



Melinda is the perfect messenger for pharmacy

Celebrity mum Melinda Messenger gave her support to the Society's hay fever awareness campaign in April when she took part in a series of TV and radio interviews helping to promote the role of community pharmacists in treating minor ailments.

Melinda has first hand experience of hay fever. Six-year-old Flynn suffered a severe reaction after he walked past a rape seed field when he was just two years old. He was admitted to hospital and now takes antihistamines through the summer to help relieve symptoms.

YouGov research conducted on the Society's behalf revealed that more than five million hay fever sufferers across Britain risk their health by taking inappropriate medicines. The Society campaign encourages sufferers to visit their local pharmacy for advice and treatment.

To find out what Melinda had to say about hay fever and to view other coverage from the campaign go to www.digitalnewsagency.com (password and username: rpsgb1).



Melinda Messenger and her son Flynn back the Society's hay fever campaign

Be the first to know

Members wanting to stay up-to-date with the latest news and views from the Society should register their details at www.myrpsgb.org. This route is being used by the Society to communicate directly with the profession. A recent alert about the change in the MHRA guidance on cough medicines for children under the age of two is

just one example of how myRPSGB can help disseminate information quickly and effectively.

Another service, myLibrary, has also been launched by the Society. The online library allows members to download articles from over 1,700 full-text journals, as well as search thousands of abstracted references to published articles.

BPC TV to be back on air

September will see BPC TV News return to the British Pharmaceutical Conference (BPC) from 7-9 September 2008 at Manchester Central.

BPC TV News provides a lively mix of conference news, interviews and round table discussions on pharmacy current affairs. It also profiles businesses working across the various sectors of the

profession. BPC TV News will be screened during the conference with highlights available via the website www.bpc2008.org. A free DVD of the programme will also be sent to members with *The Pharmaceutical Journal's* conference supplement.

To find out how to get involved with BPC TV News contact Nice TV on 0207 812 0645.

Updated advice

Two working documents have recently been updated by the Society's practice and quality improvement team. The first is a revised version of the substances of misuse and sexually transmitted diseases list. A second document, "Initial recommendations in the 1997 Report of the Working Party on the prevention of HIV/AIDS, hepatitis B and C and sexually transmitted diseases", has also been reviewed. Both documents are available via the Society's website at www.rpsgb.org.

THIS WEEK

- The work of the Society's finance department (p4)
- Focus on the Society's director for Wales (p6)
- An interview with an NHS trust chief executive (p8)

NOTES FROM JEREMY HOLMES CHIEF EXECUTIVE

Look out through the windscreen, not just down at the dashboard

Heigh-ho, another quiet month in the world of pharmacy? You must be joking!

The White Paper “Pharmacy in England” and the report of the independent Clarke Inquiry were published within days of each other at the beginning of April. They were followed by a professional leadership seminar we organised in Edinburgh, the launch of a major Society PR campaign on hay fever (with Melinda Messenger as a celebrity spokesperson, see p1) and Open Days at both the London and Edinburgh offices. All three national pharmacy boards met, as did the Council (twice) and the board and Council elections got under way. We also started on an internal reorganisation to provide a clear separation of our regulatory and professional leadership functions.

Meanwhile I’ve been meeting with a wide range of other stakeholders to understand their views on the Clarke Inquiry — the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee, Community Pharmacy Scotland, Community Pharmacy Wales, the Company Chemists Association/Association of Independent Multiple Pharmacies, the Independent Pharmacy Federation, the Waterloo group, the Secondary Care think tank, the Pharmacists Defence Association, the Boots Pharmacists Association, the National Prescribing Centre and others. In fact I arranged to meet David Wyatt, chairman of the Academy of Pharmaceutical Sciences, on the boat trip at our London Open Day. A nice way to have a business discussion — the metaphor of making real progress, under a bright clear sky with no choppy water, was not lost on us!

The President had an even fuller weekend because the day before the Open Day he was in Sheffield at the annual conference of the National Association of Women Pharmacists. Both of us also recently met representatives of



THE GREAT OPPORTUNITIES PRESENTED BY THE WHITE PAPER AND OTHER CHALLENGES CAN ONLY BE REALISED IF WE LOOK FORWARD NOT BACK

the Council of University Heads of Pharmacy, and I am meeting the new president of the British Pharmaceutical Students’ Association. (I was pleased to see the BPSA was also very much in evidence at the London Open Day.)

What’s the point of all this activity? Well, the Clarke Inquiry report says the new professional leadership body has to be inclusive. I agree — which is why I’m engaging with as many other players as I can to make sure development of the new body is a collaborative exercise with widespread support. And before you put finger to keyboard, I know there are plenty of other organisations I should be listening to as well!

The Clarke report recommends the Society convenes a “transitional committee” with representation from all the organisations who are committed to being part of the new professional body, and input from other key

stakeholders as well. This issue of *Your Society* will be published around the time that the Society’s own response to the Clarke Inquiry report will be made known, a summary of which will be distributed with *The Pharmaceutical Journal* and *C+D* — and we support the formation of that committee.

If there was any doubt at all about the need for strong leadership in pharmacy right now, the White Paper makes it very clear. And the direction in Scotland and Wales, towards a more clinical service, is very similar to that in England, even if the instruments are different.

Talking of instruments, several people have said to me how important it is for the profession to be “looking out of the windscreen” rather than at the dashboard. We need to look forward. That was a theme that came through clearly in the responses I had on the positivefeedback@rpsgb.org e-mail address when I asked what people’s top three priorities were for 2008.

To do that, we have to start thinking and acting differently at the Society and as a profession. “If we always do what we’ve always done, we’ll always get what we’ve always had” — the great opportunities presented by the White Paper and other challenges can only be realised if we look forward, and together we build a strong leadership body to take us to that future. I and the team at the Society’s headquarters are committed to making that happen.



Flynt/Dreamstime.com

NEWSROUND

London Open Day success



The Society opened the doors of its London office on 20 April and was due to open the Edinburgh office on 27 April as *Your Society* went to press. The events were intended to help members in England and Scotland find out more about the work the Society does on behalf of the profession and discuss the recommendations of the Clarke Inquiry into a future professional body

History lesson for pharmacy students



Delegates attending the March conference of the British Pharmaceutical Students Association took the opportunity to use a Victorian "pill machine" at the Society's exhibition stand. Staff from the Society's museum and library attended the conference and talked about pharmacy's past and how the Society works on behalf of the profession today.

ETHICAL DILEMMAS

Welcome to the monthly Ethical Dilemma!

Each month *Your Society* will include an ethical dilemma, together with a series of options for members to choose from. 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 choice, and the issues you should bear in mind when faced with a similar situation.

Following each dilemma, *Your Society* will publish a breakdown of how many pharmacists picked which option, so you can see whether your actions are the same as others. So, what are you waiting for? Log on now!

Priya Sejal, head of ethics

ETHICAL DILEMMA 1

A police officer comes into your pharmacy, and explains he would like to inspect your Controlled Drugs register and patient medication records. He would like to find out what medication one of your methadone patients has received. Do you:

- A Allow the police officer to see both of the records that you hold?
- B Allow the police officer to see your CD register only?
- C Refuse the police officer access to both records?



Martindale celebrates 125th anniversary

2008 marks the 125th anniversary of the publication of the first edition of the book that was to become the present day 'Martindale: The Complete Drug Reference'. To mark the occasion, the Pharmaceutical Press has produced a reproduction of 'The Extra Pharmacopœia' by William Martindale and Wynn Westcott, first published in 1883.

Sean Sweetman, Editor of Martindale: The Complete Drug Reference, says: "There can be few pharmacists worldwide who do not immediately recognise the name 'Martindale' and associate it with the authoritative drug reference work written and published by the Society."

Copies (£19.95) can be ordered from the Pharmaceutical Press (tel 01767 604971, fax 01767 601640, e-mail rps@turpin-distribution.com, website www.pharmppress.com).

Money-making ventures on horizon



There are few buildings that can offer such a panoramic view of the Thames and can boast being a short stroll from the Houses of Parliament, Tate Britain and Lambeth Palace. Its address, 1 Lambeth High Street, makes the main office of the Society a prime piece of real estate. The Society has no plans to sell it off, although nothing is discounted in the long term, and for the time being it is looking for other ways of using the building to increase its income and give its members best value for money.

That challenge falls to Bernard Kelly, who took over as director of finance and resources at the Society in 2003. Bernard is not quite what you might expect from the director of finance for the Society. Not only does he have extensive experience in the private sector, which included 17 years with the Thorn EMI group and three years as the chief financial officer for MTV Europe, he also commutes 70 miles a day by motorbike. Four years into the job, it is a role he is relishing. He says: "I come from a commercial background; my previous experience leads me to believe that there is a greater potential here for utilising these assets than has been the case before. It's just a question of looking for the opportunity and focusing on generating revenue for the benefit of members."

The future changes to the functions of the Society and the loss of its regulatory role present just the kind of money-spinning opportunity which Bernard has been looking for. The reforms will free many of the offices in Lambeth which have traditionally been used for committee meetings and other regulatory duties.

"Andrew Gush (the Society's Treasurer) and I work closely together and we share the same attitude when looking at the Society's finances. We look at what we spend to make sure we are as efficient and cost-effective as possible and we look at the assets and how they could be used most productively. In particular we are looking at our offices in Lambeth and their potential for conferences. We think they are extremely competitive in terms of the facilities they can offer and the location. At the moment a lot of these facilities are used for regulatory purposes



Bernard Kelly — the challenges ahead are exciting

and by the Society's Council. I think in the future there will be a much wider range of potential users." Bernard believes they would make ideal conference or meeting places for organisations within the wider pharmaceutical industry and profession as well as other health-related organisations. The idea would be to market the conference potential to "quality" clients selling its proximity to Parliament and the offices of Whitehall, which gives it an advantage over other potential conference venues, he says. "That is a major selling point," he says. Facilities on offer for private hire include the large conference hall, seating up to 240 people, with adjacent rooms that would be ideal for workshops or focus groups. There are also a series of other smaller conference rooms which might appeal as well, according to Bernard.

While the conference facilities may bring benefits to members by generating a new source of income for the Society, it is also keen to improve the use of the building for its own

members. Bernard has been quick to spot the potential of the space available on the fifth floor. He says: "It's an absolute gem. The room has one of the best views in London from south of the river in terms of the perspective it offers. It takes in Canary Wharf, St Paul's and the Houses of Parliament."

The idea he has is to upgrade the dining room into a members' restaurant with the intention of keeping it open in the evenings. Tables could be booked by members and their guests "at competitive prices" and the venue would also be made available for private hire. He is hopeful that the development planned for the fifth floor will be given the go-ahead by the Council at its meeting in June with the new restaurant opening by the end of the year. The timetable for developing the conference facilities is more fluid because, he says, it is "an ongoing marketing issue".

The Society is also taking other steps to help give members best value for money. The publication of the White Paper "Pharmacy in England — building on strengths, delivering the future" gives the clearest signal yet that the Government is relying on the profession to enhance its clinical role within the NHS and at the same time statutory continuing professional development is looming. The Society is responding to these professional changes by developing its training and education role to help members through this period of transition and beyond. As well as the resources of the Society library and information services, Bernard points to the increasing role which the Society will play in supporting members with CPD.

As he continues to seek other ways for the Society to help its members and give them the best return for their annual fees, he describes the challenges ahead as exciting. He explains: "This is all about problem solving. It's a question of solving the problems which face the organisation but at the same time constantly looking to the horizon and the future and finding alternative ways of doing things. I have no doubt that we can rise to these challenges — it's exciting."

Bernard Kelly was interviewed by Debbie Andalo, freelance writer

SPOTLIGHT ON RETIRED MEMBERS

Service is key to a successful career

Retired pharmacist Richard Harrison is one of the longest-serving members of the Royal Pharmaceutical Society. Aged 92, he finally resigned from the Register a few weeks ago — 71 years after qualifying in 1937 and 30 years after his official retirement.

Born and bred in Lancaster, he still lives with his wife next door to the pharmacy he built up from nothing after the 1939–45 war and sold as a thriving business in 1978, although the pharmacy has since moved to Lancaster city centre.

Things were very different when Mr Harrison embarked on his career. There were no university degrees in pharmacy: instead he left school at 15 to serve a four-year apprenticeship with Boots, followed by a one-year course at the Liverpool School of Pharmacy leading to qualification as MPS.

Boots sent a telegram — “Congratulations — when can you start work?”. After this Mr Harrison spent time as a relief pharmacy manager on the Isle of Wight before being called up for service in the Royal Air Force, where he taught radar in Glasgow during the war.

Returning to Lancaster afterwards, he bought a neglected, failing pharmacy and set about rebuilding it both inside and out. It was the year the National Health Service was established, and an exciting time for pharmacists as well as doctors.

“I made my business successful by giving service,” he recalls. “I lived on the premises — I built the house where I still live in the garden — and worked long hours. I used to do a lot of out-of-hours dispensing and was disturbed a lot in the evenings. I was very well respected by the local doctors, who used to send people to me with prescriptions in the middle of the night. I bet that doesn’t happen now.”

At the same time, Mr Harrison threw himself with enormous vigour into the affairs of the Lancaster branch of the Society,



Richard Harrison is 92 years old and only recently retired from the Register

serving stints as chairman and secretary and even taking on part of the treasurer’s work.

“I built up the Lancaster branch from practically nothing,” he says, “and used to come down as a rep to all the secretaries’ meetings and annual general meetings in London.

“We did a lot of publicity in our branch, holding local exhibitions and demonstrations, all to promote the image of pharmacy and make it look like an attractive profession to enter.

“The Society has changed tremendously since those days.”

The practice of pharmacy has also changed enormously since Mr Harrison’s day — and he is not convinced it is for the better: “The whole ethos of dispensing has altered tremendously. When I was working, it was a very skilled

business. We were nearly always working with liquid preparations, which had to be weighed, measured and mixed correctly. That doesn’t happen now and you rarely get a prescription for several products mixed together because it’s all pre-prepared pills and tablets, which take no skill to dispense.

“In those days a pharmacist could make up anything for a patient if it was allowable. I myself had my own patent cough mixture. But then it got to the point where you couldn’t get the ingredients because the manufacturers were cornering the market.”

After retiring in 1978, Mr Harrison continued to work as a relief pharmacist and to take an active interest in Society branch affairs. He finally resigned from

DON’T BE FRIGHTENED OF WORKING LONG HOURS BECAUSE YOU HAVE TO GIVE SERVICE TO COMPETE AND YOU WILL BE IN COMPETITION WITH PEOPLE WHO ARE PREPARED TO BE OPEN SEVEN DAYS A WEEK

the Register this year because he cares for his disabled wife and can no longer attend meetings.

His advice to newly qualified pharmacists can be summed up in one word: service.

“Don’t be frightened of working long hours,” he advises, “because you have to give service to compete and you will be in competition with people who are prepared to be open seven days a week.

“Also if you want to work for one of the big companies, you’ll have to be prepared to move around. I was able to stay put for 30 years when I had my own business — but the days of privately owned pharmacies have gone for good.”

Richard Harrison was interviewed by Isabel Walker, freelance writer

FOCUS ON CATH SAVAGE DIRECTOR FOR WALES

“We will bang the pharmacy drum”

Wales may be best known in pharmacy circles as the first home country since devolution to abolish prescription charges. The removal of prescription charges last year illustrates the autonomy which the country has had over the National Health Service since May 1999. Today only regulation of the health professions and medicines remains the remit of Westminster; every other decision about the health service is in the hands of the Welsh Assembly Government. But the benefits of devolution go far beyond health service autonomy, according to Cath Savage, one of the public faces of the Royal Pharmaceutical Society of Great Britain in Wales. Cath, who is director for Wales, says: “In Wales there is a short chain of contact — you don’t get the large government departments that you do in Westminster. Here a lot of subjects are dealt with by a few people — it’s a much more open dialogue and it’s much easier to effect change in Wales than it would be in England. This allows us to be responsive to the particular needs of Wales.”

The Society’s Welsh Directorate plays a vital role, working with the Welsh Pharmacy Board, to make sure that the voice of pharmacy is heard across the principality. It has a two-way focus: towards London and the headquarters of the Society in one direction and to the members and stakeholders in Wales in the other. “We make sure that health and social care development in Wales is informed by the pharmacy perspective and that what the Society in London is doing is informed by what is going on in Wales,” she says. Wales has its own structures and bodies in place and has its own ways of working. “We have a ‘joined up’ approach in Wales,” explains Cath. “We work closely with all the other pharmacy bodies to ensure we get our messages across.”

The Welsh Directorate keeps pharmacists up to date with any Assembly consultations or policy documents which affect the profession. Cath says: “Pharmacists can’t assume that anything which happens in England will also happen in Wales so it’s important that they have access to the most up-to-date information. For



Cath Savage — Wales has its own structures and bodies

THE WELSH DIRECTORATE IS DETERMINED THAT WHATEVER THE FUTURE HOLDS FOR THE SOCIETY IT WILL CONTINUE TO KEEP PHARMACY AT THE TABLE IN WALES

example, the development of NHS IT (particularly in terms of the patient record and electronic transmission of prescriptions) is a completely separate development programme in Wales. The direction of travel, as set out in the Welsh coalition Government’s manifesto ‘One Wales’, and the fundamental principles are different in Wales, eg, ‘choice’ is not a priority and there are no private finance initiatives.”

A newsletter is sent to members four times a year and the Welsh Directorate is using e-mail more and more to keep in touch where members have provided a contact address. “E-

mail is an increasingly important tool to communicate with people effectively,” says Cath. She would like to see it used in the future, for example, for passing on to pharmacists accurate facts when a “scare story” around medicines hits the front pages so that pharmacists can in turn reassure worried patients.

Communicating with members in Wales is just one part of the role of the Welsh Directorate. Cath explains: “We’re also making a concerted effort to raise the public profile of the pharmacy profession. We are working hard, in conjunction with the PR team in London, and it’s encouraging to note the coverage we have achieved recently in the Welsh media including broadcast and print. For example, the *Western Mail* recently included a two-page article on the development of pharmacy over the past 60 years as part of a series covering the 60th anniversary of the NHS.”

The Welsh Directorate is also able to offer advice and information to the 2,278 practising pharmacists in Wales, which includes 1,200 in the community and another 350 in hospital. The staff receive a range of enquiries from members often seeking clarification or advice about changes to practice policy or guidance. Cath explains: “The calls come from pharmacists working in all areas of practice and are wide and varied. If we have the answer or the information we will provide it, and if not we take advice from the information team or legal and ethical advisers in London. It’s a team effort.”

Despite having a staff of five (“we are not staff or resource rich,” Cath admits), the Welsh Directorate is determined that whatever the future holds for the Society and its members it will continue to keep pharmacy at the table in Wales. “While the changes are going on, we will still be delivering the ‘business as usual’, making sure the voice of the profession is heard,” confirms Cath. “We’ll continue to bang the pharmacy drum — that role will still need to be done, whatever the future holds,” she emphasises.

Cath Savage was interviewed by Debbie Andalo, freelance writer

HOSPITAL PHARMACISTS GROUP

Leeds leads at the interface

The perceived interface between hospital and community pharmacy could be erased and replaced with a collaborative approach — the profession working together, to optimise medicines management. This is already happening in Leeds, where hospital and community pharmacists and technical staff have started to work more closely to improve care for patients as they pass in and out of hospital.

At a local branch meeting in November, people learnt more about each other's practices and how to collaborate in joint projects. Communications immediately improved. For example, hospital technical staff now contact community pharmacists when patients using monitored dose devices are admitted. This saves the community pharmacist dispensing medicines that will not be required while the patient is in hospital. And at discharge the community pharmacist is contacted again about future medicines supply. By communicating proactively with each other we can improve patients' care. Improvements to risk management of medicines can also



be achieved by working closely and our next joint meeting will take forward a Leeds-wide project on improving the safety issues associated with methotrexate.

A research project is looking at how the pharmaceutical care planning in hospital can be transferred to community pharmacists and used to undertake post discharge medication reviews, and what impact this can have on readmissions to hospital — many elderly patients recently discharged from hospital are readmitted partly or completely as a result of problems with medicines. It is our ambition in Leeds to make a difference to this. — *Liz Kay, Clinical Director, Leeds Teaching Hospital NHS Trust*

FROM THE CHAIRMAN

This latest update from the HPG has a rich variety of material reflecting the changing times we practise in. The Clarke report is now out and members will see it reflects much of what the Society submitted to the inquiry. The sections on cross sector working and patient-centred pharmacy both echo themes in the White Paper "Pharmacy in England — building on strengths, delivering the future", published at the beginning of April.

The HPG responded to the Clarke consultation as part of the overall Society response. The key points from the HPG submission were:

- We see the professional leadership body as the umbrella body under which other pharmacy organisations can sit either as fully integrated or affiliated bodies.
- The professional leadership body could provide continuing professional development or accredit other providers, or both, in order to support individual revalidation.
- The new body could accredit training placements in a similar way to royal colleges.
- The new body should be the voice of the profession, which works with the General Pharmaceutical Council and lobbies government.
- The HPG does not believe the professional body should provide a union function.

In addition to this formal submission I attended the Clarke regional workshop in Manchester where similar views were expressed. The HPG is now represented on the Waterloo group, and a secondary care think tank, comprising the key hospital pharmacy groups, the Society and the Pharmacy Regulation and Leadership Oversight Group. Both are informing the debate on the establishment of a new professional leadership body, but more of this in our next update.

Ray Fitzpatrick

The vision: patient-centred, medicines-focused

So the future is clear: pharmacy is evolving along an ever more clinical path, which is patient-centred and medicines-focused. However, it troubles me that hospital pharmacists feel unable to stand for Council and that many hospital pharmacists still believe that the Society only represents community pharmacists. Strangely enough, my community pharmacist colleagues tell me with equal certainty that the Society represents only hospital pharmacists' interests.

Clearly we will demand a different culture from our new professional body. So I am delighted that the HPG believes that the new body should be the voice of the

entire profession, working constructively with the new regulator, the GPhC, and playing a strong lobbying role at government level. All sectors share the same professional aspirations and frustrations — it is the commonality that is striking, not the differences.

When the HPG considered the changes affecting hospital pharmacy practice in the short to medium term, the key issues we identified were an increasing ageing population, unhealthy lifestyles, rising patient expectations, a recognition of current inadequacies (for example, interface issues) and pressures for improved efficiency and cost-effectiveness.

Key drivers for hospital pharmacy included long-term conditions and chronic use of medicines, registration of pharmacy technicians, ambulatory care and treatment centres, and health economy-wide approaches to prescribing. All of these are writ large in the recent pharmacy White Paper and have profound resonances for community pharmacists as well. Management of many long-term conditions will transfer from the acute setting to provide care closer to patients' homes.

As part of the NHS modernisation agenda, non-medical prescribing is a significant opportunity for pharmacists. Many

admissions to hospital are medicines-related so a stronger pharmacy contribution to management of long-term conditions will benefit patients and hospital services alike. Community pharmacy is clearly set to play a greater role in medicines management. For this to work community pharmacists will need to link closely with advanced level and consultant pharmacists in hospital, particularly in relation to areas of special interest practice.

The White Paper is a fantastic opportunity for the profession, not least to achieve a greater degree of working across the interface than is currently the case. *Carpe diem!* — *Graham Phillips, Member of Council*

FOCUS ON MEMBERS

What has the Society done for me?

Jill Rodney has been chief executive of a foundation trust in Buckinghamshire for nearly seven years. The fact that she is a woman in charge of a hospital with around 500 beds, an annual turnover of £130m, and a staff of 2,500 is not so remarkable. What does stand her apart from other NHS trust bosses is that she reached her route to the top through pharmacy and still insists on keeping her professional registration up to date. She says: "I love my pharmacy qualification. Although I don't practise any longer or work in the pharmacy, I am responsible for the pharmacy department at the trust. Keeping my registration gives me clinical credibility and I value that when I am working with medical staff and other allied health professionals. It means that I can talk about when I was on call and had to come in at 2am for example, and it means I have an understanding of some of the demands made on clinicians' time as opposed to management time. I wish I could say being a pharmacist has made me a better chief executive, but I think what it does mean is that I have much more empathy."

Jill became chief executive of Milton Keynes NHS Foundation Trust in 2001 more than 20 years after she qualified as a pharmacist in 1984. She believes that her years of practice brought invaluable skills to her role. She says: "I think being a pharmacist has brought massive benefits. There is something about the discipline of studying which I think has been really helpful." Her experience in the hospital sector also paid dividends later. She says: "I chose to go down the hospital pharmacy route after I qualified and some of the skills I have learned around communication and inspiring confidence in patients, the way that you can work as a team and



Jill Rodney — health service through and through

expect to be part of a multidisciplinary team, has held me in good stead."

She believes strongly in being a "visible" chief executive. Every month she clears room in her diary and leaves her office to tour "a patch" of the hospital. Once a month she work-shadows a member of staff to find out what is really happening on the ground. She says: "It means I am visible and I think it helps staff realise that I am approachable. It's so I can understand the pressures which staff are under. I've shadowed consultants, pharmacists, nurses and radiologists. The staff are very willing. They save the best jobs for me — when I was a cleaner I cleaned the toilets and as a porter I did the blood runs from A&E to pathology and transported patients from one department to another."

She says: "This is my way of working to understand what patients want and what pressures staff have — you don't get that by sitting in an office."

Jill reckons the role of pharmacy has come full-circle since she decided, as a teenager growing up in Hamilton just outside Glasgow, to join the profession. She says: "When I was

I THINK MEMBERSHIP WAS MORE IMPORTANT WHEN I WAS PRACTISING BUT I STILL FIND IT USEFUL IN KEEPING UP-TO-DATE. ... IT'S STILL RELEVANT TO ME

growing up I used to be taken to the pharmacist when I wasn't well. That had nothing to do with the quality of the local GP service; it was more about the confidence which the local people had in the pharmacist and to offer advice. That same role is now becoming much more the norm again — in terms of the pharmacist being responsible for keeping people well and being there when people are looking for support to self-care."

The influence and importance of the role of the hospital pharmacist is also increasing, she believes. The part the profession plays in the battle against hospital-acquired infections and the nutrition of patients is crucial, she says. It was the opportunity to get involved in "the full range of what people need in terms of their drug requirements" that attracted Jill to the hospital sector after she qualified. Later on in her career, pharmacy also created the opportunity she was looking for to move out of clinical care into management. She admits: "I didn't realise when I started my career that I would move out of pharmacy, I thought that I would stay with it forever." But a management rotation opportunity with the then North West Thames Regional Health Authority whetted her appetite to move into management. "I was looking for broader and different experiences, taking with me what I had learnt

from pharmacy and using my management experience as well and use them in a different way." She took on a variety of strategic management roles across London teaching hospitals.

Then in 1997 she became chief executive of Oxfordshire Community Trust and in 2001 took on her second chief executive post when she moved to Milton Keynes.

During her career the Society and her membership have always been important to her. Jill says: "I think it was more important when I was practising than it is now but I still find it useful in keeping up-to-date in terms of continuing professional development and other developments in pharmacy. It's still relevant to me."

She has no plans to leave the NHS. "For me the lovely thing about the health service is that it changes and no two days are ever the same. I've probably got another job in me — whether that is in a trust or somewhere else, I don't know. But because I have come from a pharmacy background the opportunities are enormous. What I have learnt is that pharmacy skills are transferable as much as the skills of a chief executive are, if I wanted to move out of the health service. But I am health service through and through — if you cut me in half it would say NHS."

Jill Rodney was interviewed by Debbie Andalo, freelance writer