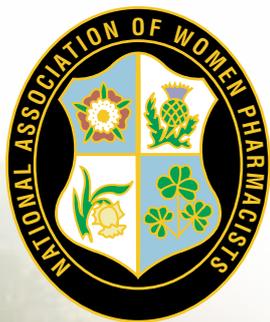


*Celebrating Women in Pharmacy*



# NAWP

## *Magazine*

Founded 1905 Issue 09 - February 2014

### **In This Issue:**

The 25th Anniversary Meeting  
of NOVA

Healthy Mothers and Babies,  
Report of the NAWP Annual  
Conference 2013

Putting Pain on the Agenda  
An Update

*and more...*

*"A new year is unfolding - like a blossom with petals  
curled tightly concealing the beauty within."*

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*Celebrating Women in Pharmacy*



**NAWP**  
*Magazine*  
Founded 1905

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## The President's Letter



*Dear Colleagues,*

**2014 has arrived, very wet and windy for many of us. I hope you have all managed to escape the effects of the floods, which have been devastating to many parts of the country.**

I am on an enforced extended holiday, having recently had minor knee surgery. Recovery is well under way, thanks to friends who have been looking after me and regular physiotherapy exercises.

2013 was designated recruitment year by the executive. We commissioned new publicity material and thanks to Jennifer Archer and her daughter-in-law, Sarah, we got it designed and printed in the summer. I'd like to thank the executive for their hard work and Sarah for her patience. The new banner, leaflets and bookmarks arrived at the beginning of September.

NAWP had a stand at The Pharmacy Show in the NEC, Birmingham in late September. The executive committee, with the help of Veronica Pearson, manned a stand for the entire two

days. The show attracts around 6,000 delegates over the two days so giving us enormous potential exposure to new members. NAWP was also listed in the show's publicity so even if delegates didn't visit the stand, they knew we were there. During the show we ran a competition, where anyone who expressed an interest when visiting our stand and left their details was entered into a prize draw. The prize of £50 towards our 2014 conference was won by Sarah London, who has been invited to Cardiff next April.

We hope to turn at least some of the interested women into members in the coming year. Some have already joined as they were students and were signed up immediately, others we hope will follow. While we were there we made many valuable contacts with sponsors, speakers and pre-registration trainers that will prove invaluable for our conference. We have already circulated the abstract competition details, which for this conference is being aimed at pre-registration students,



amongst the larger organisations we met at the show. At least one sponsor has been secured and others are in the pipeline. Possible speakers have been contacted as a direct result of hearing and meeting them at the show.

I'd like to thank everyone involved for giving up their weekend and all their hard work during the show. It was a completely different experience for all of us, but one we enjoyed.

In October, seven NAWP members attended the 9th European Women Pharmacists Meeting held in Munich, entitled 'Powerful Woman in Pharmacy'. Unfortunately for the first time in 7 years, I wasn't able to attend due to a prior engagement. From talking to those who went and reading the report included later in this magazine, it was an extremely interesting meeting. I hope you will find time to read the report. Next year's meeting may be held in either Iceland or Latvia. If anyone is interested in joining us, please contact one of the executive committee.

NOVA, The Dutch Women Pharmacists Association invited me, as the president of NAWP, to attend their 25th Anniversary celebration in Deventer, The Netherlands. Dr Christine Heading accompanied me on a very enjoyable weekend. The Dutch looked after us very well, from arranging lifts to and from Schiphol airport, some 60 miles away, to booking our hotel and museum trip on the Sunday. We had met many of the delegates at the European Meetings, both in Germany and Manchester. NOVA members hope to come in force to our conference in Cardiff, as one of their planned social events. I look forward to welcoming them. There is a full report of the 25th Anniversary weekend later in this magazine.

I have been contacted by two return-to-work pharmacists, both of whom live in Wales. They required shadowing places, which I offered but as yet they have not taken up. This seems to be a big problem with returners: no one is willing to offer them experience,

unless they are ready to commit to regular work. If anyone knows of any schemes running in their area or company, could you please let us know, so that we can put it on our website.

Finally can I remind you to book your rooms for the 2014 Cardiff conference, "I Forget to Remember, Understanding Dementia" directly with Future Inns, Cardiff, by the end of January 2014. The hotel cannot guarantee the price or availability of rooms after that date, as there is a large swimming event in Cardiff Bay that weekend. Rooms can also be booked for the Friday and Sunday evenings if required. Partners can share the room for the price of breakfast. If enough men wish to attend, a "Boys Day Out" will be arranged. Please book your conference place with Hazel Baker as early as possible, so that we will have an idea of numbers for the Friday meal and Sunday walk.

I look forward to welcoming many of you to Cardiff.

Best Wishes for 2014

*Anita White*

President of the National Association of Women Pharmacists



# Powerful Women Pharmacists: accepting new challenges

## 9th European Meeting of Women Pharmacists

After a two year break, the European Meeting of Women Pharmacists returned to Germany in October 2013, where the dpv hosted the 9th meeting in Munich. This was attended by pharmacists from nine countries including seven members of NAWP.

The conference title was 'Powerful Women Pharmacists: accepting new challenges', potentially a theme that could be hard to define. It was nevertheless an accurate description of the programme which comprised a variety of perspectives on the realities of life as a woman pharmacist across Europe. The programme covered: preparation for management and leadership (Monique Kappert); strategies for liaising with the medical profession (Martina Hahn); the role of e-learning for CPD (Dorothee Dartsch), feminisation of pharmacy in Spain (Maria Lopez Gonzalez), and achieving a work life-balance as a woman pharmacist in Iceland (Thorun Gudmundsdottir). Following the NAWP idea, there were also two student presentations as part of a competition run by the dpv for German pharmacy students.

As always at these meetings (as it is with NAWP) the emphasis was on how people practice their profession, rather than how the profession is practiced by people. To some this may sound like a matter of semantics, but there is a fundamental difference. The difference was well illustrated by the talk of Monique Kappert from the Netherlands, who described her participation in a climb of Mount Kilimanjaro, as part of her MBA programme at the Rotterdam Business School. The message was quite simple: unless individuals develop themselves to lead and manage, they cannot be leaders and managers within a healthcare system.

Likewise the talk from Lopez Gonzalez from Spain, reminded the meeting that employment autonomy was only achieved by women in parts of Europe relatively recently. For example, until the 1970s, in order to work, married women in Spain and West Germany needed the permission of their husbands. What was clear from all the talks was that female pharmacists in Europe face challenges that differ in many ways from those of their male colleagues. Whether these challenges are harder, is not the issue. What matters is that they are identified and tackled.

*Christine Heading*



# The 25th Anniversary Meeting of NOVA

## Deventer, The Netherlands

NAWP was invited to send representatives to join NOVA's 25th Anniversary meeting, in November 2013, in Deventer. Links with NOVA, the Dutch Society of Women Pharmacists, date back to 2005, when NOVA members joined NAWP in Wales and London for our 100th Anniversary events.

The meeting took the form of a talk by Angela Maas, a Dutch Heart Specialist from St. Radboud, University Medical Center Nijmegen, followed by a brief business meeting, a walking tour of the old town of Deventer and a dinner. Anita White (NAWP's president) and Christine Heading attended on behalf of NAWP and enjoyed wonderful care and hospitality from our Dutch colleagues.

Dr Maas' talk (in English for the benefit of the NAWP representatives) focused on the theme that 'women are not small men'. This extended a theme familiar to NAWP, that there are marked differences associated

with cardiovascular disease in men and women. The differences apply to incidence, diagnosis, symptoms, pathology and treatment response. In addition to issues of overall mortality, atypical symptoms, under-recognised risks in the <55 age group, and risks following pre-eclampsia, other gender-related differences include: undiagnosed diastolic heart failure leading to stroke, undiagnosed disease of coronary microvasculature, and the unsuitability of aspirin as a cardiovascular prophylactic therapy in women aged 45-65. Additionally, Dr Maas regretted to report that despite a wealth of evidence being available, clinicians were unwilling or had too little awareness to respond appropriately to clinical evidence and guidelines.

NAWP looks forward to welcoming Dutch colleagues to the meeting in Cardiff in April 2014.

*Christine Heading*



*Background material relevant to the talk can be found in: Maas, H, E, M. et al (2010) Red alert for women's heart: the urgent need for more research and knowledge on cardiovascular disease in women. Proceedings of the Workshop held in Brussels on Gender Differences in Cardiovascular disease, 29 September 2010, European Heart Journal, 32, Issue 11, pp 1362-1368. Free access available on-line.*

# Healthy Mothers and Babies

## Report of the NAWP Annual Conference 2013

This NAWP conference at Brighouse, West Yorkshire had a slightly different character from those of recent years. Although a relatively small number of members attended, the numbers were swollen by student attendees from three pharmacy schools in the Pennine region.

The theme of Healthy Mothers and Babies was chosen partly in response to the 2011 Blue Pill Pink Pill meeting, which had highlighted pregnancy-related risks experienced by women with diabetes.

In line with tradition, the Friday evening talk dealt with professional matters, and this time took the form of a talk by John Murphy, Director of the Pharmacist Defence Association and General Secretary of the PDA Union. The talk expanded on some of the issues mentioned in the NAWP magazine article (February 2013 issue) that followed Virginia Watson's visit to the PDA offices. The statistics he quoted almost spoke for themselves in terms of the need for pharmacists to be protected: 60% of community

pharmacists are now employed in large multiple pharmacies, the number of referrals to the regulator (now the GPhC) has increased and stands at around 940 per year. Civil actions are just slightly less common than GPhC referrals, but the number of criminal prosecutions is much



lower, standing at around the high 20s in each of the last few years. Perhaps the strongest message that PDA is anxious to spread is that the commercialisation and commoditisation of pharmacy services (such as the NMS and MUR) is not conducive to good pharmaceutical care. Enabling

patients to build a good clinical relationship with individual pharmacists or at least their local pharmacy, is likely to lead to better outcomes for all.

The Saturday programme was largely devoted to the conference theme and began with a talk by Valerie Holmes from Queens University, Belfast on the risks and management of diabetes during pregnancy and the pre-conception period. Valerie summarised many of the key issues involved, for the July 2013 issue of the NAWP magazine. Broadly, diabetes cases in pregnancy can be divided into pre-gestational and gestational (diabetes developing during pregnancy). Of those with pre-gestational diabetes, it seems that around one third are receiving less than optimal advice and care. Dr Holmes and her team have developed an interactive DVD to help diabetic women plan for pregnancy. The DVD uses real life cases, interviews and comments pre-conception care.

Breast feeding and misconceptions surrounding it was the topic of the second talk,



given by Wendy Jones, a primary care Pharmacist who operates the Drugs in Breastmilk Helpline under the auspices of the Breastfeeding Network (BfN). A particular feature she emphasised, and one that is not always recognised, is that if babies and breastfeeding mothers are present together in an infective environment (crowded bus, supermarket queue etc), the baby will have access to appropriate antibodies almost as soon as the mother generates them.

Perhaps not surprisingly, the questions received by the helpline demonstrate there is much ignorance within both the public and health professional on the issue of safe use of medicines during breastfeeding. The use of local anaesthetics, nail-care products, anthelmintics and cough and cold remedies have all prompted enquiries following unsatisfactory advice from other health professionals.

The third talk on the conference theme was presented by Antonie Marquardt from the Deutscher Pharmazeutinnen Verband (dpv)

on health promotion for mothers and babies in Germany. Since the mid 1920s, the German strategy has resulted in decreasing the scale of morbidity and mortality in mothers and children. This has largely been achieved by a combination of methodical assessment from the first diagnosis of pregnancy that enables an early detection of problems and early intervention. The cost is borne by medical insurance. Perhaps the most noticeable difference between the UK and Germany is the routine dietary supplementation in Germany with iodine. The regular dietary intake is not deemed sufficient. Further comment on this too can be found in the July 2013 issue of the NAWP magazine.

Despite the care strategy, some unsatisfactory elements remain. One third of births are by caesarean section, the number of premature births is rising, and migrants often fully utilise the programme even when doctors speak their language.

The other two presentations fell outside the conference theme and one, presentation from two pharmacy students from Huddersfield University, will be reported in a subsequent issue of the magazine. The two students Reena Patel and Amina Nadat received the winner and runner up prizes, respectively, in the 2013 NAWP competition, run for students in the Pennine region.

To keep us up to date on strategies for helping pharmacists to develop professionally, Gill Hawksworth delivered the Royal Pharmaceutical Society's presentation on the new RPS Faculty. Certainly it is a concept that is proving hard for many pharmacists to get their head's around, but essentially it provides pharmacists with a framework for building and validating their personal CV; hence its claim to be a professional recognition programme. Its role is most clearly obvious for pharmacists working within specialties where standards and expertise can be gained and documented, but is intended to be relevant to community pharmacists as well.

*Christine Heading*



## Conference Social Programme: A trip to Howarth



This year the Sunday morning trip was to the village of Howarth to visit Bronte Parsonage Museum, the home of the Bronte sisters. Our visit started with a very interesting and informative talk about the Bronte family and their life at the Parsonage as well as some information about the building itself. After this we were able to wander freely around the Parsonage in our own time, to visit the shop and the church. There was much to see.

For those not having to rush off to catch specific or pre-booked trains, delegates had the opportunity to have lunch in Howarth and to explore the village before returning to Brighouse and home.

## 2014 Annual Subscriptions

A reminder that your Annual Subscription is now due. If you have not paid your subscription fee for this year, please do so as soon as possible.

### Subscription fees for 2014 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.

**Registrar:** Monica Rose, Glangors, Tregaron, Ceredigion, SY25 6JS



## Medical Women's Federation

The MWF autumn conference on Patients' and Doctors' safety: can women change the culture of the NHS was attended by about 80-100 people, including speakers and students. The opening speaker, Dr Vicky Osgood, an assistant director at the GMC gave an insight into the role of the GMC in patient safe; this meant that she touched on all aspects of the work of the GMC from registration, disciplinary functions, postgrad support, standards and their progress towards re-validation.

Another key speaker was Professor Vivienne Nathanson of the BMA. Speaking about professionalism and ethics in a changing world, she covered a number of issues based around the changes in the last 20 or so years during which we have moved to patient centred care, shared decision making and the need for inter-professional communication. She covered issues such as assisted reproduction; the role of the family in decision making, whether this is regarding treatment or end of life decisions; incapacitated adults; the new EU directive on cross-border care; and assessment of risk benefit.

Dame Fiona Caldicott outlined how women can bring a change in culture to an organisation such as the NHS. She illustrated this with reference to her own career and activities since the first Caldicott Review in the 1990s, through to the latest Caldicott Review which has just been published. She then discussed the challenges to implementing these latest recommendations.

There were some interesting posters on display and some good student abstract presentations.

A full report of this conference will be published in the next NAWP Newsletter.

*Virginia Watson*



## Miscellaneous

### Women's Health and Equality Consortium (WHEC)

As a member NAWP receives a monthly newsletter from the WHEC. Browsing through the January Newsletter I noted the following items:

*The Care Bill:* Nineteen factsheets to accompany the Care Bill are available on <https://www.gov.uk/government/publications/the-care-bill-factsheets>

*Lung cancer:* from a gender medicine perspective we have mentioned before that whereas the incidence of lung cancer in men is declining the incidence in women continues to increase. A recent report from the National Cancer Intelligence Network (NCIN) shows that the one-year survival rate has

improved, from 17% for both men and women in 1990 to 29% in men and 33% in women in 2010.

*Cancer and exercise:* did you know that approximately 12,000 cases of bowel, breast and uterine cancers in women in the UK could be prevented if women were more physically active? A comparison of data published by the International Agency for Research on Cancer showed that there were 133.3 cases per 100,000 women in the UK. Apparently, only 36% of British women meet the government's recommended physical activity guidelines of at least 30 minutes of moderate activity five days a week.

### Paracetamol

In one of the many industry-related newsfeeds that come through, almost on a daily basis, I noted last week that the FDA is asking doctors to stop prescribing any combined medication containing more than 325 mg paracetamol (acetaminophen as it is known in the USA). Pharmacists receiving a prescription for a combination product containing more than 325 mg per dosage unit are advised to contact the prescriber; a maximum dose of 650 mg may be prescribed if appropriate.

This is part of ongoing action by the FDA to reduce the number of cases of paracetamol-related liver failure and subsequent sequelae. They had already requested manufacturers to limit (voluntarily) the amount of paracetamol in prescription combination products to no more than 325 mg per oral dosage unit by January 2014. It is reported that more than

half of companies have complied with this request. However, the FDA also plan to withdraw approval of those products which do not meet the new recommendations.

The FDA state that 'there are no available data to show that taking more than 325 mg of acetaminophen per dosage unit provides additional benefit that outweighs the added risks for liver injury'.

OTC products are not currently affected although this is likely to change.

For more information see:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm381650.htm>

## Thalidomide

An article entitled *Saving Marilyn*, written by Dr Allan Gaw, is published in the Winter issue of *Summons*, the quarterly magazine of the MDDUS (Medical and Dental Defence Union of Scotland). An intriguing title for an article which focuses on thalidomide and the battle between the FDA and Richardson-Merrell who had applied to license thalidomide in the USA at a time when there was a growing awareness in Europe of its teratogenic effect.

The link with Marilyn Munroe relates to the expert employed by Richardson-Merrell to help defend the new drug application to the FDA. He had conducted one of the few thalidomide clinical trials and considered thalidomide to be 'the safest sedative yet discovered'. Thalidomide had been demonstrated to have a much better safety profile than the currently used barbiturates, so when Marilyn Munroe died of a barbiturate overdose he claimed that her untimely death could have been averted if thalidomide had been available.

If so, what would have been the cost to the American population and the succeeding generation if thalidomide had been available and Marilyn Munroe's life saved?

Many of us remember the thalidomide tragedy unfolding and witnessed the need for tighter new drug investigation and legislation. Safety is now of paramount importance. This interesting, well-researched, readable and thought provoking article is a reminder of what may happen if the industry, regulator, or clinician loses this focus.

The article can be accessed at <http://www.mddus.com/mddus/publications/summons.aspx>

The new drug application for thalidomide was presented to the FDA in September 1960 and withdrawn in March 1962. Thalidomide was licensed in the UK in 1958. It was withdrawn from the European market in November 1961. Marilyn Munroe died in August 1962. Today thalidomide is licensed in the UK as part of the first line treatment regimen for multiple myeloma.

[www.nawp.org.uk](http://www.nawp.org.uk)

*Promoting Women in Pharmacy*





## Putting Pain on the Agenda - An Update

At the end of October I attended the annual reception of the All Party Parliamentary Group on Chronic Pain and the launch of the fourth stage of the national pain audit.

Speakers at the event included Dr Martin McShane of NHS England, Dr Beverly Collett of the Chronic Pain Policy Coalition (CPPC) and Dr Cathy Price of the National Pain Audit.

Dr McShane briefly described the transformation in surgery in recent years, but added that the cost savings now required have led to a flattening of progress. The value of healthcare involves balancing quality and cost to deliver a safe, effective and positive experience for the patient and to avoid premature mortality. Patient-centred care requires professional collaboration.

Beverly Collett provided an update on the work of the coalition. There is currently much debate on dealing with 'problematic pain' and the Faculty of Pain Medicine has produced an interim report on this. She also presented the key findings from a freedom of information request sent to the 211 CCGs in England. The aim was two-fold: to ensure that all CCGs were aware of pain management services and to establish how they were commissioning pain services. Of the 168 CCGs that responded, 28% could not supply a named clinical lead for

pain management services; 27% could not supply a named managerial lead for pain; and 29% did not commission multidisciplinary (i.e. a minimum of a doctor, physiotherapist and a psychologist) pain services. With regard to fibromyalgia, pelvic pain and neuropathic pain only 23% of CCGs commissioned all three Map of Medicine pathways<sup>1</sup> (for Athens password holders these can be accessed at <http://eng.mapofmedicine.com/evidence/map/index.html>). Beverly Collett also gave an update on the progress of the proposed CPPC public awareness campaign.

Dr Cathy Price summarised the findings of the fourth stage of the national pain audit, newly published in the National Pain Audit Third Report. Overall, there has been a substantial improvement in participation of services and multidisciplinary provision but there is a wide variation in service delivery and some gaps in risk-management. Actions recommended include the development of competencies for non-medical practitioners in pain management, guidance on standards of care, better integration of healthcare provided and an inpatient audit to improve quality of pain care in hospitals. The full report can be accessed at <http://www.hqip.org.uk/assets/NCAPOP-Library/NCAPOP-2013-14/Pain-Audit-Report-2013.pdf>.

*Virginia Watson*

1. Described as a collection of evidence-based, practice-informed maps which connect the knowledge and services around a clinical condition. The care maps can be customised to reflect local needs and practices by commissioners looking to devise new care pathways. <http://www.mapofmedicine.com/solution/whatisthemap/>

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## ... And now for something

'Nia dance is based on pleasure not pain. Nia can be tuned to your body and dancing ability, so Nia is for everyone' states the fitness programme leaflet at my local health club.

About three years I started attending regular weekly Nia dance classes. Having dipped into aerobics, zumba and aqua(robics). I discovered that there was something about Nia dance that I really enjoyed. So much so, that in December I attended a 7-day Nia dance white belt training course in London. For someone who spent her school days dreading gym and games lessons and doing her best to avoid them, to spend a week on a fitness course amazed not only close friends and family, but also myself.

So what is the attraction and what does Nia dance offer? The initial attraction for me was that it is a relatively gentle form of exercise. When following the routines you sense ('listen to') your body and adjust the moves to suit you as an individual. It is as energetic as you wish it to be. The routines are designed to work on every joint and muscle in the body, are fun and the music is great. It provides an amazing workout without any strain.

Nia has been described as an 'holistic, fusion-fitness exercise programme which promotes joy, freedom and self-discovery through movement'. It was developed in the USA by Debbie and Carlos Rosas who, as fitness trainers, were concerned at the extent of injury and burn-out resulting from high impact aerobics in both pupils and trainers. Following extensive research Nia dance was created,



## completely different!

bringing together the softness, fluidity and precision and strength of the martial arts (tai chi, tae kwon do and aikido), the expression, fun, shaping and free-spirited aspects of dance (jazz, modern dance and duncan dance) and the benefits of yoga, the Alexander technique and the 'Work of Mosche Feldenkrais®'.

Having been on a few workshops and discovered that one could progress through a series of belt levels, I decided to enrol for the white belt training, mainly because I was interested to find out more about Nia dance. It is also the first stage in becoming a Nia dance teacher, but that was not my aim. I knew the training would be intensive, but I had major misgivings when I received the final programme and timetable and realised that it started on Sunday morning at 8 am and finished at 4 pm the following Saturday. Sunday was a short day finishing at 4 pm, but starting at 8 am each day, on Tuesday-Thursday we were to finish at 6.45 pm and on Monday and Friday at 6.15 pm! I was further disconcerted when I arrived that first morning to discover that, of the eight of us on the course, not only was I the oldest by far but the only one not wanting to teach.

It was hard work and tiring but it was not constant exercise. Yes, we did a lot of free dance, broken down into 8 stages, to explore and develop different expressions of movement; we spent time each day learning, practising and perfecting the 52 Nia moves; and we also had to participate in a daily one-hour public Nia dance class. But these activities were

interspersed with sessions on the theory and the first 13 principles of Nia. We spent time just listening to music and identifying the different 'layers' of music, and being trained in the shorthand notation used to relate the music to the choreography of the Nia routines and on how to adjust and apply this when teaching a Nia class. We studied the skeleton in relation to the movement of joints and muscles and the Nia 52 moves. For instance did you realise that if you cross your middle finger over your index finger you exercise different muscles when you move your arms to those involved if you cross your middle finger over your ring finger. Try it!

It was an amazing week and a complete antidote to the previous few months of intense mental activity associated with work. I am now licensed to start teaching, but I am certainly not ready to contemplate this at the moment.

Nia is a suitable form of exercise for people with disabilities and the elderly because it can be adapted to suit those unable to stand for long periods, of limited mobility or in wheelchairs. Tai chi is known to be of benefit to people with Parkinson's disease and there is some evidence that Nia is of similar benefit. Indeed, one of the women attending the white belt training is hoping to teach Nia to people in residential care. I think for me, the next stage is to explore the published and anecdotal health benefits of this form of fitness programme.

*Virginia Watson*



## Congratulations

To Joy Wingfield on receiving the Royal Pharmaceutical Society's Charter medal which was awarded at the end of the RPS conference in the autumn. Joy has been a member of NAWP for many years and we congratulate her on this recognition of her services to pharmacy.

The Pharmaceutical Journal of 7/14th December 2013 featured an interview with Joy. Her acceptance speech can be viewed on [www.rpharms.com/awards/charter-award.asp](http://www.rpharms.com/awards/charter-award.asp).

Congratulations also to Dr Christine Heading on being appointed a Fellow of the society. This was announced in the Pharmaceutical Journal of 21/28 December 2013. A well deserved recognition of Christine's long and varied career in pharmacy. The NAWP Executive has been very privileged to benefit from her experience and dedication to the profession.



## Obituary

### Ann Lewis OBE

**Ann Lewis, former secretary and registrar of the Royal Pharmaceutical Society of Great Britain, died on 28th December 2013.**

Ann was particularly supportive and helpful to NAWP when we were organising our Centenary celebrations in 2005. More recently Ann was the guest speaker at our 2012 Annual Conference and 8th European Meeting of Women Pharmacists Dinner in Manchester.

Anita White and Hazel Baker represented the NAWP at her funeral which was held at All Saints Church Gresford, near Wrexham on 24 January. A memorial service is to be held at St Bride's Church, Fleet Street, London on Wednesday 26 February at 11.30 am.

# Executive Committee

*(year to retire in brackets)*

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# Forthcoming Events

## National Association of Women Pharmacists Annual Conference

### 'I Forget to Remember' Understanding Dementia

**26 April 2014 at Future Inn Cardiff Bay, Hemingway Road, Cardiff, CF10 4AU**

Join us for this year's annual conference. The programme includes sessions on:

- Dementia: where are we and where we're going
- Pharmaceutical Care of Dementia Patients
- Dementia and the Alzheimer's Society
- The Role of Dementia Champion.

There will also be a talk on the work of Admiral Nurses who are mental health nurses specialising in dementia.

We are once again running an abstract competition, this time for pre-registration pharmacy students. Selected abstracts will be presented during the conference.

As usual there is a social programme associated with the conference, starting on Friday evening with a 'Taste of Wales' dinner at a restaurant with classically trained singing waiters; a reception and Conference Dinner on Saturday evening; and a guided walking tour of Cardiff Bay on Sunday morning.

Conference applications should be sent to Mrs Hazel Baker, 9, Bramshill Drive, Pontprennau, Cardiff CF23 8NX ([hazel.baker6@ntlworld.com](mailto:hazel.baker6@ntlworld.com)) by 31st March.

Bed and breakfast accommodation for 25th and 26th April is available at a reduced conference price if booked before 31st January. Please contact the hotel reservation team on 0845 094 5487 and quote reference number 259478.

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## NAWP Annual General Meeting

Notice is hereby given that the AGM of NAWP will be held at 5.00 pm on:

**Saturday 26 April 2014 at Future Inn Cardiff Bay, Hemingway Road, Cardiff CF10 4AU.**

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## Medical Women's Federation

**Spring Conference 2014 - Diversity and Medical Careers**

**Friday 9 May 2014 at, St John's Hotel, Birmingham**

There will be a range of speakers and workshops examining different career paths including journalism, politics, management, leadership, charity work and more.

For further information please contact [www.medicalwomensfederation.org.uk](http://www.medicalwomensfederation.org.uk).



The Editor would like to thank everyone who has contributed to this issue of the Magazine and PHOENIX for their continued Sponsorship.

If you would like to contribute to the next issue, please contact the Editor or any member of the Executive Committee.