

LETTERS

CONSULTANTS

Consistent approach to consultant roles

From Mr D. G. Webb, MRPharmS, and others

We welcome the contribution by Brian Hebron and colleagues (*PJ*, 30 August, p261) to the debate on consultant roles for pharmacists. The authors suggest that the title should apply to a cadre of exceptional individuals and, in support of this, we have made the case previously for the staged development of practitioners based on competency progression.¹ Since 2002, we have been working with pharmacy managers, primary care trust leads, regional pharmacy specialists and academic colleagues in London and South East on a strategy that seeks to recognise three distinct tiers of practice: general, advanced and consultant. A key element of this strategy has been the design and validation of two competency frameworks that can be applied at the general and advanced-to-consultant levels respectively.

The General Level Framework² has been subject to a 12-month controlled evaluation among 104 junior grade pharmacists in 21 NHS trusts in London and the South East. Interim and final analyses have shown benefits in terms of the framework's impact on clinical practice and our initial findings were presented as a poster at the British Pharmaceutical Conference in Harrogate.³ At last year's event in Manchester, we delivered a ses-

sion on "clinical directorships, consultant pharmacists and clinical competencies" and this prompted dialogue with the Guild of Healthcare Pharmacists, the United Kingdom Clinical Pharmacy Association and various specialist interest groups (including non-clinical pharmacy specialties) that subsequently has facilitated work on the advanced and consultant levels of the practitioner development strategy.

Based on a review of the literature and consensus panel discussions, an advanced practice competency framework has now been produced. In addition to the four functions described by Hebron and colleagues, this framework recognises two further competency clusters. In total, these are: expert professional practice; building working relationships; leadership; management; education, training and development; and research and evaluation. To date, we have invited selected clinical pharmacy specialists to assess whether high-level practitioners can map their own practice on to the domains of the framework and to indicate what evidence might be used to support these self-assessments. This research will help to define the criteria for differentiating between advanced and consultant practice.

During our discussions, however, it has become apparent that consultant level practice may not be limited solely to the clinical pharmacy domain, but could also apply to other pharmaceutical disciplines including, among others, medicines information, technical services, primary care and community practice. Indeed some groups have formulated their own competency frame-

works and these could provide the detail to underpin the expert professional practice cluster as applied to each discipline. There is no doubt that the publication of "A vision for pharmacy services" and "Agenda for change" has given additional impetus to our work in this area.

At this stage, it is important that a consistent approach to developing general, advanced and consultant practice is adopted across the profession. We have informed both the Department of Health and the Royal Pharmaceutical Society on progress, responded to the Society's consultation on "Competencies of the future pharmacy workforce" and are looking now to engage more fully with community pharmacy. We would welcome collaboration with individuals and organisations that have investigated, or are considering, issues in higher-level practice. The strategy, however, will not be meaningful if it becomes divorced from workforce planning and there is a clear need to establish the numbers of practitioners required at each level, the appropriate models of service delivery and the role of pharmacy support staff in those models.

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3. Webb DG, Davies JG, Bates IP, McRobbie D, Antoniou S, Wright J, Quinn J. Competency framework improves the clinical practice of junior hospital pharmacists: interim results of the south of England trial. *Int J Pharm Pract* 2003;11(Suppl):R91.

FLUORIDATION

Is this mass medication?

From Mr B. W. Whittaker, MRPharmS

I would like to comment on the Broad Spectrum article by Paul Clein (*PJ*, 23 August, p234), which appears to confuse medical and ethical issues. Is fluoride safe? Well, people have been drinking it for centuries where it is naturally occurring. Mr Clein cites the benefits of fluoridation to children in Liverpool as being decays reduced by one third of a tooth per child. In my local area, Bradford, the figure would be two and a half teeth less decay per child. In Manchester, the average five-year-old has three times as many decayed, missing and filled teeth as a child in Birmingham, a city which has had fluoridated water for 40 years (*Bradford Telegraph and Argos*, 3 September 2003).

Regarding freedom of choice, water from the tap is not straight from the skies: it is chlorinated and subject to other treatments. Is this mass medication?

B. Whittaker

Keigley, West Yorkshire

CPD

Friends and family queries

From Mrs G. M. Farrow, MRPharmS

I agree with Dennis Canniford (*PJ*, 6 September, p299). Unlike Mr Canniford, who has retired, I can no longer work due to health problems. However, I

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read the *PJ* every week and have access to my husband's continuing education material from the Centre for Pharmacy Postgraduate Education. I asked the CPPE if it could include an extra questionnaire with my husband's distance learning pack but this was not possible. Not being in employment acts as a barrier to obtaining material that can be marked to prove completion of CPD.

Since I cannot promise to never to respond to health queries from my family and friends I do not wish to resign from the register. There must be a lot of members in similar position to me — how is the Society going to deal with the problem?

G. Farrow
Thetford,
Norfolk

Dr ROBERT DEWDNEY, head of education, Royal Pharmaceutical Society, replies: In the Society's consideration of the activities of a non-practising pharmacist, some distinction might be made between him or her giving advice to members of the public and giving everyday advice to family members or close friends (who will know the working status of the pharmacist). The CPD Implementation Committee will be considering this matter over the coming months.

It is important to add that all pharmacists, non-practising as well as practising, have an overriding duty under the Code of Ethics to intervene in relation to a person's health care where they perceive a dangerous situation.

THE SOCIETY

A Council that claims to be listening

From Mr M. R. Hickey,
MRPharmS

I was interested to read your editorial "No excuses left" (*PJ*, 23 August, p224). In fact I cannot remember when I last so agreed with much of a *PJ* editorial. It is a relief, to say the least, that someone in Lambeth recognises that pharmacy in Wales and Scotland are developing differently from in England. You quite correctly state that "The Society has a real opportunity . . . to determine what structures it will

put in place to support professional matters. Input from Scotland and Wales needs to be there from day one, as of right . . .".

This year the Scottish and Welsh members voted unanimously at their respective AGMs to have more power over their own affairs, powers allowing their elected Executives to make policy relating to pharmacy and health policy in regard to their own legislatures. A sensible solution would be to decentralise power, to adopt a federal structure in which the various elected Society bodies are treated as equals.

Our Council claims to be listening; however, as evidenced by the membership's opposition to the draft new Charter, it appears to be blind to the opportunity.

Maurice Hickey
Forres,
Morayshire

MODERNISATION

An unfair press?

From Mr G. S. Phillips,
MRPharmS

Apparently the Royal Pharmaceutical Society feels it does not get a fair press. Recent articles in various pharmacy titles feature the President demanding "editorial balance and the separation of fact from opinion".

Behind Lambeth's complaint lies the uncomfortable truth — that it is the membership and the wider Council who have been denied a fair hearing. All attempts to halt the progress of the modernisation steering group steamroller have been squashed flat by judicious reference to the opinion of the MSG's legal adviser Robert Bulling, a charter expert. (There must be concern about a potential conflict of interests since, as an independent legal adviser, Mr Bulling is also a full and formal member of the MSG.) But what is not in doubt is that Mr Bulling's legal opinion has been wheeled out to deny other approaches to modernisation such as the two board model supported by the Save Our Society campaign.

The extent to which justice may not have been done is made painfully clear in a recent article by an equally eminent legal expert Michael Scott (*C&D*, 16 August, p14, www.dotpharmacy.com/mscott.pdf). Mr Scott, the Save Our Society campaign's legal

adviser, reveals how skewed the modernisation debate has been and to what extent the Society's representational role has been set aside in favour of a purely regulatory role — and all of this hidden in the Trojan Horse of charitable status.

Mr Scott's expert opinion adds gravitas to what many of us have been saying throughout, which is that the proposed new charter has been drafted primarily to achieve charitable status and does not give due weight to representational functions. I therefore believe it is a travesty. He makes it clear that there is really no need for a new charter since the existing one can be updated, that the likelihood of the Government bogeyman overwriting our existing charter is remote and that there is no reason to lose representation as a key charter object. Finally, a two-board model would be perfectly acceptable.

Despite the outcome of the special general meeting, the Council now appears to be backtracking on its promise to genuinely represent the membership and its publicly stated commitment to take on board our concerns. No meeting has been

arranged with those who called the SGM, and neither has Mr Scott been invited to address the Council.

An unfair press? Hardly!

Graham Phillips
St Albans,
Hertfordshire

WORKFORCE CENSUS

Anonymity may have improved sincerity

From Mr C. O. Agomo,
MRPharmS

I wish to thank the Royal Pharmaceutical Society for conducting the pharmacy workforce census. However, I think that better and more sincere responses might have been received if answers were allowed to be returned anonymously, particularly answers to questions that ask specifically how pharmacists feel about the profession.

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