investigate potential of an enhanced clinical role for Pharmacists
- As part of (not alongside) the multi-disciplinary team working with Advanced Practice Nurses & Physician Associates
- HEFT, BCH (paediatric) & Worcester
NOT CLINICAL PHARMACY AS YOU MAY know it!
Who are Advanced Clinical Practitioners?

- ADVANCED Nurse Practitioners
- Paramedics
- Respiratory Physiotherapists
Who are Advanced Clinical Practitioners?

• Physicians Associates??
• Clinical Pharmacists (IPs) ??
What can an ACP do?

- Conduct comprehensive physical exams
- Request and interpret tests
- Diagnose and treat illnesses and injuries
- Counsel on preventive health care
Is there a need for Advanced Clinical Practice Pharmacists?
BCH was phase II of the project.

- Patients were coded according to a perceived professional ability to manage (PAM) that patient.
PAM Categories

**CP:** Community pharmacy intervention.
  e.g. Conjunctivitis

**IP:** Independent prescriber intervention.
  e.g. Asthma

**IPT:** IP with enhanced skills training.
  e.g. Abdominal pain? Differential diagnosis

**MT:** Medical team only – Pharmacist intervention unsuitable.
  e.g. Known cardiac patient
What we found....

The number of patients in each PAM category

- CP/IP: 5
- IPP + MD: 24
- IPT: 172
- MT: 200
Type of additional training required for the IP caseload

- Minor Injuries: 47%
- Clinical Examination and diagnostics: 53%
Standardise training across the country?

• Many institutes providing different standards for practice
• Needs to be standardised
• Need to have an Advanced Clinical practice competency document recognised, nationally
• Any trainee...Anywhere is trained to the same syllabus and standard
Advanced clinical Practice for Healthcare professionals

- Funding from HEWM
- Warwick Medical school
- Two modules to give Postgraduate certificate qualification
- 15 month course of the 3 years masters course
- Already having prescribing qualification
- Pharmacists, paramedics, physiotherapists and nurse taught together
- Learning and working as multidisciplinary teams
Two modules

**Clinical Investigations and Diagnostics for Healthcare Professionals**

- Theoretical underpinning knowledge base to deliver safe and effective autonomous care.
- Includes requesting diagnostic investigations and interpretation of results for patients presenting within acute care settings with undifferentiated and undiagnosed primary and secondary care conditions across the age and acuity spectrum.

  e.g. X-rays, ABG, FBC, CT head scanning, microbiology

**Clinical examination**

- Teaches functional anatomy and altered pathophysiology of a range of body systems relevant to common conditions
- Complete clinical history
- Adapt a standard approach to performing a full systems clinical examination
- Formulate a working and differential diagnosis
Clinical skills practice

- May – November 2014
- Twice weekly (Total 190 hours clinical time)
- ED & PAU with General paediatric team
- Supervised by ANP
- Gain practical experience within the ACP Trainee role
- Provide a detailed portfolio of autonomous practice demonstrating attainment of clinical competence
What the medics think about pharmacists doing the role??

- Independent Prescribers
- Experts in medicines
- Know about formulations
- Prescribing in measurable doses
- Understand therapeutic drug monitoring
- Interactions
- We take better medication histories
- Understanding of drug guidelines
How to link knowledge and new skills???

• Advancing role of the Independent prescriber?
• Non medical prescribers prescribe better than medics!!
• Using Independent prescribers more so than currently being used
• Pharmacist able to utilise medicine management, medicine reconciliation and medicines optimisation into the new role
Advantages

• Medics know pharmacist are the experts for medicines
• Pharmacist in ED’s are not established
• The advanced clinical practitioner role doesn’t differentiate between different professions
• None of the other professions do this as part of their traditional roles and so why is it different for pharmacist?
• Opportunity for the profession to be part of the bigger picture
Disadvantages

• Changing role of the clinical pharmacist from tradition role
• More expensive than nurses
• Not established in many areas such as MDC, SDC, anticoagulation clinics, pre-admissions
• Is it the best use of the pharmacist existing skills?
What my chief pharmacist thinks??

- Opportunity to develop a *new* role for Clinical Pharmacists
- Integrated into and paid for by the ward teams (Medics & Nurses)
- Uncertain where this might lead but as revolutionary as when pharmacist first stepped onto wards.
- ACP going in position – other qualifications will follow
- Exciting!
- Not pharmacy? Neither was stepping onto wards initially!
Case study/examples of practice

- Flu champion - First for the trust
- Clerking patients in the Clinical decisions unit
- Part of the medical general paediatric ward round on PAU - with prepping notes and carrying out examination of patients & decisions for clinical management
- Minor injuries in ED
- Assessment of minor illness - although not differentiated
Case example- 1yr 11month female

- PC- BIBA 10/7, having fallen off trampoline (2Ft). Hasn’t felt herself since. Reduced appetite & fluids
- HPC- started 3/7. Corozyl, holding ears and head. Warm to touch. Reduced wet nappies
- PMH. Bronchiolitis @ 6months of age
- DH- no concerns
- SHx & FHx- no concerns
- BHx- Born @39wks. Emergency C-Section. No SCUBU admission or ventilation
Continued...

- O/E – CVS – I + II + O
- Respiratory - Clear. No wheeze. No crackles. No recession
- Neurological- Normal gait. GCS 15/1/5. PEARL- 4. Fix and follow. Good grasp
- ENT- Ear – L –red. R- NAD
  - N- Not formally examined
  - T- Red throat, no enlarged tonsils
- IMP- *Viral URTI illness*
- Plan- Verbal advice and to return to GP/ED if patient deteriorates
Skills needed

- Appropriate clinical examination skills
- Understanding when and when not to prescribe
- Any investigations that may need to be performed
- Ability to communicate with the patient
Conclusion

• Clearly a new role for ACP qualified pharmacists exists in the new NHS
• Advanced Clinical Pharmacy a new discipline
• Integrated into Consultant teams across a range of specialities
A Big thank you to.....

• BCH ED
• Pharmacy department
• Health Education West Midlands