Response to the Consultation on the Draft Consultant Pharmacist Guidance

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on behalf of
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Summary

There was strong agreement to the questions posed which will support the Short Life Working Group to progress and publish the guidance. Many of the comments made by respondents reflect the next required steps (i.e. agreeing the organisations and detailed criteria for post approval and credentialing).

Amongst the comments there were a number of suggestions to improve the clarity of the document and where possible these were acted upon.

There were a number of suggestions to include more examples that covered a broader spectrum of the profession and these have been sought.

The significant effort taken to respond is appreciated and all comments were reviewed, considered and where appropriate acted upon.

Actions/amendments undertaken

- The guidance was clarified to state that it applies to all pharmacists providing NHS services
- The history, robustness and availability of the APF was outlined
- A statement that there is no requirement for membership of any organisation(s) in order to be credential has been included
- The appointment criteria (i.e. credentialed individual and approved post) were clarified and reiterated
- Further examples of Consultant Pharmacists posts were included to provide
  - Less of a secondary care focus
  - Application across different nations
  - Examples of roles that are less patient facing
- The consultation, action and amendments were discussed with the Educational Governance Oversight Board who agreed to progress with publication

Actions to be completed

- Agree the publication strategy across the four nations
- Agree the organisation(s) responsible for and details relating to post approval
- Agree the organisation(s) responsible for and details relating to credentialing
- Agree roles and responsibilities with regard to creating and maintaining lists of approved posts ad credentialed individuals.
Introduction to the response

Since the publication of the Consultant Pharmacist Guidance in 2005 consultant pharmacists have had a significant impact on patients, however changes occurring, both in the wider NHS and the pharmacy profession, require an increase in this essential clinical and professional resource if we are to drive further improvements in the care we deliver.

To date, the growth of posts has generally been in response to local needs and the availability of staff and has been focussed in secondary care rather than through a strategic approach to population needs. New guidance was therefore needed to support the further development of consultant posts and to support robust assurance processes for potential post holders.

A short life working group (SLWG), representing all four devolved nations, was convened to develop the refreshed guidance, building on early discussion with attendees at a workshop of stakeholders and further learning following the completion of a national survey by consultant and chief pharmacists. The completed draft guidance was published for consultation on the Specialist Pharmacy Service website from in September 2018.

The large number of responses received during the consultation period was welcomed by the SLWG, who were reassured and encouraged to see responses from a range of individuals and organisations representing pharmacist roles in various sectors and respondents at various stages of their careers. The level of engagement with the process and the detailed responses generated were very well received and were used to further develop the consultant pharmacist guidance.

The response was overwhelmingly positive, and this reassured the SLWG that the produced draft was acceptable to the vast majority of the profession.

Comments on the guidance in general

There was strong agreement with the principles within the guidance.

A number of respondents expressed concern that there was a hospital focus in the document, to address this, further examples have been sought from consultants who work predominantly in sectors other than secondary care.

Some respondents commented on the need for automatic progression to consultant posts. This document is intended to support the development of a robust career framework for pharmacists, however as was laid out in the original guidance for the development of consultant pharmacist posts (DH2005) “The title consultant pharmacist should only apply to those appointed to approved posts and who meet the appropriate level of competence and should not be conferred solely in recognition of excellence or innovative practice”.

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Comments on specific sections:

Introduction and aims

Once again it was reassuring that the vast majority of respondents were in agreement with the case for creating new guidance, the stated aims and how they were addressed.

Some respondents articulated a need for a clear responsibility regarding research, which was also raised in the responses to a number of other questions. This was discussed in detail by the SLWG and similarly to the consultation there was mixed opinion. The consensus reached was that research and innovation remain a core component of a consultant pharmacist’s role and that this includes the publication of peer reviewed journal articles, being the principal investigator in clinical trials as well as conducting and sharing more local research and quality improvement projects.

Overall the aims of the guidance were well received by respondents. There were some suggestions proposing expansion of the aims, for instance, placing requirements on organisations regarding the number or type of consultants they must have, however the scope of the guidance meant that outcomes beyond that scope could not be included.

Again it was encouraging that most respondents felt that the aims were addressed throughout the document. The need for specific details with regard to the credentialing and post approval process were noted and these will be provided, once agreed, separately from this guidance document.

Applicability across pharmacy roles and sectors

It is apparent that this question was the most divisive. It must be borne in mind that this guidance adhered to the aims of the original DH guidance, which also had a strong clinical focus and, whilst it is desirable to have guidance that can be applied to as broad a portion of the profession as possible, it is also important that all consultant posts are developed in line its guiding principles as well as the principles adhered to by other professional groups.

However, any appropriate pharmacist post can be considered for approval as a consultant post as long as it meets the requirements outlined in the guidance and any further requirements provided by the relevant Chief Pharmaceutical Officer’s office.

Allocation of time to expert practice

Again it was reassuring to see that most respondents felt the recommendations in the current draft were appropriate, particularly the recognition by many that this allowed flexibility. The recommendations to further define or restrict time in specific pillars would be contrary to the findings of the analyses that were carried out in the
development of the guidance and also the opinion of majority of other respondents. While it is envisioned that many consultants may spend all their time on activities that satisfy expert practice as defined, it is important to ensure a degree of flexibility and some further clarification has been added.

**Post Approval**

There was agreement in general with the need to continue to approve posts, however more specific details are required and these will be provided by the approval organisation(s), once they are agreed. The requirements stated by many respondents are in line with the desires of the SLWG, namely that the process must be consistent, robust, transparent and provide a timely response.

**Credentialing**

As this is a significant change in the process of becoming a consultant pharmacist the overwhelming support from respondents was welcomed. Once again, the details of the process will be developed and shared by the responsible organisation(s). In order to address some of the concerns raised it has been made clear that membership of any specific organisation(s) will not be a pre-requisite for the credentialing process.

The desire to appoint to consultant pharmacist posts prior to the individual completing credentialing is acknowledged. Employers retain the responsibility for appointment and therefore may appoint an individual to a post in a developmental capacity; however the individual would only be able to use the consultant title upon successful completion of the credentialing process.

**Remuneration and line management**

The comments received regarding line management highlight that there is a range of opinion and therefore the flexibility offered by the guidance is appropriate to allow suitable development of posts and adequate support for consultant pharmacists.

The comments regarding remuneration also highlight, that while not all are in agreement there is a need to allow flexibility, as ultimately this is the responsibility of employers.

**Next Steps**

The final draft of the guidance was presented to the Pharmacy Educational Governance Oversight Board and received approval to progress with publication. It is proposed that it is published as NHS wide guidance across the four devolved administrations. Once published, the organisation(s) responsible for both credentialing individuals and approving posts will be appointed, details relating to post approval will be clarified and roles and responsibilities with regard to creating and maintaining registers defined.