

Celebrating Women in Pharmacy

NAWP Newsletter

February 2019



The President's Letter

Dear Colleagues

It's halfway through February and I know I shouldn't say it, but here in Wales, we have only had one or two snowy days and not too many frosts. I'm hoping we don't get the heavy snow we had in early March last year.

Vote 100 Women in Business Summit was held in London in April. Dr Christine Heading and I had been given tickets to attend on behalf of NAWP. Sophie, Countess of Wessex attended and gave a very good address. All the speakers were inspirational, particularly in their efforts to make a difference to women's career paths, whether their own or others.

NAWP met along with other interested groups, with Catherine Duggan at RPS HQ in April, just before she left RPS for FIP. We had a very interesting discussion about where NAWP and others could fit into the new roles of RPS. Several plans were forged of possible roles on gender and diversity for NAWP within RPS. Unfortunately since then not a lot of progress has been made, possibly due to restructuring at RPS with several new posts being formed. RPS is planning a meeting for stakeholders in early April to see how Diversity and Inclusion issues should be taken forward, and NAWP is feeding ideas into this. However we know little about where it may lead.

At our last Executive Meeting in November 2018, it was reluctantly decided that NAWP could no longer function in its present format. Our membership numbers and thus funds have

dwindled over the past 5 years, so on present forecast we only have sufficient funds for one year. It was decided to stop all new membership from 2019, and wind up the organisation at the next AGM in April. It will take until the end of 2019 to tie up all loose ends. We are all very sorry it has come to this but can see no way around it.

On a more positive note our contribution to the European Women Pharmacy Meeting continues. The 13th EWMP was held in Reykjavik on September 15th, on the topic 'From Research to Practice.' Fifteen members and partners attended, plus another two ladies from the UK, one our invited speaker and the other submitted an abstract. Virginia Watson and I have become quite proficient in Skype calls, our only way to conduct the organising committee meetings. Everyone had a good time in Iceland, even seeing the Northern Lights, by chance as we walked back to our hotel from a meal out. The coach trip around the Golden Circle gave us breath taking views of geysers, rifts and waterfalls.

The 14th EWPM is to be held in Dresden, Germany on Saturday 23 November 2019. 'Working Better Together - Interdisciplinary Co-operation' All are welcome to join us.

We will keep you all informed of any developments.

Regards
Anita White

NAWP Annual Report March 2018

This time last year, NAWP was waiting on further responses from RPS regarding the possible integration of NAWP into RPS. Since then there have been numerous exchanges between the two organisations, both face-to-face and electronically. A key turning point in the discussions was the commissioning of Mair Davies (director of RPS in Wales) and Robbie Turner (Director for England) to create a diversity entity by the end of 2018 which will address diversity issues within a structural

framework. If this happens then there is a good chance that NAWP can be incorporated within this new structure provided NAWP is happy that the new structure will deal with diversity issues in general and not just women's issues. The EC will continue to keep members informed as these plans progress.

NAWP has also had discussions with Pharmacist Support to explore ways of working together on future joint initiatives which could include:

- working together on a framework of pastoral care particularly for those planning a career break
- Collaborating on future events
- Supporting by sharing our experience and expertise.

At the end of September eleven members of NAWP plus some husbands and daughters attended the 12th European Women Pharmacists Conference which took place in Vienna. The title of the conference was 'Women Pharmacists-Always One Step Ahead' which was apt considering the breadth of experience of those attending.

News of this conference sparked interest outside of NAWP and resulted in the publication of an article in the Journal of Gender Technology and Science and also as a poster presentation at the RPS Winter Summit in December. NAWP was represented at the summit by Anita White, Christine Heading and Virginia Watson (co-authors of the poster). It was thought to have been a good summit and worthwhile attending. The poster had attracted some promising interest.

Earlier in the year, Anita White and Christine Heading attended a 'Women in Healthcare Leadership' event at the RPS Headquarters. The event was hosted by RPS in collaboration with the Royal Society of Medicine. Women leaders from pharmacy and the nursing profession delivered inspiring talks and the evening provided a useful networking opportunity.

The RPS Conference was made free to RPS members for the first time in 2017. Several members of NAWP took advantage of this offer to attend the Conference which had as its title 'Connecting Pharmacy'.

In January each year, the PJ publishes the names of RPS members who have completed 50 or more years of continuous membership. Among those listed this year were four NAWP members: Christine Heading and Veronica Pearson with 50 years of continuous membership, and Brenda Ecclestone and Ann Iles with 60 years continuous membership.

Cardiff branch is the only active branch of NAWP. In the autumn term, three events were organised to include a trip to the Royal Mint at Llantrisant; a visit to the Wales Millennium Centre to see Tiger Bay, the musical; and a Christmas Social. Alongside these events is a monthly luncheon aimed at those who have retired from the Pharmaceutical register and includes both members and non-members of NAWP. These lunches are important for social interaction and keeping in touch with colleagues.

As well as the articles that have appeared in various professional journals there has been a vast amount of activity on the NAWP facebook page and via the NAWP Twitter account.

NAWP EC has continued to use the facilities provided by Premier Inn meeting spaces for the EC meetings, as a way of conserving our limited funds.

What of the future – plans are already under way for the 13th European Women Pharmacists' Meeting which will take place in Reykjavik on September 15th 2018.

With regard to the future of the organisation, the EC will continue to update members as the proposed plans unfold.

*Hazel Baker
Secretary*

From Research to Practice. Report of the 13th European Woman Pharmacists Meeting 15 September 2018, Reykjavik

Attended by 54 colleagues from five countries, this year's meeting was held at the premises of the Icelandic Pharmaceutical Society. Opening the conference, the President of the Society, Mrs. Lóa María Magnúsdóttir, said that Iceland with a population of 350,000, is the country

with the lowest population density in Europe, but has the highest percentage of tourists (2.2 million in 2017).

Membership of the Icelandic Pharmaceutical Society is not mandatory. It currently has

around 450 members, 68.5% of whom are women. Pharmacists without a pharmacy licence but with a Master's degree can also become members. A pharmacist licence is obtained after 5 years (3 BS + 2 MS) of study and a six-month internship in a public pharmacy or hospital pharmacy.

In 2015, the Icelandic Pharmaceutical Society and RPS signed a partnership agreement to share best practices in patient care and to develop the pharmacy workforce by working together with RPS on foundation training and through the RPS Faculty on professional development. On the basis of this co-operation, a master study programme for clinical pharmacy was also developed: Icelandic colleagues expect the first two graduates of this new course to graduate next year.

Most pharmacists in Iceland work in industry, with the public pharmacy taking second place. There are 72 pharmacies and 29 branches. Third-party ownership has been permitted for many years, but the proportion of privately owned pharmacies has been increasing for some years now.

The Icelandic Pharmaceutical Society houses a small pharmacy museum, which the participants were allowed to visit during their lunch break. The young pharmacists attending found it particularly interesting to hear that the older colleagues were familiar with many of the items on display, such as suppository and pessary moulds, pill cutters, powder wrappers etc., and that these were used everywhere in Europe.

Pharmaceutical Industry in Iceland

As the pharmaceutical industry is very important in Iceland, there were three speakers from this sector.

Oculus is a biopharmaceutical company researching and developing novel topical treatments in ophthalmology. Dr. Guðrún Marta Ásgrimsdóttir reported on important technological developments in this field, one of which is the development of eye drops to replace injections in the treatment of diabetic macular oedema. This is particularly important for the Icelanders, as many patients are spared a long journey to a special outpatient clinic.

Some of the technological problems that have

had to be overcome during the development of the eye drops, include the low water solubility of the active substance; the short retention time of aqueous solutions on the eye; and overcoming the lipid membrane barrier to deliver drugs to the retina. Using a carrier substance and nano-particle drug delivery technology has led to enhanced solubility and permeability of the eyedrops. The first product with a glucocorticoid active ingredient is currently in a phase II clinical trial with positive results.

Alvotech is probably the most important international pharmaceutical company in Iceland. Dr. Sesselja Ótmarsdóttir described the success story of this company. Alvotech was established in 2013 for the production of biosimilars. The administrative headquarters and a recently built production facility are located in Reykjavik. There is intensive co-operation with the University of Iceland. In addition, there are two research locations in Germany: Jülich, where new cell lines and production processes are being developed in co-operation with the Technical University of Aachen, and Glycothera GmbH in Hanover for the development of the analytical methods. There is also a site in Zurich that is responsible for clinical trials and the approval of biosimilars. A joint venture with the Chinese Cultural Heritage Network (CCHN) in Beijing, China has also recently been established to develop a manufacturing facility in China.

Florealis was also founded just a few years ago. The portfolio of this company includes products for mild complaints, which are used in self-medication and mainly contain substances from naturopathy (devil's claw, bear leaves, mallow, valerian). Dr. Elsa Steinunn Halldórsdóttir explained that as this area is often not taken seriously by orthodox medicine the aim of the company is to offer patients standardised products manufactured in accordance with GMP guidelines.

Research and Pharmacy Practice

Dr. Fatma Karapinar-Çarkit, Sint Lucas Andreas Hospital in Amsterdam, reported on pharmaceutical care during hospital admission and discharge and discussed errors in the supply of medicines at the interfaces of the different

areas in the health care system in The Netherlands

Investigating the causes of patients being sent back to hospital because of avoidable errors in drug delivery, Dr Karapinar-Çarkit said that with an average prevalence of 21% drug-related re-instatements, approximately 69% of these were preventable. At the time of admission, the medication lists of GPs differed from those of 81% of patients examined in the study. Medication errors occurred when patients changed wards in 61% of hospital cases. At discharge, 54-82% of patients did not know which of their medicines had been changed and within 6 months, 27% of the patients had their medication re-administered. Therefore, information about the medications given to a patient should be available at all transition points in the healthcare system: at admission to hospital, when transferring to other inpatient areas of hospital; when discharged home; in care homes; and new care by the family doctor. To ensure that patients are provided with the correct medication Dr Karapinar-Çarkit proposed four steps for medication reconciliation:

- verification of the medication lists of the patients
- clarification (e.g. double medications, indications)
- coordination and documentation of changes
- communication about the new medication list.

The results of her study demonstrated that the co-operation with the patient, the carers (communication improvements), the hospital pharmacies (medication lists for admission and discharge) and the local pharmacies (home visit within 5 days after discharge) led to improved patients knowledge of their drugs (75% to 92%) and a reduction in drug-related problems (66% to 52%).

Rachel MacDonald, PCT Healthcare Ltd, Manchester reported on new paths being taken in the UK enabling community pharmacies to carry out 'real world' research. They are supported by the NHS (National Health Service) and the British Health Administration, which has created a National Institute of Health Research

(NIHR) to research improvements in drug delivery in marketed products. The NIHR is organised locally into Clinical Research Network (CRN) groups that work independently.

Rachel MacDonald described her participation in a clinical trial to test the efficacy of a new asthma and COPD powder inhaler prior to its launch compared to existing therapies in regular patients. The result of collaboration between a number of local and national stakeholders including academics, GPs, hospitals and pharmacists, this study was conducted in community pharmacies. Thus, there are new opportunities for interested pharmacists in the UK to conduct clinical research in community pharmacy.

Anna Bryndís Blöndal, University of Iceland presented the results of her dissertation on 'Introduction of Pharmaceutical Care to Primary Health Care in Iceland'. This study comprised three separate phases. Firstly, the aim was to examine the GPs' view of the current state of primary health care; their perception of pharmacists as members of the health professions; and their attitude towards future co-operation between GPs and pharmacists in primary health care in Iceland.

This was followed by the introduction of pharmaceutical care for GPs and the investigation of various interventions with the aim of identifying region-specific and nationwide requirements for pharmaceutical care.

Lastly, the interventions carried out by the pharmacist were analysed in terms of the number and type of drug therapy problems identified and the frequency with which the pharmacist's recommendations were accepted by the family doctor.

The results of the first phase showed that GPs in Iceland did not understand the importance of pharmacists in patient care or their pharmaceutical competence. When a pharmacist introduced pharmaceutical care to basic medical care, the GPs were very satisfied with the results of the co-operation. The pharmacist's recommendations and advice on drug therapy for patients were accepted. Therefore, an active role of pharmacists in basic

medical care was expressly advocated for the benefit of patients.

Gabriela Pura, a pharmacist from Prodan, Romania, presented a study on the emergency treatment of high blood pressure crises with Urapidil in the emergency outpatient department of Cluj-Napoca. A retrospective analysis, of 80 (63% female) patients aged 40-92 years demonstrated the efficacy and safety of Urapidil compared to other treatment regimens in the emergency treatment of hypertension crises.

2017 Salary Survey in UK

Lilian Anekwe from the Chemist + Druggist (C+D), presented a completely different aspect of the working life of pharmacists when she compared the pay and job satisfaction of male

and female employees in community pharmacies. 'Same old story' was their summary of the 2017 salary survey, in which 1,754 employees took part. Male employed pharmacists earn about 5% more than their female colleagues.

The closing session of this European Women Pharmacists Meeting was a panel discussion during which the speakers discussed with the participants how research results can be incorporated into the daily work of pharmacists. All speakers stressed the necessity of publishing the results of studies on pharmaceutical care in scientific journals in order to ensure accessibility for practice and further studies.

This article is based on a translation of a report written by Anne Lewerenz, Ulla Holtkamp and Antonie Marquardt

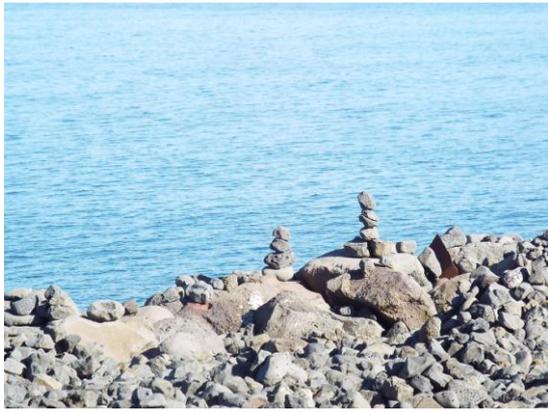
European Women Pharmacists meeting Dresden

Working better together – Interdisciplinary Co-operation



**on
Saturday 23 November 2019
at the
Intercity Hotel
Dresden**

The programme will include tandem lectures and discussions on interdisciplinary co-operation led by University, Hospital and Community pharmacists, authorities and the pharmaceutical industry. A programme of pre- and post meeting social activities will be provided over the weekend.



Tribute to Brenda Ecclestone



We would like to pay our respects to one of our long standing members who sadly died unexpectedly on 15 December 2018.

Brenda was absolutely committed to the pharmacy profession, possibly due to having been brought up in a chemist's shop in Halifax, owned by her father, Irvine Smith.

Born as the only child to Mary and Irvine Smith in 1934, Brenda attended Crossley School for Girls in Halifax, going on to qualify as a pharmacist in 1954. She returned to work with her father until 1960 when she moved to London.

Monica Rose first met Brenda in 1963, while working in Westminster Hospital along with another much missed member, Effie Smith, who shared a flat with Brenda in Sutton Gardens. A wonderful place within the sounds of Big Ben's chimes.

Later that year Brenda married Martin

Ecclestone and together had a daughter Catherine in 1964 and a son Richard in 1975. Catherine now lives in America with her family and Richard was, until recently, working at CERN in Geneva. Our thoughts and prayers are with them.

In 1975 Brenda qualified as a librarian and combined her two professions by working for the Pharmaceutical Society, co-editing the BNF for several years. In 1990 the family moved to Stroud, where Brenda became a local CPPE tutor and worked part time in both hospital and community pharmacy.

Brenda joined NAWP and was on their Executive Committee from 1993-2007, holding the post of Honorary Secretary from 1996-2007. Despite being asked several times to step up to the top job of President, Brenda gracefully declined. She never aspired to lead the association, but encouraged several other members to join the Executive committee and take on the office. Brenda co-edited the Careers in Pharmacy book for NAWP, first published in 1998. She contacted The Women's Library and ensured that all the NAWP publications are made available to all women through them.

NAWP members would always look forward to seeing Brenda at their annual study weekends, wherever they were held, from Liverpool to Exeter. Although Brenda didn't drive she got there one way or another. Speaking to Brenda was always a delight, she had a lively voice and was genuinely interested in all you had to say. She was committed to NAWP and in general to the role of women in the professions. Brenda will be missed by all who knew her in her long and varied life.

A thanksgiving service will be held on Saturday 23 March at Holy Trinity Church, Minchinhampton, nr Stroud.

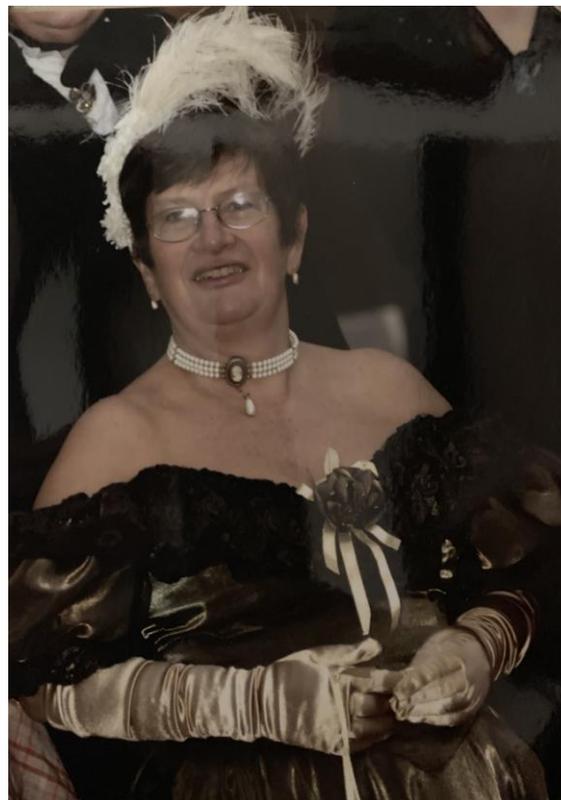
Tribute to Vela Burden NAWP President 1984-1986

Vela was born on 16 November 1941 and went to Stamford High School, followed by De Montfort University, Leicester, to study pharmacy, where she met Michael Burden also studying pharmacy.

Michael and Vela were married in October 1965 and celebrated their Golden Wedding Anniversary in 2015, with their two children Emma and Stephen and six grandchildren.

Vela spent most of her career in Community pharmacy either as a manager or later as a locum in and around Leicestershire. Michael was Chief Pharmacist of Leicester Royal Infirmary where he worked with another NAWP member, Effie Smith. Graham and Effie, Michael and Vela and all their children became very good friends, spending many hours together swimming and walking. Vela had a keen interest in nature and photography in and around Wymeswold. Vela once took a photograph of 50 ladybirds settled in one place and sent it to the local nature magazine. The family allotment was a great pleasure to Vela especially the notable asparagus bed. When retired, Vela and Michael loved nothing better than to have the family to stay in their holiday cottage in Dorset.

Vela was on the NAWP Executive from the early 70's to 2006. She was President from 1984-86 and Newsletter Editor from 1976-2006. Vela supported NAWP in all its work especially enjoying the weekend schools and helped organise the one in Loughborough in 1991. In 1995 Vela was made an Honorary Life Member of NAWP. In 2005 when NAWP celebrated its centenary, Vela was very involved in all the celebrations - dressing up in period clothes for the banquet in Abergavenny, and welcoming the Princess Royal to lunch at the Royal Pharmaceutical Society, at Lambeth.



In 1993 Vela was made a Fellow of RPS for her huge contribution to Pharmacy.

Sadly Vela died on 20th October 2018 after a long illness. Several of her NAWP friends of many years were able to attend her funeral in the local church, along with her family and a large number of other friends. Our thoughts are with Michael and the family. Vela was a character who will be missed by all.

Tribute to Barbara Maude (NAWP President 1998-2000)



Barbara died peacefully in her sleep September 19th 2018. Born in Woolwich, London in 1929, she secured a scholarship to attend Roedean in

East Sussex, and studied pharmacy at the University of Brighton.

She married a pharmacist, Cyril Maude, in 1953, whom she met while working in Boots, central London. Later Barbara moved to Long Grove psychiatric hospital in Epsom, where she ran the pharmacy department.

The couple moved to Nuneaton, Warwickshire in the 1960s, where Barbara worked as a locum community pharmacist. They adopted their son Ian, who described his mother as always proud to be a pharmacist.

Barbara was an active and loyal member of NAWP and was on the Executive Committee from 1994-2006, Treasurer from 1995-98 and

2000-06, Vice President 1996-98 and President 1998-2000. Quite a record. I'm sure we all have many memories of Barbara. Mine will be the many weekend schools together, when Barbara would walk around the hotel in bare feet. She was always interested in members, new and old.

Barbara also supported her local branch of RPS and in 2002 was awarded a certificate for long

service at branch and regional level.

Veronica and Michael Pearson were made very welcome by Barbara's son, Ian, when they attended her funeral and wake at the end of September. Barbara was a very private lady who had several surprising interests, going on holiday to countries off the beaten track and dancing barefoot. She will be missed by family and her NAWP friends.

Tribute to Dr Sue Symonds

We have received an email from one of her sons in Adelaide, to let us know that Dr Sue Symonds died on 12 February 2019.



Sue was born in Adelaide, Australia on 11 December 1934 and went to Girton School for Girls, before studying pharmacy at the University of Adelaide. She married Malcolm in 1958, moving to the UK in 1972. As was typical of women of her day she took time out to look after her four sons - Ian, David Tom and Matthew – before resuming her career, in about 1980, working part time as a Community Pharmacist in and around Nottingham.

In 1991 Sue changed direction and went to study for an MA and PhD at the School of Sociology and Social Policy, Nottingham University where the focus of her research was on the work of part-time community pharmacists and their role in the workforce. An article covering '*Part-time work in community pharmacy – a bridge, a trap or a balance?*' was

published in the *Pharmaceutical Journal* 2000; 264(7080):144-147. After gaining her doctorate she continued to work on various social science research projects, mostly concerning health. Sue was a member of the Executive Committee of NAWP from 2001-2010, helping to organise weekend schools in Nottingham (2001) and Derby (2003). Sue was also on the organising committee for the centenary celebrations in 2005 and together with Brenda Ecclestone, she produced an enlightening CD for entitled '*Celebrating Women in Pharmacy*'. Sue arranged for Edith Spivak, a pharmacist who registered in 1936, to talk with Elizabeth Doran, who had recently registered in 2003, about their thoughts on Pharmacy as a Career for Women. In July 2005, Monica Rose and Sue gave a presentation at the History of Pharmacy Congress in Edinburgh entitled '*Celebrating the History of Women in Pharmacy*.' Sue also gave this presentation in Heidelberg in August 2005 at the European Women Pharmacists Meeting. Sue continued to attend the European Meetings for several years.

In 2011 Sue decided to sell up and return to her homeland of Australia to be nearer her family, all of whom now live in Australia. A huge decision, but very sensible. As well as being able to see more of her family, children and grandchildren, she became involved in a number of other activities and enjoyed the warmer climate.

Many of us kept in contact with Sue, either via email or on Facebook. Sue was always interested in any pharmacy or family news and at NAWP we missed her input on so many subjects.

NAWP Annual General Meeting 2019

Notice is hereby given that the AGM of NAWP will be held

at 2.00 pm

on

Tuesday 30 April 2019

at

The Royal Pharmaceutical Society

66-68 East Smithfield

London E1W 1AW

Light refreshments will be available

We are hoping to go for an informal meal after the AGM. This will be in the vicinity of RPS. If you are interested please can you let either Anita White or Hazel Baker know as soon as possible and not later than 5 April 2019

The Bus Pass is in the Post

Anita asked me to write a few words about the Women in Healthcare conference I attended at East Smithfield in June entitled 'Survive and Thrive'..... unfortunately the months have passed by and even after I struggled to use the event as a submission for Revalidation (for the last time !!) I have difficulty in pinpointing my feelings about the day and what it achieved.

At least I know I am not a feminist in the accepted sense of the word and do not believe men and women will ever be equal until men can conceive and give birth. The whole process of childbirth means that men and women view things from a very different viewpoint. However, where men and women are doing the same job equality of pay is imperative along with mutual respect and compassion. I have never felt disadvantaged in the workplace on grounds of my sex so found it hard to identify with some of the speakers who had been discriminated against as being too emotional, too serious or even too motivated. A positive to draw from the day was the promise of a White Paper on points raised and two new awards for achievements by women in pharmacy.

I find it sad that as I come to the end of my forty years in pharmacy we are still experiencing the continued struggle to be the best to everyone, as a pharmacist, a wife and mother and a person in their own right. On 15 June 1905 a group of women pharmacists met in Endsleigh Street in

London to form the National Association of Women Pharmacists, predating even the Suffragist movement's achievements in 1918. They sought then to advance the rights of women within a male dominated profession and now in 2018 we are still talking about female inequality and diversity.....time to retire quietly and polish the pestle and mortar.

On a lighter note and as part of impending OAP celebrations we have just returned from a week's transatlantic voyage aboard the majestic Queen Mary 2 returning by air from New York. Some of the statistics from this week would fill my little notebook on diversity, equality (or inequality) ethnicity and general amazingness....I won't bore you with a great long list but suffice to say she is the only ship to be on in a Force 9 in the middle of the Atlantic while passing close to the wreck of the Titanic!

RMS Queen Mary 2 was launched in 2003, is 149,215 GT, can travel at 30 knots, can carry 2,695 passengers and has 1,253 officers and crew. Some of her facilities include fifteen restaurants and bars, five swimming pools, a casino, a ballroom, a theatre and the first planetarium at sea.

She was designed by British naval architects, and constructed in France, specifically for crossing the Atlantic, but she also cruises the Caribbean and does a world cruise most years. This was the fourth time we have travelled with

her and the United Nations should be proud of the nationality breakdown on board - 22 nations from as far apart as Venezuela to Slovakia, Luxembourg to Madagascar. The largest contingent were the Brits followed by the Americans, Germans and Aussies, all of which made for lively conversation in the various restaurants and dismay at some eating habits!! We also had 20 dogs on board up on deck 12 and I hope they had packed their Stugerons as the motion of the ship is accentuated that high up during a storm !! Disabled passengers were well catered for both in the restaurants and theatre, not to mention a special afternoon tea for our LGBT friends. One surprising thing was the lack of European chefs as when the catering staff did their roll of honour on the last night the majority were from India, Singapore and Kuala Lumpur- needless to say the curries were excellent.

We enjoyed three formal evenings when the

glad rags came out of the wardrobe, sang the Last Night of the Proms with the National Symphony Orchestra conducted by Anthony Inglis, listened to informative lectures on topics as diverse as Dunkirk and WW2 spies to Relationship issues and secrets of a happy life, and attended ballroom classes. This was only a fraction of the activities on offer including badminton, padel tennis, embroidery, bridge and numerous quizzes.....I can quite understand why some people stay on the ship and cruise back!!

Back to the reality of everyday life in pharmacy now, seems like the problems haven't disappeared while we have been on the other side of the Pond but maybe we have a fresh outlook on our global world and the difference we can try to make for our patients each and every day.....

Elizabeth Nye

Maternity, career breaks & the support available

Latest figures released by the GPhC show that 60% of the 55,209 pharmacists and almost two thirds (67.5%) of independent prescribers on the register are women. Recent discussions, however, have focused on the fact that this gender balance is not reflected at the top – in the most senior positions in pharmacy. In fact research conducted by Maria Naylor, Master of Pharmacy student at the University of Birmingham, found that only 36% of women pharmacists hold the most senior positions in pharmacy.

So what is it that is holding women back? Whilst we don't claim to hold the answers, we can reflect on some of the issues raised by women through our enquiry service here at Pharmacist Support – the profession's independent charity. These include a lack of support during pregnancy and maternity leave, with things like an assessment of need, rest breaks and flexible hours, or long or changing shift patterns making it difficult to manage child care and maintain a meaningful work/life balance.

Through the charity, women can access a range

of free and confidential support services. Our [specialist employment adviser](#) can help individuals understand their rights, including entitlement to statutory maternity pay, maternity leave, flexible work requests and discrimination.

For women who have taken a career break we can help with a career guidance package that includes 1-to-1 meetings with a career consultant, help to identify transferrable skills, help with CVs and preparation for job interviews.

Often women find taking time off puts a strain on the family budget and we can offer practical help with a referral to a [specialist benefits and debt adviser](#) and, if applicable, a hardship grant to tide people over.

Our information team are also on hand to guide women through the decision-making process involved in remaining on the register, the pros and cons of voluntary removal and extension requests for revalidation submissions whilst on a career break.

We also have moral support in the form of our

[Listening Friends](#) - pharmacists who volunteer their time to offer a listening ear to fellow pharmacists in times of need. In general women make up 75% of our Listening Friends service users. The most common issues discussed are work-related issues (39%) and stress at work (24%).

We have also developed a number of [fact](#)

[sheets](#) in response to enquiries and these cover topics from relationship and family problems, to returning to practice, career guidance and working as a locum.

For further information on Pharmacist Support visit www.pharmacistsupport.org or contact the enquiry team on 0808 168 2233, info@pharmacistsupport.org.

Annual Subscriptions 2019

If you have not paid your subscription fee for this year, please do so as soon as possible.

Subscription fees for 2019 are:

Full time	£ 30
Associate Member	£ 30
Part time	£ 20
Retired	£ 10

Students are entitled to join NAWP free of charge and to pay a reduced subscription of £10 for the first three years after registration (please state the year of graduation).

Associate Membership is open to individual healthcare professionals (including pharmacists in other countries and technicians) who support the objectives and activities of the Association. Associate members may attend and speak, but not vote at the Annual General Meeting of the Association.

Cheques should be made payable to NAWP and sent to The Treasurer, Mrs. Monica Rose, Glangors, Tregaron, Dyfed SY25 6JS.

Note from the Treasure: Please make sure that Standing Orders are cancelled for 2020 and thereafter

NAWP
Executive Committee
(year to retire in brackets)

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