

Celebrating Women in Pharmacy



NAWP Magazine

Founded 1905 Issue 01 - Jan 2011

In This Issue

6th European Symposium of Women Pharmacists

Celebrating the BNF

A Visit to the Women's Library

and more...

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Celebrating Women in Pharmacy



NAWP
Magazine
Founded 1905

Direct all correspondence to:

Ms Sarah Bush,
12 Llanbryn Gardens, Llanharan, Mid Glam, CF72 9TR
or email on sarahbush237@googlemail.com

www.nawp.org.uk

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The President's Letter

Dear Colleagues,

The 27th of September 2010 was an important day in the history of our profession. After a lengthy period of discussion, consultation, vociferous concerns, parliamentary delays and even perhaps a degree of trepidation, the Royal Pharmaceutical Society (RPS) and the General Pharmaceutical Council (GPhC) took over the professional and regulatory functions of the former Royal Pharmaceutical Society of Great Britain.

There is a natural resistance to change and change management is not easy. Nevertheless, I think the parties involved in steering us through this process have communicated, consulted and endeavoured to involve the members of the profession throughout. The transition appears to have gone smoothly and in the PJ this weekend I read that 96.7% of pharmacists have met the registration deadline at the time the journal went to press: due partly, I am sure, to both organisations making every effort to remind us of the deadline. Of course it is early days, there are still a number of issues causing concern and we will not know until next year how many pharmacists will retain membership of the RPS. However, it is up to us to ensure that over the forthcoming months these changes are shaped to work for the benefit of the profession.

So many things seem to have happened since I wrote my last letter to you all at the end of July. We have moved from the summer holiday season to the depths of winter. As I look outside I see freezing fog, stunning hoar frost on the trees and shrubs, the remnants of a light snowfall last week and very icy roads. If I report chronologically the NAWP related activities then we return to the

beginning of August when I had a very interesting and positive meeting with Helen Gordon, the CEO of the RPS. The RPS is supportive of the individual organisations within the profession and I think there will be many opportunities for us to interact and work with the society.

In September I attended the first day of the Pharmaceutical Conference and joined the visit to the Women's Library (see page 12) which was very interesting. Unfortunately, due to a sudden family bereavement, I had to withdraw from the European Meeting of Women Pharmacists in Wiesbaden. However, NAWP was strongly represented at this meeting and a report of the conference is included in this issue.

Looking back it is strange how things work out. Had I gone to Wiesbaden, I would not have participated in a discussion on clinical trials and women in Woman's Hour (Radio 4) on Friday 24 September. I was first contacted on the Tuesday by a researcher (who I think found me via our Newsletter report on the Gender Medicine Conference in Heidelberg) and again on the Wednesday when she asked if I would agree to be on the programme. Following a lengthy discussion with the researcher on the Thursday afternoon, I later received a list of potential questions which Jenni Murray might ask. The next morning I found myself, representing NAWP, sat alone in a basement studio at BBC Sussex taking part in the 10 minute discussion live 'on-air'. An interesting experience!

At the beginning of November Christine Heading and I had a very busy day in London when we met with the Medical Women's Federation (MWF) and then attended a meeting at RPS to discuss

return to practice. This latter meeting was attended by a number of organisations including the Centre for Pharmacy Postgraduate Education (CPPE), Welsh Centre for Pharmacy Professional Education (WCPPE), NHS Education for Scotland (NES), the Northern Ireland Centre for Pharmacy Learning & Development (NICPLD), the National Clinical Assessment Service (NCAS), Pharmacy support, RPS and GPhC and its aim was to discuss the issues, to look at the support that is currently being given by the individual organisations and to consider how this can be improved.

The meeting with MWF arose as a result of the Woman's Hour programme. The other participant in the BBC discussion was Dr Anita Holdcroft whom I discovered, when I contacted her after the programme, was an active member of the Medical Women's Federation. As a result, we met with three of the MWF Executive to discuss the possibility of organising a joint conference on gender medicine next year. This short but lively meeting brimming with enthusiasm resulted in agreement to hold a conference next year. A date has been set, work on planning the programme is ongoing and the RPS has offered support and help with the administration. A preliminary notice is given in 'Watch this Space'. I think this might be the first time that NAWP and MWF have worked together on a joint venture, so I hope it will be successful and lead to further cooperation between our organisations.

Last but not least, I went to the Pharmaceutical Care Awards in London a couple of weeks ago, which featured eight finalists. After having had chance to read the poster presentations and to talk to individual members of the teams, to watch a short interview with each of the teams and to

hear from the initial judging panel 'championing' these finalists, we were required to vote for our first choice. This was a difficult decision to make as the topics were quite diverse and all were worthy winners.

I would like to draw your attention to the revised date and format of our Annual Conference. The Conference was booked to take place in Manchester on 29-31 April 2011, but as we all now know this is the weekend that has been chosen by Prince William and Kate Middleton for their wedding. Therefore, the Executive Committee decided to cancel the booking for that weekend and to hold a shorter NAWP Annual Conference in London on 11 November, which is the day after the joint NAWP/MWF conference. The AGM will be held in April in accordance with our Rules & Regulations, but provision will be made to hold a meeting for members during the conference in November to provide a forum for discussion of important topics. Please note the dates given on page 13 in your diaries.

I would like to close by thanking PHOENIX for their continuing support in printing and distributing the Newsletter.

With best wishes for a Merry Christmas and a Happy New Year.

December 2010

Virginia Watson

President of the National Association
of Women Pharmacists

6th European Symposium of Women Pharmacists

September 25, 2010

The meeting, entitled 'Safe Supply of Medicines – projects and experiences of women pharmacists' was held in Wiesbaden, a prosperous spa town not far from Frankfurt.

Like previous meetings, this 6th European meeting was run by the Deutscher Pharmazeutinnen Verband (dpv), although the 7th meeting is to be run on a different basis, in Poland. As on previous occasions, those attending the Wiesbaden meeting came from numerous European countries, with the biggest non-German contingent coming from the UK. Pharmacists from the Netherlands, Poland, Switzerland, Latvia and Slovenia were also present.

As the title of the meeting suggests, the content was more diverse than on some previous occasions, with a focus on similarity and diversity across Europe. If there was one single message that arose from several presentations, it was that commercial interests regularly conflict with professional practice.

A contribution from Switzerland focused on supply arrangements and the agreements that could be made between those on the industry side, and prescribers. It was suggested that there was much scope for deals that did not seem to make patients' interests top priority, and the meeting expressed some amazement at the position. Similar concerns were reported from Latvia where potential problems arise from national regulations on ownership of pharmacies and the extent to which chains could dominate the pharmacy scene in the future. Political deal-making, rather than the views of professionals, seemed to be dominating the actions of legislators. Specific similarities were vociferously reported from Slovenia, perhaps signalling that pharmacy is vulnerable to this across Europe.

A different scenario, in which patients received less than ideal care, was reported from Germany in the context of psychiatric in-patients. The meeting heard how potential drug interactions tend to receive inadequate consideration. A pilot scheme involving increased scrutiny of prescribed medicines had resulted not only in better prescribing, but reduced mean length of hospital stay and decreased cost to the insurance provider. However as a result the hospital providing that care received a reduced income.

A discussion that focused on helping German women access health information by means of an internet portal [www.frauengesundheitsportal.de] provided a more gender-related contribution. A 'Women's Health and Health promotion' portal is an initiative supported by the



federal government that aims to enable users to download generally understandable information. Detailed information on selected topics is being rolled out over time, with mental health issues due to receive extra attention in 2011.

The development of a formulary to permit safe medication for children was also discussed, again in terms of developments in Germany. This particularly caught the interest of the UK attendees, because of the similarity between the new German resource and the Children's BNF. More generally, the presentation highlighted the difficulties of supplying off-label medicines to children.

The UK contributed to the main programme through Moira Kinnear, a pharmacist from the Department of Pharmaceutical Sciences, Strathclyde Institute of Biomedical Sciences. The focus of her talk was career structures for pharmacists and pharmacy technicians within the NHS hospital sector. The detail presented derived from the Scottish position, but the education message was relevant universally – namely the need for experience-based learning at the post-qualification stage and the need to foster inter-professional learning.

The opportunity for unrestrained discussion at the meeting was, as always, extremely valuable. Every attendee was there in their own right and not as a delegate or representative of an organisation. This probably helps to provide honesty and openness that makes these meetings refreshingly professional.

Christine Heading



Pharmasisters

Following discussion with NAWP and NOVA (in the Netherlands) the dpv have set up a project to encourage communication and interaction between members of the three organisations.

More information is available on the Pharmasisters homepage on the dpv website (www.pharmazeutinnen.de), but as access to Pharmasisters is restricted to NAWP, dpv and NOVA members only, please contact one of the executive committee for the log-in details.

If you wish to participate in the programme, you will be required to complete a profile form. All profiles will be posted on the Pharmasisters homepage enabling you to select a pharmasister.

We understand that at the time of going to print, the project has now started in Germany and is about to start in the Netherlands.



If you would like a copy of the NAWP Constitution and Rules please contact the Registrar.



Deutscher Pharmazeutinnen Verband

A Visit to the Hirsch Pharmacy

Colleagues from the Netherlands, Slovenia, England, and Germany shared their experiences at the 6th European Meeting of Women Pharmacists during a visit to a pharmacy organised by the German Association of Women Pharmacists.

Many questions arose during the visit such as:

- What differences were there between European Nations, including legal requirements?
- How are prescribed drugs supplied?
- Who does what within the pharmacy?

It was really exciting to discuss these differences, especially differences pertained to legal regulations.

Even before entering the pharmacy visitors were struck by a red Pharmacy 'A' a symbol used to identify pharmacies in Germany.

Inside the pharmacy our European colleagues were struck by the amount of compounding that goes on in some German pharmacies: ointments, capsules, syrups and eye drops. In other countries such activity is more or less obsolete. In the Netherlands only a few pharmacies still participate in production hence the supply of certain medication to the customer on the same day is almost impossible. A young colleague explained the Topitec machine to the visitors. It is an ointment mixer that allows small quantities of ointments to be prepared, often for individual patients. The agent and the ointment base are mixed in the dispenser itself. Rotation speed and mixing times are pre-set for standard formulations but they can also be entered manually.

In spite of an increasingly unified Europe there are still great differences among pharmacies. The supply of prescribed medication also varies greatly from country to country.

Unlike in Great Britain and the Netherlands, there is no such thing as a repeat prescription in Germany. Patients always receive an original package that includes an extensive patient information leaflet. This leaflet contains a lot of information on the medicinal product including, indications for use, dosages, possible side-effects and interactions. The pharmacist is only obliged to mark the dosage on the packing if the doctor explicitly makes a note of this on the prescription.

In Germany, as is customary in many other European countries, patients have to give their written consent for the pharmacy to keep their medications on record. Monique Kappert from the Netherlands was surprised by the many pharmacies equipped with computers, but in Germany patients take their prescriptions to the

pharmacy personally and expect immediate supply. It has become impossible to handle the multitude of package sizes and generics and add on the multiple discount contracts between the pharmaceutical companies and the healthcare insurances. The choice of a particular generic depends on the patient's health insurance. Insurance companies have specific contracts with drug companies, which pharmacists have to comply with. Exceptions can only be made if there are medical or pharmaceutical concerns noted on the prescription.

There is no limitation to the assortment of goods available for purchase in the Netherlands or in Great Britain. Germany however, has legal regulations. Priority is given to dispensing medical products. Self-service of OTC drugs is not allowed by law in German pharmacies. This also includes common analgesics, cough mixtures, lozenges for sore throat and anti-allergy medicaments. Beyond that the assortment of goods is limited to products beneficial for your health. Shoes, umbrellas and sunglasses therefore are off-limits in German pharmacies.

However, it was frightening to hear that in spite of all the differences cost pressure has also lead to many similarities: customers who are dissatisfied due to discount agreements or other limitations concerning medical therapy, discussions about prices, price wars and sinking margins were issues faced by our colleagues across Europe.

The visit to the pharmacy gave us an opportunity to share our experiences and to reflect on our own system of work. In a united Europe it is important to know what worries our colleagues from abroad so that we may pull together and join forces in facing common problems.

A big "Thank you" to Mrs Kalb and her team who made this exciting meeting possible at her pharmacy, one of the oldest pharmacies in Wiesbaden.

Martina Hahn, Wiesbaden & Antonie Marqwardt, Hamburg



Have you ever found yourself trapped under a ghastly sprig of mistletoe with the 'Shrek' of the Christmas party? Or perhaps dreamt of finding yourself beneath a branch of beautiful mistletoe with the 'George Clooney' of the Christmas party?

Have you ever wondered where the tradition of smooching under the mistletoe stemmed from?

There are a few different theories on the World Wide Web but it is the Norse myth of Baldur (or Balder) god of truth and light that is most frequently reported.

The Norse Myth

Baldur dreamt that he was to be killed. His mother Frigg goddess of love, in an attempt to protect him ordered every animal and plant not to harm him however, there was one plant she forgot about - mistletoe. Loki (god of evil) made an arrow, placing mistletoe at its tip. He then lured Hoder (god of winter), Baldur's blind brother, and made him shoot the arrow at his brother. Baldur's death brought winter into the world, although the gods did eventually manage to resurrect Baldur. From there on Frigg pronounced mistletoe as sacred and ordered that it should bring love and not death to the world. The pearly white berries that adorn the plant are said to be Frigg's tears. It was pronounced by Frigg thenceforth that anyone standing underneath the plant should celebrate Baldur's resurrection by kissing under the mistletoe.

For centuries it has been believed that mistletoe is capable of curing illness and protecting against witchcraft and certain poisons. Today, extract of mistletoe (*Viscum album*) is commonly used as an anticancer therapy and there are at least 30 different mistletoe preparations available throughout Europe. Around £30 million is reported to be spent annually on mistletoe preparations and in Germany, this is paid for by the insurance system.⁽¹⁾

Rudolf Steiner, the founder of anthroposophical medicine, was the first to suggest mistletoe as a treatment for cancer.⁽²⁾ Mistletoe is a semi-parasite that eventually kills its host.⁽¹⁾ Steiner's belief that extract of mistletoe could treat cancer was based on the unique properties of the mistletoe plant, which could restore imbalance in the growth process in cancer.⁽⁴⁾

In vitro experiments have shown promising results. Extracts of mistletoe have been shown to increase the severity of the following inflammatory cytokines:

- Tumour necrosis factor α
- Interleukin-1 and 6

and therefore, potentially decrease the viability of cancer cells, disrupt their migration and make them more susceptible to the induction of apoptosis.⁽²⁾

However, it's important to bear in mind that these were in vitro and not in vivo experiments and that both *in vitro* and *in vivo* experiments, have previously suggested that interleukins can also encourage the proliferation of specific cancer cells.



A recent Cochrane review⁽³⁾ assessed the effectiveness, tolerability and safety of mistletoe extract as an anticancer therapy. Results from 21 of the 80 randomised controlled trials (RCTs) identified in the review were suitable for analysis. These 21 RCTs included a total of 3484 cancer patients where mistletoe extract was given either a sole therapy or an adjunctive therapy to chemo- or radio- therapy.

In these studies mistletoe extract was mostly well tolerated and patients experienced few side-effects. Those side-effects experienced were dose dependent.

Thirteen trials investigated survival, 6 of which demonstrated evidence of benefit however, the methodological quality of these trials was poor.

Sixteen of the trials investigated the efficacy for either of the following outcomes:

- Improving quality of life (QOL)
- Psychological measures
- Performance index
- Symptom scales
- Reduction of chemotherapy adverse events

Fourteen of these trials demonstrated some evidence of benefit.

At present evidence for the use of mistletoe extract as an anticancer therapy is weak and more research is needed in order to determine whether or not mistletoe extract does indeed have a place as a sole or adjunctive therapy in the treatment of cancer.

So if you find yourself victim or victor (dependent upon whom else is in the vicinity!) to *Viscum album* at Christmas - you'll now know why and just remember, there is more to mistletoe than meets the eye!

Sarah Bush

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3. Horneber M, Bueschel G, Huber R, Linde K, Rostock M. *Cochrane Review. Mistletoe therapy in oncology (Review)*. 2010.
4. Evans, M and Rodger, I. *Anthroposophical Medicine- Treating Body, Soul and Spirit*.

Celebrating the BNF

I was very pleased to be invited to represent NAWP at the Diamond Celebration of the 60th edition of the BNF and the 6th edition of the Children's BNF, at the House of Commons on 12 October 2010. The speakers included Sir Michael Rawlings of NICE and Dr Derek Waller, chairman of the Joint Formulary Committee.

It is twenty years since I worked on the BNF, so it was particularly interesting to talk with current staff about the process of updating the books as well as maintaining the BNF on-line. There are now over thirty people employed as editorial staff, compared with only five pharmacists when I was there. Constant updating of on-line information is very different from producing a new edition at six-monthly intervals. As luck has it, the brochure produced by the Publications Department included a photograph of the team I worked with. (Were we really so young?)

It is interesting to look back at the predecessors of the BNF, beginning with a 'Hospital Dispensatory' that I inherited from a completely different era. Compiled by a Henry Banyer and published in 1739, it has around 400 'medicines' for relatively few clinical conditions. It makes one wonder how many of them could have been beneficial. For example, "An Infusion of Millipedes: Take 4 pounds of live millipedes, infuse them cold in 8 pints of white wine for 14 days, then strain for use. This is an excellent diuretic, and a most efficacious medicine in all chronic cases."

We've come a long way from that. In 1929 a 'National Formulary' was compiled in connection with the provision of medical benefits arising from contemporary National Health Insurance Acts. I have my father's copy, which provides formulae for extemporaneous preparations. During the 1939-45 war, local formularies were produced (e.g. for Halifax) for the "use of the chemist" that had lists of proprietary and the equivalent non-proprietary preparations. The British National Formulary was established in 1946 and published every two and a half years by a new Joint Formulary Committee of the BMA and PSGB. At that time only working men were eligible for free medicines (known as 'on the panel') but their wives and children were not, which meant that mothers often did without. It was recognised that prescribing and dispensing must have an agreed authority, as the National Health Service came into being. The Committee therefore included representatives from the Ministry of Health and the Defence Ministries, as well as the BMA and PSGB.



Huge numbers of proprietary preparations were not covered by the new BNF, so the BMA and PSGB were asked to investigate the needs of prescribers and pharmacists. The Senior Editorial Assistant of Martindale produced a model chapter for a greatly improved BNF. At the same time the Department of Health was concerned about the high incidence of iatrogenic illness and the resulting cost to the NHS, so the BNF introduced side and adverse effects as well as contra-indications. The NHS then took on the expense of producing and supplying copies of the BNF to all prescribers, pharmacists, hospital wards and medical students in their first and last years of training.

It seems appropriate to quote WHO's Kathleen Holloway, "Every country I go to, I am asked for copies of the BNF. They want to use it not only directly, but also for developing their own manuals. There are very few other formularies in the world with such up-to-date, accurate, independent drug information in such an accessible format."

Brenda Ecclestone

Winning a C+D Award

My boss, Alan Kurtz has owned Fishers Chemist in South Norwood for over 40 years. The shop itself is in its centenary year! So it seemed fitting then, that Alan should apply for the Chemist+Druggist awards this year. We won the Pharmacy Team of the Year award and Laura Maytum one of our ACTs was also nominated for the Technician of the Year award.

*Picture courtesy of
Chemist+Druggist Magazine*



Alan wrote an application describing the services we provide at Fishers. We employ about 40 staff and the shop is open for almost 100 hours per week. In total there are 6 pharmacists. We process 1000 prescriptions a day. The judges at the C+D awards were particularly impressed with the vast range of clinical services we offer our patients on top of the normal dispensing and OTC practices.

Most of our pharmacists are accredited for all the clinical services we offer:

- INR clinic - twice a week and the blood is taken from a finger prick. This is much more comfortable for our often elderly patients.
- Smoking cessation - five weeks supply of NRT or Champix (on Rx). Two of the ACTs are also accredited to provide this service.
- EHC sale and under PGD - our patient group directive (PGD) has no lower age limit which can be challenging and involves awareness of Fraser Guidelines and child protection issues.
- Chlamydia screening and treatment - again the above issues apply as our PGD for treatment also has no lower age limit.
- MUR service.
- Pharmacy First - minor ailment scheme.
- Free NHS health checks including BMI, cholesterol check, waist measurement etc.
- Weight management service linked to a PGD to supply orlistat.
- Methadone/buprenorphine supervision and needle exchange.

We were all thrilled to be even nominated for such a prestigious award. I felt honoured to be part of such a special team. Our customers have commented on the award and several pharmacist colleagues nationwide have congratulated us. I have been at Fishers for 8 years now and do feel that I have gained a lot of experience and knowledge. I have had many opportunities to increase my skills (I grabbed them all!) and for that I am very grateful. I personally enjoy the clinical aspects of my job. Being able to talk to customers and make a difference to their lives is very professionally satisfying.

I recently became a mother and I am lucky to say that pharmacy is one of the few professions where you can work hours to suit you and your family. Whilst on maternity leave I kept my clinical skills up to date with regular meetings. This means that I can still provide most of the same clinical services as before my maternity leave and am training for some new ones too!

Currently, three of my colleagues and I are undertaking a part-time course at King's College, London. At the end of the five week course, clinical placements and a 4,000 word essay(!) we will all be able to issue the combined oral contraceptive pill (COC) and the progestrone only pill (POP) under a PGD. I am very excited about the course and it has identified my passion for providing sexual health services. As Alan said to me, "You're good at talking about sex!"

Neela Prabhu

Data Protection Act

NAWP holds on computer file, the names, postal and email addresses and information about payment details of its members. This information is used solely to print address labels, to facilitate mailing within the organisation, to contact members about the Association affairs and to keep a record of fees paid. Under the Data Protection Act, a member may object to their name being on computer file. Objections should be sent in writing, to the Registrar.



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.

Get Well Soon - Ann Munday

We are all wishing you a speedy recovery from your recent operation and hoping to see you at executive meetings and conferences in 2011.

Just do what the doctors tell you to, they know best!

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A Visit to the Women's Library

On Tuesday September 7 2010 a small group of NAWP members met in London for lunch before proceeding on to the Women's Library located in the London Metropolitan University in Old Castle Street. The visit had been arranged some weeks previously and we were not to know that very day would be chosen by London Underground staff for a 24 hour strike. Some of us had an extremely tortuous journey, taking up to five hours, much of it spent caught up in the resulting traffic jams. For those of us who managed to get there (including those who missed lunch) it proved to be a most interesting and rewarding experience. The strike had also affected the Library's regular staff and we did appreciate the efforts made to ensure that our visit was an enjoyable one. Volunteer Jean Gooding had come in at short notice to act as our guide.

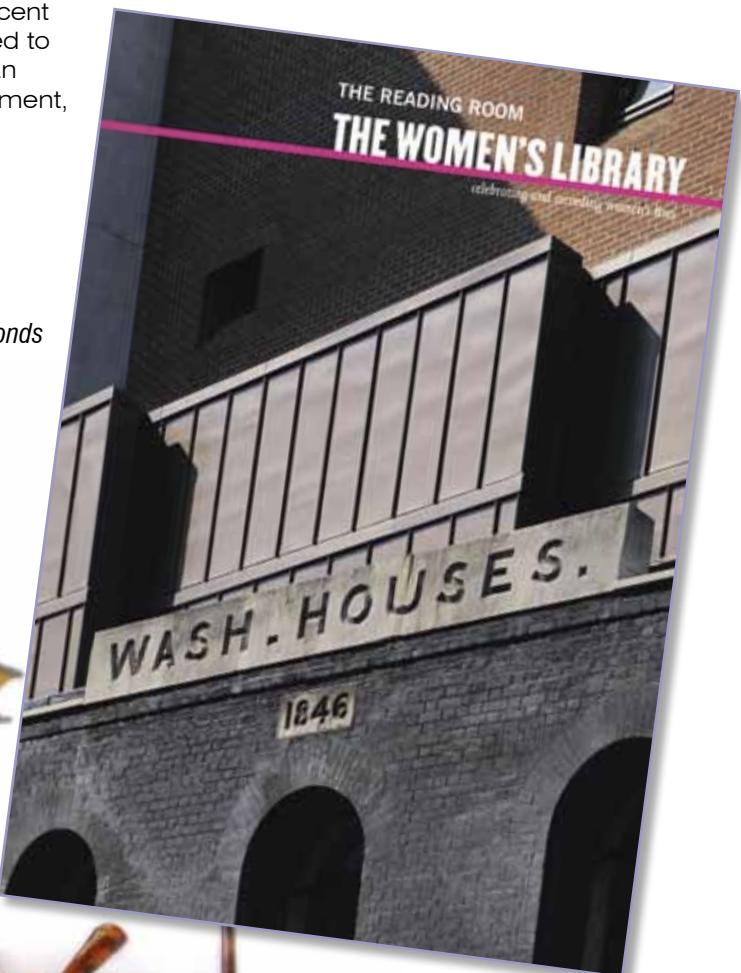
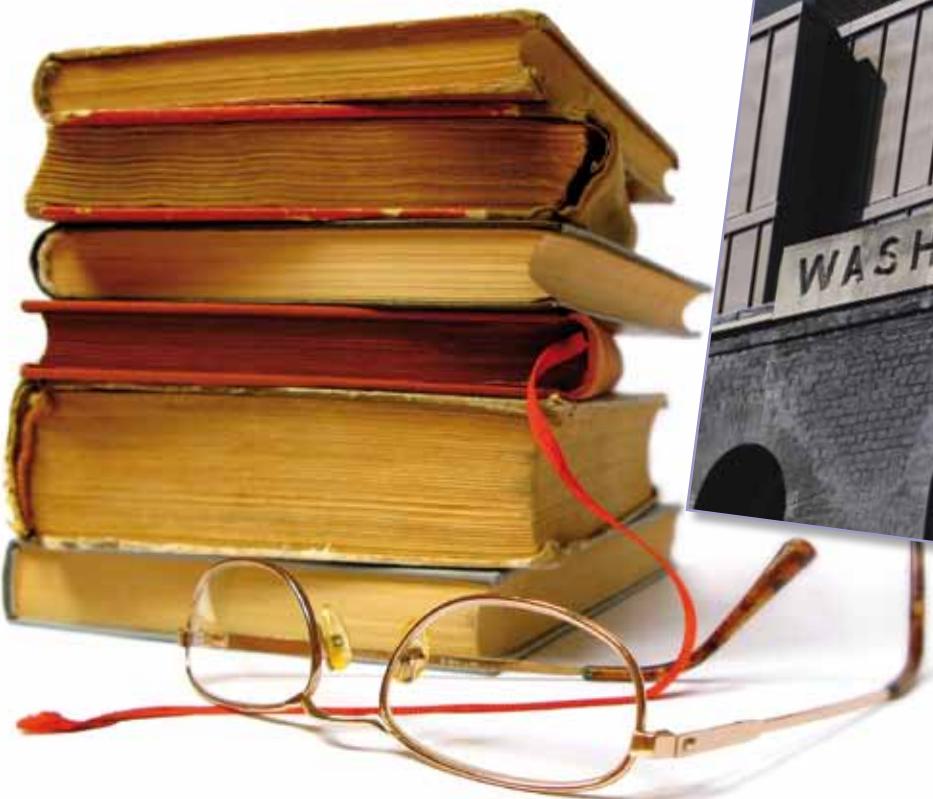
We were welcomed with tea and biscuits and a short talk explaining the background history of the Library and then were taken to view the various rooms and exhibition areas. The tour finished in the splendid Reading Room where staff members were busy sorting and cataloguing recent acquisitions, as it was closed to the public on that day.

It was a surprise to learn that in addition to books (as might be expected in a 'Library') the building also houses collections of pamphlets, periodicals, posters, archive material and other objects covering a wide range of subjects relating to women's affairs. It was gratifying to see copies of our NAWP Newsletter on the shelves. There are also displays featuring specific collections such as that of suffragette Emily Wilding Davison and the Greenham Common Women's Protest. Most items are in English but other languages are represented. Overall the contents of the Library are recognised as a Designated Collection of National Importance. It is a cultural centre housing the most extensive collection of women's history in the UK and as such is a valuable research resource. It is open to everyone and admission is free.

The Library was established in 1926 as the Library of the London Society for Women's Service, formerly Suffrage. In 1953 both the Library and the Society were renamed in honour of Millicent Garrett Fawcett and continued thus until 1977 when it moved to London Guildhall University, now part of London Metropolitan University. Until 2001 the collections were housed in a basement, which was prone to flooding and it became urgent that new accommodation be found. The present purpose built centre was opened in 2002 on the site of the old East End washhouses, and renamed the Women's Library.

We faced the tribulations of the homeward journey with the knowledge that it was a day very well spent.

Sue Symonds



Return to Practice

We all have an understanding of what is meant by the term Return to Practice, but it is increasingly apparent that the term is not very satisfactory. This is mainly because for return to be achieved, there are two separate key issues: whether individuals are registered with General Pharmaceutical Council (GPhC) and whether they are competent to undertake the roles they seek. Additionally, complications arise from the breadth of the regulatory definition of 'practice'.

As from 27 September 2010, a returner with a pharmacy qualification can no longer return to registered status automatically. In most cases re-registration will not be difficult, but the GPhC will have to be satisfied that the individual can safely return. During 2011, the GPhC will be consulting on new requirements for this.

If individuals are not-registered, satisfying the GPhC may mean that they need to undertake activities such as return-to-practice courses or partake in other CPD activities, but these are not specified. If individuals wish to work in industry, academia, veterinary pharmacy or journalism the activities are likely to differ significantly from those needed if a role in community or hospital pharmacy is involved – hence the difficulty in laying down guidelines.

If individuals are registered, the responsibility lies with them not to undertake work that they cannot do properly. They may judge the need to undertake activities such as return-to-practice courses or partake in other CPD activities relevant to their intended role.

Of course, even after undertaking courses and complying with all the requirements, the returner may still lack confidence to work as a sole pharmacist. Regrettably, options for work shadowing or supported working remain scarce and there is little prospect of the position improving in the near future.

All of the above was discussed at a meeting in November attended by representatives of CPPE, WCPPE, RPS, the PJ, NCAS, GPhC, PSNI, Pharmacy Support and NAWP. There is certainly a will to improve the position, an increasing understanding of the problems faced by returners, plus an agreement that returners need access to clear and consistent information. Overall progress is likely, but in view of financial constraints, the complexity of regulation and the diversity of individual circumstances, it will probably be slow.

Christine Heading

Forthcoming Events

NAWP Annual General Meeting

6 April 2011 at
RPS HQ Wales
2 Ash Tree Court, Woodsy Close,
Cardiff Gate Business Park,
Pontprennau, Cardiff, CF23 8RW

7th European Meeting of Women Pharmacists

1-2 October 2011 at
House of Congresses and Conferences
of the Polish Academy of Sciences
Jablonna Palace
Jablonna, Poland.

Details of this meeting will be published as soon as they become available. Information on the conference venue, which is approximately one hour north of Warsaw, can be found on www.palacjablonna.pl

National Association of Women Pharmacists (NAWP) and Medical Women's Federation (MWF) Conference on Gender Medicine

10 November 2011 at
Royal Pharmaceutical Society, London.

NAWP Annual Conference - Neurological Diseases

11 November 2011
London.

www.nawp.org.uk

Promoting Women in Pharmacy



Member Profile

Sheila Severn

In July of last year, I retired as a pharmacist at Boots in Long Eaton, Derbyshire, concluding a career that started 36 years ago. My time at Boots has seen me undertake many roles within the profession – including pharmacy manager, training care home staff, supervising pre-registration students and of course, serving the general public on a daily basis.

After completing my A levels in my home town of Chesterfield, I moved south to study at The School of Pharmacy, University of London and graduated in 1974. After completing my pre-registration training at Boots back in Chesterfield, I had a spell working in Worksop, Nottinghamshire and then on relief, before becoming pharmacy manager in Grantham, Lincolnshire. I met my husband, John in 1977. We married a year later and I moved to work in a local store. In 1980 I became a full-time mum to our son Paul and three years later our second son, Richard was born. In 1986, we moved to our present home in Cotgrave, Nottinghamshire.

In 1991, with my sons growing up, I began to consider returning to the profession. I have NAWP to thank for helping me to get back into pharmacy. I attended my first conference in 1991 at Loughborough and met other members who, like me had had long career breaks. I found the support invaluable. During that weekend I also met the recruitment manager for Boots and just a few weeks later I started work at the Boots store in the Broadmarsh Centre, Nottingham.

There had been many changes in the profession during my 11 years away. In 1980 we were still handwriting labels! These changes led to me becoming increasingly interested and aware of the rich history of pharmacy. Since then I have built up a large collection of pharmacy memorabilia, such as books, old medicine bottles and equipment, which always fascinates visitors to our house!

I spent 15 years at Broadmarsh, gradually increasing my hours and responsibilities. I became very



involved in Care Home Services, and made over 600 visits to homes to provide advice and training for staff. This triggered an interest in teaching and I became involved in the training of pharmacy staff and supervising pharmacy students.

In 2006, I moved to the Boots store in Long Eaton – an interesting contrast to the city centre business. The store had a loyal customer base of mainly retired people whom I came to know very well and I enjoyed the challenge and change of focus.

My life away from pharmacy has been very family orientated and I enjoy being part of our local parish church. I ran a youth group for seven years and I am now the planned giving secretary and an active member of the church bell-ringing team.

Since retiring I have enjoyed spending time walking in the countryside and visiting historic sites with my husband, John. I also spend my time relaxing reading biographies and catching up with old friends and colleagues.

Sheila Severn



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Member Profile

Cheryl Mulholland

I gained my Diploma in Pharmacy after graduating from the Central Institute of Technology, New Zealand. After completing my pre-registration year I registered with the Pharmaceutical Society of New Zealand, and worked in retail and hospital pharmacies in New Zealand before travelling. With the reciprocation agreement between the New Zealand and English pharmaceutical societies for work opportunities and the 'traditional' desire for the Overseas Experience (an antipodean affliction) I arrived in London, via the USA, and initially worked as a self-employed locum for nearly 10 years. The work flexibility that self-employment gave me, enabled me to travel throughout the UK and abroad.

Having applied for a branch manager position with a small pharmacy group, at the time - Moss Pharmacy I was able to gain experience building up a new branch and prescription levels from the outset. The branch was a unit within a supermarket and a departure for the company from the traditional type of high street/suburban outlets associated with the Moss pharmacy group at that time. During the next 9 - 10 years Moss pharmacy underwent takeovers and mergers, going from Alliance Pharmacy, Alliance-Boots then to Boots Pharmacy and in 2000 I made the decision to return to being a locum pharmacist again.

For the next 9 years a mixture of working in community pharmacies, either independently owned or multiple outlets (high street stores and supermarkets), provided me with a variety of experiences, where adaptability often proved a key component along with plenty of cups of tea!!

In 2009 I decided to return to university with the aim being to facilitate a career change and I undertook a yearlong full-time MSc degree course in Library Science. This presented a challenge and steep learning curve for me, having been out of academic study for many years, but satisfying in that it proved do-able. I am currently looking to combine the richness of experience from my pharmacy knowledge, with the newly acquired information and organisational learning from my MSc degree, in a suitable job vacancy.

Membership of NAWP has been important to me, and although I am more of an 'active spectator', formal/informal communication in either newsletters, conference reviews, blogs, or tweets (nowadays), provide valuable information. The work and effort put into these productions is often taken for granted.

Cheryl Mulholland

2011 Annual Subscriptions

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

Subscription fees for 2011 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:
Anita White, 50 Deri Road, Penylan, Cardiff CF23 5AJ

Canine Partners Letter

Nicola Hendy, a Senior Research Fellow at Nottingham University attended last year's annual conference as a guest speaker with her canine partner/guide dog Cavendish.

The raffle at the Conference dinner was in aid of Canine Partners.

Patron:

His Royal Highness
The Duke of Gloucester KG GCVO



17 June 2010

Anita White
National Association of Women Pharmacists
50 Deri Road
Penylan
Cardiff
CF23 5AJ

Dear Ms white

Thank you for your extremely kind donation of £205.00 received recently from the National Association of Women Pharmacists. We are absolutely thrilled you are able to support us, this year more than ever as we celebrate our 20th Anniversary.

More than 1.2 million people use a wheelchair in the UK and a significant number of these would benefit from a Canine Partner. As we receive no Government funding we still have a long way to go, but your help and support brings us one step closer to 'opening more doors to independence' for people with disabilities.

Please do not hesitate to contact me if you would like any further information on Canine Partners on my direct line 01730 716011 or email malcolmw@caninepartners.org.uk

Thank you once again for your kind generosity.

Yours sincerely

Leen Palmer

PP Malcolm Wells MBE
Head of Community Fundraising

I just wanted to add my own personal thanks for this very generous donation, which is much appreciated. Glad you enjoyed meeting Nicola and Cavendish — and isn't new pup coming in well?! Many thanks
Andy Cole
CEO

Training Centre and Registered Office: Mill Lane, Heyshott, Midhurst, West Sussex GU29 0ED
Tel: 08456 580 480 Fax: 08456 580 481 Email: info@caninepartners.co.uk Website: www.caninepartners.co.uk
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(year to retire in brackets)

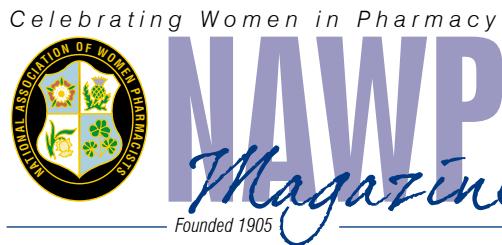
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Virginia Watson (2011)	6 Hollis Gardens, Luckington, Chippenham, Wiltshire, SN14 6NS	01666 840639	virginia.watson@dulcamara.ltd.uk
Secretary			
Hazel Baker (2011)	9 Bramshill Drive, Pontprennau, Cardiff, CF23 8NX	02920 411841	hazel.baker6@ntlworld.com
Treasurer & Registrar			
Anita White (2013)	50, Deri Road, Penylan, Cardiff, CF23 5AJ	02920 491340	anita@anitawhite.co.uk
NAWP Magazine Editor			
Sarah Bush (2013)	12 Llanbryn Gardens, Llanharan, Mid Glam, CF72 9TR	01443 225844	sarahbush237@gmail.com

Also...

Publicity & Website		
Dr Christine Heading (2011)		Moore11@globalnet.co.uk
Minutes Secretary		
Monica Rose (2013)		Mon.rose@hotmail.co.uk
Mary Gwillim-David (2012)		Mar1wales@onetel.com
Ann Munday (2012)		chris@munday.karoo.co.uk
Joan Kilby (2013)		joan.kilby@btinternet.com
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Branch Secretaries		
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Hazel Baker	9 Bramshill Drive, Pontprennau, Cardiff, CF23 8NX	02920 411841
Exeter		
Lyn Pearson	4 Fairfield Road, Crediton, Devon. EX17 2EQ	01363 773201

enquiries@nawp.org.uk

www.nawp.org.uk



Please direct all correspondence to:

Ms Sarah Bush,
12 Llanbryn Gardens, Llanharan, Mid Glam, CF72 9TR
or email on sarahbush237@googlemail.com

www.nawp.org.uk

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