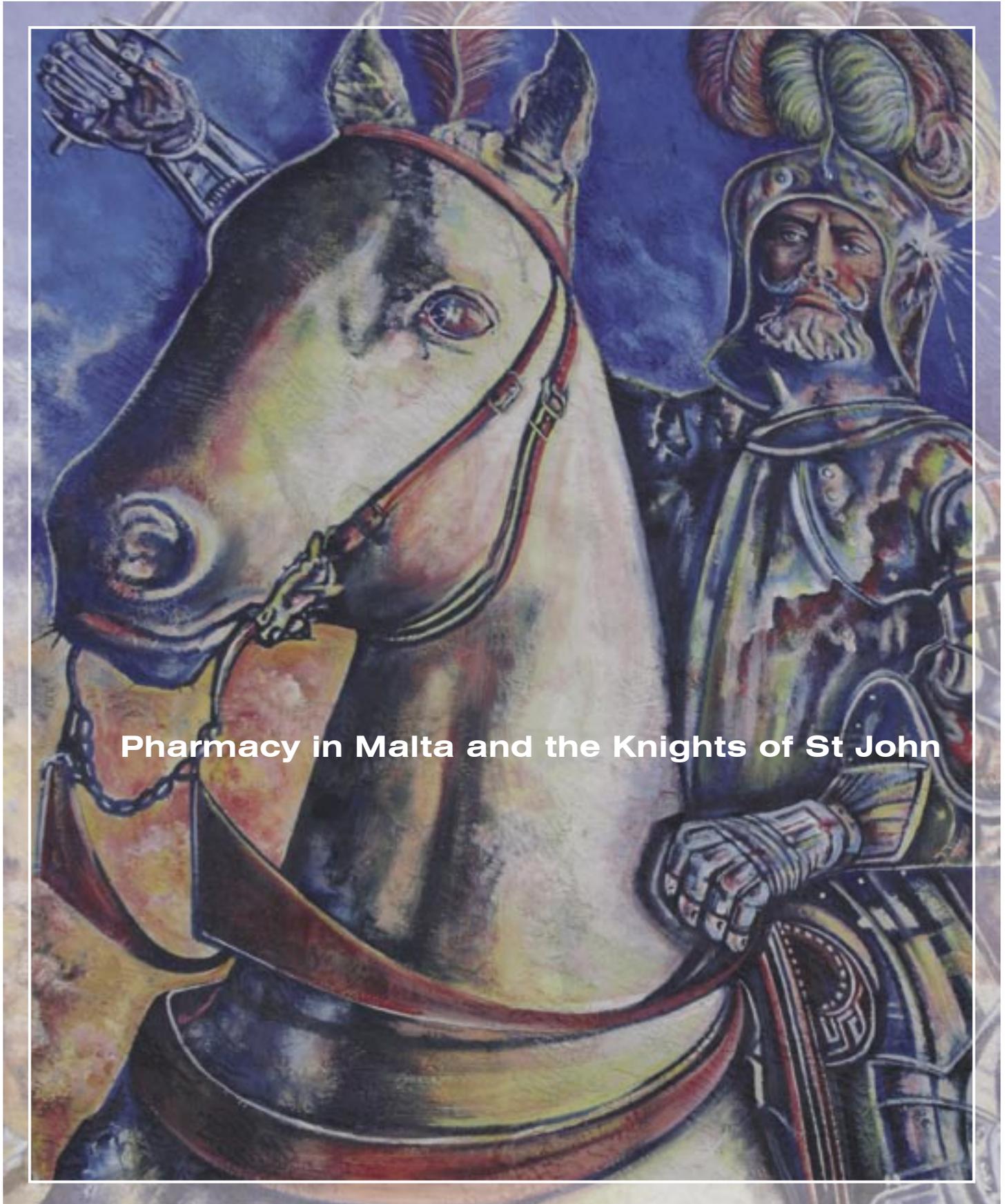


Founded 1905

National Association of Women Pharmacists

Celebrating Women in Pharmacy

Issue One - March 2007



The President's Letter

Dear Colleagues,

This issue of our Newsletter should be reaching you in time for you to consider booking for our Annual Conference in Stratford on Avon. Perhaps this is the time to reflect on what is different this year to conferences of a few years' ago, and what is the same?

To start with what is unchanged; we all hope that the conference will provide the usual opportunities for friends to meet up, for new friends to be made and for a broad range of issues to be discussed in a relaxed environment. The usual high quality presentations are being organised, and the overall structure of the weekend conference will be retained. Although each of us individually is getting older, in fact the average age of attendees has changed little over the last six years or more.

But several things will be different, including some characteristics of the attendees. For example, a number of attendees will have committed themselves to be 'non practising' pharmacists, and some others may not even be on the RPSGB register any more. Ten year's ago, this would have surprised us. On the other hand, we expect to be joined in Stratford by several female pharmacists from Germany who are actively working trying to build a female pharmacy voice in Europe.

So far as the topics to be discussed are concerned, it is likely that finance and cost may feature in a way that would not have been experienced some

years ago. It is now commonplace for the NHS not to fund treatment that would be beneficial to a particular

patient, and the consequences of this are perhaps something that the healthcare world has not quite acclimatised to.

We should also be hearing what changes are in progress and what might be around the corner in terms of the structures of our profession. A few years' ago, some of us might have been surprised by the differences that now exist between pharmacy organisation and practice in the four countries of the United Kingdom, but we would have been even more surprised that there is a distinct possibility that the RPSGB as we know it, could cease to exist.

Something that does not change is commitment of NAWP's Executive Committee to serve the membership. Because this is the last President's letter I will be writing, I would like to express my very sincere thanks to all current and former colleagues on the EC. Without the efforts of each of them, the up-coming conference and the future plans of the Association would not be in the good order that they are.

With best wishes for the year ahead

Christine Heading

President of the National Association of Women Pharmacists

Secretary's Postbag

NAWP receives items of news from women's groups. If you would like more information on any of these items, please contact Brenda Ecclestone - Tel: 01453 759516

Can we learn anything from the experience of those in other professions? As a chartered librarian I receive a monthly journal and am connected to subgroups concerned with health and schools. Except for those working in public libraries, membership of the professional body (CILIP) is not obligatory. In consequence, CILIP is worryingly short of funds. Should not this be borne in mind when splitting the two functions of RPSGB is considered?

A recent Health Library newsletter has an interesting article on the GMC's support for including 'arts and humanities' in the medical curriculum. It is thought that this will help medical students (and doctors) become "better and more humane persons". Would other health workers benefit from similar training?

Women's Library

The Library will have an exhibition called 'What Women Want' from 1st May to 24th August, another on prostitution until 31st March, and is arranging two guided walks about women's lives in London's East End.

Médicins sans Frontières

A MSF report on Sierra Leone gives some idea of its poverty: public spending on health is 34 dollars a year per person, one surgeon per million people and one midwife per 26,000 people.

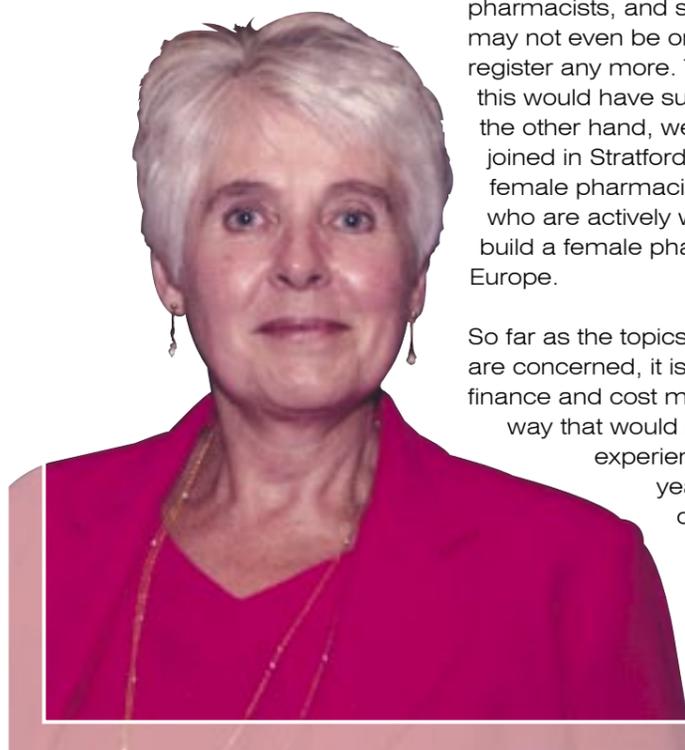
Citizens Advice Bureaux

A CAB newsletter describes the new test for eligibility for Incapacity Benefit, the Personal Capability Assessment. It already appears that the outcome is unfair in many cases. Claimants will not receive any money if they appeal, until the appeal process is completed.

Princess Royal Trust for Carers

The Trust's CEO, writing in The Guardian, has described research done in 2006 that found that the funding of services for older people and their carers falls abysmally short of their needs. Domiciliary care in some places can cost as much as £315 weekly. Lack of funds has meant that some respite care has been withdrawn.

Brenda Ecclestone



Networking Networks at European Level

The European Platform of Women Scientists (EPWS) is an international non-profit organisation based in Brussels. Operational since the beginning of 2006, EPWS aims at voicing women scientists' concerns, interests and aspirations in the European Union research policy debate.

Our task ahead is challenging: while women represent more than 50% of the European graduates, an average of only 15% becoming full university professors. Moreover, women represent only 32% of the public laboratories' researchers and 18% of the private's ones.



Only by sharing knowledge and experience can we all improve our expertise in our particular professional fields and in addressing policy-makers for change.



If Europe is to become "the most competitive and dynamic knowledge-based economy in the world (...) by 2010", as stressed by EU policy-makers since 2000, European research policy has to reach out to all potential contributors. Taking into account the substantial gender imbalance in science, it is especially important to encourage and to promote women scientists, as well as to secure the contribution of their talents and resources to achieve this goal.

One solution, which has already shown its fruits in other fields of activity, is strong and determined networking at EU level. It is the European law and policy that pushed national reforms in order to enhance women's emancipation throughout Europe. It is thanks to the European Commission that women now have equal access to the employment market and that they enjoy protection in the workplace against discrimination.

Furthermore, since 1999, networks have been identified as an

important empowerment and policy tool to promote women scientists also at EU level. In 2002, a study tendered by the European Commission showed that few of the existent women scientists' networks have the capacity or the expertise to enter the policy debate. In addition, women in Central and Eastern European countries and in the private sector are rarely represented by such organisations.

It is against this background that the European Platform of Women Scientists was created. Active for merely one year, the Platform is already well-known among policy-makers at EU level, other stakeholders in Brussels and, most importantly, among women scientists all over Europe and beyond.

At present, the Platform is recruiting members in preparation of the first General Assembly on the 27th-28th of April 2007. This is a very important stage in achieving credibility and legitimacy vis-à-vis EU policy-makers and women scientists. Having as many members is vital in one association's existence and in achieving its goals. As Dr. Isabelle Schoen, Biologist and EPWS Board

of Administration member believes, "the voice of women scientists will only be heard if all of us 'shout' together".

Collaboration with national organisations like NAWP and with other regional, national and international bodies promoting women in science is crucial to EPWS. Only by sharing knowledge and experience we can all improve our expertise in our particular professional fields and in addressing policy-makers for change.

To find out more about EPWS, its activities and what we stand for, visit our website and sign up to our newsletter.

Adelina Humnic-Orzu
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Women Scientists EPWS

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epws



A Short Historical Overview of Pharmacy in Malta

Before and during the time of the Knights of St John of Jerusalem

Prior to the arrival of the Knights of St John of Jerusalem in 1530, there was one hospital in Malta, Santo Spirito, situated in Rabat, which could only keep 12 patients at a time. A surgeon, three doctors and a pharmacist were employed to tend to the sick in the hospital and the surrounding area. The first documented pharmacist to practice in this hospital and in Malta was Mastru Salvatore Passa, who was of Sicilian origin. Before becoming a hospital pharmacist in 1427 he had previously worked with the victims of the Great Plague. The first recorded Maltese pharmacist to practice at Santo Spirito was Mastru Geronimo in 1491 and he was followed by a number of other Maltese pharmacists. At the time the medicines were of herbal origin, with therapeutics based on the Arabic school of Pharmacy. Pharmacists, like all other professionals, were paid in Sicilian currency which allowed them to procure the necessary ingredients from Sicilian merchants, since most herbs necessary for the preparation of medicines did not form part of the local flora.

The Knights of St John of Jerusalem

The Knights of St John of Jerusalem – the Knights Hospitallers assumed political control of Malta in 1530 and stayed till they were driven out by the French in 1798. The Order brought with it a medical tradition that had existed since the First Crusade of 1099. Through their knowledge, their rules and regulations, they set up an advanced model of practice for the profession of pharmacy in Malta.

During this period pharmacists were formally educated and certified. They were recognised as professionals and exempted from military duty. A pharmacist practicing at the infirmary would be responsible for:

- The purchase and storage of raw materials
- Preparation of the medicinal product
- Dispensing of the medicinal product
- Keeping records of all medications dispensed including patient's name and locality of residence as well as the name of the prescribing physician

Pharmacists also participated in ward rounds with the physicians. We also find evidence of pharmacists providing advice to patients on dispensing medicines.

Pharmacists and their activities were highly regulated according to published laws and guidelines:

- Free medicines were only dispensed on the presentation of a prescription
- There were regular inspections of the quality of the raw material by the Grand Hospitellar
- Storage and labelling requirements of medicines within the dispensary were also specified
- There was regular control of the medicinal product and any medicinal failing to reach the required standard would be burnt
- Pharmacists were not allowed to invent their own medicinal products without approval
- Sale of medicines could only be carried out by authorised persons
- Nobody could open a pharmacy or acquire an already established one without having passed



Over the five month period that followed about forty thousand people lost their lives

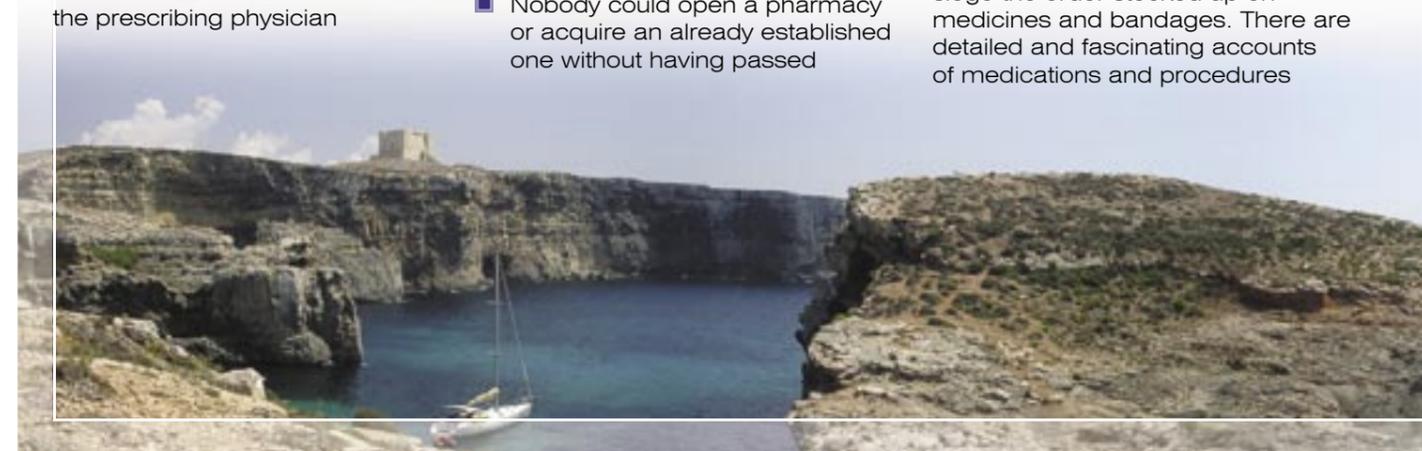


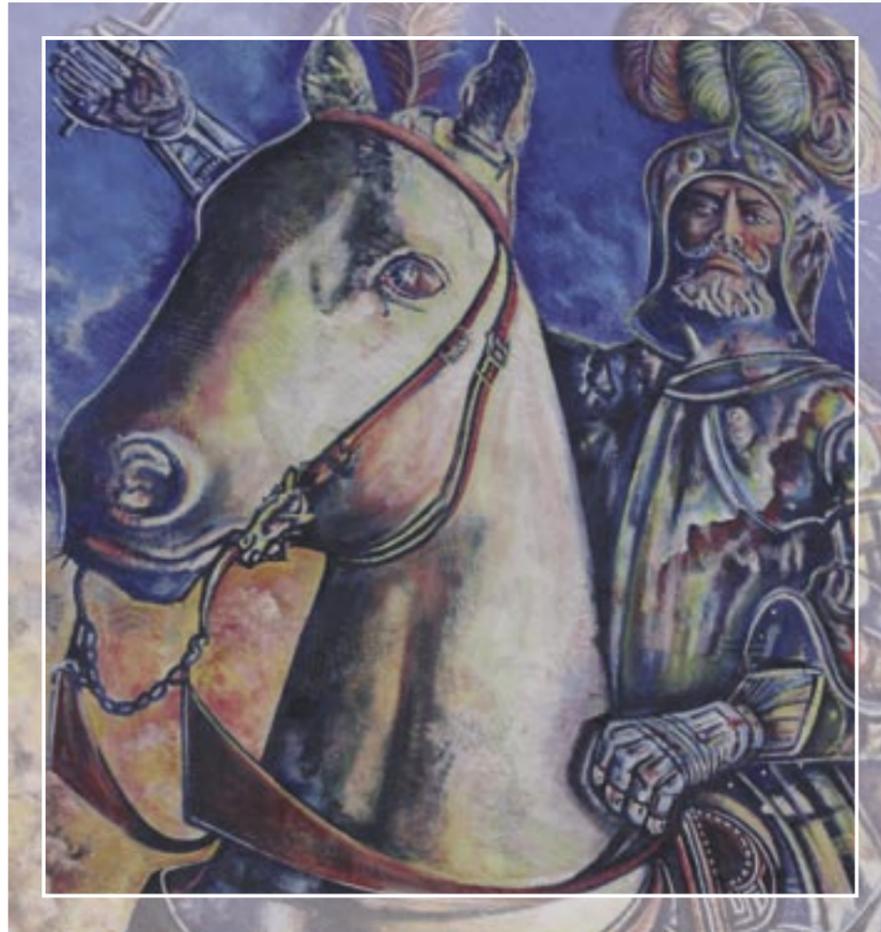
the necessary examination. The licence required to open a dispensary was periodically reviewed

- There was a very high penalty for lax practice or breaking of the rules and regulations.

Pharmacists and the Great Siege of Malta 1565

On the 18 May 1565, an army of forty-eight thousand Turks landed in Malta and laid siege to the island. Their motives were both political and religious. Over the five month period that followed about forty thousand people lost their lives. There were probably about 8 pharmacists practicing at the time. Before the siege the order stocked up on medicines and bandages. There are detailed and fascinating accounts of medications and procedures





used in emergency medicine during the Siege. Preparations in line with Galenic and Hippocratic thought were used in wound dressings.

Pharmacists were also involved in the darker side of drug use. During the Great siege pharmacists were involved in the preparation of a toxic product made up of hemp, wheat, arsenic and other ingredients which was secretly introduced into the springs and cisterns of drinking water used by the Turks. This led to significant mortality within the Turkish ranks enhancing a victory for Malta.

Pharmacy Education

Grand Master Nicholas Cottoner established The School of Anatomy and Surgery at the Holy Infirmary in 1676. It is likely that the first pharmacy course was established in the same year as part of the school. The education of pharmacists was governed by strict rules and a high degree of internal discipline, which included the following:

- Admission to the course of studies in pharmacy had to be approved by the chief pharmacist of the Holy Infirmary and was based on the student's knowledge and education

- Following the course of studies they had to pass a final examination in pharmacy
- After passing the examination they had to (i) work for six months at the holy Infirmary (ii) obtain approval of the chief pharmacist

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During the period that Malta was under the Knights Hospitallers, it boasted of one of the most advanced systems of pharmaceutical practice in Europe. Various components of the practice of the profession such as codes of practice, rules regarding the importation and dispensing of drugs and constant surveillance existed in Malta before other European Countries.

Women pharmacists had no place in this world. There is, however, mention of two female assistants to the Chief Dispenser at the Holy Infirmary in the period between 1750 and 1798. It was only during the period of British occupation in 1861 that there is evidence of the first woman pharmacist, with a second female pharmacist to follow only 60 years later.

Maria Cordina
President, Malta College of
Pharmacy Practice

This article is based on research carried out by John J Borg entitled 'The History of Pharmacy in Malta' submitted in partial fulfilment for the requirements of the Degree of Bachelor of Pharmacy, University of Malta



The splendor of Malta

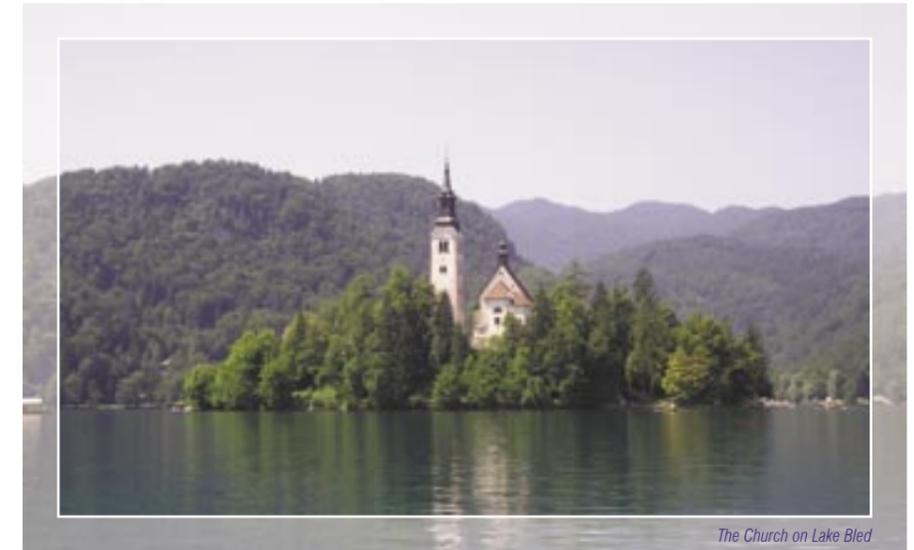
Women in Slovenian Pharmacy

It is now more than 40 years since the first pharmacy course was set up in Slovenia at the Faculty of Natural Sciences and Technology. Prior to 1960, pharmacy could only be studied in Zagreb, Croatia. Since 1995 there has been an independent Faculty of Pharmacy at the University of Ljubljana offering undergraduate and postgraduate levels of education. The curricula are being synchronised under the Bologna declaration and as a result some changes will occur in higher education.

Many women have acquired high positions in the educational programmes and institutions but nevertheless are in a minority. One of the reasons for this may lie in the fact that in the 1970s, when pharmacy was gaining popularity as a profession, a grant system favouring male students was established. Its aim was to produce future university teachers and scientists. So for many years the only female principal was that of the Department of Pharmaceutical Technology. However, since 2003, the University of Ljubljana has had a woman chancellor who is a physician. The vice-chancellor is also a woman, Professor Julijana Kristl, who is a pharmacist.

The Slovenian Pharmaceutical Society was established in 1950 and was the driving force of the pharmaceutical profession, serving also as a foundation for other professional institutions such as the Institute for Pharmacy and later, the Faculty of Pharmacy. Today, it still plays an important role linking individual fields of pharmaceutical activities, pharmacy and industry, education, practice and science. It represents the Slovenian pharmacy profession abroad in numerous international associations.

The Slovenian Pharmaceutical Society consists of nine sections (professionally) and nine subsidiaries (regionally). When the society was first founded, women managing it were rare: in the first 10 years their number never exceeded 50% and there was also a time when there was only one woman serving on its committee of 16 members. Later,



The Church on Lake Bled

women became more active. At the 50th Anniversary in 2000, we established that more than 50% of women actively participated in the Society's bodies for as long as 31 years. For 18 years, 70-80% of women were active in its bodies, Today 80% of the regular members are women.

When the Slovenian Chamber of Pharmacy was first established in 1992, its president was a man and the vice-president was a woman, but nowadays it is a woman who is the President and has been in post for the second mandate.

The Chamber of Pharmacy combined and harmonises the pharmacy activities between public pharmacies, hospital pharmacies and a large number of private pharmacies. The management board is also a regulatory body with two-thirds of women in it. Their share is still growing. Of the four permanent committees of the Chamber of Pharmacy, two are chaired by women. Working groups which are established ad hoc, when a need for carrying out a certain task occurs, are usually chaired by women pharmacists.

In Slovenia, pharmacy services are provided by private pharmacies, public institutions founded by municipalities and by town hospitals. There are 277 pharmacies in Slovenia of which 86 are privately

owned. About 95% of all employees in pharmacy services are women and yet a higher proportion of pharmacies (10%) are owned by men and their share as directors or managers of public institutions is also higher (13%).

All 24 Slovenian hospitals have a pharmacy within the institution. Smaller hospital pharmacies employ only one pharmacist. However, in the hospital service, the pharmacies are managed primarily by women (85%).

My own hospital, the University Medical Centre, Ljubljana, is the biggest Slovenian hospital with 2,500 beds, about 100,000 cases per year and employs over 7,000 staff. Since 2005 the Centre has been managed by women: general manager (Economics MSc), professional director (medical doctor) and a head nurse. The pharmacy employs a staff of 100: 25 are pharmacists and 50 are technicians. All the pharmacists (Masters of Pharmacy) are women. One-third of the technicians are men who perform physically more demanding work. In the history of our pharmacy there have only been three men who were Masters of Pharmacy; one of them was its director for more than 20 years. For the last 18 years, the pharmacy has been run by a woman.

Tajda Miharija Gala
Director of Pharmacy
University Medical Centre Ljubljana

Photo Gallery

European Women Pharmacists in Berlin

13-16 October 2006



Photo Gallery

European Women Pharmacists in Berlin

13-16 October 2006



Photographs courtesy of
Antonie Marquardt





Annual Report for 2006

The 2006 AGM was held at Kents Hill Conference Centre, Milton Keynes, on Saturday 22nd April. Renata Inglis arranged the venue, which used to be the Post Office's training centre. Our President, Christine Heading, chaired the meeting and especially welcomed Karin Wahl, President of the European Pharmacists Association. Members of the Executive were thanked for all their work for NAWP. This year, two long standing members who have contributed greatly to the Executive Committee, Vela Burden and Barbara Maude, have retired. Veronica Pearson has kindly agreed to become Treasurer and Ann Munday was co-opted to the Executive.

The 2006 Conference focused on 'Carers and Caring for the Future', a topic raised by the Princess Royal in her speech to the Centenary lunch. The President of the RPSGB Mr Hermant Patel and his wife attended the conference and Dr Pam Mason was the after-dinner speaker. NAWP is maintaining contact, through our Cardiff branch, with the Cardiff branch of the Princess Royal Trust for Carers.

The DVD directed by Sue Symonds that celebrated our centenary has been deposited in the RPSGB's museum and the Women's Library, which is dedicated to recording women's activities. An essay competition was launched by Christine Heading to mark our centenary, but its closing date was not reached at the time of writing this report.

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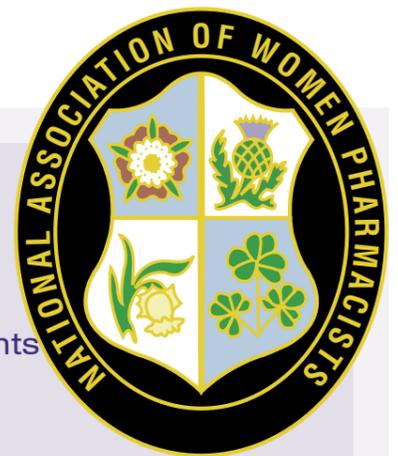
Council members Davan Eustace and Dorothy Drury were invited to be co-opted members of the Executive, to help maintain a good

understanding of the concerns of the respective bodies. We are very pleased that Dorothy Drury agreed to attend our committee meetings.

NAWP has drawn attention to the withdrawal of the Society's part-time fee, and has responded to the consultative documents sent out by the Society. Monica Rose and your Secretary were invited by the PJ to attend the Pharmacy Care Awards. It is very encouraging to see so many young pharmacists initiating real improvements in pharmaceutical care for patients.

Eight members of NAWP attended (at their own expense) the 3rd Conference of European Women Pharmacists in Berlin, held in the German Pharmaceutical Society's headquarters. We enjoyed a lively exchange of experiences and look forward to meeting again in Hamburg this September.

Brenda Ecclestone



Forthcoming Events

Annual Conference 2007

Recent Advances in the Treatment of Cancer Patients

20-22 April 2007 at Stratford Manor Hotel Stratford-on-Avon

The Annual Conference will be held at his hotel situated in 21 acres of beautiful countryside on the edge of Stratford-upon-Avon. There are also on-site leisure facilities including a tennis court, swimming pool and spa bath, sauna and steam room.

The programme will consider prophylactic vaccines, drug treatments, palliative care and care in the community. In addition there will be a talk on the remit and activities of the National Institute for Clinical Excellence.

Saturday afternoon will be free to enable members to participate in activities in Stratford celebrating Shakespeare's birthday.

The guest speaker at the Annual Dinner on Saturday evening will be Professor Roger Pringle, Director of the Shakespeare Birthplace Trust.

The AGM will be held on Friday 20 April 2007 at 9 pm.

Note: If you have missed the registration deadline of 16 March, there may still be time to apply. Contact enquiries@nawp.org.uk or phone the Secretary,

Brenda Ecclestone.

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Does the postman get a Hernia?

Well! I hope not!

Once a month, except in August, a thick A4 sized parcel is delivered to my door. The parcel can be anything from one inch to three inches thick (2.5cm to 7.5cm). This means that I, and my fellow committee members have over 400 pages, normally printed on both sides, to read before we attend our next LREC meeting. In my part of Wales, the Local Research Ethics Committees each meet once a month. There used to be five committees, but with the alteration of health service boundaries the number has been reduced. We meet once a month in eleven months of the year.

I am a lay member on one of the three remaining South East Wales LRECs. There are clinicians, scientists and lay people on each committee, all having their own expertise.

There is an Executive officer who, with his office team, keeps all the paperwork in order. Some LRECs in England, I believe, leave the responsibility of sorting the submissions to the chairperson. Our office staff keep all the information on all research, which goes through the office in strictly coded order. The agendas for each meeting are fairly long. The Executive officer and his staff ensure that all the office requirements have been done before the committee sees the submissions. The Executive office gets the agendas to the committee members a fortnight before the meetings. This gives all the committee members time to dissect every new submission with a toothcomb before the meeting, and review any research, which has required revision.

All research should comply with the Data Protection Act, should have been referred to the local NHS Trust or University Risk Assessment Panel and/or the Research and Development Office. The researcher should have a sponsor or a grant in place. A research governance framework for health social care should be complied with. These should have been contacted before the submission goes before the LREC committee. The Chairperson, usually a lay member, can then conduct the meeting with no undue

haste but swiftly. We can discuss every submission in depth before inviting the researcher into our meeting to discuss anything we think needs clarifying. The researcher can then contribute, giving us more background information about their research. We can advise them on their research if we think it is appropriate, although this is not in our remit - sometimes the researcher may need help in producing consent forms or information leaflets for participants in a 'user-friendly' fashion. There is a template for such forms. Most of our meetings last no more than two hours, but we believe that some meetings can take up to four hours to transact the business!!

A research ethics committee must review any research performed on a human being within the EU. An LREC reviews any research to be performed on NHS patients and anyone working for the NHS before it can commence. Some of the research is performed by students under the watchful eye of their supervisors as part of their courses such as MScs, PhDs etc. The students could be from the medical, physiotherapy, psychology or O.T. faculties to mention a few. The research can be initiated from University departments, hospitals, local GP practices or from commercial companies, so research can be done on drugs/creams/dressings, cosmetics or it could be epidemiological or social research. Phase 1 trials on new drugs are reviewed by designated LREC committees.

All the work of a research ethics committee is under the umbrella of the Medical Research Council and COREC (Central Office for Research Ethics Committees). There are Standard operating procedures to meet the requirements of the European Directive on Clinical Trials - used for all reviews by NHS RECs. All research should be assessed by a Research and Development

Committee and should be Risk Assessed before submitting the research application to the LREC office. There is now an official strict time schedule in which to review all research. There is a Research Governance Framework for Health and Social Care in Wales.

All researchers must comply by the Declaration of Helsinki, (last amended in 1996), which explains the rights of participants taking part in research, and for



the general public who participate in any research on the human body. It is important to note that any research participants have the right to withdraw from any research they are taking part in, at any time during the research. The Data Protection Act, 1998, must be adhered to.

Most research has a sponsor or some funding. There should always be a compensation scheme in operation for all research, an insurance indemnity should also be in place.

There is the New Standard LREC Application Form, which was introduced in March 2004, this on line form, had its teething problems. The form is being updated at present and should go on line in Spring 2007.

Many laws have to be adhered to. For example there is the Human Tissue Act 2004, and the European Commission Directive on Good Clinical Practice.

There are Operational guidelines for Ethics Committees that review Biomedical Research, Research Governance

arrangements on the work of Research Ethics Committees, paying research participants – some researchers pay participants expenses. Commercial outlets pay participants for their time.

Data is best kept for 15 years in case someone else wants to repeat a piece of research. It should be noted that some research has been ongoing for thirty years, and amendments are added from time to time as new developments occur.

There are Guidelines for researchers on Information sheets and consent forms.

There are ethical issues in research with children and young people. Information sheets are categorised into: - Children 5 years and under, 6-12 years, 13 – 17 years, Young people 18 and over would have the same information as Parents /guardians but worded to be aimed directly at them, because they can consent for themselves. Scotland uses different age brackets.

The information is endless.

At the end of each review the committee has to decide if the project gets Ethical Approval or not, i.e.

- favourable
- unfavourable
- provisional opinion with request for further information, or
- no opinion (the committee may decide that no further opinion can be given until a specialist referee has been consulted).

The decision has to be assessed on twelve points in order to be passed, for example, the relevance of the research; the care and protection of the research subject; hazards, discomfort and distress of the subjects; consent of the research subject, including justification for research on persons incapable of giving consent (where appropriate).

The work of the research ethics committee, although time consuming, is

very rewarding. It is good to know that we are at the sharp end of new research, which will make a huge difference to the lives of people in the future.

Robust procedures between ethics committees and MHRA (Medicines and Healthcare products Regulatory Agency) have been discussed. Ethics committees should rely on MHRA decisions for dosages etc. Side effect profiles are considered together with adverse reactions. All adverse reactions must be recorded and sent to the agencies for documentation. LRECs see copies of these adverse reactions.

Peer reviews suggest that everything should be published. All Phase 1 trials must be assessed by the MHRA. Problem areas represent the community as to whether the research is safe for patients or healthy volunteers.

In the main, clinical trials shouldn't go wrong, but as we have seen within recent months this can sometimes happen. Interim procedures for anti-clonal antibodies for first in man trials have been drawn up because of the latter. No trial is entirely risk-free. First in man trials have to be as safe as they can be. Recommendations will be in the Duff report.

Information on research can be found in the Ceres Leaflet – a leaflet for consumers for ethics in research, "Medical research and You".

A message from the postman, "A double hernia!!"

This article is by no means complete. To know more about research ethics there is a website:

<http://www.corec.org.uk/recs/>
Details of drugs trials on line for patients and doctors

www.pharmatimes.com/news/220905a.aspx?src=PharmaTimes&fr=1

www.bullmedeth.info

There are many more.

Marie Carson,
Retired pharmacist and lay member of an LREC in South Wales.

A Message to NAWP Members from the Chemist + Druggist

NAWP members have often remarked that they have difficulty accessing copies of the Chemist + Druggist. The C+D hopes to find ways of improving access to their publications by all pharmacists working in the community. The editor of Pharmacy Today plans to talk to NAWP members during our Annual Conference in Stratford, to establish concerns and interests that we have. In the meanwhile the C+D has summarised the present position as follows:

Chemist + Druggist underwent a redesign last year, ensuring the title continues to be the indispensable one-stop shop for today's busy community pharmacist.

First with the news that matters to readers, it also gives pharmacists analysis and opinion, clinical education and CPD. Each week the title spotlights a Pharmacy Champion: a pharmacist who in

their particular way is leading the profession at a local level.

The subscription package also includes Pharmacy Today, a new monthly aimed at helping pharmacists become better clinicians, better managers and better business owners by offering practical articles telling you what you need to know to be the best.

The website www.dotpharmacy.com allows non-subscribers to catch up on the week's top stories and to download the magazine's clinical articles. You can also read the online diary of Dee Spencer, C+D's community pharmacy blogger.

If you've got a story that community pharmacists will find interesting, please email it to chemdrug@cmpmedica.com and mark it for the attention of the news desk - we'd love to hear from you.

NAWP Member profiled in the Chemist + Druggist

Shenu Barclay was featured recently in the Chemist + Druggist (27 January 2007) as a Pharmacy Champion.

Shenu cited information technology, improved communication with GP surgeries and the changing role of the pharmacist as the three biggest changes during her 30 years in community pharmacy. Describing amusing anecdotes, the high and low points of her career and the new services in which she has been involved in setting up under the new contract, Shenu added that she will soon be leaving Surrey and moving to the Midlands where she plans to work as a locum.

European Women Pharmacists to meet in Hamburg 21-23 September 2007

This event will once again be hosted by the dpv. Details of the programme are not yet available but the conference will start on Friday afternoon and finish at 12 o'clock on Sunday.

It will be held at the Baseler Hof, Esplanade 11, D 11 20354 Hamburg.

Accommodation is available at the Baseler Hof at €109 per night (single) and €129 (double) or at a neighbouring hotel, Hotel Alsterhof at €80 per night (single).

If you are interested in attending this event please contact:

Monica Rose
(monica@eidosnet.co.uk)

Veronica Pearson
(vphmp@tiscali.co.uk)

Virginia Watson
(watson639@gmail.com).



The Editor would like to thank everyone who has contributed to this issue of the Newsletter. If you would like to contribute to the next issue, please contact the Newsletter Editor or any member of the Executive Committee.

Letter to the Editor

Glangors ,Tregaron - 15th Feb 2007

The proposal by Pfizer to limit the distribution of its products to one wholesaler has received much comment and criticism in the Pharmaceutical Press. Although the decision is currently under review by the OFT, it seems clear that the Company is intending to proceed with plans to supply its prescription medicines only through Unichem from 5th March 2007.

Pfizer claims that in this way the supply chain of its products can be secured and the risk of counterfeit medicines entering the supply chain can be reduced. However, the move does seem to be anti-competitive and it will increase the possibility of a monopoly situation developing within the pharmaceutical wholesaling sector. Wholesalers, other than Unichem, are likely to see their turnover decreased by about 15% and if Astra Zeneca were to follow suit, a move which is being talked about, turnover would be reduced by up to one third. Some of the smaller wholesalers may well be forced out of business and community

pharmacy, particularly independent pharmacy, and ultimately the NHS and the patient would suffer.

Many independent pharmacists, often for financial reasons, only have an account with one wholesaler and they are being forced by this move to open an account with Unichem. It will be interesting to see if Unichem will be able to maintain current service patterns for all pharmacies in the UK. There are many questions to be answered – how will loss of substantial product value affect discounts from other wholesalers; will other manufacturers consider going down the same road; could Unichem, one day, decide to distribute these products only to Alliance Boots stores? Pfizer and indeed Unichem will need to work very hard to reassure the profession of their intentions.

Monica Rose

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Watch this Space

A Study Day in London is planned for mid-October.

The topic will be 'Communications through Interventions', to be given by Jennifer Archer of CPPE.

Further information will be provided in the next issue of the Newsletter.

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