Support for specialist and advanced practice and recognising the differences

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Advanced practitioners are experienced professionals who have developed their skills and theoretical knowledge to a high standard, performing a highly complex role and continuously developing their practice within a defined field, and having management responsibilities.

Many healthcare professions, including pharmacy in some countries, have clear definitions and expectations of what constitutes competent advanced level practice. With the imminent emergence of a (potentially) focused professional body for pharmacy, it has become apparent that there is a lack of accredited professional curricula for advanced and expert competencies in many areas of pharmacy practice (both clinical and non-clinical). Some specialties have indeed produced practitioner-led standards of knowledge and skills needed to help the development of practitioners in their field (eg, the College of Mental Health Pharmacists/ the UK Psychiatric Pharmacy Group and UK Clinical Pharmacy Association Critical Care Group) but, more often, pharmacists working in a specialised area acquire their knowledge driven by the needs of their workplace, which may not necessarily be transferable to other posts within the same specialty or may consist of narrow experience only. Allied with this, employers are often compromised when hiring practitioners to highly specialist or advanced posts because there is no transferable competency set or credentials to use for evidence of capability.

It has become clear that advanced practice in all fields of pharmacy needs to be harmonised in order to enhance the transferability of skills from one working setting to another and, additionally, guarantee a quality assured set of knowledge and skills, assuring the employer that a prospective practitioner is able to perform to the expectations of the service.

In addition, the “Report of the working party on professional regulation and leadership in pharmacy” has called for revalidation of generalists and specialists alike to ensure continuous fitness to practise based on standards set by any regulatory body or the NHS Knowledge and Skills Framework.

By working together for the first time, they have ensured parity and opportunities to work with leading edge practitioners to develop and validate workable and robust models of professional accreditation. The SCG has now developed 19 professional curricula documents, of which six have been endorsed by the membership of SCG and by external bodies, such as the medical royal colleges.

It became clear early on that all the specialist groups had been grappling independently with much the same issues. With the partnership working of the SCG, a generic advanced “core” curriculum for all clinical specialties, together with bespoke specialty-specific syllabus and guidance, would ensure parity between all the specialist groups. The well researched and validated Advanced to Consultant Level Framework provides a pragmatic and working CPD infrastructure to ensure such parity and peer review both within and across member groups with ensured rigour.

Specialist curriculum committee

Following the publication of the Transitional Committee’s prospectus in 2008 (PJ, 29 November 2008, p618), which proposed the need for a specialist curriculum committee within the new professional body (to lead, develop and oversee curricula for the specialist groups by practitioners, for practitioners), the SCG assumed a broader role by working collaboratively towards developing, agreeing, overseeing and ensuring standardisation of advanced pharmacy practice. The fruits of this work will provide an evidence-led basis for establishing mechanisms for accreditation to ensure there is consistency across the profession. The SCG has signalled its intention to work with higher education institutes to facilitate a formalisation of any local delivery of curricula to support practitioner development programmes.
A process of accrediting practice-based assessors needs to be addressed urgently and a suitable process of forming local validation panels is under discussion. This is all being led by the representatives of UK specialist interest groups and draws directly on groups’ experience and membership expertise. The final documents will currently remain under the stewardship of the specialist groups and the SCG, which will ensure annual review of the curricula to assure currency.

**Specialist and advanced practice**

Several issues have crystallised during the development of this work. One such has been the identification of the critical adjacencies between the syllabuses, which form the basis for the “core agenda” across all of the specialisms, both clinical and non-clinical. The words “specialist” and “advanced” are not interchangeable and this may contribute to the lack of clarity about who could aspire to expert practice. To clarify the position, the SCG believes that specialisation refers to the focus of practice, implying horizontal differentiation, in other words, distinguishing practice in one area or field (eg, oncology) from another (eg, critical care).

Advanced practice refers to a level and implies vertical differentiation, hence distinguishing a set of competencies and their development, hence differentiating agenda of their practitioner members in the absence of prior leadership. The SCG (and here lies the potential for the new professional body) can provide credible support for the whole profession to further develop expert and advanced professional curricula for all environments of practice describing equivalent and transferable knowledge and competencies.

The nascent new body has been developing, in partnership, a governance structure for advanced and specialist practice and links have been forged to synchronise this important work. The validity and significance of the SCG approach is exemplified by the request from the British Geriatric Society (a medical specialist group) to use the “Care of older people handbook” jointly developed by the specialist group and the SCG as a template to synchronise a syllabus for its medical practitioners. The work of the SCG, despite having a low profile within our profession, is a valid model for professional standards and deserves the profession’s support.

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**Specialist Curriculum Group representation**

British Oncology Pharmacy Association
UK Clinical Pharmacy Association Cardiology Group
UNCAP Care of Older People Group and Care of Older People Network
College of Mental Health Pharmacists
and the UK Psychiatric Pharmacy Group
UNCAP Critical Care Group
UNCAP Diabetes Group
UNCAP Emergency Care Group
UNCAP Gastroenterology and Hepatology Group
HIV Pharmacy Association
UNCAP Infection Management Group
Neonatal and Paediatric Pharmacy Group
UK Ophthalmic Pharmacy Group
UNCAP Pain Management Group
UNCAP Respiratory Pharmacists Group
UNCAP Rheumatology Pharmacists Group
UK Renal Pharmacy Group
UNCAP Surgery and Theatres Pharmacists Group.
UNCAP Community Practice Group and Community Services Group
UNCAP Education and Training Group
Leadership Development Group (UNCAP and Guild of Healthcare Pharmacists)
Primary Care Group
Procurement Group
UNCAP Quality and Risk Management Group
National Quality Assurance Committee and Technical Services Group
United Kingdom Medicines Information

**Figure 1:** The difference between non-specialist practice and non-advanced practice

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**References**


**Resources**

- www.ukcpp.org.uk/cmhp.htm
- www.ukcpp.org.uk/ukcppdocuments/1.pdf