

SPECIALIST FACULTIES — THE PRAGMATIC ROUTE TO SUPPORTING PROFESSIONAL COMPETENCE

The first College of Pharmacy Practice faculty — the faculty of prescribing and medicines management — was launched on March 15. In this article Clive Jackson, director, National Prescribing Centre, and Professor Bryan Veitch, chairman of the CPP governors, describe the faculty and explain what pharmacists can gain by becoming members

Our first article on delivering professional competence¹ examined some of the options we believed were strong and practical contenders for this essential development in pharmacy. At the head of the options outlined was the concept of professional “faculties” as a means of providing effective development of, and support to, existing and emerging specialisms within the pharmacy profession.

In considering potentially appropriate umbrella organisations, the College of Pharmacy Practice (CPP) was given prominent, but not exclusive, coverage. We also provided carefully reasoned arguments in order to stimulate the now essential debate around competence and revalidation, being strongly of the view that doing nothing, or reacting too slowly, was tantamount to taking the profession down a cul-de-sac.

Since that first publication, the environment of debate has changed rapidly. In July 2000, we saw publication of the NHS plan² — the most radical set of reforms to health care since the inception of the National Health Service in 1948. Soon after came “Pharmacy in the future”,³ launched by Lord Hunt at the British Pharmaceutical Conference in September 2000. This overall strategy provides a challenging, but exciting springboard for pharmacists to develop new and extended roles within the co-ordinated health care delivery framework of the modern NHS. However, timescales for achieving the targets involving pharmacy are particularly tight. It would seem that we have less than four years to grasp the opportunities now on offer, otherwise other professionals may fill the gaps.

On the professional side, the Royal Pharmaceutical Society recently issued a consultation document entitled, “Reform of disciplinary machinery and the introduction of competence-based practising rights”.⁴ This is a welcome and positive step towards defining, and gaining agreement on, a new validation process for pharmacists working in health care. In addition, the CPP has linked with the National Prescribing Centre, the national Centres for Pharmacy Post-

graduate Education and other bodies in the profession to provide a collaborative structure for helping to identify and deliver the key educational needs and support required by the national pharmacy programme.

Positive action is, therefore, starting to accelerate, and is aimed at establishing the mechanisms that will launch pharmacy into the 21st century, placing it at the heart of delivering multidisciplinary health care services within a framework of professional competence and clinical governance.

In this context, the CPP governors have acted decisively in agreeing to launch and facilitate the first specialist professional faculty under the CPP umbrella — the faculty of prescribing and medicines management.⁵ This decision is expected to be a watershed in the development and support of a wide range of pharmaceutical specialisms, producing a system similar to that which has served the medical profession so well for many years.

“PHARMACY IN THE FUTURE”

“Pharmacy in the future” focuses on the development programme for pharmacy in a fast-changing world.

The detail concentrates heavily on meeting patients’ requirements for better and more convenient services, maximising the benefit they gain from their medicines, and reducing medicines-related problems and waste, while making the best use of pharmacists’ skills and knowledge within a multidisciplinary team. Clearly, effective skill mixing is now essential if the NHS is to deliver real benefits to patients and taxpayers in an environment of only limited professional resource.

Both the NHS plan and “Pharmacy in the future” emerged when the faculty working group at the CPP was already at an advanced stage in its planning for the launch of the first faculty. Fortunately, many of the developments these documents heralded had been carefully anticipated, and they only reinforced the belief that the faculty approach for pharmacy was a concept that had clearly come of age.

“Pharmacy in the future” studiously avoided more than passing reference to the term “pharmaceutical care”. This is particularly interesting when, for much of the last decade, this term held pride of place within the profession in the currency of future pharmacy developments. Indeed the joint working party report of 1990 was even entitled “Pharmaceutical care”.⁶

Instead, the term “medicines management”, more recently used by the Royal Pharmaceutical Society in publications under the banner of “Pharmacy in a new age”,⁷ has now taken precedence. This choice has led to some debate about what is medicines management and what is pharmaceutical care^{8,9} and, consequently, similar terminology has not been adopted universally across the United Kingdom.

However, we believe this choice sends a positive message to both pharmacy and other professions and managers working in the NHS. It is important that “medicines management” should be seen as an inclusive term, covering any and all professionals involved with medicines (but also confirming pharmacy’s central position) from diagnosis and prescribing, right through the supply, sale, administration and monitoring of intended therapeutic outcomes.

The decision on terminology, and the ongoing debate, is not lost on the CPP, which operates in spheres wider than just England. It also should not be ignored by the Society, which exists to provide professional leadership across Britain. Whatever framework and terminology is used to encompass the profession’s potential across the home countries, the essential elements of core and specialist pharmaceutical services will inevitably retain many similarities.

For all these reasons, the new faculty of prescribing and medicines management seemed to be a key first step in future development for pharmacy. The critical decision to proceed was, therefore, expedited to prepare for launch in March of this year.

Furthermore, we are also now firmly convinced that the College of Pharmacy Practice is an appropriate and effective organisation to provide the umbrella of sup-

port for a wider range of pharmacy specialisms under which to deliver their educational, training and practice needs. Pharmacy, as a profession, is not large enough numerically to support an ad hoc, uncoordinated approach to developing specialist competencies and targeted continuing professional development (CPD). The CPP's medium-term aim is, therefore, to provide the support, guidance and administrative framework to all those specialisms that want to avail themselves of it.

WHAT IS A FACULTY?

In our earlier article, we stimulated the debate on specialist roles and faculties in part by suggesting a definition of a specialism as "a definable area of pharmacy practice, linked to a specific element of health care delivery, in which the services provided require competencies from the professional over and above those that all practising pharmacists should be expected to have for the safe and effective dispensing and supply of medicines".

This definition has not yet been seriously challenged and the CPP has adopted it as the basis for negotiating the establishment of its specialist faculties.

The essential elements of each faculty normally will be:

- The governors of the CPP will devolve the management of each faculty to a faculty board
- The faculty board will consist of six members, to be elected by all members of that faculty
- The term of office of the board will be three years, with two members retiring each year after the initial three-year period. Outgoing members will be able to offer themselves for re-election
- The faculty board will elect a chairperson from among its number to serve for two years. No chairperson shall serve for more than four years continuously
- The chairperson will become, *ex officio*, a full voting governor of the CPP for the term of his or her office
- The CPP will allocate resources to the faculty board to enable it to exercise its functions. The allocation will be based on the number of associates, members and fellows in that faculty
- The faculty board will, subject to the agreement of the board of governors, determine the manner in which it functions as a faculty. The intention of the governors is to allow as much initiative and flexibility as possible within each faculty
- The faculty board will advise the governors on all matters relevant to that particular specialism, in relation to CPP developments. This will include issues around education, training and practice and the manner in which they contribute to policy
- Faculties will be enabled to establish geographical branches, if appropriate, subject to financial and other resource viability

- The faculty board will define the additional requirements for achieving full membership status and subsequent fellowship status in that faculty
- The advanced award of the CPP will be recognised as confirming highest-level specialised practice competence on faculty members
- Relevant qualifications already achieved may be assessed for conferring mutual recognition towards individual membership, fellowship or the advanced award of the faculty

Clearly, each faculty and its board will develop with time and sufficient flexibility has been built into the system to allow necessary refinements to occur.

WHY A FACULTY OF PRESCRIBING AND MEDICINES MANAGEMENT?

Over the past couple of years, for a number of reasons, there has been increased pressure on the Government to take positive action to ensure effective professional standards, regulation and accountability — not least around medicines and their use. If pharmacy wishes to maintain its current high standing with both the public and the other professions, as well as grasp the opportunities emerging from NHS reforms, pharmacists will need to demonstrate clearly possession of relevant knowledge, competencies and skills for a wide range of existing and emergent roles.

Pharmacy has already developed, and is continuing to develop, areas of professional specialisation — each often with its own representative group, or sometimes with more than one group. Prescribing and medicines management is a good example of a rapidly developing and increasingly influential specialism.

Medicines management services are set to become standard practice within primary care organisations and community pharmacies by 2004. In addition, significant additional prescribing responsibilities for some pharmacists will be a reality within two years and the improving prescribing agenda will inevitably remain one of the highest priorities in the modern NHS. We believe that this area is now of such fundamental importance to the future development of the NHS and the profession that it was an obvious choice for the first faculty to address.

This new faculty, within the CPP, will now be able provide a coherent focus for the continued development of specialist competency frameworks, linked to a robust system of targeted CPD. It will also allow individuals within this specialism to have a more influential voice on issues of direct relevance and concern to them as the prescribing and medicines management agenda develops.

HAS THE CPP DISCUSSED ITS PLANS WITH THE PROFESSION?

Discussions have taken place with the Society, the Department of Health and a wide range of specialist groups in order to determine the level of support for the broad di-

rection of the initiative. As might be expected, there is a spectrum of opinion, but the overall response, and in particular that from a range of established specialist groups, has been a positive one offering practical encouragement.

The faculty of prescribing and medicines management has, reassuringly, evolved in close consultation with the key groups and bodies active in this sphere. Those involved include the Primary Care Pharmacists Association, the Primary and Community Care Pharmacy Network, the Prescribing Advisers Group, the Scottish Prescribing Advisers Association and the National Prescribing Centre.

Members and audiences of these groups and bodies are the most obvious potential members of the faculty. However, it is envisaged that membership ultimately will come from a much wider base within the profession. Essentially, from our discussions, we have taken the view that this first faculty will respond to a specialism which has rapidly expanding numbers and needs over the next few years and that the date of its launch could not have been more timely.

WILL A FACULTY SYSTEM REPLACE EXISTING REPRESENTATIVE GROUPS?

Replacement of existing representative groups is not the intention. The formation of a faculty structure will not obviate or reduce the need for other existing, widely representative professional groups, because their roles should be additive, just as is seen within the medical profession's model.

It is expected that each faculty and the relevant specialist group(s) will co-exist and be comfortable with their complementary roles. Although this issue has exercised the minds of a number of colleagues, the CPP has maintained an open, flexible stance from the outset and will continue to do so.

WHAT BENEFITS WOULD PHARMACISTS OBTAIN FROM JOINING THIS FACULTY?

We are firmly of the view that the following list of perceived benefits is achievable:

- A clear route of progression for personal career development, including specialist practitioner status and accreditation of qualifications
- Visible recognition, both internally and externally to pharmacy, of specialist expertise through achieving membership of a prestigious professional organisation
- The opportunity to take part in multi-disciplinary professional development
- The opportunity to be involved in shaping issues and initiatives around prescribing and medicines management and to contribute towards national policy development
- The ability to influence the delivery of professional competencies and a voice towards the development of any national revalidation process at the Society for this specialism
- Access to leading thinkers in the field

- The opportunity to influence the commissioning and delivery of high quality, bespoke education and training courses and events through effective accreditation mechanisms.
- Access to targeted educational events and conferences
- Peer support, peer review and peer networking
- A system for rapid and effective dissemination of local and national best practice

WHAT DO PHARMACISTS NEED TO DO TO BECOME A MEMBER OF THIS FACULTY?

Any UK-registered pharmacist may become an associate of the College of Pharmacy Practice. In order to become an associate, and subsequently a member, of the faculty, a pharmacist must also have a keen interest in this specialism either through his or her current appointment or through a desire to move into this area of work in some capacity.

Progression to full (practitioner) membership will require completion of a CPP portfolio consistent with criteria to be laid down by the faculty board in consultation with its membership. In addition, the CPP will encourage the new faculty, when appropriate, to consider the desirability and practicality of a modified membership arrangement for pharmacy support staff and other professionals, thus potentially achieving a multidisciplinary focus for the future.

WHAT IS THE TIMETABLE FOR FACULTY FORMATION?

In general terms, the CPP intends that a range of faculties will be established progressively over the next few years as negotiations with various specialist groups proceed. However, from the formal launch date of any faculty to the promulgation of its new board's proposals and action plan should take around six to eight months. A provisional timetable for the faculty of prescribing and medicines management is shown in the Panel.

WHAT IF I AM ALREADY A CPP MEMBER?

Existing members and associates of the CPP will be allowed to join up to two specialist faculties. However, it is recognised that some pharmacists will regard themselves as generalists, not specialists in any particular area. Consequently, membership of a faculty will not become compulsory, and the CPP will continue to provide a focus for general professional development and standards in association with the Society and other pharmaceutical organisations.

WHAT OTHER FACULTIES ARE BEING CONSIDERED?

Other groups have been in discussion with the CPP and negotiations on whether and how to progress stand at various levels. These groups include the Neonatal Pharmacists Group, the UK Medicines Information Group, the UK

PROVISIONAL TIMETABLE

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| March 2001 | Formal launch |
| Early June | Stage one of recruitment complete |
| Late June | Nominations for faculty board received |
| Mid July | Voting for faculty board by members |
| End July | First board meeting and setting up of relevant working groups |
| Early August | "Sign off" of faculty name and constitution |
| Autumn | Stage two of recruitment to commence and continue; action plan and recommendations for work programme, (including process for development of competencies, etc) to be finalised and circulated for consultation |
| Early 2002 | First faculty conference and annual general meeting; seek approval of work to date |

Radiopharmacy Group, plus a new group examining the position of pharmaceutical public health within the profession. These groups have met with CPP representatives both alone and together in some cases. It is expected that one of these groups will form the basis of the next faculty within 12 months. The aim off the CPP is for two further faculties to be in place by the early 2003.

IS THERE AN ALTERNATIVE TO THE FACULTY ROUTE FOR PHARMACY?

We have already seen that, in the current climate, the public's (and therefore the Government's) demands and expectations for demonstrable professional competence, standards and accountability will require significant and visible action by the profes-

sion. Furthermore, the timetable to start delivering on these expectations is tight.

If all the potential specialisms within pharmacy, however small, set off in an uncoordinated manner to "do their own thing", the profession could end up with an inefficient and ineffective approach to delivering specialist competencies, quality standards and the means to support the individual professional appropriately. Such fragmentation would not be in the best interests of the profession, the NHS or, ultimately, the patient — the process would be too resource-intensive for many smaller pharmacy specialisms to sustain.

An umbrella body is clearly required and the CPP offers the advantages that it is already well established and recognised, with an existing structure and some available resources. As such, the CPP is committed to this process.

There are always other options to consider but we are of the strong opinion that the CPP, with its faculty initiative, now offers a preferred way forward. This is reflected in the fact that, since launching the faculty of prescribing and medicines management only in March, the CPP has received over 200 enquiries from pharmacists about how to join. Of these pharmacists, nearly 100 have already formally signed on as associate members of the new faculty.

IN CONCLUSION

Pharmacists either working in, or with a strong interest in, prescribing or medicines management or both are urged to send for more details about the new faculty. We hope that having considered the benefits that the faculty could deliver, pharmacists will take the next step and join.

Contact for details Pharmacists wanting more details about the faculty should contact the Chief Executive, College of Pharmacy Practice, Barclays Venture Centre, University of Warwick Science Park, Sir William Lyons Road, Coventry CV4 7EZ (tel 024 7669 2400; fax 024 7669 3069; e-mail info@collpharm.org.uk).

REFERENCES

1. Jackson C, Veitch B. Delivering professional competence — options for pharmacy. *Pharm J* 2000;264:928–9.
2. The NHS plan: a plan for investment, a plan for reform. London: Department of Health; 2000.
3. Pharmacy in the future – implementing the NHS plan. London: Department of Health; 2000.
4. Royal Pharmaceutical Society of Great Britain. Reform of disciplinary machinery and the introduction of competence-based practising rights. London: The Society; 2001.
5. Faculty of prescribing and medicines management. *Pharmacy in Practice* 2001;11:99.
6. Pharmaceutical care. London: Department of Health and Royal Pharmaceutical Society of Great Britain; 1990.
7. Royal Pharmaceutical Society of Great Britain. Pharmacy in a new age. London: The Society; 1996.
8. Simpson D. What is medicines management and what is pharmaceutical care? *Pharm J* 2001;266:150.
9. Tweedie A, Jones I. What is medicines management? *Pharm J* 2001;266:248.