

Case Study

Real South West London

Real Jobs

Real You

South West
London
Integrated
Care System

NHS
South West London



Name:

Maame Jehu-Appiah

Job Role:

**Foundation
Trainee Pharmacist**

Age:

23

Location:

South West London

What were you doing before you worked in the NHS?

I studied pharmacy at University College London.

How long have you been working for the NHS?

One year for my foundation and I'm about to start my new job as a rotational pharmacist role in a hospital.

Did you have any worries about finding a good job?

Not really as there's always job security because the NHS needs pharmacists. You know you'll have somewhere to work, but a more pharmacy-specific concern that a lot of people have – especially trainee pharmacists – is that they feel trapped in a sector. Some people feel like, if they've done their training in community, they may not be able to move to a hospital job because they don't have hospital experience. However, that's not necessarily true.

What are the positives of working in the NHS?

It's knowing that I'm making a difference. I come into work and you give a patient their medication or you have a discussion with them, and you feel like you're doing something good.

Has working for the NHS changed you?

I feel like I've grown as a person. It's made me see life better, made me treat people better, and made me think about my interactions with people inside and even outside of work.

Would you encourage others to apply for work within the NHS?

I think that there are so many opportunities in the NHS. People might think, "I don't quite have the skills", but it's to do with your initiative and personality. I just want to let people know that in pharmacy, there are more careers than just being a pharmacist. There are many different ways to get on to a path that's right for you.

What did you learn on your placement?

I did so many things. For instance, I worked with a colleague who wrote guidelines for a new drug for chronic kidney disease. I also wrote a template for an antibiotic audit, which GP practices could then use to inform their antibiotic prescriptions. We do a lot of things behind the scenes and it's important to highlight them because people often don't know what we do.

“
**Here I am achieving
Here I am SW London**”

What qualifications do you need to get onto this course?

It starts with your A levels – mainly biology, chemistry, maths, and sometimes psychology. From there, you go to uni where you need to meet its standards. I believe the pass requirement is about 50% – apart from in the pharmacy practice modules, which are about 70% because they want to ensure your pharmacy knowledge is up to date. Once you get your pharmacy degree and graduate, you then move on to the foundation training year.

Tell us a bit about your placement year.

I was on a split placement between a community pharmacy in Sutton and the SW London ICB (Integrated Care Board). So I spent six months in the community pharmacy, learning the nitty gritty of everything. A lot of people don't get to experience ICB work so that's why I chose it. At uni, they don't really teach you about the CCG or ICB. It's mainly just community, hospital and GP pharmacies. I wanted to explore and learn about both sectors, how they work, what the pharmacist do, and what other members of the team do. It's a really good placement and you get support from both sides and learn so much.

What's is the ICB environment like?

I was at the ICB in Sutton as part of the Medicines Optimisation team, which is where pharmacists are mainly based. What the team does is collate data, run audits and try and make healthcare as cost and clinically effective as possible. So we'll run searches and then we'll see how many people are on, say, medication A, which is really expensive. However, there's also a medication B, which could prove to be just as effective but slightly cheaper, potentially saving the NHS a lot of money.

In practise, we will see each patient and consider if this patient is eligible for the medicine switch because they don't have any reasons to remain on the original medication. We then discuss with their GP if it's possible to make the switch. If it is, then the switch is made – and everybody benefits.

What's the difference between Pharmacy and ICB?

So in the in the pharmacy you have dispensers, technicians, counter assistants and you learn about all of those roles and how to work together as a team. And then in ICB you learn about what pharmacists do, what the technicians do, but also other roles in the ICB that, not necessarily in the pharmacy team, such as the community nurses and other people.

