

## Peer discussion form – mental health 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 an established pharmacist prescriber working in a community setting within the Trust with his own caseload of patients as my peer because he has significant experience of working as an independent clinician, he also works within the management team for the specialty.

At my peer discussion, we discussed the practical things that we can do to support team members following adverse events, such as some guidance around incident management and investigation processes, involvement in root-cause analysis events and any discussions around the circumstances of an incident with the rest of the team involved.

Following our peer discussion, I developed a process to follow and a template letter to offer this range of support to individuals as soon as we become aware of their involvement in adverse event. This discussion gave me the opportunity to reflect on the impact of incidents on the pharmacists involved, and made me realise that there was a gap in our knowledge and resources as a professional team. It provided me with the opportunity to put measures in place should another of our pharmacists find themselves in a similar position and made me realise that as our prescribing pharmacists begin to work more independently.

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