

TRUSTWORTHY TRAINING

Still not sure which sector you would like to spend your preregistration year in? Jennifer Du Val gives an account of her year as a preregistration trainee in the hospital sector, at Barts and The London NHS Trust

Jennifer Du Val is a band 6 rotational pharmacist at Barts and The London NHS Trust

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When choosing to apply for a preregistration trainee position, I knew that I really wanted to work in hospital pharmacy, mainly because of the diversity of the job and also the clinical training I would receive. I applied through the hospital preregistration application scheme and was delighted when I received an offer from Barts and The London NHS Trust.

Barts and The London NHS Trust is based in the vibrant east end of London and was the setting for my year as a preregistration trainee. As I started the final step on the way to qualifying as a pharmacist I was faced with many new challenges and the year proved to be both demanding and exciting.

Preregistration training at Barts and The London is rotational and allows every trainee to experience a variety of disciplines and to work as part of many different teams. The trust is one of the top teaching hospitals in the country and is recognised as employing experts in many specialties, including cardiology and oncology. The trust comprises three hospitals: The Royal London Hospital is based in Whitechapel; St Bartholomew's Hospital is based in the City; and The London Chest Hospital is situated near Bethnal Green. I also rotated through smaller district general hospitals situated nearby, which meant that, over the year, I could build up a good picture of what hospital pharmacy was really like and how it varied among different hospitals.

The pharmacy department at Barts and The London is large and progressive, with many specialist pharmacists and pharmacist-led clinics, including anti-

coagulation and high-risk medicines. For example, in one clinic, a pharmacist was involved in monitoring medicines for inflammatory bowel disease, such as methotrexate (a high risk drug). The pharmacist advised on appropriate dosage adjustments and management of the side effects of the patient's medicine. This allowed me to see the potential roles I could take on in the future when I would qualify and showed how pharmacists took an active role in patient care.

The clinical rotations that I went through included mental health, renal, cardiac, and general and emergency medicine. At the same time I was based in the inpatients' or outpatients' dispensary, production services or medicines information, so there was a great variety throughout the year, which meant I was never short of new things to learn and practise.

As the year progressed I began to take some responsibility for patient care which developed as I became more comfortable with the processes involved and as I gained more knowledge. In my first rotation I became more familiar with reading patient's notes and how to interpret patients' blood test results. Following that I began to take and confirm drug histories, monitor patients' drug therapy and eventually began to start solving pharmaceutical problems. An experienced pharmacist always looked after my training and development, so the clinical time was always interesting and challenging.

From the outset trainees are given a "buddy" to help them settle into the

trust. Starting work in a new place can be daunting and the preregistration year itself is demanding. Having somebody to ask the "silly" questions, and to help you find people and places, was helpful. Also, there were 11 other preregistration trainees all starting at the same time as me so there was a lot of support.

There was a special tutorial programme arranged by the education and training team in the pharmacy department for preregistration trainees, covering areas from the basics of a ward pharmacy service to giving us objective structured clinical examinations to test our counselling and consultation skills. There was also extra help in preparing for the dreaded examination, with calculations practice and mock examinations.

As part of the training, I also spent two weeks in a primary care trust shadowing a pharmacist and four weeks in Boots The Chemists on a community placement. Within the PCT, I spent a day with a locality pharmacist, reviewing patients' medicines in a GP surgery and in their homes. I learnt much about minor ailments in my community placement.

Overall, I really enjoyed the preregistration year in hospital pharmacy. The different areas of practice that attracted me to this sector of pharmacy proved to be every bit as interesting as I had hoped. Having passed the registration examination I can now look forward to even more variety in my future career. ■