Pharmaceutical Society of Northern Ireland

Annual Report & Accounts 2011 2012

www.psni.org.uk

Pharmaceutical Society of Northern Ireland

Contents

About Us

The Pharmaceutical Society of Northern Ireland is the regulatory and professional body for pharmacists in Northern Ireland, as determined by the primary legislation which established the organisation.

Our primary purpose is to ensure practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality safe care to patients.

It is the organisation's responsibility to protect and maintain public safety in pharmacy by:

- Setting and promoting standards for pharmacists' admission to the register and for remaining on the register;
- Maintaining a publicly accessible register of pharmacists, and pharmacy premises;
- Handling concerns about the Fitness to Practise of registrants, acting as a complaints portal and taking action to protect the public; and
- Ensuring high standards of education and training for pharmacists in Northern Ireland.

Headquartered in Belfast since 1925, the Pharmaceutical Society of Northern Ireland provides accessible services to the public, patients and pharmacy profession.

The Pharmaceutical Society's activities are funded by statutory fees paid by pharmacists to maintain their professional registration and premises owners to retain their premises registration.

In keeping with the Government White Paper 'Trust, Assurance and Safety' (2007) and the need to differentiate clearly between regulatory and leadership roles, the professional and leadership roles of the organisation have been delegated to the Pharmacy Forum through a formal Scheme of Delegation since December 2011.

Any enquiries regarding this document should be sent to

info@psni.org.uk

or you can telephone

028 9026 7933.

This document is available from our website at www.psni.org.uk

Governance - Current Council

The Council of the Pharmaceutical Society of Northern Ireland is the governing body of the organisation. It focuses on strategic and major policy issues and is currently elected by the membership.

In October 2012, the elective element will change as the Pharmaceutical Society of Northern Ireland embarks on a new era, when new legislation, in the form of the Pharmacy (NI) Order 1976 (Amendment) Order (NI) 2012 approved by the Assembly on 31st January 2012, comes into operation, bringing additional fitness to practise sanctions, statutory CPD and a new, selected, Council.

The new Council, appointed by a competency based selection process, will be made up of 50% lay and 50% registrant membership. The new appointees will take up their roles in October 2012.

Current Council (2011/12)

President	Mrs Roberta Tasker
Vice President	Ms Helena Buchanan
Honorary Treasurer and Chair of the Finance Committee	Ms Jacqui Dougan
Chair of the Education Committee	Dr Lisa Byers
Chair of the Legislation, Standards and Practice Committee	Mr Mark Nelson
Members of Council	Mr Raymond Anderson
	Dr Glenda Fleming
	Mr Paul Kelly
	Prof. James McElnay
	Dr Colin Fitzpatrick
	Prof. David Woolfson
	Prof. Gerry Linden
	Prof. Paul McCarron
	Mr John Hamill
	Ms Jayne Hughes – resigned 8/8/12
	Ms Ann Bowen – resigned 11/7/12
	Mr Declan Byrne – resigned 1/5/12

A message from the President

Roberta Tasker

As I succeeded Ms Ann Bowen as President of the Pharmaceutical Society of Northern Ireland, I anticipated this would be a year of preparation for the greatest period of change ever to face this organisation. What lay ahead was the passage into law of the various pieces of legislation in and around The Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012, of which, more later.

The earliest and most pleasurable duty of my tenure has been the presentation of Fellowship medals to two new Fellows of the Pharmaceutical Society of Northern Ireland, Mr. Raymond Anderson and Mr. Brendan Kerr.

This was swiftly followed by the signing of a Scheme of Delegation which documented the delegated powers and responsibilities from the Council of the Pharmaceutical Society of Northern Ireland to the Management Board of the Professional Forum (now known as the Pharmacy Forum).

Our new legislation, which is expected to take effect from October 1st 2012, will provide for significant change, of which the following are a few examples. Our Council shall consist of 7 registrants and 7 lay members, all of whom shall be appointed by the Department of Health, Social Services and Public Safety (DHSSPS).

What has for some time been a professional obligation to complete, Continuing Professional Development (CPD) will become a statutory requirement. In addition to a Statutory Committee, we shall also have a Scrutiny Committee. There will be a wider range of sanctions available to be applied, such as a warning, advice, suspension, and application of conditions.

For the better part of the year, the organisation has been working tirelessly to prepare for the enactment of the new legislation and the arrival of new Council. The Chief Executive and Registrar worked closely with the Department during the preparation of the legislation as we approached key milestones along the project timeline.

We have been able to take advantage of some slippage in the legislative timetable to allow some months of 'dry run' for a new Committee structure. The new Council will in due course determine whether this structure fits their needs.

Three committees report into Council, namely Resources (oversight of the effective deployment of resources in pursuit of statutory obligations); Audit and Risk (oversight of internal and external audits and to confirm that adequate strategies are in place for the

identification and management of risk); and Regulatory Compliance (oversight of the registration processes, for compliance and for advice and appeals).

Then, reporting into Regulatory Compliance, are the following committees: Education [functions include pre-registration, CPD and Revalidation, accreditation of the Schools of Pharmacy);

Standards and Guidance (including development and review of Standards and Guidance, advising on responses to official consultations); Registration (including review of statutory processes for registration and retention of new registrants, EEA registrants, non-EEA registrants); and Fitness to Practise (functions include progress of investigations, internal audits, oversight of administration of the CPD Fitness to Practise process).

Following advertising in lay and professional press, early June saw the appointment of the members of new Council. Then on June 28th and 29th, the Chief Executive and his team arranged the induction of the members of new Council and, for me, the reality and the excitement of the emergence of this new era began to dawn.

A further important aspect of the identity of the two elements of the Pharmaceutical Society of Northern Ireland was also addressed in recent months, that of corporate branding. Council and the Forum have independently considered options for the branding of their respective parts of the organisation, and arrived at conclusions. You will see the outcomes very shortly and I am sure you will agree they are professional and forward-looking.

I would like to take this opportunity to thank the outgoing Council for their contributions, hard work and commitment during the past year.

As I approach the end of my year-long tenure of presidency, I reflect upon a fast-paced number of months and hold great optimism for the future of the new Council going forward.

The year in review –

Report from the Chief Executive Trevor Patterson

> I never think of the future - it comes soon enough.
>
> ~Albert Einstein

We have been not only thinking of the future, we have been planning extensively for it between June 2011 and May 2012.

We think the future will arrive on the 1st October 2012 when the new legislation comes into operation bringing a new Council, Fitness to Practice Committees with additional sanctions and compulsory CPD.

All I can predict today is that on 1st October 2012, the future will not have arrived at all but we will be preparing for the next future, whether it be actions arising from the Law Commission project on healthcare regulation, the next steps towards revalidation or the need to improve in response to the report of the second Francis enquiry into the terrible events at Mid-Staffordshire Hospital.

The past year has seen much success for our organisation. Once again we have retained fees at 2009 levels despite inflationary pressures; we have concluded a Memorandum of Understanding (MOU) with the General Pharmaceutical Council (GPhC) which will help both organisations work more effectively; we have done extensive preparations for the new legislation, including the development of a Fitness to Practice Manual in preparation for the changes and have completed the development of an induction programme to prepare the new members of Council.

Having lay members on Council will bring many new skills to the body and ensure that the interest of the patient lies at the heart of what we do at the highest level.

December saw the conclusion of a Scheme of Delegation with the Professional Forum to transfer all leadership activity to them, providing a platform for professionals to share and express their views, influencing government and key stakeholders for the benefit of the profession and developing support services in areas like CPD, scholarships and information sharing. In the interim, we have also listened to concerns that the separate functions need distinct identities.

In response, we have commissioned branding experts to create brand identities for both regulation and leadership, this will be incorporated into a new look website to be launched alongside the new legislation on 1st October 2012.

The Forum has responded on your behalf to numerous consultations, carried out a detailed survey which will inform their future priorities and developed strategies for future work – all since December 2011.

> And in today already walks tomorrow.
>
> ~Samuel Taylor Coleridge

Our CHRE performance review was again very positive, endorsing the work that we do – we cannot be complacent though and need to work with our external partners to break down barriers to progress in investigations as well as ensuring that we are ready to operate our new procedures after October.

Just as we don't always get it right and are committed to learn from our mistakes incorporating that learning into our future practices, we will continue to publish learning points from fitness to practice cases for the benefit of pharmacists to help them prevent future errors and use the hard lessons gained in these situations to improve their practice.

The past year has seen much work on the production of standards, from operating internet pharmacies through to pre-registration standards and we will shortly be consulting on the new CPD framework and a disclosure policy, both relevant to the introduction of the legislation.

Issues around raising concerns by health professionals is likely to feature in the report from Francis later in the year and we have commenced a review of our existing guidance in anticipation of the outcome of the report.

More generally we will continue to invest to reduce operating costs, including the introduction of online retention processes, better use of our new website and associated intranet and developing partnerships that improve efficiency and effectiveness for both parties.

There are many ways that individuals can contribute to our work, whether by registering with our Public Forum to be included in circulation lists for information and our consultations, responding directly to our consultations or in the future applying to serve on one of our committees or Council.

Here's to the future, whenever it is.

Annual Report on Registration –

Brendan Kerr, Registrar

The Pharmaceutical Society has a duty to protect the public. One way we do this, is by maintaining a publicly accessible register of pharmacists and pharmacy premises in Northern Ireland.

All pharmacists who wish to practise in Northern Ireland must be on the register.

In order to join the register, pharmacists must meet certain requirements including attainment of an approved and accredited pharmacy qualification, maintenance of Continuing Professional Development and adherence to our Code of Ethics and Professional Standards.

Upon renewal of registration each year with the Pharmaceutical Society, registrants must complete declarations in relation to their standard of health, any criminal convictions and their compliance with the Code of Ethics.

The online Register of Pharmacists in Northern Ireland is an important patient safety tool, enabling members of the public and employers to identify professionals who are qualified and fit to practise. You can search the register by going to www.psni.org.uk

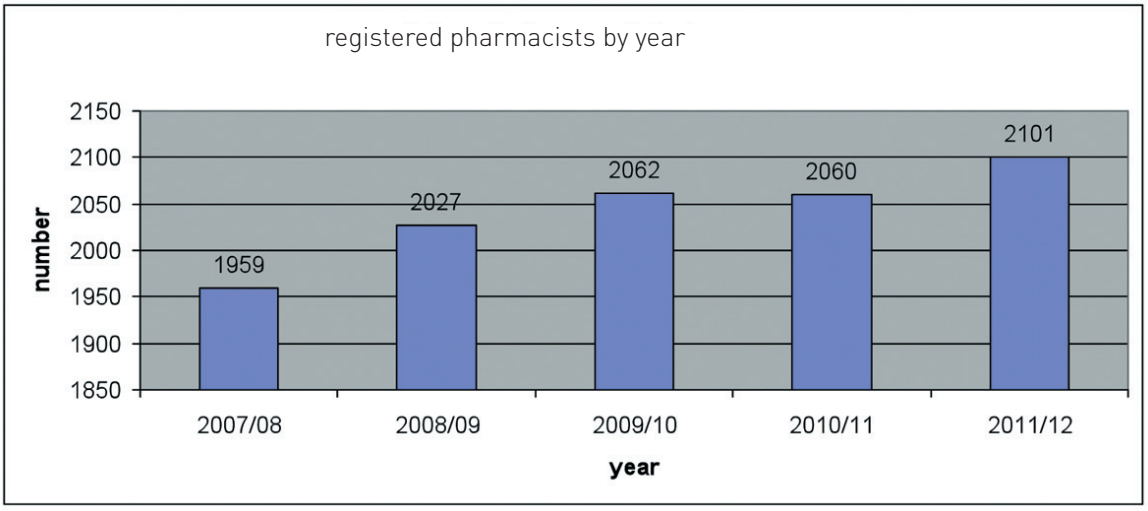
The Registration Year

key statistics

The process of registration and annual retention was operated subject to the Pharmacy (Northern Ireland) Order 1976, from 1st June 2011 and the registration year completed on 31st May 2012.

On 31st May 2012 there were 2101 pharmacists registered with the Pharmaceutical Society of Northern Ireland. The majority of registrations were annual retentions (1901) with 200 new registrants joining the register in 2011-12.

Total registered

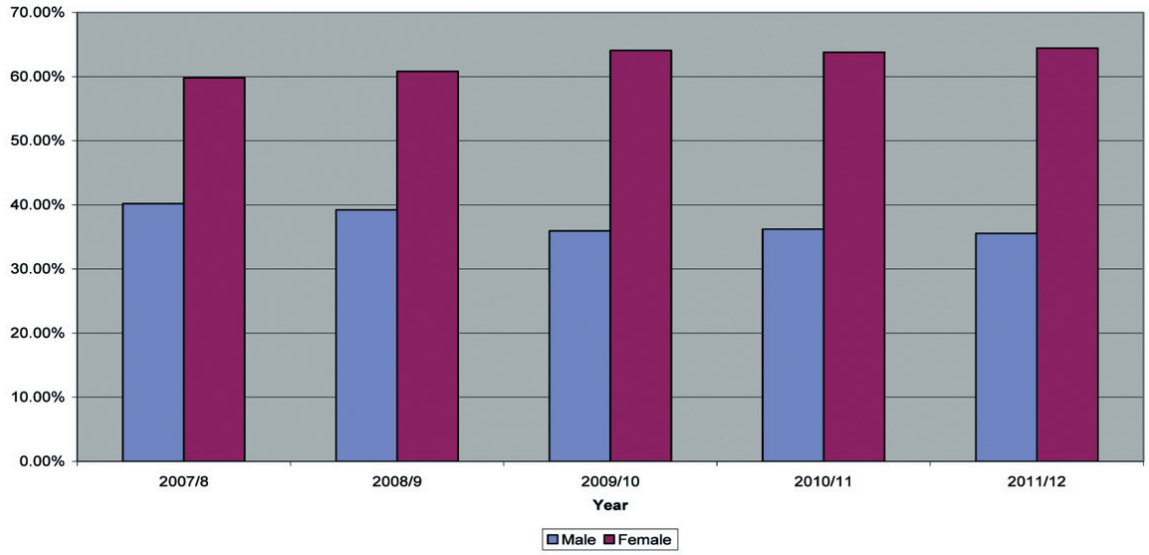


The graph illustrates the number of registered pharmacists registered with the Pharmaceutical Society of Northern Ireland over the last 5 years.

Gender profile of the register 2011/12

Gender	Number	Percentage
Male	747	35.6%
Female	1354	64.4%

A chart comparing gender profiles of the register for the last 5 years



The graph illustrates the gender composition of the Register over the last 5 registration years.

Age distribution in the register

	<25	26-35	36-45	46-55	56-65	66-70	<70	
2011/12	186	925	530	309	115	10	26	2101
2010/11	165	917	518	301	109	16	34	2060

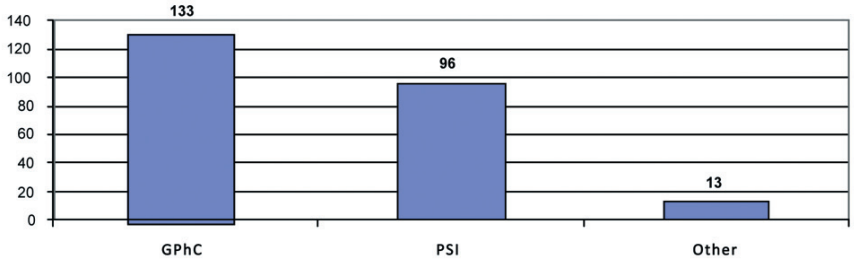
Annotations

There is currently one annotation on the register regarding specialisation by pharmacists. This is related to pharmacists who have undertaken additional training and assessment to become supplementary or independent prescribers. There are 150 pharmacist registrants who have completed additional educational and vocational training to become annotated as pharmacist prescribers.

Certificates of Current Professional Status issued to other competent authorities

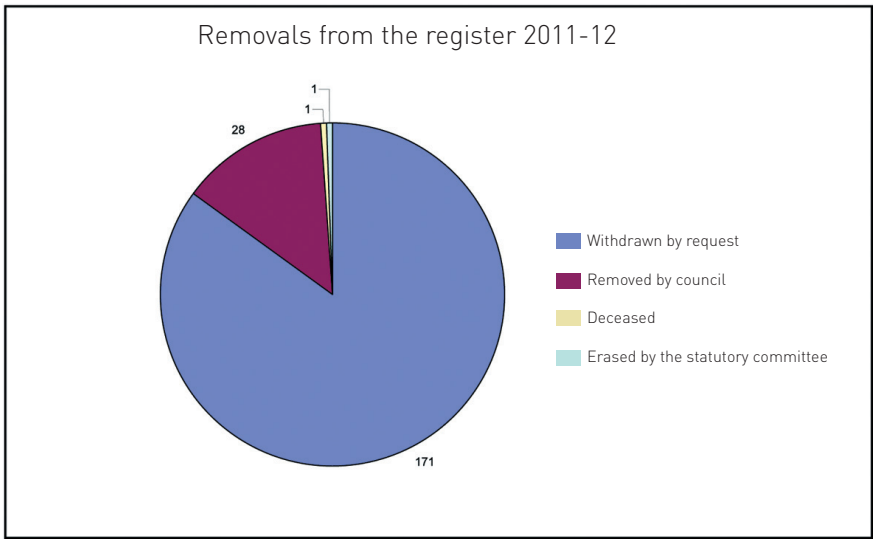
When a pharmacist registered in Northern Ireland applies to join another pharmacy regulator, the Pharmaceutical Society is required to issue a certificate of current professional status which confirms details of registration and status to the other authority.

This data can be used to measure the export of pharmacists from Northern Ireland and is an indicator of movement to another jurisdiction.



Competent Authority

Removed from the register (201)



Annual Fitness to Practise Report

One of the functions of the Pharmaceutical Society of Northern Ireland as a regulatory body is to protect, promote and maintain the health and safety of the public.

Where a person registered with the Pharmaceutical Society or lawfully conducting a retail pharmacy business, fails to comply with the standards and legal obligations imposed by statute, the Pharmaceutical Society of Northern Ireland is required to take action to enforce those standards.

A pharmacy professional's fitness to practise can be impaired for a number of reasons including misconduct, lack of competence, ill-health and through having been convicted of a criminal offence.

From October 2012, a greater range of statutory fitness to practise sanctions will be available and will include powers to issue formal warnings, suspensions or place conditions on the practise of pharmacists.

Complaints 1st June 2011 to 31st May 2012

In the registration year 2011-12 the Pharmaceutical Society of Northern Ireland processed 36 complaints regarding registered pharmacists.

Thirteen case files were carried over from previous years and twenty three new files opened during the year.

at 31 May 2012	older cases	2011-12 cases	Total
all	13	23	36
closed	10	14	24
still open	3	9	12

How do complaints come to us?

Below is a table which displays the primary sources of complaints and concerns in 2011/12.

Source of complaint	Open	Closed	All	%
Pharmaceutical Society	7	15	22	61%
DHSSPS	1	1	2	5.5%
Health and Social Care Board	0	3	3	8.3%
Registrar	2	1	3	8.3%
Self declaration	2	4	6	16.6%
TOTAL	12	24	36	

Cases closed in 2011/2012

Cases closed by	Number
Registrar	12
Scrutiny Committee	10
Statutory Committee	2
Total	24

Number of weeks until closed

Weeks open to closure	Numbers
<10	11
<20	4
<30	1
<40	1
<50	1
<100	1
<150	4
<220	1
TOTAL	24
LONGEST	214
AVERAGE	41
STD DEVIATION	56

Scrutiny Committee

The Registrar will close cases under established criteria where there has been no or minor harm or which relate to minor conduct issues. Where matters relate to recurrence, major or moderate harm, convictions or cautions, these cases are reviewed by a Scrutiny Committee.

The Scrutiny Committee is a non-statutory advisory Committee to the Registrar. It meets to review case files which have higher risk or involve cautions or convictions or determinations by another regulatory authority. The Scrutiny Committee also reviews cases that have been previously closed by the Registrar. The Committee met on eight occasions during the year and reviewed ten cases.

Current membership of the Scrutiny Committee

Chair and pharmacist member	Dr Denis Morrison
Lay member	Mr. Conor Heaney
Lay member	Mrs. Maureen Brennan
Pharmacist member	Mr. Brendan Anglin

Statutory Committee

Following an investigation and referral, any cases relating to a pharmacist's fitness to practise are heard by the regulator fitness to practise committee (statutory committee). If a pharmacy professional's fitness to practise is found to be impaired currently this independently appointed trained Committee can impose a single sanction: removal from the register.

Three cases were referred on to the Statutory Committee having satisfied the 'real prospect test', i.e. there was a likelihood that the fitness to practise inquiry could result in removal from the register. Three were investigated by the Statutory Committee in 2011-12.

Mr Kenneth Brian Martin	2013
Mr Michael Anthony McMullan	2572R
Mr Craig Eric Bennett	2888

Details of these cases are available at
www.psni.org.uk/professionals/fitness-to-practise-hearings/reportson-disciplinary-hearings.php

Membership of the Statutory Committee 2011/2012

Chair	Mr. Tim Ferris QC
Members	Dr Terry Maguire
	Ms Miriam Karp
	Mrs. Hilary Rea
	Mr. Roy Junkin
	Mr. Andrew Thomson

Cases that remain open at 31 May 2012

WEEKS OPEN AT 31 MAY 2012	NUMBER
<10	5
<20	2
<30	0
<40	1
<50	0
<100	4
<150	0
<220	0
TOTAL	12
LONGEST	90
AVERAGE	31
STD DEVIATION	32

On 31 May 2012, the close of reporting year 2011/12, twelve complaints or concerns relating to pharmacists remain open.

Learning points from fitness to practise investigations 2011-12

We are keen to share the learning from our investigations to improve understanding and enhance safe and effective practice. A number of key themes emerged from the 24 cases that were closed in 2011/12.

Nature of complaint or concern	No of cases
Advertising pharmacy services	2
Attitude of pharmacist	5
Conduct of pharmacist	4
Caution or conviction	3
Dispensing error	5
Excess medications supplied	2
Product defect	1
Registration of pharmacist	2
Total cases	24

1. Advertising of pharmacy services

Two cases investigated involved the advertising of pharmacy services. In a competitive environment where there are opportunities to promote patient services it is important that pharmacist owners and superintendents are cognisant of and adhere to the principles of the Code of Ethics [1] and subsidiary standards for advertising of services.

It is not appropriate to claim any invidious distinction or exploit the lack of knowledge of the patient when promoting pharmacy services within the UK and outside it.

2. Attitude of the pharmacist

Five cases investigated related to attitude of the pharmacist. The pharmacist is responsible for professional services to a patient; it is never appropriate for the pharmacist to appear to show a poor attitude to any patient. Where services are refused or withdrawn it is important to take the opportunity to communicate with the patient, the service user and to then ensure that the patient understands the rationale in any decisions made in regard to services provided. The Code of Ethics states the pharmacist should put the safety and welfare of the patient as their primary concern.

3. Conduct of the pharmacist

In these cases, the pharmacist has been investigated for the inappropriate supply of medicines either by selling excess 'over the counter' medicines or selling a prescription only medicine. Pharmacists are reminded of the standards and guidance on the sale and supply of medicines www.psni.org.uk/documents/313/Standards+on+Sale+and+Supply+of+Medicines.pdf and the statutory legal requirements for the sale and supply of medicines. The professional judgement of the pharmacist must always be to act in the best interests of a patient's safety, welfare and within the legal framework.

4. Convictions and cautions

Convictions and cautions obtained by registered pharmacists have been investigated by the Pharmaceutical Society including cautions for indecent behaviour and for driving under the influence of alcohol. The common theme in these cases being the intake of alcohol. Pharmacists are reminded of their professional responsibilities in regard to the intake of alcohol and social behaviour.

It is a professional requirement to declare any caution or conviction within seven days to the Pharmaceutical Society.

5. Dispensing errors

Five cases investigated involved dispensing errors to individual patients which each resulted in moderate or severe harm. The errors were all investigated and a 'root cause' analysis of the error obtained. Individually, the pharmacists all involved integrated the learning's from the investigation into their working practices and used this as an opportunity to improve the quality and safety of services provided by their pharmacies.

6. Excess dispensing

Two pharmacists were referred to the Statutory Committee for dispensing excessive amounts of addictive prescription only medicines to patients on prescription, which in each case were legally written up by the general practitioner. The pharmacist has a unique responsibility to clinically review all prescriptions for their appropriateness. Where the action to dispense is not in the patient's interest, the pharmacist should refuse to supply and justify the action by raising a concern in regard to the prescriber. It is not sufficient to verify that the prescription is legally written; it must always be clinically appropriate. The Pharmaceutical Society has produced guidance on raising concerns and will shortly review this further in light of fitness to practise investigations http://www.psni.org.uk/documents/314/Guidance+on+Raising+Concerns.pdf. Where a pharmacist has evidence of another healthcare professional acting inappropriately there is a professional obligation to raise a concern to the appropriate authorities.

7. Product complaint

A key learning for pharmacists, which this case highlighted, is that when a patient is concerned with product quality it is the role of the pharmacist to be an advocate for the patient in addressing this issue with the manufacturer or the MHRA.

8. Registration

The Pharmaceutical Society investigated two complaints where registration as a pharmacist was the issue. In one case, the person acted as a pharmacist whilst not being registered, having been removed for nonpayment of fees. The other issue related to services to nursing homes and ensuring that any health professional or patient is always aware of the status of a service provider. In all cases, employers and the public should check the primary source for live registration data on pharmacists in Northern Ireland http://www.psni.org.uk/search-the-register/search-for-pharmacist.php. This website is updated daily when there are any changes to the Register.

[1] http://www.psni.org.uk/documents/315/Standards+on+Advertising+Services.pdf

Relationships and networks

The Pharmaceutical Society of Northern Ireland has a unique information sharing and local intelligence network in place across the health service to ensure any evidence of poor pharmacy practice is acted upon.

The Pharmacy Network Group (PNG) is a formal group which exchanges information and evaluates risk in regard to pharmacy practise. Its membership encompasses the Pharmaceutical Society, the Medicines Regulatory Group of the Department of Health and Social Services and Public Safety and the pharmaceutical lead at the Health and Social Care Board.

Information is exchanged on significant complaints and updates given on the progress and completion of investigations. Where there is any identified risk, then agreement is reached by the three constituent bodies as to the most expedient way to process the investigative process whilst still ensuring each individual body meets its statutory obligations.

This group is currently chaired by the Pharmaceutical Society who also provide the administration support.

The group met on eight occasions in 2011-12.

The Pharmaceutical Society of Northern Ireland also maintains informal networks with the Health and Social Care Trust Pharmacy Managers, the Regulation and Quality Improvement Authority (RQIA) and the Medicines and Healthcare products Regulatory Agency (MHRA).

Fitness to practise determinations are shared with other healthcare regulators in the UK and neighbouring EEA states (Republic of Ireland). Findings of fact are reported on the public website

www.psni.org.uk/professionals/fitness-to-practise-hearings/fitness-to-practise.php

The Pharmaceutical Society of Northern Ireland is also a participant in the Local Intelligence Network operating under The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009 which came into operation on 1 October 2009.

The Pre-registration training year 2011-2012

To fulfil its aim of ensuring public safety and public confidence in pharmacy, the Pharmaceutical Society of Northern Ireland seeks to quality assure the pharmacy education of those applying to register. It does this in a number of ways:

It sets standards and ensures that pharmacists are suitably qualified when they apply for registration.

In conjunction with the General Pharmaceutical Council, the Pharmaceutical Society of Northern Ireland conducts accreditation assessments of Masters of Pharmacy Degree (MPharm) courses offered in Northern Ireland.

Following completion of the MPharm, trainees must then gain a year practical experience in a working pharmacy, under the supervision of a tutor, who must be a registered pharmacist.

The Pharmaceutical Society NI administers and oversees its own pre-registration training year for pharmacy graduates which is designed to help support the transition from student to registered pharmacist. It also sets and runs the final pre registration examination that candidates must pass to be eligible to apply to be registered.

Standards for Pre-registration Training

On 8 June 2012, we concluded a consultation on proposals to upgrade existing guidance for pre registration training to standards. Views were sought on training requirements for trainees; the requirements expected of employers, tutors and standards for the pre-registration examination.

We would like to thank all those who contributed to the consultation. The responses have helped inform the final document which is now available on our website, along with a summary of the consultation responses.

Pre-registration Tutors

Tutors are vital to the training and assessment of pre-registration trainees. As part of our quality assurance programme for pre-registration training, the views of trainees on how their tutor has performed are sought and evaluated. As a result, each tutor receives personalised feedback outlining their performance as a tutor with a comparison with feedback from the last 3 years. We aim to maintain a high quality network of tutors and so the report is constructive to tutors in the development of their tutor skills.

The feedback from 2011/12 tutors has not yet been completely received but will be used to review the training programme in conjunction with feedback from previous years. Previous feedback reflects an excellent level of tutor quality with the vast majority of trainees valuing the contribution their tutor has made to their training year.

In October 2011 a tutor information evening was held. This was a voluntary evening for tutors to attend to discuss aspects of tutor training and gain a refresher of the programme. It was a very productive evening with discussion and sharing of ideas relating to pre-registration. The feedback on the evening was all positive, with all attending stating it was worthwhile.

Tutor training course

In order to be approved as a pre-registration tutor, a pharmacist must attend a one day tutor training course followed by a half day refresher course every five years.

Almost one hundred pharmacists attended tutor training during April and May 2012. The courses generated lots of interaction and discussion and all that attended indicated that they found the course of benefit. Particular positive reference was the made to the pre-registration training moving to an online format and the opportunity to interact with fellow tutors.

Pre-registration Trainees

190 new trainees entered the pre-registration programme in 2011.

Induction events

Commencing the pre-registration year can be a daunting prospect. 5 induction events for pre-registration trainees were held throughout 2011. This was well received by the trainees and will continue in the foreseeable future. Feedback indicated that 100% of trainees felt that the induction event fulfilled their objectives.

The Pharmaceutical Society also offers Calculation Training for trainees and these events continue to prove useful and popular.

Pre-registration training developments

Online compulsory training was delivered to an exceptional standard by the Northern Ireland Centre for Pharmacy Learning and Development. In addition, courses on Law and Ethics, probity and live first aid were also compulsory and continue to prove to be very successful and well received by the trainees.

181 trainees who sat the Registration Examinations in June 2012 were successful.

The pre-registration programme continues to develop with the introduction of the pre-registration standards and the movement of the portfolio system to an online format. The Pharmaceutical Society's aim is to continue to develop its pre-registration programme and to have a fully online training format by the year beginning 2013-14.

Work with Education Providers

Accreditation of University Pharmacy Degrees

The Pharmaceutical Society of Northern Ireland works alongside counterparts in the General Pharmaceutical Council in reviewing the Master of Pharmacy programmes delivered by Universities in Northern Ireland.

In May 2012 two accreditation visits to Queen's University Belfast and the University of Ulster took place. The accreditation process involved consideration of the university curriculum and the means for delivery of the degree course.

Both universities were recommended to achieve their respected levels of accreditation. Queen's University was successfully reaccredited and the University of Ulster successfully completed part 6 of the accreditation process, and is on the way to achieving full accreditation.

Final approval was granted at the July 2012 meeting of the Council of the Pharmaceutical Society of Northern Ireland.

Lectures for undergraduate students

The Pharmaceutical Society continues to deliver a lecture to undergraduate 4th year students at Queen's University. A lecture is also delivered at the Ulster Chemist Association road show for 3rd year Pharmacy students. These are opportunities to explain the role of the regulator, the pre-registration training programme and emphasise the importance of Professional Standards at all time in their career.

The lecture series will be extended to the University of Ulster undergraduate 4th year students for the coming year.

Continuing Professional Development

CPD is a process that all registrants are engaged in throughout their professional career to ensure that they maintain their competence and fitness to practise as well as enhance their professional work.

CPD Review

Since August 2011 a CPD Review has been undertaken to review all aspects of the CPD process.

This Review has been overseen by a Reference Group which was established in August 2011 for the purpose, and this group has been instrumental in:

- steering developments and improvements to the CPD assessment process, and
- informing the development of a new CPD Framework.

The culmination of this group's work will be the launch of the consultation on the new CPD framework in September 2012.

Statistical Summary of the CPD Year 2010/11

Below is a statistical summary of the CPD assessment and reassessment process over the operational year from 1 June 2011 until 31 May 2012.

Overall

88.5% of CPD portfolios selected for sampling, in June 2011, and entered into the process of CPD assessment met the standards – marking an 8.5% improvement on the previous year (2009/10).

Registrants whose portfolios had not met standard after assessment were automatically entered into a process of reassessment. After reassessment [2] the overall pass rate achieved for the CPD year 2010/2011 was 95% - the same as in the previous year (2009/10).

Some of the contributing factors to this success were:

- the new CPD online manual, accessible to all registrants via the website of the Pharmaceutical Society of Northern Ireland
- registrants encouraged to seek facilitation support, particularly, if they had been entered into the reassessment process
- widespread attendance at the annual facilitation events, and
- the proposed introduction of statutory CPD and the consequences to registration of non-compliance.

CPD Portfolio Assessment 2010/11

Assessment of CPD portfolios selected on 1 June 2011 related to CPD records produced by pharmacists during the period 1 June 2010 until 31 May 2011.

- 199 portfolios were assessed
- 92% of portfolios were submitted online
- Results were issued to pharmacists in October 2011 in accordance with the Pharmaceutical Society of Northern Ireland's standard operating procedures
- Both tables 1(a) and 1(b) illustrate the results achieved, with 88.5% of portfolios assessed meeting the standard for CPD
- 11.5% of portfolios assessed had not met standard (23 portfolios in total), and the pharmacists in this category were requested to submit reassessment portfolios (by the end of December 2011).

[2] In reassessment the registrant is given a further opportunity to meet the CPD standards by submitting three new CPD cycles.

CPD portfolio assessment 2010-11

Table 1 (A)

	Number of Portfolios	
Portfolio outcome	10/11	% for 10/11
Option 1 (70-100%)	125	66
Option 2 (60-69%)	23	11.5
Option 3 (50-59%)	28	14
Option 4 (40-49%)	23	11.5
Total Assessed	199	100

After assessment portfolios awarded options 1, 2 or 3 had met standard, whilst portfolios awarded an option 4 had not met standard.

For ease of communication, these results were issued to registrants as either "met standard" or "not met standard" along with the percentage mark achieved.

Table 1 (b) CPD assessment 'met standard' and 'not met standard' totals 2010-11

Assessment (n=199 portfolios)		
Met standard	>40%	176
Not met standard	<40%	23
Total	199	

Assessment (n=199 portfolios)		
Met standard	>40%	176
Not met standard	<40%	23
Total		199

CPD Reassessment

Where a portfolio had not met standard (i.e. received an option 4 result) the registrant was notified and requested to submit a further three cycles as part of the reassessment process.

This process provided a further opportunity for registrants to record their CPD correctly. Registrants were actively encouraged to seek additional facilitation support from a trained facilitator.

Reassessment 2011-2012

Reassessment activity during 2011-2012 was related to the reassessment of portfolios associated with option 4s from the 2010/11 sample.

The assessment of portfolios in 2010/11 portfolios (called 01.06.2011) resulted in 23 portfolios which had not met standard. As previously stated, registrants achieving this outcome were automatically entered into the reassessment process.

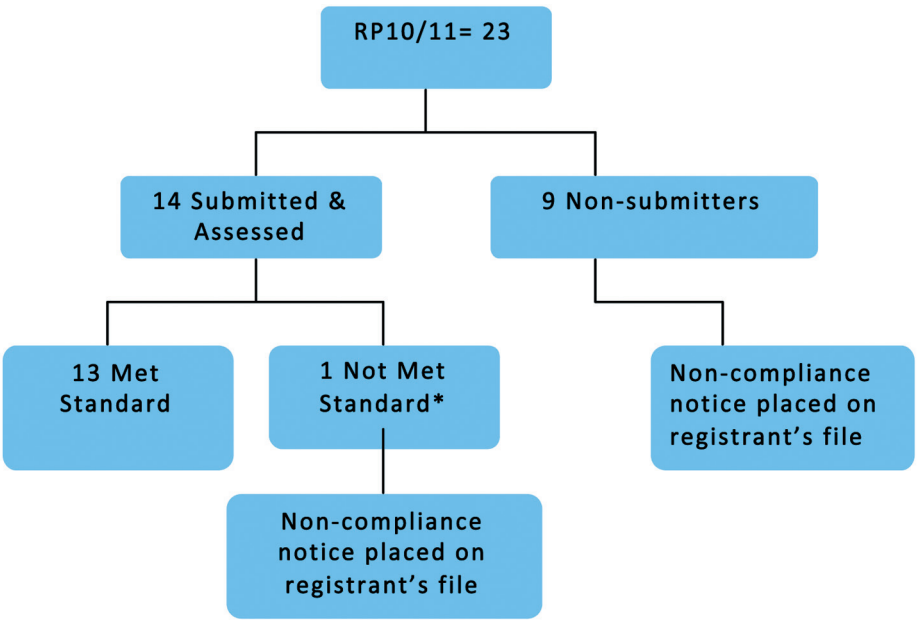
Reassessment process outcomes (2010/11)

Reassessment	
Number assessed	14
Number of non-submitters	9
Totals	23

Table 2 shows that 93% (n=14 portfolios) met standard and 7% (n=1 portfolio) had not met standard and, in the latter case, in the absence of relevant legislation, a non-compliance notice was placed on the registrant's file.

With the introduction of new CPD regulations, any registrant not meeting the required standard for CPD assessment would be issued with a 'notice of intention to remove' by the Registrar which may affect their registration status.

Figure 1 illustrates the outcomes of the reassessment process,



*Not met standard – please note that in the absence of relevant legislation, a "non-compliance notice" is placed on a registrant's file.

After completing the processes of assessment and reassessment, a total of 95% of registrants assessed demonstrated that they complied with the CPD standards for assessment of the Pharmaceutical Society of Northern Ireland.

Looking ahead

Since January 2005, Continuing Professional Development (CPD) has been a professional requirement of registration with the Pharmaceutical Society of Northern Ireland. With the enactment of new legislation, from June 2013 CPD will become a statutory legal requirement of registration.

The Pharmaceutical Society of Northern Ireland has produced a new CPD framework and standards for consultation, to support registrants in how they should approach their professional development. In September 2012 we will be consulting on the new CPD framework and standards in order to garner views on a number of key areas. The standards for CPD outlined in the framework are designed to ensure that all registered pharmacists are clear about the minimum requirements they must adhere to when undertaking CPD activity.

A message from The Pharmacy Forum Chair

Anne McAlister

To say that 2012 has been a challenging and exciting year for pharmacy in Northern Ireland is an understatement. Judicial reviews, forthcoming changes to pharmacy regulation, proposals to expand the role of community pharmacy to deliver more patient services, are issues that continue to dominate the pharmacy agenda in Northern Ireland.

It has been a busy, but very exciting year for the Pharmacy Forum. April 2011 marked the first year of Pharmacy Forum Board activity and at the beginning of December 2011 it came out of shadow form with a formal scheme of delegation in place, transferring professional leadership function from the Council of the Pharmaceutical Society to the Pharmacy Forum. This formative period has seen the organisation develop and work towards establishing itself as the voice for all pharmacists in Northern Ireland.

I would like to take this opportunity to thank all the those members who got involved in the key pieces of research we have conducted this year on issues affecting pharmacists including

- Survey of Community Pharmacists in Northern Ireland resulting in the launch of the report 'Community Pharmacy a Profession under Pressure' to MLAs and key stakeholders at Stormont early in July.
- Survey into the Evaluation of the Impact of Responsible pharmacist regulations. A joint project with the Royal Pharmaceutical Society which produced a robust piece of research which will help inform future decisions on supervision.

I am encouraged to see the way in which pharmacists have endorsed the Pharmacy Forum as their professional body, evidenced by the significant response rates from members.

Pharmacy practice across the UK continues to change with progress towards provision of further patient focused clinical services. A key role for the Pharmacy Forum is to ensure the profession is keeping pace and is fit for future in Northern Ireland with patient safety at the centre of any changes.

In June 2011, the Minister for Health, Social Services and Public Safety, Edwin Poots MLA, announced a review of Health and Social Care services in Northern Ireland. In addition to making a written submission the Forum met with John Compton, who led the review. In December 2011, 'Transforming your Care' was published, setting out 99 recommendations to improve the delivery of healthcare, with an emphasis on shifting provision from secondary to primary care.

'Transforming your Care' presents some genuine key opportunities for pharmacy. As well as an expanded role for community

pharmacy in health promotion, the report calls for a greater role in medicines management, delivery of care at home and a reduction in hospital waiting times for non urgent operations.

There is a will and the skills are there for pharmacists to deliver the proposals outlined in the report. The changes, however can only be implemented if there is a stabilisation of the remuneration for current services and community pharmacy is given a clear direction and future.

Significant changes are also underway that will change how pharmacists across Northern Ireland are regulated. The Pharmacy (NI) Order 1976 (Amendment) Order (NI) 2012 was approved by the Northern Ireland Assembly on 31 January 2012 and its supporting regulations will come into operation in October 2012.

The Pharmacy Forum views this as an essential step towards modernising pharmacy regulation in Northern Ireland and the greater range of powers should enable more proportionate approaches to be taken in the management of fitness to practise case outcomes than simply removal from the register.

A significant change for pharmacists, as a result of the new legislation, will be that Continuing Professional Development (CPD) will become a statutory requirement for continued registration with the Pharmaceutical Society. Whilst the Regulator will be responsible for assessment, the Pharmacy Forum will take on the role of CPD facilitation and going forward we will engage with the profession throughout the process.

Finally I would like to thank the Forum Board members for their hard work and commitment during the past year.

Work has progressed on the operational structure to move on from the transition period and having conducted a skills audit and competency assessment we have co-opted the final members of the Board to progress the business priorities in the year ahead.

I am delighted that we have delivered in practice on the model we set out to achieve, namely a Board that has strength in the diversity of areas of practice represented and a mandate to speak on behalf of the whole profession.

Pharmacy Forum activity report

It has been a busy and productive year for the Pharmacy Forum. For this still relatively new professional body, we have achieved alot in 2011/12.

In December 2011 the Pharmacy Forum came out of shadow form with a formal Scheme of Delegation in place, transferring professional leadership function from the Council of the Pharmaceutical Society to the Pharmacy Forum.

In 2012, a rebranding exercise got underway to ensure that the separate functions- regulatory and professional leadership- have distinct identities. The new branding will be launched in conjunction with the design and launch of a new website.

The Pharmacy Forum leads, promotes and supports the development of the profession, promotes best practice and represents all sections of pharmacy practice including community and hospital.

Who we are

As well as elected members, the Pharmacy Forum has now secured representatives from other pharmacy organisations.

Board Members	Representative Members	Co-opt Members
Mrs Anne McAlister (Chair)	Miss Niamh McGarry (Guild of Healthcare Pharmacists)	Dr Colin Adair
Mr John Hamill (Vice Chair)	Mr Peter Wright (Ulster Chemists Association)	Mrs Naomi Robinson
Mr John Clark	Mr Tim Corrie (Community Pharmacy NI)	Mrs Francis Ann Archibald
Mr Raymond Anderson		
Dr Kate McClelland		
Ms Johanne Barry		
Dr Martin Kerr		

The voice of the profession

In 2011/2012 our work to promote professionalism has included:

Responsible Pharmacist Regulations

In June 2011 the Forum and the Royal Pharmaceutical Society conducted joint research which involved a survey of pharmacists and technicians in all 4 UK countries, to evaluate the impact of the Responsible Pharmacist Regulations in the UK, nearly two years after their initial introduction (October 2009). An open space event was also held on 9 November 2011.

In 2012/13 we will continue to actively work with other pharmacy organisations and professional bodies in various workstreams to take forward the 8 recommendations that have emerged from the research, in particular focusing on a just culture for pharmacists; development of a quality management framework and informing the forthcoming consultation on supervision.

Community pharmacy- 'a profession under pressure'

In our first year of existence, the Pharmacy Forum has firmly focused on representing the views of our members and ensuring that we support pharmacists. A key priority has therefore been to ascertain the needs of the profession.

To this end, and in response to concerns brought to the Pharmacy Forum's attention, in March this year, we conducted a snapshot poll surveying all community pharmacists in Northern Ireland. We were very encouraged that over 20% of the target audience responded.

In the survey, community pharmacists told us that that they are keen to use their skills to deliver new and modern services to improve patient care. However, the current working environment is one of increasing stress levels, decreasing job satisfaction and this is negatively impacting on the health and well being of community pharmacists. Cash flow concerns and a dwindling employment market have created a deep sense of uncertainty and anxiety with regards to the future of community pharmacy in Northern Ireland.

Transforming Your Care

In December 2011, 'Transforming Your Care' was published, setting out 99 recommendations to improve the delivery of healthcare, with an emphasis on shifting provision from secondary to primary care. In advance of the publication, the Pharmacy Forum met with John Compton who led the review and also made a written submission. We made a series of recommendations including improving pharmacist access to patient medical records and investment in IT.

The Pharmacy Forum believes that 'Transforming Your Care' presents some genuine key opportunities for pharmacy. As well as an expanded role for community pharmacy in health promotion, the report calls for a greater role in medicines management, delivery of care at home and a reduction in hospital waiting times for non urgent operations.

Advocating the case for pharmacy

Throughout 2011-2012 the Pharmacy Forum has advocated the case for pharmacy from a professional perspective on a number of issues.

Consultation	Main points of response
DHSSPS Policy Framework for Long Term Conditions	Highlighted the need to recognise the role of pharmacists in treating patients with long term conditions and the value of improving pharmacist access to medical records.
Department of the Environment Consultation on proposals for a charge on single use carrier bags	Community pharmacy should be exempt from the charge as it is different to other retailers in relation to patient confidentiality.
Consolidation of the Medicines Act	Supported the removal of statutory warnings from 'over the counter' products other than paracetamol. Welcomed the proposal that a health professional can only supply or administer medicines under patient group directions. Supported the requirement for pharmacists to attempt to contact the prescriber before making certain changes to prescriptions has been removed.
gramme for Government 2011-2015	Suggested the PfG reflect the recommendations outlined in Review of Health and Social Care relating to expanding the role of pharmacy and the management of long term conditions.
Transposition of Pharmacovigilance Directive 2010/84/EU	In July 2012, new pharmacovigilance legislation came into effect across the EU. A major component of the Directive is related to reporting, recording and managing suspected Adverse Reactions to medicines.
Draft Pharmacy Regulations	Welcomed this as an essential step towards modernising pharmacy regulation in Northern Ireland. Called for consultation on the disclosure of information that will be recorded on the public register and consideration to given to a non-practising register.

Consultation	Main points of response
GPhC draft standards for registered pharmacies	Although the standards issued by the GPhC will not apply to Northern Ireland, the Forum works closely with other pharmacy bodies across the UK on a number of key issues and was therefore pleased to submit a response. Sought clarity about where responsibility lies for meeting the standards between the owner and superintendent; also questioned how responsibility for meeting the standards will fit with the role of the Responsible Pharmacist.
Law Commission: Regulation of Health and Social Care Professionals	The Forum engaged with the Law Commission, the main point being, that change should allow for the continuance of the Pharmaceutical Society with current responsibilities and structure to remain with the Northern Ireland Assembly.
Pharmaceutical Society Consultation on Standards for Pre-registration Training	The Forum viewed the requirement that reference sources permitted in the open book examination must be unmarked, as too stringent. We sought clarification around the issue of what is deemed a 'conflict of interest' particularly in relation to the definition of a 'relative' and 'relationship'.
Pharmaceutical Society Consultation on Standards for Internet Pharmacy Services in Northern Ireland	Supported the introduction of a pharmacy internet logo to help identify legitimate, registered pharmacies providing internet services in Northern Ireland. Sought clarity around the responsibilities of the pharmacy owner and/or superintendent pharmacist particularly in relation to third party provision.
Department of the Environment Consultation on the draft single use carrier bags charge regulations (Northern Ireland) 2012	Welcomed the recognition that carrier bags used for the packaging of medicinal products and other NHS products, should be exempt from the charge, as in Wales, primarily on the grounds of patient confidentiality. This was highlighted in our original response. Further called for the exemption to be extended to include all medicinal products sold from registered pharmacy premises, including those supplied on the general sales list (GSL).

Looking Ahead

A significant change for pharmacists, as a result of the new legislation, will be that Continuing Professional Development (CPD) will become a statutory requirement for continued registration with the Pharmaceutical Society.

Whilst the Regulator will be responsible for assessment, the Pharmacy Forum will take on the role of CPD facilitation and going forward, we will engage with the profession throughout the process.

Pharmacy is changing. New challenges are emerging as well as new opportunities. We have set ourselves an ambitious agenda for 2013 and we strongly encourage your input and involvement to ensure we are representing your interests to policy makers.

The Pharmacy Forum will be seeking pharmacists to participate to help create a clear vision of where the profession should be heading.

If you would like further information and would like to be involved, please contact Julie Greenfield, Pharmacy Forum Manager
Julie.greenfield@psni.org.uk

Pharmacist Advice and Support Service

The Pharmacists Advice and Support Service (PASS) exists to assist all pharmacists, former pharmacists and their dependents in whatever way best meets their needs in difficult times. Originally set up in 1935, for a long time the service offered grants to those in financial hardship.

Today, PASS offers a variety of different services to those who find themselves confronted by difficult circumstances, for whatever reason. This can range from face to face and telephone counselling, to short term financial assistance and signposting to key service providers. The PASS service also offers pre-retirement courses for those thinking about their retirement plan.

Over the past year usage has remained steady, with issues such as conflict at work, coping with critical illness and resulting financial pressure and assistance with care coming to the fore. The more recently introduced 'Positive people company' (PPC) telephone and internet counselling service remains a valuable source of information and support with issues such as balancing work and family, debt management, anxiety and relationships, being accessed most frequently.

If you have any comments or suggestions about the future development of the service, please telephone:
(028) 90326927 or email:
chrisanne.english@psni.org.uk

PASS Committee

The past six months have been an exciting time of transition as responsibility for the service has transferred over to the Pharmacy Forum. This means that from April 2012 we welcomed a newly appointed Chair and committee.

Since then, focus has been on ensuring that support continues for those already benefitting from the service and appropriate governance and assessment mechanisms are in place. The new committee is highly enthusiastic about the future strategic development of the service, as well as ensuring the effective and sustainable use of its resources. Plans for the year ahead include:

- Creating a stronger web presence for PASS with detailed information about available services
- Creating a more user friendly system by incorporating an electronic application and donation/ gift aid facility into the new website
- Regular communication and FAQs on the website and in quarterly Pharmacy Forum newsletters
- Collaboration with external service providers to identify areas of potential specialist support

Engagement with Europe

Raymond Anderson has been Northern Ireland's representative to the PGEU for the past two years.

The Pharmaceutical Group of the European Union (PGEU) is an international non-profit association representing community pharmacists in 31 European countries including EU Member States, EU candidate countries and EEA/EFTA countries.

The Pharmaceutical Society of Northern Ireland is part of the UK grouping.

There have been a number of developments over the past year of relevance to future pharmacy practise in Northern Ireland.

PGEU Annual Symposium

The PGEU Annual Symposium, this year was dedicated to the theme: 'Community Pharmacy: Minimising Risks, Maximising Benefits to Patients' and learned that pharmacy led patient follow up could reduce hospitalisations by two thirds, especially for patients with multiple diseases, with preventable medication related admissions cost savings worth €94 million per year.

The PGEU meeting also outlined plans to finalise a 'Blueprint' for European community pharmacy, stressing the opportunities for community pharmacists to increase their contribution to health systems and help make them more efficient. The symposium highlighted that the issues we face in Northern Ireland are not unique to us and we therefore need to work and think creatively, seeking to bring added value to the services we offer.

Recognition of Professional Qualifications

Building on the Green paper issued in June 2011, and following months of discussion and consultation, on 19 December 2011, the European Commission adopted a legislative proposal for modernising the Recognition of Professional Qualifications Directive.

The draft Directive introduces: an alert mechanism that requires regulatory bodies across Europe to warn each other if for example a pharmacist has been struck off or suspended from the register and the right for regulatory bodies to check the language skills of healthcare professionals post recognition. The proposal also seeks to introduce a voluntary European professional card, which is an electronic certificate regulatory authorities could exchange securely over the internet. PGEU has concerns about how this will work and would like to see further safeguards.

These proposals will now pass through the usual EU legislative procedure throughout 2012. PGEU will continue to engage throughout this process to ensure the agreed Directive takes account of the particular nature of the pharmacists.

In Europe over 400,000 community pharmacists provide services throughout a network of more than 160,000 pharmacies to an estimated 46 million European citizens daily.

Directive on Pharmacovigilance

The new Directive on Pharmacovigilance adopted in December 2010, contains important new provisions making the reporting of adverse drug reactions by both pharmacists and patients easier. The data gathered from such reports will be used to monitor risks posed by medicines once they have been approved and become available to pharmacists.

The new proposals also include an automatic urgent procedure when safety alerts are issued, and tighter obligations on companies to inform the regulatory authorities when a drug is withdrawn from the market. There will also be a longer list of medicines that are subject to additional monitoring. These will have to carry a 'black symbol', and the list will systematically include all drugs subject to some kind of post-authorisation safety study (PASS) or other conditions.

PGEU welcome the Directive as a significant step in creating a basis for effective collaboration between pharmacists and patients in the area of medication safety. While the new pharmacovigilance legislation became applicable in July 2012, some of its new features will be subject to a phased implementation over the coming years. PGEU will continue to monitor the implementation of the new Directive at the Community and national level.

Cross border healthcare directive

On February 2011, a European Directive was adopted to improve information and access to cross-border care in the Union. This law included a provision with a significant impact for pharmacists: the recognition of cross border prescriptions. It will be mandatory for pharmacists to recognise prescriptions coming from other EU countries. Pharmacists will need to record prescriptions for reimbursement purposes, keep records or register the dispensing of medicines under special provision. The system of recognition needs to be adopted by December 2012.

Falsified Medicines Directive

The battle to stop falsified medicines entering the supply chain is ongoing as counterfeiting of medicines is on the rise. While most counterfeit medicines are acquired through illegal internet sources, the risk of a fake medicine entering the legal supply chain is a real one.

To help tackle the problem and eliminate this risk, in July 2011, the European Commission, in July 2011, published the 'Falsified Medicines Directive' which, depending on how it is implemented, could have considerable implications for pharmacists.

The key measure of the Directive is the creation of a technical framework for the authentification of medicines in the supply of medicines in the supply chain. A 'unique identifier' probably an individual serial number would be on the packaging of medicines considered to be at risk of falsification.

In 2012, PGEU will continue to work with key stakeholders and the European Commission to further develop perhaps the most far reaching patient safety measure ever adopted at European level. The first of the changes introduced by the Falsified Medicines Directive will need to be in force in UK legislation from 2 January 2013

Public Affairs and Communication report

Over the last year the Public Affairs team said a fond farewell to Policy Advisor, Richard Price after 4 years of working for the organisation and warmly welcomed Gráinne Magee coming to us from the BMA.

The challenges over the last year were highlighted in last year's Annual Report and concerned three distinct areas:

- Support and preparation for the proposed new legislation
- Creation of separate brand identities for both aspects of the organisation
- Increasing separation of profiles and the activities

Preparations for the new legislation

Over the period under consideration the organisation engaged at various levels with policy makers and legislators to help smooth the passage of the new legislation. This was carried out in a number of ways including direct lobbying of the Health Committee, one to one lobbying with Health Committee members and engaging at a broader level with the political parties.

The organisation was represented at each of the key political party annual conferences and it was encouraging to note the level of interest and awareness that many MLAs and other politicians had in the activities of the organisation.

The Public Affairs team also provided briefing papers to the various politicians on the consultation by the Law Commission into the future of healthcare regulation within the UK and by a clear division of resources, the team assisted and produced responses on behalf of both the Regulatory side of the organisation and the Pharmacy Forum to this key consultation document.

It continues to be pleasing that key media stakeholders as well as patient and public groups continue to see this organisation as the natural source of information and comment on issues relating to pharmacy regulation and leadership and increasingly the subtleties of the separation of functions within the organisation are being understood and appreciated.

Creation of separate brand identities

To enhance the clarity around the new Council and the activities of the Pharmacy Forum, the Council approved project funding to develop and launch new brands for both the Regulatory side of the organisation and the Pharmacy Forum. This project in conjunction with the design and launch of a new website will hopefully underline the changes that are occurring in the Pharmaceutical Society. Both these projects are now well advanced and should come to fruition in October as the new Council takes over.

Separate identities and activities

As in previous years, the communications and public affairs team, along with other members of staff, have sought to engage with all our relevant stakeholders. This year has seen the development of a strategy to communicate, particularly with registrants, in ways that make the separation of function clear. Therefore through newsletters, email communications, consultations and surveys we have sought to promote the separation of roles as well as engage with registrants.

In relation to Pharmacy Forum engagement, the survey, resulting in the 'Community Pharmacy, a Profession under pressure' Report, was an enormous success, with over 20% of the target audience responding.

In relation to broader engagement, the organisation continues to engage with registrants and the public on issues surrounding standards development, government policy, and legislative change. The organisation participates at a national level in various cross regulator groups and at a regional level, staff continue to engage and influence public policy as it impacts healthcare regulation and matters affecting the pharmacy profession.

Looking forward, we have another busy and challenging year ahead. We are keen to build on the good work we have done this year to improve our communications and engagement with registrants, patients and the public and will continue to evaluate our communication so that it is meaningful and useful to them.

Statement of Financial Activities

for the year ended 31 May 2012

Foreword to the Annual Accounts
By Jacqui Dougan, Honorary Treasurer

The Council of the Pharmaceutical Society of Northern Ireland presents its annual audited statements for the year ended 31 May 2012

The organisation's financial performance is summarised below:

Year	2012 (£)	2011 (£)
Income	1,033, 886	927,416
Expenditure	925, 285	870,966
Surplus for the Year	108,601	56,450

Efficiencies

This is the third consecutive year that retention and registration fees were not subject to an increase, taking into account that inflation this year was around 3% and in each of the previous two years, in the range of 3 – 5%, this represents a real cut in fees. At a time of low interest rates we have also been able to show an increase in the return on investments through effective management of our treasury portfolio; this income is used to off-set running costs and keeps fee levels in check.

With the introduction of online pre-registration portfolios and a plan in place to introduce online retention next year we expect to further reduce operating costs in coming years.

After carrying out an assessment of the costs we incur in relation to premises retention, we have negotiated with the Department a two year staged increase in the Department's contribution to those costs, the first part of which was received in this reporting year.

Income

Income has increased by £108k; the key factors are the removal of the reduced overseas membership fee which resulted in a smaller number of registrants paying a higher level of fee. We are showing a significant increase in Licences due to the payment of the first phase of a two year staged increase in the Department's contributions to our costs.

Registration fees received reflect a rise in the number of pre-registration students and miscellaneous costs take into account income from the UU accreditation visits, against which there are matching costs, and an increase in letters of good standing.

Expenditure

Expenditure has increased by £56k reflected in a number of key areas. The salaries increase is due to a number of factors, full year salary versus part year salary in 10/11 for new posts, maternity leave with associated temporary cover, and partial inflationary increases. As anticipated, within the budget the Statutory Committee expenses have increased due to a rise in the number of meetings and cases.

The increase in house expenses is mainly due to the installation of a heating system and new flooring in the back hall which is used significantly more now for both internal and external events. The revalidation project costs are showing no cost in 11/12 versus £39k in 10/11 whilst further discussions take place around the next steps for revalidation with the DHSSPS.

Contingent Liabilities

The Statutory Committee was established to investigate allegations of misconduct by registrants. There are presently a number of cases ongoing.

Registrants have the right to appeal a decision of the Statutory Committee to the High Court. The High Court has the power to award costs against the party who loses the appeal. The Pharmaceutical Society of Northern Ireland would be the respondent in the event of an appeal against a decision of the Statutory Committee for the purposes of costs. It is not however possible to quantify costs.

Investments

Once again it has been a very eventful year in terms of the stock market, with high levels of volatility evident as the market faced extraordinary uncertainty. Over the year as a whole the FTSE All-share index fell by 11.34%, reaching its low point in August 2011 when the magnitude of the Eurozone problems really became apparent.

Further overseas considerations have been the slowing rate of growth in China (now the world's second largest economy) and the approaching US Presidential elections this autumn. In a reversal of the previous year, investors favoured defensive stocks over cyclicals, with strong performances from the likes of food producers, utilities and pharmaceuticals. The extractive industries (oil and mining) saw a reversal of fortunes compared with the previous year and banks continue to see a deterioration in their share prices as more negative news is revealed.

Most recently we have seen both Barclays and HSBC in the limelight for all the wrong reasons.

The gilt market continues to defy gravity, with 10 year gilts yields now at historically low levels and the performance of index-linked stocks has also been very strong as the flight to safety continues.

In the three portfolios we continued with the theme of safety, adding new issues in Places for People bonds in all three funds. We also sold the Treasury stock 4% 2016 which was standing at well over par and bought a similar dated stock (2017) which was below par. We also took profits on Tate & Lyle and bought Tesco for the Benevolent fund. Performances compared well with the market, although they all finished slightly lower, varying from -2.88% to -3.55%. The comparable APCIMS balanced index finished the year down by 4.78%, which is a measure of similar fund managers' performance. The current year looks to be equally fraught with uncertainty hence the continued positioning towards defensive stocks.

Cathy Dixon
Cunningham Coates

Looking to the future (2012 / 2013)

We are continuing to invest in technology to reduce costs and improve efficiency. With our new range of sanctions we are expecting, and have budgeted for, further increases in costs in fitness to practise processes, funded from within the existing income streams. Having an appointed and remunerated Council will lead to an increase in governance costs which has also been provided for in current budgets.

Whilst our efficiencies have allowed us to maintain fees for the last three years we will need to continue to work very effectively to contain costs and hence maintain fee levels, hopefully in a less inflationary economy.

Next year will see the completion of a number of projects which were instigated to deliver the one-off pieces of work to prepare us for the changes arising out of the legislative reform or as investment to create future savings.

Surpluses accrued over recent years (2011/12 £108K and 2010/2011 £56K) have been added to reserves and will be used to fund these one-off activities without the need to seek fee increases. Examples of the project work include;

- The recruitment, training and induction of new fitness to practise panels;
- The development of a fitness to practise manual with associated threshold criteria, indicative sanctions and a bank of undertakings;
- The creation of new branding to differentiate regulatory and leadership activity and an associated new and more user friendly website;
- The development of a CPD framework and associated recruitment and training of assessors, in preparation for compulsory CPD and;
- Investment in IT to allow the Introduction of online retention, significantly reducing the cost of the retention process.

The financial challenges for every business are currently significant and we are playing our part in minimising the burden on businesses and individuals through effective management of resources and continuous improvement in all of our activities.

We look forward to reporting again next year, our first year within which the new legislation will be in force.

Annual Acounts

The Pharmaceutical Society Of Northern Ireland

Income And Expenditure Account For The Year Ended 31 May 2012

	2012 £	2011 £
INCOME		
Retention Fees	703,452	690,537
Licences	87,747	43,726
Registration Fees	120,265	99,238
Tutors Course & Calculations Fees	17,642	17,266
Interest	21,172	20,059
Miscellaneous	29,685	11,351
Examinations	40,469	37,786
Dividends	10,856	6,915
Gain on sale of investments	-	538
Gain on disposal of assets	2,598	-
	1,033,886	927,416
EXPENDITURE		
Rent, Rates and Insurance	4,386	3,927
Salaries and National Insurance	549,050	501,531
Committee Attendance Fees	5,009	3,861
Pensions to Former Staff	12,613	12,365
Staff Pension Scheme Contributions	17,402	15,957
Office Expenses	46,220	46,771
Events, Travel & Subsistence	38,734	32,753
Professional Fees	26,634	19,065
Statutory Committee Expenses	53,594	39,218
Prize night, Certificates etc	1,108	3,194
Subscriptions	4,167	5,201
Dinners	4,505	2,832
House Expenses	88,395	75,075
Depreciation less Grant Release	18,329	22,721
Recruitment Costs	3,322	7,418
Modernisation & Communication Project Expenses	2,880	1,344
CPD Process	27,315	28,028
Pre-registration administration	3,450	4,308
Accreditation process	6,662	5,431
Revalidation project	(1,875)	39,966
Branding and website	8,690	-
Loss on disposal of investments	4,695	-
	925,285	870,966
SURPLUS OF INCOME OVER EXPENDITURE	108,601	56,450

During the year ended 31 May 2012 the Society was advised that they could retain 75% of the 2011 Premises Fees income – this represented an increase of 25% and is included in the 2012 Licences figure.

The Pharmaceutical Society Of Northern Ireland

Balance Sheet As At 31 May 2012

	Notes	2012 £	2011 £
EMPLOYMENT OF FUNDS			
FIXED ASSETS			
Tangible Assets	2	86,926	107,027
Investments	3	269,451	256,780
		356,377	363,807
CURRENT ASSETS			
Debtors		166,463	113,149
Deposit Accounts		716,055	612,644
Current Account		217,251	188,344
Cash on Hand		145	300
Cunningham Coates - Deposit Account		44,680	47,755
		1,144,594	962,192
CURRENT LIABILITIES			
Creditors	4	424,553	351,292
NET CURRENT ASSETS		720,041	610,900
		1,076,418	974,707

Pharmacists Advice And Support Services Formerly Northern Ireland Chemists Benevolent Fund

Income And Expenditure Account
For The Year Ended 31 May 2012

	31.5.2012 £	31.5.2011 £
INCOME		
Dividends Received	16,544	12,905
President's Appeal	3,201	8,595
Gain on Sale of Investments	-	-
Bank Interest	184	234
	19,929	21,734
EXPENDITURE		
Grants	8,275	6,580
Management Charge	3,777	3,588
Bank Charges	3	-
Salary costs	9,661	18,715
Recruitment costs	-	-
Legal and professional fees	-	50
Help line	4,680	5,405
	26,396	34,338
SURPLUS/(DEFICIT)OF INCOME OVER EXPENDITURE	(6,467)	(12,604)
Unrealised loss on investments	-	-
TOTAL RECOGNISED DEFICIT OF INCOME OVER EXPENDITURE	(6,467)	(12,604)

BALANCE SHEET AS AT 31 MAY 2012

	31.5.2012 £	31.5.2011 £
CAPITAL EMPLOYED		
ASSETS		
INVESTMENTS	459,998	448,849
CURRENT ASSETS		
Cash at Bank	3,985	11,396
Cash on Deposit	41,938	34,325
Sundry Debtors	16,421	14,088
	62,344	59,809
LIABILITIES		
CURRENT LIABILITIES	69,376	55,036
	452,966	453,622

The Pharmaceutical Society Of Northern Ireland

Appendix I
C W Young Scholarship Fund

Balance Sheet As At 31 May 2012

		Related Income	
		2012	2011
	£	£	£
Investments	121,361	4,070	3,446
Gain on sale of shares	-	1,025	3,046
Ulster Bank Ltd. - Current Account	950	-	-
Cunningham Coates - Deposit Account	13,588	80	61
Cunningham Coates – Income Account	-	-	-
Creditors	(8,380)	-	-
	127,519	5,175	6,553

INCOME ACCOUNT	2012	2011
	£	£
At Beginning of Year	122,383	116,972
Income for Year	5,175	6,553
Research Grants made in Year	(4,380)	-
Management Charge	(1,200)	(1,142)
Bank Charges	-	-
At End of Year	121,978	122,383
Unrealised loss on investments	-	-
CAPITAL ACCOUNT	5,541	5,541
	127,519	127,924

1. MARKET VALUE

The market value of investments, excluding bank deposits, as at 31 May 2012 was £125,931; (31 May 2011: £128,085).

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Appendix II

The Ronnie Mcmullan Trust Fund

Balance Sheet As At 31 May 2012

		Related Income	
	£	2012 £	2011 £
Ulster Bank Ltd. - Current Account	1,300	-	-
Ulster Bank Ltd - Deposit Account	16,627	13	13
	17,926	13	13

INCOME ACCOUNT	2012 £	2011 £
At Beginning of Year	17,913	17,900
Income for Year	13	13
Bank Charges	-	-
At End of Year	17,926	17,913
CAPITAL ACCOUNT	-	-
	17,926	17,913