Consultant Pharmacists: support for establishment of posts

In 2015, the Chief Pharmaceutical Officer for England, Dr Keith Ridge, expressed an ambition to increase the number of Consultant Pharmacist posts 10 fold to 500-600 across the country. This document explains more about the role, with information about what Consultant Pharmacists can bring to patient care and examples of what has been achieved. The following information supports the completion of the Health Education England (HEE) Consultant Pharmacist Post Application Pro-Forma Feb 2017, available from HEE or contact nina.barnett@nhs.net or nicola.stoner@ouh.nhs.uk

This document is part of a suite published by the Medicines Use and Safety Team (MUS), NHS Specialist Pharmacy Service (SPS), as part of the Consultant Pharmacist Toolkit at www.sps.nhs.uk, to aid understanding of the role and facilitate establishment of Consultant Pharmacist posts.

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What is a Consultant Pharmacist in the NHS in England?

The term consultant pharmacist, in the NHS, refers to a pharmacist who has been appointed to an NHS post which is approved according to the Department of Health for England 2005 Guidance for the Development of Consultant Pharmacist Posts (link). The guidance describes the role of the Consultant Pharmacist, which is distinct from other pharmacy roles. The aim of the role was to provide patients with access to high level expertise from practitioners leading the profession, through practice, research and teaching, in their specialist area.

The guidance required that posts created within or across NHS organisations in England obtained approval by Strategic Health Authority approval panels for ratification of consultant posts. NHS structural changes have led to the establishment of an interim approval process managed by Health Education England through the four Local Education and Training Boards (LETBs) in England (London & the South East, Midland & East, North and South). The approval process is designed to ensure that business plans match the spirit of this guidance and that posts are sustainable, consistent, equitable and transferable across the NHS. Work is underway to support equitable provision of healthcare and access to Consultant Pharmacist expertise.

How many consultant posts exist?

There are approximately 70 posts nationally and the number is growing. A location of posts map is being developed. Posts exist in a wide variety of specialities including antimicrobial stewardship, cancer, medication safety, older people, critical care, mental health and others in primary and secondary care. It is hoped that future posts will be established as part of clinical care pathways in preference to organisation or sector-based roles. Consultant pharmacist posts exist in Wales and Northern Ireland, based on the Department of Health for England 2005 guidance, and NHS Scotland is exploring the utility of the role. A generic job description is available to support creation of new posts at [https://www.sps.nhs.uk/wp-content/uploads/2017/05/Generic-Consultant-Pharmacist-Job-Description-example-vs-1-May-2017.pdf](https://www.sps.nhs.uk/wp-content/uploads/2017/05/Generic-Consultant-Pharmacist-Job-Description-example-vs-1-May-2017.pdf)

What does the role entail and what does it offer?

The posts have been designed to support medicines optimisation, improving patient care by providing clinical excellence in specific areas of practice and strengthening professional leadership. The posts provide a dynamic link between clinical practice and service development to support new models for delivering patient care. The title Consultant Pharmacist is important for the public as the term “Consultant” is meaningful to patients in a health-care setting. The four main functions are:

- **Expert practice.** Ensuring that the highest level of pharmaceutical expertise is available to those patients who need it and making the best use of high level pharmacy skills in the promotion and provision of evidence-based patient care.
- **Professional leadership.** Consultant pharmacists will develop and identify best practice working with advanced practitioners, professional managers of pharmaceutical services, and other relevant healthcare professionals, to achieve successful outcomes. They will be acknowledged sources of expertise, and will contribute to the development of service strategies, which will drive change across health and social care.
Education, mentoring and overview of practice. There is a clear role in mentoring staff, working with higher education institutions (HEIs), undertaking teaching in their field of practice and work to enhance links between practice, professional bodies and HEIs.

Research, evaluation and service development. Playing a crucial role in addressing the need to increase research capacity, develop a research portfolio and to develop a workforce that is research aware as well as contributing to audit and service evaluation.

The guidance recommends that the title Consultant Pharmacist is not conferred on individuals purely in recognition of innovative or excellent practice, it is only for those practitioners who meet the required competencies for the post. The competencies in the 2005 guidance are drawn from the Advanced and Consultant Level Framework which is divided into six capability (competency) clusters. Applicants were required to demonstrate the highest level of competence (mastery) for the majority of competencies in at least three clusters, which must include expert professional practice, building working relationships and leadership. From 2013, after the launch of the Royal Pharmaceutical Society Faculty, the consultant role has been recognised as part of the RPS roadmap to advanced practice, which provides guidance for career progression within the pharmacy profession and supports succession planning.

Applicants for Consultant Posts are now recommended to have at least “Advanced Stage 2” with clusters 1-3 at mastery level achieved or “Mastery” in the Advanced Pharmacy Framework (four clusters at mastery level) or working towards the latter. Applicants must also match the Agenda for Change Consultant Pharmacist profile.

What is the difference between Advanced Clinical Pharmacists and Consultant Pharmacists?

An advanced clinical pharmacist role requires the post holder to deliver expert clinical pharmacy practice in a given speciality. The Consultant pharmacist role requires the postholder to deliver the highest level of expert clinical practice in their speciality and to lead for the profession in that speciality in practice, education and research.

The consultant pharmacist role offers a different skill set to the advanced clinical practitioner. The roles refer to different levels of attainment within the advanced pharmacy framework. An advanced clinical practitioner is likely to be working at excellence in the advanced and consultant pharmacist framework (ACLF), Advanced Stage II in the RPS Faculty Advanced Pharmacy Framework (APF) and is not required to work at mastery level. In addition, the advanced practitioner will not have research and evaluation or professional leadership across an organisation or health economy as part of their role.

What have current posts achieved?

Examples of achievements from a selection of Consultant Pharmacists are outlined below, taken from presentations given at the Ten year anniversary event in June 2016, which was hosted by the RPS. They also appear as part of the Consultant Pharmacist Toolkit.

The examples are summarised below, under the headings used in the DH guidance.
Expert practice

- **Consultant Pharmacist Cardiology (Lambeth, London):** Consultant Pharmacist-led hypertension clinics reduced blood pressure in people with uncontrolled hypertension. In response to local data identifying over 8,000 patients in Lambeth failing to achieve desired BP target, Consultant Pharmacist-led hypertension clinics were established. Data for over 1,000 patients in 37 GP practices showed that over 60% had a reduction in systolic GP of over 25mmHg from a starting BP of over 160mmHg and 20% showed a reduction of nearly 40mmHg with a starting BP over 160mmHg.

- **Consultant Pharmacist Antimicrobials (Southampton):** “MicroGuide” smartphone app led and developed by the Consultant Pharmacist, Antimicrobials, Southampton. This was the first app (July 2011) in the UK to offer infection treatment guidelines via mobile electronic devices at the bedside including alternative treatment options for patients with antibiotic-resistant infections. Results show the app has supported a sustained reduction in prescribing of high-risk broad-spectrum antibiotics from 40% to 28%, with a fall in Clostridium difficile infections from 60 a month to less than 10 (with other prevention initiatives). For further information click [here](#).

- **National guidance and standards**
  The majority of Consultant Pharmacists have contributed to national documents and standards through professional and NHS bodies. Examples include:
  - Consultant Pharmacist Care of older people (London) on NICE multimorbidity guideline development group
  - Consultant in Cancer care (Oxford): leading RPS curriculum development through BOPA

Professional leadership

Local and national leadership

All Consultant Pharmacists lead local development in their speciality – details available through local organisations. Many have also led national development through professional and NHS bodies. Examples include:

- **Consultant Pharmacist Paediatric (London).** Contribution to BNF for Children as part of the formulary committee and strategy advisor, NICE guidance.
- **Consultant pharmacist Antimicrobials (Imperial)** led the transition of UKCPA Infection Management Group to Pharmacy Infection Network. The network has been rebranded, now providing an extensive education and training portfolio together as well as publishing an Infection and Antimicrobial Stewardship Curriculum. In 2013/14 a discussion with international antimicrobial pharmacists led to development of an international network which attracted 10 different countries. A proposal was made to the International Pharmaceutical Federation (FIP) to create a formal group.

Collaboration

- **Consultant Pharmacist Cancer (as a group):** Collaboration to produce pharmacy standards for verification of prescriptions of cancer medicines (2010). A report was published in January 2011,
endorsed by leading national pharmacy and cancer organisations, on dispensing and supply of oral chemotherapy and systemic anticancer medicines in primary care.

- **Consultant Pharmacist Anticoagulation (Kings):** Collaboration with Royal College of Obstetricians and Gynaecologists to produce the Thromboembolic Disease in Pregnancy and Puerperium: acute management guideline in April 2015.
- **Consultant pharmacists in Critical Care (United Kingdom Clinical Pharmacy Association specialist group):** Published *Core standards for intensive care units (Faculty of Intensive Care Medicine, 2013).*

**Education, mentoring & overview of practice**

**Education**

- Most Consultants lead education through their specialist groups e.g. within UKCPA or individual expert group and in national events *Clinical Pharmacy Congress.*
- **Consultant Pharmacist Paediatrics (London):** Developed *international masterclasses* in Paediatric clinical care.

**Mentoring and overview of practice**

- **Consultant Pharmacist Care of Older People (London, Leeds):** Peer support meetings for pharmacists undertaking medication reviews in care homes and domiciliary settings. Regular group meetings for peer support have been set up in England. Details can be found *here.*
- **Chairs of Consultant Pharmacist group** set up peer mentoring and support for newly appointed Consultant Pharmacists.

**Research, evaluation & service development**

**Research**

- **Care of Older People Consultant Pharmacist (Northern Ireland):** Reduced morbidity through Consultant review in intermediate care, including admission, during inpatient stay, at discharge and up to 30 days post discharge. 84% of 1,100 interventions were clinically significant. The work demonstrated a significant reduction in inappropriate medicines prescribed with drug costs savings of £164,000 per annum. Received a British Geriatric Society Award and the RPS Pharmaceutical care Award 2014.

**Evaluation**

- **Consultant Pharmacist Antimicrobials (Leeds):** Led 1st global antimicrobial stewardship in hospitals survey, developed joint Leeds/Oxford University research group obtaining an NIHR Programme Grant on antibiotic allergy. Worked with Huddersfield & Bradford University on antimicrobial stewardship in Community Pharmacy. Regular publications in Medline listed journal.

**Service development**

- **Consultant Pharmacist (Care of Older People, London):** Developed and launched the integrated medicines management service (IMMS) in 2008, which provides medicines optimisation for patients who are at high risk of preventable medicines related readmission (PMRR). Service evaluation showed that where IMMS was provided, fewer readmitted patients experienced a preventable medicines related readmission. An estimated potential saving of £151,848 per year.
in avoided PMRRs for over 65s as identified. The service is being rolled out to all three sites in the trust.

Publications


- **Consultant Pharmacist Respiratory (Leicester):** Study of Asthma control supported by NHS innovation fund, Pharmaceutical Care Award Winner 2012. Significant improvements in patients asthma control measured by Asthma Control Test (ACT) (p=0.002). with increase in ACT scores for 36 (72%) patients, decrease for 11 (22%) and no change in 3 (6%).

Additional support to aid the development of a business case can be found as part of the Consultant Pharmacist Toolkit