University of Birmingham

Professor John Marriott BSc PhD MRPharmS FHEA

Professor of Clinical Pharmacy

Pharmacy and Therapeutics

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About

John Marriott is leading the new Pharmacy developments within the College of Medical and Dental Sciences.

John has active research groups examining a variety of aspects of clinical pharmacy and has published widely in scientific journals and book chapters. He has major grants from the SHA and MCRN to support this work. He is highly motivated to develop and evaluate the impact of Pharmacy in multi-professional healthcare delivery and is an enthusiastic Pharmacy teacher, keen to develop and use new learning technology and methods for the benefit of students and professionals.

Qualifications

- Fellow of the Higher Education Academy 2002
- Professional Certificate in Learning and Teaching in Higher Education (2000)
- Member of the British Pharmacological Society (& Clinical Section) 1988
- PhD Vascular Pharmacology 1985
- MRPharmS 1980
- BSc (Pharmacy) 1979

Biography

John Marriott gained a BSc (Hons) in Pharmacy from Aston Pharmacy School in 1979. After completing a pre-registration post with Boots the Chemists he registered as a Pharmaceutical Chemist in 1980 and worked extensively in the community sector for a range of independent and multiple Pharmacy contractors.

He has experience of scientific research, completing a PhD in experimental vascular pharmacology at Aston University and he also held a British Heart Foundation Fellowship at Birmingham Medical School examining the effects of hypoxia on vascular muscle contractility.

Significant professional experience was gained within the NHS hospital sector holding a variety of appointments up to Chief Pharmacist level in a large district and general teaching Trust. He was a registered pre-registration pharmacist tutor in this role.

After leaving the NHS he joined the academic staff of Aston Pharmacy School as a lecturer, senior lecturer and then Professor of Clinical Pharmacy in 2008. He also held the posts of Director of Postgraduate Programmes and Head of the School during this period and was the Chair of the University Ethics Committee.

In 2011 he joined the staff at the College of Medicine and Dentistry as the Professor of Clinical Pharmacy in order to develop new pharmaceutical initiatives.

He has a variety of roles outside the University: he is currently a member of the West Midlands NHS Research Ethics Committee, the British National Formulary for Children Formulary Committee and the NIHR Research for Patient Benefit Regional Funding Committee.

Teaching

Pharmacy Postgraduate Programmes

Postgraduate supervision

John is interested in supervising research projects in the following areas:

- Pharmaceutical Care
- Clinical Pharmacy
- Medicines Adherence
- Paediatric Medicines Use
- Novel Paediatric Formulations
- Pharmaceutical (and inter-professional) Education

If you are interesting in studying any of these subject areas please contact John on the contact details above, or for any general doctoral research enquiries, please email: **dr@contacts.bham.ac.uk (mailto:dr@contacts.bham.ac.uk)** or call +44 (0)121 414 5005.

For a full list of available Doctoral Research opportunities, please visit our **Doctoral Research programme listings. (http://www.bham.findaphd.com/?**

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Research

Research Themes

- Paediatric medicines use
- Barriers to novel medicines development (in paediatrics)
- Predicting and evaluating medicines adherence
- Risk in pharmaceutical systems
- Optimisation of antibiotics use
- Toolkits to optimise prescribing

Research Activity

Effective medicines use in children. An MCRN supported theme is determining and evaluating the issues involved with administering medicines to children with an intention to inform targeted formulations research.

Facilitation of drug clinical trials in paediatrics. Parallel investigations are examining the barriers to children participating in clinical drug trials.

Evaluating latent risks in paediatric pharmacy. This theme is reviewing existing risk assessment methods and approaches deployed in paediatric clinical pharmacy in a range of settings including high and low risk areas in specialist paediatric hospitals and in paediatric wards in general hospitals. It is intended to determine latent risks in these systems and examine the barriers that have been implemented to prevent these risks from occurring and then identify gaps, if any, in these systems.

Paediatric Medicines Management across the hospital-primary care interface. The nature and types of interaction between an NHS specialist paediatric care healthcare provider and the processes and systems involved in managing medicines in other healthcare sectors (principally NHS secondary and primary care) are being investigated.

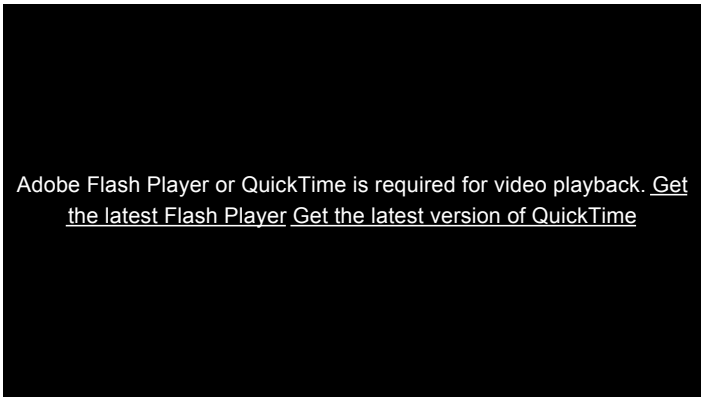
Measures to identify and improve poor medicines adherence. Research themes in partnership with pharmaceutical industry are evaluating the relationship between patient mood cycles and medicines adherence with an intention to optimise therapeutic outcomes. The research aims to test and understand which patients are likely to respond to medications with the aim to equip the Healthcare professionals with appropriate information not only to provide their duty of ensuring patients take their medication as agreed to obtain optimal benefit but also to ensure they are able to make educated recommendations on which therapy would be appropriate for certain patient subgroups depending on their mood profile types.

Prescribing indicators. Various indicators are used commonly to evaluate and quantify prescribing in primary care. Surprisingly there are no recognized, uniform measures of prescribing in NHS secondary care. This research theme is examining the development and validation of effective prescribing indicators for use in hospitals.

Optimising antibiotic usage. Antibiotic usage is being examined as a key therapeutic intervention with problems associated with prescribing in order to model prescribing indicator development and devise medicines optimisation strategies.

Controlling medicines waste. There is crude evidence that wastage of pharmaceuticals is commonplace. This research strand is designed to quantify precisely the amount, types and reasons why medicines are not used. The theme also explores patient and prescriber attitudes towards wasted pharmaceuticals.

Optimising prescribing through education. SCRIPT West Midlands SHA Prescribing Project - Raising Standards of Prescribing Competency in Foundation Year 1. (**www.safeprescriber.org (http://www.safeprescriber.org/)**) This is a partnership between the medical schools at Birmingham and Warwick Universities. John leads the partnership funded by the WM SHA to develop an electronic prescribing education toolkit for F1 prescribers. This is a project in which 40 modules are being developed in an interactive electronic web based format to improve the competency of F1 prescribing. The evaluation of these modules is on-going.



Other activities

- Formulation Consultant Medicines for Children Research Network
- Member BNFC Paediatric Formulary Committee
- Member NIHR Research for Patient Benefit West Midlands regional funding committee
- West Midlands NHS REC expert member
- Member Academic Pharmacists Group

Publications

Terry RP, Solanki GA, Sinclair AG, Marriott JF and Wilson KA (2010) Clinical significance of medication reconciliation in children admitted to a UK pediatric hospitals. **Pediatric Drugs** 12(5), 331-337

Ferner R, Lenney W and Marriott J (2010) Controversy over generic substitution **Br Med J** 340, 1341- 1343

Anthony Sinclair, David Terry, Marie Slimm and John Marriott (2010) How dispensary workload affects checking skills. **Brit J Clin Pharmacy** 2 February, 59-61

Cox AR, Anton C, McDowell SE, Marriott JF, Ferner, RE (2010) Correlates of spontaneous reporting of adverse drug reactions within primary care: the paradox of low

prescribers who are high reporters. **Brit J Clin Pharmacol** 69(5), 529-534.

Michael Stros, Juerg Hari, John Marriott (2009) The relevance of marketing activities in the Swiss prescription drugs market: Two empirical qualitative studies. Int J Pharm Healthcare Marketing 3(4), 323 - 346

Curtis C and **Marriott J(2008) Is there an association between referral population deprivation and antibiotic prescribing in primary and secondary care?** (2008) Is there an association between referral population deprivation and antibiotic prescribing in primary and secondary care? **Int J Pharm Practice 16(4)**, 217-222

Mackridge, A J, Marriott, J F, Langley, C A (2007) Unused medicines with potential for misuse or abuse in primary care. **Int J Pharm Practice** 15(3), 229-233

Mackellar A, Ashcroft D M, Bell D, James D and Marriott J (2007) Identifying criteria for the assessment of pharmacy students' communication skills with patients **Am J Pharm Ed**, 71(3) Article 50, 1-5

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