

“Consultant pharmacist” — what does it mean?

By Nina Barnett, MSc, MRPharmS

The term “consultant” usually refers to a person who has an occupation in which they are consulted for their expertise, advice or help. In healthcare, it often refers to the most senior clinician, scientist, nurse or allied health professional in a specialty.

Historically, pharmacy career progression in the NHS has led to service management roles, with less recognition for advanced and specialist practice, clinical leadership and education.

In most professions, the expectation of a consultant is that they have “risen up through the ranks”, via an approved training process, to reach a high level of expertise in a particular discipline. Until 2005, pharmacy in the NHS offered no equivalent position.

Recognition

In 2003, the consultant pharmacist role was identified in the Department of Health document “A vision for pharmacy in the new NHS”. This was followed by DoH guidance in 2005 on developing consultant pharmacist posts in England.¹

There were a number of drivers that made the establishment of the consultant post timely. Agenda for Change and the NHS Knowledge and Skills Framework was having an impact on career development and Ian Kennedy’s inquiry into the events at the Bristol Royal Infirmary highlighted the

importance of assuring professional competence.

In pharmacy, the Competency Development and Evaluation Group (CoDEG) were working on a professional development framework. CoDEG designed the Advanced and Consultant Level Framework (ACLF) to consolidate the competencies required. This was created using literature on advanced practice and was validated by a pilot involving nearly 400 pharmacists. This framework describes broad clusters of capabilities relating to expert practice, working relationships, leadership, management, education and development and research and evaluation. Each cluster has three tiers of attainment to reflect the different levels of practice.

This framework was included in the DoH guidance on developing consultant pharmacist posts and also forms part of the DoH guidance for pharmacists with special interests.²

The 2005 guidance describes the consultant pharmacist as an expert practitioner who provides leadership and education and contributes to research.¹ It states that the key purpose in establishing these posts is to:

- Provide access to recognisable, high quality care for patients
- Achieve strategic engagement of pharmacy in specialist care
- Create the opportunity for a new kind of relationship with higher education
- Promote a form of expert practice unconstrained by traditional boundaries of institution or sector

Delivery

Once the requirements for consultant posts were understood, organisations began to consider areas in which consultant level practice could be useful and how individuals might be developed to deliver this. The DoH guidance recommends that posts be created across a locality to maximise the benefits across primary and secondary care.

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Some organisations recognised that they already employed practitioners who might be considered to be practising at consultant level. However, all consultant posts are required to be approved through a Strategic Health Authority process. For pharmacists who had adopted the title of consultant before 2005, transitional arrangements existed to enable employers to seek approval for the post. These involved the same rigorous approach to appointment as for newly established posts — specifically, an expectation that candidates should demonstrate the specified competency profile based on the ACLF.

Over the past two years, a variety of posts have emerged, including consultant pharmacists in critical care, HIV, paediatrics, oncology, mental

health and older people. It is likely that more roles will develop with an emphasis on the transfer of care to settings closer to the patients’ homes.

For existing post-holders, the balance between expert practice and research, education and mentoring components varies significantly. This local flexibility is acknowledged within the DoH guidance, which suggests only that expert practice should account for no more than 50 per cent of the practitioner’s time.

It is estimated that there are 20 consultant pharmacist posts in England at present (Wales and Scotland are currently developing the role), although there is no requirement for these posts to be recorded centrally. There is a move from some consultant pharmacists to create a national group which will provide peer support and explore the core features of consultant level practice. In addition, there is the opportunity to contribute to professional development through the new professional body for pharmacy. Ultimately, the test of the consultant pharmacist role is whether it can help to deliver better outcomes in a collaborative network of general pharmacy practitioners, pharmacists with special interests and other healthcare professionals.

References

- 1 Department of Health. Guidance for the development of consultant pharmacist posts. London: the department;2005.
- 2 Department of Health. Implementing care closer to home — providing convenient quality care for patients. A national framework for pharmacists with special interests. London: the department;2006.

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