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Consultant practice — a strategy for practitioner development

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The consultant role has been identified in the recent "Vision for pharmacy"[1] and offers an opportunity to establish a career structure for pharmacists as practitioners. Currently, to progress within the profession, individuals are expected to devote increasing time and effort to managing services, often at the expense of their involvement in patient care or other areas of specialised pharmacy practice.

The opportunities offered by the creation of a consultant position have been welcomed by many and have led several commentators to propose the qualities or competencies that make up these higher level practitioners, often without reference to the wider workforce issues and questions of sustainability. In our view, the consultant should be seen as the end product of a process of practitioner development rather than as a discrete entity. It is likely that consultant posts will be relatively few in number, will cover networks of care, will be held by leading edge practitioners who will be expected to make a tangible difference to patient care and should be available within a variety of pharmaceutical disciplines, such as medicines information, technical pharmacy and primary care, as well as clinical pharmacy specialities.

To succeed, the strategy for practitioner development must be at least national in its scope and needs to address five main themes in order to deliver sufficient numbers of competent practitioners for the health service. These five themes are: a description of different levels of practice and their association with Agenda for Change[2]; a workforce plan that will produce the required number of practitioners at each level; training schemes to support the transition between levels; engagement with higher education to assure the quality of the training experience; and an accreditation system that registers practitioners at their current level of practice.

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Practice levels

We propose four levels of practice, each with a protected title; a registered pharmacist (MRPharmS), a general pharmacy practitioner (GPP), an advanced pharmacy practitioner (APP) and a consultant pharmacy practitioner (CPP). These tiers are consistent with the career progression outlined for health care scientists and allied health professionals.

In our view, the development from MRPharmS toward GPP should require individuals to complete a core experience embracing a range of different pharmaceutical disciplines, which should not be restricted by sector of practice. The individual should demonstrate satisfactory progress through the competency framework for general level practice[3,4] and achieve a certificate of completion of general training over two to three years, allowing them to apply for a GPP post.

If the GPP aims to develop in a particular clinical speciality (eg, cancer, renal or critical care) or discipline (eg, technical or medicines information), we propose that the post they apply for should be part of an accredited specialist training programme. The GPP develops over a further four to five years by making satisfactory progress through the advanced competency framework.[5,6] At the end of this period they receive a certificate of completion of specialist training, provided that they have achieved the competency descriptors for advanced practice and undertaken the required specialty experiences. This would enable them to apply for an APP post.

On appointment to an APP post the individual continues to develop toward the consultant practice descriptors within the advanced competency framework, gathering evidence of performance within a portfolio. Eligibility for a consultant post will be based on a peer review of the portfolio content. Once an individual has secured a position (whether at MRPharmS, GPP, APP or CPP level) they must engage with the continuing professional development process to secure revalidation.

From discussion with the Guild of Healthcare Pharmacists, it is clear that these levels of practice map to the different pay bands in Agenda for Change in a meaningful way and that both the general and advanced competency frameworks will be important tools in supporting the development of individuals.

It is important that the workforce plan determines the number of practitioners required to deliver the service so that sufficient places can be resourced for pre-registration, general and specialist training. Pharmacy in the managed sector is in the fortunate position of having a developed education and training service that is well placed to facilitate discussions in this area. The advantage of a workforce plan lies in the encouragement it provides for "hub and spoke" relationships between different healthcare providers, allowing a quality training experience to be delivered across a range of organisations. This will be enhanced by drawing on the expertise of academia to ensure that a range of quality indicators are built into the training process and that the assessments employed are robust, reliable and satisfy the appropriate higher education descriptors. Collaboration also gives scope for aligning general training with the award of a postgraduate diploma and specialist training with a higher qualification.

Accreditation of training and protection of titles are the key issues that the strategy must address in the short term. We suggest that a "Pharmacy Board" concept is introduced to provide a forum where stakeholders can discuss the following: the mechanism for accreditation of general and specialist training; the process for assuring the quality of the training experience; the award of certificates of completion; the appropriate body to register individuals holding certificates of completion. This approach will lead to vigorous argument but the debate is necessary to ensure that the long-term goals are achieved; that is, the recognition of a unified and national career structure for pharmacy practitioners.

In pursuit of the practitioner development strategy, we have secured the support of senior pharmacy managers in the London, eastern and south east regions, collaborated with the guild and the United Kingdom Clinical Pharmacy Association, and engaged with a range of national specialist interest groups, *inter alia* the British Oncology Pharmacy Association and the Neonatal and Paediatric Pharmacists Group. In addition, we have briefed the Department of Health on progress and responded to the Royal Pharmaceutical Society's consultation on competencies of the future pharmacy workforce. Our group is now looking forward to taking the next steps with this process.

References are listed on p36

***References** (continued from page 2)*

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