

# Activities of members after 1918

In this article, **Pam Mason** describes the activities of the Association of Women Pharmacists from 1918, when it became known as the National Association of Women Pharmacists

In the aftermath of the 1914–18 war, women pharmacists began to gain key positions in the pharmacy. In 1918, for example, Margaret Buchanan became the first woman council member of the Pharmaceutical Society and, in 1923, after repeated lobbying from the National Association of Women Pharmacists, Agnes Borrowman became the first NAWP member of the Society's board of examiners. However, it was not until after the 1939–45 war, in 1947, that the Society had its first woman president — Jean Kennedy Irvine. Mary Burr, another prominent member of NAWP, was elected president of the Society in 1962, followed by Estelle Leigh in 1977.

In between the two wars, NAWP meetings in London were held monthly. The topics covered provide an interesting reminder of the times. In 1937, there were talks on practical applications of poisons regulations and pharmacopoeias, old and new. Occupational therapy and the use and abuse of a bottle of medicine formed the subject matter of two evenings in 1938. And, lest anyone believes that the pharmacist's focus on the patient is a recent idea, an NAWP lecture in 1939 was entitled "The patient". Social events, including an annual ball, a Halloween party, bring and buy sales and "American suppers" also formed part of the association's activities.

Practical care and concern for its members has always been a high priority for the association. In 1923, a loan scheme was established to "afford assistance to members of the association in cases of distress, illness or other emergency". In that same year, the NAWP joined the Women's Employment Federation, which was to prove of great value during the 1939–45 war in organising the useful employment of women pharmacists.

## The association during the 1939–45 war

The association remained active during the 1939–45 war. A meeting, scheduled for 7 September 1939, was cancelled because of the outbreak of hostilities but meetings soon resumed and continued throughout the war. Social activities were, however, curtailed. The association's employment bureau helped place women pharmacists and a list of members available in emergencies was sent to the Pharmaceutical Society. Further war-time activities included the establishment of a "war aid fund special effort". This raised £260, which was used to support another war aid fund set up by the Society. The association also sent parcels to prisoners of war.

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Before the war ended, the association was already looking to the future and preparing its members for a new era. This was reflected in the subject matter of its lectures. Post-war issues for women pharmacists were discussed in a talk as early as 1943, while developments in pharmacy in the light of the Beveridge report in 1942 (which led to the establishment of a system of social security and the NHS) and the nationalisation of pharmacy were covered in 1944.

In 1944, there was still only one woman (Jean Kennedy Irvine) on the Society's Council. However, the war, like the 1914–18 war, had created a manpower shortage, enabling many more women to find employment as pharmacists and women now represented more than 10 per cent of the Society's membership. Association membership had also grown steadily and the number of local branches had mushroomed. Women pharmacists were becoming a stronger voice within the profession and, with its concerns about employment issues ever at the forefront, the association sent a submission to the Royal Commission on equal pay (see Panel on p739).

Although the war changed women's attitude to work, making them less keen to stay at home, convention continued to place a heavy emphasis on their roles as wives and mothers. Not surprisingly, with its opportunities for flexible, part-time work, pharmacy became increasingly popular among women. It enabled women with families to continue in a profession while fulfilling domestic duties. Between the end of the 1939–45 war and the end of the 1950s, the proportion of women on the Register almost doubled. Interestingly, it has been suggested that the ease with which women were able to combine employment in a profession with domesticity — at a time when this was more difficult for women in other professions, such as accountancy and banking — reinforced rather undermined conventional perceptions of gender roles.

## The association recreated

Association activities continued in the immediate post-war period but, by 1953, the association seemed to many to have outlived its usefulness, to the extent that it was almost disbanded. However, Alice Greenwood from Blackpool, was convinced that there was still a real need for the association, and came to the rescue by chairing a reorganisation committee. The following year, Ms Greenwood became the association's new president and its original aims (see p733) were updated. They particularly focused on married women pharmacists — helping their return to work and keeping them up to date with advances in pharmacy.



Early design of the association's badge

It was at this time, too, that the association began to work more with other women's organisations, not only in matters relating to the interests of women, but also in raising public awareness of pharmacy and its service to the community. In the light of the increasing numbers of women pharmacists and their tendency to work part-time, another role the association took on was to assess the working patterns of married women pharmacists. This helped the Society in its plans to maintain the register of pharmacists at a level where an efficient pharmaceutical service could be maintained.

Pay continued to be an issue that the association grappled with. In 1963, the association was offered help by the British Federation of Business and Professional Women to take up the matter of equal pay for women pharmacists, but it was to be another five years before significant progress was made — it was 1968 before the Joint Industrial Council officially awarded women equal pay.

## Return-to-practice programme

The association's concern for helping married women return to practice remained an important objective in the 1960s and led to the organisation of its first "women in pharmacy weekend school", held in Manchester, in 1967. The future of women pharmacists was a key issue and suggestions were made for encouraging women to enter the forefront of public and professional life, for example, as Justices of the Peace and hospital managers.

Commenting on the weekend conference, Marion Rawlings (who was to become a president of the Society) noted her disappointment at the all too obvious willingness of women to accept the role of "second class citizens". She also recommended that representation be made to the government on the question of tax relief for professional married women to ensure proper domestic help.

Such was the success of the weekend school that, in 1971, a second was held, this time in Nottingham. This included updates in therapeutics, poisons legislation and practice. Again, it was enormously successful, and led to a series of biennial return-to-practice weekend schools. After 1979, the weekend school was held annually. The return-to-practice format gave the association access to considerable funding from the Department of Health and Social Security (DHSS) and regional health authorities to support the conferences. The weekend school held in Leicester in 1975 was the first to be recognised as a postgraduate education course by the DHSS, and members were allowed to claim their expenses.

In an attempt to determine the requirements of women pharmacists wanting to return to work, Christine Glover (a past president of the Society) initiated a return-to-practice survey in 1980. Its outcomes shaped the content of later weekend schools, with counter prescribing and updates on pharmacy law being included. It is noteworthy that these return-to-practice courses began some 15 years before the advent of the centres for pharmacy postgraduate education. In addition, although the remit of Centre for Pharmacy Postgraduate Education was eventually to include return-to-practice workshops, pharmacists did not always find it easy to attend week-long residential courses and the association weekends were a practical alternative. Other firsts for pharmacy achieved by the association include its career guide for women pharmacists, "Women in pharmacy", published in 1991, and its mentoring scheme, established in 1999.

### The NAWP today

NAWP members continue to meet nationally and regionally to discuss topics of professional interest and to keep up to date. However, the role of the association in providing opportunities for networking and friendship is one of the most valued benefits of membership, with one member describing the association as her "professional family".

The association's original aim (to promote action relating to employment of women pharmacists) remains important but, today, this is more about encouraging job shares, flexible hours, continuing professional development and career progression. Although flexible and part-time working arrangements do enable pharmacists to keep up to date (compared with stopping work entirely), those who undertake part-time work may sacrifice or call a halt to their careers. The association keeps these issues much in mind and organises courses on topics such as management skills and career promotion.

Despite all its good work in recent years, the association has begun to struggle with its identity, particularly in the context of the overall perception of women's groups. However, recent correspondence in *The Journal* calling into question the need for the association has been received positively by the

### How the NAWP helped me, by Ann Munday

I first became acquainted with the National Association of Women's Pharmacists 18 years ago. I had just started working as a locum pharmacist after a break to have a family. I was new to the area and had little contact with fellow pharmacists. I felt that I needed a short refresher course and because there was little in the way of formal continuing education for pharmacists at that time, I applied to NAWP to attend their weekend school in Edinburgh.

My first impressions were of a friendly group of dedicated women pharmacists, many of whom were in similar circumstances to me — trying to juggle a career with looking after a family. At a dinner on the Saturday night, I found myself discussing pharmacy and also my dinner companion's dyslexic son. I realised that my seven year-old daughter was experiencing exactly the same problems that this child had — she was subsequently diagnosed as dyslexic and received support for this.

From the weekend school I had, therefore, gained an insight into my daughter's problems and an update on legal affairs and pharmacy information, as well as making new friends and gaining more confidence to continue working as a locum. After that first conference, I attended many others. They

enabled me to visit parts of the country to which I had never been previously. The weekends were always relevant to the current and changing role of the pharmacist. At a conference in Cardiff, we were some of the first to learn about the new wound dressings that had been developed. And at another conference, we were taught to check inhaler techniques before this was generally advised.

Motivated by one particular weekend, I went on to take part in a local project investigating the problems experienced by the elderly with their medication. After another weekend I decided to enrol for a short course in clinical pharmacy at Keele University, which I recently passed. I feel that as a result, I am better equipped to meet the challenge of the roles being promoted in community pharmacy.

For some NAWP members, the association has been a stepping stone to higher achievements, several of our members having been president of The Pharmaceutical Society. For others, like myself, being a member of the NAWP has been a tremendous source of inspiration and friendship. Now there are many sources of continuing professional development, but for me, NAWP is the most enjoyable organisation with which to continue to learn.

association's executive committee, causing it to look hard at the future.

Although the association has a number of stated aims, it is ideals-based rather than aims based. Its chief purpose is to care about the professional lives and interests of women pharmacists. No other pharmacy organisation has quite that caring role. In a recent letter to *The Journal* (14 May, p583), Christine Heading (immediate past president of the association) pointed out that the association is most easily understood as a resource for the pharmacy profession, albeit one with a strong awareness of gender issues.

When the association was founded in 1905, it gave a voice to women in pharmacy. Although the need for this today could be considered less important than it was a hundred years ago, there are still many areas on which the association could focus. For example, Sue Symonds (a member of the executive committee of the association), thinks that now that there are only two women pharmacists on the Society's Council, the association could play an increasingly high profile role in safeguarding the interests of women pharmacists and, through consultation, could make important input into policy decisions. In addition, decision making in UK health care remains largely in the hands of men. And, although men are no more likely to be right or wrong than women, evidence suggests that decisions made by a male majority are associated with a lack of understanding of how women might be affected. Moreover, at the recent NAWP annual conference, a Dutch pharmacist could name the medicines most commonly prescribed to men and to women in the Netherlands. No such data are readily available in the UK. Dr Heading points

out that the association is in a strong position to get involved in such issues. The association could also look at employment issues, such as sex discrimination.

Through membership of other women's organisations such as the Women Returners Network, the Pennell Institute, the Association for Women in Science and Engineering and the Women's National Commission, the association acts as a voice of pharmacy for women in many public arenas. The association also maintains contact with women's pharmacy associations in other countries, such as Germany and Australia. Some of these groups are relatively new, with growing memberships. For example, the Pharmacy Guild of Australia (which represents pharmacist owners) formed a women and young pharmacists committee in 1997. This committee aims to help more women (and young pharmacists) to become pharmacist owners, to increase the representation of women pharmacists in leadership positions at both a national and state level, and to act as a mouthpiece for women's health and social issues related to pharmacy. These valuable aims are ones with which the NAWP identifies.

Since 2001, there have been more women than men on the Register. Today, the ability of women to manage a pharmacy is no longer questioned and pharmacists' pay and working conditions are not gender-dependent. The National Association of Women Pharmacists' contribution to this progress should not be forgotten.

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