

## Peer discussion form – hospital pharmacy

### 1. Please give the name, contact details and the role of your peer on this occasion\*:

Name	XXXXX
Role	XXXXX
Organisation	XXXXX
Telephone	XXXXX
Email	XXXXX

\*If you took part in a group peer discussion, please only provide details for one person from the group.

### 2. Describe how this peer discussion changed your practice for the benefit of the people using your services.

I chose another medicines information (MI) pharmacist as my peer because I work in a hospital MI unit and wanted feedback from someone in the same field. As part of my role I have to participate in an annual peer review process (hospital to hospital) plus a regional MI inspection conducted every three years.

My peer discussion (held as part of the annual peer review process) focused mainly on my MI management role. We ran through examples of enquiries that my team has dealt with, departmental protocols and also looked at some of my CPD records.

The feedback received is helping to guide and enhance my practice. It has also given me the opportunity to reflect on some areas for development. I have, for example, re-visited some of our in-house procedures and tweaked them to ensure that they are all up to date and in accordance with national MI procedures.

I have also shared how I put my learning into practice with colleagues and ensured that everyone in the team is up to date. We already collate service user feedback - the evidence of an enhanced service will be provided in the form of improved quality of documented MI query answers, and improved responses from the MI Users Survey.

There is a description of why you chose your peer(s)

There is a description how the process of peer discussion has benefited your practice

There is a description how the process of peer discussion has benefited the people using your services, illustrated with an example