

CHIJOIKE AGOMO

REVIEW OF LEARNING—MY OWN SMALL CONTRIBUTION TO PHARMACY INNOVATION IN THE UK

Introduction

In this article, I will reflect briefly on my role in the UK as a community pharmacist, a pharmaceutical writer and recently a visiting clinical teacher. In addition, I plan to also reflect on my involvement with postgraduate studies. By reflecting on these areas, it is easy to appreciate how my Review of Learning highlights my contribution to pharmacy innovation in the United Kingdom.

My professional experience in the UK

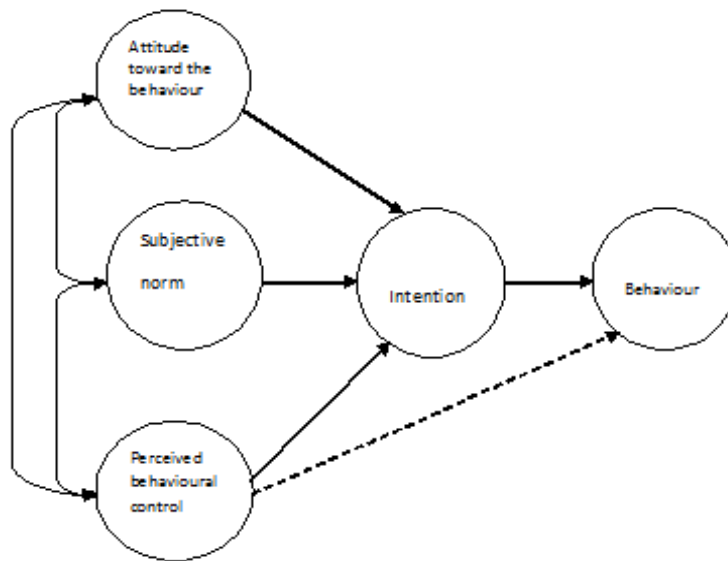
The aspect of pharmacy practice that I have found the most challenging in my role as a community pharmacist in the UK is in the management of patients with drug addiction problems. At the same time, my contact with drug addicts has given me the opportunity to apply indirectly some of the things I learnt with the behavioural change models while undertaking my MSc dissertation at St. George's, University of London. Reflecting on the MSc dissertation, which investigated the current provision of smoking cessation services by community pharmacists in an inner-city area, the literature review revealed, among other things, the role of the health behaviour change models in smoking cessation and situations requiring behavioural change. The first model I identified in the literature review was Ajzen's Theory of Planned Behaviour [see Figure 1]. What I learnt from the theory was that a person's intention, for example, to stop smoking or change any other behaviour (including drug addiction), is a function of his/her attitude towards stopping the behaviour, the subjective norms of the behaviour and the amount of control he/she perceives that he/she has over the behaviour. The second model I identified was Prochaska and DiClemente's Stages of Change Model, also known as the Transtheoretical Model of Change (TTM), which describes the five stages of change people pass through during a behavioural change programme, namely pre-contemplation (not seriously thinking about change), contemplation (seriously thinking about change), preparation (ready to change), action (attempting to change) and maintenance (change achieved).

Through my contact with drug addicts, I have learnt about the importance of establishing good rapport with this group of patients if drug addiction management

is to be a success story. Again, through my contact with addicts, I have also learned that many of the patients faced complex issues, many of which cannot easily be managed within the community pharmacy setting. Some of these issues include, many addicts also suffering from mental health problems, homelessness, poverty, criminal convictions and social deprivation. With this type of situation in place, it therefore means that any meaningful outcome with many of these addicts will require the input of a multi-disciplinary team that includes the community pharmacist, as an active participant.

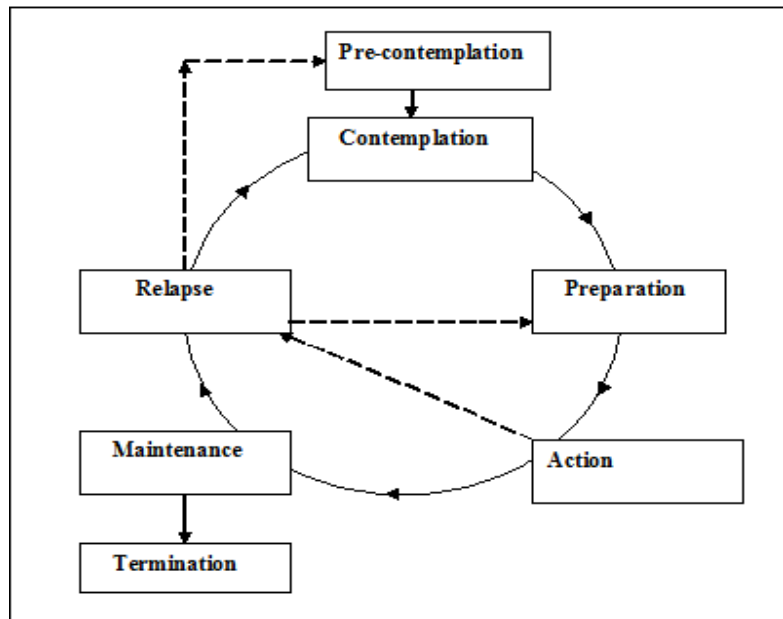
My experience with drug addicts and other public health activities has therefore strengthened my conviction about the role of community pharmacists in public health. At the same time, it has enhanced my consultation and communication skills. I also hope to advance this learning in my Doctorate in Professional Studies (DProf) project at Middlesex University, which aims to identify strategies that can enhance the role of community pharmacists in public health.

Figure 1: The Theory of Planned Behaviour



Adapted from Ajzen 1991, p.182).¹

Figure 2: Stages of change



Source: Adapted from Goldstein et al, 1994:p.345.⁵

Academic activities

My postgraduate studies actually started in 1998 when I enrolled on a postgraduate diploma programme in business administration (marketing) to augment my role as a medical representative in Nigeria. In this programme I was introduced to business modules such as marketing, banking and finance, economics, accounting, management and statistics. In 2003 I enrolled with St. George's Hospital Medical School, Tooting (now St. George's, University of London) to study for a master's degree in Health Sciences. On completion of the programme in 2005 I learnt a lot about the roles of the various health-care professionals in the NHS, as the students were drawn from a wide background that included medicine, nursing, midwifery, occupational therapy and the arts. The programme enhanced my critical and analytical skills. The modules that I found particularly useful in my role as a community pharmacist, a freelance pharmaceutical writer and a postgraduate student included the Ethics and Law, Sociology of Health and Illness, Population Health, Using Computers in Health Care, Communi-

cation Skills Presentation and the Statistics and Research Methods modules. I used some of these learning when I enrolled in 2007 for the Master of Science in Professional Health Care Research at King's College, London. A specific example, of where the MSc module became very useful was when I had to use learning from the Statistics and Research Methods to tackle the programme Advanced Qualitative Research Methods assignments. The modules covered in both programmes will be of great help as I undertake the DProf project.

My role as a change agent through publication

In addition to my role as a community pharmacist and recently a visiting clinical teacher, I work part-time as a freelance writer, with my writing guided by both my work and study experiences from Nigeria and the UK. My involvement in writing started in 2003, when I became aware (by reading Pharmaceutical Journal [PJ] articles and letters) of some of the challenges faced by practising pharmacists in the UK. These challenges included low morale due to poor remuneration, stressful working conditions and inadequate representation from the former the regulator and representative body, the Royal Pharmaceutical Society of Great Britain (RPSGB). This awareness, as well as my desire to help to shape the development of pharmacy students and pharmacy practice in the UK, was later to become one of the main motivating factors for my enrolling on the MSc programme at St. George's. Highlighting briefly my publication activities, my involvement with innovation and advancing pharmacy practice in Britain started initially with letters and articles that looked at the benefits of separating the regulatory and representative roles of the RPSGB—a dual role that some pharmacists saw as a stumbling block to advancing pharmacy practice in Great Britain. This aspiration to separate the dual role of the RPSGB was not realised until 2006 (completed in late October 2010), when the then UK government directed the RPSGB to separate into two bodies in line with other health-care professions. This separation produced two independent bodies for pharmacy, the General Pharmaceutical Council (the regulator) and the Royal Pharmaceutical Society (the representative and professional body).

However, as I later realised that other changes within the profession were also needed in order to innovate and advance the practice of pharmacy in the UK, I extended my interest to other areas. On the use of enhanced technology, the applications that I felt were most helpful included the use of robotic dispensers, the Internet and webcams to make community pharmacies more advanced, innovative and accessible to the public.¹⁸ To enhance the competitiveness of British pharmacists, I have proposed the restructuring of the UK undergraduate pharmacy curriculum to enhance both the clinical,¹⁹⁻²² professional²³ and the managerial skills of pharmacists. The impact of these publications, coupled with recent changes in the NHS that demand more input from pharmacists,²⁷ is such that there are now plans in the UK to restructure the under-

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graduate pharmacy curriculum to incorporate clinical, leadership and management modules. A number of these proposals have also received specific encouraging responses from the profession.

In terms of learning, my involvement with publications has given me much insight into pharmacy practice in Great Britain as well as helping to develop my knowledge base, through research and the use of reflective skills. It has also helped me to engage easily with continuing professional development (CPD) programmes as well as allowing me to link theories learnt during my master's programmes with pharmacy practice.

Conclusion

In this Review of Learning, I have reflected briefly on my professional career in the UK as a pharmacist, my postgraduate academic studies and my involvement with publications on pharmacy issues. In addition, I discussed some of the skills underpinning my activities and how the learning and activities have enabled me to contribute to the innovation agenda of pharmacy practice in the UK, as well as, how these activities and learnings will be used in my Doctorate in Professional studies at Middlesex University.

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