

Celebrating Women in Pharmacy

NAWP Newsletter



January 2016



The President's Letter

Dear Colleagues,

Happy New Year to you all

The seasonal celebrations are now over. I hope everyone has enjoyed the special time with friends and family. In my June letter I was asking for rain, now the floods in many areas of the UK in December have taken their toll. One GP held her surgery in the local pharmacy consultation room. That's proof of a community working together.

NAWP have been in further discussions with RPS concerning a closer link the society, as I reported in the last Newsletter and at the 2015 AGM. It has become apparent to us all that NAWP must move with the times to continue to promote the aims and objectives. This may mean losing some identity to continue to functioning as part a larger body. In July 3 members of the executive committee had a brainstorming session at RPS with Helen Gordon (via video link as she had sprained her ankle) and Catherine Duggan. We spent the day carving out a path forward to maintain NAWP's values and principles whilst finding a way to fit into the RPS structure. This gave us a framework of pros and cons to develop into a model for the future. We have formally asked RPS to consider the Integration of NAWP into RPS. This is the first step with lots of the fine details still to be finalised.

I hope you all agree that this is the best way forward for NAWP. I welcome any thoughts and comments you may have on the subject. No one wants to see NAWP ceasing to exist with all its heritage and legacy being lost to future generations. We hope to find a way to integrate into RPS so that these can be maintained and built on for the future. NAWP and RPS are particularly interested in the European links and the gender related issues.

In September, 8 members attended the 11th European Meeting of Women Pharmacists in The Hague, hosted by NOVA. It was very well

attended, mainly by the Dutch, with a few from Germany and one from Austria. The format included workshops for the first time which proved controversial as to the age and expectations of the Elderly. Some younger Dutch pharmacists had different ideas from the British ones, is 70 old? Unfortunately we heard that dpv, the German women pharmacist organisation, has now disbanded. The work involved in organising these European meetings is considerable, so NAWP will be in discussions with NOVA and other interested parties with an aim of forming a joint committee, to share the load and continue the links already forged.

In September the Cardiff branch of NAWP celebrated its 50th Anniversary with an afternoon tea. I was very pleased to be invited as president and a local member. A lovely time was had by all, especially several older members who we hadn't seen for some time.

I was invited the RPS Awards ceremony and dinner held in Birmingham at the RPS Conference. A networking opportunity for NAWP to meet all sectors of the profession. It is always good to see innovative work being recognised.

2016, as you can see, will be a challenging year. I hope as many of you as possible will be able to attend the AGM in April, to help us plan for our future for NAWP.

Wishing you all the best for 2016

Anita White

‘Multicultural Healthcare’ – The Pharmacist’s Role.

Report of the NAWP Conference 18th April 2015, at the Future Inn, Bristol

As one contributor to the meeting remarked – it’s not often that ‘pharmacy’ and ‘multicultural’ appear in the same sentence. The need to recognise this challenge prompted the theme of this conference, and although attendance was lower than hoped, the choice seemed fully justified. Evidence for this could be drawn not only from the attendee interest, but from the Twitter activity that accompanied the conference. This brought unexpected coverage to an audience away from the meeting.

The conference opened with a review by Dr Christine Hine, a consultant in Public Health for Bristol City Council, of health outcomes in Bristol, broken down by electoral wards. Census information provides a variety of demographic and ethnic data, as well as employment and disability information for each of the wards. This can then be correlated with other information, such as uptake of public health services, pharmacy distribution, and mortality rates. Not surprisingly, the results show that some areas of Bristol can be described as disadvantaged on multiple criteria. Turning to pharmacy activities, campaigns included those: to prevent and identify cervical cancer; to boost self referral to weight management services; to promote health via Healthy Living Pharmacies. Pharmacists are used to such campaigns, but somewhat less used to planning and evaluating them alongside census data that include ethnic and cultural information.

This talk was followed by the first from Dr Geetha Subramanian, which addressed Religion and Culture in Women’s Health. Dr Subramanian is an Honorary Consultant Community Gynaecologist with Barts Health NHS Trust, in London. Drawing on her experience in East London, the audience heard of multiple absurdities arising from lack of thought by healthcare professionals. Sometimes these were the results of stereotypical preconceptions, and other times by a failure to be alert to potential difficulties in

communication or expectations of the patient. As had been mentioned earlier, the necessity for cultural awareness in healthcare was emphasized, particularly with regard to populations whose origins were in the Indian sub-continent and East Africa. What is required includes the need to understand that different cultures have different approaches to a range of body-related activities (e.g. tattooing, body piercing, shaving, ablutions, menstruation, birthing), as well as different expectations from marriage and the granting of a different status to pre- and post-menopausal women.



In her second talk, Dr Subramanian addressed the topic of Female Genital Mutilation (FGM). This is the term used by the World Health Organisation, although its supporters prefer the term ‘cutting’. Here too lack of thought by healthcare professionals can exacerbate an already difficult problem. In the first place, classification of the practice needs to be considered, because it is not a disease or medical condition. Additionally, many individuals on whom it has been practiced are not aware of what the natural female anatomy comprises. Essentially FGM can be classified as a cultural practice undertaken by men or women, that represents a crime of control over girls. It is not linked to religion, but to culture and is illegal in the UK under the he Female

Celebrating Women in Pharmacy

Genital Mutilation Act that was introduced in 2003 and came into force in 2004. The act makes it illegal to practice FGM in the UK; to take girls (or women) who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country; to aid, abet, counsel or procure the carrying out of FGM abroad; and has a penalty of up to 14 years in prison and/or a fine. FGM itself can broadly be classified into three types, each associated with its own pattern of health risk and damage. Reference sources for further information are provided at the end of this report.

The final talk from the conference theme came from Derek Evans, an Independent prescriber and Consultant & Specialist in Travel Health. His focus was on Travel Health in Pharmacy – The opportunity that exists within travellers visiting friends and relatives (VFRs). VFRs are defined as a group that are at particular risk and are defined as “an immigrant, ethnically and racially distinct from the majority population of the country of residence (a higher-income country), who returns to his or her home country (lower-income country) to visit friends or relatives”. A constant theme here was the extent to which travellers underestimate the risks to which they are exposed. A particular source of complacency was to ignore the immunity that families and friends who lived in the regions of origin would have acquired. Malaria was a frequent infection brought back by travellers, and diarrhoea was linked to infections with *Shigella*, *Salmonella*, *Cyclospora*, *Giardia*, *Campylobacter*, *Cryptosporidium*, *Entamoeba*

and *Enterovirus* (listed in order of prevalence). Vaccinations could prevent Vaccinations DTP, MMR, Hep A, Typhoid, Hep B, Rabies, Yellow Fever and Meningitis. Another feature worth remembering is that health inequalities of the types identified in the first talk of the day linked to cultural differences, present particular problems for travelling females and children under 18.

Delegates were introduced briefly to an additional multicultural resource that is available but still being developed by WrittenMedicine.com for a wide roll-out, to provide translation of medicines labels into languages spoken by UK immigrant communities.

Other talks and contributions during the day focused on personal professional development and ways to help to fellow pharmacists. Lesley Johnson spoke on RPS Foundation and Faculty Programme, providing an overview of the two programmes and how these realistically could help pharmacists, both with their careers and regulatory hurdles. Jenni Hallam from Her Invitation (the conference sponsor) spoke about her organisations work to empower women to achieve their potential, and Peter Noyce from Pharmacist Support updated the meeting on the activities and fundraising approaches being used by the charity.

Christine Heading

Additional information relating to these talks can be obtained from the references listed below or by request from enquiries@nawp.org.uk

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<http://www.forwarduk.org.uk/key-issues/fgm/research>http://www.nspcc.org.uk/Inform/resourcesforprofessionals/minorityethnic/female-genital-mutilation_wda96841.html

The FGM Handbook (available from enquires@nawp.org.uk)

www.evanstravelhealth.co.uk

d.p.evans@btinternet.com

Ref: Centers for Disease Control , Health Information for International Travel 2012, page 547

<http://www.cdc.gov/features/yellowbook/>

www.writtenmedicine.com/

www.herinvitation.com

11th European Women Pharmacists meeting; 4-6 September 2015,

The Hague

For the first time, the meeting of European women pharmacists was held in The Netherlands, and was hosted by the Dutch women pharmacists' association NOVA. As usual, attendees came from a range of countries, specifically from Argentina, Australia, Austria, Germany, The Netherlands and the UK. The theme of the meeting was 'Getting older carefully'.

A feature of the meeting that proved especially fascinating was the opportunity on the Friday afternoon to visit either a community pharmacy in The Hague or the pharmacy department in a major hospital in the town. Only anecdotal impressions were recorded, but both visits certainly impressed the UK group. The level of automation and throughput impressed the community pharmacy visitors, whereas the breadth of hospital activities that were managed by the pharmacy department was an eye-opener for those visiting the hospital. Here, as well as the supply of medicines (which was again noticeably automated), the pharmacy department was involved with quality control of formulated medicines from laboratories independent of the hospital, as well as conducting toxicological analysis of samples where drug or poison exposure was thought to be the cause of illness or death.

The main meeting was opened by Gerben Klein-Nulent, the President of the Royal Dutch Pharmacists Association. This organisation is the umbrella organisation for pharmacists and pharmacy in general. It has 5000 members, and works for the industry and pharmacists in all sectors.

The main programme focused primarily on medicines and medication reviews, with older adults and the elderly particularly in mind. Coverage included

an account of medicines reviews in Australia, where an average 2-3% of hospital admissions result from medicines issues, with the figure rising with age. An unsurprising observation, which probably has resonance internationally, is that during reviews, patients want to be listened to, not talked to. On a similar theme of communication, it was noted in a talk describing the Dutch experience that the clinical relevance of problems was more often found as a result of patient interviews than by checking medication records. This was a finding of the POINT study (Pharmacotherapy Optimisation through Integration of a Non-dispensing pharmacist in a primary care Team), undertaken at the university of Utrecht. A meeting contribution from Germany included information totally compatible with this finding, and reported that in one study, 25% of 200 patients over the age of 65 did not know the correct dosage of their medicine and 26% were not aware of the disease they were being treated for.

An unusual element for these European meetings was the workshop sessions looking at case reports, which of course could be undertaken on an international basis. Not surprisingly, there seemed consistency of views amongst those attending the English-speaking workshop, despite including pharmacists from at least three countries.

A talk on a slightly different theme looked at women, drugs and genetics, and focused on frequently overlooked examples of differences between genders in their response to medicines. Thiazide diuretics were the focus of the talk, with adverse drug reactions being the issue of concern. Differences are seen between men and women, with more women than

Celebrating Women in Pharmacy

men requiring admission for ADRs. Most probably, genetic and environmental factors combine to cause this.

Finally, a talk on problems associated with providing pharmacy services to impoverished communities in Argentina introduced a different perspective. Here, the issues faced are much more basic, and focus on the pharmacy being able to access a sustainable supply of the medicines prescribers consider appropriate. Overall, a thumbs-down

message was given regarding donated medicines, because this leads to too inconsistent a supply of products. For long-term conditions this is no solution.

Looking to the future, NAWP and NOVA hope to work together to provide a more structured framework to make it easier to organise meetings such as this in Europe, and hope that such an approach will mean they can continue.

Christine Heading

NAWP Cardiff Branch celebrates 50 years September 2015.

An afternoon tea was held to celebrate the 50th anniversary of the Cardiff Branch of NAWP. The event was attended by 25 members including included Mair Davies, Director for Wales of the RPS, Cheryl Way, Chairman of Cardiff Branch of NAWP, Linda Stone past RPS president and former Cardiff branch member, Hazel Baker and Monica Rose past NAWP presidents and several past NAWP chairmen of the Cardiff branch.



Looking back over 50 years Reminiscences.

I understand that in 1965 following the customary NAWP sherry reception at the BP Conference when it was in Cardiff, Mrs Lloyd

and Mrs Rawlings were encouraged to start a branch of NAWP.

I cannot claim to be a founder-member of the Cardiff branch - 1965 was the year I graduated,

Celebrating Women in Pharmacy

and I didn't get involved in branch activities until after registration in 1966.

I seem to remember that NAWP had sent out a general invitation to their Christmas social event, probably at Mrs Kitty Lloyd's home in Bryngwyn Road, Cyncoed (where 'social' events were usually held). After that, I attended the monthly meetings at Marion Rawling's premises, 46 Cardiff Road, Llandaff – Marion's mother, Mrs Hughes, allowed us to use her sitting room above 'the shop'. This was our regular meeting place until Marion relocated her pharmacy to the nearby High Street.

Since then, the Cardiff branch has had several 'homes'- Norma Wilson's lounge behind the shop in St Isan Road, Llanishen, the Wellington Street Health Centre, when Margaret Pinches had the pharmacy there, the Soroptomists' meeting room in the basement of their HQ in Richmond Road, and at the homes of several members who were fortunate (?) to have the space to accommodate us.

Our topics for meetings were varied, we had talks from other professions- opticians, dentists, chiropodists, physiotherapists, and we often took the opportunity to invite members of staff from the School of Pharmacy to address our meetings- Ivor Harrison, Terry Turner, Paul Nicholls, and of course, Vernon Lloyd.

The average attendance at meetings at that time was usually more than 20.

In 1970 we held our first dinner at the Llandaff Hotel (now Churchill's) when Estelle Leigh, NAWP president and Council member was our guest. The dinner has become an annual event which we now combine with our AGM, and over the years we have patronised many different venues in the Cardiff area.

There have been several outside visits- those I remember are to the Revlon factory in Maesteg, Parke Davis in Pontypool and the National Botanic Gardens at Llanarthne. Also, NAWP have organised several Day Schools around the country covering varied topics ranging from 'Women in Public Life' to 'Aromatherapy'.

Then there are the Weekend Schools (now Conferences)—always a valuable learning experience, (yes, we always did our CPD), and we enjoyed meeting other NAWP members in many different locations. Of these, five have been hosted by the Cardiff branch, and in our centenary year we celebrated in a 'special' way at our conference in nearby Abergavenny, when we donned Victorian dress for the dinner. Another memorable weekend was in 1973 when we hosted women pharmacists from other parts of the EU, who told us about pharmacy in their countries.

Incidentally, it was at this weekend school that I first met Peggy, who came as a student representative—little did we realise that Peggy would go on to play such a major role in NAWP, both locally, and by becoming national president.

The Cardiff branch has seen several of our members elected to the national executive of NAWP, and five have held the office of President—Mrs Lloyd, Linda Stone, Peggy Baker, Hazel Baker, and our current president, Anita.

Marion Rawlings and Linda Stone both served on the Council of RPSGB, and later became President in 1989 and 1990 respectively.

Members always took an active part in Local Branch affairs, with many serving on the committee, being appointed chairman, secretary and other officers.

We celebrated our 30th anniversary with a dinner at the Manor Parc Hotel, our 40th with tea at New House Hotel, and our 50th today—where will we celebrate in 10 years' time??

I think our branch can be proud of its history, AND survival skills! Looking back through past newsletters, I note that there have been as many as nine different branches in other areas— are any of the others still meeting?

I'm sure that we extend a big 'thank you' to the officers and committee,

Joan Mawson

NAWP Annual General Meeting

2016

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

on

Friday 22 April 2016

at

The Royal Pharmaceutical Society
66-68 East Smithfield
London E1W 1AW

The afternoon will include a tour of the new RPS building and its facilities as well as light refreshments.

The Future of NAWP

A decline in membership, falling number of attendees at NAWP events and lack of volunteers to serve on the Executive Committee (EC) has been causing concern, as mentioned at the AGM last year. Since then the EC has had some preliminary discussions with RPS to explore some form of integration which would give us wider exposure and support yet at the same time preserve our heritage and ethos.

This will be a major topic for discussion at the forthcoming AGM as the EC would very much welcome your views, useful ideas and general input into this critical issue. Please do join us for this very important AGM.

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.

Celebrating Women in Pharmacy

Humanitarian Responses: The Role of the Pharmacist

A one-day conference to be held
on
Saturday March 19th 2016
at
Brighton and Sussex Medical School
University of Sussex campus, Falmer, Brighton

This conference is organised by the Royal Pharmaceutical Society, Humanitarian Aid and Response Network (HARN) and the Wellcome Trust Brighton and Sussex Centre for Global Health Research.

Registration fee: is £30 or £10 for students and includes lunch and refreshments.

For more information and to register for the conference go to

<https://www.bsms.ac.uk/about/Events/2016/03-19-Humanitarian-Responses-The-role-of-the-Pharmacist-Conference.aspx>

NAWP

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