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Consultant pharmacists — what does the future hold?

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Long-held aspirations of many hospital pharmacists to practise their profession at the highest level and for the highest rewards — without following the path to senior management — may now be achieved by the introduction of consultant pharmacist posts. This development has come about with the publication by the Department of Health of the "Guidance for the development of consultant pharmacist posts",[1] which follows the first announcement of the policy in "A vision for pharmacy in the new NHS" in 2003.[2]

Consultant pharmacists will have four main functions: expert practice; research, evaluation and service development; education, mentoring and overview of practice; and professional leadership. The title "consultant pharmacist" will only apply to those appointed to approved posts and the guidance states that "consultant pharmacists are not advanced level practitioners renamed . . . and will undertake more developed roles".

A session of the *Hospital Pharmacist* conference last November heard from many of those who were involved in developing the consultant pharmacist guidance. It was noted that the introduction of consultant posts in other professions has supported local recruitment and retention of staff — ambitious staff are attracted to posts where they will be working with and learning from consultants. The extended career path is also likely to encourage newly-qualified pharmacists to pursue a career in the managed sector.

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This new development should also break the earning ceiling that has resulted in only chief pharmacists receiving the highest salaries. Posts will be placed in bands 8b, 8c or 8d of Agenda for Change, with salaries ranging from £40,036 up to £71,494. The pay compares favourably with many of the highest salaries in the public sector, indeed many consultant pharmacists will be paid more than a member of parliament (albeit without the generous allowances).

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So what happens now? The guidance suggests that senior managers in trusts [or groups of trusts] will need to identify a service need and prepare a business case for developing a consultant pharmacist post and proposing the infrastructure and additional resources required to support the practitioner. This proposal will be reviewed by a strategic health authority approval panel. If the go-ahead for the post is given, the appointment process, which is managed by the employing organisations, can start. The interview panel for a consultant post will, as a minimum, consist of a chief pharmacist, medical consultant and an external assessor with relevant experience.

Other professions

Can we now expect to see hundreds of specialist pharmacists becoming consultants in the next year or two? Probably not. The training of pharmacists has not been directed towards developing consultant practitioners. Competency work suggests that, for example, in the area of research and development, many pharmacists do not believe they practise at the required level to become a consultant.[3]

The scenario of many consultant pharmacists in the short term also seems unlikely if the experiences of nurses and allied health professionals are repeated. The first allied health professional consultant was appointed in early 2002. Of the 36,620 registered physiotherapists in the UK, for example, only 25 had consultant status two-and-a-half years later. This would suggest that the numbers of pharmacists becoming consultants in the first couple of years might be closer to the tens than the hundreds.

Questions

Pharmacists who aspire to the role of consultant will probably now be looking for the answers to two important questions. First of all, what training and experience will be required to demonstrate the capabilities that are needed to discharge the duties of a consultant? The guidance provides some assistance in this area, providing an outline of the competencies required, based on the advanced and consultant level competency framework.[3] It would seem logical for specialist pharmacy organisations to play some role here in putting flesh on the bones of the guidance. As it is, there is no clear path for individuals that will allow them to confidently apply for a position as a consultant.

The second question is are there going to be enough consultant posts for all those who aspire to them? There is also no workforce planning to predict how many posts there will be and ensure that enough staff are training to do these jobs. As a result, there can be no guarantees that pharmacists who achieve the competencies required for consultant posts will find the job they want. For this to happen, it would seem that distinct careers paths would have to be developed to ensure that the right number of people are being developed for the likely posts.

Only time will tell how many posts are justified, but it will be for those first into the posts to demonstrate what can be achieved and pave the way for others to follow. They will also need to demonstrate the wider benefit of appointing pharmacists at this level and develop the future practitioners so that consultant pharmacist posts become sustainable. We look forward to reporting these first appointments on the pages of *Hospital Pharmacist*.

References

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