

...with Pardeep Janjua

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How and why did you move into clinical research?

I have always had a keen interest in clinical trials and medical research, and how clinical trials are conducted. I was drawn to the variety in the role, as well as the chance to be part of a team which aids in the delivery of ground-breaking new treatments. This can make a positive difference to a persons' quality of life no matter how small. When the opportunity arose for me to work within a clinical trials pharmacy, it was an easy decision. That was over 3 years ago now, and it was definitely the right place for me.

What does your role as a Senior Clinical Trials Pharmacy Assistant at University Hospitals Birmingham NHS FT (Heartlands, Good Hope, and Solihull Hospitals) entail on a daily basis?

My daily responsibilities mirror that of most pharmacy assistants currently working within a clinical trials pharmacy. On a daily basis, I am responsible for the receipt of IMP deliveries, dispensing of clinical trial prescriptions, performing drug accountability, documenting patient returned IMPs and completing disposals of IMP where applicable. I monitor and maintain our pharmacy clinical trials generic email inbox. I support monitoring visits, help resolve queries with regards to general study maintenance, and help support with the processing of our haematology / oncology clinic prescriptions. I am responsible for general IMP maintenance, including expiry date checking and clearing quarantined medication.



I am also our current pharmacy EDGE lead. I register the pharmacy team to all new CTIMP studies on EDGE, and I enter all data for our quarterly CRN reports. Ashamedly, I admit we are still using a spreadsheet to record amendments and new study timelines to which I am also responsible for ensuring this is up to date. So, as you can imagine, there are never enough hours in the day!

How do you utilise EDGE in your daily role?

I now use EDGE as my primary source for all study related information.

How does the use of EDGE help the delivery of research in pharmacy?

EDGE provides a single system to capture all of our data instead of having countless spreadsheets. Combining EDGE with visualisation programs such as Power BI, we can now easily view this data to pinpoint key areas within the setup of clinical trials that aid in slow delivery, which, in turn, help us evolve our working practices to work smarter – not harder.

It has reduced the amount of time spent maintaining our spreadsheets and provides more consistent and accurate data, saving time on many of our daily tasks that require data collation. It has given us the spur to actually look at what we do and how we do it and ask the question "is this the best way?"

In your experience, how has EDGE improved communication between pharmacy and R&D?

It has provided complete transparency of study setup, and this, in turn, has reduced the time spent chasing updates via emails, meetings, and phone calls. I think it has provided R&D an insight into the pharmacy process when setting up new studies. Knowing our processes, R&D are now in a position where they can chase sponsors for information on our behalf without the need for the emails and phone calls. R&D can prompt teams where their completion of tasks directly impacts pharmacy greenlight progression, as it allows a view of the complete progress of study setup.

What advice would you give trusts thinking about integrating EDGE into

their pharmacy working processes?

It is important to speak with your R&D department about your intention to begin EDGE engagement. EDGE is currently an R&D led system and their support will only aid the integration of EDGE within clinical trials pharmacy. R&D will provide training that is required, and EDGE accounts that will need to be granted to reduce the risk of duplication of work. The R&D department records a huge amount of data surrounding clinical research, so it is important to see what that they are currently doing, find out how they are using EDGE, and then look at what it is that you, as a department, want to achieve. An understanding of EDGE and how your Trust currently uses EDGE will help you evolve your current processes to help introduce and normalise the use of EDGE within the department. Speak to your local CRN or other local Trusts and see how EDGE is being implemented/utilised as a region. Remember there is no need to re-invent the wheel; the EDGE global library has an abundance of workflows and entities that have been made available. These can be pulled down and customised to suit the needs of your Trust. The possibilities with EDGE do seem endless.

During your fabulous breakout presentation at the EDGE Conference in April, you talked about being part of a monthly EDGE steering group. How does this enhance your use and learning of EDGE and pharmacy within your trust?

The EDGE steering group has given us the opportunity to share the use of EDGE at a regional level. It has given us a great insight into how



other Trusts are currently using EDGE. We have used this opportunity to share best pharmacy working practices and promote the use of EDGE to accomplish this. What we found very quickly as a group is that we are all facing different issues because processes differ from Trust to Trust, and this has forced us to see what EDGE can do to accommodate the needs of many. This continuous cycle forces us to learn more about what EDGE is capable of and has only enhanced our understanding of the system and how it can be integrated. It keeps EDGE fresh for us as a group and spurs us on to do more and explore new ways of working utilising EDGE. It has been used to showcase how EDGE can be used across the region to standardise practices. To be able to document this and then review it as a group is a vital part of how we will develop what we have started.

What are your plans in terms of developing EDGE and pharmacy further (within pharmacy) for the next 12 months?

We have huge plans for our development of EDGE in the near future. I am proud to say I have led the integration of EDGE within the clinical trials pharmacy at our site and within our regional group. I am currently helping to develop our local pharmacy processes to create a working practice where all of our data will be documented on EDGE, and we can finally do away with our spreadsheets. I have already helped develop our regional pharmacy readiness workflow which we touched upon in our presentation at the EDGE conference.

We are now ready to introduce costing templates and record all costed clinical trials duties on EDGE to gain a better control over finances, create entities and workflows to finally remove the need for spreadsheets, and then introduce this data within Power BI to allow us greater control over how we work.

I have already successfully introduced Power BI to visualise our data, and this is now being used to help mould future development of our current processes. I have realised the scope of audience that the system can capture and with growing interest from Trust senior staff. In what I have been able to achieve at a departmental level, I have received the support to initiate with our R&D the launch of our Trust EDGE steering group to ensure that we now develop our engagement with EDGE as a Trust. This will be a huge undertaking, and one that I am very excited to be a part of as it will change the way we work with our data as a Trust. Within pharmacy, I will continue to develop our EDGE use with Power BI and I am constantly looking at new ways in which EDGE can help us lean up, develop, and grow.

Up until now, data entry in EDGE has almost seemed an innate process that is carried out because we must record this information without any thought of what this information can provide, but I believe now we are looking at this information and realising that this huge amount of data can be used to produce positive changes. I look forward to working very closely with our Trust R&D departments and senior trust colleagues to develop a culture of change in how we view our engagement with EDGE.

One thing that you love most about your job:

Being a part of the development of modern medicine and part of a huge team of healthcare professionals all over the world to help introduce successful new therapies to our patients is a privilege. It is always great to hear the success stories and see how the benefits the clinical trials treatments we offer are positively changing people's lives.

Describe one of the greatest achievements of your research team:

Every time a patient benefits from treatment that we are involved in delivering is classed as a great achievement to all of us. This is why we do what we do.

One challenge that you think clinical research faces within pharmacy:

We have found that clinical trials studies are becoming increasingly complex as new therapies are being introduced. It will be challenging times ahead to ensure that we are able to evolve our processes so that we can continue to deliver high quality clinical trials for our patients.

One useful niggles of advice that you live by:

Professionally, I have always lived by the motto the patient comes first. Everything we do here at MIDRU Birmingham Heartlands Hospital is geared toward processes that will benefit our patients.