

Consultant level pharmacist practice approved by DoH

Consultant pharmacist posts can now be introduced following the publication by the Department of Health of guidance for the development of these roles. A small number of pharmacists already hold posts described as a consultant, and the title is now given official recognition and a process for approving posts and candidates has been put in place (see *Pharmaceutical Journal* 2005;274:409).

The consultant posts will be structured around four main functions: expert practice; research, evaluation and service development; education, mentoring and overview of practice; and professional leadership.

The Agenda for Change profile for the consultant pharmacist post has been published and is located in bands 8b, 8c and 8d. Many of the job evaluation levels are similar to the pharmacist team manager, although freedom to act and responsibility for research and development are broadly higher for the consultant. The full job profile is included in the guidance (see www.pjonline.com/hp/links).

The guidance includes a competency framework for the role which describes the consultant as someone who is sought as an opinion leader both within the organisation and in the external environment. The framework also states that a consultant will demonstrate active participation in creating national health care policies.



Undertaking and publishing research will be a part of the consultant role

The announcement was supported by Helena Hodges, senior pharmacist education and training and teacher practitioner at Bath Royal United Hospital NHS Trust and chair of the UK Clinical Pharmacy Association. She said, "I believe that the development of the consultant pharmacist role will enable clinical pharmacists to maintain their practice base without the need to enter into the world of management to progress their careers." She also thought that it was important that patients and other stakeholders become aware of the status of consultant pharmacists and realise that they are not just self-appointed advisors.

Anna Murphy, who works at University Hospital of Leicester NHS Trust, already holds the title of consultant respiratory pharmacist. She welcomed the Department of Health's

recognition of consultant level practice in pharmacy. Her post will now be reviewed by the local strategic health authority to ensure that it meets the guidance for an official consultant pharmacist post. She spends about 50 per cent of her time on clinical practice and is involved in research — she is currently undertaking a doctorate degree — and is confident that her post will be approved.

Ms Murphy commented, "When the consultant nurse posts were introduced, many specialist nurses were given the title of consultant without really demonstrating their ability to perform at a higher level. The competency framework for consultant pharmacists will make the post harder to get, but there will be a more consistent high standard among practitioners."

brief

■ Pharmacy at the interface between secondary and primary care is the topic of the *Hospital Pharmacist* conference, to be held on Thursday 10th November at the Royal Pharmaceutical Society in London. Further details are available from Emma Kerby-Evans (e-mail emma.kerby-evans@pharmj.org.uk or telephone 020 7572 2414).

■ Have you recently changed practices or developed innovative procedures to improve occupational safety or patient care? The Pharmaceutical Aseptic Services Group in conjunction with Mayne Pharma is offering a travel award worth £1,500, which allows the winning applicant to present a poster of their work at the American Society of Health-System Pharmacists midyear meeting in December. The closing date is 30 June and more information is available by e-mailing Dawn.Ashley@uk.maynepharma.com.

■ The Medicines Commission and Committee on the Safety of Medicines are to be abolished and replaced by the Commission on Human Medicines on 30 October. The Medicines and Healthcare products Regulatory Agency states that the new structure will allow a greater degree of specialist input, ensure transparency and take more account of public interest by introducing lay membership to committees.

■ Electronic procurement and its potential benefits in hospital pharmacies is the topic of a leaflet produced by the NHS Purchasing and Supply Agency. Copies of the leaflet can be obtained by e-mailing judie.finesilver@pasa.nhs.uk

Mental health joins collaborative

Mental health trusts are among the 25 project teams to be included in the third wave of the hospital medicines management collaborative. The National Prescribing Centre announced the trusts that will join 20 acute trusts involved in the first two waves of the

collaborative. The National Prescribing Centre has also worked with 146 primary care trusts in the collaborative programme.

Commenting on the inclusion of mental health trusts, Richard Seal, director of medicines management,

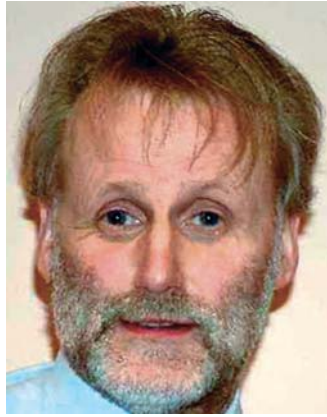
National Prescribing Centre said, "although their perspective is sometimes different, they share many of the same medicines management improvement issues." A list of the successful sites can be viewed at www.npc.co.uk/mms/hmmc/index.htm

New Society Council low on hospital input

The newly constituted Council of the Royal Pharmaceutical Society will lack the input of any pharmacist involved in the delivery or management of clinical pharmacy services. The new 30-person Council, which will be officially formed on 25 May, will include just one hospital pharmacist (Colin Ranshaw, Principal Pharmacist Quality Control, Cardiff and Vale Trust). Mr Ranshaw was elected as the regional representative for Wales, after 13 of the 14 unreserved places were won by members of the Save Our Society (SOS) campaign.

Alison Ewing, clinical director of pharmacy at the Liverpool and Broadgreen NHS Trust lost her position on Council, failing by just 104 votes to be re-elected. She follows Helen Howe, chief pharmacist, Addenbrookes NHS Trust who last year lost her place on the Council.

Tony West, president of the Guild of Healthcare Pharmacists has said that he will be contacting the Society to discuss how the new Council will ensure that the views of hospital pharmacists are represented in its deliberations. The new Council consists of 17 elected pharmacists (three of whom are



Colin Ranshaw: elected as the regional representative for Wales

elected on a regional basis), one pharmacist appointed by the Schools of Pharmacy, two pharmacy technicians and 10 lay-people appointed by the NHS Appointments Commission.

Members of the Guild of Healthcare Pharmacists met at the Guild's joint conference with the UK Clinical Pharmacy Association to discuss a new structure of its parent trade union Amicus. This meeting replaced the annual general meeting which has been postponed. A paper from Amicus outlining proposals is now awaited. A report on this conference starts on p184.

Regulations updated for non-medical prescribing

Unlicensed medicines and Controlled Drugs can now be prescribed by nurse and pharmacist supplementary prescribers. All Controlled Drugs except those in Schedule 1 of the Misuse of Drug Regulations 2001 (not intended for medicinal use) are included.

Other changes to prescribing regulations mean that three groups of allied health professionals will now be able to train as supplementary prescribers. After completing an

accredited course, physiotherapists, chiropodists/podiatrists and radiographers will be able to prescribe. It is likely to be September before anyone in these groups will be qualified.

This month's careers article (pp182-3) reviews the experiences of one supplementary prescriber, just over one year on from taking on this additional role