



BBC radio presenter takes a fresh look at pharmacy



Under pressure: Stephen Rhodes has his blood pressure monitored by pharmacist Dhanish Shah

BBC Three Counties Radio presenter Stephen Rhodes discovered that there's a lot of change happening in local healthcare when he visited a Lloyds Pharmacy in Luton recently.

Stephen visited the pharmacy at the invitation of the Society after he had questioned on his morning radio show whether pharmacists were a good first port of call for hay fever sufferers.

Speaking after his visit Stephen said: "Like many people I held the traditional view of pharmacists as people in white coats dispensing medicines and I was sceptical about the extent of the advice that they could provide.

"However times are clearly changing and the pharmacy I visited had a private consultation booth where patients can discuss their problems with a pharmacist. I

also learnt that pharmacists can provide expert help for a range of minor illnesses without the need for an appointment."

Stephen followed up his visit by inviting Graham Phillips, Hertfordshire pharmacist and a former member of the Society Council, live on to his breakfast show to discuss the changes happening in community pharmacy.

Have you got the pharmacy RX Factor?

At May's branch representatives' meeting, chief executive Jeremy Holmes launched the pharmacy RX Factor to identify four "faces of pharmacy" to support the Society's media campaigns.

Responding to research which showed that members want a higher media profile for the profession the Society has run a number of successful high level campaigns during 2008 helping to put pharmacy firmly in the media spotlight. Now is the time to take this work to the next stage.

By launching pharmacy RX



Factor the Society will work to develop pharmacy media specialists who can help ensure the profession's expert voice is heard. Pharmacists will be chosen to represent England, Wales, Scotland

and Great Britain. Each will receive professional media training and be asked to take part in major media campaigns during 2009.

The closing date for applications is 1 July. Shortlisted candidates will be contacted to arrange an interview and presentation in front of a panel of judges, which will be held in August. Winners will be announced at September's British Pharmaceutical Conference.

For further information and entry details go to the Society's website at www.rpsgb.org and follow the RX Factor link.

NEWSROUND

Talking pharmacy politics



The Society's Head of Public Affairs, Charles Willis, looks forward to an exciting and challenging time as pharmacy looks to assert its influence in the corridors of Westminster

April saw the long-anticipated White Paper, "Pharmacy in England: Building on strengths — delivering the future", published and with it an announcement that a further consultation process would take place in the summer. The White Paper is a vindication of many of the messages the Society has been giving to the Department of Health over the past year. Working quietly behind the scenes pays off. Its publication heralds the

start of a busy period and there will be plenty for the Society to get its teeth into, including:

- A new Act of Parliament — the Health and Social Care Act — which is the legal basis for the Society's demerger
- The results of the Lord Ara Darzi review
- The Department of Health's community and primary care strategy

- The Health Select Committee's inquiry into health inequalities
- The Department for Innovation, Universities and Skills' consultation on bringing the best out of innovation

Almost all of these pieces of work link together and will have a major impact on the Society and the day-to-day working practices of pharmacists in England. The Society is responding to the Government at every opportunity and putting forward the views of the profession.

The Society recently met with Kevin Barron, chairman of the House of Commons Health Select Committee, to discuss several key issues, including polyclinics and local commissioning.

The Society is also engaging with opposition parties — a meeting has been arranged with shadow pharmacy minister Mark Simmonds MP at a pharmacy in his constituency.

A parliamentary showcase has also been arranged in July at the Houses of Parliament to demonstrate the range of healthcare services that pharmacists can offer.

Members will be able to keep up to date with the Society's political activities through regular updates in *Your Society*.

Keep it simple with *Top Tips*

The Society's Legal and Ethical Advisory Service has launched *Top Tips*, a series of publications aimed at providing pharmacists with information in a concise and simple format that is easy to understand.

Top Tips will focus on areas that will primarily help community pharmacists in their daily practice and will come as an insert in *The Pharmaceutical Journal* and will also be available on the Society's website.

The first edition, published on 7 June, is targeted at pharmacists who supply veterinary medicines. More *Top Tips* will appear throughout the year on topics that are frequently raised with the Society.

The Legal and Ethical Advisory Service has worked with colleagues across the Society and external organisations to make *Top Tips* a useful resource for pharmacists. If you have any questions regarding the content of *Top Tips* please contact the Legal and Ethical Advisory Service for further guidance on 020 7572 2308 or send an e-mail to leadvice@rpsgb.org. Members who have suggestions for future topics should send them to toptips@rpsgb.org.

Northern exposure — Society's Scottish Open Day

The second Society open day of 2008 — for members of the Society in Scotland — was held at the Society's headquarters in Edinburgh on 27 April.

The Society's Scottish office opened its doors to members and their families who had the opportunity to meet with members of the Scottish Pharmacy Board, find out about branches, review the latest publications and find out about information services.

Members also enjoyed a visit to the Society's Victorian Pharmacy and the day finished with an open bus tour of the city.



Stepping back in time: Members enjoyed looking around the replica of a Victorian pharmacy

NEWS AND VIEWS

Pharmacy expeditions to deepest Lambeth

Secretary for the Society's Borders region Kathryn Featherstone reflects on her recent visits to the Society's headquarters in London:

In April I headed south, as the Border Region observer to Council. On arrival at the Society I met my co-observers from across Great Britain, was briefed on what would happen and then taken to have lunch with Council.

When the Council meeting started, we were introduced as observers and then we sat back and watched everyone open their very large file of Council papers. You may already have read about Council meetings in *The Pharmaceutical Journal*, but watching Council members was interesting. There were those who talked lots, those who talked infrequently and made constructive comments, and those who listened and made notes. A vast range of views were

expressed and everyone was passionate about getting things right. I was particularly impressed with the quality and insight of the lay members.

The following morning Council moved to confidential business, so observers toured the museum and library, which was absolutely fascinating. I was surprised to discover a real pride in my profession's history as the tour went on. There were some incredible items on display and those who have read Terry Pratchett's "Discworld" series will be delighted that I found some dried frogs in one cabinet, although on reading the information card I discovered they were rubbed on to stop navel bleeding and not for disturbed bursars!

In the library it was explained that ours is the only one that keeps a copy of each pharmacy-related book published, as well as archives of many pharmacy journals. We

accessed the My Library section of the Society's website, a new online library for pharmacists that offers over 1,700 full text journals on related subjects of pharmacy, medicine and health — which really increases my information base without having to buy lots of subscriptions. There is still some work going on to refine the website but this alone is probably worth my membership fee.

After a pre-lunch debrief drink (non-alcoholic of course!) with chief executive and registrar Jeremy Holmes, we had lunch with the Council officers and talked about the value of the museum and the library. We were asked whether we would like to reduce our annual fee by £3 and lose them, or keep them and pay an extra £3. We all overwhelmingly said "pay the £3 and keep the museum and library".

A fortnight later and I was back at HQ for the English Pharmacy Board. Board members hosted a

dinner for regional secretaries to ask our opinions and views on the future of the branches and regions. Of course we all had lots of opinions and we shared them until HQ closed for the night. Attending the board as observers the following day was very different to attending Council. Here we were invited to sit around the table with the board members and actively invited to contribute to discussions. Everyone was pulling in the same direction, there was a very professional manner to the proceedings and the personal respect the board members had for each other was noticeable. Most of the day's business was open, with only a small part in closed session at the end of the day. I headed for home feeling that I had been included in discussions and had taken an active part in helping the profession develop (in England, at least).

Kathryn Featherstone

ETHICAL DILEMMA

Thank you to the 200+ of you who took part in the first ethical dilemma last month. I hope that you found it useful.

Last month's dilemma 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 the option you chose.

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.

In the May ethical dilemma you were asked whether you would show your Controlled Drugs (CD) register and patient medication records to a police officer who wanted to know about the medicines one of your methadone patients had received. Four per cent of you chose option A (allow the police officer to see both of the records that you hold), 46 per cent chose option B (allow the police officer to see your CD

register only) and 50 per cent chose option C (refuse the police officer access to both records).

So, what are you waiting for? Log on now!

Priya Sejpal, head of ethics

ETHICAL DILEMMA 2

You have recently become an independent pharmacist prescriber. You have an appointment with an asthmatic patient.

Following the consultation, you prescribe two salbutamol inhalers, and one Seretide inhaler. At the end of the appointment, the patient walks to the dispensary and asks that you dispense the prescription you have just issued. Should you dispense the prescription?

- A Yes, I can prescribe and dispense for the same patient.
- B No, I am not allowed to prescribe and dispense for the same patient.
- C I would only dispense if it were a matter of urgency.



NOTES FROM JEREMY HOLMES CHIEF EXECUTIVE

The what, the how and the who

So there I was, walking down a hospital corridor somewhere in the north-east of England last month and I saw a notice on the wall. “What can we do better?” it said.

It made me just pause. The “what” is certainly the first question. We need to engage more closely with, and listen to, our members. We need to develop a better suite of products and services they find useful and valuable. We need to make the voice of pharmacy heard more often and more clearly in the media, in Government and among other health professions.

But the “what” is rapidly followed by the “how” and, of course, that’s the difficult bit. My view is it’s not one big thing in each area that creates lasting change — it’s an accumulation of smaller, complementary initiatives that together take us up. You only climb a mountain one step at a time.

So each time we make one of those steps I want to let people know about it. Take the ethical dilemma in the May issue of *Your Society*. We didn’t know what kind of interest there might be in it, but Priya Sejpal, our head of ethics, went with her hunch — and we got nearly 200 hits on that part of the website! (By the way, we’re just commissioning a redesign of our website as well.)

Take the *Top Tips* series we’re launching via

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The Pharmaceutical Journal (see p2). Take the public affairs update in this issue of *Your Society* (p2). Take the way we’re engaging with the

Fellows of the Society as a resource of valuable experience and wise counsel.

And, of course, take our work on the recommendations of the Clarke Inquiry on the professional leadership body. That includes a comprehensive survey of the Society’s current membership, to assess what people think about membership categories and sectors (or electoral colleges) for the new professional body. Please look out for that with *The Pharmaceutical Journal* as well.

There’s also, importantly, a “who”, of course. We’re strengthening our team at the Society with some new stars (see below), which coincides with our internal reorganisation to separate our professional and regulatory functions more clearly. We’re also welcoming three new pharmacist members of Council (Professor Nick Barber, Dr Catherine Duggan and Alison Moore), a new technician member of Council (Yvonne Liddell) and a new academic member of Council (Professor Keith Wilson, from the Council of University Heads of Pharmacy). So we’re getting set for a critical year in the Society’s history.

But we won’t give up asking the question “What can we do better?” — if you’ve got ideas that can contribute to the answer please email us at positivefeedback@rpsgb.org. The “who” includes you at the centre!

NEW SOCIETY TEAM TAKES SHAPE

Hard on the heels of the end of the football season (which means the start of the transfer season) and an all-British Champions League final (which was on the same evening as the Society’s AGM!), we’ve made some significant team signings of our own:

Wendy Harris joins us as deputy registrar, responsible for all our regulatory activity including fitness to practise, registration and the regulatory parts of education. Wendy is a pharmacist and was previously deputy director of Healthcare Quality, and head of patient safety and investigations at the Department of Health and head of safety solutions at the National Patient Safety Agency. Wendy has a high reputation within the profession and her appointment has been universally supported.

Howard Duff joins us as director for England, a post previously combined with that of director of practice and quality improvement. It was clear to me that each country needed a dedicated director, with a strong pharmacy background, which Howard has from his vast experience in community, industrial



Wendy Harris — deputy registrar, Howard Duff — director for England, and Patrick Stubbs — head of marketing and membership services

and hospital pharmacy. He has also worked on five different local pharmaceutical committees and has been chairman of the East Sussex committee for the past two years.

Patrick Stubbs joins us in the new position of head of marketing and membership services. Patrick was previously at the Institute of Grocery Distribution and has a great track record of developing and promoting membership services.

SERVICES FOR MEMBERS

Supporting and encouraging CPD

Peter Wilson, first holder of the post of head of the Society's post-registration division, is at pains to point out that his approach is consensual and supportive rather than authoritarian and disciplinary.

On the looming issue of revalidation, for example, his concern is to make the prospect less threatening to the profession by emphasising that the system has been developed by pharmacists for pharmacists, reflecting day-to-day practice, which should not pose any problems for most practitioners.

On advanced practice, he will only be persuaded to back additional regulation for advanced practitioners if a risk analysis highlights significant additional risks for patients. "Support and encouragement have always been my main working tools," he says, "and that's how I see the thrust of what we are doing here in post-registration." These are tools honed by many years in pharmacy education, including stints as a lecturer in pharmacology, a pharmacy educator within the NHS, organising study days and in-service training for hospital pharmacists in north-west London and, most recently, director of the Centre for Pharmacy Postgraduate Education.

Peter's current post, created four years ago, also has an educational focus and he describes it as "great fun".

He says: "I enjoy my job immensely. It is full of challenge: it needs vision and a willingness to innovate and it requires me to work with some pleasant and clever people in the Society and throughout the profession."

His two key challenges at the moment are persuading members to keep a record of any continuing professional development undertaken and to develop a practical system for revalidation that is acceptable to the profession.

"It is an ethical obligation to keep records now and in future it will become a legal obligation. Having provided educational opportunities and CPD material, the task now is to support and encourage all pharmacists and registered pharmacy technicians to start recording before it becomes 100 per cent necessary."

But there are barriers to universal record keeping. Peter explains: "For one thing, it takes time to do — maybe half an hour a month — and some people find it difficult to make the time or remember to do it; for another, our profession has to get used to the idea of recording their learning. Of course the nature of their work means they are learning all the time, but they are not accustomed to writing it down."



Dr Peter Wilson: the nature of pharmacists' work means they are learning all the time

On revalidation, the Department of Health has made it clear that it expects all health professionals to have their fitness to practise assessed and confirmed at regular intervals, and Peter is leading the Society's efforts to establish an appropriate process for pharmacy.

"We are still in the early days," he points out. "There is no target date for implementation yet, and in any case it will require additional legislation from Parliament. At a rough guess we might be talking about 2012."

Advanced practice makes up the third arm of Peter's responsibilities; here his main role is to determine whether the current lack of formal educational and training requirements for this group — including pharmacists working in specialised areas of hospital practice like intensive care, paediatrics and total parenteral nutrition — is satisfactory or whether they need to be regulated by the future General Pharmaceutical Council, as is the case now with early-adopter prescribers.

He is also involved in developing the new professional body and sees this as the greatest current challenge facing the Society. "At the moment pharmacists have to belong to the Society because we are also the regulator. After the split they will still have to belong to the regulatory body but not the new professional body.

"Our challenge is to develop a professional leadership body that is appreciated by the

THE TASK NOW IS TO SUPPORT AND ENCOURAGE ALL PHARMACISTS AND REGISTERED PHARMACY TECHNICIANS TO START RECORDING BEFORE IT BECOMES 100 PER CENT NECESSARY

profession. People will only want to join if they see a good reason for doing so."

In his opinion, the overwhelming challenge for the pharmaceutical profession as a whole is to take on the broader clinical role originally envisaged by the Nuffield Report of 1986, described in a recent White Paper and keenly espoused by the Society.

"I have always believed that pharmacists have the knowledge and the skills to deliver a valuable health service to patients," he says. "In future we will be playing a bigger clinical role and our challenge is to embrace that role and demonstrate what we can do. But it is inevitable in a profession with 48,000 members that some pharmacists will find the change uncomfortable and will not wish to take on the challenge.

"It is the Society's job to give a lead to the profession by highlighting the benefits and rewards of these new ways of working. We are seeing the start of the process now with many pharmacists providing some clinical services, such as smoking cessation, blood pressure monitoring and prescribing, on a local basis. It's not a brand new concept but a set of rules that are likely to grow in scope.

"I'm all in favour of it but it is for the profession and the professional body to decide the future for pharmacy. As a development, it has to take the profession with it."

Peter Wilson was interviewed by Isabel Walker, freelance journalist

SPOTLIGHT ON FUTURE MEMBERS

What has the Society done for me?

Although she is president of the British Pharmaceutical Students' Association, Heena Bhakta's student days are behind her. The executive of the BPSA includes first-year qualified pharmacists as well as undergraduates and preregistration trainees and, after graduating from Bradford University, Heena now works as a community locum in Preston and the north-west.

"I didn't really choose this work, it kind of happened," she explains, "but I am absolutely loving it. I can be in several different stores in any given week — sometimes even in a day! It's fascinating because you get to see lots of different pharmacies, systems and ways of working. Although they all have the same overall aim of providing care for patients, they do it in varying ways."

When she is not working, Heena is busy carrying out her BPSA duties. For the past three years she has given up much of her spare time to build on the successes of the association, which takes at least an hour a day when things are "quiet", but three to four evenings a week when they are busy.

Heena has worked her way up to president via the roles of annual conference organiser and membership secretary. Her main role is leading the executive, but she also does "anything and everything", including representing the BPSA at external events such as the British Pharmaceutical Conference, attending meetings where student input is required and sitting on the Society's education committee.

She is also charged with overseeing the implementation of resolutions from the BPSA's annual conference. Last year, for example, the association resolved that it should become an integral part of the future professional leadership body, and it is Heena's responsibility to try to make that happen.

Although the BPSA is a branch of the Society (in fact, its largest branch) students are not official members. Nevertheless, through the BPSA they receive a similar level of support during their education and preregistration year.

"We get a lot of support from the Society, and we are listened to," says Heena. "For example, last year the BPSA responded to the increase in fees consultation by pointing out how it would increase the burden of student debt, particularly for preregistration trainees, and in the end the level of increase was reduced."

"Although we don't have voting rights within the Society, members of the BPSA can use its resources, put forward motions and voice our opinions, which is a great privilege for students because many professional bodies don't offer those rights."



Heena Bhakta wants the MPharm recognised as a clinical rather than a science degree

"The Society gives us a taste of the wider pharmacy world by allowing us to attend meetings, exhibit at the British Pharmaceutical Conference, use the library, museum and other facilities and have a reduced subscription to *The Pharmaceutical Journal*.

"Twice a year we have meetings with Council members just to share ideas and learn from one another. More often than not we come up with ideas and the Society helps us implement them."

"Students who are members of the BPSA know more about what is going on in the wider pharmaceutical world than non-members and it is because the link with the Society helps us to prepare for our future within the profession and, I believe, make us more attractive to employers," Heena explains.

Heena herself is not quite sure what she wants to end up doing in pharmacy, although the sandwich course she did at Bradford — the only university in the country to offer a split preregistration year, with six-month placements in years three and five — offered her valuable insights into hospital and community pharmacy.

"Locuming is challenging and I'd like to carry on with it," she says, "although it's not something I could do long-term. I know I want to experience hospital work in the next couple of years, but after that I am not sure. The pharmacy world is so vast and I would like to try a bit of everything, possibly leading to a portfolio career."

Heena would like to see the Society making students more aware of the multiple career paths open to future pharmacists — not just community, hospital and industry, but prisons, veterinary pharmacy, the Territorial Army, primary care trusts, pharmacists with a special interests and journalism. The list is endless, she says.

On a political level, she would like the Society to lobby the Government to have the MPharm recognised as a clinical rather than a science degree, so that pharmacy students would be eligible for clinical bursaries — along with medical, nursing and dentistry students. "Historically," she explains, "the MPharm hasn't offered much patient contact, but that is changing because the newer schools are introducing a clinical component in the first year and increasing its weight as the years go on. This means that a lot of the older schools are recognising that students should have the opportunity to put theory into practice."

"I would like the Society to work towards a situation where students are seen as future practising clinicians from day one. Going out into practice makes you realise that you are not just doing a degree but entering a profession. I think an earlier emphasis on clinical work would make students take their profession more seriously and, ultimately, turn them into better pharmacists."

Heena Bhakta was interviewed by Isabel Walker, freelance journalist

THE SOCIETY GIVES US A TASTE OF THE WIDER PHARMACY WORLD BY ALLOWING US TO ATTEND MEETINGS, EXHIBIT AT THE BRITISH PHARMACEUTICAL CONFERENCE, USE THE LIBRARY, MUSEUM AND OTHER FACILITIES.

VETERINARY PHARMACISTS GROUP

Bluetongue vaccines used

Vaccinations against bluetongue started during the first week of May on a farm in Norfolk. The first two batches of vaccine were in 20-dose and 50-dose bottles and these are now available to livestock keepers in protection zones to purchase via their vets. Sheep require one dose and cows require two doses, given three weeks apart.

Under EU law, vaccination is only allowed in a protection zone (a designated area with restrictions



in place to prevent an outbreak spreading). The Government's bluetongue vaccination plan sets out how vaccinations will be rolled out, and how the protection zone is to be expanded county by

county in England. Currently the zone covers East Anglia and a large part of the south-east.

The non-contagious virus is spread by midges and was first reported in Britain last year. Since then, 127 premises have been infected. The accelerated licensing process adopted by the Veterinary Medicines Directorate ensured that the vaccine became available before the arrival of warmer weather, when midges are more common.

Travel advice

As summer approaches many pet owners are thinking about travelling abroad with their pets and may seek advice. To enter other EU countries from the UK pets must be microchipped (although some countries accept a tattoo) and vaccinated against rabies (although Sweden does not require this when a pet travels direct from the UK). It is then necessary to obtain an EU pet passport. This will allow entry to most other EU countries. However, Malta and Cyprus have additional entry requirements. Full details can be found at www.defra.gov.uk

VMD reviews sixth group

The Veterinary Medicine Directorate distribution category review is proceeding and the sixth group of medicines has now gone out for consultation. This includes horse and donkey anthelmintics, horse and donkey ectoparasiticides and large and small animal anti-inflammatories. Full lists can be viewed at [www.vmd.gov.uk/publications/consultations/current](http://www.vmd.gov.uk/publications/consultations/current.htm)

htm. The VMD is not recommending any changes to the current classifications in force for these products.

The 2008 Veterinary Medicines Regulations will be implemented in October. The regulations are revised annually to incorporate necessary changes to the legislation, both clarifying existing policy and adding new provisions.

Among the changes from 2007 is a proposal to allow suitably qualified persons to supply veterinary medicines to retail customers from pharmacies or registered veterinary premises without dual registration. This will be welcomed by those veterinary pharmacy businesses that operate pharmacies and merchants in the same premises.

Reminders . . .

Pharmacists and support staff should be aware that:

- Products classified as NFL-VPS must not be made available for self selection in pharmacies.
- Dog and cat ectoparasiticides, although in similar packaging, can have different ingredients. Dog flea products containing permethrin are lethal to cats.

Avermectins in wormers pose serious risk to dogs

Horse, cattle and sheep wormers containing avermectins (eg, eprinomectin, ivermectin, moxidectin or doramectin) present a serious risk of poisoning in dogs. These drugs can cause nervous signs, such as depression, pupil dilation, blindness, fits, staggering, coma and death. Collies and collie-mix dogs are known to be particularly susceptible.

Most cases of this type of poisoning in dogs reported to the Veterinary Medicines Directorate occurred because the dog ate spilt worming paste or horse feed containing these drugs. Serious clinical problems can result, even if the dog only swallows a small amount of product.



Any suspected cases of avermectin poisoning should be reported to the VMD (using a yellow form) at: www.vmd.gov.uk/General/Adverse/adverse.htm.

Tortoises and turtles also suffer an adverse reaction to these products.

RSPCA rescues up

According to the Royal Society for the Prevention of Cruelty to Animals, the number of unwanted pets being dumped by their owners rose 23 per cent last year. The charity said 7,347 animals had been cast aside by their owners in 2007, up from 5,959 the previous year, many as a result of the floods that engulfed parts of Britain last summer.

For the second year, more wild birds were rescued than any other species, followed by cats. Worrying trends include a 96 per cent increase in the number of farm animals rescued and a 66 per cent increase in the number of horse and pony rescues. Dog rescues rose by about 20 per cent.

VPEP

Full details of courses available under the Society's veterinary pharmacy education programme can be found at www.vpep.net.

The residential week that forms the basis of modules three and four of the Veterinary Pharmacy Diploma will take place at Harper Adams University College in Newport, Shropshire, from 13 to 20 July.

Administration of the VPEP is being transferred to the College of Pharmacy Practice but delivery of the certificate and diploma courses will be unaffected.

FOCUS ON MEMBERS

Find out what's on offer — then get involved in your profession

Zafar Khan is a man who likes to leave his mark. When he started his career as an industrial research pharmacist he was credited with four inventions, including creating a palatable children's antibiotic. Years later, when he became a community pharmacist, he launched a 24-hour pharmacy in London which, over a decade later, remains the only one of its kind in England.

But it is not only in his working life that Mr Khan likes to make an impression — he has been chairman of the West Metropolitan branch of the Society for nine years and is also chairman of the Chiltern region, which is made up of 13 different branches. He finds time to work for his local pharmaceutical committee in Kensington, Chelsea and Westminster, and is an executive board member of his primary care trust. So what is it that drives him? The answer, he says, is simple: "I love my profession."

His relationship with the Society began when he started his career in research and development but he admits he was not interested at that time in taking an active role in the organisation. All his hours were spent at work: "I was like a child with a new toy." While he attended branch meetings and would regularly read *The Pharmaceutical Journal* he did not feel that his professional body could offer him much. "There weren't very many industrial pharmacists in my branch, they tended to drift towards industrial pharmacy associations instead," he remembers.

Perception of the Society changed

However, he became disenchanted with the pharmaceutical industry: "I realised it was profit-focused, which didn't really fit in with my personal agenda." When he switched to community pharmacy, his perception of the Society changed. He says: "I needed to participate more. The Society became much more important to me and was much more relevant and I was keen to take on responsibility." Within a year he was a member of the committee of the West Metropolitan branch in west London, followed swiftly by his appointment to vice-chairman and then chairman.

As leader of his local branch and his region, he has a clear idea of what his role as chairman is all



Zafar Khan: Branches give pharmacists a focal point within their local community

about. He says: "I am here to encourage my colleagues to be more involved with the Society and the profession because I think the branches and the regions are doing a fantastic job."

"Young pharmacists need to find time to see what their profession is doing and what is on offer for pharmacy, and you can't know that and move forward unless you are involved in your profession."

He adds: "I think another responsibility I have is to provide local leadership and be a role model, which means I have to watch my step and set the right example. But in being chairman I am also involved in my own self development — I have to be able to learn first before I can impart information."

Branches, according to Mr Khan, give pharmacists a focal point within their local community where they can receive educational support and have protected time to reflect on their professional skills and ambition. He says:

"Community pharmacists are 'heads down', becoming more like businessmen than pharmacists, and it's an opportunity for them to get away from the business side of things and focus on continuing professional development as well as having the chance to network with other pharmacy practices and find out what is going on in the profession."

At a recent branch meeting he set up a talk by a PCT pharmacist to discuss career opportunities in the sector and says: "It gave young pharmacists and preregistration trainees help with choosing their careers and made them more informed. Branches are an easy way of gaining information. You can find out what the issues are in other sectors and how they are coping as well as discovering what opportunities exist for moving between sectors."

Clinical role and the political agenda

Mr Khan believes the Society branch infrastructure also gives pharmacists the chance to come to terms with new ways of working, which are increasingly important as their clinical role climbs up the political agenda. "Human beings are naturally resistant to change and I think what the Society can do is to introduce a level of persuasion, which can help people adapt to change. Through *Your Society* and branch meetings, for example, it can help inform pharmacists about what these changes are and help prepare them by increasing awareness, information and knowledge," he says.

His decision to become involved in his LPC and PCT were no accident, but a deliberate attempt to widen his understanding of the different issues facing a diverse profession, which crosses industry and academia as well as the different sectors of the NHS. The positions also give him the chance to discover what other health professions are up to, such as dentists and doctors, and the different issues they face. Mr Khan, who became a fellow of the Society in 2004 and was awarded an MBE for services to health care two years later admits: "All of this work helps illuminate me — it shows me that I am able to do more things."

Zafar Khan was interviewed by Debbie Andalo, freelance journalist