How key moments in the Society’s history have shaped pharmacy’s future

At a major milestone in the Royal Pharmaceutical Society’s history, Briony Hudson, keeper of the museum collections, takes a look back at previous key moments in the organisation’s history to explore how its past continues to shape its own and the profession’s future.

“The Pharmaceutical Society is established because it is considered absolutely necessary to the profession and to the public, as well as to the prosperity of chemists and druggists, that pharmaceutical chemistry should receive that encouragement and assistance which its importance deserves.”

Jacob Bell, founder of the Pharmaceutical Society, writing for the introductory pharmaceutical meeting of 11 May 1841, may sound historical in tone to our 21st century ears, but his aspiration to establish an organisation that supported pharmacy professionals for their own benefit, to enhance the standing of the wider profession and to provide benefits for the general public still retains great relevance.

In the beginning
In 1841, a group of chemists and druggists convened a public meeting in London to discuss a proposed medical reform bill. Although this bill failed at its second reading, the trade felt vulnerable. It was unregulated and unrestricted. Anyone could operate under the title of chemist or druggist and they did not have to register themselves with any organisation. Jacob Bell, the son of a Quaker pharmacist John Bell, emerged as a spokesman for those concerned. The group agreed that the best foundation for a permanent independent association was membership based on a recognised qualification.

William Allen proposed the formation of the Pharmaceutical Society at a meeting on 15 April 1841 at the Crown and Anchor Tavern on the corner of Arundel Street and the Strand in London. John Bell seconded it. Allen went on to become the Society’s first president. A committee of 40 was appointed as the first Council to frame laws and regulations. It served until elections in May 1842, when a Council of 21 members was formed.

The Society’s founding aims were to unite the profession into one body, to protect its members’ interests and to advance scientific knowledge.

In September 1841, the Society took a yearly lease on a house at 17 Bloomsbury Square and established a school of pharmacy, library and museum, alongside a regular programme of scientific meetings as an opportunity for members to develop and share research interests. The Society moved to Lambeth in 1976, but the school of pharmacy remains in the area in Brunswick Square, as part of the University of London.

Regulation
The Society’s founders identified that regulation based on a common national educational standard was a key element to achieve recognition of pharmacy as a profession. The Pharmacy Act 1852 established the first statutory Register of Pharmaceutical Chemists. However, the Act did not restrict the practice of pharmacy to those who had passed the Society’s examinations and registered people, or provide a legal definition for the trade and practice of pharmacy.

The Pharmacy Act 1868 achieved the Society’s objective to set up a register of people qualified to sell, dispense and compound poisons, restricted to those who had passed the Society’s examinations and registered with the organisation. The Society was also given the power to prosecute them in cases relating to poisons.

More recent milestones include the reduction of membership categories in 2004 from five (full-time, part-time, overseas, not working due to ill-health and aged over 60 years) to two categories — practising and non-practising. The Society first operated a voluntary register for pharmacy technicians on 1 January 2005.

Education
After the 1868 Pharmacy Act, the Society’s examinations became the only route to qualify as a pharmacist. The Society had been unsuccessful in establishing provincial schools of pharmacy in its early days. However, the Act provided impetus for a slow growth in schools outside London, and private schools that were predominantly in London.

The Pharmacy Act 1908 brought about a significant change. It allowed the Society to make bye-laws to regulate courses of study and qualifying examinations. This resulted in the development of a compulsory syllabus, particularly focused on the needs of pharmacists dispensing under the new National Health Insurance scheme. The Society began to approve schools of pharmacy themselves after the 1914–18 war.

In 1924, the University of London’s bachelor of pharmacy degree was the first to be approved by the Society as equivalent to passing its examinations. After the 1939–45 war, private schools of pharmacy died out, and pharmacy was taught in polytechnics, colleges and universities. The University of London launched a three-year honours degree in 1946 and, in 1957, the pharmaceutical chemist qualification became a three-year diploma.

The 1953 Pharmacy Act introduced the pharmaceutical chemist’s diploma as the new single professional qualification for pharmacists. The category of “chemist and druggist” was abolished and the last examination for this qualification was held in 1954. From 1954 onwards, pharmacists had to complete a two-year period (known as an articled pupillage) before, or alternatively one year of practical preregistration training after, their three-year course of study. More recently, the four-year master of pharmacy degree course was introduced.

Women
The first women members were Isabella Clarke and Rose Minshull, already pharmaceutical chemists, who were elected in 1879. Although women were on the first compulsory register of 1869, it took a decade for them to achieve equal membership rights with men; this was, in fact, forward-looking compared with other health professions.

Margaret Buchanan became the first female member of Council in 1918 and in 1947 Jean Irvine was elected as the Society’s first woman.
The London and Provincial Supply Association in 1880. The decision made by the House of Lords allowed limited liability companies to carry on the business of a chemist and druggist even if none of the shares was owned by a pharmacist and the business was not managed by a pharmacist. All that was needed was for the sale of poisons to be under the control of a qualified person. This ruling opened the way for the establishment of pharmacy multiples, a feature that marks out the British profession from that in many other European countries.

Why is the Society not a trade union?
Many professions took part in negotiation after the 1914–18 war regarding wage rates and working conditions. Although one of the Society’s original aims was to “protect the trading interest of its members”, when it decided to take its right to set up an industrial council to negotiate terms of service for its members to the courts to be formally confirmed, the case was lost. The case is known as the Jenkins case, after Arthur Jenkins, the one non-retail pharmacist on the Society's original headquarters in London's Bloomsbury Square were occupied until 1976 Council who successfully took out an injunction to prevent the Society from getting involved.

This case established the fact that the Pharmaceutical Society does not have the power to regulate pharmacists’ pay, service conditions or to provide legal or insurance services. This is still true and relevant today — particularly because the Retail Pharmacists’ Union, now the National Pharmacy Association, was established to fill this role just two months after the Jenkins case in 1920.

The impact on the Society was that it refocused on regulation. It established the inspectorate, the Statutory Committee and the code of ethics, all underpinned by a new Pharmacy Act in 1933. This Act also made registering with the Society the same as becoming a member and effectively set up the Society with its full regulatory role.

An additional milestone occurred at the annual general meeting in 1965, when the Pharmaceutical Society held a motion that new pharmacies must be in physically distinct premises, and must confine their trading activity to “traditional” pharmacy areas. So many people disagreed with this proposal that the numbers attending the AGM made it impossible to go ahead. A new AGM was organised at the Royal Albert Hall. More than 2,000 pharmacists attended. Robert Dickson, the retail director of Boots, tried to stop the meeting going ahead by saying that the motion was outside the Society’s powers — he failed. The motion was passed. However a subsequent High Court case found against the Society and, as a result, it is unable to get involved in areas regarding restraint of trade and can only deal with professional interests.

A British remit
The Society was established as the Pharmaceutical Society of Great Britain from its foundation. However, achieving this national reach relied on enthusiasm at a local level, which was patchy at best. Initially, there were only eight regional branches and their main function was to provide lectures for students outside London. The Society formally established a network of regional branches in 1922.

The first British Pharmaceutical Conference was held in Newcastle in 1863. Its aim was to hold an annual meeting in different provincial cities to encourage members and non-members outside London to take a more active part in the Society, and to advance the science underpinning pharmacy.

The Society’s North British Branch was founded in 1841. From 1851, its main activity was to organise the Society’s examinations in Edinburgh. In 1884, the branch obtained premises at 36 York Place then, in 1886, the local committee became an executive body, conducting the affairs of the Society in Scotland. In 1948, it became the Society’s Scottish Department.

The Society’s Welsh Executive was founded in 1976. It replaced Rhanbarth Cymru, the committee of the Society’s Welsh region.

The three-country remit was most recently formalised in 2005, following a review that considered ways in which the Society’s functions, structures and ways of working should evolve to reflect devolution in Scotland and Wales. The Society’s Council decided to create the English Pharmacy Board, the Scottish Pharmacy Board and the Welsh Pharmacy Board, which will now form a key role in the governance of the new professional body.

The royal touch
Although the Society was granted a Royal Charter of Incorporation in February 1843, this did not result in the addition of the “Royal” prefix to its name. In 1937 George VI became the Society’s patron, and Elizabeth II remains the Society’s patron today. In the Pharmacy and Poisons Act 1933, the Privy Council became pharmacy’s central authority and three Privy Council nominees were to serve on the Society’s Council. However, it was not until 1988 that the title “Royal” was granted to the Society.

Conclusion
The decisions taken as the Society has developed have happened within their own contexts and in response to specific pressures and environments and there has been no smooth and inevitable evolution from 1841 to the present day. However, it is the similarities between the vision of Jacob Bell and the founding members and the current renewed emphasis on membership needs, leadership and advocacy, and the linkage between the strength of the profession and the benefit to the public that resonate most strongly through the Society’s 169-year history so far.

The Society has been publishing key pharmacy books for many years. Society staff were heavily involved in the committee that published the first British Pharmacopoeia in 1864, and all subsequent editions. The first edition of a book titled “The extra pharmacopoeia” was published in 1883. One of its co-editors was William Martindale, the Society took over its publication when its editor William Harrison Martindale, the original Martindale’s son, died in 1933. It is now known as ‘Martindale: the complete drug reference’. The British Pharmaceutical Codex was published regularly by the Society between 1907 and 1973.

The British National Formulary, a joint publication of the Society and the British Medical Association, has its origins in the health insurance formularies of the 1930s, and the national war formularies published during the 1939–45 war. The first British National Formulary was published in 1949. A new style BNF was first published in 1981, with the BNF for children, a more recent milestone, launched in 2005.

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