

Title: Oncology Pharmacy: unravelling the complexities

As a newly registered pharmacist I soon found myself in the highly specialised area of oncology. The pharmacy for which I worked was young and rapidly expanding. There was an increasing number of clients demanding an increasingly diverse service. My intern training in a major tertiary hospital pharmacy gave me a solid foundation for continued knowledge development and evidence-based problem solving that gave me an advantage over my community-trained colleagues.

The rapid turnover of pharmacy staff at this establishment meant that after a year, as a second year pharmacist, I had expanded my role to include training and supervising of new staff, writing pharmacy procedures for clinical trials and clinically reviewing complex chemotherapy protocols such as that for autologous stem cell transplants. The pharmacy also recently gained access to patients' pathology results adding an extra layer of complexity to the chemotherapy screening process.

This was a challenging and often-rewarding experience for me. In order to meet this challenge, I needed to look outside of my immediate peers and seek mentorship from a more experienced network of pharmacists. I sought to observe first-hand a well-established, cohesive team of oncology pharmacists in action.

As the responsibility of my role was diverse, my aim was to shadow pharmacists for a few days in several different positions. In particular I hoped to extensively observe the roles and responsibilities of the clinical trials pharmacist, find how to respond when presented with novel or modified chemotherapy protocols and how the reviewing of lab results can be best incorporated into chemotherapy screening – with minimal disruption to the supply process. I also hoped to meet experienced pharmacists with whom I could contact in the future.

At the time the Peter MacCallum Cancer Centre was a clear choice due to their specialisation in oncology. Carol Rice, chair of the SHPA Clinical Trials COSP and Clinical Trials Pharmacist at Peter Mac generously gave her time to be my preceptor for two weeks in May 2011.

Shadowing Carol Rice provided reassurance that my home pharmacy was suitably covering the role of Clinical Trials Pharmacist. She reaffirmed the importance of clear, concise and up to date instructions to all staff involved in clinical trials. Carol passed on several recommendations to enhance the organisation and communication required to run clinical trials smoothly. She demonstrated the limits of her role, and showed restraint that did not overstep the scope of clinical trials pharmacist.

My rotation with the clinical outpatient oncology pharmacists was limited however I was provided with the opportunity to spend some time with the ward pharmacists who taught me some useful lessons. When presented an original protocol with no obvious supporting reference, as a junior pharmacist in a high risk field, there is no better resource than the prescriber. I learnt the importance of understanding the clinical picture used behind decision making and that the prescriber is the best source of clarification. The clinical pharmacists demonstrated the importance of a close working relationship with the prescribers as well as the high value they placed pharmacists' knowledge in pharmacology, contribution to research and overall involvement in the multidisciplinary team. Upon returning to my workplace, we initiated pharmacy attendance at multidisciplinary meetings in an effort to be proactively involved in patient therapy. We also established with the prescribers their preferred contact method so that problems could be resolved in a timely manner.

This experience would not have been possible without the support of SHPA and the grant offered by Fresenius Kabi. The benefits of such an opportunity for a junior pharmacist working in a complex specialty cannot be overstated. I commend Fresenius Kabi and their ongoing commitment to ensure similar opportunities remain available to pharmacists like me.

As a junior pharmacist, the mentorship provided by Carol Rice and other clinical pharmacist was of tremendous value. In every endeavour it is important to reflect on how things could have been done better. Therefore, I would like to share a few tips with others on how to maximise your own experience:

- My aim was to see the workings of two vastly different pharmacy roles; clinical trials pharmacist and the outpatient oncology pharmacist. It therefore would have been more productive had I discussed my aims directly with the people in those roles.
- Ensure continual correspondence - particularly as the placement time draws near. In order to get the maximum benefit, ask for a timetable and be involved in requesting changes if necessary.
- It is better to focus on fewer aims and achieve them properly. Your aims should depend on the time and resources you and your preceptor have available.

Overall, my placement afforded me invaluable experience which I have adopted into my personal practices as well as that of my workplace. The importance of seeing how advanced practice pharmacists work with a multidisciplinary team and learning from their example cannot be underestimated. I would recommend any aspiring young pharmacist, particularly those starting out in an advanced practice specialty to consider an experiential placement with an experienced specialist pharmacist. I thank Fresenius Kabi and SHPA for granting me this opportunity. I also thank the pharmacists at Peter MacCallum Cancer Centre who were so generous with their time.

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