Meeting the needs of our patients — the case for "pharmacist registrars"

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The practice of pharmacy has undergone considerable evolution in recent years. Following the publication of the Nuffield Report in 1986, there has been a shift in emphasis on the role of pharmacists from a dispensing and supply function towards provision of clinical services.

In secondary care, this shift has led to the development of career pathways that enable pharmacists to develop their careers as clinical practitioners. However, until recently with the establishment of consultant pharmacist posts, it has been difficult for senior clinical pharmacists to progress to the highest grade within the NHS without having to take on managerial responsibilities.

Consultant pharmacist posts in the NHS were established following the publication of Department of Health guidance in 2005. This was the first time that any pharmacist post had received DoH recognition and subsequent posts, according to the DoH, “an opportunity to make a tangible difference to patient care”, building on the success of informally developed clinical and specialist pharmacist roles.

The DoH guidance states the aims of the posts are to:

■ Ensure that the highest level of pharmaceutical expertise is available to those patients who need it
■ Make the best use of high level pharmacy skills in patient care
■ Strengthen professional leadership
■ Provide a new career opportunity to help retain experienced pharmacists in practice

The DoH encouraged NHS organisations to develop posts across a range of services. Local trusts were given the task of determining the location and type of consultant posts required according to their service needs.

Until recently, in primary care and community pharmacy, there has been little opportunity for pharmacists to develop careers in specialist practice. For independent community pharmacy contractors, there has been no recognised pathway for career development, other than through attainment of additional qualifications determined by areas of interest of the individual pharmacist.

For pharmacy managers working for a contractor, career development has generally focused on the managerial aspects rather than on the clinical aspirations of individual pharmacists. In addition, workforce planning for the NHS has, to a large extent, ignored the community pharmacy workforce.

Recently, however, the DoH has published a framework for accreditation of the role of the pharmacist with a special interest (PhwSI), which should be considered when primary care trusts are developing their pharmaceutical needs assessments and commissioning strategies.

In the following discussion, we will explain why the time is right to develop and implement a strategy to make fit-for-purpose practitioners available, where and when needed, in the workforce.

Availability of high level pharmacy skills

The DoH guidance on the development of "expert" posts, such as PhwSIs and consultant pharmacists, has been welcomed by the profession. There are now approximately 35 consultant posts established in England, including pharmacists practising in HIV, cancer, antibiotics, etc. PhwSI posts have also been established in various specialties, such as anticoagulation, diabetes and contraceptive services. The numbers of both PhwSIs and consultants are growing steadily.

There is no national guidance regarding the number of pharmaceutical experts required to meet the DoH guidance fulfilling local need. Some posts have been established in response to national directives, such as consultants in antimicrobial therapy to support reduction in methicillin-resistant Staphylococcus aureus and Clostridium difficile.

The adult critical care specialist pharmacy practice report, published by the DoH in 2005, suggested numbers of experts in that specialty which would be required to fulfil patients’ needs around England.

However, development in some areas has been challenging. There is evidence that, even when a local need for consultant level support is identified and funded, the appropriate expert practitioner is not always available. It is interesting to note that a significant number of the current consultant posts holders working in a wide variety of expert practice areas were developed in-house to meet the requirements of the post and the locality.

Pharmacy leadership

The latest pharmacy White Paper “Pharmacy in England: building on strength, developing the future” outlined the establishment of posts for two national clinical directors for pharmacy, one in primary care/community pharmacy and one in secondary care.

The Consultant Pharmacist Group (England) was established in 2008 to demonstrate the benefit of the consultant role to the NHS agenda, locally and nationally, both to pharmacy stakeholders and other interested parties, and to support practitioners wishing to develop consultant level practice. The group members all have strong links with local and national expert groups who provide a variety of mentoring and training to pharmacists wishing to develop their careers to consultant level practice.

Pharmacy career opportunities

Pharmacy career opportunities vary greatly between sectors and clinical career progression is currently most evident in hospital pharmacy practice. However, until the DoH guidance for consultant pharmacist and PhwSI posts, there were no nationally accepted standards for any level of practitioner with regard to additional qualifications, experience or membership and leadership of specialist or expert groups.

The consultant pharmacist guidance uses the advanced and consultant level framework to set levels of competency required for postholders wishing to apply for NHS consultant pharmacist posts. However, no formal training scheme has been established to develop practitioners to consultant level.

In community pharmacy, similar issues exist with the lack of a structured progression for clinical careers. The introduction of the PhwSI role supports development of clinical practice matched to local needs and patient outcomes, which is in the early stages of implementation.

The way forward

We, therefore, propose that there is a need to establish a method for developing experts through structured training, curricula, and mentoring to develop the role of higher or advanced level practitioners, who could be thought of as “pharmacist registrars”. We refer to pharmacists already in senior roles currently delivering service being developed further to be ready for consultant roles.

Although we acknowledge that “registrar” may not be the preferred term, it is
used here for convenience because the medical registrar role is well understood.

Work is currently under way to support curricula for advanced practice. This will be central to the role of the specialist curriculum committee, which will be established as part of the pharmacy professional body. We hope that curricula for higher level and consultant level practitioners will be established, supported by higher education institutions, expert groups and leaders in the profession.

Practitioners will need to be “approved” as having achieved the agreed standards, and discussion regarding regulation and registration of advanced practitioners is one of the topics being addressed at this time by the leaders in the profession.

There are also a number of practical issues to address if the concept of “registrars” is to be progressed:

■ What will the minimum level of practice be to allow a practitioner to join a “registrar” training scheme?
■ How will rotations be established if the practitioners are to gain experience in more than one trust?
■ How will we agree the number needed locally and nationally?
■ Who will mentor the “registrars”?
■ How long will the training be and will it differ between specialties?

■ Who will approve the “registrar” to consultant level practice once advanced practice has been agreed?

It is important to note that, in the medical model, consultant posts are not guaranteed to medical and surgical registrars once training has been completed and they are expected to apply for posts when advertised.

We call on the key stakeholders, including strategic health authorities and trust pharmacy leads, to work together in moving this agenda forward. SHA’s may choose to develop strategies to deliver high quality pharmaceutical care by identifying the expert pharmaceutical workforce priority areas. Locality leads may identify geographical areas of patient need and identify the type of experts needed. This could then lead to the establishment of posts jointly between acute and primary care trusts, with links to higher education institutes to support research into continual improvement, as recommended in the pharmacy White Paper.

Summary

Both the PhwSI and consultant pharmacist DoH guidance documents acknowledge patients’ need for higher level practitioners to tackle key issues in healthcare. The appointment of the national clinical directors provides a unique opportunity to share good practice and co-ordinate workforce development in line with DoH aims for pharmacy and patients. The profession has a mandate to use expert practitioners to improve efficiency of medicines use in order to improve patient outcomes, decrease morbidity and, therefore, to make more effective use of resources within the NHS, which will increase in importance in the coming years. It is up to its members to plan how they deliver these aims.

Recognising that this is just the beginning of a journey, we believe that the path and the timing are right to grasp the nettle and start to develop a national strategy for “pharmacist registrar” development. This is a not-to-be-missed opportunity in the history of pharmacy and we are ready to take the challenge — are you?

References