



Creating and Describing Specialist Pharmacist Practice

Modernising pharmacist careers

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Contents

- Why do we need clinical specialists?
- How do we grow this expertise?
Pharmacist development strategy
- How do we measure the competency of specialists?
the Advanced Level Competency Framework
- Advanced practice – research findings
- Summary




What is a specialist?

“One who devotes him or herself to one particular branch of a science, art or profession.”

“A medical doctor who specializes in a specific area of medicine, for example cardiology or gynecology.”

Clinical Pharmacy Specialists – is the specialism “clinical pharmacy”? or a specific clinical area e.g. cardiology? Or both?



Why do we need clinical pharmacy specialists?

1. Adverse drug events

Contribute to morbidity and mortality

Litigation costs

Many events avoidable

Increasing incidence of co-morbidity and polypharmacy

2. Contribution of non compliance

30 to 50% chronic illness

Expertise relates risk and benefit of medicines to patient

3. Clinical governance issues

Need to grow a competent workforce

Lead on research and education of profession



A slight detour.....
to make a plea.



Intentional non-adherence

- Satisfaction with consultation
(Ley 1988)
- Beliefs about illness – 5 dimensions
(Leventhal *et al.*, 1992)
- Beliefs about medicines
(Horne *et al.*, 1999)
 - Necessity of treatment
 - Concerns about negative effects of medicines

Risks v Benefits of Treatment

→ Beliefs about medicines are the strongest predictor of how people use them

In deciding whether to take medication many patients engage in a risk-benefit analysis

Necessity



Concerns

Patients' actions might not correspond to treatment recommendations (e.g. taking less)



Relationship between medication beliefs and reported adherence (Horne, 1997)

Beliefs in
NECESSITY
of medication


=

ADHERENCE

CONCERNS
about medication

=

ADHERENCE



Delivering high quality pharmaceutical care.....

.....addressing the issue of poor adherence to maximise patient benefit.....medicines centred and patient focused.



Why do we need pharmacy specialists?

- Is this about patient need?

or

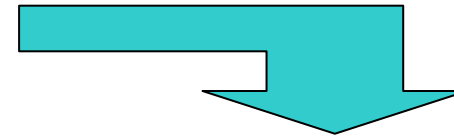
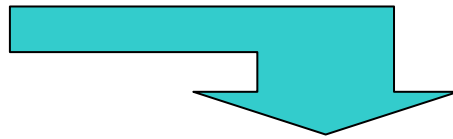
- Is this about professional need and status?



What is a Pharmacy Specialist?

- Is this just about clinical pharmacists?
- Expertise in technical aspects of the product?
- Expertise in the delivery of medicines information services?
- Is it a speciality, a sub-speciality or just a general function? e.g. anticoagulation

If pharmacists were cars - what might patients expect?



Is it just a Rolls Royce.....



Bentley?

Ferrari?

Porsche?

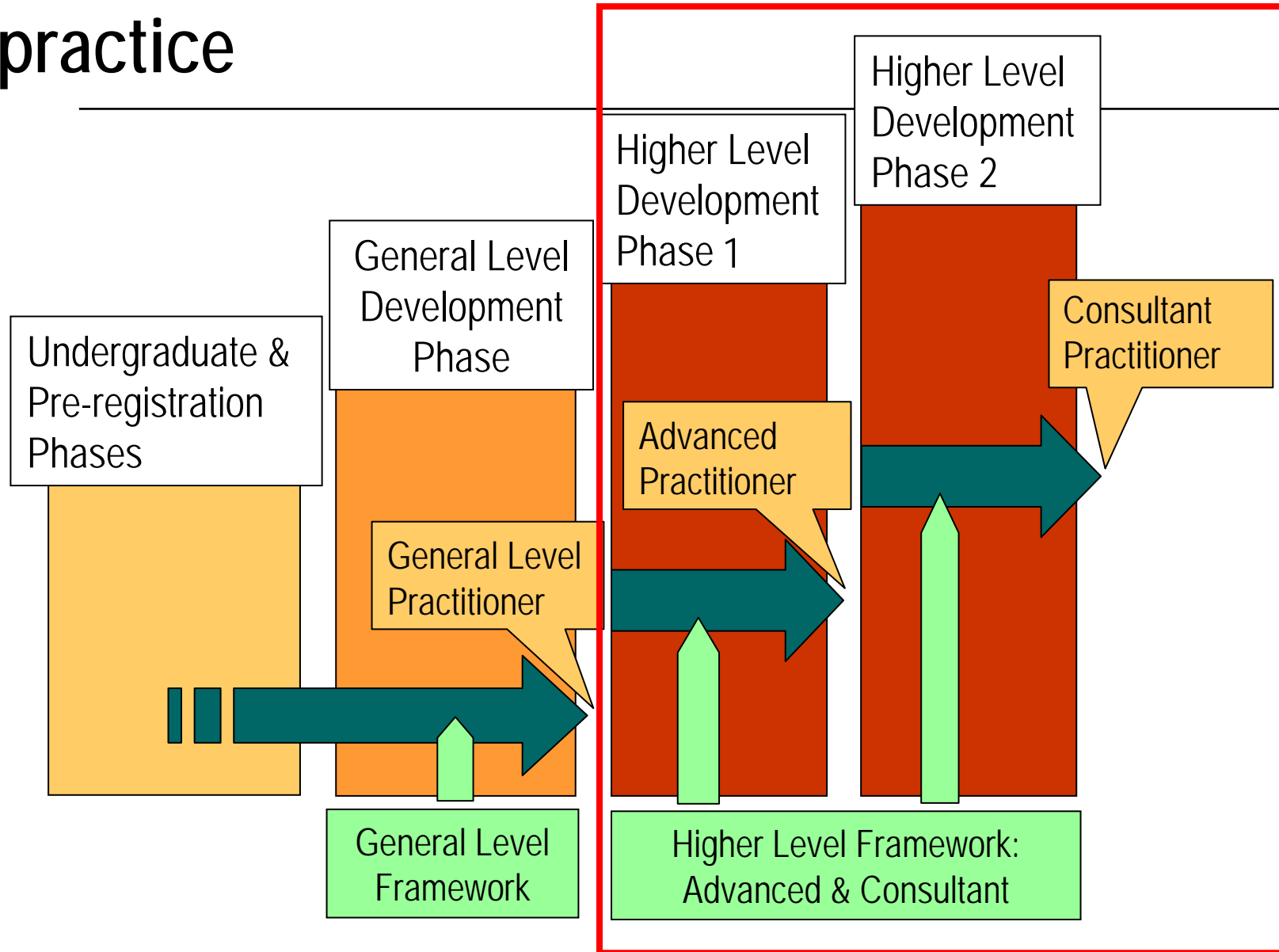


How do we grow this expertise?

Pharmacist Development Strategy

1. Recognise different levels of practice
2. Adopt a robust competency framework to support growth and provide direction
3. Engagement with academia
4. Accreditation
5. Workforce planning data

1. Recognise different levels of practice

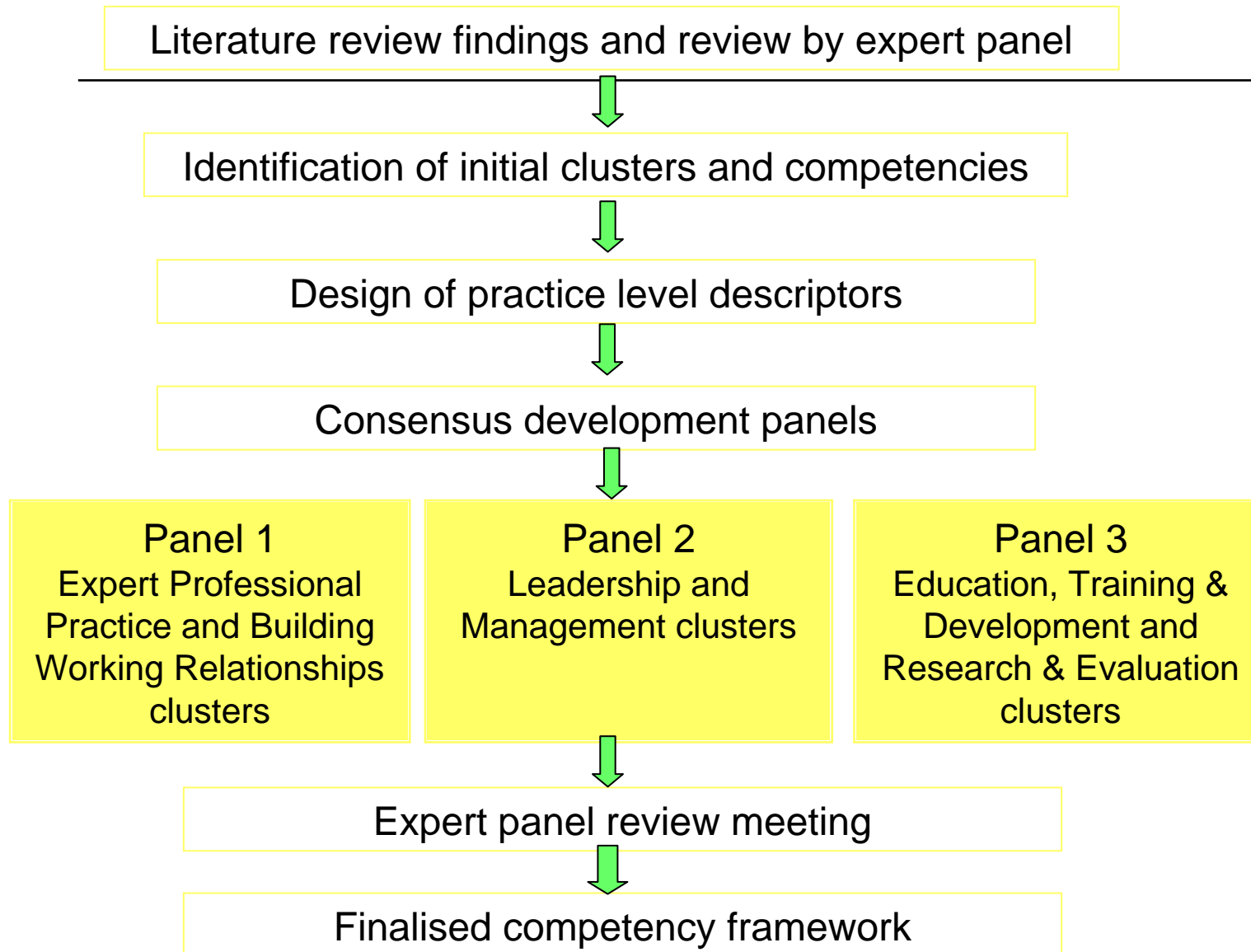




2. Adopt a robust competency framework to support growth and provide direction

Designing and testing the Advanced to Consultant Framework

Advanced Level Competency Framework





Outputs

- Literature search
 - 50 relevant research, policy or strategy documents
- Advanced Level Competency Framework (ALF)
 - 34 competencies in 6 clusters
 - *foundation, excellence & mastery*
- Design
 - ALF captures key competencies of higher level practice
 - attainment within framework identifies level of practice
 - generalisable



Clusters

Expert professional practice

Building working relationships

Leadership

Management

Education, training, development

Research and evaluation

Competencies

Expert skills and knowledge,
Patient care responsibilities,
Reasoning and judgement,
Professional autonomy.

Communication,
Teamwork and consultation.

Vision, motivation, governance,
Strategy, innovation,
Service development.

Planning, performance, change,
Priorities, resources, standards,
Risk.

Mentorship, role model, delivery,
CPD, practice linkage, policy.

Critical evaluation, protocol review,
Evidence creation, development,
Supervision, partnerships.

Competency Framework for Advanced Practice Pharmacists

No	Leadership			
	<i>Inspires individuals and teams to achieve high standards of performance and personal development</i>			
	Competency	Competency Level Descriptors		
Foundation		Excellence	Mastery	
1	Strategic Context	Demonstrates understanding of the needs of stakeholders and practice reflects both local and national health care policy	Demonstrates ability to incorporate national healthcare policy to influence local strategy	Demonstrates active participation in creating national health care policies
2	Clinical Governance	Demonstrates understanding of the pharmacy role in clinical governance. Implements this appropriately within the organisation	Influences the clinical governance agenda for the team.	Shapes and contributes to the clinical governance agenda at a higher level
3	Vision	Demonstrates understanding of, and contributes to, the department and corporate vision.	Creates vision of future and translates this into clear directions for staff and supervisors	Convinces others to share the vision at a higher level
4	Innovation	Demonstrates ability to improve quality within limitations of service. Requires limited supervision	Recognises and implements innovation from the external environment. Does not require supervision.	Takes the lead to ensure innovation produces demonstrable improvement in service delivery.
5	Service Development	Reviews last year's progress and develops clear plans to achieve results within priorities set by others.	Develops clear understanding of priorities and formulates practical short-term plans in line with department strategy.	Relates goals and actions to strategic aims of organisation and profession.
6	Motivational	Demonstrates ability to motivate self to achieve goals	Demonstrates ability to motivate individuals in the team	Demonstrates ability to motivate individuals at a higher level



Self assessment using ACLF

- Practice levels

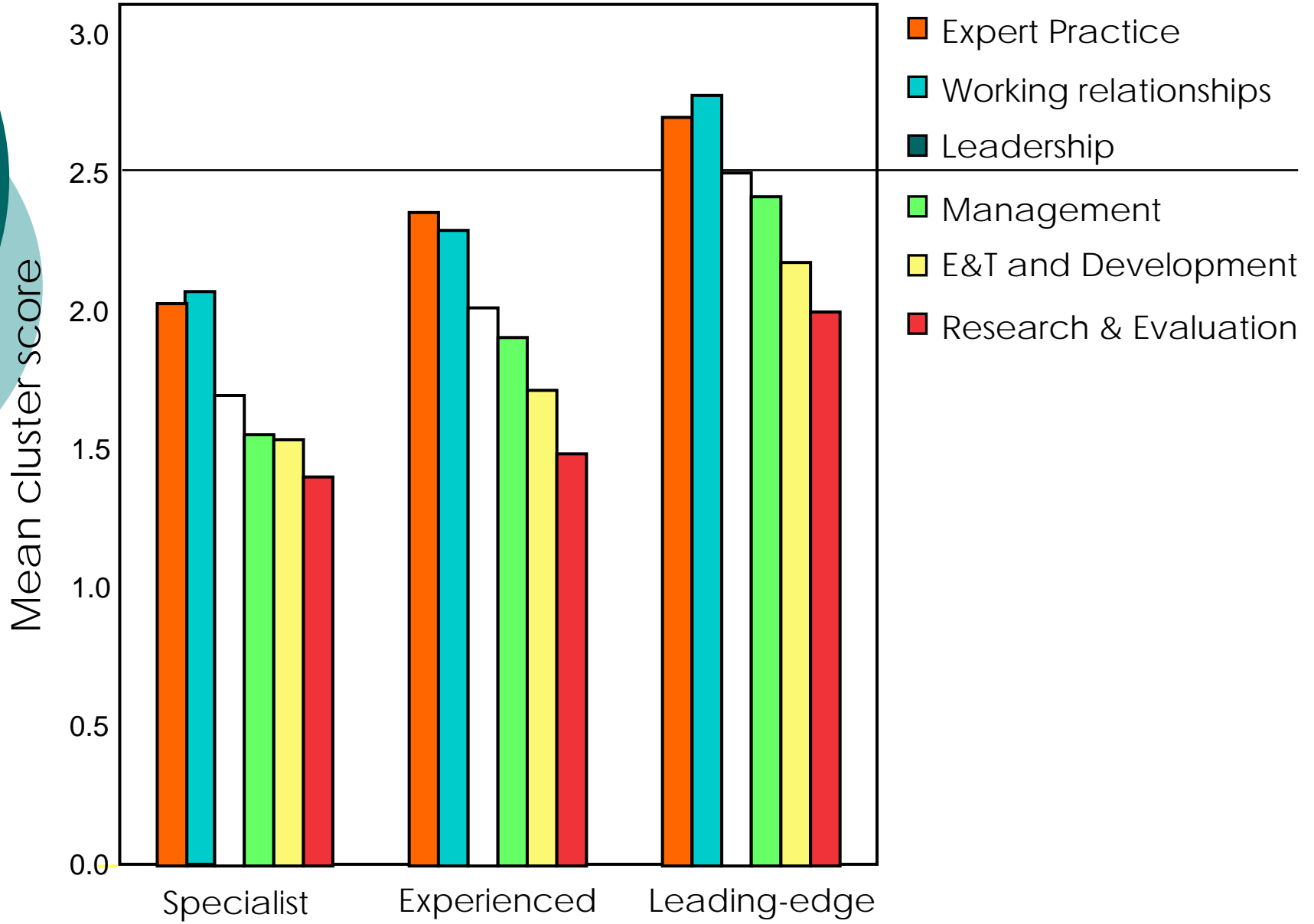
- Specialist-in-training
- Experienced practitioner
- Leading-edge practitioner

- Evidence

- To substantiate assessment

- Sample (n=390)

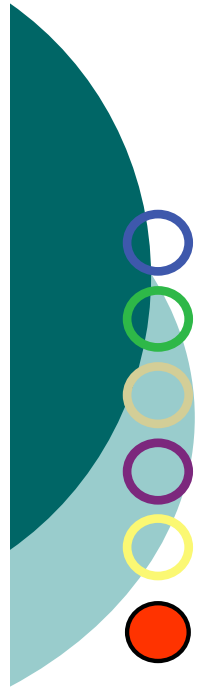
- Cancer 69
- Mental health 69
- Critical care 36
- Primary care 84
- Paediatrics 53
- MI 43
- Other 36



Respondent percentage by subgroup

Cluster	Foundation	F-E	Excellence	E-M	Mastery
Expert Practice	0.9		21.1	15.8	62.3
	3.5	2.8	50.7	21.5	21.5
Building Relationships	0.8		14.3	23.3	61.7
	1.3	4.6	56.9	20.3	17.0
Leadership	0.8	0.8	43.2	9.6	45.6
	10.0	12.7	60.7	6.0	10.7
Management	2.5	0.8	50.4	15.1	31.1
	16.0	12.5	58.3	8.3	4.9
E&T and Development	5.1	2.5	58.5	10.2	23.7
	26.5	15.9	52.3	3.8	1.5
Research and Evaluation	15.5	16.4	40.0	11.8	16.4
	47.6	22.9	24.8	1.9	2.9
			EP=155	LE=135	

HOMALS Quantifications



- Expert PP
- Leadership
- Management
- E & T
- R & E
- Practice level

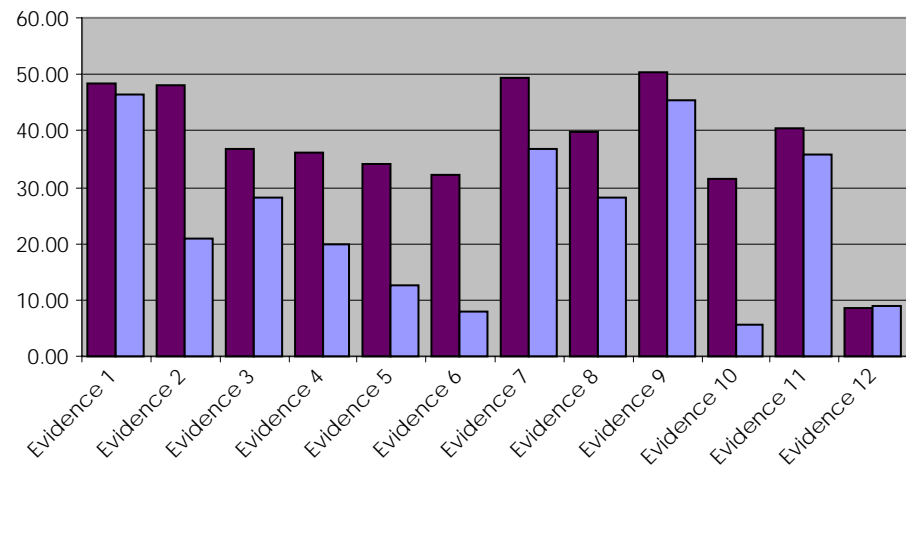
- F Foundation
- E Excellence
- M Mastery



Evidence categories

1. Member local or Trust committee
2. Member regional / national / international committee
3. Active teaching role
4. Education development, design & provision
5. Active research participation
6. Research development & leadership
7. Professional standing / Peer status
8. Documented expert practice
9. Managing process & leadership (local)
10. Managing process & leadership (national)
11. Staff management
12. Other appropriate documentation

Proportion of respondents citing different evidence categories by subgroup



Potential Consultant (n=50) ■
Non-Consultant (n=340) ■

Leading-edge respondents

Expert professional practice

Expert skills and knowledge,
Patient care responsibilities,
Reasoning and judgement,
Professional autonomy.

Building working relationships

Communication,
Teamwork and consultation.

Leadership

Vision, motivation, governance,
Strategy, innovation,
Service development.

Management

Planning, performance, change,
Priorities, resources, standards,
Risk.

Education, training, development

Mentorship, role model, delivery,
CPD, practice linkage, policy.

Research and evaluation

Critical evaluation, protocol review,
Evidence creation, development,
Supervision, partnerships.

Mastery

Excellence

Experienced practitioner respondents

Expert professional practice

Expert skills and knowledge,
Patient care responsibilities,
Reasoning and judgement,
Professional autonomy.

Building working relationships

Communication,
Teamwork and consultation.

Leadership

Vision, motivation, governance,
Strategy, innovation,
Service development.

Management

Planning, performance, change,
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Excellence

Foundation



Final Competency profiles

- Consultant profile
 - EPP, BR and Leadership at Mastery
 - Management, ETD and RE at Excellence

- Advanced practitioner profile
 - 5 clusters at Excellence
 - RE at Foundation

Competency profiles



- Applying consultant profile to sample
 - 50 pharmacists satisfy competency criteria (12.8%)
 - 21 (+/- 7) years post qualification (mean +/- SD)
 - 34% diploma, 40% MSc, 18% PhD

Competency profiles



Guidance for
the Development of
Consultant Pharmacist Posts



Implementing care closer
to home – providing convenient
quality care for patients

*A national framework for
Pharmacists with Special Interests*





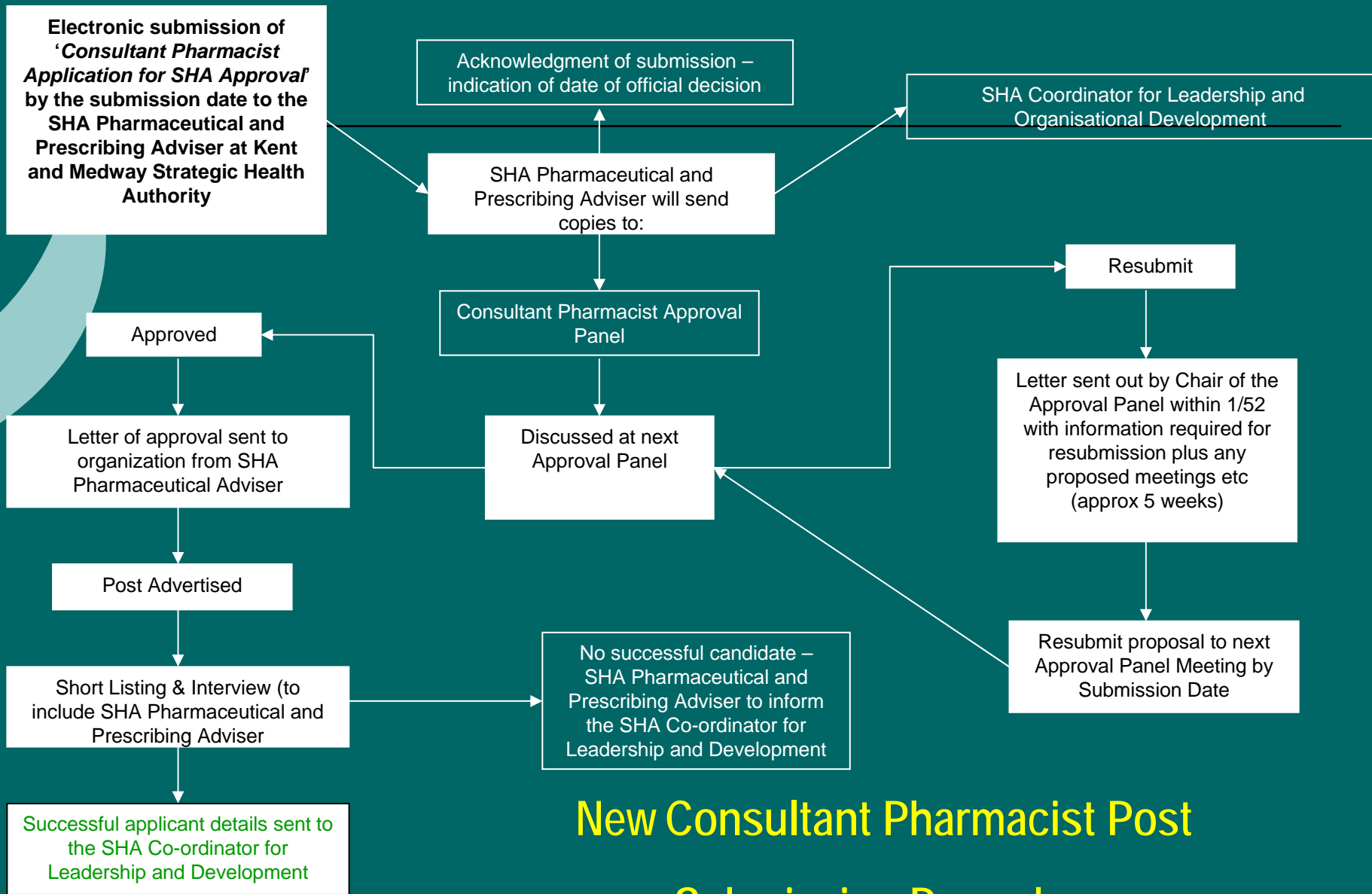
Consultant pharmacist posts

○ Aims

- Ensure highest level of expertise is available to those patients who need it
- Strengthen professional leadership
- Retain experienced pharmacists in practice

○ Responsibilities

- Expert practice
- Research, evaluation and service development
- Education, mentoring and overview of practice
- Professional leadership



New Consultant Pharmacist Post Submission Procedure

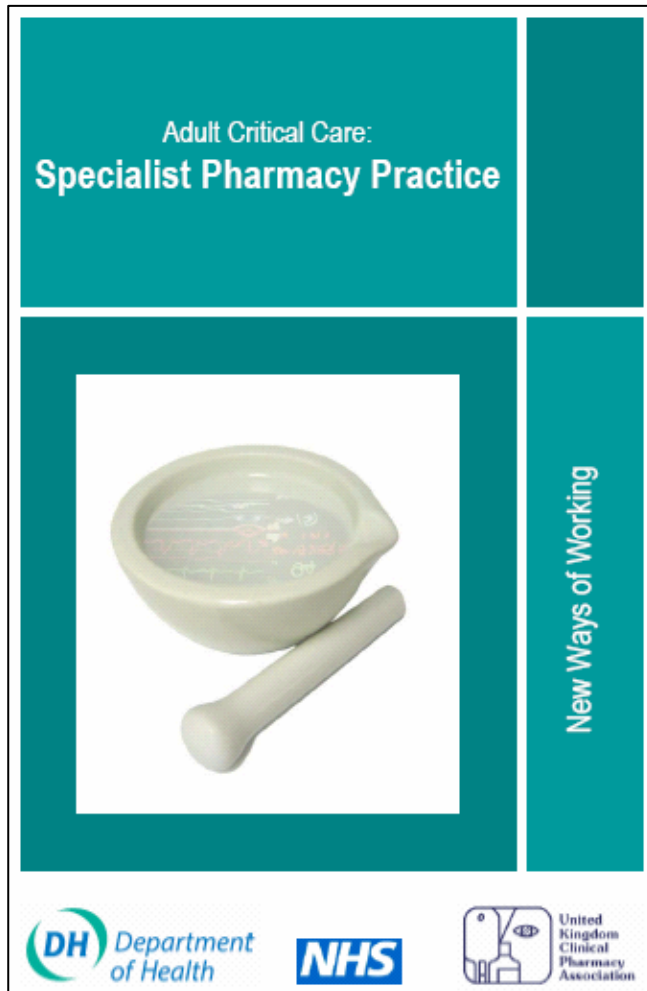


Advanced Level Practice - Summary

What the Advanced Level Framework provides

- Method to recognise practice at consultant and advanced level
- Explicit statement of development needs from entry to Advanced and to Consultant
- Key component of sustainable development strategy
- Opportunity for Specialist Interest Groups to interpret Expert Practice competencies

Curriculum design – Critical Care Group



- Need to set the curriculum
- What are the essential knowledge, skills and activities which need to be undertaken.
- What are the critical adjacencies

For example – critical care:

1. Understanding of renal aspects?
2. Understanding of cardiovascular aspects?
3. Understanding of technical aspects relating to formulation?
4. Understanding of infection control?
5. Specific critical care issues
 - sedatives

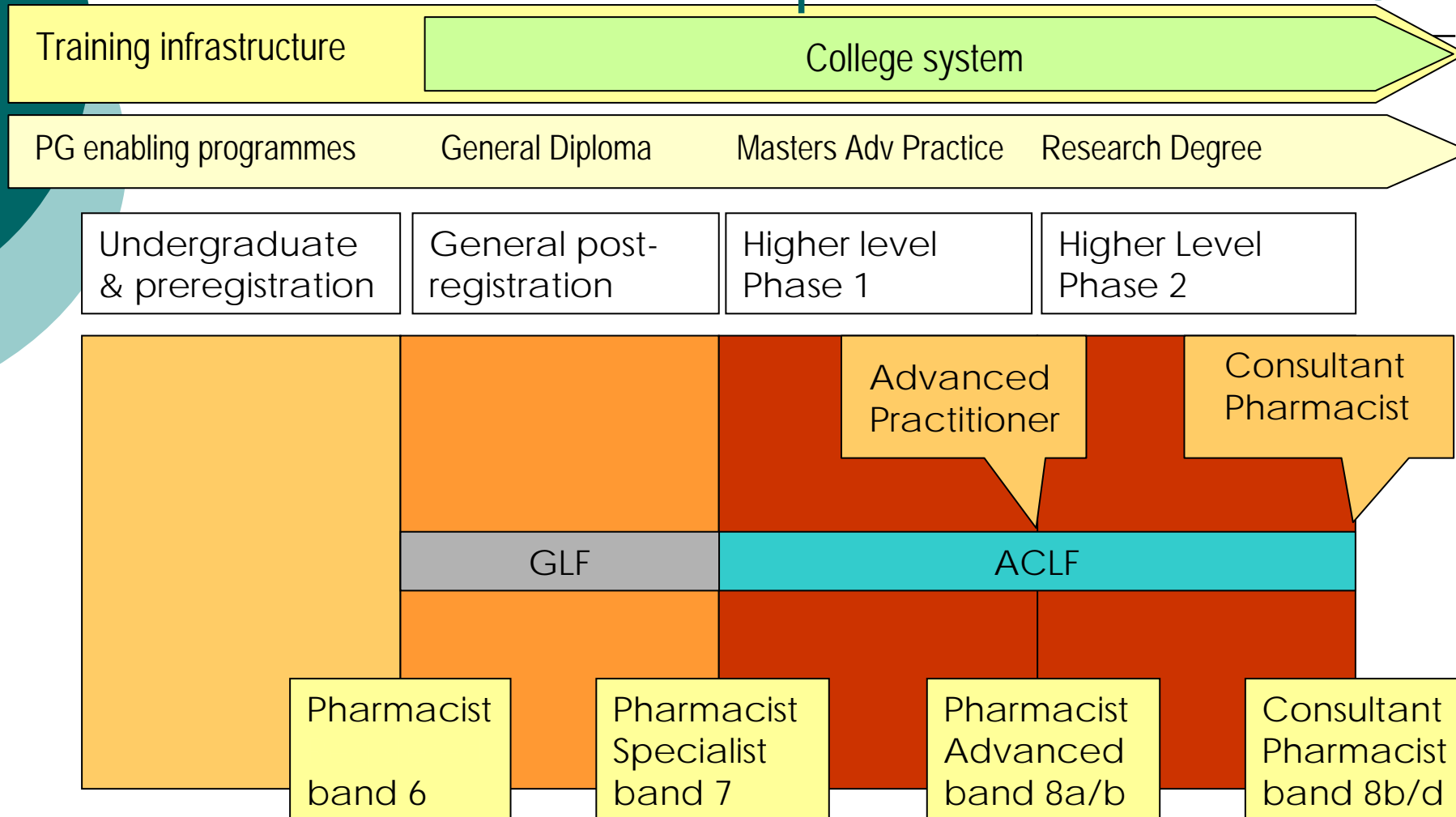


How do we grow this expertise?

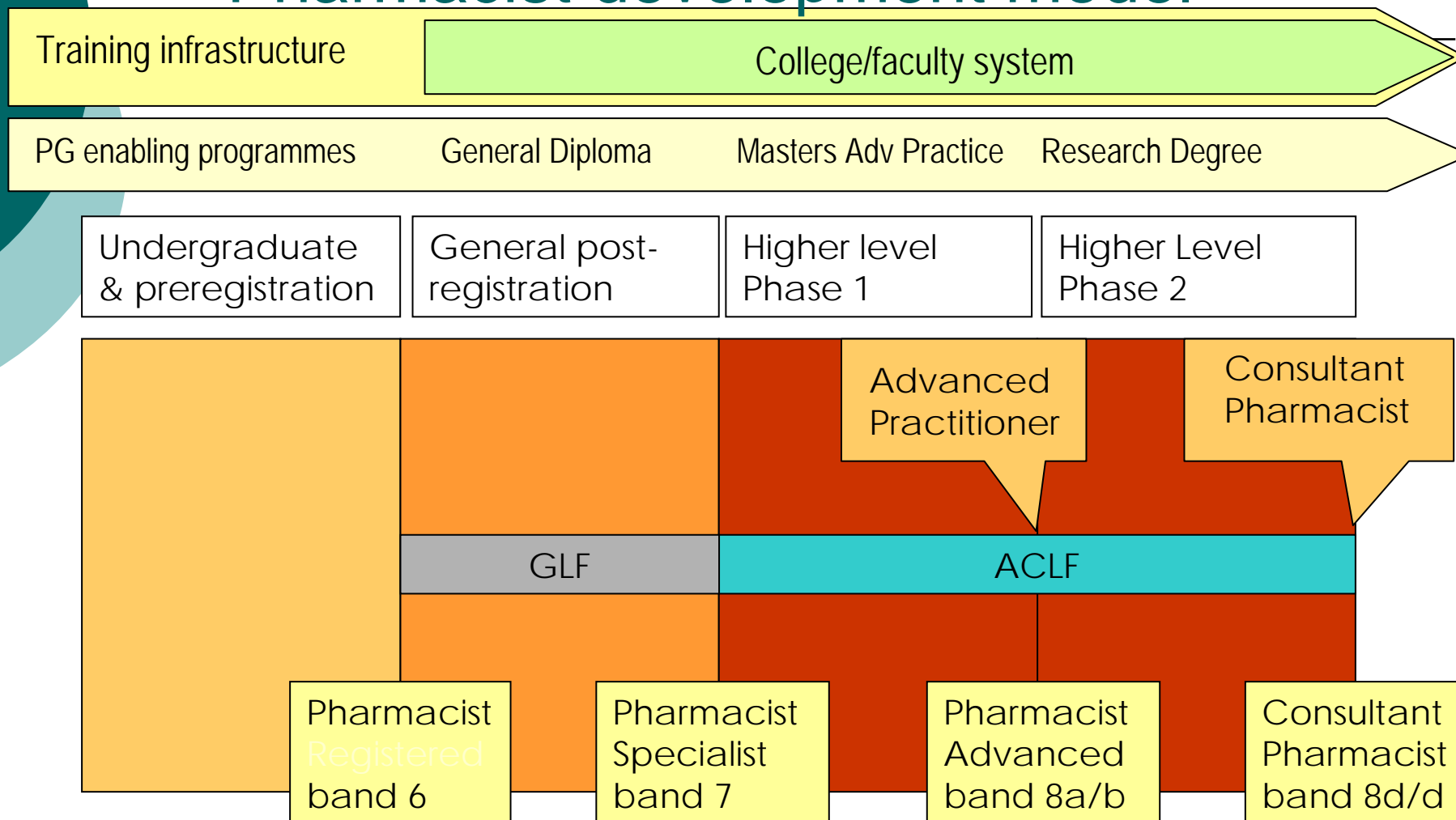
Practitioner Development Strategy

1. Recognition of different levels of practice
2. Recognised, competency based, training schemes
3. Engagement with academia
4. Accreditation
5. Workforce planning data

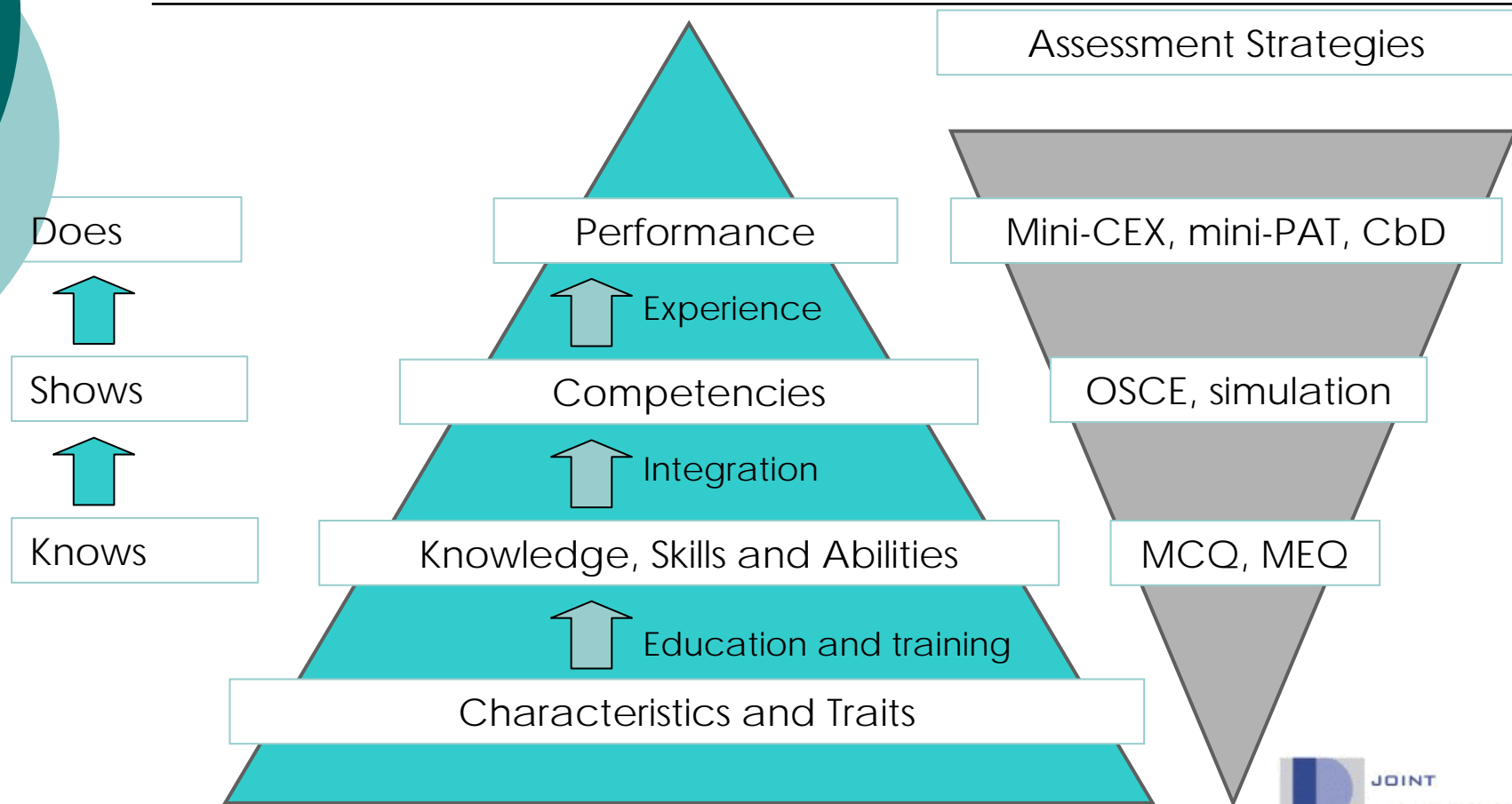
Pharmacist development model - NHS



Pharmacist development model



Performance assessment

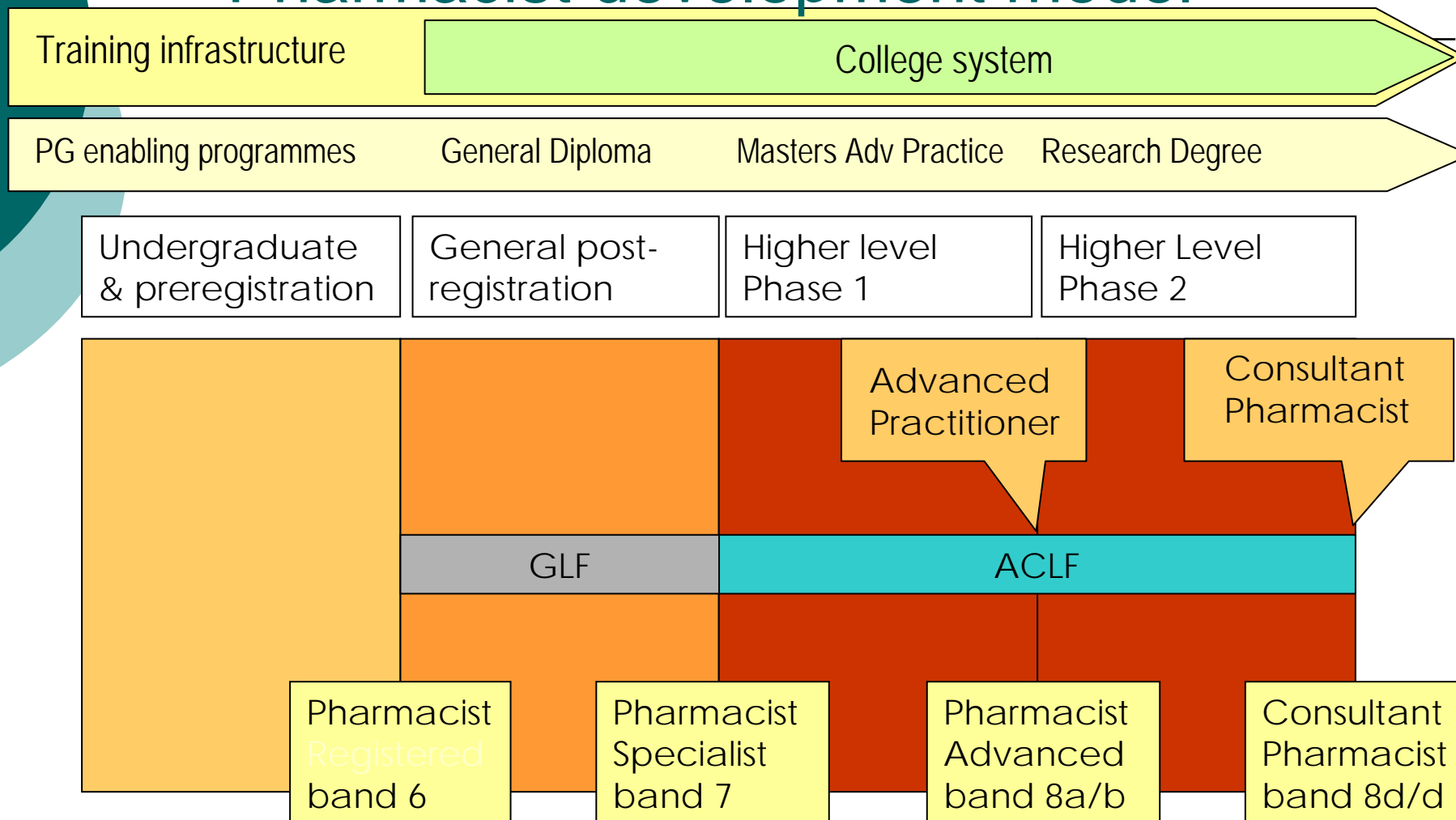




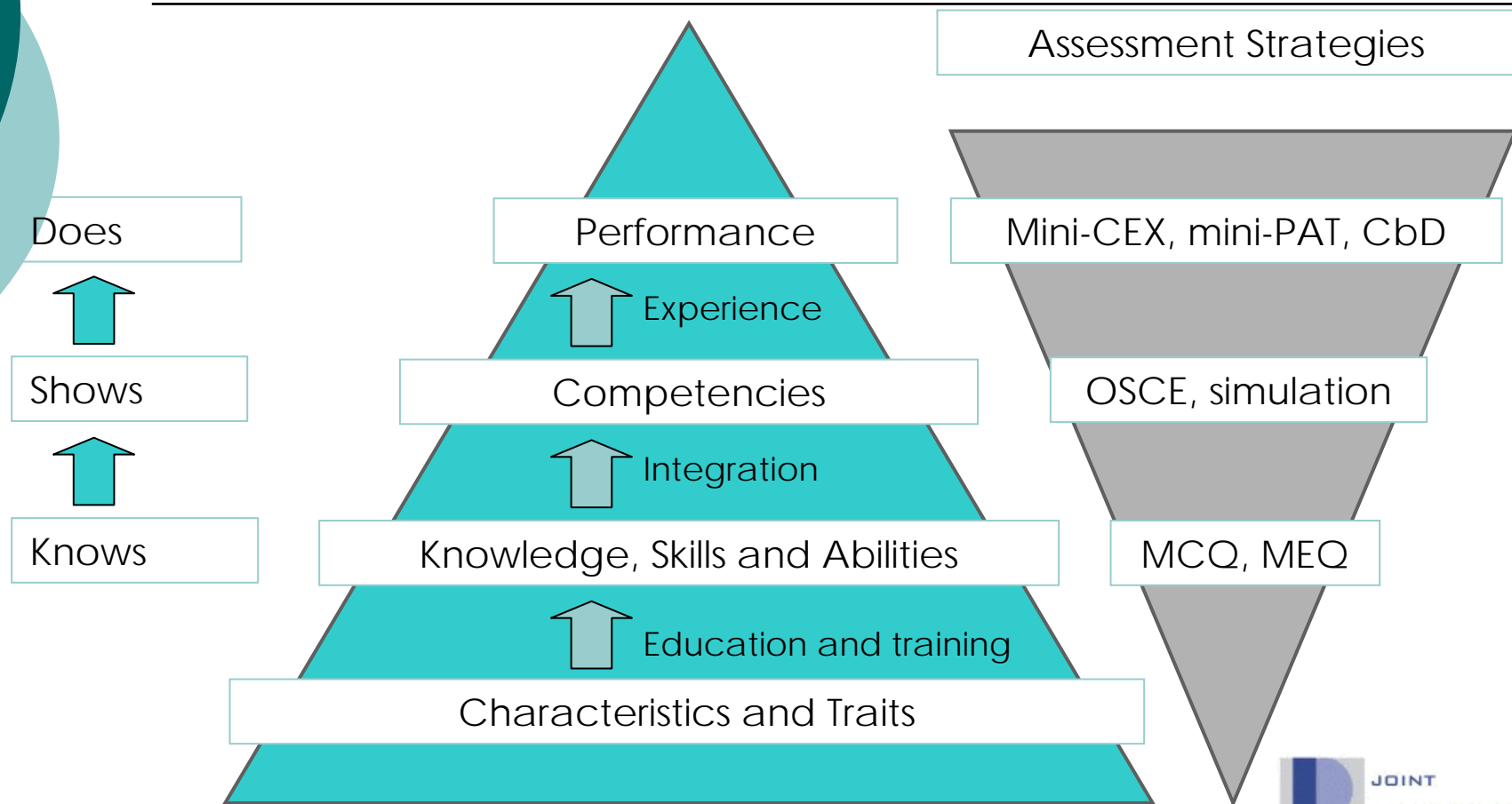
When to specialise?

- Important that pharmacists have a general grounding in care
- Specialism is not undertaken too early
- Avoid career trapping – commits a pharmacist to one discipline when the job market may change.
- Need a flexible, generic system that allows some side-ways movement

Pharmacist development model



Board Certification – some ideas?





How do you demonstrate that you are a specialist?

Process must pass the “smell test” and be acceptable and transparent to patients.

Demonstrate “added value”



How do you demonstrate that you are a specialist?

- Your unique knowledge base – an exam
- How you apply your knowledge and understanding to improve patient care:
 - Portfolio of evidence – around the Advance to Consultant Level Framework?
 - Peer review and assessment



Evidence categories

1. Member local or Trust committee
2. Member regional / national / international committee
3. Active teaching role
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Board Certification

- What titles will you certify?
- For life or re-certification?
- What is the process of on-going monitoring?
- Does continuing education or CPD pass the “smell test”
- Who will do this?
- How do you ensure parity between different systems?
- How do you make sure the system works for Singapore patients



How do we grow this expertise?

5. Workforce planning data

- Title applies to those appointed to approved posts, not conferred solely in recognition of high level practice
- NHS organisations should determine where posts are required
- Posts will be subject to an approval process at Health Authority level or wider – driven by patient need
- Approved posts will be subject to a recruitment process



Challenges & current work streams

- Professional coherence
 - Higher level practice in community pharmacy
 - Careers in research, teaching and management
- Higher level practice
 - Consistent and equitable recognition
 - Clarity for, and safety of, the public
- Infrastructure
 - To bridge education and service provision
 - General professional development for all?



Key Issues for Singapore?

- Pharmacy is a small profession:
 - Keep it simple – as few different titles as possible
 - Advanced and Consultant – avoids confusing others (patients and doctors)
 - Avoid silo thinking – work together across the various specialties
 - Need consistency between different specialisms (Critical Care, Paediatrics, Oncology etc)



Key Issues for Singapore?

- Adopt robust assessment systems – increase patient confidence and allow you to differentiate between pharmacists.
- Need a process for developing these experts and to ensure succession planning
- Must be part of a career strategy – gives junior pharmacists something to aspire towards.



Competency Development & Evaluation Group

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Questions?

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