Credentialing on the AMU: Developing a Competency Framework for Acute Medicine Pharmacy

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“Credential” and “credentialing” derive from the Latin verb credere, meaning “to trust”
Background

- How do pharmacy react to the national reports of substandard care given that
  - Medicines are becoming more complex, more accessible, and used in more diverse and ageing patients
  - Patient safety issues and accountability for the outcomes of therapy have become a main focus of attention
  - Patients, consumers and governments alike are demanding higher standards and seeking assurance of quality
What do pharmacists bring to the table?

Data from a number of US studies looking at the involvement of pharmacists in medicines management indicates

- 48% reduction in adverse drug reactions
- 43% reduction in overall mortality
- Reduced length of stay in relation to specific pharmacist led services such as protocol managed aminoglycoside & vancomycin therapy

Consistently delivered through a mix of specialism and generalism.

Definitions

- Credentialing is the process of granting a credential (a designation that indicates qualifications in a subject or an area).
- Competence is a state of quality. In an individual being adequately or well qualified with proven ability. A specific range of skill, knowledge, or ability.
- Accreditation is the process by which an association, organisation, or governmental agency grants public recognition to an organisation, site, or program that meets certain established standards.
Who gains and to what degree?
Professional Level

• Pharmacy as a profession needs skilled pharmacists practising as both clinically-oriented pharmacy generalists and specialists¹
• Recognition of advanced / expert practice
• Consistent representation as expert professionals
• Improved public and MDT perception

Organisational Level

- Consistency in service delivery and recruitment
- Improved quality of service
- Reduced chance of litigation by way of vicarious liability
- Potentially improved retention of staff with well defined career structure and progression
- Greater definition of training needs for a service / individual
Patient Level

- Reduced mortality and risk has been observed in other professional groups when credentialing applied (medicine and nursing)
- Equity and consistency of service provision across hospitals
- Ability to trust professionals across multiple sectors
- Raise awareness to provide greater understanding of what pharmacists can offer
Individual level

- The opportunity to use clinical skills is positively correlated with job satisfaction\(^1\)
- Recognition both from fellow professionals, the wider MDT and potentially the public
- Career progression
- Formal feedback that is not linked to professional registration
- Opportunities for continued advancement of practice
- Framework for future revalidation

Problems with acute medicine pharmacy

- High throughput due to
  - Lack of framework for progression
  - Demanding job role
  - Perceived lack of specialism

- General level competent pharmacists sent to AMU to learn without formal framework for what is needed to provide effective service
Professional development in Pharmacy

- Pre-registration pharmacist
- General level competent pharmacist
- Advanced specialist
- Consultant Pharmacist
### What should a career pathway look like?

The following is a proposed framework and is intended to be used as a guide, not as an exhaustive or prescriptive list to be scrupulously adhered to.

<table>
<thead>
<tr>
<th>Pre-registration Pharmacist</th>
<th>Clinical Pharmacist Or Post-registration Pharmacist</th>
<th>Specialist Clinical Pharmacist (Foundation)</th>
<th>Advanced Clinical Pharmacist (Excellence)</th>
<th>Consultant Pharmacist (Mastery)</th>
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<tr>
<td>Core duties, responsibilities or experience expected of the postholder</td>
<td>To gain broad based experience across various sectors of pharmacy (Hospital, Community, Industry)</td>
<td>Basic Clinical Service to a variety of specialties, including general medicine and surgery. Broad experience in hospital pharmacy disciplines including aseptics, dispensary and medicines information.</td>
<td>Able to provide a clinical service to: - General surgery (Level 0 and 1 patients) - General medicine (Level 0 and 1 patients) - Patients with renal failure and cardiac disease (including level 2 patients) - Patients with liver disease (including level 1 patients) - Participation in the care of level 3 patients - Service development - Clinical audit</td>
<td>Involved in the clinical management of level 3 patients - Contributes to medicines management in multiple organ failure - Demonstrable lead role in protocol and guideline development - Managed entry of new drugs - Demonstrates multi-professional working - Drug expenditure analysis - Leads clinical audit of drug use - Risk management - Engaged in education and training - Undertakes research and development - Leads on medicines management in critical care - Accountable for development, implementation, &amp; evaluation of clinical pharmacy service to level 3 patients</td>
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Drivers in Working Practice

- Ensuring that patient’s journey is safe when they are most vulnerable.
- Ensuring the most effective use of medicines to achieve best patient outcome.
- Changes in the way health care is delivered (including clinical governance, and evidence based medicine)
- The need to have recognised standards of practice and develop better practice in the treatment of medical patients.
- The recognition that medicines and medicines management requires unique clinical expertise.
- Innovations in medicines that require expert interpretation and managed new entry of appropriate agents.
- A recognition of the increased complexity of medical management including risk management.
- An increasing recognition that healthcare professionals need to work in multidisciplinary teams with flexible professional boundaries in order to deliver the healthcare that is demanded.
- A recognition of the benefits of greater specialisation within traditional professional groups.
- The need to improve recruitment and retention in specialist areas and maintain a skilled workforce.

Adapted from: Adult Critical Care: Specialist Pharmacy Service
Current Curricula Work-streams

There are two main work streams for practice curricula (linked but separate):

- Expert professional curricula for specific clinical specialities. This work is ongoing

- Generic expert practice curricula to focus on key areas of practice (including clinical, primary care, science, public health) – to commence in October. For the clinical curricula, this will include a library of smaller curricula for different specialities, which will sit behind the main document.
Aim for Acute Medicine

- Develop an addendum to a core medical / surgical / critical care curriculum
- Inclusion of relevant competencies within renal, hepatology and elderly medicine
- To act as a framework of specifics within the more general ALCF
- Allow people to develop and potentially advertise advanced level competence without the need for a consultancy post
Key Inclusions

- Toxicology
- Rapid tranquilisation / mental health
- Acute management of substance misuse
- Adverse drug reactions / drug causes of admission
- Management of rapid complex discharge (large numbers discharged from the acute medical unit)
- Counselling, explaining changes to medicines in lay terminology
- Reconciliation
- Pharmaceutical management in ambulatory care
Next Steps

- Convene the expert group to develop the curricula
- Agree necessity and time-scale with RPS faculty
- Identify the other core competencies/knowledge base i.e. general medicine, critical care, elderly medicine
- Identify core competencies/knowledge base unique to acute medicine
- Develop advanced level 1, 2 and mastery framework
- Propose curricula for RPS Faculty team review
Questions?