



# Guidance for the Development of Consultant Pharmacist Posts

# Guidance for the Development of Consultant Pharmacist Posts

**DH INFORMATION READER BOX**

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<b>Description</b>	This document provides guidance to help develop consultant pharmacists. It defines the role of the consultant and offers guidance on the process to be followed to ensure appointment of appropriate practitioners. This will help ensure that patients receive a consistent standard of care from consultant pharmacists and enable transferability across organisations.
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# Foreword



In *Delivering the NHS Plan* we made clear our objective to liberate the talent and skills of the entire workforce to help ensure that patients receive the highest standard of care. The introduction of consultant pharmacist posts is an important step in developing the pharmacy workforce.

In our *Vision for Pharmacy in the New NHS*, I said that we would build on pharmacists' success in developing clinical and other specialist roles in hospitals. In taking forward this work, we have also incorporated primary care trusts. I want to see the skills of pharmacists in all settings used for the maximum benefit of NHS patients. I also want to provide an alternative career pathway and appropriate recognition of expert practice for pharmacists.

This guidance will help ensure that patients receive a consistent standard of care from consultant pharmacists and that these important new posts are transferable across organisations. In developing the guidance, we have considered the experience in introducing consultant practitioners in other professional groups as well as broader career frameworks within the NHS.

I remain strongly committed to ensuring that pharmacy is an integral part of the NHS and that pharmacists are recognised and rewarded fairly for the benefits they bring to patient care. Consultant pharmacists will make an important contribution to medicines management and to clinical governance more widely. And they will play a key role in inspiring and developing tomorrow's pharmacists.

A handwritten signature in black ink, reading 'Rosie Winterton'. The signature is written in a cursive, flowing style.

**Rosie Winterton**  
Minister of State

# Executive Summary

In 2003, the consultant pharmacist role was identified in 'A Vision for Pharmacy in the New NHS'. This new role offers an opportunity to make a greater difference to patient care and builds on the success of pharmacists in developing clinical and other specialist roles.

The guiding principles in developing this guidance have been 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

The title consultant pharmacist should only apply to those appointed to approved posts and who meet the appropriate level of competence and should not be conferred solely in recognition of excellence or innovative practice. Consultant pharmacists are not advanced level practitioners renamed but will be appointed to new and innovative posts and will undertake more developed roles.

These new posts are equally applicable to primary care trusts as they are to hospital-based services. It is likely that the first consultants will be clinical specialist pharmacists. However, this guidance has been written to accommodate all areas of practice in the managed service provided a local need can be demonstrated. The posts should match against the main elements outlined in the Advanced and Consultant Level Competency Framework, the Agenda for Change consultant pharmacist profile and the spirit of this guidance.

Posts will be defined and developed based on local need. Each post should be structured around four main functions:

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

Strategic Health Authorities are advised to develop a system of approval that is similar to that used for nurse and allied healthcare professional (AHP) consultants. Approval Panel members should bring specific expertise to the assessment process and help to ensure that the intention and principles outlined in this document are upheld. There are already a small number of

pharmacists using the title Consultant Pharmacist. There will therefore need to be transitional arrangements to accommodate these into the new framework. NHS organisations should retrospectively submit these posts to local approval panels.

We will look to commission research to evaluate and inform the creation of consultant pharmacist posts to help ensure patients receive a consistent standard of care.

# Introduction

*'Pharmacists are successful in developing clinical and specialist roles in hospitals. We want to build on this success through the establishment of consultant pharmacist posts. These will enable clinical excellence and leadership to be recognised. They should support medicines management in hospitals and play a leading role in training pharmacists and other health care professionals locally. They should also be well placed to influence the use of medicines across the wider health community'*

## **A Vision for Pharmacy in the New NHS**

The consultant role identified in 'A Vision for Pharmacy in the New NHS' offers an opportunity to make a tangible difference to patient care and builds on the success of pharmacists in developing clinical and other specialist roles. These are intended to be innovative new posts that will help improve patient care by retaining clinical excellence within the NHS and strengthening professional leadership. In the course of the work of the steering group, the original concept set out in the *Vision* has been expanded to include pharmacists in primary care trusts.

Experience from the development of consultant practitioners within other healthcare professions has been considered in the preparation of this guidance. It enables links with other national initiatives including Agenda for Change, the work of Skills for Health and the StLaR (Strategic Learning and Research) HR Plan Project.

The way in which services are delivered to NHS patients is changing rapidly and there is an ongoing need to spread best practice in the use of medicines across all sectors. Consultant pharmacists will have a key role in promoting collaborative working across local health communities in support of the wider medicines management and patient safety agendas.

Our aim in establishing consultant pharmacist posts is 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 consultant pharmacist will provide a dynamic link between clinical practice and service development to support new models for delivering patient care. The creation of the posts will provide an additional career aspiration for pharmacists. It is important that the title has real



and consistent meaning and therefore should be conferred only on those pharmacists who are appointed to approved posts.

Pharmacists now deliver a broad range of professional services in both primary and secondary care. NHS organisations are therefore encouraged to develop posts across a range of services, some of which may not include direct patient contact. It is for local organisations to determine where consultant posts are required following an assessment of service need.

# The consultant pharmacist – the post

**The title consultant pharmacist should only apply to approved posts that meet the principles set out in this guidance and should not be conferred on individuals purely in recognition of innovative or excellent practice.**

Posts should be structured around four main functions:

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

Whilst expert practice is central, there is considerable value to be gained from combining interrelated roles to improve the patient experience. The four functions should not be carried out in isolation but should be integrated to make maximum impact on improving and modernising patient services.

- **Expert practice**

The main purpose of the consultant role will be the delivery of high-level professional expertise. The consultant pharmacist will drive professional development, influence at a strategic level and play a pivotal role in the promotion of evidence-based practice. He or she will demonstrate a high degree of professional autonomy, dealing with complex issues or situations, including circumstances of considerable uncertainty. They will be recognised as an expert within their own area of practice.

- **Research, evaluation and service development**

The consultant will provide an essential clinical governance role by leading and contributing to audit, service evaluation, research, education and training. The consultant pharmacist role therefore ensures that pharmacy practice and medicines management are embedded into effective programmes for service improvement and modernisation.

There is a need for the profession to develop and strengthen links between research and practice. Consultant pharmacists will therefore play a crucial role in addressing the need to increase research capacity and to develop a workforce that is research aware.

- **Education, mentoring and overview of practice**

Consultant pharmacists will play a key role in mentoring pharmacy staff and contributing to the development of healthcare staff more widely. Their contribution to workforce development should be considered when designing posts at local level. They should have a clear role in working with higher education institutions (HEIs) in developing the next generation of pharmacists and other health professionals. They should undertake teaching in their field of practice and work to enhance links between practice, professional bodies and HEIs.

- **Professional leadership**

Consultant pharmacists will fulfil a number of professional leadership roles. They will be effective leaders and communicators who motivate and inspire others across the local health community and beyond. They will challenge current structures and identify organisational and professional barriers, which inhibit service delivery. As an acknowledged source of expertise, they will contribute to the development of service strategies, which will drive change across health and social care.

The consultant pharmacist will develop and identify best practice. The role need not incorporate management responsibilities but will demand a considerable level of leadership and change management skills. Consultant pharmacists will work in partnership with advanced practitioners, professional managers of pharmaceutical services, and other relevant healthcare professionals to achieve successful outcomes.

The roles fulfilled by consultants may be best served in some instances by employing a consultant across a number of organisations including hospitals, primary care trusts and higher education institutions. In line with the principles of *Improving Working Lives* consideration should also be given to job share and part time posts providing that sufficient capacity is available to allow the four main functions to be fulfilled.

# Best practice in developing consultant pharmacist posts

We are committed to ensuring that consultant pharmacist posts fulfil the intention outlined in this guidance. We will therefore look to commission an evaluation to assess progress in 2006.

Organisations wishing to develop consultant posts are advised to consider business plans that include the following information:

- A broad outline of the case of need which will include the service and patient benefits; a brief outline of the planned appointment process; an overview of the underpinning structures and support for the post holder
- Job description
- Person specification including the competency requirements described in this guidance document
- Job plan that outlines the intended time commitments within the post, taking into account the four main functions of the post.

Preliminary work to establish a consultant post should take into account the infrastructure required to support the consultant role, the delivery of the service, and the research, evaluation and training functions. Local organisations should make clear the working relationships between the consultant pharmacist and professional managers, advanced level practitioners and other relevant health professionals. There may be a need to include additional resources for the provision of continuing professional development activities and access to local and national networks that will offer peer support, mentoring and development opportunities. Consideration should also be given to leadership training needs, research and development commitments and administrative support.

The Modernisation Agency's *Changing Workforce Programme (CWP)* also provides advice on role redesign; this together with the discussion document *A Career Framework for the NHS* can be accessed via [www.modern.nhs.uk/cwp](http://www.modern.nhs.uk/cwp)

How should organisations develop a post?

- Identify service need and stakeholder support
- Write a submission document/business plan
- Submit the document to the local approval panel for assessment
- Following approval by panel, proceed with appointment process

## Approval panel for the post

Drawing on experience from work on nurse and AHP consultants, we recommend that Strategic Health Authorities (or clusters of SHA's) develop a process to approve submissions from NHS organisations. Approval panels will help ensure that business plans match the spirit of this guidance and that posts are sustainable, equitable and transferable across the NHS.

Panel members should bring specific expertise and interest to the panel either in respect of their pharmaceutical expertise, knowledge of workforce development, higher education or the core functions of the post. The panel should include the following:

- Chief Pharmacist or Director of Pharmaceutical Services
- Lay member or patient representative
- Pharmacist with appropriate expertise in the area of practice under consideration
- SHA representative
- HEI representative

Initially, it may also be useful to have a member from an existing non-medical consultant assessment panel.

## Interview panel

Although the approval process needs to be at SHA level, candidate selection remains the role of local organisations. The interview panel should reflect the normal arrangements in the trust and should include as a minimum, the Chief Pharmacist, a medical consultant and an external assessor with relevant expertise. The recruitment process needs to meet national guidelines on recruitment and retention including equal opportunities. The panel should consider the suitability of the candidate in the context of the competency framework, the Agenda for Change profile and the spirit of this guidance.

# The consultant pharmacist – the person

Consultant pharmacists will be recognised as experts in their field and will work with senior colleagues across primary and secondary care, social care and higher education institutions. They will normally spend about 50% of their time in practice within their area of expertise. They will bring professional leadership and strategic direction to their particular area of expertise by expanding and developing practice, improving clinical governance and contributing significantly to improved outcomes for patients. Consultant pharmacists will be champions in practice, education and research and will bring innovative solutions to patient care.

Consultant pharmacists will provide leadership through example, dissemination of best practice and the recognition and development of the skills of others. As experts in medicines and their use, they will have broad networks and a wide sphere of influence that will enhance local services and improve patient care nationally.

These are new posts which will require individuals to demonstrate the combination of roles and the levels of expertise set out in this guidance. Pharmacists working as advanced level practitioners will not automatically meet these requirements. The move from advanced level practitioner to consultant pharmacist is recognised by the differing levels of attainment within the Competency Framework (Appendix 2).

# Competency Framework

The competency requirements for consultant pharmacists are drawn from the Advanced and Consultant Level Competency Framework designed by the Competency Development and Evaluation Group (CoDEG). This supports the development of pharmacists from advanced to consultant level practice. A synopsis of the framework is at Appendix 2. The full framework and guidance on its use can be downloaded from [www.druginfzone.nhs.uk](http://www.druginfzone.nhs.uk). It can be applied to all areas of pharmacy practice.

Individuals applying for consultant posts should be able to self-assess their level of attainment within the framework and substantiate their judgements by a portfolio of relevant evidence.

To be considered for a consultant post an applicant should demonstrate:

- A majority of competencies in each of the **expert professional practice, building working relationships and leadership** clusters at the highest level (**mastery**) and
- A majority of the competencies in each of the **management, education, training and development and research & evaluation** clusters at the intermediate level (**excellence**).

This competency profile is based on an audit that applied the framework to pharmacists across of a breadth of practice areas in both primary and secondary care.

We recommend that the competency requirements should form part of the person specification for consultant pharmacist posts. Initially, the appointment panel will constitute the mechanism by which organisations can satisfy themselves that candidates meet the specified competency profile. In the future, recognised specialist or practice interest groups may be able to assist in the validation of competency self-assessments for their members.

Work is underway to make explicit links between the Competency Framework and the *NHS Knowledge and Skills Framework*. The document *A Career Framework for the NHS* makes links between skills and competencies and career development. We will continue to explore with Skills for Health and other stakeholders the relationship between the competency framework and any future National Occupational Standards (NOS) for pharmacists.

# New career pathways and Agenda for Change

Pharmacy has made great strides in developing the workforce and expanding traditional roles. These include, prescribing by pharmacists, working at strategic levels and developing highly specialised clinical roles in both primary and secondary care. In addition, Agenda for Change opens up a new career structure for pharmacists.

- **Career pathway**

To be sustainable, the consultant pharmacist role will need to be underpinned by a process of practitioner development that takes account of both NHS modernisation priorities and workforce requirements. Consideration has to be given to the career pathways for pharmacists and to how individuals are encouraged into particular areas of practice whilst at the same time maintaining a broad range of pharmaceutical skills.

Agenda for Change supports career development for pharmacists from pre-registration to professional manager of pharmacy services. The role of consultant pharmacist provides an alternative career pathway.

- **The consultant pharmacist Agenda for Change profile**

Agenda for Change rewards staff taking on extra responsibilities and acquiring new skills. An Agenda for Change profile for consultant pharmacists is available at <http://www.dh.gov.uk/assetRoot/04/09/87/13/04098713.pdf> and attached in Appendix 3.

In determining the payband for a post, a range of factors should be considered. When evaluating the post, organisations should refer to the job profiles, the breadth, complexity and demands of the post and to the competencies required of the postholders to fulfil the role. It is envisaged that the majority of consultant pharmacist posts will initially be in band 8b-d. However, it is the responsibility of local organisations to determine appropriate banding based on job evaluation. As consultant posts are approved and established there will be a need to review the national Agenda for Change profile.



# Supporting consultant pharmacists

Continuing professional development (CPD), an integral part of the Government's strategy for clinical governance, will be key to ensuring the success of consultant pharmacists. Experience suggests that there will be particular challenges for these highly visible and innovative new posts. There are likely to be high expectations from within the service. We recognise that there will be few post holders initially and a high level of national interest. We will therefore look to commission a national leadership development programme. This will provide the benefits of peer support and networking opportunities for the first cohort of consultant pharmacists. Local approaches to the development of non-medical consultants are being established in some areas. We expect that as numbers grow, any national programme will be subsumed by local and specialist networks.

## Transitional arrangements

As this guidance is introduced into the NHS, there will need to be transitional arrangements for:

- Posts using the title Consultant Pharmacist that were established prior to the publication of the guidance
- Pharmacists who may be eligible for consultant pharmacist posts but have yet to complete portfolios of evidence in support of the competency self assessment.

For post holders already using the title Consultant Pharmacist, their organisations should submit the posts for retrospective consideration by a local approval panel.

Pharmacists in both groups above should build portfolios of evidence that demonstrate the competency requirements outlined in this guidance. These should be completed within two years from publication of this guidance.

# Evaluation

These are new and exciting posts for pharmacy and it is envisaged that they will make sustainable improvements to patient care and provide an alternative career opportunity for pharmacists.

We will look to commission an independent evaluation to determine the impact of the establishment of consultant pharmacists during 2006. This will report on whether the established posts are fulfilling their aims, meeting the principles outlined in this guidance and consider the effects on wider workforce development.

## Related developments

### Specialist Pharmacists in Public Health

Work is underway on the defined specialist pathway, which will enable pharmacists working in public health to be admitted to the Voluntary Register for Public Health.

The defined specialist in public health will be required to demonstrate achievement of broadly the same competencies as medical consultants in public health through portfolio development. Those achieving defined registration may be appointed to posts with the title consultant in pharmaceutical public health. There are similarities between the competency areas required for defined specialists in public health and the Competency Framework outlined in this guidance.

Further details can be obtained at [www.publichealthregister.org.uk](http://www.publichealthregister.org.uk)

### Pharmacists with a Special Interest

We said in *A Vision for Pharmacy in the New NHS* that we would consider the development of a scheme for Pharmacists with a Special Interest (PhwSI), so that those providing services using particular expertise can be appropriately recognised. This work will be taken forward within the context of the new contractual framework for community pharmacy. It will draw on the experience of other practitioners with a special interest, consultant pharmacists and other related developments.

# Bibliography

*Delivering the NHS Plan*; Department of Health; 2002

*A Vision for Pharmacy in the New NHS*; Department of Health; 2003

*Improving Working Lives Standard*; Department of Health; 2000

*A Career Framework for the NHS*; Department of Health; (hard copy on email request to [career.framework@dh.gsi.gov.uk](mailto:career.framework@dh.gsi.gov.uk) stating name, organisation, postal address and number of copies required)

*NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*; Department of Health; 2004

Antoniou S, Webb DG, Davies JG, Bates IP, McRobbie D, Wright J, Quinn J. General level competency framework improves the clinical practice of hospital pharmacists: final results of the south of England trial. *Int J Pharm Pract* 2004; 12 (suppl) R22-23.

Meadows N, Webb DG, McRobbie D, Antoniou S, Bates I, Davies JG. Developing and validating a competency framework for advanced pharmacy practice. *Pharm J* 2004; 273: 789-792.

## Further reading

Strategic Learning and Research advisory group for health and Social care (StLaR); <http://www.stlarhr.org.uk>; Phase 1 Consultation Report; 2004  
Phase 2 Strategic Report; 2004

AL PAM(PTA)2/2001 *Arrangements for Consultant Posts – for staff covered by the Professions Allied to Medicine*; Department of Health; 2001

*Meeting the Challenge – A Strategy for the Allied Health Professions*; Department of Health; 2000

*A Preliminary Evaluation of the Establishment of Nurse, Midwife and Health Visitor Consultants*; Guest D, Redfern S et al; Report to the Department of Health; 2001. Available on <http://www.kcl.ac.uk//depsta/pse/mancen/research/no7paper.pdf>

*An evaluation of a newly created job; An analysis of the introduction of Nurse, Midwife and Health Visitor Consultants in the UK National Health Service; Guest D, Redfern S, Wilson-Barnett J, Peccei R, Rosenthal P, Dewe P and Evans A; New Organisational Challenges for Human Service Work, Hellgren J, Naswall K, Sverke M and Soderfeldt M (eds), Rainier Mampff Verlag, 2003*

(Department of Health publications are available from the Department of Health website <http://www.dh.gov.uk>)

# Appendix 1: Group Membership

## Project Steering Group

Jim Smith (Chair)	Chief Pharmaceutical Officer, Department of Health
John Farrell	Principal Pharmaceutical Officer, Department of Health
Jackie Turnpenney	NHS Leadership Centre: Project Manager
Richard Cattell	Director of South West Medicines Information and Training: Council member, Guild of Healthcare Pharmacists
David Webb	Director of Clinical Pharmacy, London, Eastern and South East Specialist Pharmacy Services
Eileen Neilson	Head of Policy Development, Royal Pharmaceutical Society of Great Britain
Andrew Barker	Clinical Director, Pharmacy and Medicines Management, Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Julie Badon	Human Resources Division, Department of Health
Fiona Harris	Chief Pharmacist and Associate Public Health Specialist, Guildford and Waverley PCT
Soraya Dhillon	Head of School of Pharmacy, University of Hertfordshire: Chair of Luton and Dunstable NHS Trust
Diana Kenworthy	Secretary to Steering Group, Department of Health
Jane Marr	Director of Nursing, North West London Strategic Health Authority

## Wider Reference Group

Rose Marie Parr	Scotland representative
Mark Timoney	Northern Ireland representative
Carwen Wynne Howells	Wales representative
Dr Gina Radford	Chief Medical Officer's representative, Department of Health
Maureen Morgan	Chief Nursing Officer's representative, Department of Health
Sue Hill	Chief Officer, Healthcare Scientists, Department of Health
Andrew Foster	Director of Human Resources, Department of Health
Keith Young	Critical Care Team, Department of Health
Kay East	Chief Officer, Allied Health Professionals, Department of Health,
Gul Root	Principal Pharmacist, Department of Health,
Jane Nicklin	Allied Health Professional Lead, Essex SHA
Wendy Harris	National Patient Safety Agency
Dr David Taylor	College of Mental Health Pharmacists
Theo Raynor	University of Leeds
Rosemary Cook	Modernisation Agency
Ian Simpson	College of Pharmacy Practice
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Peter Noyce	Centre for Pharmacy Postgraduate Education
Nick Barber	University of London
Mark Tomlin	Southampton General Hospital
Peter Wilson	Royal Pharmaceutical Society of Great Britain
Jill Loader	Leicestershire, Northamptonshire and Rutland SHA
Sue Hastings	Independent Consultant, Agenda for Change
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Susan Michael	West Yorkshire Workforce Development Confederation
Sue Kilby	Royal Pharmaceutical Society of Great Britain
Nicholas Wood	Royal Pharmaceutical Society of Great Britain
Tim Root	British Oncology Pharmacy Association
Tony West	Guild of Healthcare Pharmacists
Jane Neal	United Kingdom Medicines Information Service
Martin Knowles	NHS Quality Assurance Committee
Roger Brookes	NHS Production Committee
Tricia Campbell	Expert Patient Programme
Teresa Jacklin	Expert Patient Programme
Michael Cross	St Bartholomew's & the London Hospital
Stephen Tomlin	Neonatal and paediatric pharmacists' group.
John Bleasdale	City Hospital Birmingham
Helena Hodges	UK Clinical Pharmacy Association
Cathy McKenzie	UK Clinical Pharmacy Association – Critical care
Chris Jay	UK Clinical Pharmacy Association – Surgery & theatres
Derek Taylor	UK Clinical Pharmacy Association – Elderly care
Duncan McRobbie	UK Clinical Pharmacy Association – Cardiology
Bryony Dean Franklin	UK Clinical Pharmacy Association – Infection management
Mike Dunn	Chief Pharmacists of Paediatric Hospitals
Caroline Ashley	Renal Pharmacists Group
Leonie Swaden	HIV Pharmacists Group
Richard Needle	Central Intravenous Additives Service
Peter Taylor	Airedale Hospital
Graham Newton	UK Psychiatric Pharmacy Group
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UK Radiopharmacy Group  
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Association of Pharmacy Technicians UK  
NHS Direct  
North and East Yorkshire and North Lincolnshire Workforce  
Development Confederation  
Sheffield Primary Care Trust  
Skills for Health  
Skills for Health  
Newbury & Community PCT  
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David Evans  
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Suffolk Public Health Network  
Trent Strategic Health Authority  
Cheshire & Merseyside Strategic Health Authority  
Leeds South PCT  
Thames Valley Strategic Health Authority

# Appendix 2: Competency Framework

## Advanced and Consultant Level Competency Framework

The CoDEG General Level Competency Framework enables development from registered pharmacist to a general level practice and has found widespread application in hospital pharmacy. A controlled evaluation on this framework demonstrated that its use accelerates and sustains the development of pharmacists (Antoniou et al, 2004). A modified version is currently under assessment in primary care.

The Advanced and Consultant Level Competency Framework consists of 34 competencies in 6 clusters: Expert Professional Practice; Building Working Relationships; Leadership; Management; Education, Training and Development; Research and Evaluation. Each competency can be recognised at 3 levels of attainment: Foundation, Excellence or Mastery (Meadows et al, 2005). Mastery is the highest level of attainment, whereas Foundation describes the competency threshold at which the framework applies. Foundation in this context does not relate to academic awards or entry to a profession.

CoDEG is collaboration between the Clinical Pharmacy Specialist Service and practicing pharmacists in London, Eastern and South East and the Schools of Pharmacy at London and Brighton Universities.



## 1. Expert Professional Practice

Improving standards of care for patients.

Competency	Competency Level Descriptors		
	Foundation	Excellence	Mastery
Expert Skills and Knowledge	<p>Demonstrates general pharmaceutical knowledge in core areas</p> <p>Is able to plan, manage, monitor, advise and review general pharmaceutical care programmes for patients in core areas</p>	<p>Demonstrates specialist pharmaceutical knowledge in a defined area(s)</p> <p>Is able to plan, manage, monitor, advise and review specialist pharmaceutical care programmes for patients in defined area(s)</p>	<p>Advances the knowledge base in the defined area</p> <p>Advances specialist pharmaceutical care programmes for patients in the defined area(s)</p>
Patient Care Responsibilities	<p>Is accountable for the delivery of a pharmacy service to patients to whom they themselves directly provide pharmaceutical care</p>	<p>Is accountable for the delivery of a pharmacy service to a defined group of patient</p>	<p>Is accountable for the direct delivery of the pharmacy service for the defined area(s)</p>
Reasoning and Judgement	<p><b>Demonstrates ability to use skills in a range of routine situations requiring analysis or comparison of a range of options</b></p> <p>Recognises priorities when problem-solving and identifies deviations from the normal pattern</p>	<p>Demonstrates ability to use skills to make decisions in complex situations where there are several factors that require analysis, interpretation and comparison</p> <p>Demonstrates an ability to see situations holistically</p>	<p>Demonstrates ability to use skills to manage difficult and dynamic situations</p> <p>Demonstrates ability to make decisions in the absence of evidence or data or when there is conflicting evidence or data</p>
Professional Autonomy	<p>Is able to follow legal, ethical, professional and organisational policies/procedures and codes of conduct</p>	<p>Is able to take action based on own interpretation of broad professional policies/procedures where necessary</p>	<p>Is able to interpret overall health service policy and strategy, in order to establish goals and standards for others within the defined area(s)</p>

## 2. Building Working Relationships

Is able to communicate, establish and maintain working relationships and gain the co-operation of others

Competency	Competency Level Descriptors		
	Foundation	Excellence	Mastery
<p>Communication</p> <p>Including ability to:</p> <ul style="list-style-type: none"> <li>• Persuade</li> <li>• Motivate</li> <li>• Negotiate</li> <li>• Empathise</li> <li>• Provide Reassurance</li> <li>• Listen</li> <li>• Influence</li> </ul> <p>And</p> <ul style="list-style-type: none"> <li>• Networking Skills</li> <li>• Presentation Skills</li> </ul>	<p>Demonstrates use of appropriate communication to gain the co-operation of individual patients, colleagues and clinicians</p> <p>Demonstrates ability to communicate where the content of the discussion is explicitly defined</p>	<p>Demonstrates use of appropriately selected communication skills to gain co-operation of small groups of patients, colleagues, senior clinicians and managers within the organisation</p> <p>Demonstrates ability to communicate where the content of the discussion is based on opinion</p>	<p>Demonstrates ability to present complex, sensitive or contentious information to large groups of patients, clinicians and senior managers</p> <p>Demonstrates ability to communicate in a hostile, antagonistic or highly emotive atmosphere</p>
<p>Teamwork and Consultation</p>	<p>Demonstrates ability to work as a member of the pharmacy team</p> <p>Recognises personal limitations and is able to refer to more appropriate colleague</p>	<p>Demonstrates ability to work as an acknowledged member of a multidisciplinary team</p> <p>Accepts consultation for specialist advice from within the organisation</p>	<p><b>Works across boundaries to build relationships and share information, plans and resources</b></p> <p><b>Sought as an opinion leader both within the organisation and in the external environment</b></p>

### 3. Leadership

#### Inspires individuals and teams to achieve high standards of performance and personal development

Competency	Competency Level Descriptors		
	Foundation	Excellence	Mastery
<b>Strategic Context</b>	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
<b>Clinical Governance</b>	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
<b>Vision</b>	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
<b>Innovation</b>	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
<b>Service Development</b>	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
<b>Motivational</b>	<b>Demonstrates ability to motivate self to achieve goals</b>	Demonstrates ability to motivate individuals in the team	Demonstrates ability to motivate individuals at a higher level

## 4. Management

### Organises and delivers service objectives in a timely fashion

Competency	Competency Level Descriptors		
	Foundation	Excellence	Mastery
<b>Implementing National Priorities</b>	Demonstrates understanding of the implications of national priorities for the team	Shapes the response of the team to national priorities	Accountable for the direct delivery of national priorities at a higher level
<b>Resource Utilisation</b>	Demonstrates understanding of the process for effective resource utilisation	Demonstrates ability to effectively manage resources	Demonstrates ability to reconfigure the use of available resources
<b>Standards of practice</b>	Demonstrates understanding of, and conforms to, relevant standards of practice	Accountable for the setting and monitoring of standards of practice at team level	Accountable for the setting and monitoring of standards at a higher level
<b>Managing Risk</b>	Demonstrates ability to identify and resolve risk management issues according to policy/protocol	Is accountable for developing risk management policies/protocols for the team, including identifying and resolving new risk management issues	Is accountable for developing risk management policies/procedures at a higher level, including identifying and resolving new risk management issues
<b>Managing Performance</b>	Follows professional and organisational policies/procedures relating to performance management. Refers appropriately to colleagues for guidance	Is accountable for performance management for the team	Is accountable for performance management at a higher level
<b>Project Management</b>	Demonstrates understanding of the principles of project management	Demonstrates ability to successfully manage a project at team level	Demonstrates ability to successfully manage a project at a higher level
<b>Managing Change</b>	Demonstrates understanding of the principles of change management	Demonstrates ability to manage a process of change for the team	Demonstrates ability to manage a process of change at a higher level
<b>Strategic Planning</b>	Demonstrates ability to think 4-12 months ahead within a defined area. Plans the work programme to align with strategy. Demonstrates understanding of formal structures	Demonstrates ability to think over a year ahead within a defined area. Demonstrates understanding of culture and climate and ability to plan with the whole of the organisation in mind	Thinks long term and sector wide. Takes the long-term perspective. Demonstrates understanding of organisational politics changes in the external environment
<b>Working Across Boundaries</b>	Demonstrates ability to extend boundaries of service delivery within the team	Demonstrates ability to extend the boundaries of the service across more than one team	Demonstrates the value of extending boundaries across professions/in the external environment

## 5. Education, Training & Development

Supports the education, training & development of others. Promotes a learning culture within the organisation.

Competency	Competency Level Descriptors		
	Foundation	Excellence	Mastery
<b>Role Model</b>	Understands and demonstrates the characteristics of a role model to members of the team	Demonstrates the characteristics of an effective role model at a higher level	Is able to develop effective role model behaviour in others
<b>Mentorship</b>	Demonstrates understanding of the mentorship process	Demonstrates ability to effectively mentor others within the team	Demonstrates ability to effectively mentor outside the team
<b>Conducting Education &amp; Training</b>	Demonstrates ability to conduct teaching efficiently according to a lesson plan with supervision from a more experienced colleague	<b>Is able to assess the performance and learning needs of others</b> Demonstrates ability to plan a series of effective learning experiences for others	<b>Demonstrates ability to design and manage a course of study, with appropriate use of teaching, assessment and study methods</b>
<b>Continuing Professional Development</b>	<b>Demonstrates self-development through routine Continuing Professional Development activity with facilitation</b>	<b>Acts as a Continuing Professional Development facilitator</b>	<b>Shapes and contributes to the Continuing Professional Development strategy at a local (outside of discipline) or external (within discipline) levels</b>
<b>Links Practice and Education</b>	Participates in the formal education of undergraduate and postgraduate students	Participates in the education and training of formal specialist interest groups in the external environment	Shapes, contributes to or is accountable for the creation or development of higher education qualification(s)
<b>Educational Policy</b>	Demonstrates an understanding of current educational policies in health services	Demonstrates ability to interpret national policy in order to design strategic approaches for local workforce education	Shapes and contributes to national educational policy

## 6. Research & Evaluation

Uses research to deliver effective practice. Identifies and undertakes research to inform practice.

Competency	Competency Level Descriptors		
	Foundation	Excellence	Mastery
<b>Critical Evaluation</b>	Demonstrates ability to critically evaluate medical and review pharmacotherapeutic literature	<b>Demonstrates application of critical evaluation skills in the context of specialist practice</b>	Is recognised as undertaking peer review activities within the speciality
<b>Identifies Gaps in The Evidence Base</b>	Demonstrates ability to identify instances where there is a gap in the evidence base to support practice	Demonstrates ability to formulate appropriate and rigorous research questions within the speciality	<b>Demonstrates ability to design a successful strategy to address research questions within the speciality</b>
<b>Develops and Evaluates Research Protocols</b>	Demonstrates ability to describe the core features of research protocols	Demonstrates ability to design a rigorous protocol to address previously formulated research questions	Demonstrates active involvement in the critical review of research protocols
<b>Creates Evidence</b>	Demonstrates ability to generate evidence suitable for presentation at local level	Demonstrates ability to generate new evidence suitable for presentation at research symposium	Demonstrates authorship of primary evidence and outcomes in peer reviewed media
<b>Research Evidence Into Practice</b>	Demonstrates ability to apply research evidence into own practice	Demonstrates ability to apply evidence-based practice within the team	Is able to use research evidence to shape organisational policy/procedure
<b>Supervises Others Undertaking Research</b>	Demonstrates understanding of the principles of research governance	Is able to contribute to research supervision in collaboration with research experts	Is a research project supervisor for postgraduate students
<b>Establishes Research Partnerships</b>	Demonstrates ability to work as a member of the research team	Demonstrates ability to establish new multidisciplinary links to conduct research projects	Demonstrates ability to show leadership within research teams concerning the conduct of specialist research



# Appendix 3:

## JOB TITLE: PHARMACY CONSULTANT (23/03/05)

### JOB STATEMENT:

1. Responsible for leading and delivering highly specialist pharmacy service; undertakes relevant risk management and ensures compliance with Medicines legislation
2. Provides expert advice on pharmaceutical matters in specialist field
3. Leads and develops clinical audit; co-ordinates and undertakes research; provides specialist training

Factor	Relevant Job Information	JE level	JE score
1. Communication & Relationship Skills	<b>Provide &amp; receive highly complex information, barriers to understanding</b> Communicates highly complex drug or medicine related information to prescribers, clinicians, patients, relatives: patients may have language difficulties, physical or mental disabilities, other professionals may challenge advice	5(a)	45
2. Knowledge, Training & Experience	<b>Advanced theoretical and practical knowledge</b> Professional knowledge acquired through vocational master's degree in pharmacy (4 years) + 1 year pre-registration training + specialist knowledge acquired through post-graduate diploma level or equivalent training, experience	8(a)	240
3. Analytical & Judgemental Skills	<b>Highly complex facts, requiring analysis, interpretation, comparison of options</b> Skills for analysing drug, patient information in specialist field in order to provide advice on medicines, dosages, production issues in areas where information is lacking and medical or other opinion differs	5	60
4. Planning & Organisational Skills	<b>Plan and organise complex activities, requiring formulation, adjustment/plan and organise broad range of complex activities, requiring formulation, adjustment</b> Plans & organises provision of specialist service, plans & organises research, teaching, audit activities/plans & organises service provision	3–4	27–42
5. Physical Skills	<b>Highly developed physical skills, accuracy important, manipulation of fine tools, materials</b> Skills for preparation of injections & infusions	3(b)	27
6. Responsibility for Patient/Client Care	<b>Provides specialised clinical technical services; highly specialised advice/accountable for direct delivery of a clinical technical service</b> Provides highly specialised pharmacy service, reviews prescriptions, dispenses & supplies drugs for & to patients in own area of expertise; provides highly specialised advice to medical, other clinical staff, patients on doses, possible side effects of drugs in critical areas; undertakes risk management & ensures compliance with Medicines legislation/accountable for delivery of e.g. regional service	6(b) (c) – 7	39–49
7. Responsibility for Policy/Service Development	<b>Responsible for policy implementation and development for a service, more than one area of activity</b> Responsible for policy, service development for specialist service or equivalent	4	32
8. Responsibility for Financial & Physical Resources	<b>Monitors budgets</b> Monitors drugs expenditure for area	3(c)	21
9. Responsibility for Human Resources	<b>Day to day supervision/ management; provides specialist training</b> Day to day supervision/ management of Pharmacy team; provides specialist training to others from own and other disciplines	2(a)– 3(a) (c)	12– 21
10. Responsibility for Information Resources	<b>Records personally generated information/responsible for maintaining one or more information systems</b> Inputs prescription information, summarises drugs info, maintains production or other records/responsible for maintaining medicines information system	1, 3(c)	4, 16
11. Responsibility for Research & Development	<b>Research as major job responsibility/co-ordinate research activities/initiate R&amp;D activities</b> Undertakes research in own area as major job responsibility/co-ordinates/initiates specialist research	3–4–5	21– 32–45
12. Freedom to Act	<b>General policies, require interpretation</b> Follow professional, general policies, need to interpret for specialist area	5	45
13. Physical Effort	<b>Combination of sitting, standing, walking/occasional moderate physical effort</b> Walking between locations; occasional restricted position/lifts, moves pharmacy boxes, fluids, enteral nutrition, supplies	1–2(d)	3–7
14. Mental Effort	<b>Frequent concentration, unpredictable work pattern</b> Concentration for reviewing prescriptions, calculations, statistics, reports, policy documents, interrupted by urgent requests for advice	3(a)	12
15. Emotional Effort	<b>Occasional/frequent exposure to distressing or emotional situations</b> Works with distressed patients/ relatives due to drug regime, drug misadventures	2(a)– 3(a)	11–18
16. Working Conditions	<b>Occasional unpleasant working conditions</b> Odours from aseptic, cytotoxic drugs	2(a)	7
		Band 8b–d	606–687



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