



THE GRADUATE PHARMACIST

Your newsletter with all the latest news for YOUR pre-registration needs

ISSUE 1 | VOL. 1

WELCOME TO YOUR FIRST GRADUATE NEWSLETTER

RAMNEET GILL, BPSA GRADUATE OFFICER 2019-20



ABOVE: Ramneet, BPSA Graduate Officer

"A warm welcome to the British Pharmaceutical Students' Association's (BPSA) very first 'The Graduate Pharmacist' newsletter."

The BPSA was founded in 1942 from eleven pharmacy schools across the UK which it makes it nearly 78 years old. The association aims to represent, educate and entertain pharmacy students and pre-registration pharmacists from across the UK. The Executive itself consists of pharmacy students and pre-registration pharmacists.

I graduated from Newcastle/Durham University in July 2019 and am currently a pre-registration pharmacist at Guy's & St. Thomas' Trust. Therefore, I recognise how tough the pre-registration year can be!

During your pre-registration year, you are expected to work Monday to Friday (even some weekends!), write evidences, revise for the exam and also enjoy a social life. It is difficult to maintain a healthy balance and to stay up-to-date with all the latest pharmacy news. Therefore, I decided to start this newsletter exclusively for you during pre-registration! There will be mixed content which will range from clinical focus, MHRA safety alerts to articles from reputable pharmacists. This issue is focused on applying for pharmacist roles as applications have either opened or are soon opening! I hope you enjoy reading it and if you would like to comment on anything, talk to me or contribute something please do email me at graduateofficer@bpsa.co.uk. Ramneet x

WHAT IS INSIDE?

- **INTRODUCTION:** from your Graduate Officer
- **PRE-REGISTRATION EVENTS:** what is happening near you?
- **MHRA SAFETY ALERTS:** domperidone
- **CLINICAL FOCUS:** no.1 - hypertension (cardiovascular)
- **APPLICATION AND INTERVIEW FOR BAND 6 HOSPITAL PHARMACIST ROLES:** Aamer Safdar
- **YOUR MENTAL HEALTH:** how to cope with stress: Rammy and Pharmacist Support
- **COMMUNITY PRE-REG AND APPLYING FOR HOSPITAL PHARMACIST ROLES:** Aamer Safdar and Khalid Khan
- **CAREER SPOTLIGHT:** Babir Malik
- **LIVE! - DOING HOSPITAL AND GP PRE-REG:** Joshua Gentry, current pre-reg

EVENTS: PRE-REG

What pre-registration events are coming near you?



Royal Pharmaceutical Society (RPS): pre-reg mock exam and revision courses 2020 for £162

- **London:** 25th-26th January
- **Glasgow:** 14th-15th March
- **Birmingham:** 1st-2nd February
- **Cardiff:** 4th-5th April
- **Manchester:** 15th-16th February
- **Website:** <https://www.rpharms.com/events/pre-registration-mock-exam-and-revision-courses>

Pharmacist Defence Association (PDA): Finishing First for £10

- **Birmingham:** 28-29th March 2020
- **Website:** <https://www.the-pda.org/events/finishing-first-birmingham-2020/>

Buttercups: pre-reg pharmacist training (contact Buttercups for further pricing)

- Also offer calculation online courses (£78)
- Dates yet to be confirmed
- Locations include Birmingham, Leeds, Nottingham and Bristol
- **Website:** <https://www.buttercupstraining.co.uk/>

MHRA SAFETY ALERTS...

A highlight of the latest drug safety alerts from the Medicines and Healthcare products Regulatory Authority (MHRA).

DOMPERIDONE (16th December 2019): "Domperidone is no longer licensed for children under 12 years of age AND in those weighing less than 35 kg for the treatment of nausea and vomiting."

Domperidone is a dopamine-receptor antagonist. Domperidone is contraindicated in:

1. Moderate to severe hepatic impairment
2. Existing prolongation of cardiac conduction intervals (QTc)
3. Underlying cardiac diseases
4. Significant electrolyte disturbances
5. Co-administration with QT-prolonging drugs
6. Co-administration with potent CYP3A4 inhibitors
7. Hypersensitivity to domperidone
8. Prolactin-releasing pituitary tumour
9. When stimulation of the gastric motility could be harmful

Source: MHRA 2019

LIFESTYLE:

It is important to ask patients about their lifestyle which includes diet, exercise, alcohol and smoking etc. in patients with suspected hypertension...



CLINICAL FOCUS NO.1: HYPERTENSION

DIAGNOSIS:

- Measure blood pressure in BOTH arms in clinic, during diagnosis.
- Confirm a diagnosis of hypertension in patients with:
 - clinic blood pressure of **140/90 mmHg or higher** AND
 - ambulatory blood pressure monitoring (ABPM) daytime average or home blood pressure monitoring (HBPM) average of **135/85 mmHg or higher**

TREATMENT PATHWAY:

Before considering the NEXT step, optimise the doses of the patient's current medicines and discuss with the patient if they are taking their medicine as prescribed and support adherence!

STEP 1: ACE INHIBITOR or ARB

- Patients < 55 years
- Adults of black African or African-Caribbean family origin - offer ARB, instead of ACE inhibitor
- If an ACE inhibitor is not tolerated (e.g. cough) - offer ARB
- If BOTH ACE inhibitor and ARB are not tolerated - offer beta-blocker
- If over 55 years/African or Caribbean family origin - offer calcium-channel blocker

STEP 2: ACE INHIBITOR/ARB + CALCIUM-CHANNEL BLOCKER (or THIAZIDE-LIKE DIURETIC)

- If a calcium-channel blocker is not tolerated (or evidence of, or high risk of heart failure) - offer thiazide-like diuretic
- If beta-blocker from STEP 1 - offer calcium-channel blocker
- If over 55 years/African or Caribbean family origin - offer calcium-channel blocker OR thiazide-related diuretic in combination with ACE inhibitor or ARB

STEP 3: ACE INHIBITOR/ARB + CALCIUM-CHANNEL BLOCKER + THIAZIDE-LIKE DIURETIC

STEP 4: ACE INHIBITOR/ARB + CALCIUM-CHANNEL BLOCKER RESISTANT HYPERTENSION + THIAZIDE-LIKE DIURETIC (high dose) or SPIRONOLACTONE (low dose)

- Seek specialist advice
- Low-dose spironolactone is an unlicensed indication

SIDE-EFFECTS

ACE INHIBITORS

- Hypotension (especially after the first dose)
- Dry cough
- Hyperkalaemia
- Angioedema (rare)

ARBs

- Hypotension (especially after the first dose)
- Hyperkalaemia
- Renal failure
- Less likely to cause cough and angioedema

THIAZIDE-LIKE DIURETICS

- Hyponatraemia
- Hypokalaemia - cardiac arrhythmias
- Increased plasma concentrations of glucose

CALCIUM-CHANNEL BLOCKERS

- Ankle swelling
- Flushing
- Headache
- Palpitations
- Bradycardia

Here is how you can help:

- Encourage a reduced intake of **alcohol**, especially if it is excessive
- Discourage excessive consumption of **coffee** and other **caffeine-rich** products
- Encourage patients to keep **dietary sodium** intake low
- Do NOT offer **calcium**, **magnesium** or **potassium** supplements
- Offer advice and help to smokers to stop **smoking**
- **Local initiatives** are available which provide support and promote healthy lifestyle change (this can also include group work)

Sources of information: BNF (edition 78) and NICE Guidance NG136 on hypertension in adults: diagnosis and management

APPLYING FOR HOSPITAL PHARMACIST JOBS: THE APPLICATION AND INTERVIEW PROCESS

Written by: Aamer Safdar Pharmacy Education, Training and Workforce Development Team Lead, Barts Health NHS Trust



ABOVE: Aamer Safdar

The personal statement:

The first and most important step of any recruitment process is your application form. For many of you this will be the first time that you are having to complete a formal application with a personal statement where you describe your experience and personal qualities.

A good personal statement is one that is structured, coherent, reads well and meets the criteria set out in the persons specification. The job description outlines the role and each organisation has its own way of writing a job description. You should read the job description thoroughly to understand what you will be doing in the job; every job description is different so you should write your personal statement using the language in the job description and persons specification. Your statement should start and end well and have a story to tell about you and your experiences.

If you are in a hospital, you should go through each of your rotations and highlight your best examples of your contributions to patient care using evidence from your portfolio. You could use the SBAR (Situation, Background, Assessment, Recommendation) approach for your examples of patient care.

A common mistake that trainees make in applications is to overstate their experiences. Having worked in pharmacy on Saturdays for most of your degree does not mean that you have vast experience of pharmacy. If you say you have excellent communication skills and your application is poorly written you are setting yourself up to fail.

Make sure your ending is a good one. You should summarise your application and describe what you will do for your future employer in terms of providing best patient care and describe some qualities which make you the best candidate for the job.

Interviews:

Interviews are hard and preparation is key. Make sure you have read up on the hospital and find out as much as you can about the pharmacy and your role within that as a newly qualified pharmacist. There are many ways of interviewing ranging from a traditional panel interview, a short test and a panel interview to a series of multiple mini interviews. If the type of interview is not provided in the interview invitation, then you should ask about the type of interview so that you can prepare accordingly.

Here are some tips for a good interview:

- Answer the questions to the best of your ability and ask if you don't fully understand the question.
- Have a few examples of patient care contributions ready to discuss in the interview.
- If you are asked to review a patient's medicines, make sure you have a structured approach to clinically screening and have an understanding of what each medicine is for.

A **WWW** approach is one that I use:

What is the medicine for?

How does the medicine **W**ork?

What do you need to monitor?



Be calm, be yourself and be confident. The more preparation you put in the better you will do in the interview. May the Force be with you.

HOW TO DEAL WITH STRESS DURING PRE-REGISTRATION...



Written by: Ramneet Gill, pre-registration pharmacist and BPSA Graduate Officer

The pre-registration year can be stressful; there is so much going on, from trying to juggle a work-life balance to applying for future pharmacist jobs. Of course, there is also that added background stress of knowing that you have to sit the pre-registration exam in June 2020. Below, I have written three top tips on how to cope with stress (as adapted from Pharmacist Support):

TAKE CONTROL

Identify the things you can control and concentrate on them!

Rammy: "I tend to make weekly checklists of what I need to do and then rank them on how urgent."

HAVE SOME 'ME' TIME

Make some time for yourself so that you can socialise, exercise and relax!

Rammy: "I allocate 30 minutes, three days a week, for yoga or pilates. I also read fiction on the train to work!"

CONNECT WITH OTHERS

Talking to someone else can help!

Rammy: "I broke down in front of my tutor and told her my stresses. She really helped me!"

APPLYING FOR HOSPITAL PHARMACIST JOBS: COMMUNITY PHARMACY TRAINEES

Written by: Aamer Safdar Pharmacy Education, Training and Workforce Development Team Lead, Barts Health NHS Trust and Khalid Khan, Head of Training and Professional Standards Imaan Healthcare



ABOVE: Aamer Safdar



ABOVE: Khalid Khan

Your application should include a personal statement where you describe your role and responsibilities and how these link to the person specification. You will all have done some hospital based placements during your MPharm and hence will have a basic idea of what a pharmacist does in relation patient care. You should highlight your best patient care contributions and describe the scenario using the SBAR (Situation, Background, Assessment, Recommendation) approach. Focus on the contributions you have made which relate to hospital discharge prescriptions and where you have referred the patient to the GP practice or to the GP practice pharmacist. If your pharmacy provides services, then describe what you have learnt about these services and examples of when you have delivered any of these services under the supervision of the pharmacist. There is a lot that you do in a community pharmacy over and above the routine dispensing which you need to bring out in your application. The key is to recognising the plethora of skills you have gained and honed in community pharmacy, e.g. patient-facing consultation skills, delegation and increased resilience due to working under pressure. Such skills should not be underestimated as they are highly valued in most pharmacy settings. List these with examples in preparation for your interview.

Unlike in hospitals where there are many rotations in a training year, you have the experience of working in the same pharmacy for a long period of time where your patient consultation skills will have developed and you will be making more patient care interventions in your everyday work.

One of the main areas where community trainees may struggle is with their application of clinical knowledge, what they do not realise is that they are using their clinical knowledge every day in their practise, albeit with over the counter interactions.

Typical clinical scenarios in an interview are not significantly more difficult than the ones that you encountered at university and you should revisit your university notes and your learning during your pre-registration training as part of your preparation. Just because a patient is on a ward and the medicines are listed on a drug chart rather than a prescription there is no reason to panic and lose confidence. Go through each of the medicines and follow the **WWW approach**:

What is the medicine for?
How does the medicine Work?
What do you need to monitor?

There is more to an interview than the clinical scenario so be prepared to share some of your experiences with the interviewers. Make sure you can articulate why you are applying for a hospital job and do not be negative about community pharmacy as this does not come across well in an interview. If there are hospital specific questions which you do not understand do not be afraid to ask the interviewer what they mean as they may not be aware that they may have used terms that you do not understand. Hospital pharmacy can have its own jargon which only hospital pharmacy staff understand!

Community pharmacy trainees often find it difficult to secure hospital pharmacy jobs and feel that they are at a disadvantage because they have not worked in the hospital sector. This does not mean that hospital pharmacy is out of reach for you because you have not done your pre-registration year in a hospital. There are many examples of pre-registration trainees completing their training in community and successfully applying for hospital jobs, moving straight in to the hospital sector upon qualifying.



GET READY FOR THE BEST WEEK OF THE YEAR

78th Annual Conference

BRITISH
PHARMACEUTICAL
STUDENTS' ASSOCIATION

Aston University

5TH - 12TH APRIL 2020

ARE YOU READY FOR ANNUAL CONFERENCE?

For more information visit: <https://www.bpsa.co.uk/annual-conference->



British
Pharmaceutical
Students'
Association



CAREER SPOTLIGHT:

Written by: Babir Malik

BABIR MALIK

My current role(s)...

I currently practice as a relief pharmacist for Weldricks Pharmacy, Scunthorpe. In June 2016, my then pharmacy (at the time) was awarded the Chemist and Druggist Medicines Optimisation Award for their innovative Local Pharmaceutical Services Intervention Scheme. Also, I am a Weldricks Pharmacy Teacher Practitioner, at the University of Bradford, Charity Ambassador for Pharmacist Support, as well as being Green Light Campus Northern Pre-reg Lead and a Royal Pharmaceutical Society (RPS) Pre-registration Conference Tutor.

As a Teacher Practitioner, my role includes being the Respiratory Lead for the Clinical Pharmacy Community Diploma and the Stage 4 Calculations Lead. Furthermore, I undertook a 10-week secondment as a Clinical Commissioning Group Pharmacist, early in 2016.

Where it all began...

I struggled with my A Levels and did my first year again so I spent three years instead of two and I still ended up with an E in Biology and an E in Chemistry. I began my pharmacy journey in 2003, at the University of Bradford, after completing a Biomedical Sciences degree, also at Bradford. In 2007, I undertook my pre-registration training with Weldricks Pharmacy, whereby I then embarked on a Postgraduate Diploma in Community Pharmacy at Keele University in 2009. I am an Associate Fellow of the Higher Education Academy.

The extra things I have done and am doing...

I have been a Pre-registration Tutor as well as sitting on the Rotherham Local Pharmaceutical Committee alongside being a Dementia Friend Champion, whereby I have generated over 300 dementia friends.

I am active on social media and support pre-registration pharmacists via groups on Whatsapp and Telegram. I have also written two light-hearted books about pharmacy called "Pills, Thrills and Methadone Spills".



ABOVE: Babir Malik

My proudest moment...

One of my proudest achievements is jumping out of a plane in 2018 to raise money for the Pharmacist Support Charity. They receive lots of phone calls from pre-regs so please do contact them if you need support. I am also an RPS Mentor

How did you find employment opportunities?

I have been fairly lucky in my career as I stayed with Weldricks Pharmacy after completing my pre-registration year in 2008. Many of my external roles are due to networking on Twitter.

My ONE advice to pre-registration pharmacists... is that there are no past past papers, just past unofficial mock papers. The GPhC do not endorse any training provider. Use the GPhC Framework when revising and do not forget to read the question!



ABOVE: Joshua Gentry

Many of you may have talked to your friends about GP pharmacy. It is the first year of pre registration pharmacists entering this area of practice. Each day, GP pharmacy provides you with a wide variety of tasks that you may not get to experience in other sectors as a pre-registration pharmacist.

HOSPITAL AND GP PRE-REG: HOW DO THE SKILLS DIFFER?

Written by: Joshua Gentry, split pre-registration pharmacist at King's Health Partners

These include; asthma clinics, medication reviews, MI-styled medicine enquiries, converting foreign patients' regular medications to UK equivalents, updating prescribing policies, safe storage of medicines and prescriptions, MHRA drug alerts, teaching and training GPs and dealing with supply issues of medications.

You experience different kinds of pressures in the GP pharmacy setting than in the hospital or community. In hospital, you may feel pressure from nursing staff or doctors if a medication has not been supplied to the ward.

In the GP setting, it is likely you will be in direct discussions with patients to deal with the patient's prescription requests, creating a different dynamic.

I think the part of GP pharmacy I have enjoyed the most is the team dynamic. This has been because GP pharmacists are able to take away some of the tasks and roles from the practice team and as a result, pharmacists are valued highly as a team member. This opens up opportunities to shadow and learn from GPs and other healthcare professionals.

Finally, if you are lucky enough to have an elective week during the training year, I would recommend you to use this opportunity to experience and gain some insight in GP pharmacy. This is the only year where we can try something different without having to change jobs. **Make it count!**