

UKCPA: a quarter century of focus

This year the United Kingdom Clinical Pharmacy Association celebrates its 25th anniversary. In this article, **Christine Clark**, a founder member of the association, reflects on its beginnings, achievements and future prospects

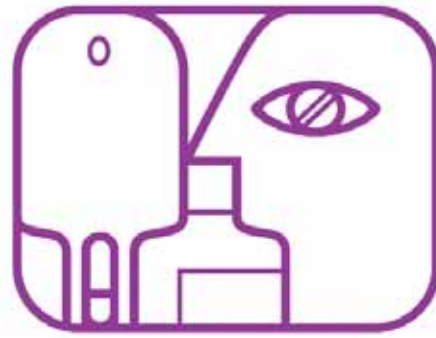
The UK Clinical Pharmacy Association was founded in 1981 by Laurie Goldberg, district pharmaceutical officer for Salford and Mike Cullen, district pharmaceutical officer for Derby, but the seeds of its beginnings go back to the late 1970s. At that time a number of events in the UK prepared the ground. For example, Malcolm Rowland was appointed professor of pharmacy at Manchester University, having just returned from the University of California in San Francisco (a leading centre in clinical pharmacy development), articles describing clinical pharmacy activities were appearing regularly in US journals, and a clinical pharmacy teacher-practitioner was appointed in north west England.

A number of experienced pharmacists were beginning to voice the need for more patient-oriented activities but in other areas ward pharmacy appeared to be developing in a supply-oriented direction. Mr Cullen recalls a consultant physician saying to him: "Pharmacists have a lot of knowledge but are unable to communicate it, whereas junior doctors tend to be good communicators but less knowledgeable; if pharmacists learnt to communicate there would be a real future for them," which, he said, made him think a lot about where pharmacists were going.

Against this background, in 1980, a series of workshops was organised (supported by the then Smith Kline & French vaccines division), that focused on clinical topics and drew together a band of people who wanted to change the way pharmacists worked. After three workshops, there was a strong and growing tide of feeling that a group should be formed that would allow participants to meet and develop their interests further. Mr Cullen, now retired, recalls, "None of the established pharmacy bodies at the time put much emphasis on patient-oriented activity. As far as Laurie and I were concerned that was pharmacy. We wanted to form a body of like-minded people to take it forward."

As a result, an invitation was made to pharmacists, through *The Pharmaceutical Journal*, to attend a meeting at Leicester Royal Infirmary one Saturday. There was considerable scepticism, from some quarters, that pharmacists would want to give up a Saturday to attend a meeting about clinical pharmacy but, in the event, the lecture theatre was so full that people had to sit on the steps. That day, a steering group was elected and a name for the organisation was agreed: the UK Clinical Pharmacy Association (UKCPA).

From the outset the founding members of UKCPA had strong views about what they wanted the organisation to do and how they



wanted it to work. Given the low level of interest in patient-oriented activity in pharmacy in general, members envisaged a self-help group in which experiences could be shared and skills developed. Moreover, meetings should provide an environment in which aspiring clinical pharmacists could rub shoulders with more experienced colleagues and learn from them. They should also provide a platform to present work where new authors would be welcomed, encouraged and supported.

One important decision was to run meetings that comprised a series of workshops, involving interactive, small-group teaching rather than traditional lectures. This was a format that lent itself to the sharing of experience that members demanded and has been widely copied since. "Workshops brought a great sense of fun into learning but they also served to select good teachers. The workshop format puts the leader under considerable scrutiny and people whose knowledge was superficial or inadequate would not put themselves forward", says Steve Hudson, professor of pharmaceutical care at the University of Strathclyde.

Another guiding principle was that, as far as possible, practising pharmacists would be the teachers, rather than members of other professions. This was seen as the best way to pass on the knowledge and experience that had been gained. Moreover, there was a great emphasis on learning from encounters with patients and the case presentation as a teaching vehicle became increasingly prominent.

Most pharmacists' experience of professional conferences in the 80s was based on meetings held on university sites where they were accommodated in halls of residence. From the outset, the UKCPA decided to hold meetings in hotels to provide more comfort for delegates. In order to make this possible but also to make meetings affordable Mr Goldberg, now a pharmacy consultant, had the idea of using hotels in popular tourist

locations out of season. Hotels were keen to have 200 or more pharmacists for a weekend and excellent rates were negotiated. Thus, the November residential symposium came into being. The first venue was the Cairn Hotel in Grange-over-Sands, Cumbria.

Integration

"UKCPA was one of the few organisations that recognised that clinical pharmacy was practised in both community and hospital settings and it always encouraged participation from community pharmacists," Mr Goldberg recalled. Community pharmacist Gill Hawksworth said: "We enjoyed the workshops with hospital pharmacists and got a lot out of them — it helped to develop many of the ideas that fed into the new [community pharmacy] contract."

The UKCPA also sought to build a new kind of relationship with the pharmaceutical industry. In order to do this, a corporate membership category was created. Corporate members were encouraged to take part in meetings and only corporate members were allowed to have stands at UKCPA meetings.

In addition, the UKCPA played a part in changing university curricula. Many members were demanding training for the clinical work that they wanted to do, and many believed that the universities should provide the training. However, it was clearly recognised by the leaders of the association that universities would only introduce clinical topics to the curriculum once clinical pharmacy was firmly embedded in day-to-day practice. The UKCPA's primary role was to be to help its members to develop their own clinical practice. In time, it reasoned, university curricula would have to change to reflect the demands of day-to-day practice.

A UK style of clinical pharmacy

Founding members of the UKCPA were keen to develop a style of clinical pharmacy practice unique to the UK. Professor Hudson recalled: "we were guarded about using the term 'clinical' because we did not want to be seen to ape our counterparts in the US." Two areas of practice were particularly favoured by the new clinical pharmacists, namely kinetics (or therapeutic drug monitoring) and parenteral nutrition. Both represented areas in which the pharmacist had a recognisable and unique contribution to make. "These were good models that helped UK pharmacists to develop confidence in their clinical roles," he added.

From the beginning, the organisation saw newsletters and conferences as a way of meeting members' needs for contacts and information. The newsletters were launched early on and the first few issues were concerned

with application of pharmacokinetics to practice.

An innovative feature of the regular autumn conference was the introduction of poster presentations for practice research and developments. This was seen as a way to help members to share their work in a less formal and threatening environment compared with the 10-minute scientific presentations usually made at conferences. Posters had not been a familiar feature of UK pharmacy meetings and the UKCPA led the way by producing a guide for aspiring presenters. Dr Hawksworth recalled that UKCPA meetings provided a good platform for presenting practice research. "You got a lot of interest, especially about the development of clinical skills in community practice," she explained.

At an early stage, a statement on clinical pharmacy was drafted, setting out the UKCPA's beliefs about clinical pharmacy in the UK. It was the first bold step in staking out clinical pharmacy territory and establishing the organisation as a body that had a view and carried weight. Subsequently the UKCPA has been consulted regularly by bodies, such as the Department of Health and the Royal Pharmaceutical Society, and has given input to key documents, such as the Crown Report.

As the UKCPA grew it remained strongly focused on the provision of services and opportunities for members. Three initiatives il-

lustrate this commitment. First, an agreement to supply a number of books published by the American Society of Hospital Pharmacists (which could not easily be obtained by individuals in the UK) was negotiated. Second, corporate members were invited to sponsor awards to support small research projects. For example, Dr Hawksworth pointed out that work on therapeutic drug monitoring in community pharmacies that she undertook was partially funded by a UKCPA award. This work was frequently quoted when prescribing by community pharmacists was under discussion, she says. Third, a series of practice guides was published. These were based on the most popular workshops and were another way of sharing the experience and burgeoning skills of the clinical pharmacy community.

As the UKCPA matured it became clear that some members were developing specialist practices in key areas, such as surgery and intensive care. This prompted the formation of practice interest groups, which at once provided a focus for individuals working in that specialty and also a reservoir of expertise for the organisation. Practice interest groups quickly took on lives of their own, holding their own meetings.

One of the earliest measures that the organisation put in place was a sound financial management structure. As part of this process, the treasurer, David Anderson, worked hard to ensure that the charitable status of the or-

ganisation was recognised and agreement secured from the Inland Revenue that subscriptions would be regarded as tax-deductible.

The future

As the UKCPA grew from a few hundred to more than 2,000 members, it became clear that committee members could no longer run the organisation efficiently in their spare time. Today, the UKCPA has an office and employs a full-time administrator.

In many ways, recent developments, such as prescribing by pharmacists and the proposed development of practitioners with special interests, are the kind of things that the founders of the UKCPA dreamt about. The UKCPA continues to attract pioneers and innovators as well as a broad spectrum of pharmacists who are simply seeking to improve their own practice. Importantly, it continues to attract young pharmacists who will carry the organisation forward. According to the current UKCPA chairman, Duncan McRobbie: "UKCPA sees itself not only as a leading provider of education for practitioners but also as a body that leads the way in ensuring high standards for practice for expert practitioners."

There can be little doubt that the UKCPA is strongly positioned to support the ongoing development of clinical pharmacy practice for the foreseeable future.

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