

Emily McCulloch – Roche Education Grant

I was able to attend the Clinical Practice Course for Cancer Pharmacists on 15th and 16th of June in Brisbane, run by the Cancer Pharmacists Group (CPG), who are part of the Clinical Oncology Society of Australia (COSA).

The CPG run this course (with a Foundation & Advanced stream being offered) annually, and I had attended the Foundation course back in 2018 after my interest in Oncology/ Haematology had been sparked, so I have been keen to attend the Advanced course since it was restarted post-COVID.



Since starting in my new position at Middlemore Hospital as the Haematology Pharmacist in October last year, I have found it challenging to be a solo Cancer pharmacist, and saw this as a great opportunity to re-activate my learning-brain and network with some other Cancer pharmacists.

A couple of topics that specifically grabbed my interest were Complex Bone Marrow Transplant (BMT) Cases, Implementing New Therapies in the Cancer Setting & Complex MDT cases in Myeloma. The presentations of the complex cases from an MDT perspective in both BMT & myeloma topics were very engaging and provided perspectives from nursing, medical & allied health such as dieticians and occupational therapists. Although most pharmacists who work in cancer will be used to an MDT structure, having a presentation from a dietician about feeding considerations before, during and after a BMT was incredibly interesting and I found I learnt a lot about the non-pharmacological aspects of care in these sessions.

A favourite session of mine was The Great Debate, at the end of the first day, which saw two teams present arguments around “should pharmacists be able to prescribe in the cancer setting”. As expected the debate was very entertaining and got quite heated at points, however the points raised from both the two teams provided a lot of food for thought. The team members ranged from pharmacists to doctors and nurse prescribers, so there was a broad range of perspectives. The most thought-provoking ideas raised from either team for me (please note these were simply people’s opinions during the debate!):

- From the positive team: from studies that have been done regarding partnered pharmacist medication charting in hospitals in Australia, it has been shown that pharmacists are incredibly detail-orientated and accurate prescribers, compared to doctors. In one study, medication charts done by doctors contained at least one medication error in 78.7% of patient’s charts, compared to medication charts done by pharmacists which only contained at least one medication error in 3.7% of patient’s charts.
- From the negative team: Given the already quite fragile state of pharmacist workforce (lack of pharmacists in general, lack of specialty trained pharmacists, the number of pharmacists leaving the workforce/ the country, general burnout from healthcare workers) is it a good idea to introduce more jobs that a pharmacist could potentially do, without having the resilience and the trained workforce to fill these positions. Could this potentially take pharmacists away from the incredibly

important job they're already doing in the Cancer setting, and place them in a job meant for Junior Doctors.

Definitely some food for thought!

Overall the weekend was incredibly interesting, the speakers were wonderful and I came away having learnt a lot.

Thanks to the Roche Grant & NZHPA for the sponsorship to attend this course.