

For personal use only. Not to be reproduced without permission of the editor
(permissions@pharmj.org.uk)

A week in the life of a medicines information pharmacist

This article describes the role of a pharmacist at the regional medicines information centre at Guy's Hospital. Services provided at other local and regional MI centres may differ

Hina Radia is a medicines information pharmacist at the regional MI centre, Guy's hospital, London

Medicines information services were set up to manage the increasing demand from health care professionals for independent, unbiased, evaluated information that resulted from the increase in the number and potency of medicines, and the literature relating to medicines.

MI services were developed as a tiered structure, with the ward pharmacist acting as the first point of contact for an enquiry, followed by the local medicines information centre and the regional medicines information centre, respectively.

In this article, I will describe my typical week as a pharmacist involved with both the primary and secondary care sectors of the MI department at Guy's Hospital.

Monday

I will be working with the primary care team today, preparing items for the daily

web-based news service on DrugInfoZone. This means that I will have to ask one of my colleagues in the secondary care team to cover my ward for me. This makes me feel rather guilty because they have enough to do this morning.

For the news update I need to look through various websites to identify interesting or important medicines-related news for the day. These need to be summarised, checked and uploaded to the website — all by 2pm!

This morning is particularly difficult because the internet server is down and I keep having to log on every few minutes. This is really time consuming since I only have until 2pm to finish the news — I will need to work fast to meet the deadline.

It is 1.15pm and I am still writing news items. I think I will be late!

It is now almost 3.30pm and I have just finished loading the news on to the website.

Now I need to finish off an enquiry that I started last week — the deadline is tomorrow morning.

Tuesday

I am going to be based in secondary care today.

9.00am. My enquiry from yesterday is being checked. I hope I get it back soon because I have to go up to my ward by 11.00am and be back in the department for 12.30pm.

9.30am. I have just received an enquiry about the use of metronidazole and dihydrocodeine during pregnancy, which I need to finish by 2.30pm. The phone rings — it is a pharmacist calling from Bedford. This is outside our region so I inform her that she has to call her local MI centre first.

11.00am. I have just e-mailed the response to the primary care enquiry. Now I must rush up to my ward so that I am back in time to cover lunch.

12.45pm. Just back from my ward. I have to make a start on the pregnancy enquiry. The phone rings: it is a consultant who is seeing a patient in clinic at the moment. He needs some information about the interaction between oral miconazole gel and simvastatin straight away. My colleagues are at lunch so I will have to answer this enquiry and leave the pregnancy one for a little later.

2.30pm. The doctor has called about the answer to the pregnancy enquiry. I have not quite finished because I am waiting for a response from the specialist MI centre in Newcastle. I will have to try to get him to wait just a little bit longer.

2.45pm. Pregnancy enquiry is finally finished! Just the documentation to complete now. The phone rings and it is yet another pharmacist who has not called his local MI centre first.

I have just remembered — I am organising the journal club and I need to identify a paper for review and mail it out to everybody in the department so that they have enough time to read the paper.

5.15pm. In the midst of answering enquiries from a nurse about the administration of cefuroxime, and another about the management of restless legs syndrome, I have finally found a paper for the journal club.

Wednesday

Today I am based in secondary care again.

9.00am. This morning one of my colleagues is on a study day so I have to cover her ward for her.

I get an enquiry from the dispensary regarding an interaction between sumatriptan and sertraline. The patient is waiting at the hatch so I have to hurry up with the answer.

The phone rings. It is a GP asking about what to do with a patient who accidentally took 10 codeine phosphate 30mg tablets this morning. I give him the number for the UK National Poisons Information Service.

A consultant telephones to ask about how to order a drug that is not on the formulary. I have to put him through to the formulary pharmacist who can explain the exact procedure. Sometimes I feel like I am working for directory enquiries!

Now a member of the public calls to ask about what antidiarrhoeals would be useful for the treatment of faecal incontinence for her sister who is being treated in another hospital. Yet again, I have to refer her back to the hospital that is treating her sister.

11.00am. Is it that time already? I had planned to go up to my wards by 10.30am but it has been so hectic this morning. I am not sure I will have time to pop in to my colleagues' ward. I am going to have to go again later this afternoon.

1.30pm. Today is my afternoon out of the department to work on my MSc project. First I must go back to the wards that I did not quite finish, then hopefully I can do some of my own work for the rest of the afternoon.

3.00pm. Okay, time to catch up with my MSc work.

Thursday

Back with the primary care team again. Luckily I am not doing the news today. Instead, a colleague has asked me to write an urgent “product shortage” memo because the manufacturer of diethylstilbestrol cannot supply it for a few months. The memo needs to address alternative treatments, so I need to do a literature search and get in touch with specialist consultants to see what they will be using instead.

2.30pm. I have just finished a draft version of the product shortage memo which is to be checked before loading on to the DrugInfoZone website.

Now in secondary care and I have just received an enquiry from NHS Direct about a patient who has taken some Lemsip Maximum Strength capsules while breast-feeding.

The rest of the afternoon is pretty uneventful and I manage to answer five enquiries and refer two other callers.

Friday

In secondary care all day today. This means I have time to check a couple of non-urgent enquiries prepared by the preregistration trainees on Monday, so they can finally have some feedback.

In summary, this job is ideal for someone who works well under pressure and who is versatile because enquiries cover a diverse range of subjects. Although medicines information is an office-based job, there is invariably a lot of interaction with other health care professionals both in terms of receiving enquiries and in terms of requesting advice from specialists in a particular area. Pharmacists in MI usually have some clinical commitment to wards or clinics which helps maintain contact with other health care professionals and patients. You need good communication, IT and critical appraisal skills in order to obtain relevant information from the enquirer and identify and appraise the literature. It is never dull. ☺