



Newly elected President Steve Churton's view from the top

Newly installed Society President Steve Churton was late for our interview because he was busy walking his talk about active listening and being "receptive, open and supportive" around the floors of 1 Lambeth High Street.

"It's not just rhetoric," he insists. "There are two big challenges I have to face. The first is to develop a new professional body that suits the members' needs and wishes.

"The second is to support the excellent staff we have working here in Lambeth through quite a complex change programme that will see some of them going to work for the General Pharmaceutical Council and others for the leadership body. Change causes apprehension and I need to understand people's needs and concerns — it's all about managing relationships."

If management buzz phrases trip easily off his tongue, it is hardly surprising. He has spent most of his career working his way up the corporate ladder with Boots. Until recently he was pharmacy superintendent but, after the merger with Alliance Pharmacy, he stepped into the role of head of professional practice, which he continues to combine with the presidency.

Elected to the top job by the narrowest margin of a single vote after just one year on the Council, Steve is aware of the need to overcome certain prejudices against his corporate background. "There are members who probably view this appointment with some suspicion," he acknowledges, "and who doubt my ability to remain impartial in commercial terms. But I joined Council because I wanted to put myself forward, not because Boots asked me to. I am passionate about pharmacy and passionate about creating a better future for pharmacy. All I can say to doubters is that I have taken on the presidency with the best possible motives and hope to demonstrate that through what I deliver over the next 18 months."

Steve chose a career in pharmacy because it offered the ideal combination of scientific practice, patient contact and a wealth of



Steve Churton: two big challenges to face

career opportunities beyond the dispensary.

After graduating from Manchester University in 1979, he joined Boots for his preregistration year, moved to the company's Nottingham headquarters soon afterwards — and never saw the need to leave. He currently lives in Leicestershire with his wife Janis, also a pharmacist, and their 16-year-old son, who has his heart set on a career in medicine.

As far as the future is concerned, Steve hasn't thought beyond the next 18 to 24 months. "The role of President is virtually full time and all-consuming," he says. "At the moment I am 100 per cent focused on supporting the Society's transition in terms of the new professional leadership body.

"The impending loss of the regulatory function enables us to focus on issues of value and interest to our members. Until now the Society hasn't been as membership-focused as it could have been, because it hasn't needed to be. However, people will have a choice about whether to join the professional body and if our offer is not compelling we won't have a viable organisation. So rather than

imposing a model from on high we need first to understand what the members want from such a body, develop an offer to satisfy that need, test it with the membership and only then start building the necessary infrastructure."

Steve clearly relishes the challenge this process poses. He is equally energised by the "seismic change" currently affecting the profession as a whole.

"Pharmacists are now being recognised as a traditionally undervalued group, who could make a more direct contribution to people's health.

"The current White Paper [for England] plays into what I believe pharmacy is all about. As a profession we need to engage in more clinical activity and get away from the mechanics of dispensing by smarter use of support staff. We need to evolve in line with the expectations of Government and patients by getting out of our dispensaries and providing more added-value services.

"Lots of pharmacists will take to this new role like ducks to water, but others will be apprehensive and we need to support them and their employers through the process of evolution."

After just a short time in post, what does Steve see as the pros and cons of his new job?

"The upside is all to do with being in a position to influence things — to really make a difference — with our members, the people here and the Government," he says. "I don't have a big ego — I just want to do what is right for the profession and give something back."

And the downside? "There are clearly politics within pharmacy that most members don't encounter, and in a role like this you are in the eye of the storm. That's not something to shy away from, but if we are not careful, politics and bureaucracy will slow the pace of change. I need to find a way through that. I am expecting a certain amount of turbulence — but that's only a bad thing if you can't chart your way through it."

Steve Churton was interviewed by Isabel Walker, freelance journalist

NOTES FROM JEREMY HOLMES CHIEF EXECUTIVE

Open for business

Our new President, Steve Churton, is interviewed on p1. Some readers may be aware of his inspiring address to Council on the day of his election, 4 June (see *PI*, 14 June, p730). That address included the following:

"I believe passionately that we have both an obligation and an opportunity to make a step change in the way we support those we represent, and in turn to make a lasting impact on the health of those who are dependent on them for the quality of their lives.

"We have a duty to all of those who work in our profession to secure a future for them. A future which is professionally fulfilling; a future which encourages and supports self development and everything we wish our profession to stand for."

I couldn't agree more. I also believe the approach being taken by Nigel Clarke, the independent chairman of the Transitional Committee developing the new professional body, is entirely consistent with that philosophy.

The fact that TransCom (as it has become known) is now open for business with wide support from across pharmacy is itself a great step forward. Nigel presented to the June meeting of the Pharmacy Regulation and Leadership Oversight Group (PRLOG) which is advising ministers on the establishment of the General Pharmaceutical Council, and which is keen to see a strong professional body develop. He also came with me to a meeting of the London Forum of Local Pharmaceutical Committees, where no one could have been in any doubt about the openness of his approach.

The Society is making the step change the President talks about by working with others to shape the future of our profession. Working with others includes greater transparency in the way we conduct the Society's business. The Council has decided that more of its discussions will be held in public. We are sharing our thinking on the Pharmacy in England White Paper with other pharmacy bodies. And we are being more



Jeremy Holmes: the Society is working with others to shape the future of the profession

open than ever in our regulatory activity, publishing the first dedicated annual review of our fitness to practise activities.

Of course the real "open for business" date is January 2010. That's when the General Pharmaceutical Council is expected to start operation — and it's crucial that we have a strong professional body at the same time.

Looking to that date, Steve said in his Council address "we have just 391 days to construct the intellectual and tangible fabric of our future professional body, and to enthuse and engage our people around a truly compelling world class offer" — and, of course, by the time you read this we'll have even less time. So we've launched an initiative at the Society called Project Energise — aimed at accelerating

PHARMACY HAS TO MAKE SURE IT'S OPEN FOR BUSINESS AS A CLINICAL PROFESSION, WITH THE RIGHT SKILLS, SUPPORT AND LEADERSHIP

MAKE IT HAPPEN!

We've provided two recent articles for the *C+D* explaining the Society's thinking, in clear, uncomplicated terms, on key issues to do with professional responsibility and the pursuit of medicine use reviews. I hope those are helpful — if you have ideas for other areas you'd like similar articles on please let us know by emailing positivefeedback@rpsgb.org.

I've also recently attended a number of meetings, including the North West Chief Pharmacists' Group, where we've had a very open discussion about the future. I've got the sense there's a real will for the new professional leadership body to succeed. Let's make it happen!

our work on the demerger and the culture change we need to make that happen effectively.

A key component of Project Energise is our membership. Please get engaged in the debate about the new professional body through your branch (you can find contact details of your branch through myRPSGB), via the TransCom website (www.transitionalcommittee.com) or by e-mailing the team at the Society on positivefeedback@rpsgb.org.

Pharmacy has to make sure it's open for business as a clinical profession, with the right skills, support and leadership — as Steve says, now is the time for all of us to secure our future.

NHS 60th anniversary

This issue of *Your Society* coincides with the 60th anniversary of the NHS. The Society's PR team are working to promote pharmacy — past, present and future — as part of the anniversary and have produced a web video that can be accessed on the Society's website at www.rpsgb.org.

NEWSROUND

Campaign warns of holiday risks



TV and radio personality Judith Chalmers, best known for presenting the television travel programme "Wish you were here?", helped to promote pharmacy messages as part of the successful holiday healthcare campaign which ran during June.

The campaign, part of the Society's ongoing work to raise the profile of the pharmacy in the national media, helped to raise awareness of the risks of going on holiday without thinking of common health problems, including sunburn and diarrhoea.

Coverage included BBC Breakfast TV, Sky News Radio,

BBC Radio 2, Sky News, Sky News Unplugged and ITV's "Loose Women".

The media campaign was supported by Kurt Ramsden, a pharmacist from Redcar, Cleveland. Talking after the campaign Kurt said: "Holiday health" was a great opportunity to talk to the public about the services available through pharmacies and at the same time get some important healthcare messages across."

To view coverage from the campaign go to the Society's online press office (www.digitalnewsagency.com — user name and password: rpsgb1).

NHS Director gets inside track on pharmacy

Colin Douglas, director of communications for the NHS, visited the Green Light Pharmacy in Euston, London, during May.

Colin was given a tour by pharmacist Alistair Murray, who highlighted the growing public health role played by the profession.

The visit was organised by the Society's PR team. Head of corporate communications Jean-Pierre Moser said: "Colin is relatively new to the NHS and it is crucial that someone in his position has an understanding of

the services that pharmacy can offer."



Colin Douglas

Swimming to success

Flying the flag for pharmacy, Ruth Cheema became a swimming double world champion at the World Masters swimming Championships in Perth, Australia, in April.

Ruth, 45, is principal pharmacist for NHS Direct Trent and West Midlands and competed against more than 60 contenders in



her group to achieve gold medals in the 50m and 100m breaststroke and bronze in the 200m breaststroke.

Ruth, who trains for six hours a week, said of her achievement: "I went over to Australia

thinking I may have a chance of getting a medal, but to get gold twice is amazing."

Pharmacy Now focus on White Paper

The summer issue of *Pharmacy Now*, the English Pharmacy Board e-zine, is now available at www.rpsgb.org/pdfs/pharmacynow08summer.pdf.

This latest issue includes all the latest news and view from the EPB

including the appointment of Howard Duff, the Society's new director for England, a focus on the White Paper and an exclusive interview with chief pharmaceutical officer for England Keith Ridge.

ETHICAL DILEMMA

Thank you to all those of you who took part in last month's ethical dilemma. I hope you found it useful. It is still available online. All you have to do is visit myRPSGB on the Society website at www.rpsgb.org to pick which of the options you would follow. You will receive immediate feedback about your decision.

In June you were asked as an independent pharmacist prescriber, whether you should dispense a prescription to an asthma patient whom you have just prescribed two salbutamol inhalers and one Seretide inhaler. Twenty four per cent of you chose option A (yes, I can prescribe and dispense for the same patient), 16 per cent chose option B (no, I am not allowed to prescribe and dispense for the same patient) and 60 per cent chose option C (I would only dispense if it were a matter of urgency).

Priya Sejpal, head of ethics

ETHICAL DILEMMA 3

A local GP calls into your pharmacy and writes out a prescription for himself for 30 diazepam 10mg tablets. He says he has been having a bit of trouble sleeping and suffers from anxiety. What do you do?

- A Politely refuse to dispense the prescription, because doctors should not prescribe for themselves.**
- B Dispense the prescription but suggest that the doctor obtains a prescription from his own GP next time.**
- C Make an emergency supply of five tablets until he can get a prescription from his own doctor.**

All the President's men

Martin Astbury

Vice-president of the Society Martin Astbury has set himself two priorities for this year. The first is to ensure that the professional body which emerges is one which front-line pharmacists want to join. The second is that individual pharmacists make their views known about the Department of Health's proposed changes to supervision in pharmacies, which follow on from the introduction of the concept of "responsible pharmacist".

Martin, who at 39 was elected as Vice-President for the second year running, works as a pharmacist for Morrison's in West Kirby, Merseyside, and is married to a community pharmacist. He says: "We have Council members who are blue sky thinkers and others who are practical front liners. While the chamber needs both, I am a front-line pharmacist and I see myself as a litmus test for those pharmacists working on the front line."

Martin, who has spent his 15 years since qualifying in the community sector, says the changes to pharmacy supervision that are outlined in the 2006 Health Act will have the biggest impact on the profession for a generation. He says: "People must get involved in the consultation over supervision because the outcome will determine the way that people obtain both their prescribed and purchased medicines. We must ensure appropriate oversight of supply by pharmacists."

Andrew Gush

Andrew Gush, who has now been elected Treasurer for the second time, describes his first 12 months in the job as "challenging and interesting" which have involved "managing unpopular decisions — particularly the fees increase which had a huge impact on members". He says the most significant financial challenge this year is to produce a "secure and sustainable financial framework for the new professional leadership body" which offers members "affordable relevant and quality services and, of course, to maintain a healthy balance sheet."

The proposed 2009 fee increase, he says, is "fair and proportionate" and "significantly lower" than last year's. "Staged payments and low income fees are at the forefront of our minds to assist members."

This year's budget reflects membership needs — focusing on improving communication, boosting the profession's profile and increasing media coverage, as well as producing more guidelines.



Pictured with the President, Steve Churton (centre) are (left to right): Andrew Gush, Alan Kershaw, Martin Astbury and David Thomson

He promises: "I will continue my work to ensure that member's fees are money well spent, as well as looking at ways of securing additional funding from other sources."

The Society has been working closely with senior civil servants at the Department of Health to secure funding to meet the transitional costs of creating the new regulator as well as lobbying for financial support for the new professional body and he admits: "I am very pleased to be working in such a dynamic environment, and very much look forward to serving my fellow members in the year ahead."

David Thomson

For the second year running, David Thomson has been elected as the fourth pharmacist officer (necessary because this year there is no Immediate Past President) and plans to spend his time in the next 12 month focusing on governance issues of the officers and the Council in order to sell its "transparency" to the members and the profession.

He says: "I want us to be more transparent and more effective — it's about listening and being heard, being more accountable to members and seeking feedback in how we are operating."

But David, who is deputy lead for community pharmacy development for NHS greater Glasgow and Clyde, also has another equally important role, which is to make sure that the voice of pharmacy in Scotland is heard in Lambeth.

He is also an ex officio member of the Scottish Pharmacy Board and says: "I am the Scottish member for the Council and foremost for me is to ensure that what is relevant for pharmacy in Scotland is considered in Council."

"I want to make sure that we get appropriate coverage in Scotland because the Society as an organisation is perhaps seen as rather

Anglocentric and pharmacy in Scotland, especially community pharmacy, is leading the world in service development."

Apart from being the fourth officer David is also a member of the Law and Ethics Committee and chairs the Benevolent Fund trustees and the Society's staff support group.

Alan Kershaw

Alan Kershaw was elected, unopposed, as the lay member of the Council's officers group three years into his five-year term. He says: "I'm not a lone voice on the Council — there are 10 of us and we're all pretty vocal."

Alan has a strong background in professional regulation and believes his role is to bring "an independent perspective to the organisation" and to "stop debate turning in on itself".

He says his over-riding task in the next 12 months is to help the Society through the regulatory reforms, creating two distinct organisations — the General Pharmaceutical Council and another body which he hopes "will be an effective voice for everybody working in and around pharmacy."

Alan's interest in professional regulation spans 25 years. It is, he says, all about maintaining professional standards as well as protecting the public interest. "It's not about the public versus the profession, despite what some find it convenient to suggest. It's about the two working together. Regulation is about helping good practitioners to stay good and to improve throughout their careers."

This June Alan became the first chairman of the Institute of Legal Executives (ILEX) regulatory body known as ILEX Professional Standards Ltd. He was chief executive of the Council for the Registration of Forensic Practitioners and, with Nigel Clarke, helped to establish the General Osteopathic Council.

Debbie Andalo, freelance journalist

SPOTLIGHT ON MEMBERS

What has the Society done for me?

Your Society spoke to Jen de Val, junior rotational pharmacist at University College London Hospitals NHS Trust.

YS: Why is membership of the Royal Pharmaceutical Society important to you?

JdeV: As a member of the Society, I am a registered pharmacist, which to me signifies five years of hard work to get the qualification. But it is also important because it gives access to resources and tools such as publications. Also, being involved in my local branch gives me access to continuing professional development opportunities, and a chance to meet other pharmacists.

The support that the Society gives branches is very valuable, as well as the continuing support it offers the British Pharmaceutical Students' Association (BPSA).

YS: What would you like for the new professional body?

JdeV: To me the single most important quality for the new professional body is engagement. I am hoping for a new organisation that is tangible and relevant, and particularly enables young pharmacists to feel part of the profession.

There are many more important characteristics of the new professional body. As a young pharmacist I really want to see an inclusive and inspirational organisation that promotes excellent practice, and supports me in my development. Somewhere I can turn to for expert advice, and somewhere I am proud to say I am a member of. I am also confused by the massive number of different organisations, associations and specialist groups within pharmacy.

I hope that the new body will harmonise this, and provide a strong coherent voice for pharmacy overall.

YS: What is your involvement with the Pharmacy Regulation and Leadership Oversight Group (PRLOG)?

JdeV: PRLOG is an oversight group set up to oversee the development and implementation of the General Pharmaceutical Council — the new regulator for pharmacy. As a member, I see my role to ensure the “younger end” of the profession is considered in all aspects of this — especially in the way the new professional body will support the regulator in terms of education and training of students, preregistration trainees and recently qualified pharmacists.

YS: What has been the biggest driving force in your career?

JdeV: This has changed as I have gone along in my career. One of the most important



Jen de Val wants a new professional body that is tangible and relevant

influences has been my involvement in the BPSA. I was very involved with this throughout my time at university and beyond. The BPSA provides excellent opportunities for pharmacy undergraduates and preregistration trainees to get more involved in the pharmacy profession. Attending the BPSA area and annual conferences allowed me to meet other pharmacy students and to learn so much about pharmacy that is not taught in the degree. The educational standard of these conferences is high and sets students up well for their future careers.

In particular, my year as BPSA president played a central role in how I developed as an individual and as a pharmacist. As it is a totally voluntary role, I learnt a lot about my personal skills and attributes, particularly when things went wrong. As a pharmacist, I became much more involved in the wider profession. The current changes in the profession are so important to the future and representing students and preregistration trainees during this process was an absolute privilege.

I am driven by the fact that that I can see the role a pharmacist has in improving the continuity of care. Communicating about medicines and ensuring care is seamless is a key part of the job, and I think the pharmacy team does this well.

YS: What made you go into pharmacy?

JdeV: I really don't know. At school and college I enjoyed science but was definitely too much of a “people person” to do a straight science degree. I did some work experience with a hospital pharmacist, enjoyed it and applied for the degree course.

YS: Why particularly into hospital pharmacy?

JdeV: During my degree at Nottingham University, I did several hospital visits where we learnt about the role of the pharmacist in the overall care of a patient.

I also undertook a summer vacation placement in hospital and was enthused by the multidisciplinary approach, and the fact that I could have more contact with patients on a longer basis as an inpatient in order to solve medication-related problems.

The team approach in hospitals is what really caught my attention. Pharmacy departments tend to have a wide range of staff and the environment is set up well for learning and development.

YS: Describe your typical working day.

JdeV: Currently I am on a six-month specialist rotation in critical care. I really enjoy this and am learning a lot. The intensive care unit at UCLH is a 35-bed ward comprising intensive care and high dependency beds. The type of patients seen varies daily, but generally will include emergency admissions, patients who have been in hospital but whose health has deteriorated and patients who have just had operations and require higher dependency beds, and closer monitoring and nursing care while they recover.

These patients normally have several medical or surgical problems, which are sometimes linked and, from a medication perspective, require more time and research before approving the use of a particular therapy.

My role is to ensure that basic pharmaceutical care is carried out, including ensuring continuity of medicines for chronic conditions and the appropriate monitoring. In addition to this there are specific issues around critically ill patients, especially in terms of drug handling. The pharmacists' role on the unit is to advise on these drug handling requirements, and to ensure appropriate dosing is used. There are also many unit protocols and guidelines for optimal patient management, and there is a multidisciplinary approach to ensuring these are used. A pharmacist attends the multidisciplinary ward, where all aspects of patient care are discussed and drug therapy is an important part of this.

Preserving and promoting the past

The fact that 5 July 2008 marks the 60th anniversary of the National Health Service means that the museum team has been busy. But our work to preserve and promote the history of the profession continues daily whether there's an important milestone in the diary or not.

The Society has had museum collections since 1842. The 45,000 items collected since then cover all aspects of British pharmacy history, from traditional dispensing equipment and drug storage jars to proprietary medicines and medical caricatures. Jacob Bell, the Society's founder, described the museum's collections as "an heirloom to be handed down", and the team use their expertise to ensure that this resource is cared for appropriately and added to for use by future generations.

However, these collections also provide the foundation for all of the museum's work today.

The current museum team consists of four full-time staff and four part-time voluntary staff, three of whom are non-practising pharmacists, and together we offer a wide range of services to both members and non-members.

For many years, museum staff have provided some services for schools, adult visitors, and schools of pharmacy. With a grant from the Heritage Lottery Fund, we are running an 18-month audience development programme to build on this work. Initiatives include pharmacy debates for secondary school students prompted by our pharmacy debate packs teachers resource, and "The great pharmacy debate" competition that we are running with the English Speaking Union in March 2009. Our plans to get London-based adults involved include a series of behind-the-scenes handling sessions running through the autumn, and we are launching a pharmacy-themed walk around Lambeth in September. With London Open House open day in September, a big draw family event in October, and a series of reminiscence sessions to encourage elderly people to share their memories of medicines with us, the museum has never been busier.

What the museum can do for you . . .

Answer your questions We act as a national point of contact for information about the history of British pharmacy. We answer enquiries including the identification of pharmacy antiques, the career history of pharmacists and their premises, the history of medicines and treatments, or questions about the history of the Society itself.

Give you a tour of our displays The museum displays in the Society's reception area in London are open Monday to Friday, 9am to



The museum team (left to right): Briony Hudson, Heather Maddin, John Betts and Julie Wakefield

5pm. We also run guided tours by appointment for individuals and groups. Individuals can also request a research visit to see stored items. We regularly provide tours for members who are visiting the building.

Support your history-related activities

Our outreach work includes lending display material for events, providing images and information for talks or publications, and getting out and about to meet members of the general public at hospital open days or by giving off-site talks.

Help you with historical material If you find some old medicines, advertising or equipment in your workplace, or are given it by a patient, we can advise on health and safety issues or identify mystery objects. We can also provide advice about donating items to a museum, finding a buyer for your collectables, or displaying the items in your premises.

Provide you with an inspired gift We sell a range of merchandise based on the museum's collections.

In addition to these services the museum's web pages at (www.rpsgb.org/museum) contain four online exhibitions, 35 illustrated

information sheets and information about the museum. With over 84,000 hits every year, the website provides information to people in Britain and abroad who cannot get to Lambeth.

Last year, the museum, working with the British Society for the History of Pharmacy, launched a new section on its website called "The evolution of pharmacy", with illustrated information sheets aimed specifically at pharmacy lecturers and students.

We plan to continue to increase our online collections information, including catalogue information about the collections, and an online guide to research in pharmacy history.

All of the services detailed in the Panel are also available to non-members. No other public institution exists in Britain that focuses and cares specifically for the pharmacy profession's history.

In total, the museum reaches out to nearly 2,000 people each year. For the majority of them, this is their first contact with the Society. The museum also supports other institutions to present British pharmacy history accurately whether this is lending objects to other museums for their own exhibitions or advising researchers from television, radio, theatre and publishing to ensure that their portrayal of pharmacy history is accurate.

*Briony Hudson,
Keeper of the Museum Collections*

COMMUNITY PHARMACISTS GROUP

Pharmacists' main anxieties revealed

Ask any community pharmacy group member what is causing him or her anxiety and you will receive an immediate response. The answers vary, but their sheer volume clearly shows that there is much to be addressed. The CPG committee recognises this and has begun working on the major issues, but needs your input, not just now, but also going forward.

From the committee's experience of talking to members, what we recognise as being your major issues fall into two categories: professional and contractual.

We recorded the topics in a random order and then prioritised them.

It was no surprise to see that, in the professional category, workload and regulation were equal first, followed closely by long hours and then not being appreciated or valued at work. Controlled Drugs came next, followed by disciplinary measures and too many other issues to list here.

The contractual category was headed by two other equal firsts, workload combined with finance, especially discount clawback, prescription switching and category M. The attitude of the primary care organisations came next, linked with terms of service, contract monitoring and regulation. — *David Carter, CPG committee member*

CPD and Bruce Forsyth

What worked for you yesterday may, unfortunately, no longer work for you tomorrow, or even today. Consider a comedian who was successful 10 years ago. Today he will not be funny unless he adapts his jokes to suit a changed audience in changed times. A comedian is only fit for purpose if he stays fresh (that is why Bruce Forsyth gives me a migraine). In much the same way community pharmacy's audience needs are changing: they are becoming demanding. Our tools are expanding in range as are people's expectations of us and the pressure to cope steadily increases. Hence the need to keep refreshing the knowledge database in our brains in the same way computers require updates and, similarly, comedians to move with the times. Continuing professional development is, therefore, the software required to update our hardware.

Some describe doing CPD as painful, but if started now, in your own time, it will be far less daunting than later on. The Society's website

(www.uptodate.org.uk) is friendly to use, as is the Centre for Pharmacy Postgraduate Education guide.

If I discover something I do not know, I jot it down on a sticky note and put it in my in-tray. Then I review it and reflect over it in a rare period of quiet, while I document it (I find Saturday afternoons good for this). CPD is also about keeping records of what you learn to keep you up-to-date, why you needed to learn it and how you learnt it. It is about helping you to identify gaps in your knowledge. Doing CPD is good for you and your patients. Many of us are already doing it so why not record it? It takes roughly 10 minutes a week to record and maintain and it helps this rolling stone to have time to gather his thoughts before rolling all over again.

CPD is the key to being less than a "Bruce Forsyth-like pharmacist". The more CPD you do, the more brownie points you get and we all know what points make, don't we? — *Sid Dajani*

FROM THE CHAIRMAN

Now for the good news! At last, we have the written recognition we in England have been waiting for — the recently published White Paper on pharmacy for England. Indeed, just the title of the paper spells out promise for our future success: "Building on strengths — delivering the future" cannot be clearer. Not only that, but the text that followed forcefully documented the Government's declared intention to continue to commit to community pharmacy as a means of delivering healthcare to the population.



Jeremy Clitherow: White Paper warmly welcomed by all the CPG committee members

We all welcomed the shift in emphasis away from dispensing prescriptions and towards providing clinical services when it was first proposed. Now it is here, straight from the Government, in print, for all to see.

Today's CPG members are well equipped to deliver better access and high quality services to the public. Let us just hope that the bureaucrats do not smother the new babe in unnecessary paperwork. While we are aware of the need for paper and audit trails, let us not lose sight of our primary objective — improved patient care.

Badging is an important tool in merchandising these days, mostly because people recognise badges and what they stand for. The term "healthy living centre" is used in the White Paper and what better badge could pharmacies ask for? Everything about it is positive. In these centres, the public can obtain rapid access to a key health professional with the necessary skills to deliver all those services the Government has in mind.

We know we can deliver and the next phase has to be to produce the evidence that shows it. Evidence-based intelligence is a common thread throughout the whole of the NHS these days. Without it, there is bound to be doubt and uncertainty in the minds of the commissioners. The CPG committee is looking for your feedback. We need to be able to collate reports of your successes, your centres of excellence, your "Healthy Living Centres", which are real rather than virtual, innovative projects that have delivered measurable health gains for your customer base and any other patient centred initiatives that could be linked to the new services described in the paper. The contact point for sending in your reports is our own Secretary, Angela Canning, whose e-mail address at Lambeth is angela.canning@rpsgb.org. Just send us 100 words or so and leave the rest to us.

The CPG committee has also been considering what issues worry community pharmacists, and gathering opinions has been revealing (see story). Rest assured, the CPG is working on all of the issues listed. We are on your side!

Jeremy Clitherow

BRITISH PHARMACEUTICAL CONFERENCE

BPC 2008 for £25 — special Sunday offer that's too good to miss

The first British Pharmaceutical Conference I attended was at Keele University around 20 years ago. As an inexperienced young pharmacist it was a little overwhelming and the prospect that I would be a Council member in the future was a distant fantasy. The thought of chairing the BPC committee and being the Council member responsible for delivering the conference was even more remote. As that is my role now it just goes to show that you never know what the future may hold.

Chairing the committee involves dealing with the many partners and sponsors that the Society works with in delivering the BPC — this has been an exciting and challenging role which I am enjoying immensely. With the help of other Council members and Society staff, partners such as APS and our professional conference organisers Health Links, the aim is to deliver a conference that brings together pharmacists and pharmaceutical scientists from whichever branch of the profession that they work in. We want them to mix together and discuss issues of the day in practice, new scientific developments relating to the field of pharmacy. We want them to develop ways of working cutting edge science into developing the practice of pharmacy and moving the profession forwards to benefit patients and reward practitioners.

The challenges for the BPC today are to be more relevant to pharmacists in their everyday working lives, whether they work in community pharmacy, primary care, hospital, drug development, academia or any other branch of the profession. We want people to attend the BPC, to enjoy attending the BPC and to go away from BPC with ideas to develop themselves and their practice.

BPC 2008 runs from 7–9 September at Manchester Central. A significant development for this year is that BPC will open with a full programme on the Sunday at a very special delegate rate of £25. We have made it easier and cheaper to attend without compromising on the quality of the conference and we are confident that there is something for everyone. The full programme is available on the BPC website at www.bpc2008.org with the Sunday programme including:



- A discussion on the future of the professional body with Nigel Clarke (chairman of the independent Clarke Inquiry into the future professional body), Ken Jarrold (chairman of the Pharmacy Regulation and Leadership Oversight Group looking at the formation of the new regulatory body), and Jeremy Holmes (the Society's chief executive and registrar)
- A workshop and advice surgery for community pharmacists in England preparing for the challenges of the pharmacy White Paper
- Linda Strand, University of Minnesota, on making patient care a worldwide reality
- A session on work-related stress in pharmacy — why this is an important issue to address and how to develop strategies to cope
- A session on the responsible pharmacist proposals and how this will affect you and your patients
- A "Best of the best" session showcasing examples of pharmacists who have introduced new ways of working to their practice and how you can do the same
- A session on pharmaceutical care of patients with cancer
- Patrick Sinko, of Rutgers University, US, on nano-engineering in rapid diagnostic systems

You will find something to make you think and there will be an opportunity to discuss the issues with the presenters and decide how you can apply these developments to your role — change the way you work for the better and improve life for your patients into the bargain.

Running alongside BPC is an exhibition, including companies that supply pharmacies with the latest hardware and software technology. You will have a chance, away from the working environment, to talk to suppliers to the world of pharmacy and discuss new drug developments with the people who have developed them. Society staff will be on hand to answer any queries you may have and many other healthcare organisations will also be represented. The BPC-PJ Careers Forum also forms part of the exhibition and is your chance to look at where your next stage in pharmacy might take you.

There are also countless opportunities to network with other pharmacists and make contacts socially and professionally which will stand you in good stead, in many cases for years to come.

There are many social events planned throughout the conference including the BPC dinner on Sunday evening.

It all begins at 11am on Sunday, 7 September, at Manchester Central, one of the best conference venues in the country.

BPC is a unique event and I am sure that we can continue to increase participation in this flagship conference for the profession. We want as many of our members as possible to have the opportunity to be part of BPC and the steps taken for the 2008 conference are only the start of a process which will take the conference forward in to the new professional body.

The conference would not be possible without the generous support of our lead sponsor Boots and associate sponsors AstraZeneca, the Pharmacists' Defence Association and GlaxoSmithKline.

For more information about BPC 2008 go to www.rpsgb.org. Don't miss out — your future begins here. What will you do on 7 September?

John Gentle, BPC Committee Chairman