Consultant Pharmacist Guidance

Consultant Pharmacists Short Life Working Group

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GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

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This document outlines the requirements and expectations of consultant pharmacists delivering NHS services, including the steps involved in creating consultant pharmacist posts and the level of attainment expected of those wishing to work as consultant pharmacists.

It is intended as a guide for those wishing to create consultant pharmacist posts, those who are seeking to become a consultant pharmacist or anyone wishing to understand the role and expectations of consultant pharmacists working in the NHS.

Foreword

The NHS has embarked on a journey to secure for patients and the public one of the safest, most effective and efficient healthcare systems in the world and the pharmacy workforce is central to this vision.

While the challenges faced are significant and require large scale changes, the opportunities for pharmacy professionals are greater now than they have ever been.

Across the UK we have seen giant strides to improve the care we provide for our citizens with a greater focus on seamless care across the healthcare system with more care delivered closer to home. Transformation of primary care is at the heart of creating a sustainable NHS. Clinical pharmacists are being deployed at scale as an integral component of the multidisciplinary primary care team, utilising their specific pharmaceutical expertise in directly caring for patients. Consultant pharmacists have a key role to support these important developments, working across patient pathways to manage complex clinical cases in collaboration with their colleagues in hospitals, primary care, community pharmacy and the social care sector.

There is an increasing focus on prevention as well as the treatment of illnesses. We are committed to using medicines more judiciously, to improve health and wellbeing, while minimising the risks of harm. We are striving to include people in the decisions made about their care, and deliver outcomes that really matter for people.

Implementing these changes requires experienced pharmacists in leadership roles who can support not only pharmacy professionals, but everyone involved in the delivery of care whether in secondary or primary, health or social care. This document clearly articulates the essential role consultant pharmacists will play as clinicians and as leaders.

Alongside their practice role, consultant pharmacists will be at the forefront of generating and disseminating evidence to drive improvements in care. Consultant pharmacists will be role models for others, mentoring, supporting and developing current and future pharmacy professionals so that their knowledge and skills meet the ever changing needs of the NHS.

Consultant pharmacists must have the skills and experience to excel in the four pillars of practice; we are therefore introducing formal arrangements for credentialing pharmacists to ensure that this is the case. This guidance also describes a new process for the approval of new consultant pharmacist posts. These arrangements will ensure consultant pharmacists continue to make a significant impact on improving health and wellbeing.

Since the publication of the previous guidance for development of consultant pharmacist roles in 2005, we have seen steady growth in the number of consultant pharmacists working at the highest level in our profession to support and drive improvements health and care. However, the extent to which consultant roles have emerged has varied widely between organisations. We expect the publication of this guidance to provide a renewed impetus both to increase the number of consultant

pharmacist roles supporting our population to get the most from their medicines, and to reduce variation such that people benefit regardless of where they live. The approach set out in this guidance represents a significant step towards making consultant pharmacist roles a realistic aspiration for many more pharmacists.

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Executive summary

A consultant pharmacist is a clinical expert working at a senior level, delivering care and driving change across the healthcare system. They have demonstrated that they have the level of competence expected of a consultant pharmacist and their post has been reviewed and approved. The title of consultant pharmacist was recognised in the NHS in 2005 with the publication of the Department of Health document "Guidance for the Development of Consultant Pharmacist Posts", this updated guidance has been written to consolidate the original guidance and drive the further development of these important posts.

Why is new guidance needed?

Since the publication of the guidance in 2005 consultant pharmacists have had a significant impact, however changes occurring, both in the wider NHS and the pharmacy profession, require an increase in this essential clinical and professional resource if we are to drive further improvements in the care we deliver.

To date, the growth of posts has generally been in response to local needs, the availability of staff and focussed in secondary care rather than through a strategic approach to population needs. New guidance is therefore needed to support the further development of consultant posts and to support robust assurance processes for potential post holders.

The guidance issued in 2005 was applicable in England only, new guidance which supports continuity and transferability across the United Kingdom is now required.

What is included in the guidance?

Post approval

To assure an appropriate level of practice and consistency across all specialities and geographies consultant pharmacist posts will continue to be approved by a sustainable robust independent process.

The post approval process will consider the level of practice expected of the post holder, the proposed impact across the healthcare system and will consider succession planning as well as the arrangements for management, supervision and job planning.

Consultant pharmacist practice

Consultant pharmacists are required to work across the four pillars of clinical practice, leadership, research and education, undertaking activities that use their extensive, expert knowledge and skills to contribute to the health of individuals and the population.

It is recognised that the activities that individuals undertake within their post along with the amount of time allocated to each of the pillars of practice will vary. This is dependent on a number of factors including organisational, local, and national priorities. It is the level and impact of activity that requires consistency across roles. Robust job planning processes are key to maximising the output of consultant pharmacists and must be undertaken regularly.

Developing consultant pharmacists

Individuals wishing to be appointed as a consultant pharmacist will be required to have developed and be practicing at the appropriate level of expertise. To achieve this, support is required, in the form of appropriate clinical and educational supervision and educational opportunities across the four pillars of practice.

Credentialing of individuals

In order to provide assurance to patients, the public and employers as to the level of expertise of clinicians working at the most senior level in our profession an independent, robust credentialing process is required.

This process will provide parity with other professional groups and support the maintenance of confidence and credibility in the role. The assessment, which will be made against the advanced pharmacy framework, will review an individual's expertise across the four pillars of practice and will have the input of a range of experts.

Conclusion

There is a recognised need for increased clinical pharmacy and medicines focussed leadership across healthcare systems. Consultant pharmacists have the expertise, knowledge and skills to support this to produce better outcomes both for those with the most complex needs as well as the wider population.

To enable the further development of consultant pharmacist posts robust processes are needed to ensure consistency across roles and to provide assurance as to the competence of individuals. These processes will help enable the appropriate deployment of consultant pharmacists and is intended to support better outcomes from treatment for patients, the public and the NHS.

1. Introduction

1.1 Background

The title “Consultant Pharmacist” was formally recognised by the NHS in 2005 in the Department of Health document “Guidance for the Development of Consultant Pharmacist Posts”[1]. It was born out of the 2003 document “A Vision for Pharmacy in the New NHS”[2] and it was guided by the principles that:

- Benefits to patients are identified when designing posts
- The title Consultant Pharmacist has real meaning
- There is a uniform approach nationally
- There will be a high level of transferability across organisations

These principles are equally as pertinent now as they were in 2005 but the challenges the NHS now faces are even greater in terms of complexity and resource management.

The guidance issued in 2005 was applicable in England only. This document has been created with input from across the United Kingdom. It is being published, initially, on behalf of the NHS in England, Northern Ireland and Wales with an aspiration for further roll out across the United Kingdom.

1.2 Consultant Pharmacists

A consultant pharmacist is a pharmacist who has developed and demonstrated high level expertise in their area of practice and across the four pillars outlined in the 2005 guidance, namely clinical practice, leadership, education and research. They have been credentialed as such **and** have been appointed to an approved consultant post.

While the consultant pharmacist is not required to undertake a direct patient facing role, the role is expected to be one that impacts directly on patients or the population e.g. a consultant pharmacist in medication safety. Examples of activities that may be considered to have a direct impact on patients and the population are given in the clinical practice section of Table 1.

As leaders in their field and the profession, consultant pharmacists provide expert care to patients with the most complex needs as well as providing advice to the teams caring for patients. Their influence spreads across organisational and professional boundaries to support the health of those accessing services in their area of practice as well as the wider population. They actively develop knowledge through research, innovate in their area of expertise, share these developments to improve care and lead on the adoption of NHS and professional priorities in their area of practice.

[1] Department of Health (2005) Guidance for the Development of Consultant Pharmacist Posts.

[2] Department of Health; (2003) A Vision for Pharmacy in the New NHS

They are an expert resource with influence across the healthcare system as well as contributing to and driving the national strategy both within their area of practice and the pharmacy profession. They act as a mentor to peers as well as other members of the wider healthcare team.

Box 1. Examples of Consultant Pharmacist Posts

Dr Beverley Ellis Consultant Pharmacist/ Consultant Radiopharmaceutical Scientist

Beverley has been Head of the Radiopharmacy Service at Manchester University NHS Foundation Trust for over 25 years. She is responsible for ensuring that standards are met for the Unit to hold a MHRA 'Specials' Licence and Manufacturing Authorisation for Investigational Medicinal Products (MA(IMP)) and is the QP named on the Trust MA(IMP). While she does not consult directly with patients, she is part of a clinical multidisciplinary team delivering nuclear medicine services to patients.

This includes activities such as advising on the quality, formulation and suitability of radiopharmaceuticals, adverse reactions and non-radioactive medicines that may be administered to patients as part of the nuclear medicine clinical procedure.
She is a member and previous chair and secretary of the UK Radiopharmacy Group (UKRG) Committee. She is also currently the Chair of the British Nuclear Medicine Society (BNMS) Professional Standards Committee, a member of the BNMS Council and Chair of the BNMS Radiopharmaceutical Sciences Group.

Currently she is the Co-Module leader for Radiopharmacy for the MSc in Clinical Pharmaceutical Science and MSc/PgD in Pharmaceutical Technology and Quality Assurance (PTQA) and also lectures and examines on other Masters courses at the University of Manchester such as MPharm and MSc in Imaging Science. As well as being a work-based tutor for PTQA students, she is also a training manager for the Healthcare Science Scientist Training Program (STP) trainees in Clinical Pharmaceutical Science and an assessor for the Objective Structured Final Assessment (OSFA) which is part of the national final assessment of the STP program.

Having held an honorary academic appointment with the University of Manchester for over 25 years Beverley has been involved with various research projects, published papers and abstracts and peer reviewed research papers for international journals. She has been an Investigator on research grants which have included the evaluation of new ^{99m}Tc-complexes for myocardial perfusion imaging and the investigation of the pharmacokinetics of radioiodinated pentosan polysulphate. Recent research has included the development of cell labelling agents for infection and inflammation imaging with Positron Emission Tomography (PET)

Nik Reid – All Wales Consultant Antimicrobial Pharmacist

Nik is the Lead for antimicrobial stewardship (AMS) in the national AMR programme and professional lead for antimicrobial pharmacists (AMP) in primary and secondary care. His role includes providing training, support and mentorship for the AMPs as well as education and training for all professions in AMS and prescribing. The consultant pharmacist is the programme lead on the AMR delivery board and secretariat for the AMR HLSG in Welsh Government (WG) while also delivering

clinical sessions and at a local health board and holding an honorary contract with a School of Pharmacy providing teaching and research links.

Nik has written, advised on and supported the delivery of national antimicrobial targets and prescribing indicators and has created an array of educational resources, as well as teaching pharmacy staff in local health boards. He has also produced a national guideline for primary and secondary care empirical prescribing of antimicrobials. In addition, he has delivered several AMS projects including CRP point of care testing in GP practices, roll out of Start Smart then Focus in secondary care, national annual point prevalence survey of prescribing in secondary care. Nik also provides professional input into national IT infrastructure including the electronic prescribing project board and liaises with the Chief Pharmacists Group to deliver WG 10 year strategy for NHS Wales.

Clair Huckerby - **Consultant Pharmacist in Primary Care Medicines Optimisation**

This is a novel role focussing on providing expertise and leadership for medicines optimisation across the pharmacy system, utilising risk stratification methods to prioritise interventions to patients within a population. Clair's role involves direct patient care for complex medication reviews in general practice, leadership for primary care pharmacy services and responsibility for the development of the pharmacy workforce, encouraging spread through research and evaluation of primary care pharmacy services and systems.

The consultant pharmacist contribution to workforce development has seen the introduction of a skills escalator to enable career progression for clinical pharmacists working in general practice, including developing partnerships with Universities to establish undergraduate primary care placements as an integral part of the pharmacy degree course. More specific work at pathway and population level has demonstrated that, by providing leadership to clinical teams in general practice and producing materials to support the prescribing of direct oral anticoagulants (DOACs), an increase in the identification of atrial fibrillation has been reported alongside a positive impact on the Direct Standardised Mortality Rate for Stroke. Similarly, a supported programme of screening and follow up of high-risk patients with hypertension has increased identification and treatment, with a corresponding decrease in standardised mortality rate from hypertensive related diseases (from twice the national average to below the national average over the course of a decade).

Carmel Darcy – **Consultant Pharmacist (Older People)**

There are 5 consultant pharmacists in older people across Northern Ireland. Carmel's role provides strategic leadership for Medicines Optimisation in Older People (Local) and within the Consultant Pharmacist Medicines Optimisation in Older People (MOOP) team (Regional).

Carmel has local and regional responsibility for;

- The development, implementation and evaluation of new models of medicines optimisation case management within acute, intermediate care, care homes, and the patient's own home.

- Building and mentoring specialist case-management pharmacists networks across all care settings and including Medicines Adherence, Frailty, Falls and Dementia.
- Innovating and delivering new patient-centred home-based medicines optimisation services to rural border counties.
- The preparation and delivery of training and education materials, workshops and webinars to pharmacists and colleagues of the wider multidisciplinary team.

Securing funding and conducting research looking at improving medicines management in people living with dementia and innovative new ways to support people living with Parkinson's to get their medicines on time.

Table 1. Example of activities linked to each of the pillars of practice

Pillars of Practice	Examples of activities undertaken at an expert level (Not an exhaustive list)
Clinical Practice	Patient facing activities Guideline, protocol and pathway development Providing expert advice to other healthcare professionals Clinical supervision
Leadership	Is expected to span all of the consultant's activities Contributing to developing local, regional and national strategy Redesigning services and pathways
Education	Preparing and delivering educational sessions Curriculum development Educational supervision Mentoring
Research	Academic research Quality improvement and innovation Service evaluation Sharing outcomes

1.3 Context

NHS staff strive to deliver high quality care to the population but there are several ongoing challenges, including the gaps in health and wellbeing, care and quality, and funding and efficiency[3].

The prescription of a medicine remains the most frequent therapeutic intervention made in the NHS and appropriately used, medicines reduce morbidity and mortality, prevent illness and support a healthy population.

[3] NHSE (2014) Five Year Forward View

However, there is ever increasing evidence of the potential, preventable harm medicines can cause, and they also account for the greatest proportion of the NHS budget after staffing. Therefore, there is a greater focus on how medicines are used safely in order to attain the maximum benefit and value for individuals and the wider population[4].

Developments are also required to meet the challenges created by an ageing population living with a number of comorbidities, as well as the challenges presented by antimicrobial resistance, problematic polypharmacy and increasing demand in a resource limited environment.

In addition to the pressures currently faced by the NHS there are ever increasing opportunities and challenges presented by technological advances. Genomics, personalised medicines and advanced therapy medicinal products (ATMPs) are ushering in an exciting new era in the treatment of a wide number of conditions but this increasing complexity and cost needs to be managed in a manner which allows the entire population to attain the greatest benefit.

Meeting all these demands will necessitate large scale change from within the NHS, involving more innovative and flexible ways of working and relying on strong clinical leadership and expertise.

As person-centred senior clinicians and system leaders, with a focus on the use of medicines, consultant pharmacists are expected to lead some of the largescale changes necessary across all these areas.

While recognising that many staff groups in the NHS undertake activities relating to medicines, pharmacy professionals remain central to all processes and activities relating to medicines and how they are used. Collaboration between pharmacy professionals and the rest of the multidisciplinary team is a core requirement of ensuring the optimal use of medicines. Consultant pharmacists contribute to the multidisciplinary team at the most senior levels as well as supporting and facilitating this collaboration at all levels across the healthcare service.

1.4 Consultant Pharmacist post development to date

To date consultant pharmacist posts in England have generally been developed in response to available individuals or local and organisational needs and have been based almost exclusively in secondary care.

Most consultant pharmacists have focussed on delivering individual care and while some have supported national developments, the current employment model used by most employers (a consultant pharmacist employed solely by a hospital pharmacy department or directorate) can limit this broader impact. This presents a challenge to supporting access by the wider health economy to the consultant pharmacist's expertise.

[4] NHS England (2018). NHS England » Medicines Value Programme. [online] England.nhs.uk. Available at: https://www.england.nhs.uk/medicines/value-programme/ [Accessed 21 Jun. 2018]

There are a number of examples where consultant pharmacists working across the boundaries of the health economy have had a significant effect on the health of the population [see Box 2].

While many of the posts that have been developed have had a significant impact on patient outcomes, the number of posts across the country has been limited. There is also a high level of disparity in post development, with some trusts and regions having large numbers and others, of a similar size, population and level of specialism having few or none. When compared to other parts of the UK (Wales and Northern Ireland), the approach to developing consultant pharmacist posts in England, has been less strategic. The strategic approach seen in Wales and Northern Ireland has been facilitated, in part, by the development of consultant pharmacist posts at the regional level. The advent of more integrated healthcare systems in England should allow adoption of this more strategic approach.

Box 2 Examples of the impact of consultant pharmacists:
Reducing cardiovascular morbidity and mortality
A consultant pharmacist working across two London CCGs, led a series of clinics for patients with previously poorly treated hypertension (SBP >160 mmHg). Over 1500 patients were followed up with an average reduction in SBP of 25mmHg conferring a reduction in the incidence of coronary heart disease and stroke of between 40 and 70%. The same consultant pharmacist developed a virtual clinic model for increasing the uptake of anticoagulation in patients with Atrial Fibrillation (AF). Over 5 months, over 1500 patients were reviewed and almost 1300 of them were anticoagulated which will prevent 45 strokes per annum across both CCGs, preventing the associated morbidity and mortality.

When I first took on my consultant role it was to deliver face to face patient care and I was working in community HF clinics and delivering CVD clinics in GP practices. However, it soon became apparent to me that the scale of the problems regarding medicine optimisation in primary care meant that, while the work I was doing was important to individual patients, it was not going to be enough. Over time my role took on a clinical leadership role, I set about commissioning pharmacy led services across boroughs and localities, mentored pharmacists to develop their patient facing roles and provided clinical supervision to them in practice, whilst also improving the practice of our nurse and GP workforce who will remain the first port of call for many of these issues – if they can get it right first time, patient care will improve and so will outcomes. Upskilling the primary care workforce to do the right thing was achieved through the use of our virtual clinic model which, through up skilling of frontline staff, has shown dramatic improvement in BP control and increased uptake of anticoagulation in AF. The AF model has now received NHSE funding for a national demonstrator programme which would not have happened if I had remained wedded to a narrow view of what consultant level practice meant. – Helen Williams, Consultant Pharmacist

Reducing preventable medicines-related hospital readmission
A consultant pharmacist working at a large teaching hospital led and implemented a project that identified patients with a post-discharge medicine need and created a Medicines Care Plan (MCP) to address this need. Over 6 months, 204 acute older patients were assessed as requiring additional support post-discharge and were provided with a specific MCP. 175 (86%) patients had a clinical need e.g. monitoring, dose titration or medication review. 73 (36%) patients had medicines support needs e.g. compliance aids, prompting of medicines. Some patients had both clinical and medicines support needs. There were 285 re-admissions in the project period. 33 (16%) of the 204 MCP patients were re-admitted

compared to 252 (22%) of the 1161 non-MCP patients. None of the medication related readmissions in the MCP group could have been predicted. The project is now business as usual on the older people's wards at the trust[5].

1.5 The Case for Change

There are a number of changes occurring in the NHS. Healthcare systems are evolving to support more joined-up care for the population with partnerships growing between NHS organisations and local councils. The advent of these integrated care systems is supporting the redesign of processes with more care being delivered nearer to people's homes.

In recent years, there have been several initiatives aimed at increasing the overall clinical skills of the pharmacy workforce and deploying them into areas of need, including GP practices, care homes and urgent care centres.

This presents a need to develop consultant pharmacist roles across a healthcare system where they can maximise the impact of their expertise, supporting all healthcare professionals to improve the care of the population across the healthcare system.

As highlighted above, treatments and treatment decisions are becoming increasingly complex and therefore the multidisciplinary teams are in greater need of the expertise of pharmacy professionals. This complexity occurs at the individual level but also at a population level. At the most complex end of this spectrum there is a need for multidisciplinary teams and patients to have access to consultant pharmacist level clinical expertise.

The ongoing roll out of clinical pharmacists in various settings, isolated from other pharmacy professionals, necessitates the creation of systems of accessing expertise from specialist professionals to develop support through strong professional links and networks.

It is also recognised that pharmacists often have portfolio careers, potentially working for multiple employers carrying out different roles. Therefore, the systems of recognition for posts and individuals need to be suitably flexible to support these pharmacists to deliver the best care they can and achieve their career aspirations.

In order to meet the challenges highlighted above and the constantly emerging challenges in the NHS, widespread access to clinical expertise and leadership will be required. Consultant pharmacist posts must be created that attract and retain those with the highest level of clinical expertise to address these challenges. These experts must be appropriately placed so that all patients and professionals across a healthcare system can benefit from their expertise and so the individual in the post can influence the local system for the benefit the entire population.

[5] 2017Acomb C, Laverty U, Smith H, Fox G, Petty D (2013) Medicines optimisation on discharge. The Integrated Medicines oPtimisAtion on Care Transfer (IMPACT) project. Int J Pharm Pract 2013; 21 (supp 2) 123-124.

The pharmacy profession is developing in line with the needs of the NHS, with more individuals taking on extended clinical roles with an accompanying increase in autonomy and responsibility. To support the safety of patients and the wider population, robust assurance mechanisms are required, including credentialing of individuals working in extended, autonomous clinical roles.

1.6 Aims

While the principles of the 2005 guidance are at the heart of this document the additional aims of the guidance are to:

- Highlight the benefit of consultant pharmacists in contributing to better patient and population outcomes, through delivering care as well as research and innovation across the healthcare system
- Improve access to high level clinical expertise for patients, the public, the pharmacy profession and other healthcare professionals
- Outline the expectation of consultant pharmacist posts, defining expert practice and supporting best practice in job planning
- Support the strategic creation of posts to meet the needs of local populations
- Suggest a robust credentialing mechanism to provide assurance as to the ability and expertise of individuals working at the highest level
- Support a sustainable consultant pharmacist workforce, through planning, training and succession planning
- To develop guidance that supports continuity and transferability across the four nations

1.7 Equality and Diversity

This guidance has been written in the spirit of the Equality Act 2010, the organisations responsible for post approval, credentialing and maintaining a directory should have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

2. Consultant Pharmacist Practice

2.1 What is Expert Practice for a consultant pharmacist?

A consultant pharmacist's expert practice depends on a large number of factors including area of practice, level of experience as well as national and organisational priorities. It comprises direct clinical care and/or indirect clinical activities (guideline development, formulary/governance leadership and clinical supervision), research, including quality improvement and evaluation, education, training and mentoring. In, some cases it may include the management of individuals or services and above all in includes leadership, which is expected to span all of the activities they undertake.

Appropriately placed, consultant pharmacists can have an important impact on patient outcomes and this has been demonstrated in number of settings and geographies [see Box 2].

Consultant pharmacists are expected to be employed in a way which maximises their potential benefit. For example, if carrying out direct clinical care the consultant pharmacist is expected to be seeing individuals with highly complex pharmaceutical needs and making autonomous patient-centred decisions, working closely with those who have ultimate responsibility for the patient's care and in some instances taking responsibility for the entire care episode.

Consultant pharmacists are expected to lead on innovation and quality improvement projects within their area of practice and across their organisation, with a strategic role in the development of guidelines, policies and other related governance activities. They are expected to act as a link between priorities within their area of practice, their organisation(s), their locality and the profession.

As well as leading on innovation, consultant pharmacists are expected to be conducting and supervising research**,** in particular, driving practice-based research and sharing the outcomes of quality improvement projects. They are expected to be contributing to the development of research questions and methodologies, all in line with local and national priorities. They are also expected to ensure that processes are robust and likely to produce the data required to meet the aims and objectives.

Consultant pharmacists are expected to design and deliver education, over and above providing local clinical support and supervision and to contribute to curriculum development in their area of practice. They are expected to be involved in the training of staff across grades, professions and organisational boundaries to ensure that everyone receives the optimal value from their medicines. Consultant pharmacists are expected to actively seek to mentor and coach advanced and senior pharmacist colleagues (within their organisation, or external to their organisation and within their area of practice) with the aim of further developing the consultant workforce and contributing to succession planning for their own role.

Across all of the consultants' activities they are expected to act as clinical leaders, enhancing the standing of pharmacy professionals within their area of practice, advocating for their area of practice within the profession and acting as a driving

force for the pharmacy profession across the entire health and social care landscape.

In summary, expert practice for a consultant pharmacist is expected to involve undertaking activities (across any of the four pillars of clinical practice, leadership, education and research) that use their extensive knowledge and skills to contribute to clinical care at the highest level. Either on an individual level for those with the highest level of need or at a system or population level so that the maximum number of individuals benefit from their input. Expert practice consists of activities that require expert level knowledge and skills to be undertaken.

2.2 Job planning

As a highly valuable resource a consultant pharmacist's time needs to be utilised in a way that maximises the benefits for patients and the population. The time spent on each of the pillars will vary between posts, according to their area of practice, their level of experience as well as organisational, local and national priorities. Consultant pharmacists may also have roles that are external to the organisation, which may be funded and account for a proportion of the consultant's time or occur on an ad-hoc basis e.g. contributing to a new national guideline.

A commitment to regular job planning is a core requirement for the approval of a consultant pharmacist post. Job planning is expected to be a collaborative process between the consultant pharmacist and their manager(s) and be based on the required outcomes for the individuals receiving care and/or the population, current drivers and the skills and development needs of the consultant. Any iteration of the job plan is expected to facilitate the consultant spending at least 80% of their time delivering expert practice as defined above. While for many the definition above would be expected to cover all of their activity, some degree of flexibility is required to allow, for example, certain management activities or a small amount service delivery out with the area of practice etc.

Example Job planning guidance is available in Appendix 2

3. Approval of consultant pharmacist posts

3.1 Why do posts need approval?

To satisfy the principles laid out in section 1.1, a standard, consistent and robust approach to post approval is required. This is needed to deliver posts that are at the appropriate level for a consultant pharmacist regardless of the employing organisation(s) or location.

Owing to the pressures faced by the NHS, consultant pharmacist posts need to maximise the potential of the individual consultant pharmacist to impact on patients across the health economy. To support this, posts are expected to be developed strategically in response to local need and facilitate health economy wide working by the consultant.

The application for post approval is expected to demonstrate that this need has been considered and describe how this need has been built into the post (split post, funding from different organisations, using established relationships, post inherently crosses the health economy as all patients access the same specialist service etc).

Examples of existing consultant posts can be seen in boxed text and models for implementation are included in appendix 3.

3.2 Post approval criteria

To be approved a post must meet all the criteria below. The employer is responsible for the details supplied as part of the application.

The application is expected to demonstrate how the post will have a strong leadership role across the healthcare system and how the consultant will contribute to care across the four pillars of practice (see Table 1).

The Job description and person specification must be clearly stated.

Adequate management and resources must be identified (including clinical supervision/support as appropriate). (See 3.3)

A commitment to regular job planning must also be made. (See 2.2)

Consultant pharmacists often possess a large amount of specialist knowledge and expertise, gained over many years. It is important that steps are taken to share this knowledge to maintain continuity of services in the consultant pharmacist's absence. Succession planning is expected to be considered within the post submission; this may include other senior pharmacist posts within the area of practice, in the organisation, the health economy, or links maintained through national specialist interest groups.

Links with higher education institutions are desirable for consultant pharmacists as this helps to facilitate the delivery of research and provides an opportunity to

influence curricula and syllabi for pharmacy professionals and other healthcare professional alike. These links can be formal or honorary and linked to research, education or both.

3.3 Line management arrangements

Consultant pharmacists are expected to be line managed by appropriate senior staff. They may be line managed within or external to the pharmacy service but it is advisable to maintain a strong working relationship with other senior pharmacy leaders. Their line management arrangements must ensure that they have support and feedback on all aspects of their posts, including high level, complex, direct clinical care. For many consultant pharmacists this may necessitate being jointly managed by more than one line manager, one of whom may be another senior clinician.

Consultant pharmacists may be responsible for managing other staff or services in line with the requirements of their post.

3.4 Post approval panel

Posts are expected to be approved by a panel of experts, against the above criteria.

Panel membership will include a clinical expert in the area of practice of the post, a pharmacy leader with a system wide role, representation from an education commissioner and a member from the post approving organisation.

Specific current membership will be defined by the office of the Chief Pharmaceutical Officer's.

3.5 Post approval documentation

The panel will assess, as a minimum

- Application pro forma
- Job description
- Person specification
- Organisational structure, highlighting the position of the consultant pharmacist post
- Sample job plan

3.6 Outcome of the approval process

Each panel will either report to the submitting organisation that the post has been:

- Approved as being consistent with the standards and quality outlined in the 2020 guidance for the development of consultant pharmacist posts'
- Approved as above with conditions (There is no need for further panel input – all that is required is conformation that the conditions are accepted)

- Provisional – panel states what change is required and sees an amended version (can be signed off by chair)
- Not approved – panel states why and a resubmission to a full panel is required

The panel is expected to have a process for appeal if the post is not approved.

4. Becoming a consultant pharmacist

4.1 Career Framework

Traditionally, the pathway to becoming a consultant pharmacist was based on a combination of individual motivation and serendipity. Developments are underway, led by the Royal Pharmaceutical Society, to develop a structured recognised career framework that will support the creation of a clinical pharmacy workforce, capable of delivering high level care in any setting. The framework will also highlight the level of achievement required for individuals at each stage of their career, with consultant pharmacists being the highest level of practice for pharmacists working in a clinical field.

4.2 Training for consultant pharmacists

Pharmacists need access to appropriate clinical and educational supervision throughout their career, as well as frameworks for self-assessment to identify development needs. For those wishing to become a consultant pharmacist they are expected to use the Advanced Pharmacy Framework (APF)[6] as a framework to determine their development needs and may benefit from mentorship from an existing consultant pharmacist. This framework, which is freely available to all pharmacists in the UK has been chosen as it builds on its predecessor, the robustly validated Advanced and Consultant Level Framework (ACLF) [7] which was included in the 2005 guidance, as well as the work of others including the NHS Education for Scotland (NES) Vocational Training Scheme. The APF will also be used for assessing the capability of those wishing to demonstrate their readiness for a consultant pharmacist post.

Consultant pharmacists must have a high level of expertise and skills across the four pillars of clinical practice, leadership, education and research. These are developed throughout their career. Some will undertake postgraduate qualifications covering one or more of the pillars of practice (e.g. research at master's level or above, postgraduate certificate in education).

Those who aspire to become a consultant pharmacist will need to develop knowledge and skills across the four pillars of practice. To achieve this, they will require a large amount of self-directed and workplace based learning. Alongside this employers and education commissioners will need to ensure that appropriate training and development opportunities are available.

There are four core pillars of practice for consultant pharmacists, which are common to all consultant practitioners across healthcare professions. However, there are 6 domains of the APF. The core pillar of leadership encompasses both the leadership

[6] The Royal Pharmaceutical Society, 2013, The Royal Pharmaceutical Society Advanced Pharmacy Framework
[7] Wright, D and Morgan, L (2011). School of Pharmacy, University of East Anglia. An independent evaluation of frameworks for professional development in pharmacy: report of the MPC Workstream 2 project: independent evaluation of competency frameworks within pharmacy education in the UK.

and management aspects of the APF. The core pillar of clinical practice is assessed by the expert professional practice domain of the APF. The collaborative working relationships domain of the APF spans all four pillars of practice (see Table 2).

The APF is a framework against which the competence of individuals is assessed across the 6 clusters whereas the core pillars of practice relate to the practice of the consultant once appointed. The following table describes the relationship between the two.

Table 2. Relationship between the pillars of practice for a consultant Pharmacist and the APF

Pillars of Practice	Corresponding Advanced Pharmacy Framework Cluster	
Clinical Practice	1. Expert Professional Practice	2. Collaborative Working Relationships 
Leadership	3. Leadership 4. Management	
Education	5. Education, Training and development	
Research	6. Research and Evaluation	

4.3 Credentialing of individuals

The safety, health and wellbeing of patients and the wider population is the primary concern of the NHS and this must be considered when creating any post and developing staff. There must be a high level of assurance at all levels, but particularly for those such as consultant pharmacists, who undertake autonomous care, making decisions where evidence is limited, in areas of clinical ambiguity and in complex or rare situations.

Any individual wishing to work in a consultant pharmacist role must first be credentialed at consultant level via a robust process and assessed against the Advanced Pharmacy Framework (APF)[5].

4.4 The Credentialing Process

The credentialing organisation(s) will be responsible for developing a robust credentialing process. This must be evidence based and assess candidates across the four pillars of practice using the APF.

The credentialing process must be made available to all registered pharmacists. No memberships of any specific organisations are required.

As well as demonstrating educational rigour, the credentialing process is expected to have input from appropriate experts who have clinical expertise in the area of

practice of the applicant, a proven leadership track record, a proven current research track record including a number of peer reviewed publications and expertise in education and training.

Successful candidates will be able to demonstrate ‘mastery’ in the vast majority of competencies within the Expert Professional Practice, Collaborative Working Relationships, and Leadership clusters. These are the core elements of all consultant pharmacist posts and are the activities that all individuals must achieve prior to appointment to a consultant pharmacist post. Candidates must demonstrate at least advanced stage II in the remaining three clusters (Research and Evaluation, Education, Training and Development, and Management). These are also important for the delivery of a consultant pharmacist’s role, requiring a high level of expertise. It is recognised that mastery in the research and education fields might only be achieved once an individual is in a role such as a consultant pharmacist.

At the end of the credentialing process, applicants must be informed of the outcome which may be successful, successful with conditions to meet, or unsuccessful. There must be a clear process for unsuccessful applicants wishing to appeal the decision.

Once the credentialing process is established all new appointments to consultant posts must be credentialed through this process. For pharmacists providing NHS services the use of the title consultant pharmacist is restricted to those who are credentialed at consultant level **and** have been appointed to an approved consultant pharmacist post.

4.5 Register of Credentialed Individuals

A directory of all credentialed individuals is expected to be created and maintained and accessible across all four nations. Bodies awarding a credential have a responsibility to update the register when a new individual is credentialed. Names must be removed from the register if an individual is no longer a practicing pharmacist, with any other criteria for removal determined by the credentialing organisation.

4.6 Criteria for Maintenance

Criteria for maintenance of credentialing are the same as for revalidation for all pharmacy professionals.

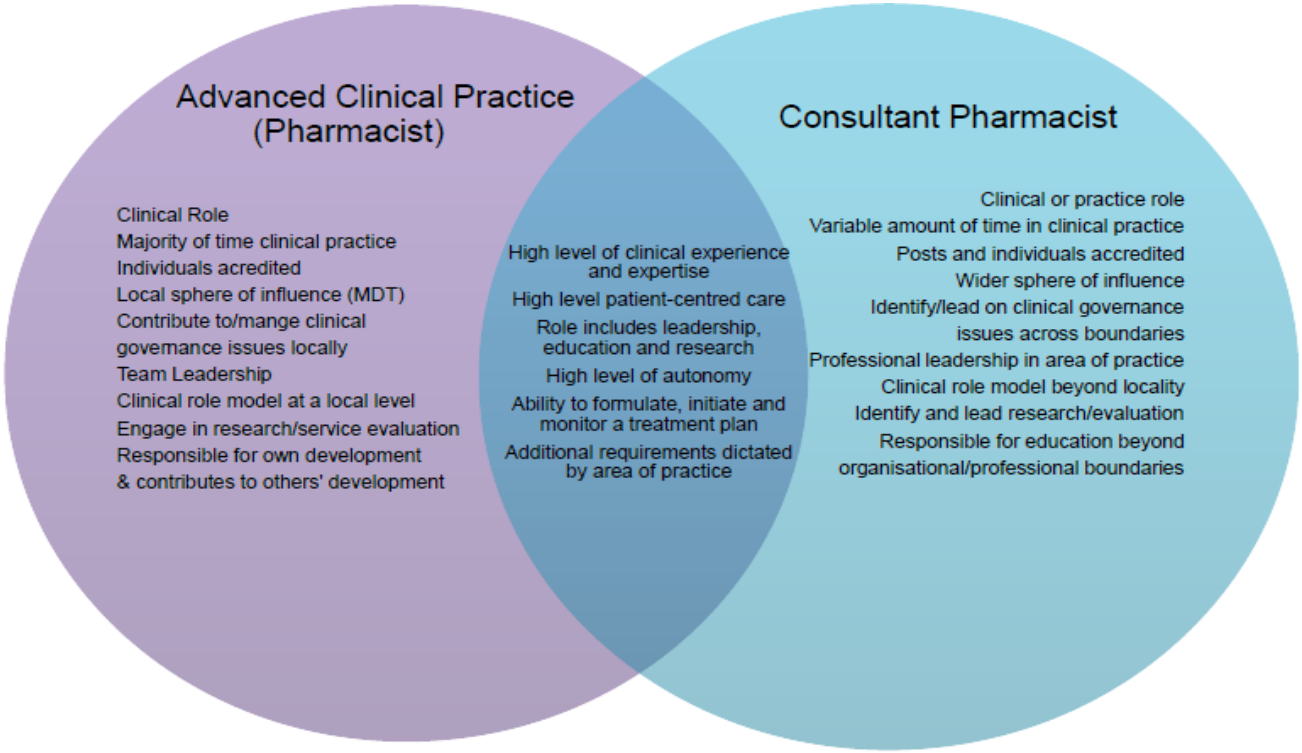
The continuing professional development (CPD) entries, peer discussion and reflective account must cover the four pillars of clinical practice, research, education and leadership. The peer discussion must be with a suitable senior colleague and all of the activities must be at the level expected of a consultant pharmacist.

It is the responsibility of the consultant pharmacist’s employer through their line manager(s) to ensure that consultant pharmacists are working at the appropriate level.

4.7 Differentiating consultant pharmacists from other senior clinical pharmacist roles

It is noted that there is considerable overlap with other senior roles, in particular advanced clinical practitioners (ACPs). ACP pharmacists undergo a credentialing process and work across the same four pillars as consultant pharmacists. They are also responsible for delivering a large amount of autonomous clinical care. There are key differences in the level of practice and influence of the respective senior clinical pharmacist roles, most notably in their sphere of influence See fig.1.

Fig.1. Comparison of practice for Advanced Clinical Practitioner Pharmacists and Consultant Pharmacists.



5. Appointment to a consultant post

5.1 Criteria for appointment of pharmacists in a consultant post

To be appointed to a consultant post an individual must be;

Credentialed at consultant pharmacist level by the independent panel responsible for credentialing*

or

A Legacy post-holder having been appointed to an approved consultant pharmacist post prior to publication of this guidance

*There will be an interim arrangement in place until the credentialing process is set up. Individuals may be appointed by an appointing panel who are satisfied that the individual applying for the post demonstrates they have achieved the level of competency against the APF expected of a consultant pharmacist (See section 4.4).

5.2 Remuneration of consultant pharmacists

The consultant pharmacist job description is expected to be reviewed by the appropriate matching panel. Under current Agenda for Change arrangements most posts would be expected to be matched as an 8c or an equivalent level if arrangements change. In certain instances there may be factors which contribute to the post receiving a different banding (8b or 8d) linked to the level of practice or responsibility across the four pillars of practice for example, scale of the sphere of influence (local, regional, national), the level at which research is conducted, level of managerial responsibility. These factors must be outlined in the application for approval of a consultant post.

For example, if a role includes encouraging research and facilitating education, rather than innovation, planning and delivery, this may attract an 8b or equivalent banding. These posts could also be created as career progression to 8c where further development in these areas is desired. An 8d or equivalent role may include national strategic work as part of leadership and/or higher-level management. If the focus of the role is mainly advanced level service provision, an advanced practitioner may be more appropriate

Once a post has been approved, resubmission for approval is not required when a post becomes vacant or small changes in job description are made. When significant changes to a job description occur, this would necessitate resubmission for approval.

6. Recommendations

6.1 Post creation
• It is expected that leaders across healthcare systems consider how consultant pharmacist posts can be created to support developments in treatment and/or alleviate medicine related pressures (clinical, financial, workforce). • Those responsible for creating consultant pharmacist posts must consider the healthcare system implications of posts and where appropriate consider the development of posts across the healthcare system.

6.2 Appointment
• To use the title Consultant Pharmacist in the NHS an individual must be credentialed at consultant level by an independent panel and employed in an approved post or be a legacy postholder.

6.3 Post approval
• A sustainable post approval process must be established. • The approval process must assess the standard of the proposed role, the impact on the healthcare system, succession planning and arrangements for job planning, management and supervision. • The process will include a review panel with membership to include a clinical expert in the area of practice of the post, a pharmacy leader with a system wide role, representation from an education commissioner and lay representation. • A register of approved posts must be maintained and be publicly available across the four nations.

6.4 Development of individuals
• Education commissioners should work with employers and education providers to create learning and development opportunities that support development towards the consultant pharmacist role.

6.5 Credentialing of individuals
• Pharmacists wishing to be appointed to a consultant pharmacist role will undergo an independent credentialing process and demonstrate mastery in the expert practice, leadership and collaborative working relationship clusters of the Advanced Pharmacy Framework and demonstrate at least

advanced stage II in the management, education, training and development, and research and evaluation clusters.
- The credentialing process will be evidence based, educationally rigorous and have input from appropriate, defined experts.
- A register of credentialed individuals will be maintained and publicly available across the four nations.

6.6 Expert Practice

- Consultant pharmacists are expected to spend 80% of their time on activities that span the four pillars of practice. These activities will require expert level knowledge or skills and will impact on patient care and/or population health.

6.7 Job planning

- There must be a commitment to regular job planning for consultant pharmacist posts. This should be based on the desired outcome for patients and must facilitate the consultant pharmacist spending 80% of their time on expert practice activities.

Appendix 1 Glossary

Clinical Practice	Activities undertaken by a healthcare professional using their expertise to support patients and the population to achieve and maintain better health
Patient	Individuals accessing or requiring healthcare services
Patient focussed	Use of clinical practice to have a positive impact on patients or the wider population
Legacy post holder	A pharmacist employed in a consultant pharmacist post that was recognised in line with the 2005 guidance
Consultant pharmacist	Pharmacist credentialed at consultant level AND working in an approved post delivering NHS services
Consultant level practitioner	Pharmacist who has demonstrated, to an independent credentialing body, competency of expert practice, building working relationships and leadership at mastery level and the remaining three APF clusters at least at advanced stage II
Senior level staff	For example, pharmacy lead or deputy lead, consultant medical practitioner,

Appendix 2 Job Planning Guidance

Job planning for consultant pharmacists is in line with job planning for healthcare professionals[8] [9]. Job planning enables managers and consultants to plan the workload of the post in line with the post requirements.

The job plan should include all aspects of the role under the headings of the pillars of practice in line with the requirements of a consultant pharmacist post (examples below) with an associated approximate allocation of time (this can be per week, per month or another fixed time period):

1. **Clinical Practice**
   - 1.1. Individual patient specific activities (direct and indirect clinical care)
   - 1.2. Other clinical activities (e.g. guideline production, clinical pathway development, providing expert advice)
   - 1.3. Clinical supervision

2. **Research**
   - 2.1. Conducting research or quality improvement
   - 2.2. Writing papers/posters/presentations with findings
   - 2.3. Research grant applications
   - 2.4. Supervising research

3. **Education**
   - 3.1. Delivering education (formal or informal)
   - 3.2. Development of education materials/programmes

[8] NHS Employers and the BMA 2011 **A guide to consultant job planning**

[9] NHS Improvement 2017 **Allied health professionals job planning: a best practice guide**

4. Leadership

4.1. Service development
4.2. Facilitation of cross boundary working
4.3. Liaison with stakeholders

5. Other

5.1. Continual Professional Development
5.2. Management activities
5.3. Non- consultant service provision

Annualised activities are also collated under each of these headings.

If needed, a weekly or monthly job plan can be created from the identified activities, using the template below. The type of work can be categorised by the pillars of practice. In some cases, it is useful to be able to classify work into more than one pillar.

MODEL JOB PLAN DIARY

Name:.....

Principal Place of Work:.....

Contract: Full Time / Part Time

Managerially Accountable to:..... Responsible for:.....

a) Timetable of activities which have a specific location and time

Specialty:.....

Programmed Activities:.....WTE.....

DAY	Time From / To	HOSPITAL/ LOCATION	TYPE OF WORK
Monday	08:00-09:00		
	09:00-10:00		
	10:00-11:00		
	11:00-12:00		
	12:00-13:00		
	13:00-14:00		
	14:00-15:00		
	15:00-16:00		
	16:00-17:00		
Tuesday	08:00-09:00		
	09:00-10:00		
	10:00-11:00		
	11:00-12:00		
	12:00-13:00		
	13:00-14:00		
	14:00-15:00		
	15:00-16:00		
	16:00-17:00		
Wednesday	08:00-09:00		
	09:00-10:00		
	10:00-11:00		
	11:00-12:00		
	12:00-13:00		
	13:00-14:00		
	14:00-15:00		
	15:00-16:00		
	16:00-17:00		
Thursday	08:00-09:00		
	09:00-10:00		

	10:00-11:00		
	11:00-12:00		
	12:00-13:00		
	13:00-14:00		
	14:00-15:00		
	15:00-16:00		
	16:00-17:00		
Friday	08:00-09:00		
	09:00-10:00		
	10:00-11:00		
	11:00-12:00		
	12:00-13:00		
	13:00-14:00		
	14:00-15:00		
	15:00-16:00		
	16:00-17:00		
Saturday	09:00-17:00		
Sunday	09:00-17:00		

b) Annualised activities which are not undertaken at specific locations or times

c) Activities during Premium Rate Hours of Work e.g. hours outwith 8am-8pm Monday to Friday

d) Extra programmed activities – see separate contract and schedule

Appendix 3 Implementation models for new consultant pharmacist posts

It is important that new consultant posts are developed in a strategic manner that maximises the consultant's ability to work across a health economy. When developing posts it is important to consider the available workforce and develop posts that have a high likelihood they can be appointed to.

Working with local health leadership to decide on priorities is a fundamental aspect of this. Using available resources (NHSI model hospital and GIRFT, NHS RightCare, locality transformation plans) to determine unwarranted variation will help to target the areas in need of attention where the clinical leadership offered by a consultant pharmacist could have a significant impact. Alongside this, national priorities and targets could serve as a significant driver in the decision to create new consultant roles.

Another fundamental element of strategic post creation is succession planning. This is particularly important for the very highly specialist posts where there may not be any candidates with the requisite clinical knowledge to fill any vacancies that occur.

Strategies for developing different types of posts

1. Very highly specialist posts e.g. pulmonary hypertension, organ transplantation, radiopharmacy

These services are usually based at a tertiary centre in a large teaching hospital but the population spread across a wide geographical area with a high number of interface considerations, therefore the work carried out by a consultant pharmacist working in this field is likely to cross the health economy naturally.

Because the services are highly specialist, usually commissioned nationally and the number of individuals in any locality are relatively low it is less likely other organisations would want to contribute to developing posts

For these posts, because of the level of specialism, it would be prudent to consider the individuals available before creating the post. Succession planning must be considered and a proactive plan put in place, as without this, it is unlikely the post would be appointed to if the post was to become vacant.

2. Highly specialist posts e.g. cancer services, HIV, critical care, nutrition

These services are generally based at large teaching hospitals. Those with the condition usually have a wide local or sometimes regional distribution. The work may cross interfaces or be based predominantly in the secondary sector. There are often strong links with other, smaller secondary care providers (i.e. DGHs).

The services are highly specialist with a high level of clinical complexity. Commissioning may be national, regional, local or a combination. Other organisations

within the locality may benefit from the role of the consultant and may want to contribute to the development of the role.

The level of specialism for these roles is high, but the number of pharmacists working in the specialities is higher than for the very highly specialist roles. In this instance it would be possible to create a post in the absence of a known suitable candidate.

3. Expert "generalist" posts e.g. medication safety, care of older people, medicines optimisation

These are services that are delivered across the health economy, in primary care, in district general hospitals and in large teaching hospitals. Numbers are large and spread across the health economy. The patient pathway will cross the care interface multiple times.

The level of complexity varies widely with multiple opportunities for consultants to impact on those with the most complex needs as well as the ability to carry out high impact activities that can impact on large numbers of the population. It is highly likely that other organisations will benefit from the impact of a consultant pharmacist and therefore contribution is expected to be sought from across the locality.

In general there are large numbers of pharmacists working at advanced levels within the generalist specialities. These posts can feasibly be created without consideration of the available candidates.