



Founded 1905

Newsletter

DECEMBER 2006

National Association of Women Pharmacists

*'Celebrating Women
in Pharmacy'*

Celebrating Women in Pharmacy

The President's Letter

Dear Colleagues,

We are now well into autumn, a time which we now associate with the annual meeting of women pharmacists in Europe. A good-sized group from NAWP were in Berlin in October, and a report can be found elsewhere in this Newsletter.

Avid readers of the Pharmaceutical Journal may have noted that the RPSGB has been undertaking a number of consultations over the last few months, concerning issues such as the new code of ethics in preparation, fitness to practice and responses to the Foster and Donaldson reports on healthcare regulation. Harder to spot has been mention of consultation on the 'Future of Pharmacy' by the parliamentary All Party Pharmacy Group. NAWP has responded to all these consultations, at least in part. Whether any note will be taken of our concerns is another matter, but we have expressed particular concern at some elements of the plans for routine revalidation. Locum and part-time pharmacists working for more than one employer seem to be at great risk of being disadvantaged.

Additionally, the whole tone of all the reforms under consideration appears to be that of turning pharmacy from a profession into a healthcare utility under the control of the Department of Health. In the concepts or practicalities discussed, there is negligible recognition that several thousand pharmacists serve national or international healthcare by working for industry, publishing, and academia. Quite clearly pharmacy, like other health professions, is a pawn in a government plan to regulate and control the professions. The failure of health professions to work collectively in their defence has left them all but defenceless.

Reverting to NAWP's activities, our next annual conference is to be in Stratford-upon-Avon on April 20th to 22nd on a theme of cancer treatment, and our open Centenary Essay Competition was launched at our joint meeting with RPSGB and the History of Pharmacy group in September. Entries are due by 31st January 2007, so do consider entering or urging colleagues to do so. This offers a unique opportunity for pharmacists to air their professional opinions. Details on both these items can be found in this Newsletter.

Finally, for those with an interest in gender-linked medicine, it is interesting that (for England and Wales) the NICE ruling against use of anticholinesterase drugs in mild Alzheimer's disease has been confirmed. However, absent from press reports is the fact that, because of age-of-onset factors, there are far more women with mild AD than men. Consequently the ruling will deprive many more women than men of treatment with the drugs. What ruling can we expect from NICE concerning the availability of the novel HPV vaccines Gardasil (from Merck and recently approved in Europe) and Cervix (from GSK with licensing expected in 2007) to adolescent girls and young women?

Christine Heading

Celebrating Women in Pharmacy

Women in the Army Medical Services

A joint meeting of the British Society for the History of Pharmacy and NAWP was held in RPSGB, Lambeth, on Wednesday 20th September, to hear a most instructive talk given by Captain Peter Starling, Curator of the Army Services Medical Museum. His subject 'Women in the Army Medical Services' had the subtitle 'Corsets to Combat'. He began by dispelling the widely held view that nursing in the armed services began with Florence Nightingale. In fact civilian nurses were in attendance during the English Civil War (1642-1651), many of them having received their training at Savoy and Ely-House, or St. Bartholomew's Hospital. Nurses were also sent to America during the War of Independence (1776-1783) and helped establish British military hospitals in that country. From the early 19th century nurses were employed by the Army and served with the Duke of Wellington and were in attendance at Waterloo. At that time they did not wear uniforms and it was not regarded as a desirable occupation, for nurses had earned the reputation for being rough and intemperate. An advertisement in 1799 to recruit nurses called for 'one decent, sober woman'.

It was not until the Crimea War that the presence of nurses in the services became more widely known, and this was largely due to the reports sent by war correspondents – the first time they were deployed on the front line. They described an acute shortage of nurses and together with photographs of the appalling conditions in the military hospitals, prompted a public outcry. The result was the posting of Florence Nightingale and 38 nurses to Scutari in the Crimea in 1854. At first they were not

at all welcome, but the benefits of their presence soon became apparent.

The entry of women doctors in the Services began much later, although the story of James Barry has been well documented. He studied medicine in Edinburgh and then in 1813 joined the army, where he had a notable career, rising to the rank of Regimental Surgeon, and later became Medical Inspector. It was revealed only at his death in 1865, when he was being prepared for burial, that 'James' was in fact a woman and may even have had a child. The breakthrough for women in medicine came with Elizabeth Garrett Anderson (qualified 1865 through the Society of Apothecaries) in England and Sophia Jex-Blake in Scotland (qualified in 1877), Edinburgh Medical School being one of the first to admit women students.

With the establishment of Military Hospitals in Britain in 1881, the Army Nursing Service came into being and nurses were sent to many war areas. In 1889 the Princess Christian's Army Nursing Service was founded, which later became (1902) the Queen Alexandra's Imperial Military Nursing Service – renamed the Queen Alexandra's Royal Army Nursing Corps in 1949. Nurses, but not female doctors, were sent to the Boer War, but by the time of the First World War (1914-18) civilian women doctors were being employed. The Royal Army Medical Corps, formed in 1898, at first refused to accept women doctors, but this was overturned when it became apparent that the Women's Auxiliary Army Corps would need women doctors as well as nurses. By the end of WW1 women doctors and nurses were serving in all theatres of war and on hospital ships. They were eligible for bravery awards and some of the first Military Medals were awarded to nurses. It was not until 1938 that women doctors

Celebrating Women in Pharmacy

were permitted to wear military uniform and 1950 before they could be given the same rank as their male colleagues. By the end of WW2 there were 600 women doctors in the services. Nurses and doctors have served in all war zones in recent times, including Suez, Korea, and the Falklands. From 1997 all positions within the British Army have been open to women, with the exception of front line troops, parachute regiments and the special services. Today women constitute 23% of officers within the RAMC, and 25% of the NCO ranks. The QARANC is 60% female.

Having spoken about women dentists in the army (first in 1943), about the Women Veterinary Army nurses, and women in the Field Ambulance Service, Captain Starling concluded his talk with a reference to pharmacists in the services. He explained that there were only 11 pharmacists in the British Army, of whom four are women. Pharmacists and pharmacy technicians work within the Medical Supply Agency and as such form part of the Logistics (Supplies) division. They are concerned with the procurement and supply of drugs and medical equipment in peace and in war. It would seem that the Army still regards pharmacists as having solely a supply role.

The questions which followed Captain Starling's talk reflected the interest of most of the audience in history and historical characters. In response to an enquiry about Mary Seacole who travelled to Crimea and set up a 'British Hotel' near Balaclava, Captain Starling explained that she had never had any formal nursing training and her services were seen at the time as providing 'comfortable quarters for sick and convalescent officers'. She did, however, nurse the wounded on the battlefield and was awarded the Crimean

Medal on her return to England.

It was unfortunate that only a small representation from NAWP was able to attend, as there were many questions we might have asked. However those of us who were there found it a most interesting and revealing evening, and we appreciated the opportunity to share the occasion.

Sue Symonds

Where Women want to Work

Earlier this year NAWP wrote to the Pharmaceutical Journal urging the profession to adopt strategy towards managing its female members. In part, the letter was prompted by a series of letters from female pharmacists to the PJ highlighting gender-linked problems.

It may be that the RPSGB will look more seriously at gender issues through its developing 'diversity' strategy, but quite probably this will become a legal requirement, not a voluntary measure.

In April 2007 the new Gender Equality Act is expected to take effect, and this will impose requirements on public sector authorities. No doubt RPSGB will be checking on its obligations, but it would be nice to think that it will follow the spirit of the legislation as well as the regulations. Generally, it will no longer be sufficient for public authorities to have an equal opportunities policy; they will need to have strategies to facilitate equality of outcome. The requirement will not affect private organisations, but the best private organisations already have strategies in place. Gender-management of the workforce is seen by many companies not as a chore, but a sensible

Celebrating Women in Pharmacy

way to manage their investment in their staff.

On October 4th, The Times, in association with Aurora, published its list of the top 50 employers for women. To judge how 'woman-friendly' an employer was, ten criteria were used to make the assessment. These included: work-life balance, networking opportunities, training & development, rewards & recognition and inspiring leaders. Regrettably, no community pharmacist employer and no pharmaceutical company were included in the list. Of High Street employers, HSBC and MacDonalds were the best-recognised names while within the industrial sector, Shell and National Grid were included along with several engineering firms. The sector represented most extensively was the grouping often described as 'finance & banking'. The only obvious employer of pharmacists amongst the top 50 employers was The Whittington Hospital NHS Trust, so congratulations to them.

It is very sad to see that gender management is such a low priority in the sectors where pharmacists want to work, but one can only hope that the 2007 Gender Equality Act will motivate employers to think seriously about the issue.

Christine Heading

Secretary's Postbag

This summer I have had very little mail, and I wonder whether e-mail and the increased cost of postage is encouraging organisations to rethink their publicity.

Nottingham University continues to send out its Bulletin on research projects. The heading "Car parts and body parts"

was intriguing. The aim is to produce a polymer composite with the same mechanical properties as bone and is also absorbed as bone regrowth occurs naturally. The project is now at the point where laboratory trials are looking very hopeful. Success would mean that the metal plates now used on broken bones, which have to be eventually removed, would no longer be necessary.

Another medical problem is how best to treat patients with acute stroke, when the need to reduce blood pressure has to be balanced against a possibly dangerous reduction in oxygen to the brain. The MRC is providing £3.4 million to support trials known as ENOS (efficacy of nitric oxide in stroke). Eczema sufferers (and the NHS drug bill) may benefit from another project that is investigating the effect of using water softeners.

Women's Library

This autumn the Library at Old Castle St near Aldgate East tube station has an exhibition that features the pioneering work of Josephine Butler, the Victorian campaigner against the treatment of prostitutes, and goes on to raise questions about the legal, social and economic issues surrounding prostitution today. On 23rd November Beatrix Campbell gave a lecture there on "Has globalisation made large scale sexual exploitation more prevalent?"

International Day to end violence against women

There was a women's march in central London on the evening of 25th November, protesting against violence. In Britain today the conviction rate for such assaults is now only 5 per cent.

More information on
www.idnfeministnetwork.com

Celebrating Women in Pharmacy

Drinking in public places

I was amused to hear that my local police force, which is policing an 'alcohol consumption exclusion zone', has purchased alcohol dipsticks, to test whether those drinking from cans of coke have not refilled them with alcohol.

RPSGB DVD, BPC 2006

I was disappointed that this lengthy commercial promotion, in dealing with CPD, makes no mention of the work done by CPPE or CPP, but chooses to give as an example of available material NPA's promotion of pain control drugs.

Brenda Ecclestone

Women Pharmacists share Experiences across Europe

Pharmacy is a profession with a high proportion of women in many European countries. However, executive positions in academia, the pharmaceutical industry and political infrastructures still have a low representation of women pharmacists. Speakers at the 3rd European Women Pharmacists Meeting, which took place in Berlin, addressed these topics as well as wider issues related to pharmacy practice across Europe.

Elisabeth Thesing-Bleck (Germany) gave a presentation about the position of women pharmacists in Germany and the role of the German Association of Women Pharmacists. "The imbalance in the number of women pharmacists in top positions is embarrassing and demands political solutions with a drastic change in the social framework for women," she said. In 2004, approximately three quarters of German pharmacy students were women and four out of five German

community pharmacists are managed by women. "However, only about ten per cent of the presidents of our professional organisations and managing directors are women. To change this situation demands an understanding of gender specific differences in life planning with an increase in the provision of family friendly working places. At the same time we need specific promotion and motivation for women so that they can participate in leading associations. It must be the goal of the German Association of Women Pharmacists to lobby for female life-time models."

In the discussion that followed this presentation, Monica Rose (UK) said that women were now represented at all levels in the profession in the UK. But to find women who want to be involved in pharmaceutical politics is difficult, she added. Mrs Mary Gwillim-David (UK) pointed out that as long as "part-time thinking" continues among women, their representation in higher positions will not increase. Mrs Karin Wahl (president, German Association of Women Pharmacists) emphasised that it was vital to address these issues as the steady increase in the proportion of women pharmacists meant that there could be a smaller number of men in the future to fill the higher positions.

In a presentation on pharmacy in the Netherlands, Dr Marianne van den Berg (Dutch community pharmacy owner), said that overall 46 per cent of pharmacists are women but with a greater representation in younger age groups. She went on to discuss the recent changes in Dutch pharmacy such as the advent of "chains" and government "claw back" of drug costs, such that it is becoming increasingly difficult for an independent pharmacy to survive. Some owners are forming small groups of pharmacies

Celebrating Women in Pharmacy

with task differentiation and centralised administration. Fortunately, however, the “alarming” prospect of a pharmacy not needing to be run by a pharmacist has not materialised, she said.

She went on to say that the system of health insurance has also changed this year. Every Dutch inhabitant now has insurance with a health insurance company instead of the government providing health care from national contributions. There are six big health insurance companies, some of which aim for managed care with cost reduction and efficiency, while others choose quality. Different health insurance companies are making different agreements about levels of pharmaceutical care for their patients. This has implications for the levels of pharmaceutical care provided for patients signed up with different companies, she said.

Martina Teichert (Royal Dutch Association for the Advancement of Pharmacy-KNMP) went on to talk about the Dutch Foundation for Pharmaceutical Statistics. Funded mainly out of pharmacists’ fees to the KNMP, this organisation collects dispensing data sent from community pharmacies. These data are used to generate national figures and trends but patient and GP confidentiality is maintained. Specific pharmaceutical care tools have also been developed and for a fee of 235 Euros a year, pharmacists can have an on-line report signalling groups of patients with pharmaceutical care issues, for example, patients with angina not treated with a statin. Individual patient reports are also available for a further fee. In the future, the aim is to extend this service to provide outcome data to pharmacists on specific patient interventions.

Two German pharmacists gave a

perspective on working as community pharmacists in other countries of the European Union. Mrs Ulla Holtkamp, who is currently managing a pharmacy in Wicklow, Ireland, highlighted several issues that she had found interesting in Irish pharmacy. Firstly, chain pharmacies constituting 30 per cent of the total number of community pharmacies in Ireland in contrast to Germany where the equivalent figure is only 2 per cent. Secondly, no none-Irish graduate pharmacist may run a new pharmacy in Ireland. Thirdly, the small amount of training of medicines counter assistants (ie, a five-day course on product knowledge, questioning skills and appropriate referral) with no education required for shop assistants.

She went on to compare the pharmacy storage systems in the two countries, pointing out that Irish pharmacies store their dispensary medicines on shelves and in drawers because of bulk packs while German pharmacies have a “continental drawer” system, made possible by the use of original packs as the sole source of dispensed items. She described the counting and pouring of medicines and labelling of bottles in Ireland as labour intensive compared to the German situation where dispensed medicine is not labelled in the pharmacy, patients relying on verbal instructions and the patient information leaflet. However, the advantage of the Irish system is that patients get the amounts of medicines they need, she said.

Ms Ute Marquardt described her experience of working in Sweden, where again, several things differ from Germany. For example, there is a monopoly situation in Sweden with the state pharmacy chain (Apoteket AB) owning community pharmacies, hospital pharmacies and drug stores, and there is one state health insurance organisation. However, the

Celebrating Women in Pharmacy

government wants to open up the market so this situation is set to change, she said. Ninety per cent of pharmacists are women, but this is not reflected at "board level" where only half of pharmacists are women. She went on to describe the two types of pharmacists – the "prescriptionist" with a Bachelor's degree in pharmacy, who conducts all the work common to pharmacists in other countries and the "apotheker" with a Master's degree who largely has a management function, although a pharmacy can be managed by a non-pharmacist, she added.

marketing has now evened out. Women increasingly look for jobs in sales and marketing because of the flexible hours and good salaries and community pharmacy has become less popular.



Another difference in Sweden is the possibility to obtain a 12-month supply of medication on one prescription. In her opinion, this contributes to the presence of long queues in Swedish pharmacists as every packet of medication has to be labelled. She went on to discuss the encouragement that Swedish pharmacy employees are given to maintain health. This includes the gift of a sum of approximately £150 a year to participate in sport or join a gym and regular health advice to stay in shape.

High level positions in pharmaceutical organisations are well represented by women, but this is because these posts are largely voluntary, she said.

The final presentation was by Mrs Tajda Miharija Gala (University of Ljubljana, Slovenia) who said that women pharmacists in Slovenia have acquired high positions in academia, but they are still in a minority. This is probably because a grant system established in the 1970s, which aimed to produce future researchers and lecturers, favoured male students, she said.

In a gender perspective on pharmacy in Malta, Dr Maria Cordina (president of the Malta College of pharmacy practice) said that 60 per cent of pharmacists in Malta are women. The previous tendency for more men than women to be employed in the pharmaceutical industry and

Pamela Mason

Celebrating Women in Pharmacy

Nominations for the Executive Committee

Nominations for the Executive Committee should be submitted to the Secretary, Brenda Ecclestone, by 1st February 2007.

The AGM will be held on Friday 21st April 2006 at the Annual Conference in Stratford-upon-Avon.

We would like to extend our heartfelt sympathy to Christine Heading, NAWP President, on the death of her husband in October.

NAWP CENTENARY ESSAY COMPETITION 2006-2007

A rare opportunity for you to put your professional opinions into print

To mark its successful centenary year in 2005, the UK National Association of Women Pharmacists is launching a Centenary Essay Competition; open to all pharmacists registered in the UK and Europe. The prize winning essay by a pharmacist in each class will be awarded a prize of £300 and a further prize of £300 awarded to the best essay overall. This will be a once only event, inviting entrants (men and women) to write a literature-based essay of 1200 words on a specified topic. The Pharmaceutical Journal has agreed to consider the prize-winning essays for publication. Winners will be invited to present their work to a NAWP meeting, subject to their willingness and it is planned that all high quality entries will be published by NAWP.

Agreed funding means that only pharmacists can be awarded the financial prizes, but NAWP also welcomes entries from other individuals with relevant expertise and they too will have their entries considered for publication and commendation.

There are two classes of entry: Academic and Professional.

Entries in the Academic class are to be based primarily on research and review literature published in pharmacy, scientific, medical, nursing and/or behavioural journals.

Entries in the Professional class may draw from these sources if appropriate, but may also draw from professional experience and media sources (magazines, newspapers, TV etc).

Entries are to be submitted by 1st February 2007, in English. The competition will be judged by three judges appointed by, but independent of, NAWP.

1 - THE TOPIC OF THE ESSAY IS:

Pharmacy and ageing: Are medicine-taking issues under-recognised in behavioural research?

2 - BACKGROUND TO THE TOPIC

The media frequently report study-findings that claim to show that mental function in older people can be influenced by activities such as doing crossword puzzles, taking exercise or socialising. However, pharmacists are well aware that in many countries ageing is associated with increasing use of medication and that this in turn brings benefits and inconveniences. Prevalence of the use of prescribed and non-prescribed medicines, the number of dosage units being taken daily, side effects, and the efficacy of long-term medication are issues that

Celebrating Women in Pharmacy

are natural concerns of pharmacists, but awareness of these points comes less naturally to some other disciplines concerned with health and social issues. Authors are therefore asked to question whether behavioural studies investigating mental function in older people adequately recognise the consequences of high levels of medicines usage by those over the age of 60.

For further details and an entry form, contact enquiries@nawp.org.uk or write to *Mrs Brenda Ecclestone*, Hon Sec. NAWP, Princess Royal Cottage, Butterow West, Rodborough, Stroud, Glos. GL5 3UA

European Women Pharmacists in Berlin 13-16 October 2006

Our weekend started on a grey, cool Friday morning, but this did not dampen our spirits as we embarked on a boat trip along the river Spree, starting near the Friedrichstrasse railway station. A border-crossing checkpoint was installed here after the construction of the Berlin wall. On the opposite bank we saw the Berliner Ensemble, one of the most magnificent theatres in Germany. Further along the river, we passed the Museum Island, 'a district dedicated to art and classical science' by Friedrich Wilhelm IV. On this island stand the Bode museum, the Pergamon Museum, the Alte National Gallery, the Neues Museum, the Altes Museum and several other prominent buildings.

The Altes Museum, like so many buildings in Berlin, was built by Karl Friedrich Schinkel in the Neo-classical style in 1830. Also on the Museum Island we saw the Berliner Dom, the cathedral built in 1894 and 1905. Further along the river in the distance were the twin towers of the Nikolai church, one of the oldest churches in the city, built in 1230 and the Fernsehturm, television tower, built in 1969 which at 365 metres, is one of the tallest structures in Europe. We then travelled westwards past the Reichstag and saw many modern buildings including the new central station made of glass and steel. Travelling past the House of World Cultures, built in 1957, we were reminded of its nickname 'the Pregnant Oyster' or President Carter's smile! (owing to the unusual roof and fascia design). After returning to our base, our next port of call was the nearest café to enjoy a much needed hot coffee and cake!

We joined up with the rest of the conference delegates in the afternoon with a very informative trip to the Reichstag. Constructed between 1884 and 1894 it was a symbol of national unity for the then, new German Empire. It was damaged by fire in 1933 and not rebuilt until between 1957 and 1972. In December 1990, it was the first meeting-place of the newly elected Bundestag (German Parliament) following German reunification. After passing through tight security, we were seated in the plenary chamber and given a talk in German about the history of the building. (Unfortunately the English version was only available on Thursdays!) However we were given a very useful English guide book. After this we travelled up to the interior of the glass cupola designed in 1999 by Lord Norman Foster. In the centre of the cupola is a magnificent conical structure, covered with glass mirrors which reflect daylight down into the plenary chamber

Celebrating Women in Pharmacy

to reduce the amount of artificial light needed here. Those of us who had a head for heights, walked up the helical ramp around the inside of the dome and were rewarded with terrific views across the city. From the Reichstag, we walked back to the Brandenburg Gate. Built in 1795, it was designed by Carl Langhans and modelled on the entrance to the Acropolis in Athens. During the cold war,

ambitious; costumes (600) were exquisite and the singing exceptional. The scenes depicted Casanova's love life during the Venetian Carnival period. There was so much happening in each scene that it was difficult at times to appreciate it all. Very agile and fearless acrobats featured in most scenes. At one point, a large swimming pool appeared from the bowels of the stage, complete with



the gate was in East Berlin and we saw in the pavement where the Berlin Wall had stood. After a stroll along the Unter Den Linden, we were then taken to a typical German coffee shop where we sampled the local 'kuchen'.

The Germans certainly seem much more broadminded than the British! That is the conclusion we all came to after our visit to the Friedrichstadpalast on Friday evening. The production of Casanova was very erotic and sensual, as the title suggests it would be and certainly not for the narrow minded! The scenery was tremendously

scantly clad young ladies who performed an erotic water ballet. It was altogether a most memorable spectacle!

Saturday was conference day (see separate report on page 5). On Saturday evening we dined at the Hotel Albrechtshof where we were able to mingle with many of the other European delegates. The whole day was informative and fascinating.

On Sunday morning we commenced our sight-seeing again, this time with a two hour bus tour around central Berlin.

Celebrating Women in Pharmacy

During the Second World War, large areas of Berlin were badly damaged. Also, after the construction of the Berlin Wall, certain areas of the city, particularly in the Eastern Sector, fell into disrepair. Now, with the re-unification, Berlin's buildings are rising from the ruins and building seems to be the main source of employment! Our bus tour took us from the Reichstag to the Gendarmenmarkt, and then onto the Tiergarten district, nicknamed 'the lungs of Berlin'. Close to this area was the Potsdamer Platz which was in the Eastern Sector and had been a wasteland but is being extensively redeveloped. One of the many splendid buildings near here is the Berlin Philharmonie and the Kammer-musiksaal whose tent-like roof is gilded with a layer of golden aluminium and it is claimed has superb acoustics. At the Southern end of Frierichstrasse, we saw a replica of Checkpoint Charlie, which during the Cold War became a symbol of both freedom and separation for many East Germans trying to escape from the DDR Communist regime. Many other sights too numerous to mention, were visited leaving us with many images of the past but also of a united, forward-looking city. After this trip, we parted company with our new found friends and

colleagues and found our way back to the Café Machiavelli, where we seemed to spend our jovial lunch breaks.

On Sunday afternoon our time was our own. Some of our party visited the Pergamon museum while others went back to Checkpoint Charlie and then went in search of a wonderful chocolate shop in the Gendarmenmarkt which had chocolate replica of the Reichstag, not to mention all the other delicious shaped chocolates! Our last evening was spent in a typical Berlin pub, sampling the local Pilsner and food.

On Monday some of our group visited the Holocaust memorial and the Jewish museum while others strolled around the Galeries Lafayette. After that we returned home, feeling that we had a better understanding of our European pharmacy colleagues and the Berlin of the past and future. The weekend was a resounding success and we are very grateful to Karin and Antoine and their team for all their hard work organising this conference. We urge you all to consider going to the next one!

Ann Munday



Celebrating Women in Pharmacy

Forthcoming Events

**Annual Conference 2007
Recent Developments in the
Treatment and Care of Cancer
Patients 20-22 April 2007 at
Stratford Manor
Stratford-upon-Avon**

The Annual Conference will be held at this 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.

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

Full details of the programme will be mailed to all members in the New Year. Applications should be sent by 16 March to Veronica Pearson,
41 Tyndale Road,
Loughborough,
Leicester LE11 3TA
Tel: **01509 230463**
Email: **vphmp@tiscali.co.uk**.

Member Advertisements

It has been suggested that we should include advertisements in future issues of the Newsletter.

If you are interested in placing an advert please contact either the Newsletter editor or the Treasurer.

Women in Slovenian Society

Slovenia is one of the youngest European Countries among the recently emerging states in the eastern and southern parts of Europe. It gained its independence upon disintegration of a large socialist country and therefore lacks experience in political pluralism, parliamentary democracy and their levers for government.

In accordance with the social and political order in the country after World War II, women were equal to men. They held responsible positions in society, received equal education and participated in politics and the family. As a rule, property was publicly owned and the employer was the state. Very rarely women stayed at home raising children. Women, actively participating in politics were also scarce. Today, after 15 years of independence with a developed private sector, women are no longer employees only but have become managers, business women and entrepreneurs. They hold stressful jobs and positions and are fully engaged in their work, which often influences their decisions about family life when they are young.

A new state with a new political and social system reveals a new phenomenon – unemployment. The number of unemployed women looking for a job exceeds that of men by 3.8%.

The role of women in Slovenian politics has been changing. We are more and more aware that, without the presence of women, their interests tend to be overlooked and ignored. Therefore, it is essential to ensure that a certain number of women participate in major decisions; our common goal should be an equal presence of both genders in decision-

Celebrating Women in Pharmacy

making bodies. There has been little research into the activity of women in Slovenian politics but a study by Dr Milica Antić (2003) revealed:

- From 1996 to 2000, women held only 7 of the 90 seats in the National Assembly which is the highest legislative body. This increased to 12 women in the period 200-2004.
- Slovenian female MPs are older and have a much higher education level than their male counterparts.
- There has not yet been a woman President of the parliament. From 2000-2004 there were 20 presidents of various bodies (11 commissions and 9 committees) but none of them was a woman.
- Women MPs usually decide to work in committees on schools, culture, international relations, gender equality, healthcare, social policy, human rights and freedom and employment. They rarely operate in the fields of economy, defence or foreign policy.
- The majority of law proposals are from men; women were involved in group proposals for only 14 of the 68 in the four-year period from 1996. Individually, only one woman made a proposal for a law and this was the Pharmacies Act which was then adopted.
- On average it takes men 5.2 years from the beginning of their political career to become an MP whereas for a women it takes 9.75 years.

The Slovenian Constitution and the bylaws ensure equal political rights for men and women, but these formal and legal provisions do not ensure actual equality of genders in political participation and

decision making at either national or local level. Therefore, a quota system was introduced in 2006 to give equal opportunity to both genders to enter politics. Women must now make up 20% of the candidate list and their names must not be positioned lower than third place.

Tajda Miharija Gala - Ljubljana, Slovenia

Editors note:-

The Role of Women in the Slovenian Pharmacy will feature in the next issue of the Newsletter.

Letters to the Editor

We have not received any letters for inclusion in this issue. This is your opportunity to communicate with the wider membership on any topic whatsoever. Please send letters to the Newsletter Editor.

Email:watson639@gmail.com

European Platform of Women Scientists

The first Network Event was held in Brussels on October 20th and was attended by representatives of more than 80 networks of women scientists from 28 countries. During this event there were keynote speeches on the state of the art of women in science and their networks in Europe, a poster exhibition and brainstorming sessions on the short and long-term objectives of the Platform such as Gender Dimensions in Science and Promotion of Women Scientists.

The Association's first General Assembly will be in January 2007. Visit their website for their latest news.

<http://www.epws.org>

Celebrating Women in Pharmacy

The Executive Committee have agreed that any NAWP member is welcome to attend Executive Committee meetings as an observer. The next meeting will be at the Pharmaceutical Society, Lambeth on 31st January 2007 at 10.30 am.

Member Profile

Anita White

Anita White graduated from The Welsh School of Pharmacy, UWIST, Cardiff in 1975 and then went back home to do her pre-registration year at Burton on Trent Hospital Group, Staffordshire. After completing the year she was employed as a basic grade pharmacist, gaining experience working on the ward, sterile and non-sterile manufacturing and quality control.

In 1978 Anita moved to Wales after getting married and continued to work as a hospital pharmacist in Merthyr Tydfil, helping to set up the Prince Charles hospital pharmacy as it moved from St Tydfil's. It was then that Anita was introduced to NAWP Cardiff meetings and attended the weekend school held in Cardiff in 1979 or 1980. The first of many enjoyable weekends.

After 18 months Anita decided to move into retail, as branch manager for GK Chemist in a council estate in Newport. This was quite a culture shock, not having worked in retail since a summer placement with Boots 5 years earlier. The dispensary staff were only newly trained, luckily by Linda Stone (past president of RPSGB and NAWP Cardiff member). When the post office was removed from the shop, it took the customers a while to remember that they were now ONLY a chemist.

When an opportunity arose to work

within a mile of home, in Blackwood, Anita moved to R G Drummond. Here script levels were low, compared with Newport; the dispensary was secondary to the shop activity, which was reflected by the fact that there were 4 shop staff and no dispensary staff.

The arrival of a family gave Anita another change of direction. She decided to be a full time Mum, which she enjoyed. After moving into Cardiff where her husband's job was based, she used her organisational skills to help set up and run a Mother and Toddler Group in her local church hall. As her children progressed to Playgroup she help run that by becoming Chairman of the group and a volunteer worker. Eventually she was paid to work, on a one to one basis, with a child with special needs. She found that hard work but very rewarding. Having gained this experience, Anita found herself helping in school with infants initially, and then in the special needs class in the junior school. She was also on the PTA for 7 years, running many Fayres, Quizzes, Pantos and Barn Dances.

In an attempt to keep up to date Anita worked regularly on a Saturday, once a month. She is still working at the same pharmacy 20 years later.

Like many of us, Anita built up her locum work to fit around family commitments including managing a brand new pharmacy in Caerphilly, 3 days a week. This provided another new experience: building up script levels from zero and stocking retail items to tempt customers into the shop and introducing new services such as allergy, cholesterol and diabetes testing. Smoking cessation and emergency contraception under PGDs, blood pressure, weight management and body fat monitoring were also offered as well as occasional male health clinics with

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a male nurse and sometimes a doctor in attendance. Six years ago this was quite ground breaking in Wales. Now the multiples are offering similar services, but very few independents have the time or the facilities to offer these services yet.

To keep the locum network Anita had built up, she worked about 6-8 days a month for other independents. When, after 4 years, she found regular work difficult to fit in with changing family circumstances, she was able to slowly increase this freelance locum work. She now works for about 10 independent pharmacies. Last year Anita undertook the Welsh School of Pharmacy Certificates in Medicine Management, Medicine Use Review and Prescription Intervention Service, i.e. MUR levels 1, 2, and 3. She found studying, after a 30-year break, more difficult than expected, but with the help of colleagues, friends and family she managed to pass and is looking forward to using the new skills when the opportunity arises.

Anita has served on the committee of NAWP Cardiff as a member, secretary and now treasurer for more years than she cares to remember, attending most of the weekend schools for the past 25 years.

Last year Anita's husband, Ashley, lost his fight with cancer, which left a large void in her family life. Anita aims to keep busy to fill her time. This includes working on her allotment, where she grows lots of vegetables and fruit, rhubarb being a speciality. She is a member of her local church committee and Parish council. Anita also enjoys the theatre, music, films, travel and eating out. Anita also regularly goes with friends to the gym.

Member Profile

Ann Munday

After graduating at Manchester University, Ann completed her pre-registration year at Withington Hospital, Manchester. She stayed on to work at this expanding hospital and after a year, was promoted to Staff Pharmacist and given the responsibility of setting up the drugs for the new psychiatric unit. This continued for two years, but after moving house to live in Knutsford, Cheshire, the travelling to Manchester became rather laborious and she then took on the management of a community pharmacy in Sandiway, near Northwich, Cheshire. Three years later an opportunity to work for Boots at Knutsford and Northwich, gave Ann a chance to work in community pharmacy in a larger organisation as a second pharmacist. This position continued until the birth of her first child in 1979.

Not wanting to lose contact with pharmacy, her career continued as a locum pharmacist, mostly working at weekends so that her husband could look after their daughter. Their son was born in 1982 and Ann continued to work as a locum occasionally.

In 1986 Ann's husband changed his job and began working in Hull in the East Riding. Ann stayed on (now in Nantwich) with the children until the house was sold, then moved to Kirkella. After a break of about two years from pharmacy, Ann started working as a locum again for Selles chemists, again mostly at weekends. After her son started playschool, Ann started working regularly as a self employed locum, initially for one day a week, then three days a week. Most of the locums were in the West Hull area.

In 1996 an opportunity became available to work with a multidisciplinary health

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care group looking at the medication use in older people in the community. Ann took on the role of pharmacist investigating this topic and this continued for six months. The results were published locally and proved that the pharmacist had an important role to play in this field. It also made a number of recommendations for the health and social care team and for community pharmacists.

In 2004 Ann completed the Medicines Management course from Keele University. She continued to work as a locum until 2005 and then because of family commitments, stopped working towards the end of 2005. She continues to take an active interest in pharmaceutical matters, and has recently attended The European Women's Pharmacist Conference in Berlin.

Ann's spare time is spent walking in the Yorkshire Wolds, enjoying the Classical music concerts in Hull, gardening and playing badminton and tennis.

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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.

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