

My oyster: a personal view of pharmacy careers

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No executive chairs or free note pads? This was my first question as I embarked on a career in the pharmaceutical industry.

Those around me in the formulation department of a leading pharmaceutical company were highly competent. Not only could they create great tablets, but they could gear up to full scale production and assure perfect quality throughout. They had also managed to mask the hideous taste of a paediatric medicine with “tutti frutti” flavour.

Many of my friends from industry went on to pursue highly successful jobs. Several went into clinical trials — not as volunteers you understand, but as research associates, liaising over the running of trials and even working in their design and co-ordination.

Others became experts in collecting and presenting information on new drugs submitting huge dossiers to the

regulatory authorities for licensing. Not only must a company submit evidence of safety and efficacy before a new drug can reach the market but all its promotional materials have to be proven to be accurate. Who better to do this than pharmacists, with our legendary attention to detail?

Then, it seemed, came the real glamour. Notepads, mugs and as many buffet lunches as you could care for. The medical representative, involved in sales and marketing, visits other health professionals to convince them that their company’s drugs are the best. Like the career of a clinical research associate this is often “field based” and can involve a lot of travel. Those in, what seemed to me, the really plush offices actually decided on marketing strategies and even became involved in advertising.

But practical work was never my forte, as my college lecturers will testify, so I left to investigate the world of hospital pharmacy.

Hospital posts

What a challenge. A “rotational post”. Not a new version of swingball but a glimpse at all aspects of hospital work involving short stints in many

departments. It is a great way to explore your likes and dislikes. Again, my personal traits drew me towards books, computers, office chairs and stationery, in the drug information department. DI staff provide facts on medication to many community health professionals as well as those in hospital. Though holding my own in a busy dispensary (the hub of the hospital pharmacy) I again disgraced myself in the practicalities of aseptic dispensing, quality control and in preparing total parenteral nutrition and other specialist products. I thank the senior staff for their guidance now on behalf of the patients. But how I was in awe of the clinical pharmacists, often with a great bedside manner, who seemed to assess drug charts at a glance, preventing interactions, spotting adverse reactions and helping to ensure that each patient was receiving effective therapy.

Although years ago, the promotion of senior pharmacists invariably led to management posts, these days, high achieving clinical pharmacists can themselves reach consultant status—becoming experts in their field. Now, for the first time, these pharmacists, and others, are being able to prescribe under strict protocols to help in the management of mainly chronic conditions. Many of these

“supplementary prescribers” will be involved in diabetic, respiratory and cardiovascular clinics, for example.

In the community

Community pharmacists, too, now have the opportunity to become supplementary prescribers if the local primary care trust believes it will be useful. Again, much of this work is to allow the management of patients with chronic disease.

I really did (and occasionally still do) enjoy working in community pharmacy — the public face of pharmacy — even though I did not sit down much, let alone on plush office chairs.

The public is now well versed in consulting community pharmacists with minor ailments as well as bringing in their prescriptions for dispensing. Counter prescribing is the part of community pharmacy I love, as well as sorting out issues with prescribed medication and creating a rapport with each customer. The community path is the choice of around two thirds of the work force, with many pharmacists working as employees of large companies and supermarkets and the entrepreneurial building up their own businesses.

Community pharmacists have more opportunities than ever to become involved in local community health. You may provide services to residential homes or offer health promotion schemes such as smoking cessation initiatives. Relationships with GPs are developing all the time and the prospect of having access to patients’ medical records can only increase pharmacy involvement.

For the PCT

Had I been blessed with a head for budgets, a job as a pharmaceutical adviser for a PCT would have appealed. Although largely concerned with prescribing budgets, these pharmacists also co-ordinate the pharmaceutical services provided throughout the trust. They advise on local prescribing issues and are now involved in many medicines management projects, helping both patients and doctors get the most from therapies. In some cases, pharmacists

from the local trust are dedicated to one or more surgeries as “practice pharmacists”, looking at budgets and formularies, carrying out medication reviews and helping to rationalise prescribing.

Back at college!

Even though many pharmacy students cannot wait to escape college at the end of their four-year stretch, you may like the idea of pursuing your studies, entering the world of academia. Starting with a master’s or a PhD you are likely to become involved with teaching and supervising, while carrying out your research. You may teach technicians and those on other courses, as well as pharmacy students. The back of the *PJ* seems to advertise teaching posts in some exotic locations, as well as in the UK.

For those of you eager to pay off loans, do not forget that you can return to postgraduate qualification at any time, with many careers offering courses and release time as part of the deal. You can also work and teach simultaneously as a “teacher practitioner”.

Politics, etc

If politics is your thing, you may want to join a health-related organisation. The Department of Health, the NHS Executive and, of course, the Royal Pharmaceutical Society and the National Pharmaceutical Association have many pharmacists on board, though you may first need to accrue some expertise in practice. Wholesaling businesses and pharmacy systems companies can also be interesting places to work.

Other opportunities

Pharmacists are involved in the manufacture and distribution of agricultural and veterinary products, particularly in rural areas. There are pharmacists in the country’s prisons and armed forces and a few “defectors” can be found in the cosmetics and food processing industries and in forensic science.

For those with an urge to travel, how about working with Voluntary Service

Overseas, once you have some experience? Some of my favourite pharmacy stories come from a colleague who has just finished two years in a hospital in Tanzania. Her tales recount treating snakebite, living with malaria, tackling the “disappearance” of drug stocks and encounters with mountain gorillas and volcanoes, among many other things.

Writing and editing

Reading all this, you will have worked out how I now earn my living — as a writer. It was inevitable. I am currently sitting on my favourite swivel chair and have drawers overflowing with highlighters, hole punchers and a general surfeit of stationery. I even have a freebie mug and mouse mat, courtesy of a pharmaceutical company.

Pharmacists can be well suited to scientific writing and journalism. It may involve preparation of scientific papers and documents, collation and editing of books, or the reporting of medical news or meetings. Many pharmaceutical companies employ writers to help compile promotional and training material and even patient leaflets. There are several pharmacy journals, magazines and websites with pharmacist staff and contributors who write features such as this one.

Flexible friend

Remember that pharmacy can be a flexible career. Career breaks are not out of the ordinary. Continuing education centres offer “return to work” courses, so you can catch up on current practice if you need to. A quick glance at the back of the *PJ* shows several locum posts in community and hospital, with part-time work and job shares also common.

Whichever path you choose and whether you start work in a dispensary, laboratory, ward, or office, good luck and enjoy yourself! 🐾