Summary of the Consultation on the Draft Consultant Pharmacist Guidance

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on behalf of
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The Draft Consultant Pharmacist Guidance was shared for consultation via the Specialist Pharmacy Service website. The details of the consultation were disseminated via the Chief Pharmaceutical Officer’s offices across the UK as well as through the Royal Pharmaceutical Society Consultant Pharmacist Group and on social media (via Twitter). The consultation was open from the 4\textsuperscript{th} September to the 1\textsuperscript{st} of October.

65 responses were received from across the UK, with 16 of respondents doing so on behalf of their organisation (see appendix 1 for a list of responding organisations).

\textbf{Brief Summary}

In general there was agreement with the principles and recommendation outlined in the document. With regard to the introduction and the case for change, the aims and how they were addressed, the case and principles for post approval and credentialing and the allocation of a consultant pharmacist's time to expert practice greater than 80% of the respondents were in agreement that they were appropriately addressed throughout the guidance.

A wide range of issues were raised by respondents. Many of these were raised by a small number or individual respondents.

The question which most divided respondents was the applicability of the guidance across all sectors and all role types.

The other common theme throughout the responses was the desire to see the specific detail of how the recommendations would be implemented i.e. the details with regard to post approval and credentialing.

\textbf{Summary of consultation responses}

\textbf{The guidance in general}

Respondents were asked if they agreed in principle with the recommendations within the document. 87\% or respondents stated that they agreed, in general, with the principles.
While a range of comments were received, there were no significant themes as specific comments were usually made by only one, or a small number of respondents. Comments received include:

- While attempts have been made to have a broad focus, it still feels hospital centric
- The title should apply to the individual only, irrespective of the post they are in
- There must be a significant patient facing element
- The applicability to community pharmacy was raised by a number of community pharmacy organisations and others stated that it should be a profession wide document, not specific to the NHS.
- There should be automatic progression from ACP to consultant

**Introduction and aims**

The second question posed, asked if the introduction articulated the need for developing new guidance and 89% of respondents were in agreement.
As above there were no clear themes although a range of comments were received. Some of these included:

- A stronger case regarding research and education is needed.
- Need stronger examples of consultant practice
- How will the applicability across the four nations will be ensured?
- Should the APF be used given the low membership rates at the RPS

Respondents were then asked if they were in agreement with the aims of the document. 95% of respondents were in agreement.

While there were no clear themes with regard to the aims a number of respondents made comments about the specific detail of the credentialing process. Some others suggested aims that are beyond the scope of the document. Examples of comments include:

- What is the plan with regard to credentialing for existing consultant pharmacists?
- The applicability to community pharmacy was raised
- Aims should include increasing the number of consultant pharmacists
- Improving the training and development of consultant pharmacists once in post

Respondents were then asked if they felt the aims were addressed clearly throughout the document. 83% were in agreement that the aims were clearly addressed.
Some respondents commented that the aims were addressed but that they felt the aims should be broader (as per Q3 above). A number of other respondents stated that further detail was needed regarding credentialing and post approval mechanisms in order to fully address the aims. Other comments included:

- The need for pharmacists to maintain a patient facing role
- More examples are needed
- More detail on succession planning needed

**Applicability across pharmacy roles and sectors**

Question 5 asked respondents to consider if the guidance could be applied to all sectors of pharmacy practice including those in less patient facing roles. Only 63% of respondents felt that this guidance could be applied across all sectors.

Many of the respondents who commented on this question stated that they didn’t see how the guidance could be applied to certain roles e.g. MI and technical services. Some went further to question how a consultant in these roles would differ from other senior roles and other suggested there was no requirement for consultant...
pharmacists in these roles. A number of respondents called for examples of how these posts have been developed, however there are currently no consultant pharmacists in medicines information or technical services. Other comments include:

- The need for consistency across posts, including those already established
- More examples would be helpful
- Clinical pharmacy itself should be a specialism
- Patient facing role must be maintained
- Too much of a secondary care focus

Allocation of time to expert practice

Respondents were asked if they felt that 80% of a consultant’s times should be spent across all four pillars of practice and 86% were in agreement that this was appropriate.

Respondents who commented on this question had mixed opinions, many stated that it was appropriate as it allowed flexibility across the pillars of practice and to allow consultant pharmacists to deliver in line with the needs of their service. Some stated that this approach was too prescriptive while others stated that 100% of a consultant’s time should be spent on these activities and could not conceive of any activities that fall out with the definition offered. Other comments included:

- Offering a further breakdown on how the time should be spent across the four pillars
- That the four pillars of practice should be broken down to the 6 clusters of the APF
- There should be no stipulation regarding time in practice
**Post approval**

The next question asked respondents if they were in agreement with the principles and criteria described for post approval. 91% of respondents were in agreement.

Most of the respondents who commented on this question clarified that they agreed with the principles but that the process needed to be robust, consistent and transparent. The process also needs to allow timely processing of applications, particularly if increased numbers of posts are expected. Other comments included:

- HEIs should be involved or lead the process
- More detail is required on how the process will be administered
- There should be a stronger requirement regarding formal research

**Credentialing**

Respondents were asked if they agreed that individuals wishing to work as a consultant should be credentialed and if they agreed with the principles outlined with regard to this. 83% were in agreement, however a significant number (12%) did not answer this question.
The vast majority of comments with regard to this question reaffirmed a desire to introduce credentialing for pharmacists seeking to work as a consultant. Many wanted clarification on the process and offered suggestion as to who should carry out the process. Many stipulated that this should be done by the RPS as the professional body for pharmacists while a small minority stated that this specifically should not be the case. Again, most comments supported the use of the APF as the framework to credential against; but a small number did not, usually stating that it should not be used because credentialing should not rely on membership of the RPS. Many respondents stated that the process must be clear and consistent with appropriate links to specialist pharmacy groups.

A significant number of respondents also commented that the credentialing process should not prevent service expansion and that employers should be able to appoint to a consultant role before the credential has been carried out as long as a development plan was in place. Other comments included:

- Post credentialing consultant pharmacists should be expected to achieve 4 cluster of the APF at mastery at 4 years
- Credentialing should be carried out regionally by HEIs
- Consultant pharmacists should not be precluded from acting as line managers

**Remuneration and line management**

The final section of the guidance covers some issues with regard to remuneration and line management and respondents were asked if they had any additional comments with regard to this. 52% of respondents provided a comment.

There was a range of opinion in the responses offered to this section. Some stated that line management of consultant pharmacists must stay within pharmacy, with some respondents stating that this should be by the chief pharmacist. However other respondents stated the opposite, that line management of consultant pharmacist should be provided by medical consultants.

With regard to remuneration there was also a range of opinion, while most welcomed the recommendation that most posts should be at AfC band 8c or equivalent but there may be circumstances that allow for posts at 8b or 8d. Many stated that they could see no justification for a band 8b post unless it was on a transitional/development arrangement. Other stated that the recommendation should be for posts between bands 8c and 9 to allow for development of the consultant pharmacist role. Some respondents stated that they would like to see more clarification of the scope of consultant roles at different bands. Other comments included:

- More peer support for consultant pharmacists is required
- The professional body should be involved in the appointment process
- Need clear pathways for funding
Additional comments

Additional comments were received from 52% of respondents. Many of these were a reiteration of comments or issues that had been previously stated. A small number of respondents questioned the value of consultant pharmacists at all. The need for more examples in more sectors and across the UK was raised again. A number of respondents stated the need for programmes that support pharmacists in the development towards consultant posts.

Within this section and throughout a number of comments were also made regarding structure and language that could be improved for better clarity.

Appendix 1

List of organisations providing a response

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<tr>
<td>Doncaster &amp; Bassetlaw Teaching Hospitals NHS Foundation Trust</td>
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<td>Royal National Orthopaedic Hospital</td>
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<td>Community Pharmacy Scotland</td>
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<td>HEE London and South East Pharmacy Team</td>
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<td>UK Clinical Pharmacy Association (UKCPA)</td>
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<td>College of Mental Health Pharmacy (CMHP)</td>
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<td>The University of Manchester, Division of Pharmacy and Optometry</td>
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<td>Northumbria Healthcare</td>
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<td>Royal Pharmaceutical Society</td>
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