

Celebrating Women in Pharmacy

NAWP Newsletter

October 2016



The President's Letter

Dear Colleague

Autumn has definitely arrived here in Wales. The heating had to go on this week for the first time since May. No frosts as yet to damage my tender plants in either the allotment or the garden. I'm sure it won't be long though until it is white over in the mornings.

Hazel Baker was invited to the Welsh pharmacy awards in June and asked me to accompany her. This year they were held in The Vale, Hensol, Cardiff. It was a lovely summer's evening allowing us to stand out and mingle on the balcony, enjoying the views across the golf course whilst taking in the late summer sunshine. Vaughan Gething, the very newly appointed, Assembly Member and Secretary for Health, addressed the members, confirming the assemblies support for pharmacists and the very valuable work that they do. The recent Welsh Assembly elections had only taken place the previous week, so he was very new in the job. The awards were of a high standard as usual and many younger pharmacists were recipients this year.

A European Committee has now been set up to plan and organise the next European Women Pharmacists Meeting in 2017. Virginia Watson has invited women pharmacists from The Netherlands, Germany, Austria, UK and Iceland to form a committee. I have joined the committee and have arranged 3 Skype conference calls to date. The members are very enthusiastic about a joint venture and want to continue the European meetings into the future. The topic of the next meeting is to be, "Lifelong learning, how women manage both at work and home." We are looking for a snappy title to attract a particularly younger audience. The venue is to be Vienna, Austria, so save the dates of the last weekend in September or the first in October 2017. We have yet to confirm which it will be. I will let you know as soon as I can. It would be very useful if you could email/write to me to let me know if you are interested in attending. We need to have an idea of numbers; nothing would be binding at this stage. Several

members of the Executive Committee have already said they will be going, so we should have a good sized contingent from the UK as in past years.

We have asked to suggest a female Community pharmacist, who is also an Independent Prescriber, to speak at the meeting. It doesn't matter if they work in a GP's practice or in a retail location. If you know of anybody suitable and willing please let me know.

To date, NAWP have not had a reply from RPS as to any movement towards integration. I understand from Catherine Duggan that there is a lot going on at RPS at the moment, due to change of leadership in several areas, so I think we will have to be patient. NAWP is still in partnership with RPS so any contact can be made through that for the time being.

In September, Virginia Watson and I were invited to the RPS Pharmacy Awards held on the Sunday of the RPS conference in ICC, Birmingham. This is always an enjoyable evening, seeing what great work is being recognised in all areas of the profession. I was able to talk to the new BPSA president, Amit Parekh, an interesting young man and one to watch in the future. A lot of his committee are female so he was well aware of the gender issues that are topical at present. Christine Heading and Virginia Watson attended the RPS conference on the Sunday, Christine to present her local LPF poster.

Looking forward to next year, NAWP is trying to find an interesting event to coincide with our AGM which needs to be held in or around April, in an attempt to entice more members to attend. The AGM could then be turned into a weekend spent in an interesting town or city. Any suggestions would be welcome. I realise, as we didn't have the usual conference this year, we haven't had as much input from our members, as in past years. NAWP needs your ideas, observations and suggestions.

Wishing you all the best for the festive season

Anita White

Sleight of Hand

CPD is something that NAWP, both the Association and individual members, always take very seriously.

The GPhC seems to have indulged in something analogous to 'sleight of hand' over the last few years, in relation to CPD, although the core aim of using CPD recording to maintain high practice standards has remained constant.

Two or three things have changed since RPSGB ceased to be the pharmacy regulator. Moving forward into the GPhC era, it was made crystal clear that pharmacists retained ownership of the CPD records they made. When they submitted some or all to the GPhC for review, those records became GPhC property. At some time since then, the position has somehow altered or has begun to change.

A noticeable change began with opaque and vague statements regarding use of electronic records.

At the start of 2016, the GPhC announced that if pharmacists are asked to submit their records, the records must be in electronic form. However, the GPhC webpage currently (11th October 2016) informs pharmacists that they *must* "Keep a record of your CPD that is legible, either electronically online at the website www.uptodate.org.uk, on a computer or as hardcopy on paper and in a format published or approved by us and carrying the CPD approved logo." So – recording CPD on paper is still absolutely fine.

During the autumn of 2016, the GPhC launched a consultation on a couple of small changes it

proposes to take. One is that instead of reviewing everyone's records every five years, they will take a sample every year. This sounds reasonable. However, the accompanying information makes it clear that the GPhC is planning surveillance of electronic entries. Phrases are used such as "*we plan to introduce more checks to make sure all pharmacy professionals have recorded their CPD activities every year.*" "*We will introduce further checks in future for all registrants to make sure CPD is recorded yearly, and consult on these proposed changes in 2017.*"

The only way the GPhC can undertake the surveillance they propose is to insist that everyone records their CPD online. This is not outrageous in the present day, but has never been stated as an overt intention. Recording on paper does, of course, mean the individual pharmacist has control over the records and is clearly something the GPhC wants to halt.

The unstated reason it wants to alter the ownership is so that it can abandon the concept of requesting pharmacists to submit records for review at intervals, in favour of constant surveillance of the recording process. This will be accompanied by targeting of apparent defaulters, alongside random selection.

As in many a magic trick, we have moved from the absolute certainty of knowing that you held one of your possessions in your hand, to finding that the magician has now got it in their hand, and you've no idea how.

Christine Heading

Suffragette: an inside story

In January 2014, the Royal Pharmaceutical Society Museum was approached by Jo Farrugia, a researcher working on a new film called *Suffragette*, written by Abi Morgan and directed by Sarah Gavron. At this stage, they had secured Carey Mulligan and Helena Bonham Carter in leading roles, with filming due to start in February 2014. Jo was looking for someone who could talk to Helena about her proposed character, a pharmacist, and answer her questions on the pharmacist's role in 1913-14, the years when the film was set.

My name was put forward by the RPS Museum because of the work I'd done for NAWP's centenary in 2005. I was asked if I'd go to Elstree to spend some time answering Helena's questions. It was also arranged via RPS Museum for some dispensing equipment to be available for us to look through, and I took a number of books relevant to pharmacy in 1910s, including *Pharmaceutical Formulas* and some photographs of pharmacy interiors and women pharmacists.

I arrived at Elstree and was ushered through alleyways into a building that looked like a school, but then asked to wait in what looked like a hotel room. I spent the time waiting for Helena Bonham Carter to arrive from rehearsals unpacking the pill machine, cachet machine and powder folders, and was told that there was another person who was going to brief her in advance of me. Helena arrived a few minutes later with an assistant and Sarah Gavron, the film's director. We shook hands and she sat down ready to take notes.

The person before me was an expert on explosives and I sat in as he explained the basics of making a bomb and how gunpowder was created. In terms of the film's storyline, it was discussed that the presence of a pharmacist in the group of suffragettes allowed some plausibility for the level of chemistry knowledge, and access to chemicals, needed for the production of explosives.

Once he had left, it was just Helena and me. She took lots of notes as she asked me questions including the rarity of women pharmacists in the

early 20th century, how her character would have been educated, and what the working relationship might have been with the character of her (unqualified) husband who was yet to be cast. She also looked at a couple of scenes in her script and asked my opinion on their veracity. One had her putting out empty medicine bottles for collection by a dustman, which certainly did not ring true as bottles were obviously re-used. An assistant arrived and asked us what we wanted for lunch, so I ended the 90 minute session eating my tuna mayonnaise sandwich and chatting about our children – quite surreal!

I had little other involvement apart from clarifying what wording would be on the front of a pharmacy shop in the early 20th century and a text message from the director's assistant asking about possible treatments for pleurisy in the period!

So, I was extremely pleased to get an invitation to the cast and crew premiere of the film in September 2015, before the film opened generally on October 12th. The director and producer introduced the film to a packed auditorium at The Curzon Cinema in Mayfair. None of the leading actors were present, but there were certainly lots of extras. I was intending to leave swiftly to catch a train home, and certainly not to stay until the end of the credits, but of course I was surrounded by people who were determined to catch their name as it scrolled past. I hadn't considered that mine would be there too – a very proud moment. There are now a number of my friends and family who are members of the *Suffragette* "stay until the end of the credits" Club – and my mum even took a photograph of my name on screen!

Inspired by the film's launch, I wrote a short blog for the Wellcome Library with details of the real pharmacist suffragettes. One was Elsie Hooper, the Association of Women Pharmacists' first Joint Secretary.

<http://blog.wellcomelibrary.org/2015/10/women-pharmacists-demand-the-vote/>

Briony Hudson

The Lost Summer of 2016

Whenever I am bemoaning the cooling temperatures or the presence of Christmas cards in the shops friends tend to say, 'Well at least we had a good summer!!' my eyes glaze over and I wonder if I have been inhabiting a different planet, not just a Channel Island....June was undeniably wet, July we had a record number of fog days with no mail or papers, and August, well then the brain really does go into meltdown, and all because of one word, ...*Sepsis*'a life threatening condition where the body's response to infection injures its own organs or tissues'.

It is a good job we don't have a crystal ball on the window sill as I might just have fast forwarded to avoid the last few months!!

A normal busy Wednesday afternoon in the pharmacy, short staffed as usual, so instead of making a patient wait for their insulin to be extracted from the back fridge, I decided to look for it myself.....bad move!! I bent down to the bottom drawer in a sideways move and then realised I was stuck. My two delightful dispensers, giggling inwardly, hauled me to my feet and then propped me in a corner while I regained my composure. This did not last long as I quickly realised I could not function safely as the RP so called for re-enforcements in the shape of my bemused boss.

The next few days passed in a blur of physio, osteopath, and a weekend trip to A and E where a kidney infection was diagnosed with antibiotics and anti-nauseants prescribed. Things continued to deteriorate with black urine, loss of sight in one eye and antibiotics being vomited forthwith.

Cue a second visit to A and E, further blood tests and immediate admission to ICU!!

It must have been at this point that the little grey cell ceased to function as I only have it on good authority from my partner that my CRP level, an indicator of infection, was virtually off the scale with a reading of 375 (normal range 0-5) and the kidney function was on the point of failure, eGFR 16 when it was normally around

75!! The next few days passed in a haze of catheters, drips, scans and endless blood tests. A severe *Staph aureus* infection was diagnosed but it wasn't until I had the MRI that the locus was found: a large abscess close to the spine!!

It is only with hindsight that I can appreciate my consultant's honesty in admitting that this situation was beyond his capabilities and I needed to be somewhere else in case of complications.

So it evolved that one beautiful sunny Thursday evening in late August, we found ourselves trundling through the lanes in a pristine Ambulance driven by two extremely competent female officers to the edge of the airport where we were transported on to the Air Ambulance, a little Piper Chieftain, for our flight to the Royal Devon and Exeter Orthopaedic Wing which specialises in spinal trauma. I would love to say I enjoyed the flight but lying flat with a drain in one's back is not conducive to taking in the view. The whole operation was extremely slick with only one slight blip. When we got to the RDE there was no bed for me. Luckily, the administration was quickly sorted and I was lucky to find myself in a single room with a view of the hills and the helipad, which was in use most days flying in trauma patients.

The next ten days passed with further rounds of blood tests, repeat scans, six hourly high dose IV antibiotics until I had no veins left to cannulate!! Luckily, after about a week a repeat MRI demonstrated that the abscess had shrunk and the drugs were killing the *Staph* at a good enough rate to transfer onto the oral route for which I was truly grateful. I was very impressed with the level of care that I received from the nursing and specialist teams, though the greatest surprise was that the final decisions on drugs and transfer home were governed by the input from the Consultant Microbiologist. She seemed to take a special interest in lifestyle, work and anything that could have had a bearing on the infection process. She did admit that in 20% of sepsis cases the source of infection was never found. We all have *Staph*

living quite happily on our skins and it is only when it enters, possibly through an open wound, at a time when the immune system may be slightly compromised that it can go rogue and cause havoc in organs such as the heart, liver, kidneys or eyes.....a bit of a Catch 22 for those of us who try to follow a healthy lifestyle, exercise and eat well, - this sort of problem might just be waiting in the wings??

Anyway, the last few months have given me the opportunity to observe two forms of Health Service at the coal face, both our local Private service based at the Princess Elizabeth Hospital in Guernsey, and the Royal Devon and Exeter NHS Foundation Trust. Each has their own scale of problems such as staff recruitment and continuity of care, pressure on beds and resources but the overriding impressions I am left with are that we are so lucky to have the infrastructure of healthcare for all, both locally and nationally. The NHS is almost at breaking point, but it is still saving lives. Throwing more and more money at a bottomless pit will not solve the problems but investing in the people

that care might help. The Junior doctors' strike has been hijacked by a few extreme views but to see one doctor covering three wards over a Bank Holiday weekend, who was the only one able to successfully cannulate my bruised arm and who still had time to stop and chat and be interested in me defied all belief. When I read some of the hyped arguments portrayed in the Press, I will remember him and understand the other side of the story!!

Now it is back home to recuperate and try and make some sense of what has happened to me.

There are still the weekly blood tests, antibiotics for three months and a follow up in Exeter in November but I am very grateful just to be here and in one piece....it might all have been so different if we had been travelling in Africa or the Middle East two months ago. Maybe there is someone up there looking out for me for which I am truly grateful. A return to the pharmacy is beckoning.....

But maybe not just yet????

Elizabeth Nye

We would like to send our best wishes to Elizabeth and also to Vela Burden who is also not well at present

12th European Women Pharmacists meeting Vienna September/October 2017

As mentioned in the President's Letter, this will be held either on the last weekend of September or the first weekend of October. Please make a note of the date.

Annual Subscriptions 2016

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 2016 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.

NAWP

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