

# The evolution of community pharmacists in the UK

Legal cases have helped to shape community pharmacy from its roots in the one-time competitive roles of apothecary and chemist and druggist.

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52,500 in 2015

25,000 in 1950

Number of pharmacists registered in Great Britain  
Data are approximate

11,500 in 1869

1701
1815
1841 1842
1852
1864 1868

1800s
1860s
1900s
2000s

1963
1948
1933
1920
1913 1911 1908
1880


1966 1968
1983 1984
2003 2005 2006
2010 2012

**1701**

- The Rose Case led to apothecaries being able to prescribe as well as dispense medicines, provided they only charge for medicines and not medical services.

**1800s**

**Most people cannot afford to see doctors. Instead they visit chemists and druggists, who compound medicines and dispense prescriptions, or apothecaries, who are known as 'the people's doctors'.**



**1815**

- The Apothecaries Act paves the way for apothecaries to become general medical practitioners.
- Chemists and druggists come together to block a Bill that would have required a medical qualification to diagnose minor ailments or recommend medicines. Later that year, to take control of the profession's future, chemist and druggist William Allen proposes the formation of the Pharmaceutical Society of Great Britain, seconded by Jacob Bell (right).




**1841 1842**

- The first issue of *The Transactions of the Pharmaceutical Meetings*, later to become *The Pharmaceutical Journal*, is published.

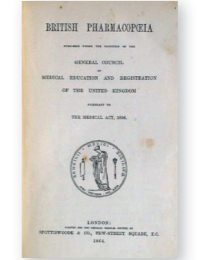
**1852**

- The Pharmacy Act establishes a register of "pharmaceutical chemists" who have passed the Pharmaceutical Society's examinations. But it doesn't stop others from dispensing medicines.




**1864 1868**

- The British Pharmacopoeia is first published, setting standards for the preparation of commonly used drugs, replacing the London, Edinburgh and Dublin pharmacopoeias.
- The Pharmacy and Poisons Act establishes a register of lesser qualified chemists and druggists, in addition to the register of pharmaceutical chemists. The titles chemist and druggist, and pharmacist, are restricted to those on the respective registers. Sale of poisons, including opium, is restricted to registered pharmacies.



**1880**

- The birth of multiple pharmacies is enabled by a legal case, which rules that companies as well as individuals can own a pharmacy business. Jesse Boot has 33 branches by 1893 and 126 branches by 1897.



**1900s**

**The NHS is established and pharmacists dedicate more time to dispensing prescriptions.**



**1908**

- The National Health Insurance Bill proposes that insured people should have free access to a doctor. The government recognises the need to remove any incentive for doctors to overprescribe medicines.



**1911 1913**

- The National Health Insurance Act states that people buying opiates should be known to the seller, and that an entry is made in the Poisons Register. The law also permits registered chemists and druggists to use the title 'pharmacist'.

**1920**


- The Pharmaceutical Society secures the right for pharmacists to dispense doctors' prescriptions for the almost 14 million insured people, except in rural areas.

**1933**

- The Retail Pharmacists Union (now the National Pharmacy Association) forms after the Jenkin case shows that the Society cannot act as a trade union and regulate hours, wages, prices or conditions of employment.


**1948**

- Labour health secretary Aneurin Bevan (below) establishes the National Health Service (NHS), with prescribed medicines free to all. Prescription numbers rise from 7 million per month in 1947 to 19 million in 1951; dispensing fees become a major source of income.




**1963**

- The withdrawal of thalidomide in 1961 because of birth defects prompts tighter controls on medicines and the Committee on Safety of Drugs (now the Commission on Human Medicines) is established. The committee sets up a system of reporting adverse drug reactions, now known as the "Yellow Card Scheme".



**1966 1968**

- The Dickson case rules that the Society (headquarters below) cannot regulate commercial aspects of pharmacy businesses, preventing the Society from implementing its strategy of raising the professional image of retail pharmacy within the NHS.




**1983 1984**

- The Medicines Act states that all medicines on the market must be reviewed, while any new products have to be approved and licensed before being allowed on to the market. It introduces the concept of pharmacy (P) medicines.
- Ibuprofen, loperamide and terfenadine become available in pharmacies without a prescription for certain conditions, the first of many switches from the prescription-only to pharmacy category.


**2000s**

- Regulations restricting the opening of new pharmacies are introduced, with new pharmacies having to prove that their NHS service is 'necessary or desirable'.



**2003 2005 2006**

- Pharmacists are permitted to prescribe in partnership with a doctor.
- A new community pharmacy contract based on services, rather than prescription numbers, is introduced in England and Wales, and later in Scotland.



**2010 2012**

- The Health and Social Care Act signals one of the biggest upheavals of the NHS in its history. A major restructure sees public health funding transferred to local authorities, which become new commissioners of many community pharmacy services.
- Pharmacists prescribing independently of a doctor is introduced.

IMAGES FROM ALAMY, WIKIMEDIA COMMONS, SCIENCE PHOTO LIBRARY, PHARMPRESS AND THE MUSEUM OF THE ROYAL PHARMACEUTICAL SOCIETY

Sources: Stuart Anderson (left), Making medicines: A brief history of pharmacy; London: Pharmaceutical Press, 2005; Stables, Chapman, Jesse Boot of Boots: The Chemists: a study in business history; London: Hodder & Stoughton Ltd, 1974; Royal Pharmaceutical Society, SWF Holloway, Royal Pharmaceutical Society of Great Britain 1941-1996: a political and social history; London: Pharmaceutical Press, 1991; The Proprietary Association of Great Britain. With special thanks to the Museum of the Royal Pharmaceutical Society, Editorial adviser: Stuart Anderson, Centre for History in Public Health, London School of Hygiene and Tropical Medicine.