

Leading research and development in Southampton

By MARTIN STEPHENS, MRPHARMS, MCPP

Joanna Cantle, an MTO5 pharmacy technician, is the lead for research and development at Southampton University Hospitals NHS Trust. This interview explores the challenges of her first year in post and anticipates the tasks ahead

Joanna Cantle was appointed to the newly created post of lead for research and development at Southampton University Hospitals NHS trust in February 2002. It was the first MTO5 pharmacy technician post in the trust and as a result, Ms Cantle became part of the senior pharmacy managers' team.

Ms Cantle explains that as pharmacy's lead for practice-based research and development and for clinical trials (CT), her main responsibilities are to:

- Oversee the CT service provided to local researchers and commercial research companies
- Ensure that all costs and overheads for commercially sponsored trials are recouped
- Lead and advise on pharmacy practice-based research
- Support other pharmacy staff with projects, publications and posters for conference attendance

"This is much broader than making sure clinical trial dispensing runs smoothly, says Ms Cantle. I advise "in-house" investigators on compliance with 'The research governance framework for health and social care' [RGF].¹ Issues surrounding the suitability and sourcing of pharmaceutical products for research also takes a large proportion of my time. In addition, I try to ensure that companies, in-house investigators and pharmacy staff comply with 'Good clinical practice as recommended by the International Conference on Harmonisation.'² It is also important to make sure the dispensary staff have clear information on trials to be dispensed."

Ms Cantle says that a key task during her first year in post has been to ensure pharmacy provides the right support for CT. This includes getting to grips with the RGF and its impact on pharmacy, as well as revising



Joanna Cantle: At Southampton, there is a positive attitude to technicians in senior roles

the structure of the CT pharmacy team. Developing relationships with the team at the Wellcome Trust clinical research facility and creating links with researchers at Southampton University have also been important.

Ms Cantle has had to develop the profile of her team. She explains: "Public relations has been an important part of my job. Making personal contact, ensuring contact numbers are known and being accessible to researchers seem to have produced results. We have now developed an information leaflet, contributed to a research open day and written guidance on pharmaceutical aspects of trial work. As a team, we have also held brainstorming sessions on how the service could be improved from a 'user' point of view. This has proved to be a valuable tool for involving other members of pharmacy staff and encouraging them to participate and think creatively."

general hospital in Poole. She explains that although that post had given her relevant and useful experience in aseptic dispensing and supporting the cancer service, it had not prepared her fully for the diverse tasks she now undertakes.

"However, I wouldn't feel as confident as I do when dealing with cancer care protocols. I also feel that my previous experience of aseptic manipulations and understanding of good manufacturing practice³ have been invaluable.

"I've had various learning points. I believe that I have gained greater insight into a lot of the politics that surround research which helps me deal with more difficult situations. I have learnt to question practice more thoroughly in a non-judgmental fashion, which avoids hostility.

"I have also gained experience in developing an idea into a manageable piece of research which has included involving a cross section of skills and individuals. On a personal level I have gained a great deal from working with the senior management team — learning about strengths and weaknesses within a team. I have probably developed a more balanced approach to difficult situations," she says.

When asked if she thinks that not being a pharmacist has been a problem, both with the senior team and those outside pharmacy, Ms Cantle replies: "I wouldn't say it has been a problem, but it is something to be aware of. I certainly felt that being a technician did not alter people's attitude, except in a positive way. At Southampton, the senior pharmacy management team has a positive attitude to technicians in senior roles, their response has been encouraging, supportive and willing to advise, but also happy to seek advice from me. My experience has led me to believe that technicians and pharmacists have different skills, that prove invaluable when problem solving as a team.

"Outside pharmacy, colleagues are often not aware or do not understand the difference between pharmacists and technicians,

Mr Stephens is chief pharmacist, Southampton General Hospital

PREVIOUS EXPERIENCE

Before her present post, Ms Cantle managed an aseptic service at a district

unless it is explained. Sometimes they can assume you know every facet of the pharmacy service, this can be difficult, especially when you are a new member of staff, but it creates a good reason find out things you have not come across before. Once people know your name and that you have helped them in the past, they will come to you again. This is good PR for the department if nothing else!"

■ PRACTICE-BASED RESEARCH

Ms Cantle believes that technicians have a role to play in practice-based research and describes what those roles are. "Increasingly, more diverse and novel roles are being encouraged both in primary and secondary care. What were traditional pharmacist roles a few years ago are now being restructured around a technician. Roles within medicines management require additional skills that technicians are acquiring. This is an exciting time for technicians and we need to be at the forefront of directing how our profession progresses. These developments need to be based on evidence from practice research," she says.

For Ms Cantle, one of the most difficult tasks was to have her first paper accepted for publication. It was finally accepted after several revisions and what had been difficult became one of her most rewarding moments. "Certainly the feedback from the editor and support from colleagues plus my own persistence got me through."

Another difficult situation for Ms Cantle was when she had to question practice within a research facility. She says: "I was new to the post but had the support of my chief pharmacist. Even so, questioning and writing to an experienced researcher in an appropriate manner was a huge learning curve for me. I did gain a great deal from that experience and I feel confident to deal with such situations appropriately when they arise again."

■ KEY ELEMENTS

Ms Cantle explains what she thinks are the key elements in providing a successful clinical trials service for pharmacy. "Feedback from colleagues has led me to believe that they favour a central point of contact for queries, problems and information. Good communication with the rest of the CT team and others in pharmacy is then vital. We have a great number of trials being conducted at various sites across the trust, each at different stages. It can be difficult to keep track, but good record keeping and clear communication helps. An ability to set up systems that work and excellent organisation are needed to provide a seamless service. I have found that people both within and outside the trust are very appreciative of a prompt answer to a query, and have greater

respect for the pharmacy department because of it."

Ms Cantle believes that the key to an active pharmacy research agenda is encouragement and, again, communication. She is attempting to create a culture within pharmacy where new developments are published in appropriate journals. Through this she thinks that the department will not only share their learning but also develop their reputation, thus encouraging recruitment and retaining valued members of staff.

For Ms Cantle, other key factors to develop research are resources, time from the demanding schedule of service provision and access to high quality research advice.

The pharmacy department is part of the clinical support directorate which sets aside a reasonable sum each year to support bids for research. In the past few years, pharmacy have been awarded two grants. "In making our bids, links with Portsmouth University and with the research and development unit in our trust have been invaluable for advice," says Ms Cantle.

■ THE YEAR AHEAD

Ms Cantle ends the interview by defining what, for her, will be the issues for the year ahead. She says: "Issues include purchasing a clinical trial management system that will assist us in keeping track of over 100 trials needing pharmacy support. This system should also reduce some of the manual record keeping, especially keeping track of monies due. Continuing to raise researchers' awareness of pharmacy locally and further increase our profile nationally will also be high on my agenda. A board to oversee research strategy and a project group to generate ideas have already been set up and will develop during 2003."

"The impact of the RGF will also feature strongly as there is still a large amount of work to be done so that we are fully compliant by April 2004."

"Some research into our patients' own drugs service and a large audit will be coming to fruition within the next six months — we hope to publish this work and identify the next steps for that area. Finally, I wish to facilitate some multidisciplinary research either within the trust or in collaboration with Portsmouth University school of pharmacy; this will require the support of an external grant or award, a new experience for me in Southampton," she adds.

■ REFERENCES

1. Department of Health. Research governance framework for health and social care. London: The Stationary Office 2001.
2. Medicines Control Agency. Rules and guidance for pharmaceutical manufacturers and distributors. London: The Stationery Office, 2002.