

The Guidance for the Development of Consultant Pharmacist Posts was published in 2005. There have been many changes in the pharmacy profession and the NHS in the last 13 years. This draft guidance document aims to create a fresh approach to consultant pharmacist development in line with the current and emerging drivers for change within the NHS while retaining the emphasis on the four pillars of expert practice, research leadership and education.

In order to allow flexibility and ensure the document remains current, information on post approval and credentialing processes are purposefully general. The details will be determined by the organisation(s) responsible for carrying out the processes. They may be altered dependent on the needs of the NHS as long as they meet the principles outlined in this document.

To read the draft updated guidance please copy and paste this link into your browser <https://www.sps.nhs.uk/wp-content/uploads/2018/08/Draft-Consultant-Pharmacist-Guidance-for-consultation.pdf>

After reading the draft guidance we would appreciate answers to the following questions.

1. Do you agree, in general, with the principles and recommendations within the document?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Further clarification of the specific criteria for specific membership of post-approval panels to be provided by the Chief Pharmaceutical Officer's office should ensure full support from the employing organisation. It is not clear why an education commissioner is required on the panel.

The RPS is well placed to act as an independent member on the appointments panel.

It is suggested that a national career structure to the consultant pharmacist post is defined so that employing organisations can clearly see how their workforce fits into the structure.

Comments:

2. Does the introduction (section 1) articulate the need for developing new guidance in relation to the current situation in the NHS and the profession?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

We agree with the need for new guidance.

Comments:

3. Do you agree with the suggested aims for the document?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Yes. However it would be useful to reiterate that the aims are for all sectors.

Comments:

4. Are the aims addressed clearly throughout the document?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

The guidance could go further to address the current discrepancies in grading, number of posts in each region and career pathways

Mapping current posts to NHS Agenda for Change Bands (or equivalent pay scales) will highlight such discrepancies and regional plans could be developed to address them.

Highlighting good practice with impact measures that can be generalisable will help address discrepancies in the number of posts – the examples given are very specific

Comments:

5. Can this guidance be applied to all sectors of pharmacy practice including roles with less patient-facing time e.g. quality assurance, medicines information, medication safety?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Comments:

Occasionally the document tries to be reflective of the whole workforce but all examples come back to more clinically orientated posts – further examples e.g. medicines information.

An infographic of where a consultant pharmacist post fits in the pharmacy career structure would be useful and how this differs from Advanced Clinical Practitioner posts (or equivalent posts in Scotland and Wales).

It would also be worth stating that “consultant” level is not necessarily the only recognised senior leadership role in non-patient facing roles and being able to articulate clearly the difference between what a Director in QA (for example) and a consultant would look like.

6. Do you agree that consultant pharmacists should spend 80% of their time on activities that span the four pillars of practice (where the activities require expert level knowledge or skills and impact on patient care and/or population health)?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

It may be useful to provide some clarity on what expert clinical practice does not include as this may be another way of assessing that time is being spent appropriately. There may be barriers at organisations for activities such as research.

Comments:

7. Do you agree that consultant pharmacist posts should be approved according to the criteria and principles outlined in section 3?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Comments:

Examples of post-approval documentation e.g. job descriptions would be helpful.

A process of validation/quality assurance of decision making is essential so that there is a common standard across the NHS e.g. decision log or reasons for approval/non-approval.

8. Do you agree that individuals wishing to work as a consultant pharmacist should be credentialed by an independent body according to the principles outlined in section 4?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Comments:

If there are more than one organisation responsible for the credentialing process there is a risk of inconsistency and this is a risk for patient safety. It would be better that one organisation i.e. the Royal Pharmaceutical Society takes overall responsibility but draws on the relevant expertise from other organisations and specialist groups.

The RPS already has experience and expertise in credentialing through the Faculty process, builds on proposed career framework so easy for pharmacists to navigate, hosts the consultant pharmacist group and therefore has instant access to expertise and existing well established networks. We also have experience of working in partnership with a broad range of stakeholders e.g. the recent creation of the jointly owned Education Governance Oversight Board, to ensure that a consultant credentialing process is acceptable to both the profession and policy makers.

There is a need for credentialing to have parity across professions as this helps patients, other professions and commissioners understand what is meant by the term “consultant”. The RPS is well placed to provide that professional leadership when working with other royal societies and colleges to assure this. It also builds on current dialogue underway to support cross recognition of Advanced Clinical Practitioners.

A register of all consultant pharmacists is a key introduction for monitoring and safety purposes.

9. Do you have any comments regarding appointment to consultant posts (remuneration, line management)?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

We think peer support between consultant pharmacists is also key to the ongoing development of these posts holders and positions.

Posts should be transparently advertised with open recruitment.

Line management, when it is from a chief pharmacist should ideally be someone of a higher banding/grading to the consultant pharmacist. Other models may also be useful. For instance, the consultant pharmacist may be line managed by a different professional but is professionally accountable through other routes e.g. to the chief pharmacist.

The evidence of most consultant posts being matched to Agenda for Change Band 8c should be provided so that consistency can be managed.

Comments:

10. Do you have any general/additional comments regarding any of the recommendations or content of this draft guidance document?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Comments:

It would be useful to be clear about who owns the guidance – this should be the whole pharmacy profession.

More discussion and understanding of the difference between consultant posts and Advanced Clinical Practitioner posts (and similar posts in other countries in the UK) and their relative place in the career the career pathway may be helpful.

More detail is required as to how networks might work and ways of shared funding.

It should be possible to achieve the title of consultant pharmacist in any of the areas that a pharmacist can pursue a career, which at minimum must include Community, Academia and Industry. Flexibility of practice must also exist between all of these disciplines. The RPS professional frameworks map out Advanced Practitioner and Consultant pathways and are structured in a flexible and adaptable way. This will enable the profession to explore other examples of consultant posts such as the senior lecturer/consultant role within the medical career ladder and the same in industry. These roles co-exist.