in the UK and Ireland. The CLLG and members of the Paediatric Oncology Pharmacists (POP) group worked together in reviewing and comparing a selection of PIL's already available, in addition to agreeing a standardised format and outline of headings for proposed factsheets. Drafts were produced for 10 of the most common oral chemotherapy drugs used in children. These were reviewed for content, language, punctuation, grammar and structure by a wide range of end users, such as parents of children on treatment, parents of children whose treatment had finished, clinical nurse educators, paediatric oncology/haematology consultants, clinical nurse specialists, ward managers and different members of the POP group. Feedback and comments were collated. Proposed changes suggested were either actioned or reasons for not actioning documented on a change log. This process repeated until a final version was agreed.

Results Of the 12 PTC's, 5 had their own oral chemotherapy PIL's, with the range of leaflets available varying across these five centres. Only 1 PTC had their own intravenous (IV) chemotherapy PIL's. Information provided varied from centre to centre with drug information also provided from treatment protocols, the Macmillan website or from the manufacturers summary of product characteristics (SPC). Factsheets for the following oral chemotherapy drugs have been produced; chlorambucil, cyclophosphamide, dexamethasone, etoposide, imatinib, lomustine, mercaptopurine, methotrexate, procarbazine and temozolomide. A factsheet on the 'safe handling of oral chemotherapy' was developed alongside these to further support parents in managing their child's oral chemotherapy safely at home.

Conclusion User engagement is paramount in producing information that is clear, accurate, up-to-date, easy to understand and practical. Factsheets are available to order/download free of charge providing equal access to all healthcare professionals, parents/carers and patients across the UK and Ireland, ensuring families are not disadvantaged by geographical treatment location. Current multimedia technology offers the benefit of increased and fast access to information; however, a further survey of families is required to establish whether parents drug information needs have been met though the availability of these factsheets.

REFERENCES

1. Standardised IV chemotherapy factsheets and additional oral drug factsheets for dasatanib, hydroxycarbamide and isotretinoin are currently in development. MHRA Medicines and Healthcare Products Regulatory Authority (2012) Best practice guidance on patient information leaflets [Online]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/328405/Best_practice_guidance_on_patient_information_leaflets.pdf (accessed 12 Jun 2018)
2. Shinfield, C. Chief Information Officer. Children's Cancer and Leukaemia Group. Personal communication. 25th November 2015

07 GENERAL PHARMACEUTICAL COUNCIL REVALIDATION: WHAT IS THE BEST APPROACH FOR CONDUCTING A PEER DISCUSSION FOR PAEDIATRIC PHARMACISTS?

Stephen Morris, Teresa Brooks. *Leeds Teaching Hospitals NHS Trust*

10.1136/archdischild-2019-nppc.7

Aim In 2018 the General Pharmaceutical Council (GPhC) made it mandatory for pharmacists and pharmacy technicians in the UK to conduct a peer discussion as part of their annual revalidation assessment. The criteria from the GPhC states that a practitioner must record why a peer was chosen, how the process of peer discussion has benefited their practice and how the process of peer discussion has benefited the people using their services.[1] The GPhC describes several examples of who can act as a peer; for example a line manager, colleague or other healthcare professional. However, there is no specific format for the discussion, but it may include personal development plans, recent successes or challenges to the individual, medication related incidents or quality improvement work. Case based discussion (CBD) is a tool used for peer discussions, primarily in medical training. They are used to assess a clinician's knowledge of a condition, the potential management options available to them and decision making abilities. It allows a clinician to objectively reflect on their own practice,[2] and allow for abstract conceptualisation. This is a vital process that links learning to practice, as described by Kolb's experiential learning theory.[3]

The aim of this project was to assess whether a case based discussion between two experienced paediatric pharmacists will fulfil the GPhC requirements for revalidation.

Methods Two experienced paediatric pharmacists participated in this study. Each took the turn as the subject and the peer. As part of the pre-discussion phase and with agreement from senior management, a job swap was arranged for two weeks to allow each pharmacist to gain an understanding of the demands of their colleague. At the end of this period, the two CBDs were conducted using cases selected from the 2 week period.

Results The two pharmacists selected were practicing in neonatal intensive care and paediatric intensive care. Each CBD lasted approximately one hour and both were conducted in the clinical environment. Using this format provided discussion around a variety of elements of paediatric pharmacy practice; such as clinical assessment skills, interpreting evidence and applying guidelines to practice, identifying knowledge gaps and exploring medication safety issues. The result of each CBD was that each pharmacist was able to successfully complete a peer discussion record that complied with the GPhC criteria.

Conclusion This abstract has highlighted that peer discussion has the potential as a powerful tool for ensuring quality and improvement in paediatric pharmacy practice. This is especially applicable to specialist practice. The Neonatal and Paediatric Pharmacist Group is a potential peer network for facilitating collaborations between paediatric pharmacists. The lack of specific framework is an opportunity for future development.

REFERENCES

1. General Pharmaceutical Council. Revalidation Framework. London: General Pharmaceutical Council; 2018.
2. Emsden S, Thomson A. Getting the best out of case-based discussions. *Paediatrics and Child Health* 2010;**20**:585–588.
3. Kolb DA. *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, New Jersey: Prentice-Hall; 1984.

08 SUPPRESSED VANCOMYCIN REACTION IN A PATIENT RECEIVING PARENTERAL CORTICOSTEROIDS

Peter Mulholland, A-M Heuchan. *Royal Hospital for Children, Glasgow*

10.1136/archdischild-2019-nppc.8

Background A baby boy, (37 +6 weeks, 3 kg) was admitted on day 1 of life with an ante-natal diagnosis of a right side