

# Agenda for Change pharmacist job profiles published by DoH

Job profiles for five pharmacist roles have now been published by the Department of Health as part of Agenda for Change. A post-registration pharmacist role and four grades of clinical pharmacist role have been profiled.

The Agenda for Change pay scale has eight bands, with the top band (eight) split into four ranges (a, b, c and d).

The post-registration pharmacist and clinical pharmacist roles have been assigned to band six, with a basic salary range in 2003-4 of £20,955-£28,387. The post-registration pharmacist role involves a structured rotation through a range of pharmacy services. The job profile for the clinical pharmacist role covers providing clinical pharmacy services, supervising provision of pharmacy services by less experienced staff and advising junior medical staff and nurses on pharmacy matters. Both profiles include the provision of out of hours emergency pharmacy services.

The specialist clinical pharmacist role is assigned to band seven, with a salary range of £25,290-£33,342. This role involves delivering clinical pharmacy services to a clinical area, undertaking ward rounds, reviewing drug charts and undertaking teaching and clinical supervision of less experienced pharmacists and technicians.

Holders of the highly specialist clinical pharmacist post will be responsible for leading



Agenda for Change: the clinical pharmacist family of job profiles is published

and delivering specialist clinical pharmacy services to a directorate and providing expert advice on pharmaceutical matters to a specialist clinical area. This role is in band eight (ranges a and b), with a salary range of £32,258-£46,451.

The principal clinical pharmacist or clinical pharmacy services manager is responsible for delivering, managing and developing clinical pharmacy services to a trust, undertaking risk management and providing leadership for clinical audit. This role is in band eight (ranges b and c) and has a salary range of £37,574-£55,742.

These profiles are currently in draft form, and may be subject to review based on the experience at the 12 early implementer sites.

Staff who work unsocial hours will receive a supplement to their basic salary. For example, those in bands one to seven working between five and nine hours per week in the evening or at weekends will receive a

supplement of 9 per cent of their basic pay. Overtime will be paid at time-and-a-half, except for public holidays which will be double-time. A further payment, the high-cost area supplement, will be made to pharmacists working in or around London.

Agenda for Change applies to all NHS staff, except doctors and dentists, and is intended to harmonise conditions of service and ensure that staff receive equal pay for work of equal value. All staff will be contracted for 37.5 hours a week.

Pharmacists currently working 39 hours a week will see their hours drop to 37.5 per week on implementation of Agenda for Change. Current levels of pay will be protected until April 2011 (October 2009 for early implementer sites). Agenda for Change is due to be launched nationally in October 2004.

Further information is available from the Department of Health website [www.doh.gov.uk/agendaforchange](http://www.doh.gov.uk/agendaforchange).

## brief

Improving standards of patient safety is the topic of a two-day conference being organised by the National Patient Safety Agency (NPSA) on 24-25 February. Speakers at the event, which will provide an opportunity to hear the latest views and practical advice on patient safety, include Professor Sir Liam Donaldson, Chief Medical Officer for England and Sue Osborn and Susan Williams, Joint Chief Executives of the NPSA.

Ron Cullen has been appointed by the NHS Modernisation Agency as head of its Clinical Governance Support Team (CGST). CGST programmes include encouraging staff to promote clinical governance in their workplace, promoting patient and public involvement and improving team working.

Public spending on the NHS in 2002 rose to £67bn, an 8 per cent increase over 2001. Further details available from [www.statistics.gov.uk/healthaccounts](http://www.statistics.gov.uk/healthaccounts).

Transitional arrangements to allow existing dispensing and pharmacy assistants to continue working without the need for a new qualification, when regulation begins in 2005, have been finalised by the Royal Pharmaceutical Society. Further information is published in the 17 January edition of *The Pharmaceutical Journal*.

Activity and performance in the NHS over the six months to December 2003 and in the three years since the publication of the NHS plan are described in the chief executive's report on the NHS, available from [www.doh.gov.uk/nhsreport/december2003/nhsreportdec03.pdf](http://www.doh.gov.uk/nhsreport/december2003/nhsreportdec03.pdf)

## First UK DPharm has been awarded

Dr Mojgan Sani has become the first pharmacist to receive a doctor of practice in pharmacy degree (DPharm) from a UK academic institution.

Dr Sani's thesis was "lipid lowering in coronary heart disease and potential role of the pharmacist in therapy, optimism and management." The degree

was awarded to her by the University of Derby. The Universities of Bradford and Portsmouth and King's College, London are also now offering this qualification.

Dr Sani is a consultant pharmacist in cardiovascular medicine and visiting professor at the University of Bath. She

said, "The course has many benefits. It focuses on clinical pharmaceutical practice in the modern NHS, equips the practitioner with tools to develop individually and professionally, is suitable for all sectors of NHS practice, and helps gain credibility among colleagues."

# Government proposes that pharmacists could prescribe unlicensed medicines

Pharmacist prescribers should be able to prescribe unlicensed medicines, according to a consultation letter issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and the Department of Health jointly on 31 December 2003.

The proposal (MLX298) advises the Government to remove existing restrictions that prevent supplementary prescribers from prescribing unlicensed medicines (including specials and medicines extemporaneously prepared from active ingredients in a pharmacy), except in the context of a clinical trial. It points out that allowing pharmacists to prescribe unlicensed medicines will be particularly useful in paediatrics, dermatology, oncology, palliative care and where unlicensed products such as folic acid or magnesium sulphate need to be added to total parenteral nutrition preparations.

Widespread use of unlicensed medicines is not advocated and the usual supplementary prescribing safeguards remain in place — the prescribing of unlicensed medicines will need to be agreed by the independent and supplementary prescribers and



*Giving medicine to a child: the prescribing of unlicensed products is necessary for supplementary prescribing to work in paediatric practice*

included in the clinical management plan. In addition, the proposal acknowledges that the particular expertise of pharmacists in formulating, preparing and supplying unlicensed products acts as an additional safeguard to ensure that they are used correctly.

According to the proposal, the prescribing of “off-label” medicines (ie, licensed medicines used outside their licensed indications) is already permitted under the existing legislation, providing certain conditions are met. Reformulating a licensed product (ie, crushing or opening tablets) to administer to a particular patient is also allowed. Although MLX298

technically covers England only, similar consultations are being carried out in Wales, Scotland and Northern Ireland.

Regarding prescribing for children, Judith Cope, chief pharmacist at Great Ormond Street Hospital, London, told *Hospital Pharmacist* that the current restrictions make it impossible to have supplementary prescribers in paediatrics. For example, children with chronic lung disease often need to take spironolactone suspension (an unlicensed product) over a long period of time. She also pointed out that removing the restrictions would allow a holistic approach, with pharmacists being able to

manage all medicines associated with a particular childhood disease, within the context of a clinical management plan. “It puts the patient back in the centre, rather than the product,” she said.

The proposals are likely to be implemented during the middle of 2004. Copies are available from [medicines.mhra.gov.uk/infosources/publications/mlx298.pdf](http://medicines.mhra.gov.uk/infosources/publications/mlx298.pdf). Comments should be sent to the MHRA by 31 March 2004.

## Improving patient choice

Prescribing by pharmacists (and other health professionals) is among the measures to increase patient choice set out in the recent White Paper, “Building on the best — choice, responsiveness and equity in the NHS”. The White Paper followed a consultation process involving 110,000 members of the public and NHS staff. Other pharmacy-related initiatives, aimed at increasing access to medicines, focus mainly on community pharmacy and primary care.

The full document is available from the DoH website at [www.doh.gov.uk/choiceconsultation](http://www.doh.gov.uk/choiceconsultation)

## Progress made in setting up NHS care records service

Several contracts to provide the NHS care records service in England, a key strategy in the national programme for IT, were awarded during December 2003. The care records service is to hold individual electronic records for all 50 million NHS patients. It will show the treatments and care patients receive within the NHS (including in the acute and primary care sectors) and social care. It will also provide access to medicines information to clinicians at the point of

prescribing and facilitate electronic prescribing. The system is to be rolled out by 2010.

The contract to set up the system, and deliver services common to all users nationally for 10 years, has been awarded to BT. In addition, contracts to deliver services at a more local level, integrating where necessary with existing services (such as pharmacy computer systems) and the national system have been awarded in four of the five NHS “IT regions” (London [BT], north

eastern [Accenture], north west and west midlands [CSC], and eastern [Accenture]). The contract for the southern region was still to be awarded at the time of going to press. Will Wilson, principal pharmacist for information and supply at Addenbrookes Hospital, Cambridge, told *Hospital Pharmacist* that the implementation of the care records service will empower pharmacists to pursue medicines management work, but will require their services to become more patient-

focused. There will need to be a move away from the view that pharmacists are there just to police prescribing, he explained, because information that pharmacists currently hold will, in the future, be available to other health care staff electronically on demand. “This presents significant challenges for hospital pharmacists”, Mr Wilson added. Further information on the NHS national programme for IT is available from [www.doh.gov.uk/ipu](http://www.doh.gov.uk/ipu)