

Pharmacists with special interests: A
personal development tool for
pharmacists who want to consider the
Pharmacist with a special interest
(PhwSI) role

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Introduction and how to use this tool

The first step for all pharmacists who wish to consider the PhwSI model is to read the national framework for pharmacists with a special interest, launched by the Department of Health and NHS Primary Care Contracting in September 2006. This resource can be downloaded at <http://www.primarycarecontracting.nhs.uk/119.php> and applies within England only.

The framework defines a PhwSI, refers to earlier developments for other practitioners such as GPs and allied health professionals, and the policy context for this development. It also outlines the process that commissioners of NHS services and practitioners must follow in order to commission services using this model. The framework also includes existing examples of services using a very similar model to PhwSI. In April 2007, a new suite of guidance on the commissioning and accreditation of practitioners with special interests (PwSIs) was published, and this is available at <http://www.primarycarecontracting.nhs.uk/173.php>. Part 3 of this guidance covers the accreditation of PhwSIs and is essential reading for any aspiring practitioners.

This tool has been designed to support those pharmacy practitioners who, after reading the framework, believe that this may be relevant to them in developing the services they offer. It guides the practitioner through several defined steps and identifies key questions that need to be considered at each step. It also signposts the resources available to support practitioners wishing to seek accreditation as PhwSIs in areas where such services are commissioned. Use of this tool does not however replace any aspect of the local accreditation process.

Important note: You will only be able to go forward for PhwSI accreditation if your local commissioners decide to use this route to secure services.

Step 1

What is a pharmacist with a special interest, and how do I find out more about this opportunity?

Step 2

I think that this model has potential for me and I'm definitely interested - what should I do next?

Step 3

Commissioners have indicated that some local service(s) will be commissioned through PhwSIs and I would now like to go forward for accreditation – how do I do this?

Summary of accreditation process

Step 4

I've been successfully accredited as a PhwSI, how can specific specialist pharmacy services now be commissioned?

Step 5

What do I need to think about once services are up and running?

Step 1: What is a pharmacist with a special interest, and how do I find out more about this?

The first stage for any aspiring PhwSI will be to access and understand exactly what a PhwSI is, and perhaps also what they are not. Briefing papers and other resources at www.primarycarecontracting.nhs.uk/119.php and www.networks.nhs.uk/59.php are a good place to start.

What is a PhwSI?

A Pharmacist with a Special Interest supplements their core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate skills and competencies to deliver those services without direct supervision.

(Note: in this context the term 'direct supervision' refers specifically to supervision of the specialist activity being delivered).

The key to success for PhwSIs is that these roles are driven by the need to redesign services in order to improve access to care for patients, and to improve the service they receive. It is not a requirement for a PhwSI to be qualified as a prescriber, but in practice this may enhance the scope of the role. They will normally practice across a locality, PCT or within a clinical network.

As part of a local accreditation process, PhwSIs will be expected to demonstrate competencies in line with the competency framework for PhwSIs.

And what a PhwSI is not.....

- This is not a way of seeking recognition for excellence in delivering core pharmacy roles. To take up the PhwSI option, you must be able to demonstrate relevant specialist competencies that go beyond your core generalist role, whatever sector you practice in.
- If you are a specialist practitioner, that is you work at an advanced or higher level most of the time to deliver services in a community setting, you would only be eligible as a PhwSI if in addition you have a generalist role. To illustrate this point:
 - a hospital-based clinical pharmacist who works across all specialties at generalist level may also work in an anticoagulation clinic in an outpatient or primary care setting. They may fit with the PhwSI definition for their clinic role.
 - another hospital-based clinical pharmacist is a CHD specialist who both works on the wards, and in an outreach clinic. This pharmacist does not have a general-level role and practices wholly at advanced level. He/she would not meet PhwSI criteria, but other commissioning options are already available to enable such specialists to contribute to redesigned care pathways.

- A primary care pharmacist who is based in a GP practice works at a general level across a wide spectrum of patient groups. In addition, he/she has additional competencies to deliver a higher level, specialist service for people with diabetes. He/she should meet PhwSI criteria for their role in diabetes care.
- A PhwSI is not 'a consultant pharmacist in the community'. The difference is that consultant pharmacists should be able to demonstrate certain competencies at the highest level (mastery or 'expert' level in the relevant competency framework) as opposed to specialist level, and also have a commitment to research and education.

Can pharmacists working in any sector potentially become PhwSIs?

As this initiative aims to support the move of care out of hospital settings, it will be of particular interest to community pharmacists, and those working in primary care and in GP practices. It will also interest eligible hospital-based pharmacists (see above). Advanced pharmacist practitioners and consultant pharmacists will also have a key part to play in supporting colleagues establishing new services in primary care.

Basic background reading about PhwSIs

A dedicated page on the Primary Care Contracting website www.primarycarecontracting.nhs.uk/119.php hosts the national framework and related resources such as a competency framework for PhwSIs.

The PCC website also hosts a page for all PwSIs www.primarycarecontracting.nhs.uk/173.php which gives more detail on issues such as commissioning and accreditation.

The page also has links to information on developments for clinicians delivering extended services in primary care generally. It is important to see this pharmacy development within the overall context of moving care closer to home through commissioning services delivered by clinicians from a variety of professions, many of whom work within multi-disciplinary teams. The Department of Health website has a section which describes the policy context for these clinicians, and national guidance in England www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/GPsWithSpecialInterests/fs/en

If you have looked at these resources and want to look at the potential that PhwSI might offer for you in more detail, move on to Step 2.

Step 2: I think that this model has potential for me and I'm definitely interested - what should I do next?

Find out more about the plans for service improvements in your area:

- Which clinical area would you propose to specialise in?
- How does this fit with local priorities for health improvement – check local health and social care delivery plans
- If there is a local need for this service, have commissioners indicated how this might be met and have they developed implementation plans?
- Do these plans include specified care pathways or clinical services, and do these include roles for practitioners with special interests (sometimes referred to as generalist/specialists)?
- Are the competencies that will be required to deliver this part of the clinical service described?
- What contribution could pharmacists with a special interest potentially make to these pathways?

Talk to your pharmacy and other professional colleagues about the potential for delivering services through pharmacists with special interests.

- Contact your local PCT pharmacy lead, and your Local Pharmaceutical Committee to learn of any planned developments
- Use local clinical networks to find out what other practitioners in the same specialty are planning, and how you might be able to collaborate with them, including colleagues in secondary care
- Discuss your ideas with local practices or practice based commissioning groups
- If you are an employee, will your employer support you?
- Discuss these ideas with any other colleagues who are also considering applying for PwSI accreditation, or have already successfully done so. Is a mentoring structure appropriate?

Think about the specialist competencies that you may need to demonstrate in order to deliver such services

- Look systematically at the specialist competencies that you may need to demonstrate, using the generic competency framework for PhwSIs as a starting point
- Next check whether specialist PwSI guidance is available in your chosen clinical area – see PwSI specialty specific guidance at www.primarycarecontracting.nhs.uk/245.php The specialist guidance (which was originally written for GPwSIs) is being updated and amended for PhwSIs as well. These should be available from 2008 onwards.
- Within each cluster (expert professional practice, building working relationships, leadership, management, education training and development, research and evaluation) identify your own present level of competency for your proposed specialty. What evidence could you already provide, and what might you need to develop to fulfill future requirements?
- Is there a specialist competency framework already available in pharmacy or another profession for your area of practice (e.g. DANOS for substance misuse services) – if so use it too.

- Plan your personal development needs, and think about how these could be met if commissioners decide to go ahead with a development plan involving PhwSIs. Would some parts of this plan have a long lead time (e.g. an HEI course in the clinical specialty, or qualifying as a pharmacist prescriber?). Is it feasible to undertake this training activity soon so that you will be better able to respond when services are commissioned?

When you have worked through this step, you should:

- Understand the direction of travel and local development plans for your chosen specialty
- Have made contact with colleagues within the same specialty
- Have identified your own competencies at practitioner level and PhwSI level (for this specialty)
- Have planned how any gaps could be addressed

When you have confirmation that commissioner's plans include using PhwSIs, go on to step 3

Step 3: Commissioners have indicated that some local service(s) will be commissioned through PhwSIs and I would now like to go forward for accreditation – how do I do this?

Obtain full details of the services to be commissioned, including

- service description including how and where the service will be delivered
- proposed care pathway
- activities and competencies required from PwSIs including pharmacists
- proposed service level agreement or enhanced service agreement
- funding proposals, including payments for service provision
- whether the service is being targeted at specific locations, and how these fit with your own location. Are any alternative locations suitable?
- whether any new equipment be required?
- how patient records will be made and accessed

Learn about the GPwSI and PhwSI accreditation process

- Read the national guidelines for accreditation of PhwSIs and GPwSIs at <http://www.primarycarecontracting.nhs.uk/173.php>. This sets out the accreditation process for PhwSIs and GPwSIs within England, and note that PCTs are directed to follow this.
- Look at the page on *Supporting PhwSI accreditation* at www.primarycarecontracting.nhs.uk/246.php
- Ask your PCT if they have reshaped the local accreditation process in line with these requirements – all existing GPwSIs must be reaccredited by March 2009 so they are likely to do this during 2008. PhwSIs must be accredited through the 'new' system. In some areas PCTs may work together across a wider geography to do this – for instance through a multiprofessional Deanery.

Compare the resources and competencies specified with those you can offer or develop within a reasonable timescale

- Your own skills, training and competencies

Consider the infrastructure that you may need to deliver this service

- Premises, IT, cover, referral process, logistics, support staff, etc
- Assess impact on existing services you provide and how this could be managed

Highlight your interest with local commissioners and pharmacy leads

- Confirm full details including timescales, processes

Prepare a personal portfolio of evidence to demonstrate your ability to fulfill the commissioner's requirements

- A template PhwSI portfolio is available on the PCC website from December 2007. Your portfolio is likely to include the following:
 - Evidence of current registration
 - A portfolio of evidence to demonstrate appropriate education, motivation, training and development.
 - All relevant certificates to be submitted with the application

- How appraisal and personal development planning will be realigned to take account of your new role
- How core role will be protected as you take on the new role
- Audits of core role and outcomes for practice development
- Summary of the supervised clinical work that you have completed, and participation in appropriate local clinical networks, where this exists

Where it exists, guidance for individual clinical specialties provides more detailed information to guide accreditors towards the kind of evidence that they may expect to see and test during the accreditation process. Full details of the guidance currently available or in progress are available at <http://www.primarycarecontracting.nhs.uk/245.php>. For any specialist services where clinical guidance has not yet been developed, accreditors may need to take independent advice from appropriate national or local specialists to support their task.

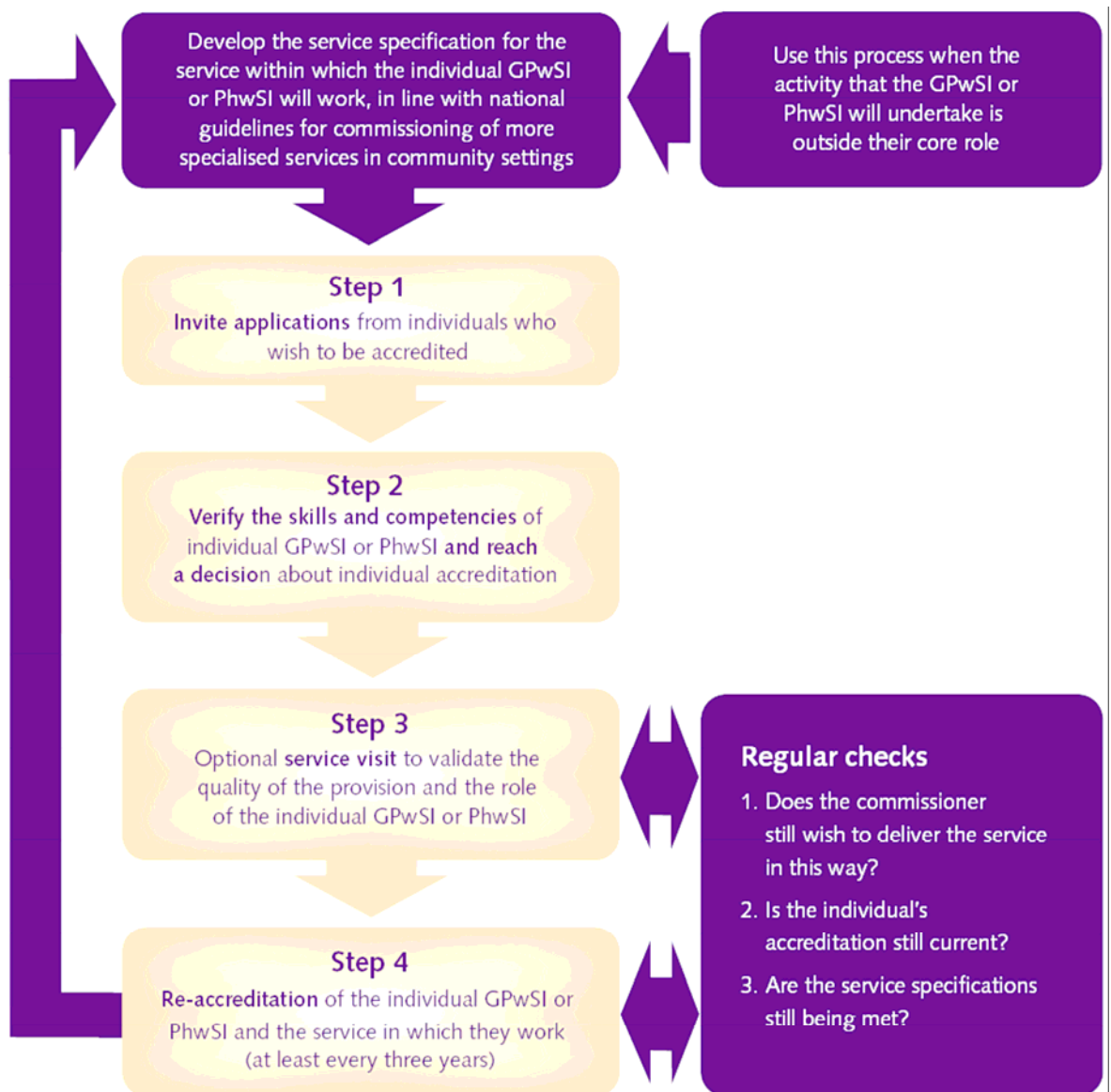
- Think about how you can acquire evidence of learning through supervised practice, eg working in specialist services in outpatient or primary care settings?
- Check that you can obtain appropriate indemnity arrangements when the service is operational

Follow the application procedure for local accreditation

- This will determine if you meet the personal requirements to deliver the service
- In addition, the services themselves will need to be accredited, and the accreditation panels will consider this at the same time.

What will the accreditation process involve?

(please refer to the published guidance at www.primarycarecontracting.nhs.uk/173.php for full details)



Good Luck! If you are successful, move on to the next step.

If you are unsuccessful, ask for feedback and consider whether you wish to add to your portfolio and reapply at a future date

Step 4: I've been successfully accredited as a PhwSI, how will specific specialist NHS pharmacy services now be commissioned?

- Commissioners will follow one of the commissioning routes available in primary care
 - Using enhanced services within the community pharmacy contractual framework
 - Alternative providers of medical services (APMS)
 - General medical services (GMS)
 - Specialist personal medical services (SPMS)
 - Inclusion within service level agreements with NHS Trusts
- *For more details on these contracting routes, see section 4.3.3 of the PhwSI national framework document, and www.primarycarecontracting.nhs.uk*
- You will need to respond to the process described by local commissioners, including providing evidence of your accreditation as a PhwSI in the relevant specialty, and any tendering requirements.
- Implement infrastructure requirements so that you will be ready to deliver the service by the planned start date
- You will need to give your indemnity insurer full details of the service you will be providing
- Advertising and communications – think about how patients, GPs, community pharmacists and other health professionals and the public will know of, or be referred to your service
- As part of the accreditation process, members of the panel may visit the proposed service location(s) within the first few months to assure themselves that all elements of the service are in place. This may also be a valuable opportunity for you to seek advice if required.
- When all commissioning steps are completed, a service level agreement is signed and you can begin to provide the service from the agreed start date.

Securing a contract to provide services does not automatically follow accreditation, but is a decision for local commissioners.

This commissioning and accreditation process relates only to services and activity delivered within the NHS, or commissioned by the NHS.

Remember – accreditation is not a one-off exercise and you will need to continually audit, review and reflect on your PhwSI activity. Move on to Step 5

Step 5: What do I need to think about once services are up and running?

Data collection and clinical audit

- This is a key requirement and you must ensure that all data specified by commissioners is available to them.
- In addition, you will be expected to participate in or initiate your own clinical audits so you can show evidence of ongoing improvement

CPD

- Use the generic and specialist competency frameworks to further develop your skills and address any unanticipated gaps
- Document and learn from the new clinical activities you are providing
- If something goes wrong, ensure that the lessons learned are incorporated in your future practice
- Keep a CPD record of specialist activities for future submission to RPSGB as required

Participation in clinical networks

- As a generalist/specialist, it is particularly important for you to be able to network effectively in a multi-professional environment. There may already be a local clinical network for your specialty, but if there is not, you will have to consider how to maintain and update your clinical skills and competencies.

Communication with pharmacy colleagues

- Keep your professional colleagues briefed about your service, and how it interfaces with theirs.
- Establish close links with related secondary care-based specialists, and access clinical support from them as required for your patients

Feedback from patients

- Think about ways of capturing patient feedback, and build this into your service. Are you able to improve what is offered, or will this information need to be fed back to commissioners?

Re-accreditation

- This will be a requirement at least every three years, while you are providing PhwSI services.
- It will also be required if you cease to provide the service for longer than twelve months.

Frequently asked questions (FAQs)

1. Why go forward for accreditation as a PhwSI – what's the incentive for practitioners and commissioners?

For commissioners, the 'practitioner with special interests' frameworks are optional tools to allow them to develop convenient quality care. They should simplify the commissioning process by providing a way of defining and assessing the specialist competencies required for a particular role.

For practitioners, this framework could offer new opportunities for pharmacists wanting to extend their practice, for instance as part of a multidisciplinary team. Accreditation as a PhwSI will allow both professionals and patients to recognise additional specialist competencies, and to work with a broader group of patients.

2. I'm not familiar with the terms 'generalist-specialist, and 'advanced level' practice. Why are they referred to and what do they mean?

These terms are relatively new in pharmacy, but have been in use within some other professions (GPs, nursing) for some time. Generalist-specialist is a term that is sometimes used to describe mixed roles such as PhwSIs and GPwSIs where a single individual may practice at both generalist and specialist levels. Advanced or higher-level practice describes the level of skill, knowledge and experience, which is beyond that of a competent general level pharmacist, and includes the consultant pharmacist role. The general level (GLF) and advanced/consultant level competency frameworks (ACLF) for pharmacists, which were developed by the competency development and evaluation group (www.codeg.org) and adopted by a range of organizations across England, also provide more detail.

3. Why is there a generic PhwSI competency framework?

This framework has been developed so that the level of competency that PhwSIs will need to demonstrate can be differentiated from the level that an experienced and competent general-level pharmacy practitioner. This should be helpful to PhwSI candidates, those working towards this and to commissioning organisations and employers.

4. Wouldn't it be simpler for PhwSI to be a recordable qualification on the RPSGB register?

There are several reasons why this has not been put forward at this stage.

- PhwSI accreditation relates to a specific role, and is not automatically transferable to a similar role elsewhere. However the portfolio of evidence that will have been assembled is likely to be very helpful in any application for accreditation in another service if required.
- No other professions so far have implemented national-level PwSI accreditation
- There are concerns that this could slow the accreditation process and make it less locally responsive.
- The national guidelines for accreditation of GPwSIs and PhwSIs have been designed to provide a sufficiently robust process

Key PhwSI resources

- Pharmacists with Special Interests section of PCC website at <http://www.primarycarecontracting.nhs.uk/119.php> including PhwSI briefings
- PhwSI generic competency framework at <http://www.primarycarecontracting.nhs.uk/119.php>
- *Implementing care closer to home; convenient quality care*
A new series of updated and linked resources published in April 07
 - Part 1: an introduction to shifting services into the community
 - Part 2: a step by step guide on the issues for consideration when redesigning patient pathways using PwSIs
 - Part 3: a nationally recognised accreditation process for GPs and Pharmacists with special interests and a Q and A summaryAll at <http://www.primarycarecontracting.nhs.uk/173.php>
- Specialist competency frameworks relevant for PhwSIs and GPwSIs at <http://www.primarycarecontracting.nhs.uk/245.php>
- Template PhwSI portfolio at <http://www.primarycarecontracting.nhs.uk/246.php>
- Practitioners with Special Interests section of DH website at www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/GPsWithSpecialInterests/fs/en
- Summary information on supporting pharmacist learning at an advanced practice level has been collated and is available on the Centre for Pharmacy Postgraduate Education website at www.cppe.man.ac.uk
- *Our Health Our Care Our Say* Department of Health 2006
<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Modernisation/OurHealthOurCareOurSay/fs/en>
- Department of Health Care closer to home demonstration sites:
 - Shifting Care Closer to home demonstration sites – report of the speciality subgroups
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079728
 - Evaluation report:
www.npcrdc.ac.uk/Evaluation_of_Closer_to_Home_Demonstration_Sites.htm
- NHS Institute for Innovation and Improvement: tools and processes to support shifting care closer to home
www.institute.nhs.uk/care_outside_hospital/care/care_outside_hospital.html
- Skills for Health: www.skillsforhealth.org.uk
A list of completed competences is available at:
www.skillsforhealth.org.uk/frameworks.php
- NHS Networks archive of earlier PwSI work <http://www.networks.nhs.uk/59.php>