

Women and pharmacy

Pharmacy works in many positive ways for women. It is an obvious career choice, since it offers flexibility, variety, security and the chance to come and go at different stages of a professional life. Although it is historically a male profession it has been more welcoming to women than other professions. Ambitious women can rise to the top: President or Secretary and Registrar of the Royal Pharmaceutical Society, or head of a school of pharmacy, for example, are not posts barred to women.

This welcoming reputation has clearly filtered down to schools because over 60 per cent of pharmacy undergraduates are women, a proportion that has remained steady for at least the past five years. However, the presence of so many women on the Register may not be altogether a good thing for the profession or even for women pharmacists — when the

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comments made in this week's **Broad spectrum** (p604) are considered.

Historically, the authors argue, the “feminisation” of a profession has led to a deterioration in working conditions, less favourable remuneration and a lowering of the status of those working in that profession. Women, although they make up the bulk of a profession, do not necessarily reach the highest point on the career ladder. In a traditional male environment, it is suggested, the posts carrying most responsibility tend to be taken by men and women tend to dominate in the lowest status, most

poorly paid jobs — although we can all think of exceptions.

Pharmacy is not the only health profession that is undergoing feminisation. Dame Carol Black, president of the Royal College of Physicians, warned in 2004 that the attractions of medicine to women would in time undermine the political strength of medicine and that remuneration and the status of doctors would gradually be eroded.

Whether or not such forces are at work in pharmacy is a moot point. The changes seen in working practices, such as the increasing development and use of clinical skills and the reduction in the numbers of independent pharmacy owners, are not necessarily a result of the feminisation of the profession, although, it could be argued, they might feasibly be a reflection of women's interests.

Pharmacy leaders and policy makers — both men and women — should certainly think about the future consequences of these changes to the profession, and consider what impact increasing numbers of women may have on workforce planning and career development.

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