



Asian Voice partnership promotes careers in pharmacy



Providing a voice for pharmacy Piyush Amin of Blackwell's Chemist in Beckenham, Kent, is profiled in *Asian Voice*

Through its public relations and membership team the Society actively promotes career opportunities in pharmacy to school students.

As part of this work *Asian Voice* newspaper will publish a special pharmacy supplement during April. The Society is also in discussions with *The Independent* newspaper about a pharmacy careers and education supplement to be published in the autumn.

Partnerships with the media are just one example of the careers activity undertaken by the Society, which

has developed a range of information materials including a careers website (see www.pharmacycareers.org.uk), leaflets, a poster presentation and an exhibition stand.

Branch careers officers are also given support to promote pharmacy careers at local events, and in being a point of contact for local careers services and schools.

For more information about the Society's careers work e-mail careers@rpsgb.org.

Society elections 2008

Don't forget to vote in the Society's Council and board elections.

Voting papers for the elections, including for the English and Welsh Pharmacy Boards, will be posted on 4 April and must be returned to Electoral Reform

Ballot Services by noon on 9 May. For further biographical information on the candidates please see *The Pharmaceutical Journal*, 5 April issue, or refer to the Candidates' Who's Who booklet which will be posted with the voting paper.

Sunday open day at Society headquarters

A second open day is being held on Sunday 20 April at the Society headquarters in London. This will be followed by the first open day at our Edinburgh office on Sunday 27 April. Visitors to the London headquarters will have the

opportunity to meet staff, participate in a discussion forum, Tickets for the London day are free and to reserve your space please contact b&ra@rpsgb.org. For information on the Scottish open day telephone 0131 556 4386.

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NOTES FROM JEREMY HOLMES CHIEF EXECUTIVE

CPD beats CEO any day!

I'm afraid my ego has been severely dented. I went to a branch meeting recently and there were 40–50 people there. We had a very productive and enjoyable discussion about what pharmacy needs from a professional leadership body — but then someone told me: "If this had been a CPD evening we'd probably have got double the number of people here."

I realise I'm not a great draw on a wet evening in March, but the upside is that pharmacists do turn out for CPD-related events — and that's exactly as it should be. In fact you might have seen the apology in a recent issue of the *PJ* from Peter Jones, secretary of the Edinburgh and Lothians branch, because he'd organised such a successful evening on Controlled Drugs not everyone could get in, even though it was held in the lecture hall of our Edinburgh office. The penalty of success is he's having to organise a second event on the same subject. So don't let anyone tell you pharmacists aren't interested in CPD!

One of the challenges is many people don't realise how much of what they already do could count as a CPD record — finding out about a new or unusual drug in the BNF or reading the *PJ*, for example. Or, very soon, reading one of our "Top Tips" sheets which are going to be distributed with the *PJ*; the first is on veterinary medicines, to be followed by one on CDs. They take our guidance and distil it down to one sheet of A4. We talked to the group of superintendent pharmacists we meet regularly and they thought the Top Tips were a good idea; we're going to try to work more closely with that group on CPD generally. March also saw the second meeting of the Secondary Care Think Tank and there are some good ideas coming out of that in relation to professional development.

I would encourage everyone to make use of our CPD site (www.uptodate.org.uk). And, by the way, if you want professional information, have you tried the new MyLibrary facility on MyRPSGB yet? It is a free online 24-hour



DON'T LET ANYONE TELL YOU PHARMACISTS AREN'T INTERESTED IN CPD

library for registered pharmacists that enables them to download whole articles from over 1,700 full-text journals, as well as search thousands of abstracted references to published articles in pharmacy, medicine and health. Using the search tools available, researchers at all levels of experience can locate information on subjects of interest to them. The resource also offers simplified access to the Library's document supply and enquiry services.

The message is that we're trying to turn

more of what we do into practical tools that support pharmacists in their everyday practice, as well as accelerating on the bigger strategic issues for the profession. Bottom up as well as top down you might say. And if that means CPD is top of the bill rather than the CEO, I'd be the first to applaud!

IN THE MEDIA

Our PR team continues to score some real hits, on the SSRI debate, prescription charges, No Smoking Day, cannabis for the possible treatment of Alzheimer's and several other topics. We're greatly helped by experts from the science community and Council colleagues who have done excellent media interviews at short notice — I'm grateful to them all, and I hope everyone in pharmacy will start to hear the profession's voice out there a little more loudly and a little more persuasively.

CLARKE INQUIRY

By the time you read this, I expect the Clarke Inquiry will have published its report into the kind of future professional body the profession itself needs and wants. The Society will be talking to a number of other stakeholders before publishing its own response. But one thing is already clear — with written submissions from 69 separate organisations and 153 individuals, plus eight public meetings, it looks like the Inquiry has benefited from a good level of engagement. I hope as many people as possible read its report (available at www.theclarkeinquiry.com). The Society's own market research, with a sample of 4,000, is continuing and will also be used to inform our planning for the future; thank you to all those members who have responded to approaches from our consultants Opinion Leader Research (see p5 for more details).

NEWSROUND

Cannabis symposium attracts media attention

The media spotlight fell on the Society's London offices in March when it hosted the Cannabinoids Medicines Symposium at which speakers presented the latest evidence concerning the medicinal uses of cannabis. The Society's public relations team worked with Science colleagues to promote news from the event to the national media. Coverage generated included *Channel 4 News*, *ITN News* and the *Daily Mail*.

Professor Tony Moffat, who chaired the symposium, provided an expert voice for the media on issues relating to Cannabis as a medicine, says: "It is ten years since the Society published the original protocols that led to government funding UK trials to look at the medicinal uses of cannabis. Products are now available on the market but there is still a great deal of work to be done to ensure that patients gain maximum benefit from cannabis derived medicines. Media attention helps to build



Expert Tony Moffat being interviewed by Channel 4

understanding about the key issues and also to dispel the myth that

this is about people smoking cannabis."

Society is working to deliver the Health and Social Care Bill

The Society has been engaging with legislators as they work to deliver the Health and Social Care Bill — the Bill which will create the General Pharmaceutical Council.

One notable success of this engagement has been the changing of a form of wording that would have left the new professional body at the whim of future governments. The proposed wording set out the Government's ability to transfer any function from the professional body to the GPhC. This would have meant the new body would be unable to represent the views of its members, if they conflicted with a

future government, in case that government transferred all further powers away from it in retribution.

Briefings were written by the Society's public affairs team and meetings with the most senior and influential politicians were held to explain what was possible under existing wording.

The outcome for pharmacy is that the Society is now able to plan ahead, safe in the knowledge that there is understanding between the profession and the Government on the extent of the powers of the GPhC and is now on parliamentary record. It is also safe to go ahead

with further leadership development on behalf of members knowing that any future government's ability to strip authority away from the profession has been removed. Our voice has been heard.

Further activity is expected when the Bill has its Second Reading in the House of Lords, based around the increased level of inspection and registration created under the Bill. The Society will continue to reduce the number of hoops that pharmacists are required to jump through while still maintaining the highest standards of patient safety.

Updated prescriber pack

The pharmacist prescriber pack has been updated to include information about independent prescribing and the new fee structure. It also has indicators as to where to find updated national guidance.

The pack is aimed at both independent and supplementary prescribers and is divided into five clear sections. The first covers core elements such as registration, competencies, CPD, clinical management plans and guidance on the logistics of setting up a clinic. There are subsequent sections covering prescribing by hospital based supplementary prescribers, prescribing in primary care and the prescribing of veterinary medicines.

To access the pack go to the "world of pharmacy" section of the Society's website at www.rpsgb.org

Long service at Sunderland

Nearly 200 guests attended the annual dinner of the Society's Sunderland Branch which took place in February. During the course of the dinner, committee member Umesh Patel was presented with a long service award in recognition of 15 years service to the branch committee. The evening raised more than £500 for charity which will be donated to the Hope-Winch fund for Sunderland students.



Sunderland branch dinner guests raised £500 for charity

SPOTLIGHT ON FUTURE MEMBERS

Embarking on a pharmacy career

Preregistration trainee Anna Witts has high hopes for a new-look Society when it is restructured in two years' time. She is optimistic that it will offer her significant professional support but also improve patient safety and boost the image of the profession with the public and the wider health community.

Anna, 23, is seven months into her preregistration year in her home town of Chorley in Lancashire. She says: "The Society has always performed a vast array of functions and I think pharmacists have had every confidence it would fulfil any one of these roles to an extremely high standard should they need it. However I think in the past it may have been seen as somewhat detached — my only contact with it so far has been for administration and registration issues, such as paying fees."

Anna, who works for Lancashire Teaching Hospitals NHS Foundation Trust and is based at two sites in Chorley and Preston, believes the Society's influence on the lives of young pharmacists like her is about to change as it gives up its regulatory role and develops a greater educational focus. She says: "I think the Society has had a conflicting role in the past — by regulating pharmacists on the one hand and representing us on the other. I think the new structure will give the profession greater integrity and being regulated independently will have a big impact on the confidence which patients have in the profession,

especially following recent events in self-regulating professions, such as the Shipman case."

Anna is hoping that the new-look Society will be her bedrock for continuing professional development in the future and that branch meetings could become the focal point for her ongoing education and training support. She says: "I think in the past branch meetings generally have not been well attended, but in the future they will be there to allow pharmacists to support each other in all aspects of pharmacy practice, particularly issues such as CPD as it is inevitably introduced as a mandatory part of clinical governance. I also think branch meetings will help improve communication between all sectors and levels of pharmacy, which I think is a really big issue for the profession.

"Working in hospital as I do, there are various levels of pharmacists and fairly strong, regular 'vertical' communication. I think that branches could be a focal point for integration between the different levels of pharmacy and the different local pharmacy sectors — especially for community pharmacists, who can feel quite isolated — integrating care and building a strong pharmacy network."

She also expects the profession's leaders in London to develop a proactive public relations role and promote pharmacy and the potential it has to help patients receive the best possible care, especially in the community.



Anna Witts hopes the Society will be her CPD bedrock

Anna will be among the young generation of pharmacists who, right from the beginning of their careers, can take on the new challenges created by the new community pharmacy contract with the promise of greater clinical responsibility and autonomy in the work place.

She says: "I think the new community contract gives pharmacists the opportunity to use their own initiative and experience to create an individualised service that meets the needs of local people. It provides an outline for services and support to ensure patients receive a consistent level of pharmacy service, without dictating to individual pharmacists specific criteria they must fulfil. An increased involvement in Society branches will enable communication and ensure consistency of service within a region."

But Anna is also excited about the professional opportunities which are available in the hospital sector. She says: "The clinical role in hospital is really enjoyable — it's extremely fulfilling and I feel it gives me the opportunity to use all the knowledge that I have learnt and experience I have gained."

On the threshold of her chosen career, Anna has no regrets about the profession, which she decided to join after spending time on work experience in a community pharmacy when she was still at

school. She says: "That was when I started to think of a career in pharmacy. I enjoyed science and maths at school and a lot of people were pushing me towards medicine but I felt this was a vocation requiring life-consuming commitment and dedication, and a burning ambition to perform that I had not felt at that point. Pharmacy seemed the better option because I knew that I would be able to do a lot to help other people and I also felt that it was a profession which was moving forward, that was looking to the future which I think has definitely been the case. I can see the flexibility that pharmacy offers and there are so many different opportunities, even extending to roles in the police or in the army."

Anna is still unsure which career route she will follow when she completes her preregistration training later this year. She is already thinking about travelling in Europe and possibly Canada or Australia, where she hopes to have the chance to work in pharmacy to discover how the role of the pharmacist, and the wider pharmacy team, compares to the UK model.

She says: "I want to see how pharmacy works in other countries and find out what I can learn from them."

Anna Witts was interviewed by Debbie Andalo, freelance journalist

HAZARDOUS INTERACTIONS

Anna Witts came to the attention Jeremy Holmes, Chief Executive and Registrar at the Society, after showing tremendous initiative. Anna sent a letter to the Society expressing her concern that grapefruit juice was on her hospital menu, since it is an enzyme inhibitor that affects the metabolism of a number of drugs resulting in interactions, some of which are noted as "hazardous" in the BNF. The Society was grateful for being made aware of the problem, which could be relevant to other hospitals and has emphasised the interaction in recent communications.

SERVICES FOR MEMBERS

Tell us what you want from the new professional body!

It is expected that the report of the Clarke Inquiry, commissioned by the Council of the Society into the future professional body for pharmacy, will be published in April. This will give all the groups and individuals who participated in the process a chance to match their views with the Clarke recommendations and decide whether the recommendations are workable.

These recommendations, although they will undoubtedly play a significant role in determining how the professional body may develop, are only a part of the process. The views of the membership are just as important, and some people have argued that they are more important.

Why? Because if members' expectations are not met and the new professional body is not something that they want to join, the views of those pharmacy bodies and groups submitted to Nigel Clarke and his team will count for nothing. Above all, the new professional body must attract support from individual pharmacists.

So what has the Society done to find out what members want? You may be aware that last autumn, with the approval of Council, the Society commissioned a research company called OLR (Opinion Leader Research) to undertake some preliminary work to find out what members expect a professional body to do for them.

LOOK OUT FOR THIS



If you are contacted by OLR either by post or by e-mail, please make sure you have a look at the survey and answer the questions and send it back to us by 28 April. Thank you for your help.



Sue Ambler, Acting Director of Education and Registration

This first round of research was based on a series of focus groups and telephone interviews, and encompassed pharmacists from all sectors of the profession living in all three home countries, and a smaller group of technicians. Through these discussions, the OLR research team was able to find out much more about pharmacists' understanding of professional leadership, and what services and support a professional body might be expected to offer.

In the past couple of months OLR has been developing a questionnaire based on the common threads that emerged from the preliminary research and which will be used to seek the views of many more pharmacists. (In fact, some of you may have been involved in the piloting of the questionnaire — sent out to members in early March.)

Those 100 or so individuals who were involved in the pilot have already made an invaluable contribution to the process. Their input has enabled glitches in the structure of some questions to be sorted out, as well as other ambiguities in the way others have been phrased, before the main survey goes ahead.

That ironing-out process was completed a few weeks ago and the next phase of the process has just got under way. From the beginning of this month OLR has been

YOUR ANSWERS . . . AS WELL AS THE ADVICE OF COUNCIL, WILL BE USED TO BUILD UP A PICTURE OF WHAT THE NEW PROFESSIONAL BODY WILL LOOK LIKE AND WHAT IT WILL DO

sending out questionnaires to about 10 per cent of the Register to determine more accurately what pharmacists would like to see their professional body provide.

We know that this means that thousands of you will receive a copy. The more responses we receive, the more the Society will be able to put a package of services together that will appeal to pharmacists across the board, whatever sector or geographic location you work in. We would be really grateful if you could help us shape the professional body's future.

Completing the questionnaire should not take more than 20 minutes. It focuses on three key components: leadership and advocacy, professional support and professional development. In addition there is a section on costs of providing these components.

Your answers, together with the recommendations from the Clarke inquiry and responses to that from pharmacy bodies and other interested parties, as well as the advice of Council, will be used to build up a picture of what the new professional body will look like and what it will do. This, in turn, will be developed into a model about which the whole profession will have the opportunity to comment.

**Sue Ambler,
Acting Director of Education and Registration**

NATIONAL PHARMACY BOARDS ONE YEAR ON

England

The English Pharmacy Board has prioritised six key objectives for 2008, all of which concentrate upon responding to the needs of the profession. The first is to promote commissioning of patient-centred, medicines-focused services. We aim to achieve this through a variety of ways — from developing commissioning guides and linking with commissioners to holding meetings with those who direct policy. The second is to assist pharmacy practitioners to develop their clinical and professional practice in core, advanced and specialist roles. We will do this by ensuring practitioners can access new initiatives, for example, by demystifying the Responsible Pharmacist draft proposals and producing

summaries of NICE guidance. Another key objective is to continue our work to influence Lord Darzi's NHS Next Stage Review.

We will consolidate the work carried out so far, which included writing to all 72 regional groups as well as supporting the Department of Health's pharmacy engagement events that were held on 27 February and 5 March.

The White Paper on future proposals for developing pharmaceutical services is a critical piece of work for the pharmacy profession. The board has been engaging and influencing stakeholders to ensure a wider understanding of the services that pharmacy can provide. Once the consultation is published the board will identify which areas it can work on and which it should work closely with the Scottish and Welsh Pharmacy Boards to achieve. Our final two

objectives are to develop the work of the board in line with the role of a future professional body and to continue engaging with the profession. We will hold a meeting on 2 July, possibly in Manchester, and will invite local stakeholders to attend to find out about any local issues and engage with the profession.



Paul Bennett
Chairman, English Pharmacy Board

Scotland

I was honoured to be elected the first chairman of the Scottish Pharmacy Board and I was determined that the board hit the ground running by making sure that the Scottish political community understood the key issues facing the profession. A reception was held at the Scottish Parliament in March 2007 where we launched a "Manifesto for Scottish Pharmacy" that set out a series of suggestions designed to ensure that MSPs understood that pharmacists are working in a patient centred NHS.

Following the Scottish Parliament elections we concentrated on establishing relationships with the key players in the new government and parliament, particularly the 42 new MSPs.

The board has taken a lead in promoting best practice. November 2007 saw the Scottish launch of the Handling of Medicines in Social Care guidance by Mary Scanlon MSP, who praised the Society for contributing to the culture of continuous improvement.

We were delighted that the Cabinet Secretary for Health and Wellbeing announced that as part of the Better Health Better Care Action Plan the Government intended to enhance the role of community pharmacies. Five pilot projects designed to provide walk in access to a range of primary care services located at major commuter points, shopping centres and inner city areas are to be established.

In coming to the end of my term of office, I am determined that the board prioritises the development of better communication links with

members and we have given much thought how best to reform communication with our branch network. Consideration has been given to developing a more flexible approach with an increased emphasis on electronic communication, as we move forward into a new age for professional leadership.



Rose Marie Parr
Chairman, Scottish Pharmacy Board

Wales

The NHS IT agenda has been moving forward at pace and the Welsh Pharmacy Board has continued to represent the profession, in particular, with the introduction of the electronic transfer of prescriptions. We are also representing members in other important pieces of work, and the board has been involved in the development of the Welsh Assembly Government's Chronic Conditions Management Implementation Plan.

Involving pharmacists in new developments is just as important. We have recently brought together pharmacists from all sectors of the profession to look at how to ensure the role of pharmacy in chronic conditions management is fully utilised. Mental Health issues are currently high on the political and NHS agenda and with

the establishment of the All Wales Mental Health Promotion Network, we are working to establish a group to explore with primary and secondary care pharmacists, and with service commissioners, where the pharmacy team can provide enhanced support for patients.

The Assembly election provided an excellent opportunity to promote pharmacy messages. The board lobbied all political parties before the election and was extremely pleased when the resulting coalition government published its priorities in the One Wales document, including well-being centres and pharmacy-based NHS drop-in centres. We continue to lobby, arrange pharmacy visits and attend party conferences to communicate our messages.

Communication is a key priority for the Board. Improving the profile of pharmacy with the public has been developed by successfully utilising the local and national media in Wales.

Communication with our members has been built upon and we hosted three regional events last year.

These sessions provided us with an opportunity to talk to members in Wales about what really matters to them. Two-way communication is key — we need to know what pharmacists out there are doing and what they want us to do next.



Peter Jones
Chairman, Welsh Pharmacy Board

INDUSTRIAL PHARMACISTS GROUP

MHRA proposal: the devil is in the detail

In October 2007 the Medicines and Healthcare products Regulatory Agency (MHRA) proposed a risk-based inspection programme for good practice inspections of manufacturers, importers and wholesale distributors of medicines for human use (GMP/GDP), manufacturers and importers of investigational medicinal products, contract research organisations (GCP), pharmacovigilance practices (GPvP) and good laboratory practices (GLP).

This proposal, to cover the UK, was in response to the Government's Better Regulation Initiative and the subsequent simplification plan issued by the Department of Health — the DoH can only achieve its goal of improving the health and well-being of people across England by developing effective, proportionate and efficient regulation. In 2005 the Hampton Review (a review of regulatory inspections and enforcement) made a number of recommendations for streamlining the regulatory oversight processes across Government. The DoH

simplification plan drives a review of various practices under its control and the MHRA has a corporate programme in place to look at its practices, including inspections. Public consultation of the proposal closed on 15 January and the output — keenly awaited by industry — was due be published by the end of March.

The MHRA has, for some time, been incorporating elements of risk management in its inspections. The new proposal builds on this, specifically concerning inspection planning, intelligence gathering and some elements of risk profiling. New items for consideration included establishing a risk management review board within the agency and a number of new corporate compliance and governance expectations. The board will validate the risk category assigned to an organisation by MHRA inspectors.

A key new element in the proposed process is for corporate compliance statements to be submitted to the MHRA each year. These will form a significant part

of a company's risk profile and will be signed by a its chief executive officer or other appropriate senior officer. Companies will also provide self-assessment reports to supporting their statements. Inspectors will then review the profile and other factors, such as inspection history, recent incidents and intelligence, to determine the schedule and depth of inspections within defined legal limits.

In addition, an enhanced random inspection programme will be used to verify the information supplied. It is proposed that these control inspections will be held randomly by the agency each year.

The MHRA is implementing its programme in phases from 1 April 2008, subject to consultation responses. At the time of going to press it was expected that it would run a pilot but details have not been communicated.

The industry generally welcomes the intent of this initiative because it is in line with requests for the use of more risk-based approaches to regulatory oversight. As always, however, the devil is in the detail

and, until the content of the compliance statements and the self-assessment reports is known, it is difficult to make a final judgement.

Other regulatory agencies are also busy with risk-based inspection programmes and the implementation of the MHRA proposal will be watched with interest across the world. Some degree of global harmonisation would be helpful because generating similar but different self-assessment reports for other agencies will mean more work and confusion. The MHRA has a difficult task in regulating companies of varying size and complexity so building flexibility into its proposal will also help.

The pilot will help ensure that the final MHRA process is one that reduces regulatory burden rather than one that creates additional work. Ultimately, this can only be achieved with close dialogue and industry demonstrating that it can live up to the expectations of a world with less government-based regulatory oversight.

*John Kerridge,
IPG committee member*

IPG tackles ABPI code of practice

The first of a series of seminars planned for this year by the IPG was held at the Society's London headquarters in February. Entitled "Code at the coal face", one of its prime aims was to show the benefits of complying with the Association of the British Pharmaceutical Industry's code of practice.

Jane Landles, deputy secretary of the Prescription Medicines Code of Practice Authority, advised the audience of the importance of being "accurate, balanced and clear." She explained that there is memorandum of understanding between the licensing authority (the Medicines and Healthcare products Regulatory Agency) and the code's control of advertising, based on self regulation. She demonstrated the scope of the Code, defining promotion, the control of activities



Jane Landles (left) with seminar organiser and IPG committee member Jane Nicholson

of representatives and advertisements. Miss Landles also explained what could be provided to patient organisations, to the press and to the general public.

Jane Marshall, head of promotional affairs at Sanofi-

Aventis, outlined the necessary education and training of company staff and external consultants, and the scientific services needed in pharmaceutical companies in order to comply with the code. She described the minimum requirements for policies and procedures, the secure retention of documents and what to watch for in connection with promotional materials, meetings with customers and working with patient groups.

Case studies were used to demonstrate what is permitted for promotional aids, medical education, goods and services and meetings and hospitality. An update to the code is expected this year.

For information about future IPG seminars please contact Sadia Khan (e-mail sadia.khan@rpsgb.org).

Awards

Controlled Therapeutics has won the National Council for Work Experience award for "best work experience provider 10-250 employees". The award was presented by David Frost, director general of the British Chambers of Commerce, in London last month.



Janet Halliday, R&D director, and Eleanor Campbell, human resources manager, receive an award on behalf of Controlled Therapeutics

FOCUS ON MEMBERS

What has the Society done for me?

Diane Leakey went to work for the medicines division of the Department of Health on a three-month casual contract. Now, 20 years later, she is still there as head of information and communications, although the division has since metamorphosed into the Medicines Control Agency and finally merged with the Medical Devices Agency to form the Medicines and Healthcare products Regulatory Agency (MHRA).

The MHRA is the Government agency whose role is to make sure that medicines and medical devices work and are acceptably safe. In her current role Diane has fingers in many pies: the website, the intranet, the communications strategy, the information service and the telephone enquiry line. She also represents the agency at conferences and other external events.

It is this variety that she loves and has sought throughout her career, which has spanned eight years in hospital pharmacy, a year in the community and an impressive portfolio of special interests.

Diane has the Society to thank for these additional strings to her bow. Three years ago she was appointed as one of the Society's 20 continuing professional development (CPD) facilitators, working through the branches to engage local pharmacists in CPD. This has led directly to her involvement in a pilot review of pharmacists' CPD records, regular exercises in reflection, planning, action and evaluation — which will become mandatory after the current introductory period.

Diane is also a 2020 champion, engaging pharmacists in discussion about where they want their profession to be by the year 2020, collecting views and feeding them back to the Society.



Diane Leakey, as a Pharmacy 2020 champion, encourages pharmacists to give their views on the future

"The Society has provided me with lots of additional opportunities beyond my day job," she reflects. "I would never have become involved in teaching, mentoring and facilitation if it weren't for the Society.

"It has put me in a position to open the eyes of pharmacists to the opportunities for tomorrow and what needs to happen if they are to achieve them. And it has allowed me to be at the cutting edge of the development of the profession, not just in terms of standards but of science."

In her role at the MHRA, Diane has a core message that she aims to get over to different audiences in different ways: that taking medicines is all about the

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balance between risks and benefits.

"The world wants safe and effective medicines, but we are not there yet," she explains.

"Pharmacists have to get across to patients and the public the double-edged message that while there is no such thing as a safe medicine, because all medicines have their risks, there is also a risk involved in not taking medicines. You can choose not to eat a beef burger and it won't matter because you can eat something else; but if you decide not to take your insulin you might die of diabetes. The point is that people have to weigh up the risks and benefit of negative as well as positive decisions about medicines."

Diane finds it helpful to be able to channel these messages to pharmacists via the Society. She is also working with the Society to investigate the best ways for the MHRA to communicate with community pharmacists as part of a new project looking at how the Agency can help these local practitioners.

"The MHRA is not very well known," she acknowledges, "and we need to get out and talk to people. The Society has inspectors that visit every pharmacy shop and we might be able to piggy back on that system in order to get our messages across."

In future Diane would like to see the Society doing a better job of "selling" pharmacy as a profession. "Would-be students need to be aware of the flexibility and variety pharmacists can enjoy," she explains. "I have had three very different careers within pharmacy and there are loads of others like me.

"As far as the wider community of patients, public and other health professionals are concerned, the Society needs to sell pharmacy as the expert body on medicines."

This is all part of Diane's vision of the future in which doctors will diagnose, pharmacists prescribe and technicians (or robots) dispense.

"The challenge for the pharmaceutical profession as a whole is to recognise that we are the experts in medicines and should fight to do the prescribing, eventually with the aid of genetic profiling.

"I have heard pharmacists say they won't be able to prescribe because doctors won't give it up. The challenge for them is to develop themselves and their profession for the new century, not remain stuck in the last."

Diane Leakey was interviewed by Isabel Walker, freelance journalist