

Why we need a defined career structure in place of informal progression

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Scrutiny of one's work as a health care professional, whether as an individual or as a member of a profession, is not a new issue for the NHS, although many will feel that its intensity is increasing. To a large extent, this has been driven by media interest, public concern and the Government's response to inquiries such as that into children's heart surgery at the Bristol Royal Infirmary.¹ While "An organisation with a memory"² set targets for reducing serious errors in the use of prescribed medicines (foiled the following year by another disaster with vincristine), Professor Ian Kennedy's report has had far reaching implications for the health care professions. He placed great emphasis on the need to maintain competence, linked to periodic performance appraisal and continuing professional development. This captures the essence of clinical governance and its components of accountability, clinical risk management, remedy of poor performance and CPD.³

In accepting the implications of the Kennedy report, the Government has also acknowledged that the health service has not provided an equitable system of remuneration for the different levels of responsibility both within and between professions. As a consequence, "Agenda for change"⁴ (AfC) has been launched in the managed service as the vehicle to promote the equality of reward across different disciplines, "equal pay for work of equal value", and to establish different job profiles (ie, levels of responsibility) within particular services. The knowledge and skills required to undertake a given role will be drawn from the NHS Knowledge and Skills Framework (KSF). AfC raises fundamental questions for our profession in terms of recognising different levels of practice and adopting a system of competency progression between these levels. Although the impact may seem to be limited to the managed sector, it is possible that the principles could extend to all individuals providing NHS services, potentially embracing activities such as medication review.

What can we learn from medicine?

It is worth considering what can be learnt from the medical profession and its career structure. Through "Modernising medical careers"⁵ the medical profession seeks to provide a clear path from registration to

achieving consultant status, requiring individuals to complete periods of recognised training and to demonstrate their ability to perform at a given level of practice before seeking their next post. In pharmacy, individuals currently gather a range of experiences in the hope that this will approximate to employers' requirements when senior posts become available. Selecting candidates on their potential to do a job may be justifiable, if their subsequent attainment is measured, but appointing on potential is likely to be constrained by the explicit competency gateways within AfC.

The job profiles for pharmacists agreed under AfC to date suggest four distinct stages of postregistration practice, excluding chief pharmacists. As yet, agreement on the role for consultant pharmacists has not been reached and, as a consequence, no profile exists. Although AfC provides the signposts, it does not describe an underpinning strategy for practitioner development that binds together NHS priorities, workforce requirements, training, experience and competency progression.

Practitioner development strategy

In 2002 we first proposed a competency-based approach to fitness to practise,⁶ which has been refined subsequently into a four-stage practitioner development strategy.⁷ This gives a career pathway from registered to general pharmacy practitioner, advanced pharmacy practitioner and ultimately consultant pharmacy practitioner, and maps against the current job profiles under AfC. The strategy integrates training, experience and competency progression and proposes two distinct training phases: general and advanced. Each phase is supported by a competency framework that has been constructed using a recognised process and validated in the practice setting. The general level framework is further supported by empirical evidence of performance improvement⁸ and can be viewed at www.londonpharmacy.nhs.uk/

clinical/competency. The advanced level framework enables differentiation between those in training, those who have progressed to an advanced level of practice and those who may be recognised as practising at a consultant level. We aim to submit for publication a full description of this framework and its development in the near future. Both the general and advanced frameworks are being developed for a broader application to reflect the range of roles in the profession.

Moving forward

The strategy also embraces the need to identify the number of pharmacists required to deliver the service at each level of practice and to work with academia to assure the quality of training and assessment. To move forward, the strategy should be discussed at a national level with the aim of securing a unified approach to delivering competent practitioners. To meet the requirements of clinical governance, this approach should be linked to a system of registration or accreditation for the different levels of practice. This will provide reassurance to patients and health care managers that the pharmacy practitioners in the health service satisfy the Kennedy principle that "a patient is entitled to be cared for by health care professionals with relevant and up-to-date skills and expertise".

References

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A fuller description of the practitioner development strategy will be published in the next edition of *Hospital Pharmacist*, which will be published on 13 March.