

ADOPTING A STRATEGY FOR PRACTITIONER DEVELOPMENT

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In the January 2004 issue of Hospital Pharmacist, these authors outlined their strategy for practitioner development. In this article, they propose in detail how a pharmacist's career could develop, leading to practice at consultant level

The likely recognition of the consultant pharmacist's role within the managed sector raises a fundamental question about the career structure for pharmacists or, more accurately, the lack of a consistent career structure.

Currently, individuals accumulate a range of job experiences in the hope that this aggregation will approximate to employers' requirements when senior posts become available. Moreover, the recruitment pressure on managers often means they are satisfied with the promise of potential to do the job at some point in the future, rather than requiring that these abilities be in place before appointment. The situation is compounded if candidates are selected on their potential, but its subsequent attainment is not measured.

In contrast, the medical profession provides a clear path to achieving consultant status, requiring individuals to demonstrate their ability to perform at different levels of practice (by completing periods of recognised training) before being deemed suitable to apply for their next post. Employers are then in a position to select individuals based on factors other than their potential ability to do the job.

This article outlines a career structure for pharmacists and describes the ingredients of a strategy to implement such an approach.

KENNEDY REPORT

The report in 2001 by Professor Ian Kennedy, relating to the quality of paediatric cardiac surgery in the Bristol area,

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highlighted important issues relating to the quality of care provided to patients.¹ A fundamental principle identified within this report makes explicit what patients would consider to be implicit in the care they receive; that is,

"A patient is entitled to be cared for by health care professionals with relevant and up-to-date skills and expertise."

The report makes a number of recommendations including the need for shared professional learning, which should embrace aspects of joint teaching across the range of undergraduate courses accessed by health care professionals. More significantly, the report emphasises the need for regulation aimed at maintaining the competence of health care professionals, the importance of periodic performance appraisal (coupled to continuing professional development [CPD]) and the introduction of revalidation. This is a powerful reinforcement of the tenets of clinical governance and its components of accountability, clinical risk management, remedy of poor performance and CPD.² These drivers for competence, coupled with an increasing well-informed and sceptical public, makes clear the need for a strategy that will develop individuals who are "fit for purpose".

LEVELS OF PRACTICE

If there ever was a professional maxim that "a pharmacist is a pharmacist", then this can no longer be defended. Given the increasingly complex and diverse nature of pharmacists' roles, the requirements of clinical governance and the impact of Agenda for Change,³ it is important to recognise formally that there are different levels of practice. This must capture both the specialisation that occurs in clinical pharmacy (eg, cancer, mental health, critical care and others) and expertise in the other disciplines of the profession

(eg, medicines information, technical services and primary care). Ideally, the different levels of practice should be sector independent, so as to include practitioners working in primary care, secondary care and, potentially, community pharmacy. This approach needs to be agreed and adopted nationally to be credible and to facilitate the development of the workforce.

In a recent article, our group proposed 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).⁴ These tiers are consistent with the progression recently described for health care scientists (illustrated on the online version of *Hospital Pharmacist* at www.pjonline.com/links/hp) and can be mapped meaningfully against the profiles recently published for pharmacists under Agenda for Change.⁵

WORKFORCE PLANNING

A key aspect of the strategy is that the workforce plan determines, at an early stage, the number of individuals required to deliver the service for each level of practice. Adopting such an approach would ensure that adequate provision is made for succession planning and that appropriately skilled individuals undertake tasks they are competent to perform. In addition this would also lead to the provision of a more geographically consistent pharmaceutical service, so improving the overall contribution made by the profession to the management of medicine related risk. It is important that the many special interest groups representing the broad church of the profession work closely with each other and the workforce planners to inform the manpower figures. Preliminary work has been completed by the Renal Pharmacy Group and the Critical Care Group that makes recommendations on the projected number of pharmacists needed to deliver

pharmaceutical care to renal and critical care patients.^{6,7}

The workforce plan could then be used to commission training places with accredited collaboratives and to secure the funding required to support delivery. The model currently managed by the education and training service (in the managed sector) to support pre-registration training places could be used as a basis for developing this approach.

■ RECOGNISED TRAINING SCHEMES

A systematic approach to workforce planning allows training resources to be both identified and provided in order to achieve the requisite number of pharmacists at each level of practice. The likely impact would be the emergence of training centres charged with, and resourced to, provide the stipulated learning experience for practitioners, while being subject to quality assurance by the commissioning body. These training centres should forge relationships between the different organisations involved in local service provision, resulting in “hub and spoke” training collaboratives. This would necessitate alliances to be developed between all those responsible for education and training delivery in the locality. Evidence to support

this proposal comes from the success of the STEP scheme in South East London.⁸

An important component of the training will be to describe how individuals move between the different levels of practice. This involves satisfying two key criteria: delivering a nationally agreed curriculum for practitioner development (either at GPP or APP level) and employing a recognised approach to assess the competency of the individual.

The curriculum to develop practitioners from a registered pharmacist to GPP should require individuals to complete a core experience that embraces a range of different pharmaceutical disciplines, not restricted by sector of practice. This may include agreed placements in medicines information, technical services, patient services and primary care, as well as completing a supervised period of clinical practice *inter alia* general medicine and surgery in the hospital and primary care setting. This training might occupy up to three years.

The progress of the individual should be evaluated in two ways. First, a local tutor would regularly monitor the performance of the trainee using a nationally accepted competency framework for general level practice. Our group has designed and validated such a framework for the clinical

arena and is currently developing it to include other secondary care disciplines, as well as activities undertaken in primary care and community pharmacy.⁹ The framework is based on three competency clusters, each providing a detailed account of the competencies required at a general level of practice. The performance of the individual is then evaluated using a rating scale, which appears to provide a powerful formative stimulus.¹⁰ The individual would also build a portfolio containing the outcome of periodic competency assessment, alongside additional evidence.

Secondly, the individual would be expected to demonstrate that they had achieved the necessary level of competence by undertaking a summative assessment of their skills and knowledge by completing a range of objective structured clinical examinations and a short written paper. Satisfactory completion would secure the individual a Certificate of Completion of General Training [CCGT] and, more importantly, allow them to apply for a GPP post.

If their intention is to specialise, either in clinical practice or in another pharmacy discipline, then they should ensure that the GPP post they apply for is part of an accredited specialist training programme. The specialist curriculum should provide a

breadth of experience and expertise in the specialist area of practice. The GPP would spend up to three or four years making satisfactory progress in their specialty, which would be mapped using the advanced competency framework.^{11,12} This framework consists of six clusters, each containing a range of associated competencies, and allows evaluation of individual performance using a series of descriptors which capture practice at a foundation, excellence and mastery level. To be eligible for APP status the individual would have to achieve the competency descriptors for advanced practice, have undertaken the required specialty experience and built a portfolio of evidence alongside other relevant material. There would also be a requirement for summative assessment of their knowledge and skills by completing a written paper and a range of objective structured clinical examinations. At the end of this training

period the practitioner would receive a Certificate of Completion of Specialist Training [CCST] that would allow 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. The specific areas of experience should be described by the appropriate specialist interest group; for example it would be appropriate for the British Oncology Pharmacy Association to be responsible for describing the APP curriculum for cancer care, while the Renal Pharmacy Group would undertake a similar role for individuals working in the area of renal pharmacy. Eligibility for a consultant post will be based on peer review of the portfolio content, although the individual can only become a CPP by successful appointment to a post of that title.

Once an individual has secured any 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 logical way and that both the General and Advanced Level Competency Frameworks will be important tools in supporting the development of individuals.

HIGHER EDUCATION

Traditionally, schools of pharmacy have supported the registered pharmacist by offering a range of postgraduate courses directed at their area of practice. In general such courses either require some attendance at the school or are completed by distance learning. These modes of delivery are inher-

ently problematic, as they cannot allow access for all practitioners, either because academia is only able to provide for limited numbers or because the service would collapse as a result of the study commitment. In addition, the process of selection is rather elementary and does not recruit on the basis of need or clinical priority. When viewed closely, most of these courses draw on practitioners from the NHS to deliver the teaching and use traditional, mainly knowledge-based, assessment processes.

The proposed model of work-based training collaboratives would see a different emphasis on the role of academia. Although the delivery of material would become the province of the accredited training centre, academia would focus on the following:

- Working with specialist groups to design the curricula for general and advanced level practice.

- Working with the specialist groups to design appropriate assessment methods to meet the learning outcomes associated with general and advanced practice.
- Organising and running the assessment process.
- Ensuring that the practitioners involved in training provision possess the appropriate teaching and practice skills.
- Working with the training commissioners (for example, education and training services within the managed sector) to quality assure the training using recognised higher education criteria.
- Aligning postgraduate credits to discrete elements of learning to enable the award of a postgraduate diploma or masters when learning outcomes are met.

This process would ensure that all schools of pharmacy were involved in the post registration training and could provide a common, consistent approach to practitioner development throughout the United Kingdom. Securing the involvement of academia in this way would require a change to the current funding processes.

— SYSTEM OF ACCREDITATION

Fundamental to this strategy is the concept of a national accreditation process. Accreditation needs to address two issues: the recognition of training centres and the registration of protected titles. This will provide employers and patients with the security of knowing the minimum competence of staff. In an earlier article⁴ we suggested that a “Pharmacy Board” concept be introduced in order to determine the mechanism for accreditation of general and

specialist training, those who should be responsible for awarding certificates of completion and, most importantly, who should register individuals holding certificates of completion.

There are clearly many possible approaches, reflecting the myriad agencies and professional groups who represent elements of the profession. It would appear sensible to engage interested parties in a discussion on the way forward, in particular the Department of Health, Royal Pharmaceutical Society, Guild of Healthcare Pharmacists as well as specialist interest groups, such as UK Medicines Information, United Kingdom Clinical Pharmacy Association, British Oncology Pharmacy Association and the College of Mental Health Pharmacists, among others. There is no doubt that the thorny topic of accreditation will lead to vigorous argument but the debate is necessary to ensure that we establish a recognised, unified and national career structure for pharmacy practitioners.

NEXT STEPS

The profession has grasped the competency issue with great enthusiasm and to such an extent that we currently have available a number of different approaches to competency specification and assessment. While each framework has validity for the group to which it applies, there is a danger that the lack of a unified process will further fragment the profession and fail to provide a clear and logical career pathway for practitioners. Unification should place the greatest emphasis on frameworks that have been robustly designed and validated.

The arrival of Agenda for Change provides an opportunity to embed a standard competency approach, which is consistent with the NHS Knowledge and Skills Framework (KSF), alongside the job profiles and remuneration of practitioners. We have secured the support of senior pharmacy managers within London, Eastern and South East, as well as that of a number of specialist practitioner groups, to advance this strategy and continue to evaluate and refine the general and advanced level frameworks. The next few months will see the Department of Health develop the consultant pharmacist concept, while the early implementers for Agenda for Change work on KSF profiles for their staff. Although the timescales are challenging, and the different work streams appear diverse, this is in many ways the ideal time to advance the case for the unified practitioner development strategy and the goal of delivering practitioners who are “fit for purpose”.

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Panel 1: Key themes of a practitioner development strategy

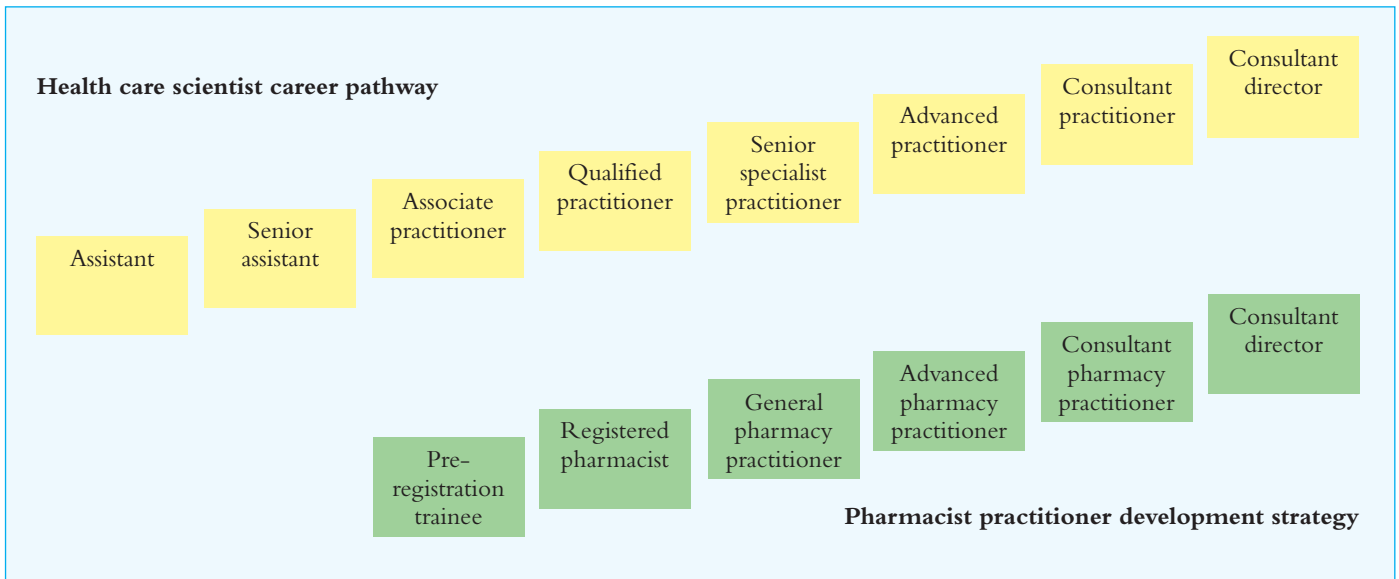
Theme	Comment
1. Recognised levels of practice	The levels need to be nationally agreed and cognisant of other national structures and compatible with Agenda for Change. These tiers would differentiate between general and advanced levels of practice.
2. Workforce planning	The profession needs to identify the number of practitioners required to provide the service at each level of practice.
3. Recognised training schemes	These would be accredited training schemes charged with developing practitioners between the different levels of practice. They would involve “hub and spoke” arrangements between primary and secondary care trusts as well as community pharmacy. Individuals completing accredited training schemes would be awarded a certificate of completion.
4. Integration with higher education institutions.	Academia would provide expertise relating to curriculum design and assessment. Accreditation of the training provided could lead to a postgraduate award.
5. Accreditation system	This would allow registration of practitioners at their current level of practice with a national body.

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Careers series in *Hospital Pharmacist*

Hospital Pharmacist has started a series on careers. The series will include articles on particular career paths, training and education opportunities and general developments in hospital pharmacy careers.



Relationship between the health care scientist career pathway and the proposed pharmacist practitioner development strategy