



Annual Report and Accounts 2016-17

For the year ended 31 May 2017

Pharmaceutical Society of Northern Ireland

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1. President's foreword

Dr Jim Livingstone

2016/17 has been a good year for the Pharmaceutical Society NI. We are very pleased to have achieved all the Professional Standards Authority's Standards of Good Regulation in the PSA's 2015/16 performance review, published in April 2017. The Professional Standards Authority's annual performance review and Standards of Good Regulation are used to assess our performance and that of the eight other regulators of healthcare professionals across the UK. This result demonstrates that we are continually improving in what we do and it should provide assurance to the public that we are meeting our core objective of helping to protect the public by ensuring pharmacists provide safe, high quality services in Northern Ireland.

Whilst we are pleased with the result, we are not complacent. For example, over the last year, we have carried out a legislative compliance review, designed to ensure we are fully compliant with our legislation and to identify areas where legislative reform is needed. We were disappointed to discover a historical legislative anomaly in relation to the making of a specific Regulation for the annotation of Independent Prescribers on the Register. We acted immediately to amend the legislation but, unfortunately, we have been unable to fully correct the situation due to the lack of a functioning Devolved Government and Assembly in Northern Ireland.

I would like to apologise to the hardworking pharmacists upon whom this issue may have impacted and assure them that, as the Regulatory body, we have done everything within our power to remedy the existing situation. The public can also be assured that no risk to patient safety is associated with this anomaly as all designated prescribers have met the necessary requirements in the draft Regulations which await formal approval.

This year also saw the end of the Corporate Strategy 2014-2016 'A New-Era'. The primary objective of this document was to embed within the organisation the changes made to our primary legislation in 2012, which considerably enhanced our ability to function as a modern regulator, and the contents of this report will demonstrate that it successfully achieved that objective. This will be the last year that the Annual Report refers to performance against 'A New Era'. However, we now look to the future and outline our new Corporate Strategy for the period 2017- 2022.

In leading the Council's review of our old Corporate Strategy and developing a new strategic plan - and in carrying out our legislative compliance project - it was clearly apparent to me and my colleagues on the Council that, whilst the legislative reforms in 2012 were a much needed positive step in the right direction, more still needs to be done to improve and modernise our legislative base.

One of our core goals is to secure policy agreement with the Department of Health to make legislative and non-legislative changes required to modernise pharmacy regulation. Being governed by legislation which dates back to 1976 does generate issues for us and our ability to deliver upon our core functions and responsibilities. As we seek to add to or amend our Regulations, it is increasingly clear that the

underlying primary legislation is insufficiently flexible to allow us all the space we would like to improve performance.

I am pleased with the positive engagement we have had with the Department of Health on this issue and I am hopeful that, working together, we can deliver the required improvements going forward.

In developing our new Corporate Strategy, we have been cognisant of a number of key developments in the health and social care system and healthcare regulation in both Northern Ireland and across the UK.

In Northern Ireland, as elsewhere in the UK, there are changing needs and pressures facing health and social care services. An ageing population and constrained budgets require that new innovative approaches to service delivery be developed. The Bengoa Report and the previous Executive's ten year vision "Health and Wellbeing 2026 – Delivering Together" have outlined structural and policy reforms which include proposals that the pharmacy profession will play an increasingly important role in any changes to service delivery, such as proposals to have more pharmacists providing collaborative support for GP surgeries.

On a UK wide basis, there are ongoing discussions about the future structure and objectives of healthcare regulation in general. Additionally, there are live proposals in relation to pharmacy regulation to devolve many powers currently reserved to Ministers to the regulatory bodies.

Modern health and social care regulators must be focused on ensuring the public is adequately protected, whilst providing the ability for professional and service development through innovation. A changing health and social care service, and pharmacy profession in particular, requires a regulator that is flexible, agile and focused on continuous improvement.

We must promote high standards among the pharmacy profession as well as taking action to protect the public if and when things go wrong. Preventing things from going wrong requires us to focus on education, standards and encouraging the profession to be focused on its continuous improvement. Ensuring that wrong-doing is detected and appropriate actions are taken to protect the public is a vital role for a modern regulator but it must become increasingly balanced with regulatory steps which can drive prevention.

Taking these factors into consideration, the Council identified clarity of purpose, agility, independence and accountability as key priorities going forward. We also recognise that working closely with our counterparts across the UK and partner organisations across Ireland is vital.

We are also very aware of the uncertainty that Brexit has created and the potential impact it will have on a number of aspects of our work and legislation. Looking forward to 2017/18, we will continue to keep a watching brief on the Brexit negotiations and inform the Governments in London and Belfast of the potential implications upon professional Regulation in Northern Ireland, which will be in the unique position in the United Kingdom of having a land border with the EU.

2016/17 saw the tenure of four Council members end. I wish to thank all of them for their hard work and commitment to the Pharmaceutical Society NI and public

protection in general and wish them well in their future endeavours. Six new Council members were also appointed on 1 October 2016¹. This series of appointments, alongside the re-appointment of two Council members, are welcome additions to Council. The enthusiasm and different perspectives our new Council members have brought has already had a positive impact upon our work.

This report further outlines our work and achievements in 2016/17. By virtue of our legislation, the Pharmaceutical Society NI also holds responsibility for ensuring the delivery of professional leadership. Council recognises that it has no mandate to perform this function itself and, through a robust scheme of delegation, it has delegated all leadership functions to the Pharmacy Forum. The Pharmacy Forum's Annual Report is appended to this report.

Finally, I want to record my thanks and that of Council to the Chief Executive and all his staff for their unstinting dedication and hard work in supporting the Council and delivering on a diverse range of objectives and services over the last year.

A handwritten signature in black ink, appearing to read 'Jim Livingstone', written in a cursive style.

Dr Jim Livingstone, President

¹ Full details of new appointments to Council can be found on page 34 of the Annual Report.

2. Chief Executive's foreword

Mr Trevor Patterson

2016/17 has been another busy and successful year in terms of operational performance. This year has seen us introduce a new Registration Appeals Process, complete a restructure of the management of Fitness to Practise procedures within the organisation, and we carried out considerable development work as a consequence of the development of Council's new Corporate Strategy 2017-2022 - including a series of detailed implementation plans to match the Council's 28 stand-alone goals.

We are also extremely pleased to have passed all the Professional Standards Authority's Standards of Good Regulation in the 2015/16 performance review which was completed in April 2017. This is a reflection of the robust nature of our practices and our commitment to continual improvement in our efforts to protect the public and patients. We are not, however, complacent and will continue to seek improvements to what we do and the way we do it in an ever changing landscape with increasing complexity and resource demands.

The political backdrop in both London and Belfast has had an impact on our operational activity in 2016/17. The work of the Rebalancing Pharmacy Medicines Legislation and Regulation Programme Board has been a potential major external drive to much of our work in recent years. However, as we have noted in the report, whilst the Board has completed public consultation on dispensing error proposals for pharmacy professions in primary care and has done much work on similar proposals for secondary care, the work has been considerably delayed by external factors.

Similarly, the more general review of regulation in healthcare throughout the UK, which seeks to improve effectiveness whilst increasing autonomy and containing costs, has seen limited progress in the past year. There is little clarity, following the recent UK general election, on the direction of travel for this important work which we would anticipate would improve our current legislation. We will, however, continue to work with the Department of Health in Belfast to seek reform and improvement.

Brexit negotiations and preparations are understandably occupying the minds of London Departments and we have begun to focus our attentions upon its potential implications for regulation. Initially, we have been working locally and across the UK with our colleagues to ensure that, whatever the outcome, public safety is maintained.

In addition, we have progressed an update to our Memorandum of Understanding between the Pharmaceutical Society NI and the Pharmaceutical Society of Ireland; ensuring good working relations will be of particular importance as we head towards Brexit, with Northern Ireland becoming the only jurisdiction in the UK with a land border with the EU. Similarly, we have completed and agreed a review of our MOU with the GPhC to ensure a consistency of approach across Northern Ireland and Great Britain whilst ensuring we meet local needs.

We continue to work to introduce a specific regulation to permit the annotation of Independent Prescribers on our Register. The Executive Team worked with the Council and the Department of Health NI publically consulting on draft Regulations between November and January of 2016. Whilst Council approved the draft Regulations in January 2017, we have until recently been unable to complete the approval process to bring the specific Regulation into effect in the absence of the Northern Ireland Assembly and Executive. At the time of writing, we are anticipating approval during September 2017.

Our programme of cost savings continues and I am pleased to note savings identified in the body of this report, across a number of heads but, in particular, around IT utilisation. We are mindful that Government and registrants legitimately want to minimise the financial burden associated with regulation and it is pleasing that since 2009, a period of eight years, we have only had one modest increase in fees despite the not insignificant inflation in that period, estimated to be compounded at over 23%. Our year end result evidences the work that has been put into financial management and we have reserves that will allow us to deliver our improvement programme over coming years.

Looking forward, Council's new Corporate Strategy 2017-2022 provides exciting and challenging strategic objectives for the Executive team. The document does, however, provide a clear map for the way forward and, through the development of detailed implementation plans by the Executive Team, the Council and Executive now have a clear vision and joint understanding as to what success will look like for us over the next 5 years.

Having achieved all 24 of the PSA Standards of Good Regulation in 2016, we intend to maintain our performance whilst continuing to improve on efficiency and deliver value for money. I look forward to working with all our stakeholders in the coming year.

A handwritten signature in black ink, appearing to read 'Trevor Patterson', with a stylized flourish at the end.

Trevor Patterson, Chief Executive

3. Who we are

We are the statutory regulatory body for pharmacists in Northern Ireland.

Community and hospital pharmacists provide a range of pharmacy services to patients and the public, with an estimated 180,000 people visiting a community pharmacy every day in Northern Ireland². It is our job to ensure that pharmacists and the services they deliver from registered pharmacies are safe and protect the wellbeing of those who use them. Through our work we aim to maintain public confidence in the pharmacy profession.

Our work touches the lives of pharmacists from the day they start their training to the date they retire and leave the Register.

Our role, powers and responsibilities are set out in The Pharmacy (Northern Ireland) Order 1976, as amended.

We are funded by fees paid by pharmacists for their professional registration and by premises owners to retain their premises registration. We are not funded by the public purse.

We have a governing Council which is independently appointed and is made up of seven members of the public and seven pharmacy professionals. The Chief Executive of the organisation is accountable to the Council which sets the strategic direction of the organisation.

We are a fully devolved regulator and are accountable to the Northern Ireland Assembly.

We are based in Belfast and have a small staff team of 14 people.

What we do

We work with pharmacists from the day they start their training and throughout their career to protect the public by ensuring practising pharmacists are fit to practise and keep their skills and knowledge up to date.

Our key areas of focus are:

Education and Training

- Setting standards, accrediting courses and approving qualifications for undergraduates and pharmacists;
- Assuring the quality of the year-long pre-registration training that pharmacist trainees must undertake;
- Setting and running the final assessment that candidates must pass before they can be registered as a pharmacist; and
- Ensuring that pharmacists complete an annual Continual Professional Development (CPD) programme, keeping their skills and knowledge up to date.

² http://www.hscbusiness.hscni.net/pdf/Guidance_document_SH_pilot.pdf

Registering competent professionals

Pharmacists have to be registered with us to practise in Northern Ireland.

Setting and monitoring professional standards

Pharmacists must meet our Standards to remain on the professional Register.

Taking action when our Standards are not met

Actions can include suspending someone from working as a pharmacist for a set period, placing conditions on their practise or removing their right to practise pharmacy by removing them from the professional Register.

We investigate complaints

We work with partners in the Department of Health Northern Ireland (DoH) to ensure any complaint made in relation to the fitness to practise of a pharmacist is appropriately investigated and pharmacy premises meet our Standards.

Oversight of our work

Our work as a regulator is subject to oversight by the Professional Standards Authority for Health and Social Care (PSA). Each year, the PSA assesses our performance against its Standards of Good Regulation. The PSA presents a report on all the regulators of healthcare professionals in the UK to the UK Parliament and lays it before the Northern Ireland Assembly³.

The PSA also reviews all final adjudication decisions in fitness to practise cases. If it thinks a decision is unduly lenient, it can ask the High Court to look at the case.

The PSA can also audit a sample of fitness to practise cases we have closed at an early stage.

We are accountable to the Northern Ireland Assembly for all that we do.

The Minister for Health Northern Ireland appoints our Council members in line with the Code of Practice issued by the Office of the Commissioner for Public Appointments for Northern Ireland. DoH approves Council Regulations before they are laid with the Northern Ireland Assembly for negative resolution.

³ <http://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/read-performance-reviews>

4. A New Era – Corporate Strategy 2013-16 Progress during 2016/17

The Corporate Strategy A New Era 2013-2016 provided the organisation with values, which informed a vision and mission that focused on embedding reforms to our primary legislation introduced in 2012. It set a clear strategic direction based on six key objectives. '**A New Era**' remained in effect until the end of the 2016/17 business year.

As this Annual Report covers the financial year 2016/17, the New Era Corporate Strategy 2013-16 remained the Strategic vision for this reporting period.

Looking forward, we will outline the main objectives, goals and implementation plans of the new Corporate Strategy 2017 - 2022 in section 5 of this report.

A New Era 2013 -16

Vision

The Pharmaceutical Society NI will continue to be recognised as a proactive, exemplary regulator which is trusted by patients, respected by registrants and has the confidence of the public and legislators.

Mission

The Pharmaceutical Society NI will continue to place patient safety at the heart of everything that it does; maintain the confidence of the public and respect registrants.

Values

In all of its work, the Pharmaceutical Society NI will:

- Place public safety at the centre of its activities;
- Seek, respect and take account of the views of all stakeholders;
- Be independent and operate with integrity at all times;
- Develop and implement policies and procedures which are fair, proportionate and transparent; and
- Focus on continuous improvement and innovation.

Key objectives

A New Era is built on six key objectives against which detailed balanced scorecards have been developed to ensure implementation. The remainder of the Annual Report will focus on progress made against the key objectives of the organisation.

- Proportionate and progressive regulation;
- Fit for purpose education;
- Robust, timely, transparent and fair fitness to practise;
- Regulator leadership and responsiveness;
- Effective communication and relationships; and
- Governance in the public interest.

a. Proportionate and progressive regulation

The basis for proportionate and progressive regulation and protecting the public is the professional Register⁴. The Register is a publicly accessible online system which tells patients, members of the public, employers and pharmacists who is registered with the Pharmaceutical Society NI and, therefore, entitled to practise in Northern Ireland. We publish a list of registrants who are eligible to practise, including any conditions to which their practise is subject and a list of individuals who have been removed from the Register for Fitness to Practise (FtP) reasons.

To be able to practise in Northern Ireland and be placed on the Register, pharmacists must meet our educational and training standards and continually meet our professional conduct, health and ethical standards, which are designed to keep patients safe.

If anyone is practising pharmacy in Northern Ireland and is not on the Register they are breaking the law and can be prosecuted. We also have the power to annotate the Register to inform the public when a pharmacist has a recognised specialism.

We also maintain a register of trainee pharmacists, ensuring they have the required qualifications to enter our mandatory and supervised year of practical training, which they must successfully complete before they can apply to the professional Register.

In addition, we maintain a register of pharmacy premises, ensuring that only registered premises can operate and requiring them to meet our Premises Standards.

Checking the Register

Any member of the public can check whether an individual is on the Register and whether a pharmacy is registered on our Premises Register. This can be done using the following link: <http://www.psni.org.uk/search-register/>

It is the duty of every employer to check the current registration status of all employed pharmacists, including locums, before the engagement of, and for the duration of the engagement of their services.

⁴ <http://www.psni.org.uk/search-register/>

The number of pharmacists on the Register changes each year due to new pharmacists entering the Register, voluntary withdrawals, withdrawals made by the regulator⁵ and deaths.

Figure 1 – Registration Snapshot - Registered Pharmacists and Premises at end of financial year (31 May)

	2014/15	2015/16	2016/17
Registered pharmacists	2,234	2,303	2,369
Registered premises	552	549	548

Removal from the Register

Pharmacists can remove themselves from the Register by applying to voluntarily withdraw by submission of an application form and subject to fulfilling any Continuing Professional Development (CPD) responsibilities and the absence of any fitness to practise (FTP) concerns.

Alternatively, pharmacists can and have been administratively removed either for the non-payment of the annual retention fee or non-compliance with CPD requirements.

Finally, pharmacists can be removed from the register by reason of impairment using the fitness to practise processes (Struck off).

⁵ Registrants are removed from the Register by the regulator for the non-payment of fees, non-compliance with CPD requirements, or as the outcome of a Fitness to Practise hearing.

Figure 2 - Registered Pharmacists leaving the Register by 1 June annually

Reason for removal	2014/15	2015/16	2016/17
Voluntarily withdrawals	117	126	141
Non-compliance with CPD requirements	26	6	9 ⁶
Non-payment of fees	14	9	6 ⁷
Deceased	1	0	0
Struck off [FTP]	4	4	0

Timely Registration

It is illegal for an individual to practise pharmacy in Northern Ireland unless they are on the Register. It is, therefore, of primary importance to pharmacists and in the interests of maintaining public confidence in the profession that the registration process is as efficient and effective as possible. To measure our performance, we maintain the following Key Performance Indicators (KPIs).

⁶ Nine individuals were removed from the Register for non-compliance with CPD requirements on 08 August 2017.

⁷ Six individuals were removed from the Register for non-payment of fees on 1 September 2017

Figure 3 – Performance against registration KPIS 2016/17

Retention Pharmacists	KPI	% Met
Retention letters distributed to pharmacists	before 01 June 17	100
Submissions processed	before 30 June 16	100
Statutory letters sent out	on 30 June 16	100
Non-payees removed	on 01 Sept 16	100
Notification email to registrants and relevant bodies	on 01 Sept 17	100

Retention premises	KPI	% Met
Retention packs distributed to pharmacies	before 01 Jan 17	100
Submissions processed	before 30 Jan 17	100
Statutory letters sent out	on 30 Jan 17	100
Non-payees removed	on 01 April 17	N/A
Web notification	on 01 April 17	N/A

Students transition to pharmacy Register from the student register	KPI	% Met
Applications		
Processed seamlessly	Registered on anniversary of start date or first possible date there after	100
Web notification	Same day registered	100

New Pharmacists	KPI	% Met
Applications		
From former registrants	5 days	97
From applicants first registered in GB	5 days	100
From applicants first registered in EU	10 day	N/A
From applicants first registered outside EU	90 days	N/A

Online retention option

2016/17 saw the organisation continue the online retention system. As of the 30 June 2017, 84% of registrants had paid their retention fee online, compared to 83% in 2015/16. This is the continuation of a positive policy initiative which provides easy paperless access to the registration/retention process while providing a cost saving to the organisation.

Certificates of Current Professional Status

Pharmacists currently registered in Northern Ireland who wish to apply for registration to practise in another country require a “European Certificate of Current Professional Status” to be sent on their behalf to the relevant registration authority. This certificate will confirm a registrant’s/former registrant’s good standing with the Pharmaceutical Society NI and outline details about their registration, i.e. University attended, qualification and preregistration training details.

Figure 4 - Certificates of Current Professional Status Issued

Year	2014/15	2015/16	2016/17
CCPS issued	141	180	132
CCPS received	7	47	184

Fitness to Practise Restructure

In their report of April 2014, the Law Commissions recommended that the regulators of healthcare professionals introduce greater separation between

investigation and adjudication processes to ensure the impartiality of panel appointments and decisions.⁸

In 2016/17, an internal management restructure, which further developed the internal separation of the adjudication and investigation functions of the Fitness to Practise processes. Whilst Fitness to Practise panels have always been appointed by Council on the recommendation of independent specialists and have been able to make independent determinations, the completion of an internal restructure ensures that lines of management for investigation and case presentation, and those for adjudication, are completely separate. In a small organisation, we consider this formal separation is particularly important to ensure transparent good practice.

For more detailed information on Fitness to Practise performance see section 4c.

New Registration Appeals Procedure

Professional healthcare regulators generally have an appeals committee/panel or equivalent. The Pharmacy (Northern Ireland) Order 1976, however, specifically places responsibility on Council to decide upon registration appeals. CPD appeals are separately provided for in our legislation by use of our Fitness to Practise Committees. In the medium-term this situation, which involves Council in appeals, should be addressed through legislative reform.

In the interim, and to ensure best practice and progressive and proportionate regulation, we established a new Registration Appeals Procedure⁹ in January 2017. The Appeals Procedure complies with our existing primary legislation whilst assuring the use of an independent and qualified panel to review registration appeals.

Standards

During 2016/17, we have continued with the development of new outcome-based pharmacy premises standards. This new approach to regulating registered pharmacies will aim to encourage improvements in pharmaceutical care and make sure the pharmacy team are able to respond to the new challenges and opportunities they face whilst maintaining patient safety.

As part of our policy development and pre-consultation work, in 2017 a wide range of stakeholders have been engaged and asked to consider and provide feedback on our initial proposals.

It is proposed that employers and superintendent pharmacists will have a responsibility (set out in the new premises standards) to make sure they create and support an environment in which the pharmacy professionals working in

⁸ https://s3-eu-west-2.amazonaws.com/lawcom-prod-storage-11jxou24uy7q/uploads/2015/03/lc345_regulation_of_healthcare_professionals.pdf

⁹ <http://www.psni.org.uk/wp-content/uploads/2012/10/Registration-Appeals-Procedure-Final-Formatted.pdf>

their pharmacies meet the standards. We plan to go out to public consultation on new premises standards in late 2017.

In 2016/17, we continued to embed the new Code by reviewing and updating the current set of pharmacy standards and guidance to ensure they are relevant and fit for purpose and support the Code.

A review of the CPD Framework was commenced in 2016/17. Registrants will continue to be expected to adhere to the current CPD Framework and record CPD relevant to their scope of practice and the safe and effective practice of pharmacy until the new revised Framework is finalised prior to consultation in 2018.

Looking forward, the new Corporate Strategy for the period 2017- 2022 sets the objective of setting pharmacy standards that are evidence-based, output-focused, achievable and necessary for patient and public safety.

Continuing Fitness to Practise (CFtP)

All UK healthcare regulators are currently engaged in a process of developing and implementing schemes for the revalidation or continuing fitness to practise of their registrants. This new regulatory framework provides further assurance to patients and the public using pharmacy services that pharmacists continue to meet standards for safe and effective practice throughout their careers.

In 2016/17, we have made progress in developing proposals for a three component model based on the current CPD process consisting of scheduled CPD cycles, peer discussion and case study relating to Principle 4 on 'Communication' in the new Code.

A Continuing Fitness to Practise Advisory Group with a wide range of stakeholders met for the first time in March 2017 to consider and discuss the proposed model for CFtP and provide informed feedback on initial development of the emerging model. The proposed model for CFtP will be subject to full public consultation.

Looking forward, the Corporate Strategy 2017-2022 highlights that in developing a strategy for CFtP, our CPD processes will be reviewed. Work has commenced on a review of the current CPD Framework to ensure legislative compliance with the CPD regulations.

Updates on progress are provided via our routine communications and the relevant section of our website.

b. Fit for purpose education

Ensuring pharmacists who enter the professional Register are properly qualified and skilled and ensuring those on the Register retain high levels of proficiency

and ethical standards is vital to protect the public. It is, therefore, a key part of our regulatory work. We focus on three key areas in this regard:

- Through a Memorandum of Understanding with the General Pharmaceutical Council (GPhC), we accredit University pharmacy degrees in Northern Ireland and Great Britain;
- Managing and quality assuring a pre-registration training year for graduates training in Northern Ireland; and
- Managing and quality assuring the statutory requirement for pharmacists to complete annual Continuing Professional Development (CPD).

Accreditation of university pharmacy degrees

We ensure people who enter the Register are qualified to practise by accrediting University Pharmacy Degrees. In 2016/17, we continued to work alongside our counterparts in the GPhC in reviewing and ensuring the standard of the Master of Pharmacy programmes delivered by Universities in Great Britain, as part of a rolling programme. Accreditation reports can be found on our website¹⁰.

In 2016/17, the GPhC accredited the standard of the Master of Pharmacy programmes at Universities in Great Britain. Through a Memorandum of Understanding with the GPhC, we accepted these accreditations.

There were no scheduled accreditation events for the independent prescribing qualification in 2016/17.

Undergraduate students

In 2016/17, we delivered our annual bespoke lecture to undergraduate 4th year students at Queen's University and the University of Ulster to explain our role as a regulator, detail the pre-registration training programme and emphasise the importance of professional standards throughout their careers.

The pre-registration training and assessment process

To ensure public safety and public confidence in the pharmacy profession, we administer and oversee a pre-registration training year for pharmacy graduates. 214 new trainees registered as pharmacists after completing the pre-registration programme for 2015/16. Pre-registration training lasts for one full calendar year and provides trainees not only with the practical knowledge and skills that they need but also providing evidence of those skills to the regulator prior to registration as a pharmacist.

¹⁰ <http://www.psni.org.uk/education-2/>

The primary aim of pre-registration training is to ensure that, when trainees join the Register, they are fit to practise and have the necessary knowledge, skills and attitudes to carry out all the duties of a practising pharmacist. The components of training and assessment include:

- In-practice training and assessment by pre-registration tutors;
- Successful completion of a performance standards programme evidenced via an online portfolio;
- Attendance at compulsory training days;
- Completion of compulsory distance learning modules; and
- Passing the registration examination.

In order to ensure high standards are maintained in pre-registration training and assessment, we ensure that our quality assurance mechanism is multi-faceted and designed to gather information from multiple sources. Elements of the quality assurance include:

- Post course evaluation of all compulsory live trainee events;
- Post course evaluation of tutor training events;
- An evaluation of tutor skills by means of a trainee questionnaire;
- Review of all aspects of the pre-registration training programme and, in particular, the processes associated with the registration examination, by an external examiner.

Results of our quality assurance work carried out for the most recent completed training year (2015/16) indicate high levels of trainee satisfaction with all elements of the pre-registration training programme. In terms of the trainees' personal experiences of their training, the results of the quality assurance work indicate that pre-registration training supported trainees to become competent pharmacists, helped them identify strengths and weaknesses and enabled them to monitor their development and progress.¹¹ The review of feedback from trainees for 2015/16 reveals that 99% of trainees coped well with training, 93% of trainees indicated that the training re-enforced their choice of career and 100% of trainees indicated that the training helped them to become competent pharmacists.

Pre-registration tutors

Tutors are vital to the training and assessment of pre-registration trainees. Before becoming a pre-registration tutor, a pharmacist must have worked for at least three years in the sector of pharmacy they wish to tutor, attended a tutor training course and passed a tutor assessment set by the regulator.

Annual evaluations are completed on active tutors as part of our quality assurance work. We carry-out a 360 degree appraisal scheme, which includes direct feedback from trainees, with tutors being sent an individualised appraisal report to assist in their personal development. This approach increases our

¹¹ <http://www.psni.org.uk/wp-content/uploads/2012/10/Trainee-Review-2015-2016.pdf>

ability to maintain standards amongst tutors and address any quality issues which may arise. In 2015/16, feedback from trainees has been extremely positive¹².

The pre-registration training e-portfolio is an online based recording system that enables trainees to provide evidence of their competency and achievement of a programme of performance standards. Throughout the training year, pre-registration tutors continually assess their trainees to ensure that they are meeting the necessary performance standards using the online e-portfolio and to carry out quarterly appraisals on key performance areas. The Pharmaceutical Society NI also uses the online tool to monitor the progress of each trainee through the training programme.

Since 2016, the e-portfolio was developed further to make the system easier to navigate and more intuitive to use with guidance and examples of 'what good looks like'.

The e-portfolio has been welcomed by users and feedback has been positive.¹³

The ability to be able to view any trainee's e-portfolio at any time has increased the quality assurance of the portfolio system and allows useful discussion between us, trainees and tutors, as the three parties can access the e-portfolio to view its contents and discuss any issues before they become significant.

Continuing Professional Development

Continuing Professional Development (CPD) is a core professional responsibility and is a means of assuring patient and public safety. CPD is a continuous learning process that helps to maintain and further develop competence and performance. CPD enables pharmacists to reflect regularly on learning and development activities, and maintain and improve all areas of their professional practice.

The Code (2016) requires a pharmacist to '*keep your knowledge and skills up to date, evidence-based and relevant to your scope of practice*' (principle 5, standard 5.1.3), and, accordingly, help to keep patients safe.

In Summer 2016, 99.7% of registrants submitted compliant CPD portfolios relating to CPD activity for the CPD year 2015/16. 10% of the Register was selected for audit and had their CPD portfolios formally assessed. Of this number, 91% met the standard after Assessment 1 and the remaining 9% achieved success after completing our remediation processes of Reassessment 1 and, where necessary, Reassessment 2. This gave an overall success rate of 100% for the audited portfolios.

A total of 6 registrants were removed in August 2016 for non-compliance with the statutory CPD process (non -submission of portfolios).

¹¹ <http://www.psni.org.uk/wp-content/uploads/2012/10/Quality-Assurance-Tutor-performance-2015-16.pdf>

¹³ <http://www.psni.org.uk/wp-content/uploads/2012/10/Trainee-Review-2015-2016.pdf>

Figure 5 – CPD Statistics for CPD year 2013/14 to 2015/16 inclusive

CPD Statistics		2013/14	2014/15	2015/16
CPD Numbers	Records requested	2156	2236	2162
	Records submitted	2073	2145	2120
Submission issues				
Extenuating Circumstances applications	Applications submitted	97	116	140
	Applications granted	91	114	140
Non-compliance actions				
Reminders	Investigation letter	83	91	42
	Notice of Intention to Remove	29	41	23
	Notice of Removal	10	31	7
Removals	Removals	10	26	6
Remedial measures	No. in remedial measures	22	27	20
	No. compliant	22	27	20
Compliance				
	Overall compliance with CPD process	99.54%	98.84%	99.7%

c. Robust, timely, transparent and fair Fitness to Practise

What is Fitness to Practise?

A person's Fitness to Practise (FtP) is a measurement of whether they are suitable to be on the Register to practise pharmacy in Northern Ireland. The main purpose of our FtP processes is to help protect the public and maintain public trust in the pharmacy profession.

The main means by which a pharmacist's FtP could be impaired include:

- Failure to maintain required standards of professional proficiency;
- Adverse physical or mental health which impairs an individual's ability to practise safely;
- In receipt of Cautions, convictions or entry on barring lists; and
- Misconduct

For a full list of how an individual's practise may be impaired, please see the Pharmacy (Northern Ireland) Order 1976, as amended.¹⁴

The Code, Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland, and related Standards, set the baseline and Guidance documents give direction in meeting the minimum standards required in the profession.

We work in investigation to test if there is likely current impairment of the pharmacist and evaluate the case using the civil standard of proof, i.e. on the balance of probabilities.

A Robust Fitness to Practise process

Complaints arise out of multiple sources including, amongst others, referral from the public, employers, inspections or the Police. All are investigated through the offices of the Registrar. The online portal for complaints and concerns is hosted on our website¹⁵. The consideration of impairment of pharmacists is addressed at three stages of investigation:

1. Investigations by the Registrar which are then closed or referred to Stage two or three;
2. Investigations which are more serious, that meet certain threshold criteria, must be advanced by the Registrar to a Scrutiny Committee for closure, with or without sanction or referral to Stage three; and
3. Investigations by the Registrar that are advanced to a Statutory Committee (or referred from the Scrutiny Committee), which are closed by this Committee with or without sanction.

¹⁴ <http://www.legislation.gov.uk/nisi/1976/1213/contents>

¹⁵ <http://www.psni.org.uk/about/complaints-2/>

Figure 6 - Summary of possible outcomes

Investigation		Registrar	Scrutiny Committee	Statutory Committee	Public notification
Outcome	No action	yes	yes	yes	No
	Advice	yes	yes	yes	No
	Warning		yes	yes	Yes
	Undertaking		yes	yes	Yes
	Conditions			yes	Yes
	Suspension			yes	Yes
	Removal			yes	Yes

Fitness to Practise Restructure

In 2016/17, we completed an internal restructure which formalised the internal separation of the adjudication and investigation arms of FtP processes and management procedures. Whilst FtP panels have always been appointed by Council on the recommendation of independent specialists, the completion of an internal restructure ensures best practice is being followed. In a small organisation, we consider this formal separation particularly important to ensure transparent good practice.

The Registrar is now responsible for the carrying out of investigations, closing appropriate cases and referring appropriate cases to the Scrutiny and Statutory Committee based upon those investigations.

The Head of Public Affairs is now responsible for appointments to the Statutory and Scrutiny Committees, training and guidance for Statutory and Scrutiny Committee members and the administration and conduct of FtP Committee hearings and meetings.

Appointments to Fitness to Practise Committees

In July 2016, the Council accepted the recommendations of an independent recruitment specialist and appointed one new Lay member to the Statutory Committee for a four year period commencing on 1 October 2016.

Council further appointed three Lay and three registrant members to a reserve list of the Statutory Committee for a three year period commencing on 1 October 2016.

Council appointed one new Registrant member and one new Lay member to the Scrutiny Committee for a four year period commencing on 1 October 2016.

Council further appointed three new Lay and three new registrant members to a reserve list for the Scrutiny Committee for a three year period commencing on 1 October 2016.

Transparent Fitness to Practise

The tables below illustrate the source of the 26 cases considered in 2016/17.

It should be noted that three cases opened prior to the year 2016/17 and of these one closed in 2016/17. The three open cases are still subject to investigations.

This year the largest proportion, 35%, were referred by the self-declarations of registrants, the public initiated some 23% of cases and the Registrar initiated 31%.

Nine out of twenty six cases were closed in 2016/17, 35%. The seventeen cases remaining open on 31 May 2017 have a median of 26 weeks for time open.

Of the 17 cases open at 31 May 2017, ten are significantly influenced by separate external investigations involving the criminal justice system or another statutory body. Two other cases involve health investigations.

FtP outcomes are posted on the website in cases where a sanction has been made by an FtP Committee¹⁶ and the outcome is at the least a Warning or a higher sanction, for example Conditions, Suspension or Removal from the Register.

¹⁶ <http://www.psn.org.uk/about/fitness-to-practise/determinations-of-statutory-committee/>

Figure 7 – sources of complaints

Source	2014/15		2015/16		2016/17	
	No.	%	No.	%	No.	%
Anonymous	0	0%	0	0%	1	4%
DoH	1	3%	5	23%	1	4%
Employer	3	10%	4	18%	0	0%
HSCB	3	10%	1	4.5%	1	4%
Other regulator	1	3%	1	4.5%	0	0%
Pharmacy	1	3%	1	4.5%	0	0%
Public	15	48%	4	18%	6	23%
Police Service	0	0%	1	4.5%	0	0%
Registrar	0	0%	0	0%	8	31%
Self-referral	7	23%	5	23%	9	34%
Total	31	100%	22	100%	26	100%

Figure 8 – outcomes of FtP cases

Outcome	2014/15		2015/16		2016/17	
	No.	%	No.	%	No.	%
Closed Cases						
No Further Action	4	18%	3	17%	3	14%
Advice	13	59%	6	33%	4	58%
Warning	3	14%	4	22%	1	14%
Undertakings	0	0%	0	0%	0	0%
Conditions	0	0%	0	0%	0	0%
Suspension	0	0%	0	0%	1	14%
Voluntary removal	0	0	1	6%	0	0%
Removal	2	9%	4	22%	0	0%
Total	22	100%	18	100%	9	100%

Figure 9 – stages of investigation for cases closed in 2016/17

Closed Cases	Registrar	Scrutiny Committee	Statutory Committee	Total
No Further Action	1	2	0	3
Advice	4	0	0	4
Warning		1	0	1
Undertakings		0	0	0
Conditions			0	0
Suspension			1 ¹⁷	1
Removal			0	0
Total				9

Interim Orders

A case will be referred directly to a Statutory Committee by the Registrar based on the evidence available where it is considered to be high risk to public safety if not considered urgently. The Statutory Committee meets in an *interim order* hearing to receive evidence and make decisions based on the *prima facie* case presented. The Statutory Committee can determine to take no action, place conditions or suspend a pharmacist. The Statutory Committee can suspend a pharmacist's registration and right to practise for up to 18 months, reviewing the decision every six months, after which an extension to this period can only be granted upon application to the High Court.

There were 10 interim order hearings and no applications to the High Court.

Six registrants were examined at interim Order hearings.

Outcome of Interim Order hearings 2016/17

Six pharmacists appeared before a panel of the Statutory Committee for Interim Order hearings in 2016/17. Five pharmacists received Interim Orders. As Interim Orders can only last for six months, several pharmacists appeared on a number of occasions. A panel of the Statutory Committee held a total of 10 interim order hearings in 2016/17.

¹⁷ This case was first investigated by the Scrutiny Committee

Fair Fitness to Practise

Registrants involved in FtP cases closed by the Statutory Committee have the right to appeal against a decision to the High Court. In 2016/17, no pharmacist appeals were lodged against Statutory Committee decisions.

The PSA has the power to appeal Statutory Committee decisions if it considers the decision is insufficient for the protection of the public. Consideration of the protection of the public involves assessing whether a decision is sufficient to maintain public confidence in the profession concerned and whether it is sufficient to maintain proper professional standards and conduct for members of that profession. In 2016/17, the PSA did not refer any decisions made by the Statutory Committee to the High Court¹⁸.

Practice Direction

In May 2017, the Chair of the Statutory Committee published a Practice Direction¹⁹ setting out the pre-hearing procedures to be followed for Statutory Committee Hearings including case management requirements.

Clinical Advisers

In February 2017, the approach to the use of clinical advisers by our Statutory and Scrutiny Committees was reviewed. A recruitment process was subsequently initiated to appoint clinical advisers to a formal Clinical Advisers List from which they will be engaged on a case by case basis when required. The recruitment process was completed in July 2017 with the appointment of 8 clinical advisers to the Clinical Advisers List. In February 2017, we published Guidance²⁰ for the conduct of Clinical Advisers during Statutory Committee and Scrutiny Committee hearings and meetings.

Timely Fitness to Practise

Delivering timely FtP processes is in the interest of complainants, registrants and the public. We continue to balance the requirement for robust investigations and decisions with the need to process cases in a timely manner in order to protect the rights of complainants, maintain public confidence and be fair to pharmacists. To do this, we have developed a number of KPIs.

In our FtP KPIs, we monitor the times taken to acknowledge complaints, to progress to closure by the Registrar, the Scrutiny Committee and the Statutory Committee.

When a complaint is received, we have a KPI to acknowledge that complaint within five working days. In 2016/17, the initial complaint concerning all 4 closed cases was acknowledged within the five working days target.

¹⁸ <http://www.professionalstandards.org.uk/docs/default-source/section-29/section-29-general/decisions-about-regulated-practitioners.pdf?sfvrsn=2>

¹⁹ <http://www.psni.org.uk/wp-content/uploads/2017/05/PRACTICE-DIRECTION-01-2017.pdf>

²⁰ <http://www.psni.org.uk/wp-content/uploads/2016/02/Clinical-Advisers-Working-Guidance-February-2017-Final-2.pdf>

The KPI for a case to be closed by the Registrar is 26 to 43 weeks²¹.

The KPI for a case to be closed by the Scrutiny Committee is 32 to 52 weeks²².

The KPI for cases closed by the Statutory Committee is 43 to 60 weeks²³.

Figure 10 - Fitness to Practise Closure times 2016/17

Case closed by	mean (weeks)	Median (weeks)	KPI (weeks)	Met / Not Met
Registrar	10	10	26-43	Met
Scrutiny Committee	24	12	32-52	Met
Statutory Committee	34	34	43-60	Met

d. Regulatory leadership and responsiveness

Providing good regulation and protecting the public does not occur in a vacuum. We have set ourselves the objective of being proactive in the development of the organisation and ensuring that our regulatory approach is responsive to external events, new thinking and developing practices – both within the pharmacy profession and amongst other healthcare regulators.

Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board

In 2016/17, we continued to demonstrate our leadership and responsiveness by continuing to contribute to the work of the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board, which is reviewing the balance between relevant pharmacy legislation and regulation to ensure it:

- provides safety for users of pharmacy services;
- reduces any unnecessary legislation; and
- allows innovation and development of pharmacy practice.

²¹ 26 weeks is for cases examined exclusively by the regulator, 43 weeks is for cases which involved an investigation by an external body - excluding criminal or health related external bodies.

²² 32 weeks is for cases examined exclusively by the regulator, 52 weeks is for cases which involved an investigation by an external body - excluding criminal or health related external bodies.

²³ 43 weeks is for investigations examined exclusively by the regulator, 60 weeks is for cases which involved an investigation by an external body - excluding criminal or health related external bodies.

The Board advises Ministers on the development of policy. It will also oversee policy delivery to help ensure that the Rebalancing Medicines Legislation and Pharmacy Regulation Programme meets its objectives.

In 2016/17, work continued in preparation for a public consultation on dispensing error proposals for pharmacy professionals working in hospital and other specified pharmacy services as well as on the proposals concerning superintendent pharmacists and responsible pharmacists.

However, As Ken Jarrold, Chair of the Board said in January 2017:

“The work on the Rebalancing Programme has been much delayed by factors outside the control of the Programme Board. That does not mean that it is unimportant or that we will abandon our task. We have a job to do and we will do it.

“We have already seen the Order on Pharmacy Premises complete the Parliamentary process. The Order on Dispensing Errors in Community Pharmacy will be laid soon. The case of Martin White is evidence that our work is relevant. The consultation on dispensing errors in hospital pharmacy and on superintendent pharmacist and responsible pharmacist roles will go ahead”.

An important outworking of the Board’s work was The Pharmacy (Premises Standards, Information Obligations, etc.) Order 2016.

The Order, when commenced by the NI Minister for Health, will require that standards are set for registered pharmacy premises in Northern Ireland. Initial policy development work is underway and already there is engagement in pre-consultation events and meetings with the various professional representation bodies and other key stakeholders, including the DoH NI. Draft Premises Standards have been developed and will be open to public consultation in late 2017.

Working with other regulators

In 2016/17, work was progressed with the GPhC and the Pharmaceutical Society of Ireland (PSI) to update our respective Memorandums of Understanding (MoU).

The MOUs outline the basis of co-operation and collaboration between the Pharmaceutical Society NI and the other two regulators.

The MOU with the PSI is intended to provide a framework to assist the joint working of the two organisations to ensure maximum effectiveness and efficiency when carrying out their statutory functions in our respective jurisdictions. We consider this to be of particular importance to maintaining public safety as we head towards the United Kingdom’s exit from the EU. We will continue to work to update this MOU in 2017/18.

The MOU with the GPhC is underpinned by schedules detailing practical arrangements designed to ensure that we work together as efficiently and effectively as possible, so that the principles of regulation remain consistent and public confidence and safety is maintained in Northern Ireland and Great

Britain. It sets out the principles underpinning the interaction between the two organisations. A final MOU with the GPhC was approved at the July 2017 Council meeting.

In 2016/17, we further demonstrated our leadership and responsiveness by continuing to be active members of numerous inter-regulatory groups including, but not limited to: the Chief Executives Steering Group; the Chief Executives Legislation Group; Directors of Fitness to Practise; and the Alliance of UK Health Regulators on Europe.

e. Effective communications and relationships

Over the lifetime of the New Era Corporate Strategy, communications outputs have increased exponentially and engagement from all stakeholders including registrants, members of the public and their representatives has increased.

In 2016/17, the key methods of communication have remained the organisation's website and Facebook page; the direct communications of emails, letters, the online Newsletter and by face to face engagement, through attendance at conferences, seminars and through consultation work.

Core message

On all occasions and through each form of media, the core message has been that the Pharmaceutical Society NI's primary objective is to ensure patient and public safety through modern, robust and fair regulation and to maintain the reputation of the profession in the same way.

The Website and Facebook

The website remains the key platform for registrants and the public to access the organisation and engage with our regulatory work. The website received over 250,000 unique visits in 2016/17, with Search the Register, fitness to practice outcomes and CPD being the pages with the highest levels of activity.

2016/17 saw an increase in the activities of the organisation on Facebook, with nearly 500 individuals and organisations following. Facebook is increasingly being used by Registrants, stakeholders and the public as an alert mechanism to regulatory activities and as a platform from which to access the website.

Newsletter and Email

In line with an enhanced annual target, four Regulatory Update Newsletters were published in 2016/17. From the website statistics, engagement with the Newsletter has doubled with over 2000 unique visits to the Newsletter page throughout the year.

As usual, the organisation continues to communicate directly with Registrants through direct email. Whilst the importance of not overusing this method is recognised, it remains a very effective information sharing facility.

Events

Conference attendance and engagement has increased over the last year. In June 2016, we attended the Northern Ireland Confederation for Health and Social Care's annual conference where the President, Dr. Jim Livingstone, addressed a session on the future of Healthcare Regulation.

We continued to collaborate with other health and social care regulators in promoting the importance of healthcare regulation by engaging with local politicians and political parties, by attending party political conferences and jointly sponsoring the Northern Ireland Health and Social Care Regulators parliamentary reception. At this latter event, the Commissioner for Older People gave the keynote address and the event was attended by numerous MLAs and political party advisors and spokespersons.

Consultations

In late 2016, the organisation ran a public Consultation on draft Pharmacist Supplementary and Independent Prescribers Regulations.

The Consultation ran from 14 November 2016 – 9 January 2017; with the Consultation Report and draft Regulations being approved by Council on 17 January 2017. The Regulations must now be approved by the Department of Health and would normally be laid in the NI Assembly before coming into operation. At the time of writing, we are anticipating that the Regulations will come into operation during September 2017.

The organisation responded to two consultations over the period:

- PSA's Fees Consultation 2017/18; and
- PSA's Fitness to Practice Learning Points Consultation.

Looking forward to the next year, the Corporate Strategy 2017-2022 sets the objective of communicating effectively, being accessible and responsive.

Work has already begun on developing a new Communications Strategy to deliver this objective, a key element of which will be a 'Reach Out' programme to better engage with the public and pharmacists on regulation.

One of the proposed outreach activities will see Council Meetings held throughout Northern Ireland rather than exclusively in Belfast. It is intended that at least one of the meetings of Council over the next year will be held outside Belfast.

5. Looking Forward – Corporate Strategy 2017-2022

The Council of the Pharmaceutical Society NI carried out development and engagement work on a new Corporate Strategy in late 2016 and early 2017, agreeing the new Corporate Strategy 2017-2022 at its May 2017 Council meeting.

In developing the Corporate Strategy, the Council was cognisant of a number of key developments in the health and social care system and healthcare regulation in both Northern Ireland and across the UK. Noting that a changing health and social care service requires a regulator that is focused on ensuring the public is adequately protected whilst having the ability for professional and service development through innovation.

Key aspects of the Corporate Strategy 2017- 2022

Vision – a leading Regulator protecting patients and public

The Pharmaceutical Society NI will be recognised and trusted as a leader for modern and effective healthcare regulation with a key role in ensuring pharmacy services are safe and meet high standards.

Mission – to safeguard patients and public through high quality pharmacy

We will safeguard patients and public, as well as promote their health and wellbeing, by delivering high quality, cost-effective regulation of pharmacy that is locally supportive and accessible, and which sets appropriate standards for pharmacy, dealing fairly and efficiently with those who fail to meet the standards.

Values

Safety - We make patient and public safety the key focus of all that we do

Listening - We listen to the public, pharmacy professionals and Government

Integrity - We act honestly and independently, openly and transparently

Justice - We ensure fairness, proportionality and effectiveness in all that we do

Improvement - We are dedicated to being informative and improving all we do

Objectives

Objective 1:

To deliver high quality pharmacy regulation that is proportionate and cost-effective;

Objective 2:

To set pharmacy standards that are evidence-based, output-focused, achievable and necessary for patient and public safety;

Objective 3:

To conduct fitness to practice processes that are robust, timely, and fair;

Objective 4:

To ensure that pharmacy education and professional development is fit for purpose;

Objective 5:

To be an accountable organisation with effective governance and operations; and

Objective 6:

To communicate effectively, be accessible and responsive.

Goals

Each Objective is accompanied by a series of measurable Goals, with the Corporate Strategy containing 28 unique Goals in total.

Implementation Plans

The Corporate Strategy 2017-2022 is supported by a series of operational level implementation plans. Each plan relates to a specific goal and contains a narrative setting out the background and any key drivers for change, any dependencies from external bodies or across the goals, identification of obstacles and strategies for dealing with them and a high level programme with key milestones and target completion dates. These plans will be used as the basis to provide regular reports to Council and will be reviewed at least annually to ensure they remain current.

Council will report progress against the Corporate Strategy 2017- 2022 each year in the annual report and will carry out a mid-term review in 2020 to ensure that it remains relevant.

Measuring performance against the Corporate Strategy 2017-2022

As each Corporate Strategy Objective has a series of individual and measureable goals, a bespoke goals reporting mechanism, which aligns performance with this particular aspect of the Corporate Strategy, has been developed and will be reported to Council periodically over the period.

Council will continue to also use the Risk Register, reports against KPIs and the outcomes of Audits including that of the PSA to inform its oversight activities.

6. Governance in the public interest

The Council is the governing body of the organisation and is responsible for ensuring its statutory duties are met. It sets strategic objectives for the organisation in line with its statutory purpose.

It holds the Chief Executive to account as well as making sure the financial affairs of the organisation are conducted properly.

Council members are appointed by the Minister for Health Northern Ireland in accordance with the principles of the Public Appointments Process and based on the competence of the applicants.

The Council has up to 14 appointed members with an equal number of Lay and Registrant members.

On the 16 September 2016, the then Health Minister, Michelle O'Neill, announced the appointment of six new Council members (four Registered Persons and two Lay) for a four year period from 1 October 2016 – 30 September 2020.

Registered Person appointments:

- Ms Colleen Duffy
- Mr Ciaran Byrne*
- Ms Eleanor Magennis
- Ms Laura Murphy

* Mr Ciaran Byrne resigned from Council on 28 March 2017

Lay Person appointments:

- Mr Mark Campbell
- Professor Patrick Murphy

The Health Minister also announced the re-appointment of two existing Lay Council members for the same period:

- Mr Ciaran Hunter
- Mr James Perry

The tenure of the following Council members ended on 1 October 2016:

- Mr Gary McKenna (Lay Member)
- Professor David Jones (Registrant Member)
- Mr Mark Nelson (Registrant Member)
- Ms Marie Smyth (Registrant Member)

Ms Sinead Burns, Vice President, (Lay Member) resigned from Council in September 2016.

Mr Ciaran Hunter (Lay Member) was designated by DoH as Acting Vice President in March 2017.

The Council met on 6 occasions in 2016/17.

The role of a Council member and the remuneration package available was advertised at the time of recruitment. Full details can be found on our website.²⁴

Pharmaceutical Society NI Committees

The Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012 and the Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012 provide for the establishment, in statute, of two fitness to practise committees - Scrutiny Committee and Statutory Committee.

Scrutiny Committee

The Scrutiny Committee considers concerns about a registrant's fitness to practise. It has the power to dismiss a case, give advice, issue warnings and agree undertakings, if appropriate. It must refer more serious cases to the Statutory Committee.

Further information on the Scrutiny Committee and its membership can be found on our website²⁵.

Statutory Committee

The Statutory Committee makes judgements on whether a registrant's fitness to practise is impaired for reasons concerning their conduct, professional performance or health. All meetings are held in public (except for health related and Interim Order cases). The Statutory Committee has the power to issue formal warnings, agree undertakings, place conditions on the practice of a pharmacist, impose suspension and remove registrants from the Register.

²⁴ <http://www.psni.org.uk/wp-content/uploads/2016/02/Council-Recruitment-Information.pdf>

²⁵ <http://www.psni.org.uk/about/fitness-to-practise/fitness-practise-committees/>

Further information on the Statutory Committee and its membership can be found on our website²⁶.

Figure 11 – The Council from 01 October 2016

Members	Membership type	Committee Membership
Dr Jim Livingstone, President	LM	<ul style="list-style-type: none"> • N/A
Mr Ciaran Hunter, acting Vice President	LM	<ul style="list-style-type: none"> • Resources Committee (Chair)
Professor Martin Bradley, OBE	LM	<ul style="list-style-type: none"> • Fitness to Practise Committee
Ms Sandra Cooke	RM	<ul style="list-style-type: none"> • Education, Standards and Registration Committee • Audit and Risk Committee
Mr Gareth Peeples	RM	<ul style="list-style-type: none"> • Education, Standards and Registration Committee
Mr James Perry, MBE	LM	<ul style="list-style-type: none"> • Audit and Risk Committee (Chair)
Ms Colleen Duffy	RM	<ul style="list-style-type: none"> • Resources Committee • Corporate Communications Committee
Ms Eleanor Magennis	RM	<ul style="list-style-type: none"> • Corporate Communications Committee (Chair)
Ms Laura Murphy	RM	<ul style="list-style-type: none"> • Fitness to Practise Committee (Chair)
Mr Mark Campbell	LM	<ul style="list-style-type: none"> • Education, Standards and Registration Committee (Chair) • Fitness to Practise Committee
Professor Patrick Murphy.	LM	<ul style="list-style-type: none"> • Resources Committee (APPT April 2017) • Corporate Communications Committee • Audit and Risk Committee
Mr Ciaran Byrne	RM	<ul style="list-style-type: none"> • Resources Committee (tenure ended 28 March 2017)

²⁶ <http://www.psni.org.uk/about/fitness-to-practise/fitness-practise-committees/>

Non Statutory Committees

The Council currently has six non-statutory Committees which carry out different roles to help the organisation achieve its statutory and strategic objectives. To meet requirements set out in the Corporate Strategy 2017-2022, the Council will complete a review of organisational governance by the end of 2017 including a review of its non-statutory committee system.

Education, Standards and Registration (ESR) Committee

The ESR Committee is responsible to Council for the oversight and delivery of the objectives related to pharmacy education including undergraduate, pre-registration and post registration education, including CPD.

The ESR Committee also oversees the provision and development of regulatory standards. The ESR Committee oversees the registration processes for current and new registrants and pharmacy premises in Northern Ireland.

The ESR Committee met six times in 2016/17. This year the Committee provided oversight of the final development for consultation of the pharmacy premises standards. It continued oversight on the development of a model of Continuing Fitness to Practise based on our CPD framework. The Committee also reviewed the pre-registration programme and the updates to the IT support for tutors and trainees. Registration statistics were reviewed to assure timeliness and accuracy in registration processes.

Fitness to Practise Committee

The FtP Committee is responsible to Council for the oversight of the Fitness to Practise process including setting, monitoring and reviewing KPIs, keeping the Council informed of the caseload and assessing risk.

The FtP Committee met five times in 2016/17. This year the FtP Committee's work primarily focused of providing assurance against KPIs, overseeing the appointment of new Statutory and Scrutiny Committee members and the reserve list and approving the appointment process for the Clinical Advisers List.

The Audit and Risk (A&R) Committee

The A&R Committee is responsible to Council for the oversight of internal and external audits to confirm to Council that adequate strategies are in place for the identification and management of risk.

The A&R Committee met on four occasions in 2016/17. This year the A&R Committee maintained its oversight of the Internal Audit Strategy. The Committee completed the development of new strategic KPIs and appointed new internal auditors following a tender process.

Resources Committee

The Resources Committee is responsible for oversight of the effective deployment of resources in pursuit of statutory obligations and Corporate/Business plans.

The Resources Committee met on four occasions in 2016/17. The Resources committee annually recommends to Council a budget for the following year as well as monitoring, on behalf of Council, performance against current budget.

Corporate Communications Committee

The Corporate Communications Committee is responsible to Council for the oversight of the management and delivery of all internal and external relations.

The Corporate Communications Committee met on five occasions in 2016/17. This year the Corporate Communications Committee's work focused on overseeing the communication aspects of the recruitment of new Council members, providing oversight to public consultations and consultation responses and providing oversight to the launch and communication plan of Council's new Corporate Strategy 2017-2022.

Chairs Committee

The Chairs Committee acts as a dashboard checkpoint for Strategy Monitoring and new project development. Its membership is made up of the Chairs of the non-statutory committees and is chaired by the President.

Chairs Committee met on two occasions in 2016/17.

7. Internal Control Report

The Council is responsible for ensuring that the organisation operates an appropriate system of risk management. The Audit and Risk Committee is responsible to Council for oversight of internal and external audits and to confirm that adequate strategies are in place for the identification and management of risk.

The Audit and Risk Committee is responsible for:

- Reviewing compliance with statutory instruments and appropriate financial management systems;
- Engaging an external supplier to provide an appropriate internal audit service and to oversee their work for the organisation;
- Oversight of the corporate governance requirements including committees of Council and Statutory Committees;
- Reviewing the Risk Register and evaluating and endorsing effective systems for assessing and managing risk, including information risk;
- Ensuring that any recommendations made by the internal and external auditors are properly considered by officials and appropriate actions are taken in good time; and

- Receive annual accounts and annual reports from Resources Committee, consider external and internal audits and agree recommendations for approval to full Council.

In order to embed risk management at all levels of the organisation, the Council has developed a Strategic Risk Register which is based on five key risks which reflect the aims of the Corporate Strategy 'A New Era' 2013-16. The Strategic Risk Register informs the Internal Audit Strategy and the Three Year Audit Plan (2013- 2016). In 2016/17, the Audit and Risk Committee has reviewed and endorsed the Strategic Risk Register and has been assured by the internal auditors that the arrangements in place are sufficient to ensure that risks are identified, mitigated and monitored. This is under review following approval of the Corporate Strategy 2017-2022.

Internal audits were carried out during 2016/17 in the following areas:

- regulatory and legislative compliance;
- registration performance;
- segregation of duties – payroll, payments and expenses; and
- business continuity.

The internal auditors have provided an overall “satisfactory” level of control whilst identifying recommendations for improvement in each category. The Executive Team accepted all recommendations and have in place action plans to deliver the improvements which will be reported to Council via the Audit and Risk Committee.

Council currently receives performance information in a number of ways – regular reports against action plans arising from audits and information on a number of high level KPIs.

The Audit and Risk Committee initially oversees the implementation of actions arising from each audit – receiving reports at every meeting and agreeing timetables for any future work. The Committee met 4 times in 2016/17.

Looking Forward – Corporate Strategy 2017- 2022

With the publication of the Corporate Strategy 2017 – 2022, Council and the Audit and Risk Committee have begun a process of reviewing the Strategic Risk Register and the performance information it receives from the Executive.

Based on the outcome of this work, a new three year Internal Audit plan will be developed and agreed by Council and commenced in 2017/18 along with a review of the Risk Register and KPIs in the light of the new Corporate Strategy.

Council, at their July 2017 meeting, agreed a new performance measurement template to provide regular updates on progress against strategic goals, based upon a traffic light system but with supporting narrative.

8. Pharmacy Forum NI

Introduction from Sheelin McKeagney

As Chair of the Pharmacy Forum NI, in what has been its fifth anniversary year, I am proud to present the Annual Report of Pharmacy Forum NI (the Forum).

I would wish to begin by congratulating my predecessor, Roberta Tasker, on her leadership as Chair and on the considerable achievements made during her tenure. We are now charged with building on this work and continuing to drive forward an agenda designed to ensure that we remain a strong local presence, working with key stakeholders in healthcare and other sectors, to promote the role of pharmacy and address the challenges for the profession, both now and in the future.

In an often uncertain and changing political and socio-economic environment, the role of a strong, focused professional leadership body has seldom been more relevant or important. Whether advocating for the role of pharmacists as a key component of patient centred care, ensuring that the profession's voices are heard in the context of wider changes to healthcare in Northern Ireland, developing guidelines and initiatives on a range of issues to better assist and support the work of pharmacists, or rewarding excellence and innovation, the Pharmacy Forum NI continues to make an impact. As Chair of the Pharmacy Forum NI Board, I have seen first-hand the enthusiasm and commitment of colleagues to drive leadership and to ensure that, as pharmacists, we play a key role in helping to shape the future of the profession.

2016/17 has been a year of considerable achievement, progress, challenge and change. Throughout this time, the Forum has continued to strive to provide responsive and robust leadership and to build on our work to date. In last year's report, we acknowledged the launch of our discussion document "Exploring Professional Leadership in Northern Ireland". We outlined what were felt to be the essential elements of a sustainable professional leadership body and identified five key themes in this context. Specifically, these themes are Leadership, Support, Development, Technology and Excellence. This year, we moved to consolidate this work by developing a strategy for the Forum which will ensure that we benchmark and deliver on our priorities around the key work streams. This work is on-going. However, we feel that once in place, the strategy will allow for a clear strategic focus and implementation plans which will mean that we are better placed to utilise our existing resources in the most effective manner, to deliver against our objectives.

The Pharmacy Forum NI continues to chair a working group of Pharmacy Professional Bodies (PPRB) which is a collaboration between the Pharmacy Forum NI and our colleagues, CPNI, NPA, PDA and UCA. In 2016/17, this valuable approach to joint working and to identifying and addressing areas of mutual interest and co-operation, led to a very successful event at the Hilton

Templepatrick Golf and Country Club on the 9th May. Entitled “Inspiring Change” and focused on quality, safety and innovation, the conference, convened by the PPRB, was the first of its kind in Northern Ireland. It was my pleasure to have the opportunity to open the conference as Chair of the Pharmacy Forum NI. Bringing together colleagues from across the profession, the PPRB was also grateful for the support given by the Department of Health and the Health and Social Care Board. A number of key issues currently facing the profession were highlighted at the event including Rebalancing, outcomes based premises standards, professional standards for reporting and quality assurance and clinical governance. Feedback from participants was overwhelmingly positive, with colleagues enjoying the opportunity to learn, network and share knowledge. We hope that, going forward, this will be the first event of many that will be organised by the PPRB.

Our continuing commitment to utilising collaborative approaches in developing initiatives and improving and enhancing practice was further reflected in our on-going work with our colleagues based in GP practices, the Royal College of GPs (RCGP), the HSCB and the GP Federations, on the role and future direction of Practice Based Pharmacy in Northern Ireland. We hope that this work will help to drive forward this important role and firmly establish Practice Based Pharmacy as a sustainable career and one which demonstrates at the highest level, the benefits of multi-functional team work across the medical professions, in the delivery of the patient centred care and support.

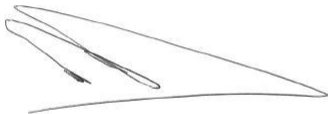
Turning to personnel matters, this year also saw the arrival of a new colleague. In February, Gillian Clifford took over the role of Policy Advisor to the Forum. Gillian has been working in public affairs and communications in Northern Ireland and Scotland for more than a decade. She is also a former Lecturer and Course Director in Political Communications and Public Affairs at Ulster University. As part of her role, Gillian is now the staff lead on the Policy and Practice Committee. We are delighted to welcome her to the team and look forward to continuing to develop our policy and advocacy role and advancing our wider communications remit.

In a busy environment for elections, we also began the process of refreshing our Board this year and welcoming new members. Through a combination of rotation and retirement, five places were available in this election cycle. We were delighted with the number of colleagues who took the time and made the effort to put themselves forward as candidates. Their participation was greatly valued and helped to ensure that we continue to be a robust leadership body. The Pharmacy Forum NI Board Elections began on Monday 8th May and concluded on 29th May. We look forward to welcoming our new and returning members and to continuing to have a Board, leading the work of the Forum, which is both diverse and representative of the profession.

Finally, it would be remiss of me not to mention the Rewarding Excellence Event, held in the Belfast Harbour Commissioners Building on the 10th November. On the evening, the Pharmacy Forum NI conferred three new Fellowships of the Pharmaceutical Society NI. I was honoured to join Dr Tracey Boyce and Joe Brogan as one of those Fellows. The Pharmacy Forum NI also awarded Gold Medals to the overall top student in pharmacy, from

Queen's University Belfast, Danielle Allen and from Ulster University Coleraine, Oisín Kavanagh. Muriel Singleton was presented with a certificate to acknowledge her 50 years of registration and service to pharmacy. The event in many ways sums up the year that has gone. One in which we have been afforded opportunities to celebrate achievements, to share, learn and collaborate and to look forward with renewed energy to the challenges of the future. I am enormously grateful to Board members, the committees, the special interest and working groups and to the staff for their continued commitment and support.

In times of uncertainty, there is also often opportunity for those who are solutions focused and are able to identify, communicate and build on their strengths. I feel certain that the Pharmacy Forum NI will continue to strengthen and evolve so that it continues to be at the forefront as we work to ensure that our profession has the leadership it needs to continue to deliver both for pharmacists and for those we seek to serve.

A handwritten signature in black ink, appearing to read 'Sheelin McKeagney', written over a horizontal line.

Sheelin McKeagney, Chair of the Pharmacy Forum NI

Pharmacy Forum NI

About Us

The Pharmacy Forum NI is the professional leadership body for pharmacists in Northern Ireland. The Forum leads and supports the development of the profession, promotes best practice among pharmacists and represents all sections of pharmacy practice. This report has been prepared by the Pharmacy Forum Board.

The Pharmacy Forum NI Board consists of elected members, representatives from other pharmacy organisations and those co-opted for skills and expertise. The Board met 6 times this year.

Figure 1 – Pharmacy Forum Board

Elected Members		
Sheelin McKeagney, Chair	Victoria Knowles, Vice Chair	Raymond Anderson
Frances Ann Archibald	Anne McAlister	Dr Kate McClelland
Niamh McGarry	Roberta Tasker	
Representative Members		
Catherine Devlin - Guild of Healthcare Pharmacists	David McCrea - Community Pharmacy NI	Peter Wright - Ulster Chemists Association
Dr Kathy Burnett Co-opted Member	Thomas Hughes – Newly Qualified Member Non-voting	Harry Harron - Advisor Non-voting

Pharmacy Forum Committees

Figure 2 - Education and Training Committee

Dr Kathy Burnett, Chair	Raymond Anderson	Dr Glenda Fleming
Dr Lezley-Anne Hanna	Roberta Tasker	Niamh McGarry*
Lesley Edgar	Stephen Curran	Hilary McKee
Rosin O'Hare		

*Resigned from Committee October 2016

Figure 3 - Policy and Practice Committee

Victoria Knowles, Chair	Ciaran Byrne	Catherine Devlin
Anna Fay	Anne McAlister	Sharon McEvoy
Mairead McGrattan	Sheelin McKeagney	Leon O'Hagan
Carole Parsons	Peter Wright	

Pharmacy Forum Activity Report

In a busy and productive twelve months, which saw the Pharmacy Forum NI celebrate its fifth year as the professional leadership body for all pharmacists registered in Northern Ireland, there were a considerable number of achievements and events worthy of recognition.

In 2016/17, the Forum continued to build on its work to date, to lead, promote and support the pharmacy profession. It remains committed to representing the views of members to the Regulatory Council of the Pharmaceutical Society NI and key stakeholders. Additionally, the Forum has worked collaboratively with colleagues both within and outside the profession to progress an agenda based on identifying and embedding the highest standards of safety, quality and innovation and on ensuring that the vital role of pharmacists in delivering effective, targeted and efficient patient centred care is fully recognised and acknowledged.

Leading the profession

Strategy Development

During the past twelve months, the Forum has continued to build on its paper, published last year, *“Exploring Professional Leadership in Northern Ireland”*. The document examined the current situation regarding Regulation and Professional Leadership in Northern Ireland and examined the context within which pharmacy operates. The paper also outlined the essential elements of a pharmacy leadership body and what resources a local leadership body should have in order to be an effective, sustainable organisation. As part of an on-going commitment to progress this work and to deliver appropriate, concise, measurable and sustainable objectives for the Forum, work began on the development of a Pharmacy Forum NI Strategy. Staff and Board Members participated in a facilitated “Strategy Workshop” on 20th March. The discussions on the day and the resulting report provided both a useful situational analysis and a clear Road Map, both of which will be utilised to form the basis of a Work Plan for the Pharmacy Forum NI going forward.

Pharmacy Forum NI Board Election

The Pharmacy Forum NI Board Election was held this year. Pharmacy in Northern Ireland continues to face challenges and the profession must be equipped to

address them. It is vital that we ensure that we have the right leadership to take this work forward. The election represented an important opportunity for members to make their voices heard, to ensure that:

- The Forum has a mandate to speak for the pharmacy profession;
- The composition of the Pharmacy Forum Board is diverse and representative of the membership;
- That the Board consists of individuals who represent the views of the membership and their aspirations for the future direction of the pharmacy profession; and
- That the leadership body is robust and able to provide an effective voice for pharmacists in Northern Ireland.

Through a combination of member rotation and retirement, five places were available in this election cycle. A number of high calibre candidates put their names forward which allowed for an engaging and competitive process. The election ran from 8th - 29th May and the Forum is grateful to the candidates and to all members who took the time to vote and participate in the process. The successful candidates were as follows:

- Karen Briers
- Philip Boyle
- Raymond Anderson
- Harry Harron
- Dr Kate McClelland

Working with our Key Stakeholders

PPRB “Inspiring Change” Conference

The Hilton Templepatrick Golf and Country Club was the venue, on Tuesday 9th May, for a Conference designed to promote innovation and quality outcomes in pharmacy.

Supported by the Department of Health and the Health and Social Care Board, the event was attended by more than 150 pharmacists. The evening was hosted by The Pharmacy Professional & Representative Bodies (PPRB) and was designed to provide community pharmacists and their teams with an opportunity to consider how they could enhance the quality and safety of their practice, including innovative new ways of delivering services.

Participants heard a number of fast paced presentations focused on the theme of ‘Inspiring Change’. These included real life examples of innovation in local community pharmacies. Promotional stands also offered a snapshot of the innovative solutions currently available.

The event was free of charge and attendance counted towards a participant’s CPD record. The evening also afforded a valuable opportunity for networking with fellow pharmacy professionals.

Practice Based Pharmacists

The Pharmacy Forum NI participated in collaborative work with colleagues based in GP practices, the Royal College of General Practitioners (RCGP) and the GP Federations, to develop and enhance the role of Practice Based Pharmacists in Northern Ireland. The work will include examining training and development and workforce planning and is designed to establish the role as a viable and sustainable career pathway for pharmacists. A Working Group has been established and plans include conducting a mapping exercise designed to establish current roles and responsibilities, examine training and development and look at overall service provision. Additionally, the potential for a joint position statement will be explored.

Rebalancing Medicines Legislation & Pharmacy Regulation Programme Board

The Forum continues to be actively involved in the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board. Proposals have been prepared in respect of a defence to the criminal sanction for inadvertent dispensing errors and clarity around the roles and responsibilities of owners, superintendents and responsible pharmacist arrangements. Additionally, work has commenced on a review of pharmacist supervision. However, overall changes to the law have been delayed thus far by changes outside the control of the Programme Board, which is not uncommon when endeavouring to change legislation. These have included the complexity of the work itself, elections in the Devolved Administrations, Brexit and a subsequent General Election. All of this is likely to further delay the laying down of legislation by parliamentary process. The Forum remains committed to this work.

Supporting the Profession

Continuing Professional Development

The Pharmacy Forum NI has continued to support the profession to meet its regulatory obligations to submit a CPD portfolio. The team of peer led facilitators has delivered a number of workshops throughout Northern Ireland.

The Forum has designed a range of different CPD facilitation training events and support services including:

- Facilitation training events;
- “One to One” facilitation sessions;
- Individual facilitation support; and
- Online resources including a video presentation.

App Launched to Support Pharmacy Over-The-Counter (OTC) Consultations

Following an award from the CW Young Fellowship Fund, two pharmacists, Dr Lezley-Anne Hanna and Dr Maurice Hall from Queen’s University Belfast, have launched a new app (OTC Consult) for pharmacy staff and students to support over-the-counter (OTC) consultations.

OTC Consult lists over 70 conditions commonly seen in community practice. Each condition is divided into clinical features, referral criteria, timeframe to resolution and management strategy (encompassing both pharmacological and non-pharmacological management). Pertinent prescription-only deregulations are also

summarised in addition to information on the UK Vaccination Schedule and adult screening programmes. Using key reference sources, such as those published by the National Institute for Health and Care Excellence (NICE), Cochrane Library and National Health Services (NHS) Choices, it aims to provide pharmacy staff and students with quick access to evidence-based information to aid decision-making in practice or when learning about common conditions.

The app has been released on both Android and Apple platforms and is currently free to download.

Pre-Registration Calculations Training

Three courses were held during the month of March, with 97 students attending.

Interest Groups

The Pharmacy Forum NI has continued to encourage the development of Interest Groups focused on key areas. The NIPOP Special Interest Group is responsible for establishing draft guidance, key questions and proposed working practices for the Northern Ireland initiative for Pharmacists with a Special Interest in Older People. In March, the group organised a very successful and fully booked Pain Management event with 45 pharmacists attending.

Forthcoming Interest Groups in 2017/18 include one for pharmacists who work in GP practices and another for newly qualified pharmacists.

Newsletter

The Forum has continued to provide regular updates about its work and that of the wider pharmacy profession. The newsletter is sent out on a bi-monthly basis to all registered pharmacists and pre-registration pharmacists.

Consultations & Guidance

In 2016/17, the Forum responded to a number of consultations from major stakeholders, reflecting the views of pharmacists on a number of key issues impacting on the pharmacy profession. These included the Department of Health consultation on Criteria for Reconfiguring Health and Social Care Services, the GPhC consultation on Initial Education and Training Standards for Pharmacy Technicians and the Pharmaceutical Society NI's Pre-Consultation on Premises Standards for a Retail Pharmacy Business or Registered Pharmacy.

All consultation responses are available on the website: <http://forum.psni.org.uk/whats-happening/consultations/>

Professional Guidance published by the Pharmacy Forum NI is also available on the website: <http://forum.psni.org.uk/whats-happening/guidance/>

Events

Rewarding Excellence

Pharmacy Forum NI held its Rewarding Excellence event in the Belfast Harbour Commissioners Building on Thursday 10 November. The event showcased the best in pharmacy through the awarding of Fellowships to pharmacists who have excelled in the profession.

Pharmacy professionals joined politicians and other guests to recognise and celebrate excellence in the pharmacy profession. The Pharmacy Forum NI conferred three new fellows of the Pharmaceutical Society NI, Dr Tracey Boyce, Joe Brogan and Sheelin McKeagney. The Pharmacy Forum NI also awarded Gold Medals to the overall top students in pharmacy, from Queens University Belfast, Danielle Allen and from Ulster University Coleraine, Oisín Kavanagh. Muriel Singleton was presented with a certificate to acknowledge her 50 years of registration and service to pharmacy.

Asthma Event

Organised by the Pharmacy Forum NI's Education and Training Committee, the information event entitled *Asthma: The Pharmacist's Role in Improving Patient Outcomes*, was held on 24th April. It was designed to help develop pharmacists' knowledge and skills relating to Asthma with a view to enhancing their delivery of relevant patient care within professional practice. Pharmacists who attended the fully booked event heard presentations from key speakers, Dr Maurice Hall from Queen's University School of Pharmacy, who discussed the condition, treatment and guidelines, Stephen Ward, the clinical pharmacy team lead for the Royal Victoria Hospital adult medical wards, who addressed the role of respiratory pharmacist in the clinical care of Asthma and John Hamill, an Independent Prescriber in Respiratory Care and Diabetes and an Accredited Advanced Inhaler Technique Trainer (WCPPE), who spoke on the topic of the management of asthma in Primary Care.



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. PASS is a registered charity which, in accordance with the Pharmacy (Northern Ireland) Order 1976, provides a service which supports pharmacists and pre-registration trainees of the Pharmaceutical Society of Northern Ireland, as well as former pharmacists, surviving spouses/civil partners and their dependants, in times of need.

Here are just some of the services on offer through PASS:



All services are impartial, free and completely confidential.

All pharmacists understand the unique pressures of the job. Whether focused on research and development, education or providing face to face support and advice, the common factor across all areas of the profession is care. This is often a key driver in wanting to help colleagues who have fallen on difficult times or who themselves have struggled to overcome difficult circumstances.

PASS is a free and confidential service and ensures that those in need – be they students, working pharmacists or retirees – know where to go for guidance, advice, a listening ear or financial assistance.

During 2016/17, PASS continued its work across a range of functions including assessing applications for grants, short-term loans, providing funds for the purchase of essential equipment and services and general signposting to additional sources of support. The PASS Mentor Programme also continued to develop, with mentors completing their formal training ahead of the launch of the Programme in June 2017.

A survey of members' needs was carried out during February 2017. It was designed to inform the service and to develop business plans to ensure the relevance and resilience of the charity and its activities in the months and years ahead. A number of emerging themes have been noted. In an increasingly disturbing environment in which pharmacists and pharmacies have become the targets for violent crime and anti-social behaviour, PASS will work to raise awareness of the support and services

available for pharmacists, their families and dependents, who have been affected. Additionally, we will continue to ensure that PASS is responsive to the needs of those with caring responsibilities and that they are provided with advice and support tailored to their circumstances.

If you have any comments or suggestions about the future development of the service or if you feel that you or your family wish to avail of any of the services offered through PASS, please contact us during business hours by telephone: (028) 90329553 or by email: pass@psni.org.uk

9. Financial Statements

for the year ended 31 May 2017

Financial Statement for the year ended 31 May 2017

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Foreword Chair of Resources

By Ciaran Hunter, Chair of Resources

The Council of the Pharmaceutical Society of Northern Ireland presents its annual audited statements for the year ended 31 May 2017.

Financial Performance - Overview

The Pharmaceutical Society NI recorded an operating surplus for the year of £347k compared to a deficit of £48k in the prior year. However, the Society also had an operational surplus (before taking account of the increase in the value of certain investments) of £186k compared to an operational surplus in the prior year of £24k. The main cause of the difference between the operational surplus and overall financial surplus was due to the revaluation of investments in line with accounting standards. The Pharmaceutical Society NI anticipates it will be faced with increasing operational costs over the coming years due to expected legislative changes and new regulatory requirements.

While recognising that the Pharmaceutical Society NI has a strong balance sheet, the Pharmaceutical Society NI must continue to explore all opportunities to expand the income base to support the required level of regulatory expenditure going forward, while also maintaining sufficient reserves for contingencies.

The details of significant items of income and expenditure are set out below.

Income- Financial Highlights

During the year, overall income rose to £1,196k in 2017 from £1,148k in 2016. The income of the Pharmaceutical Society NI is mainly based upon 3 key sources, being the Retention Fees paid by Registrants, Premises License Fees and the Registration Fees. Together these 3 income elements represent 91% (2016:87%) of total Pharmaceutical Society NI income.

The Retention Fees of £856k were up from £772k in 2016 an increase of 11%. The increase in this income heading was due to an increase in membership as well as an increase in the underlying fee by £23. Premises license fees income has remained constant at £88k. The income from premises licenses is likely to remain broadly at this level unless the premises charges are changed. Registration fee income rose from £135k to £149k.

Income obtained from interest has continued to decline and fell from £3.5k to £3.3k due to continuing low interest rates and also due to the movement of available funds to the investment fund. Dividend income this year fell from £25k to £23k.

Expenditure- Financial Highlights

The overall operational expenditure in 2017 was £1,010k compared to £1,124k in 2016. Historically the largest expenditure elements are staff costs (including pensions), Statutory Committee expenses, Facilities & Operational costs and Governance costs. Together these items represent 73% of total operational expenditure in 2017 (2016:70%)

Staff costs including pensions fell from £632k to £578k, a fall of £54k on the prior year. The main reason was the fall in the pension liability is detailed in note 9 to the accounts.

Travel and Subsistence rose from £37k to £40k, Office Expenses fell from £51k to £50k and Recruitment Costs fell from £9k to £6k We are continuing our efforts to reduce operational costs of maintaining and operating the Pharmaceutical Society NI.

However, expenditure on Statutory Committees rose from £64k in 2016 to £75k in 2017, which is still significantly down from the £127k in 2015. It is still important to note that prior to the introduction of the current regulatory framework, the Pharmaceutical Society NI spent £39k on Statutory Committees in 2011. Unfortunately, this area of expenditure may increase in the coming year and while the Pharmaceutical Society NI continues to focus on reducing the costs associated with each case, the Society has no direct control on the caseload.

Governance costs were further reduced in 2017 to £29k from £41k in 2016 due to a reduced number of meetings to support the ongoing regulatory developments and increased governance requirements and a smaller number of Council Members.

Balance Sheet Financial Overview

The Pharmaceutical Society NI reported reserves in the 2017 Financial Statements is £1,238k, Due to the overall surplus the reserves have risen by £318k to £1,238k at the current year end. It is noteworthy that this surplus includes revaluation gains of £161k on investments. Over the last number of years, a number of revisions to accounting and reporting requirements have led to significant additional provisions including for prior employee pensions and revaluations of investments.

While the Pharmaceutical Society NI remains on a solid financial footing at the year-end, it is important to note that the organisation needs to maintain significant reserves to fund contingencies such as significant legal challenges and deal with any unexpected disruption to income. The Pharmaceutical Society NI, while continuing to minimise costs, will also need to consider how to increase income to ensure adequate reserves are available to the Pharmaceutical Society NI to enable it discharge its duties as required.



Ciaran Hunter, Chair of Resources

Council, Executive and Professional Advisors

President

Dr. Jim Livingstone

Council

Full list of Council members referenced on page 36

Chair of Resource

Ciaran Hunter

Chief Executive

Trevor Patterson

Auditors

KPMG
Stokes House
College Square East
Belfast
BT1 6DH

Principle Bankers

Bank of Ireland
University Road
Belfast
BT7 1ND

Legal Advisors

Clever Fulton Rankin
50 Bedford Street
Belfast
BT2 7FW

Statement of responsibility of the Council

The Council is responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations.

Regulation 4C of the Pharmacy (Northern Ireland) Order 1976 requires the Council to prepare financial statements for each financial year in such form as the Department of Health, (the 'Department') may determine. To date, no determination has been issued by the Department. The Council has elected to prepare the financial statements in accordance with the basis of preparation and accounting policies set out in note 1, which it has determined are appropriate to the Society's circumstances having regard to current requirements of accounting standards issued by the UK Financial Reporting Council (UK Generally Accepted Accounting Practice), including FRS 102 *The Financial Reporting Standard Applicable in the UK and Ireland*.

In preparing these financial statements, the Council has:

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that are reasonable and prudent; and
- prepared the financial statements on the going concern basis unless it is inappropriate to presume that the Society will continue in business.

The Council is responsible for keeping proper accounting records that are sufficient to show and explain the Society's transactions.

The Council is also responsible for preparing the Annual Report in accordance with Regulation 4D of the Pharmacy (Northern Ireland) Order 1976 and the regulations made under it.

The Council has general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the Society and to prevent and detect fraud and other irregularities.

The Council is responsible for the maintenance and integrity of the corporate and financial information included on the Society's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

By Order of the Council



JIM LIVINGSTONE
PRESIDENT



TREVOR PATTERSON
CHIEF EXECUTIVE

14 September 2017

Independent Auditor's Report to the Council of the Pharmaceutical Society of Northern Ireland

We have audited the financial statements of the Pharmaceutical Society of Northern Ireland for the year ended 31 May 2017 which comprise the Statement of Comprehensive Income, the Balance Sheet, the Cash Flow Statement, the Statement of Changes in Equity and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies set out in note 1 of the financial statements. Our audit was conducted in accordance with International Standards on Auditing (ISAs) (UK & Ireland).

Opinions and conclusions arising from our audit

1 Our opinion on the financial statements is unmodified

In our opinion the financial statements:

- have been properly prepared, in all material aspects in accordance with the basis of preparation and accounting policies set out in note 1 to the financial statements; and
- have been properly prepared in accordance with the Pharmacy (Northern Ireland) Order 1976 and the regulations made under it.

2 We have nothing to report in respect of matters on which we are required to report by exception

Under ISAs (UK and Ireland) we are required to report to you if, based on the knowledge we acquired during our audit, we have identified other information in the annual report that contains a material inconsistency with either that knowledge or the financial statements, a material misstatement of fact, or that is otherwise misleading.

Basis of our report, responsibilities and restrictions on use

As explained more fully in the Statement of Responsibilities of the Council set out on page 56, the Council is responsible for the preparation of the financial statements in accordance with the basis of preparation as set out in note 1 to the financial statements; and otherwise comply with The Pharmacy (Northern Ireland) Order 1976. Our responsibility is to audit and express an opinion on the financial statements in accordance with UK law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Financial Reporting Council's Ethical Standards for Auditors.

An audit undertaken in accordance with ISAs (UK & Ireland) involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Pharmaceutical Society's circumstances and have been consistently applied and adequately disclosed; the

Independent Auditor's Report to the Council of the Pharmaceutical Society of Northern Ireland, continued.

reasonableness of significant accounting estimates made by the Council; and the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Whilst an audit conducted in accordance with ISAs (UK & Ireland) is designed to provide reasonable assurance of identifying material misstatements or omissions it is not guaranteed to do so. Rather the auditor plans the audit to determine the extent of testing needed to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements does not exceed materiality for the financial statements as a whole. This testing requires us to conduct significant audit work on a broad range of assets, liabilities, income and expense as well as devoting significant time of the most experienced members of the audit team, in particular the engagement partner responsible for the audit, to subjective areas of the accounting and reporting.

This report is made solely to the Pharmaceutical Society NI members, as a body, in accordance with Section 4(C) of The Pharmacy (Northern Ireland) Order 1976. Our audit work has been undertaken so that we might state to the Pharmaceutical Society's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Pharmaceutical Society and the Pharmaceutical Society's members, as a body, for our audit work, for this report, or for the opinions we have formed.



John Poole (Senior Statutory Auditor)
for and on behalf of KPMG, Statutory Auditor

Chartered Accountants

Stokes House

17/25 College Square East

Belfast

BT1 6DH

14 September 2017

The Pharmaceutical Society of Northern Ireland

Statement of Comprehensive Income for the year ended 31 May 2017

	Notes	2017 £	2016 £
INCOME			
Retention Fees		855,700	771,502
Licenses		87,807	86,790
Registration Fees		148,975	134,758
Tutors Course & Calculations Fees		19,166	17,283
Interest		3,298	3,486
Miscellaneous		22,863	76,542
Examinations		35,896	32,709
Dividends		22,629	24,842
		<u>1,196,334</u>	<u>1,147,912</u>
EXPENDITURE			
Computer & Photocopier Expenses		38,888	55,927
Salaries and National Insurance		611,068	598,828
Committee Attendance Fees		-	(300)
Pension Costs		(33,321)	33,257
Office Expenses		49,813	50,595
Events, Travel & Subsistence		40,255	37,085
Legal, Professional & Other Consultancy costs		49,909	75,886
Statutory Committee Expenses		75,225	64,048
Prize night, Certificates etc		896	242
Subscriptions		14,778	12,152
Pharmacy Forum Events		7,159	853
Facilities & Operational Costs		54,483	57,267
Depreciation less Grant Release		18,167	44,739
Recruitment Costs		5,623	9,425
Communications		1,338	3,185
CPD Process		13,904	16,479
Pre-registration Administration		10,048	6,356
Loss on disposal of Fixed Assets		209	-
Governance Costs		28,917	40,542
Project Expenses		22,903	17,701
		<u>1,010,262</u>	<u>1,124,267</u>
OPERATING SURPLUS		186,072	23,645
Gain/(Loss) on revaluation of investments	5	160,814	(71,311)
Gain/(Deficit) BEFORE TAX		346,886	(47,666)
Taxation	3	(28,418)	14,594
SURPLUS/ (DEFICIT) FOR THE YEAR		318,468	(33,072)
OTHER COMPREHENSIVE INCOME		1,030	1,030
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		<u>319,498</u>	<u>(32,042)</u>

All results of the Pharmaceutical Society of Northern Ireland derive from continuing operations.

The notes on pages 63 to 73 form part of these financial statements.

The Pharmaceutical Society of Northern Ireland

Balance Sheet for year ended 31 May 2017

	Notes	2017 £	2016 £
FIXED ASSETS			
Tangible Assets	4	46,310	54,925
Investments	5	905,888	721,194
		<u>952,198</u>	<u>776,119</u>
CURRENT ASSETS			
Debtors	6	597,113	733,016
Bank deposits		358,147	205,739
Cash in bank and on hand		674,835	576,179
		<u>1,630,095</u>	<u>1,514,934</u>
CURRENT LIABILITIES			
Creditors and accrued expenses	7	(1,218,545)	(1,201,575)
		<u>411,550</u>	<u>313,359</u>
NET CURRENT ASSETS			
		<u>1,363,748</u>	<u>1,089,478</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			
PROVISIONS			
Deferred tax liability	8	(36,984)	(11,888)
Pension obligations	9	(88,266)	(157,560)
		<u>1,238,498</u>	<u>920,030</u>
NET ASSETS			
SOURCE OF FUNDS			
Income and expenditure account		1,230,213	910,715
Premises renovation grant		8,285	9,315
		<u>1,238,498</u>	<u>920,030</u>

The financial statements were authorised for issue on 14 September 2017 and signed on behalf of the Council by:



JIM LIVINGSTONE (PRESIDENT)



TREVOR PATTERSON (CHIEF EXECUTIVE)

The notes on pages 63 to 73 form part of these financial statements

The Pharmaceutical Society of Northern Ireland

Cash Flow Statement for year ended 31 May 2017

<i>Note</i>	2017 £	2016 £
Cash flows from operating activities		
Deficit for the year	318,468	(33,072)
<i>Adjustments for:</i>		
Depreciation	18,166	44,739
Interest receivable	(3,298)	(3,486)
Dividends received	(22,629)	(24,842)
(Gain)/ loss on revaluation of investments	(160,814)	71,311
Loss on disposal of fixed assets	209	-
Taxation	28,418	(14,594)
	178,520	40,056
Decrease/ (Increase) in trade and other debtors	135,907	(66,383)
Increase in trade and other creditors	14,795	156,757
Decrease in provisions	(69,294)	(3,563)
	259,928	126,867
Tax paid	(1,147)	(2,760)
Net cash from operating activities	258,781	124,107
Cash flows from investing activities		
Acquisition of tangible fixed assets	(9,764)	(8,903)
Interest received	3,298	3,486
Dividends received	22,629	24,842
Purchase of investments	(49,061)	(79,485)
Proceeds from sale of investments	25,181	62,887
Net cash from investing activities	(7,717)	2,827
Cash flows from financing activities		
Cash (placed)/withdrawn from deposit	(152,408)	(2,117)
Net cash from financing activities	(152,408)	(2,117)
Net increase in cash and cash equivalents	98,656	124,817
Cash and cash equivalents at 1 June	576,179	451,362
Cash and cash equivalents at 31 May	674,835	576,179

The notes on pages 63 to 73 form part of these financial statements.

The Pharmaceutical Society of Northern Ireland

Statement of changes in equity for the year ended 31 May 2017

	Income and expenditure account £	Premises renovation grant £	Total funds £
Balance at 1 June 2015	942,757	10,345	953,102
<i>Total comprehensive income for the year</i>			
Profit or loss	(33,072)	-	(33,072)
Other comprehensive income			
Premises grant amortisation	1,030	(1,030)	-
	-----	-----	-----
Total comprehensive income for the year	(33,042)	(1,030)	(33,072)
	-----	-----	-----
Balance at 31 May 2016	910,715	9,315	920,030
	=====	=====	=====

	Income and expenditure account £	Premises renovation grant £	Total funds £
Balance at 1 June 2016	910,715	9,315	920,030
<i>Total comprehensive income for the year</i>			
Profit or loss	318,468	-	318,468
Other comprehensive income			
Premises grant amortisation	1,030	(1,030)	-
	-----	-----	-----
Total comprehensive income for the year	319,498	(1,030)	318,468
	-----	-----	-----
Balance at 31 May 2017	1,230,213	8,285	1,238,498
	=====	=====	=====

The notes on pages 63 to 73 form part of these financial statements.

The Pharmaceutical Society of Northern Ireland

Notes to the Financial Statements for the year ended 31 May 2017

1. Principle Accounting Policies

The Pharmaceutical Society of Northern Ireland (the “Society”) is a statutory regulatory body for pharmacists, domiciled in Northern Ireland.

The financial statements have been prepared as required by Regulation 4C of the Pharmacy (Northern Ireland) Order 1976 and in accordance with the accounting policies set out in this note, which have been determined by the Council to be appropriate to the Society’s circumstances having regard to the recognition and measurement criteria of current accounting standards issued by the UK Financial Reporting Council (UK Generally Accepted Accounting Practice), including FRS 102 *The Financial Reporting Standard applicable in the UK and Ireland* (‘FRS102’), as issued in September 2015, with the exception of:

- Payments to former employees under which the obligation has been estimated in accordance with FRS102.21 Provisions and Contingencies, rather than FRS102.28 Employee Benefits as a defined benefit obligation; and
- The Society has prepared financial statements which present information about the Society only and does not incorporate financial information relating to certain funds (Pharmacists Advice and Support Fund, the CW Young Scholarship Fund and the Ronnie McMullan Fund) whose operations are directed by the Society. The Council considers that it is appropriate not to incorporate this information into the Society’s financial statements as required by FRS102 and details of the funds are provided in the unaudited appendices to the financial statements.

The presentation and functional currency of these financial statements is Sterling.

The accounting policies set out below have, unless otherwise stated, been applied consistently to all periods presented in these financial statements.

Management have assessed that there are no estimates or judgments that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities recognised in the financial statements.

Notes to the Financial Statements for the year ended 31 May 2017 (continued).

1. Principle Accounting Policies (continued)

Measurement convention

The financial statements are prepared on the historical cost basis except investments which are measured at their fair value.

Going concern

The Pharmaceutical Society's activities together with factors affecting future, development, performance and position are set out in the Annual Report and Chair of Resources Forward. The Pharmaceutical Society NI has satisfactory financial resources and is in a strong net asset position. As a consequence the Council believes that the Pharmaceutical Society NI is well placed to manage its risks successfully. Accordingly, they continue to adopt the going concern basis in preparing the financial statements.

Financial information relating to funds administrated by the Society

Certain funds (Pharmacists Advice and Support Fund, the CW Young Scholarship Fund and the Ronnie McMullan Fund) whose operations are directed by the Society are not incorporated in the financial statements. The financial statements present information about the Society only.

Revenue

Turnover represents the invoice value of service and is recognised on provision of the related service.

Retention, licences and registration fees are recognised on commencement of the relevant annual registration period.

Revenue from examinations is recognised in proportion to the stage of completion of the delivery of this service at the reporting date. The stage of completion is assessed by management.

Interest is included in the income and expenditure account on an accruals basis. Dividend income is recognised when the security is declared ex-dividend.

Basic financial instruments

Trade and other debtors/creditors

Trade and other debtors are recognised initially at transaction price less attributable transaction costs. Trade and other creditors are recognised initially at transaction price plus attributable transaction costs.

Notes to the Financial Statements for the year ended 31 May 2017 (continued).

1. Principle Accounting Policies (continued)

Cash and cash equivalents

Cash and cash equivalents comprise cash balances and call deposits.

Equity investments

Equity investments are recognised initially at fair value which is normally the transaction price (but excludes any transaction costs, where the investment is subsequently measured at fair value through profit and loss). Subsequently, they are measured at fair value through profit or loss, except for those equity investments that are not publicly traded and whose fair value cannot otherwise be measured reliably, which are recognised at cost less impairment until a reliable measure of fair value becomes available.

If a reliable measure of fair value is no longer available, the equity instrument's fair value on the last date the instrument was reliably measurable is treated as the cost of the instrument.

Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less accumulated depreciation and accumulated impairment losses. Where parts of an item of tangible fixed assets have different useful lives, they are accounted for as separate items of tangible fixed assets.

Depreciation is charged to expenditure on a straight-line basis over the estimated useful lives of each part of an item of tangible fixed assets. Leased assets are depreciated over the shorter of the lease term and their useful lives. The estimated useful lives are as follows:

- Property - 40 years line
- Furniture and office equipment - 4-7 years
- Computer equipment - 4 years

Depreciation methods, useful lives and residual values are reviewed if there is an indication of a significant change since last annual reporting date in the pattern by which the Society expects to consume an asset's future economic benefits.

Notes to the Financial Statements for the year ended 31 May 2017 (continued).

1. Principle Accounting Policies (continued)

Impairment

Financial assets (including trade and other debtors)

A financial asset not carried at fair value through profit or loss is assessed at each reporting date to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event has occurred after the initial recognition of the asset, and that the loss event had a negative effect on the estimated future cash flows of that asset that can be estimated reliably.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset's original effective interest rate. For financial instruments measured at cost less impairment an impairment is calculated as the difference between its carrying amount and the best estimate of the amount that the Society would receive for the asset if it were to be sold at the reporting date. Interest on the impaired asset continues to be recognised through the unwinding of the discount. Impairment losses are recognised in profit or loss. When a subsequent event causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through profit or loss.

Post-retirement benefits

Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which the Society pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution pension plans are recognised as an expense in the income and expenditure account in the periods during which services are rendered by employees.

Payments to former employees

The Society has a commitment to provide annual payments to a former employee. The Society's obligation in respect of this member is calculated by estimating the amounts of future benefit that the member is estimated to receive and is recognised as a liability of the Society.

The liability is measured based on publicly available actuary mortality tables and other relevant assumptions using guidance set out in FRS102.21 Provisions and Contingencies.

Notes to the Financial Statements for the year ended 31 May 2017 (continued).

1. Principle Accounting Policies (continued)

Provisions

A provision is recognised in the balance sheet when the entity has a present legal or constructive obligation as a result of a past event, that can be reliably measured and it is probable that an outflow of economic benefits will be required to settle the obligation. Provisions are recognised at the best estimate of the amount required to settle the obligation at the reporting date.

Taxation

Tax on the profit or loss for the year comprises current and deferred tax. Tax is recognised in the income and expenditure account except to the extent that it relates to items recognised directly in equity or other comprehensive income, in which case it is recognised directly in equity or other comprehensive income.

Current tax is the expected tax payable or receivable on the taxable income or loss for the year, using tax rates enacted or substantively enacted at the balance sheet date, and any adjustment to tax payable in respect of previous years.

Deferred tax is provided on timing differences which arise from the inclusion of income and expenses in tax assessments in periods different from those in which they are recognised in the financial statements. The following timing differences are not provided for: differences between accumulated depreciation and tax allowances for the cost of a fixed asset if and when all conditions for retaining the tax allowances have been met to the extent that it is not probable that they will reverse in the foreseeable future. Deferred tax is not recognised on permanent differences arising because certain types of income or expense are non-taxable or are disallowable for tax or because certain tax charges or allowances are greater or smaller than the corresponding income or expense.

Deferred tax is measured at the tax rate that is expected to apply to the reversal of the related difference, using tax rates enacted or substantively enacted at the balance sheet date.

Grants

Premises Renovation Grant

The premises renovation grant was recorded in reserves on receipt and is amortised into the income and expenditure account at 2.5% per annum in line with the depreciation period on the property.

Notes to the Financial Statements for the year ended 31 May 2017 (continued).

2. Expenses and auditors' remuneration

	2017	2016
	£	£
<i>Operating deficit on operating activities before tax is stated after charging/crediting:</i>		
Depreciation of tangible assets	18,166	44,739
Auditors Remuneration:		
- Audit of these financial statements	9,000	9,000
	<u> </u>	<u> </u>

3. Taxation

Total tax expense recognised in the income and expenditure account

	2017	2016
	£	£
<i>Current tax</i>		
Current tax on income for the period	2,429	2,760
Adjustments in respect of prior periods	893	-
	<u> </u>	<u> </u>
Total current tax	3,322	2,760
<i>Deferred tax</i>		
Origination and reversal of timing differences	25,756	(14,430)
Impact of change in tax rates	(660)	(2,924)
	<u> </u>	<u> </u>
Total deferred tax (note 8)	25,096	(17,354)
	<u> </u>	<u> </u>
Total tax	<u>28,418</u>	<u>14,594</u>

Notes to the Financial Statements for the year ended 31 May 2017 (continued).

4. Fixed Assets

	<i>University Street Property</i> £	<i>Furniture and Office Equipment</i> £	<i>Computer Equipment</i> £	<i>Total</i> £
Cost				
At 1 June 2016	86,014	137,695	138,588	362,297
Additions	1,100	-	8,664	9,764
Disposals	-	(6,276)	(38,142)	(44,418)
At 31 May 2017	87,114	131,419	109,110	327,643
Depreciation				
At 1 June 2016	66,711	131,561	109,100	307,372
Charge for year	2,709	879	14,578	18,166
Disposals		(6,273)	(37,932)	(44,205)
At 31 May 2017	69,420	126,167	85,746	281,333
Net book value				
At 31 May 2017	17,694	5,252	23,364	46,310
At 31 May 2016	19,303	6,134	29,488	54,925

The Society has no assets held under finance leases.

Notes to the Financial Statements for the year ended 31 May 2017 (continued).

5. Investments

	2017 £	2016 £
Fair value		
At beginning of year	721,194	775,907
Additions	49,061	79,485
Disposals	(25,181)	(62,887)
Fair value adjustments	160,814	(71,311)
	<u>905,888</u>	<u>721,194</u>
At end of year	<u>905,888</u>	<u>721,194</u>

Investments comprises listed investments which as at 31 May 2017 the market value of these investments was £905,888 (2016: £721,194).

6. Debtors

	2017 £	2016 £
Trade debtors	436,636	592,029
Prepayments and accrued income	39,756	39,215
Amounts receivable from related parties	120,721	101,772
	<u>597,113</u>	<u>733,016</u>

7. Creditors

	2017 £	2016 £
Trade Creditors	68,834	57,995
Accruals	38,473	67,938
Amounts payable to related parties	32,029	28,366
Deferred Income	1,058,694	1,031,424
Taxation and Social Security Costs	18,340	15,852
Corporation Tax	2,175	-
	<u>1,218,545</u>	<u>1,201,575</u>

8. Deferred tax liability

	2017 £	2016 £
Investments	36,984	11,888
Deferred tax liability	<u>36,984</u>	<u>11,888</u>

The movement during the year comprises a charge of £25,096 (2016: Credit of £17,354) which is recognised in gain or deficit for the year.

Notes to the Financial Statements for the year ended 31 May 2017 (continued)

9. Employee benefits

Defined contribution plans

The Society operates a defined contribution plan. Contributions payable by the Society for the year ended 31 May 2017 amounted to £22,095 (2016: £23,214). No contributions were outstanding at year end (2016: nil).

	2017
Payments to former employees	£
At beginning of year	157,560
Charge to the income and expenditure account for the year	(55,416)
Benefits paid	(13,878)
	<hr/>
At end of year	88,266
	<hr/>

The provision relates to the Pharmaceutical Society's obligation to make annual payments to a former employee.

10. Commitments

The Society had no contractual commitments contracted for but not provided in the financial statements (2016: nil).

Notes to the Financial Statements for the year ended 31 May 2017 (continued)

11. Contingent liabilities

In the course of the 2014/15 review of fees, which was the subject of public consultation, the Department of Health Social Services and Public Safety (DHSSPS) was requested, pursuant to Articles 5 and 25A of The Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012 as amended, to approve amendments to some of the fees levied by the Society. During this approval process it became clear that, in the last round of substantive amendments to fees in 2009, some of the changes we had requested at that time had for some reason not in fact been incorporated in new Regulations as expected.

The Council initiated an immediate and comprehensive review of fees charged and their historic legislative basis. As a result, it became clear that a number of anomalies had arisen over a period of twenty years such that some registrants and prospective registrants were charged fees for services provided on the basis of a fee structure that was not wholly contained in Regulations.

Council has taken legal advice concerning any potential liability to repay sums charged in excess of statutory authority to affected persons. Council does not consider it appropriate or equitable to refund any of the sums that have been charged in excess of statutory authority.

No provision has been made by the Pharmaceutical Society NI for future costs or refunds in this regards and such sums are deemed to represent a contingent liability. The total amount of fees charged in excess of statutory authority is estimated to be £340k (2016: £340k).

Notes to the Financial Statements for the year ended 31 May 2017 (continued)

12. Related party transactions

During the year none of the Council members or members of the key management staff has undertaken any material transactions with related parties.

Total compensation (including pension contributions & benefits) of key management personnel in the year amounted to £258,480 (2016: £254,735). Total compensation of Council Members in the year amounted to £28,917 (2016: £40,542).

During the year the Society paid attendance fees to Council members totalling £26,921 (2016: £38,819). The Council also paid expenses to Council members totalling £1,996 (2016: £1,723).

Registrant members of the Council are required to pay a Retention Fee to the Pharmaceutical Society of NI, on the same basis as other registrant members.

The CW Young Scholarship Fund, The Ronnie McMillian Trust Fund and the PASS Fund are deemed to be related parties by virtue of the fact the trustees are non-executive directors or executive members of the Society. During the year, the Society collected income of £3,663 (2016: £3,295) on behalf of the Funds. Additionally expenses of £18,949 (2016: £22,189) were recharged from the Society to the Funds. The Funds owe £120,721 (2016: £101,772) to the Pharmaceutical Society NI as at 31 May 2017 and the Society owes £32,029 (2016: £28,366) to the funds as at 31 May 2017.

13. Subsequent events

Subsequent to the balance sheet date, no events have occurred affecting the Society's financial statements.

The following appendices do not form part of the audited financial statements

THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

**UNAUDITED INCOME AND EXPENDITURE ACCOUNT AND BALANCE SHEET
OF THE CW YOUNG SCHOLARSHIP FUND FOR THE YEAR ENDED 31 MAY
2017**

APPENDIX 1

	Cost	Related Income	
		2017	2016
	£	£	£
Investments	150,331	5,482	5,773
Gain on sale of shares	-	1,731	50
Debtors	55	-	-
Ulster Bank Ltd. - Current Account	917	-	-
Cunningham Coates - Deposit Account	17,149	-	106
Creditors	(14,817)	-	-
	<u>153,635</u>	<u>7,213</u>	<u>5,929</u>
INCOME ACCOUNT		2017	2016
		£	£
At Beginning of Year		142,630	142,446
Income for Year		7,213	5,929
Investment Management Charge		(1,700)	(1,650)
Research Grant		-	(3,505)
Sundry		<u>(49)</u>	<u>(590)</u>
At End of Year		148,094	142,630
CAPITAL ACCOUNT		5,541	5,541
		<u>153,635</u>	<u>148,171</u>

THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

UNAUDITED INCOME AND EXPENDITURE ACCOUNT AND BALANCE SHEET OF THE RONNIE MCMULLAN TRUST FUND AS AT 31 MAY 2017

APPENDIX 2

BALANCE SHEET

	2017	2016
	£	£
Ulster Bank Ltd - Current Account	1,290	1,300
Ulster Bank Ltd - Deposit Account	16,683	16,675
	<hr/>	<hr/>
Creditors	17,973 (1,721)	17,975 (1,721)
	<hr/>	<hr/>
Net Assets	16,252	16,254
	<hr/> <hr/>	<hr/> <hr/>

INCOME ACCOUNT

	2016	2015
	£	£
At beginning of year	16,254	16,254
Bank interest	28	-
Bank charges	(30)	-
	<hr/>	<hr/>
At end of year	16,252	16,254
	<hr/> <hr/>	<hr/> <hr/>

THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

PHARMACISTS ADVICE AND SUPPORT SERVICES (FORMERLY NORTHERN IRELAND CHEMISTS BENEVOLENT FUND)

**UNAUDITED INCOME AND EXPENDITURE ACCOUNT AND BALANCE SHEET
AT 31 MAY 2017**

APPENDIX 3

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MAY 2017

	2017	2016
	£	£
INCOME		
Dividend Received	18,461	18,384
Presidents Appeal	3,663	3,295
Bank Interest	<u>717</u>	<u>333</u>
	22,841	22,012
EXPENDITURE		
Grants	3,000	1,335
Management Charge	5,455	4,374
Bank Charges	-	12
Salary Costs	10,156	10,563
Printing/Stationery	1,000	-
Counselling	216	-
Legal and Professional Fees	650	-
Help Line	2,404	3,501
Sundry	366	279
Telephone	1,293	1,260
Website & Branding	<u>-</u>	<u>540</u>
	24,540	21,864
DEFICIT / SURPLUS OF INCOME OVER EXPENDITURE	<u>(1,699)</u>	<u>148</u>

BALANCE SHEET AS AT 31 MAY 2017

	2017	2016
	£	£
CAPITAL EMPLOYED ASSETS		
INVESTMENTS	<u>502,210</u>	<u>469,958</u>
CURRENT ASSETS		
Cash at Bank	3,074	3,074
Cash on Deposit	60,445	73,920
Sundry Debtors	<u>32,029</u>	<u>28,366</u>
	<u>95,548</u>	<u>105,360</u>
CURRENT LIABILITIES	<u>(104,183)</u>	<u>(85,234)</u>
NET ASSETS	<u>493,575</u>	<u>490,084</u>
REPRESENTED BY:		
CAPITAL ACCOUNT		
At start of year	490,084	489,732
(Deficit) / Surplus of Income over Expenditure	(1,699)	148
Realised gain on investments	5,190	204
	<u>493,575</u>	<u>490,084</u>
At end of year	<u>493,575</u>	<u>490,084</u>