

Why joining the FNPP is a must for pharmacists working with children

By **Steve Tomlin**, chairman of the Faculty of Neonatal and Paediatric Pharmacy

In early 2006, history was made when two members of the board of the Faculty of Neonatal and Paediatric Pharmacy (FNPP) sat down with an associate of the faculty, having reviewed her portfolio for what should have been a 45-minute interview. Two hours later they all emerged with a sense of great achievement and a belief that a precedent had been set for the future. What had happened was that the interviewee had achieved membership status of the faculty and had achieved it at the highest competence level (consultant level) allowing her to become a fellow of the College of Pharmacy Practice (CPP).

The FNPP was created in 2002 as a joint initiative between the CPP and the Neonatal and Paediatric Pharmacists Group (NPPG). The NPPG wanted to allow its members to be able to demonstrate their competence and continuing professional development and the CPP was the obvious institution to facilitate this, since it is recognised as an institution offering respected and robust CPD and accreditation of events and people.

The initial drive to form the faculty arose out of the Kennedy report in 2001 on paediatric cardiac surgery problems at Bristol Royal Infirmary. The report highlighted the need for reassurances about health professionals' level of competence. "A patient is entitled to be cared for by health care professionals with relevant and up to date skills and expertise," the reports stated.

The report focused on the need for regulation aimed at maintaining competence of all health care professionals, through undertaking



CPD and being periodically reviewed or revalidated. This led to the question of how fitness to practise could be demonstrated.

The first step was to define the basic areas of competency in terms of knowledge, skills and professionalism that are required for all pharmacists working with children; these became known as the "general paediatric competencies". With the increasing complexity of drug prescribing, administration and provision, particularly for vulnerable paediatric patients, it is crucial that people who can and will work effectively, safely and proactively are

employed and supported. This depends first on having a clear picture of the kind of individual likely to be effective currently and in the future. The general paediatric competencies aim to help individuals and employers identify the necessary pattern of effective behaviour resulting from knowledge, skills, abilities and motivations to be effective in dealing with a paediatric medicines management agenda.

The role of pharmacists is becoming increasingly complex and diverse (even within a clinical specialisation). Given this and the introduction of Agenda for Change (AfC) for the managed sector workforce it is important that we not only recognise competence, but also recognise that competence is developmental and associated with different levels of practice. A pharmacist submitting a portfolio who is recognised as working at a higher level of practice may be recommended to submit directly for assessment under the advanced and consultant level competency framework. This framework was developed by the Competency Development and Evaluation Group and has been adopted by the Department of Health as the framework for the development and approval of consultant pharmacist posts in the NHS and in both primary and secondary care. (NHS Scotland has slightly different processes and terminology in place, but these are recognised by the FNPP in the same way.)

It is essential to ensure that a sufficient number of leading edge practitioners are constantly being encouraged in order to maintain

Panel 1: Founding of the faculty was a significant milestone in paediatric pharmacy

The founding of the Faculty of Neonatal and Paediatric Pharmacy was a significant milestone in supporting the educational development of pharmacists providing services for children. At a time when health professionals are increasingly expected to prove their competency by continuing professional development (CPD) attaining membership of the faculty will hopefully be seen as an independent method of indicating a minimum level of competency for pharmacists working with children.

Employers can be reassured that staff achieving membership of the faculty have reached a standard level of knowledge and skills in paediatric and neonatal pharmacy. Although clinical diplomas deliver a general level of competency, the paediatric content of these courses varies and cannot be interpreted as giving the candidate the detailed pharmaceutical understanding for working with children. Membership of the faculty moves this on to the next level.

I envisage that in the future employers appointing pharmacists to senior positions in paediatric pharmacy will expect membership of the faculty in the same way that senior medical staff are expected to be members of their Royal

Colleges. It is important that the faculty links in with other developments such as the Knowledge and Skills Framework and consultant pharmacists.

At the Sheffield Children's NHS Trust we have been running a series of evening workshops for staff. These are also open to and attended by pharmacists in surrounding hospitals working in paediatric and neonatal pharmacy. The workshops have been based on the paediatric competencies published some time ago and have well received. Sessions like these can also be used for supporting the Royal Pharmaceutical Society's CPD requirements. The publication of the workbook and material from NES and the CPPE will offer significant support to these sessions. All pharmacists at the trust have been registered as associate members of the faculty with the understanding that they will progress to full membership in due course.

John G. Timmins

*Clinical Director of Pharmacy and Medicines Management
 Sheffield Children's NHS Trust*

the excellent standards set by their predecessors to advance the profession and meet the increased needs and expectations of young patients and their families. Ensuring that there is a clear professional structure and career pathway in place for these pharmacists, which promotes the characteristics of an advanced level practitioner, will support the retention of leading edge practitioners, as well as developing pharmacists to practise at an advanced level.

The FNPP board encourages members to apply for accreditation whether they are at the beginning of a career in paediatric pharmacy, if they are at the point of considering a consultant role or somewhere in between. Success not only gives people a certificate to file in their portfolio, but is also evidence of a robust demonstration of a level of practice and a commitment to a specialty which will be highly ranked by their peers. It provides confidence for employers that a candidate is genuinely at the stated level of practice.

Competency-based practice and the knowledge and skills framework of AfC have defined pathways for the workforce and levels to be reached, but it has long been recognised that people learn in different ways. The faculty has been involved in helping design and take forward two different approaches to learning, while recognising that neither is essential or desirable for some practitioners.

First, it is fortunate that NHS Education for Scotland (NES) created a comprehensive distance-learning package for the management of medicines in children. This was produced in line with the basic competencies set by the FNPP. Then, in 2004, the National Service Framework for Children, Young People and Maternity Services was published in England. This document required that all professionals dealing with children must be

Panel 2: Membership of the faculty is key to success

I am a firm believer in continuing education. However, believing in it is one thing doing something about it is quite another, and facilitating others is quite another thing again. Key aims for encouraging my staff to join the Faculty of Neonatal and Paediatric Pharmacy include:

- Supporting staff in pursuance of continuing professional development
- Gaining accreditation for in-house education initiatives
- Demonstrating to those outside the department that the clinical pharmacists who work within the department have reached or are working towards a standard of expertise in paediatric clinical pharmacy

I was fortunate to be able to obtain a one-off education grant through the generosity of the regional chief pharmacist's education subcommittee to kick-start the programme. This paid for the first year's associate membership for my staff. The department is developing an active education programme; it holds weekly education meetings and permits staff some time to update their CPD portfolios. I see membership of the faculty as key to the success of this programme.

Anthony Sinclair
Head of Pharmacy
Birmingham Children's Hospital

competent in their field and up to date. It also highlighted the significant contribution pharmacists could (and should) play in the management of children's medicines. This concept

was acknowledged by the Centre for Pharmacy Postgraduate Education, which also took the basic competencies from the FNPP to develop another similar distance learning pack for the management of medicines in children, structuring it around the principles of the national service framework. These packages are not only useful to all pharmacists involved in any sort of paediatric care, but also represent a structured way to fulfil the basic requirements for attaining membership of the FNPP.

Secondly, the University of London School of Pharmacy picked up on the developing process of the FNPP and formulated a postgraduate module for advanced practitioners. The course was constructed around problem-based learning, self- and peer-directed learning, assessment at local base and a viva examination. The different learning and assessment methods used were of value to the students and tutors alike and it is hoped that more work can be done to build on this development.

The FNPP has been recognised and valued by a number of large paediatric hospital pharmacy departments and Panels 1 and 2 contains quotes that show the value attached to the work that has been done and the processes of competency assessment that have been established.

All paediatric pharmacists must be encouraged to join the FNPP, and to work towards becoming members by demonstrating their skills through the paediatric competency framework outlined in Panel 3. This could provide the career progression, prospects and satisfaction that all paediatric pharmacists deserve, allowing them to develop further their competence and confidence in providing the care that children and their families deserve.

Panel 3: The FNPP's paediatric competency framework

The Faculty of Neonatal and Paediatric Pharmacy's paediatric competency framework has been broken down into four sections which may be applied to practice:

- **Entrance level** Entrance level is essential for any pharmacist dealing with paediatric patients, usually under the guidance of a more senior paediatric practitioner. This is the minimum requirement for any pharmacist to achieve within the first year of becoming an associate of the faculty and an advisable minimum level of competence for anyone having paediatric clinical input.
- **Level 1** Level 1 demonstrates a commitment to paediatric pharmacy and is desirable for any pharmacist practising within the field of paediatrics without the lead of a more experienced paediatric pharmacist. Demonstration of the competencies required for level 2 enables the pharmacist to become a member of the faculty and use the title "paediatric pharmacy practitioner". Level 2 will generally need to be demonstrated over a period of two to three years of clinical practice, depending on the exposure to the paediatric clinical setting. Demonstration of competence will be via an approved portfolio, plus a formal interview assessment. Completion of an accredited paediatric pharmacy clinical module (in line with the faculty framework) or completion of the Centre for Pharmacy Postgraduate Education or NHS Education for Scotland paediatric distance learning packs, plus at least one to two years of dedicated paediatric practice will help demonstrate competence at membership level.

- **Level 2** Level 2 provides the opportunity to be recognised as a specialist in paediatric pharmacy practice. Pharmacists will normally have been in practice for at least five years with a minimum of three years of dedicated paediatric practice for the pharmacist to gain the advanced award of the College of Pharmacy Practice. Practitioners will have demonstrated their knowledge base at Level 2 and this level requires demonstration of application and competence at advanced level against the advanced and consultant level competency framework (see below).
- **Level 3** Level 3 is the highest level that can be awarded by the faculty. Pharmacists will normally have been in practice for at least eight years with a minimum of five years' dedicated paediatric practice for the pharmacist to become a fellow of the College of Pharmacy Practice. Practitioners will have demonstrated their knowledge base at Level 3 and this level requires application and competence at consultant level against the advanced and consultant level competency framework (see below).

The advanced and consultant level competency framework has three levels — foundation, excellence and mastery — each made up of different clusters. The profile for an advanced practitioner is to have most competencies within each cluster at "excellence" level. For a consultant, a majority of competencies within the clusters of expert practice, building relationships and leadership should be at "mastery" level, while the majority of competencies within management, education and development, and research should be held at "excellence" level.