

New ways of working for pharmacists in adult critical care

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New ways of working in specialist critical care pharmacy practice were recently approved by the Department of Health. This article looks at the background, implementation and future implications of this project



Competencies have been outlined for critical care pharmacists

Developing the practice of pharmacists working in critical care was the aim of Department of Health (DoH) when it published “Adult critical care — specialist pharmacy practice” in July 2005.¹ This was the end product of a project run jointly by the DoH and the UK Clinical Pharmacy Association Critical Care Pharmacist Group (UKCPA CCPG).

As well as identifying new ways of working for critical care pharmacy, the project developed a career framework for pharmacists who wished to specialise in the care of critically ill patients. This article outlines the background, details, interpretation and future implications of this innovative pharmacy project.

Background

For some time, it has been the aim of the UKCPA CCPG to set out the knowledge base and portfolio of skills that a specialist critical care pharmacist should possess for a

quality pharmacy service to be consistently delivered to critically ill patients. This was supported by the critical care division of the DoH, which agreed to facilitate, support and chair a project to deliver this vision.

In May 2004, the pharmacy and DoH leaders of the project met to examine the basic and advanced practitioner competency frameworks developed by London, Eastern and South East specialist pharmacy services.² Their overall aim was to develop the framework in order to make it more relevant to pharmacists working within critical care and thus improve medicines management for these patients. The three basic objectives were:

- To describe a set of competencies that critical care pharmacists need at various levels of practice (separated into three levels: foundation, excellence and mastery) intended for pharmacists who care for critically ill patients on a regular basis
- To produce a career pathway for pharmacists specialising in critical care, linked to Agenda for Change, through the inclusion of broad statements to indicate the level of practice required to pass through “gateway” points
- To ensure that the highest tier of practice is compatible with the emerging consultant pharmacist role through liaison with the consultant pharmacists steering group

Those working on the project were mindful of the potential for other specialist pharmacist groups to follow the same process for their own clinical specialties. It was expected that many of the competencies produced would be compatible with those for other specialties, such as cardiac, renal and surgical high dependency care. The competencies that dealt with building working relationships, leadership and management may also be adapted to suit other branches of hospital pharmacy such as medicines information, patient services and preparative services.

Project details

A group of senior critical care pharmacists were invited to meet in London. Those who attended were mainly from pharmacists working in critical care units in England as the governance of the health service has been devolved in Scotland and Wales (although pharmacists working in Scottish and Welsh units also attended).

Representation was from both large teaching hospitals and from smaller district general hospitals.

Non-critical care senior NHS pharmacists, DoH representatives and practitioners from higher education institutes were also invited to join the expert group. All critical care pharmacists involved in the project were members of the UKCPA CCPG. The project was chaired by Keith Young, DoH policy manager for critical care.

The need for a career pathway and com-

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petency framework was discussed, and this was supported by presentations on Agenda for Change, and the development and validation of the advanced practitioner framework.³

The group split into three subgroups to answer the following fundamental questions:

- What experience is required before you can gain a full-time critical care position (at “excellence” level)?
- What will you actually do in that full-time critical care position, and how do you demonstrate that you are doing it?
- How do you know that you are doing that job to its full potential?

The groups continued to work on the answers to these questions after the conclusion of the meeting, communicating by e-mail. Responses were collated and a draft document was prepared by the project leads and circulated before a second meeting. The document described the project, linked the output to commitments from the NHS improvement plan and included a draft career pathway.

The document was refined and the aims of the project were clarified at the second meeting. The group decided to use the already validated advanced practitioner framework as a basis for a competency framework for critical care pharmacists. The work was again split between three subgroups that each took two elements from the advanced practitioner framework to work on. The work continued via e-mail discussion within the respective subgroups, and the final pieces of work were submitted for inclusion in the growing document. In the third and final meeting, the group went through the document in detail, making a number of small changes and the consultation process and timetable was agreed.

The document passed through a final formatting and proofing process and was then widely circulated for consultation to a number of relevant professional bodies including

the Royal Pharmaceutical Society, the Guild of Healthcare Pharmacists, the Intensive Care Society and the British Association of Critical Care Nursing.

A smaller subgroup (the DoH chair, pharmacy leads and editor) met to consider comments that were raised from the consultation and made the relevant amendments to the document, which was subsequently recirculated to the whole project group for final comment. The document was approved by the DoH, allocated a gateway number, and published on the DoH’s website on 1 July 2005.¹

— Putting it into practice

The finished document describes a framework that guides practice and describes avenues of development for pharmacists working, or aspiring to work, in critical care. There are also a number of implications that arise from acceptance of the published document:

Competencies A minimum standard of competence has been set for any pharmacist working within critical care, whether for one hour or several hours a day. A key recommendation is that chief pharmacists should ensure that any pharmacist working in critical care has attained foundation competencies as a minimum standard.

Evidence Practitioners will need to accrue evidence to demonstrate that they meet competencies in order for them to progress through the framework. While continuing professional development portfolios will help, other forms of evidence such as appraisals, and where appropriate peer review, will also need to be gathered. In the future, pharmacists may need to produce a portfolio of practice in order to pass a gateway assessment. Peer review is also likely to be important as a learning and assessment tool.

Learning The framework provides practitioners with a clear benchmark against which their own or their staff’s competen-

cies can be measured. Delivery of formal learning will need to be enhanced to meet the required standards. Critical care is taught as part of many clinical diplomas and study days are provided by organisations such as the UKCPA, but provision of such learning either does not tackle all relevant areas or is heavily oversubscribed leaving many without access to such resources. A co-ordinating body to oversee such learning is the ideal, but that in itself requires an injection of resource in terms of both finance and personnel.

— Consultant pharmacists

The consultant pharmacist guidance⁴ requires pharmacists to deliver four main functions: expert practice; research, evaluation and service development; education mentoring and overview of practice; and professional leadership. The advanced practitioner framework describes additional competency clusters in building working relationships and management.² The expectation is that consultant pharmacists will have mastery level in at least three of the six competency clusters (specifically expert professional practice, leadership and building working relationships).

Consultant pharmacists in critical care will have to demonstrate (with a practice portfolio and possibly peer review) that they possess these competencies. The strategic health authority assesses the local need for the post and the likely distribution of time allocated to each of the four functions. The chief pharmacist and employing trust(s) will approve the job description and define the distribution of 10 sessions across these four functions in a job plan. In addition there are plans to proceed with a national approval process for all consultant pharmacist posts. Exactly who will be assessing the practice portfolio is unclear. An interview or appointment panel may ask for the portfolio to be produced at an interview with a presentation summarising the contents. The appointment panel is likely to ask questions about the four functions and the six competency clusters.

It is possible that when sufficient consultants are appointed, chief pharmacists will ask them to assess the portfolio in advance of the appointment interview. Appointments may require a previous external peer review visit. Therefore, while consultant pharmacists will need to be expert practitioners, they may also be peer reviewers for future consultants.

The teaching of knowledge and skills and mentoring of pharmacists in critical care is likely to be undertaken by advanced practitioners with competencies at excellence and mastery level. Relevant postgraduate education may need to be designed by consultant pharmacists and advanced practitioners, adapting to the knowledge and skills framework for Agenda for Change. Postgraduate certificates could deliver training for foundation levels of competency in critical care, with the local delivery of peer review and mentoring by advanced practitioners. Diplomas or advanced practice masters degree courses may provide training for excellence levels of critical care competencies, with peer review, mentoring and competency assessments (performed by consultant pharmacists or pharmacists assessed as having attained mastery in the particular competency cluster) being developed.

Each geographical area is likely to need at least one consultant pharmacist in critical care in order to provide the necessary training and level of support required by pharmacists developing competencies at foundation and excellence levels. Patients in critical care could expect that a medicines expert is available, although they might not necessarily be on site, but would be a telephone call away. This fits well with the concepts behind critical care networks because there are already a number of pharmacists working in critical care who are recognised as reference sources and who communicate regularly via the UKCPA critical care practice interest group e-mail network.

— Taking the project forward

The acceptance of this document by pharmacists practising in critical care is

fundamental to its success. It is hoped that, because an expert panel has been involved in its construction, this will be relatively seamless.

The framework needs to be presented to chief pharmacist groups and discussed both from the perspective of desirability and achievability. The challenge will be to ensure that chief pharmacists acknowledge that all pharmacists working in critical care should have foundation level competencies.

There is a need for more consultant pharmacists to be appointed in critical care in order to design the postgraduate education programme for advanced practitioners and also there is a need for more practitioners to construct and maintain portfolios of practice, particularly at excellence and mastery levels. This is required to develop a cohort of practitioners acknowledged to be competent at mastery level in critical care. Also, there is an expectation that this project will lead other specialties in pharmacy to produce competency frameworks for their advanced practitioners.

National bodies and universities need to work together to deliver training programmes to facilitate this project and naturally the project group would find it useful if they used the published competency framework as a guide. Work has started in Scotland to develop Stage III training (part of a national specialist training programme) for hospital pharmacists working in a variety of specialties, under the auspices of NHS Education for Scotland and the Association of Scottish Chief Pharmacists.

Junior pharmacists will be able to develop foundation competencies in critical care, even if this is not their final specialisation. The knowledge and competencies gained will equip them to identify patients at risk from acute renal dysfunction, cardiovascular instability, fluid mismanagement and evolving sepsis.

— Conclusion

The document produced¹ describes a competency framework for advanced adult

critical care pharmacy practice. A career pathway for pharmacists working in critical care has now been defined from preregistration trainee to consultant level. While this moves the workforce development programme forward, it might be described as only the end of the beginning rather than the beginning of the end.

The primary principle is to establish the view that foundation level competencies represent a minimum standard of practice for pharmacists working in critical care. A secondary, but important principle, is that junior pharmacists should have ready access to a specialist critical care pharmacist for guidance, mentoring and training in order to deliver optimum care to critically ill patients.

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