

Pharmaceutical Society of Northern Ireland

Annual Report and Accounts
2014-15

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For the year ended 31 May 2015

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on

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1. President's foreword

Dr Jim Livingstone

I was absolutely delighted to be appointed President of the Pharmaceutical Society NI in October 2014 and regard it as a great honour to help the organisation develop its role as a modern regulator of the pharmacy profession during my four years in office. It is a special privilege, and a sign perhaps of the changing nature of regulation, to be the first non-pharmacist to be appointed as President in the organisation's ninety year history. I am acutely aware of the many exceptional people who have held the office before me, and I am determined to do all I can to emulate their successes and achievements.

Effective regulation in healthcare is undoubtedly a key component in the continuous effort to ensure patient safety and public confidence in the pharmacy profession as well as high quality health services in general. These are objectives to which I am passionately committed and I know that the high standards that characterise pharmacy today in Northern Ireland provide an excellent basis on which to progress.

By virtue of our legislation, the Pharmaceutical Society NI also holds responsibility for professional leadership. As the responsible regulator of the pharmacy profession, Council recognises that it has no mandate to perform this function 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.

The Council of the Pharmaceutical Society NI provides the strategic direction for the organisation and oversees the work of the Executive, and holds it to account, for the delivery upon our core objectives. In the 2014-15 year we have seen continued work to deliver upon our Corporate Strategy "A New Era 2013-16". The progress on this strategic plan has been significant and is detailed throughout this report.

Recognising the continued influence the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Report) has over the health service and health care regulation, we have continued to make developments against its findings and recommendations. This last year saw the launch of a consultation on proposals for a new Code of Ethics for pharmacists in Northern Ireland, with a new focus on the professional duty of candour. The organisation also reviewed its 'Raising Concerns Guidance', and has begun conversations with those delivering pharmacy services in Northern Ireland concerning the need for adequate whistle blowing policies.

By the same token, this last year has also been a difficult year for the organisation, mostly particularly in regard to problems on the legislative basis for fee charging. Council became aware in 2015 that in 2009, and indeed over a considerable number

of years before that, fee Regulations were not consistently brought into line with financial requirements that had been published and fully consulted upon.

Council was deeply disturbed at this revelation and immediately commenced work with the Executive of the organisation, and the Department of Health, Social Services and Public Safety to correct the matter and put into place measures that will prevent any recurrence of this unacceptable situation.

Council is aware of changes in the direction that both the profession and commissioners may wish to develop the practise of pharmacy. The Department of Health Social Services and Public Safety has recently published its five year strategy for pharmacy, 'Making It Better through Pharmacy in the Community'. It is for the profession of course to determine how it develops. As a modern regulator, we are already working on initiatives to ensure that regulation facilitates developments within the profession and service delivery, rather than acting as an unnecessary barrier to change.

The Council has six non-statutory committees which carryout different roles to help the organisation achieve its statutory obligations and strategic objectives which are detailed in the report. Upon my appointment I stated an intention to review the governance structures going forward, and I plan to do this over the next year. It is vital that the governance of the organisation moving forward is effective, modern, and fit for purpose.

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 this last year.

A handwritten signature in black ink, appearing to read "Jim Livingstone". The signature is written in a cursive, flowing style.

Dr Jim Livingstone, President

2. Chief Executive's foreword

Mr Trevor Patterson

Whilst 2014-15 has been a busy year with much achieved, it is very regrettable that we discovered inconsistencies in the fees charged that were not wholly consistent with Regulations. Whilst this was discovered during the course of the development of our proposals for changes to the fees in 2015 some of the errors uncovered date back twenty years..

We took immediate steps this year to correct the situation, in particular we have worked diligently with the Department of Health Social Services and Public Safety to return our fees structure to a proper statutory basis and have in the process learned important lessons which will be fully implemented. Our recently established in-house legal support will further assist us in this.

Throughout this report you will see how we have progressed against our Corporate Strategy and continue to deliver effective local regulation. The Professional Standards Authority annually assess the performance of all nine UK healthcare regulators and last year we were one of only five who met at least 23 of the PSA's 24 Standards of Good Regulation.

There are many external drivers for our work and we are required to respond to them. In January 2016 new European legislation associated with the Mutual Recognition of Professional Qualifications will come into operation, effectively creating a passport for European citizens, with appropriate qualifications, to practice in states other than their home state.

In preparation for this we have worked with the UK governments to introduce language testing and created provision to allow time for this to take place, a major concern of both professionals and the public. We will be consulting on guidance around language testing by the end of 2015. We will also be working with other regulators to establish systems and processes for accommodating the introduction of the Directive.

We also continue to work with other regulators to reduce costs and improve performance. For example, this year we ran joint training for Fitness to Practise panellists in Northern Ireland with the National Midwifery Council (NMC), providing a shared learning platform and minimising costs for both parties – we also continue to work with the NMC to deliver their Fitness to Practice hearings in Northern Ireland, providing them with a secure and appropriate environment and realising financial benefits for our organisation by an effective use of our building and staff.

We continue to fully participate in the UK wide initiative on “ Rebalancing Pharmacy Legislation and Professional Regulation” – so far this year two consultations have been concluded, one on dispensing errors in primary care and the other on standards for registered pharmacies. We anticipate that both initiatives will pass into legislation before the end of 2015.

Looking forward we will be working on Responsible and Superintendent Pharmacist Standards and bringing forward a further consultation on dispensing errors in secondary care in the next phase of this work.

The work on dispensing errors is particularly important as it is designed, with the removal of the threat of criminal prosecution in specified circumstances, to encourage and facilitate more reporting of errors and near misses. These reports will be used by a central body to identify trends and “hot spots” for errors and to disseminate learning with a view to reducing error rates and improving practice.

We are concluding our work on a revised Code of Ethics which will contain improved provision around candour, which requires professionals to be open and honest when errors occur – many complaints that we receive may never have become complaints if there had been greater willingness to be open and deal with the consequences when the incident occurred.

In 2016 we will build on the Code of Ethics by starting conversations with stakeholders about both Continuing Fitness to Practice and Registered Pharmacy Standards. We are keen to work with stakeholders to understand how best to regulate with minimum interference whilst maintaining safety and upholding standards.

I look forward to working with as many of you as possible on our ambitious programme for 2015/16.

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.

It is estimated 10 per cent of Northern Ireland's population visit a community pharmacy every day¹. 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 role, powers and responsibilities are set out in the Pharmacy (Northern Ireland) 1976 (Amendment) Order (Northern Ireland) 2012.

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

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

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 based in Belfast and have a small staff team of 13 people.

¹ http://www.hscbusiness.hscni.net/pdf/Guidance_document_SH_pilot.pdf

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.
- Ensuring that pharmacists complete an annual Continual Professional Development programme, keeping their skills and knowledge up to date.

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. Premises inspections ensure compliance with premises standards.

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 Social Services and Public Safety to ensure any complaint made against a pharmacist is appropriately investigated.

4. A New Era – Corporate Strategy 2013-16

As a modern regulator a focus on patient safety is at the forefront of our work. To reflect this focus, our Corporate Strategy - '*A new Era 2013-2016*' - provides the organisation with values which inform the vision and mission and set a clear strategic direction based on 6 key objectives.

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.
- Focus on continuous improvement and innovation.

Key objectives

'A New Era 2013-16' 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.

1. **Proportionate and progressive regulation**
2. **Fit for purpose education**
3. **Robust, timely, transparent and fair fitness to practise**
4. **Regulator leadership and responsiveness**
5. **Effective communication and relationships**
6. **Governance in the public interest**

5. Proportionate and progressive Regulation

The foundation stone of proportionate and progressive regulation and protecting the public is the professional Register². The Register is a publically 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) reasons³.

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.

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 retain a register of trainee pharmacists ensuring they have the required qualifications to complete our mandatory and supervised year of practical training before they can apply to the professional Register.

We also retain a register of pharmacy premises, ensuring that the required Premises Standards are met.

All pharmacists and pharmacy premises are required to register each year and pay a registration fee. Annual retention of pharmacists is due on 1 June of each calendar year and the annual retention of premises is due on 1 January of each calendar year.

Student registration has a greater degree of flexibility to reflect the periods during which students are in training.

² <http://www.psn.org.uk/search-register/>

³ <http://www.psn.org.uk/about/fitness-to-practise/pharmacists-removed-from-the-register/>

Innovation and change – online retention

This year we launched an online retention process which allowed pharmacists to apply to be retained on the Register online. Significantly reducing the number of paper based submissions and making the process simpler and quicker for pharmacists, the process operated smoothly with 40% of retentions being made online. In the coming years we aim to increase the number of online retentions

The number of pharmacists on the register changes each year due to new pharmacists entering the Register, voluntary withdrawals, withdrawals made by the regulator⁴ and deaths. An annual registration report is available online for the calendar year 2014 published in January 2015⁵.

Figure 1 – Registered Pharmacists and premises.

	2014/15	2013/14	2012/13
Registered Pharmacists	2,234	2,155	2,110
Registered premises	552	549	548

Removal from the Register

Pharmacists can remove themselves from the Register by applying to voluntarily withdraw. Alternatively the Registrar can remove pharmacists for the non-payment of the annual retention fee; non-compliance with CPD requirements or being 'struck off' as an outcome of a Fitness to Practise (FtP) hearing.

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

Reason for removal	2014-15	2013-14	2012-13
voluntarily withdrawals	117	130	142
Non-compliance with CPD requirements	26 ⁶	10	0 ⁷
Non-payment of fees	14 ⁸	4	33
Deceased	1	0	0
FtP removal	4	1	1

⁴ 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.

⁵ <http://www.psn.org.uk/wp-content/uploads/2012/12/Registration-Report-2014-FINAL.pdf>

⁶ 26 individuals were removed from the Register for non-compliance with CPD requirements on 6 August 2015

⁷ Statutory CPD was introduced after the financial year 2012/13.

⁸ 14 individuals were removed from the Register for non-payment of fees on 1 September 2015.

Timely Registration

It is illegal for an individual to practise pharmacy in Northern Ireland unless they are on our 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 effect as possible. In order to measure our performance we maintain the following Key Performance Indicators (KPIs)

See Figure 4 for performance against Registration KPIs in 2014/15.

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 also outline details about their registration, i.e. university attended, qualification and preregistration training details.

The certificate is valid for 3 months from the date of issue. Most regulatory authorities request this document as part of their registration process. The number of Certificates issued provides an indication of the number of Pharmacists moving from Northern Ireland to practice elsewhere. We also receive Certificates from authorities in other countries, which is again an indication of the number of pharmacists moving to Northern Ireland from outside Northern Ireland.

Figure 3 - Certificates of Current Professional Status Issued.

Year	2014/15	2013/14	2012/13
CCPS issued	141	152	185
CCPS received	7	9	10

Figure 4 – Performance against registration KPIs – 2014/15

Pharmacists		
Applications	KPI	Met
Acknowledged	same day	yes
Processed if complete	next day	yes
Notification to registrant	next day	yes
Web notification	next day	yes

Retention Pharmacists	KPI	Met
Retention packs distributed to pharmacists	before 01 June 15	yes
Submissions processed	before 30 June 14	yes
Statutory letters sent out	on 01 July 14	yes
Non payees removed	on 01 September 14	yes
Web notification	on 01 September 15	yes

Premises		
Applications	KPI	Met
Acknowledged	same day	yes
Processed if complete	next day	yes
Notification to applicant	next day	yes
Web notification	next day	yes

Retention premises	KPI	Met
Retention packs distributed to pharmacies	before 01 January 15	yes
submissions processed	before 31 January 15	yes
statutory letters sent out	on 01 February 15	yes
non payees removed	on 01 April 15	yes
web notification	on 01 April 15	yes

Students		
Applications	KPI	Met
Acknowledged	same day	yes
Processed if complete	next day	yes
Notification to applicant	next day	yes
Web notification	next day	yes

Students transition to pharmacy Register		
Applications	KPI	Met
Acknowledged	same day	yes
Processed if complete	same day	yes
Notification to applicant	same day	yes
Web notification	next day	yes

Review of Code of Ethics

In 2014/15, we continued our work as a proportionate and progressive regulator, by undertaking a review of our existing Code of Ethics, published in 2009. The Code of Ethics sets out the standards of conduct, ethics and professional performance expected of a pharmacist in their professional practice.

The fundamental review of our Code of Ethics has been necessary to ensure it remains fit for purpose and relevant to modern pharmacy practice and that it adequately reflects external developments, such as the recommendations outlined in the Francis and Berwick reports.

During the review, we carried out an extensive process of engagement with stakeholders and the public. A draft Code was produced in early 2015, named the *Code of Conduct*, which was released for public consultation between February and May 2015. The draft Code of Conduct covered developing areas such as the duty of candour, raising concerns and social media. Responses have been analysed and a consultation report produced. An updated Code is being prepared for final approval by Council before publication in autumn/winter 2015.

Continuing Fitness to Practise (CFtP)

In 2014/15, we continued to progress the development of plans for a continuing fitness to practise model for pharmacists in Northern Ireland. This new regulatory process will give greater confidence to the public, employers and fellow professionals that pharmacists are actively engaged in their continuing professional development and remain up to date with their knowledge, skills and competence.

We are currently committed to delivering a three component model of self-certification, CPD assessment and independent assessment.

These proposals will be subject to consultation and will be tailored to the needs and context of the pharmacy profession in Northern Ireland.

With representation on the Inter-regulatory Continuing Fitness to Practise/Revalidation group we meet regularly with other UK healthcare regulator colleagues to share best practice and learn from others' experiences in the development and implementation of different approaches to continuing fitness to practise.

Pharmacists (and members of the public) are updated on our progress with regard continuing fitness to practise via the relevant section of our website.⁹

⁹ <http://www.psni.org.uk/cpd/revalidation/>

6. 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 are vital aspects of protecting the public and key parts 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; 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 fit to practise by accrediting University Pharmacy Degrees. In 2014/15 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 Northern Ireland. Accreditation reports can be found on our website¹⁰.

Undergraduate students

In 2014/15 we continued to deliver our annual bespoke lecture to undergraduate 4th year students at Queens 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 at all times in their careers. A similar lecture was also delivered at the Ulster Chemist Association road show for 3rd year Pharmacy students.

The pre-registration training year

To ensure public safety and public confidence in the pharmacy profession, we administer and oversee a pre-registration training year for pharmacy graduates. 197 new trainees entered the pre-registration programme for 2013-2014. Pre-registration comprises of one full calendar year and provides trainees with the practical knowledge and skills that they need to cement their years of education and training in their MPharm degree.

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

The aim of pre-registration training is to ensure that when trainees join the Register they are fit to carry out all the duties of a practising pharmacist. The components of training include: in-practice assessment, completing an e-portfolio, attending compulsory training days, undertaking distance learning activities and sitting the Registration Examination.

We have a responsibility to quality assure pre-registration training in Northern Ireland. The quality assurance 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.

Pre-registration tutors

Tutors are vital to the training and assessment of pre-registration trainees. In order to become 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 set of multiple choice questions in order to achieve accreditation.

In the 2013-14 training year a 360 degree appraisal system was introduced which includes direct feedback from trainees, with tutors being sent an individualised appraisal report. This approach increases our ability to maintain standards amongst tutors and address any quality issues which may arise. In general feedback from trainees is extremely positive¹¹.

Pre-registration training e-portfolio

The pre-registration portfolio is completed via an on-line based recording system (e-portfolio).

The e-portfolio has been welcomed by users and feedback has been positive. The online training has been expanded over the last two years and now sees the performance standard assessment summary and quarterly appraisals carried out online.

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 and trainee/tutors as both parties can access the e-portfolio to view its contents and discuss relevant issues. The effectiveness of the e-portfolio system received recognition in November 2014 receiving a national e-learning award¹².

¹¹ <http://www.psni.org.uk/wp-content/uploads/2012/10/Tutor-performance-2013-14.pdf>

¹² <http://www.psni.org.uk/news/pre-registration-e-portfolio-programme-wins-national-award/>

Continuing Professional Development

We ensure that pharmacists remain fit to practise – protecting the public and the reputation of the profession - by requiring pharmacists registered in Northern Ireland complete an annual Continuing Professional Development Programme (CPD). CPD is a process of lifelong learning used to maintain and enhance the knowledge and skills related to the role of a pharmacist. It enables pharmacists to maintain the professional standards required for registration throughout their professional career.

Since 1 June 2013, we have been operating a statutory CPD process. This means that pharmacists are legally required to undertake CPD activities to maintain their professional registration, while we are legally required to ensure these activities are undertaken and comply with our set of CPD standards outlined in our CPD Framework. Each year every eligible registrant is obliged to submit a compliant CPD portfolio by the submission deadline (31 May) and each year, we check to make sure that every eligible registrant is meeting these standards through a robust and quality assured audit process. Both, a randomised and targeted sample, is taken and audited annually by a team of trained assessors.

Performance for CPD year 2013-14

In summer 2014, over 99% of registrants submitted compliant CPD portfolios of which 98.3% were submitted online. Approximately 11% of the register was selected for the audit process, involving assessment of the cycle entries against strict evaluation criteria. Of this number, 90% met the standard after first assessment and the remaining 10% achieved success after completing our remediation processes. This gave an overall success rate of 100%.

By 31 May 2014, 111 pharmacists submitted applications for voluntary 'Withdrawal by Request' from the Register and they were processed as requested. Pharmacists who did not provide a compliant CPD portfolio at the time of making their application were informed that they would be required to do so should they wish to be restored to the Register at a future time; relevant to the CPD year in which they 'withdrew' from the Register.

A total of 10 registrants were removed in August 2014 for non-compliance with the statutory CPD process, one of whom was a pharmacist independent prescriber.

7. 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 and 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;
- Poor physical or mental health, which impairs an individual's ability to practise safely; and
- Failure to meet the principles of good practice and conduct outlined in our Code of Ethics and subsequent Standards and Guidance documents.

For a full list of how an individual's practise may be impaired please see the Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012.

We work in investigation to test if there is current impairment of the pharmacist and evaluate the case with regard to 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 website¹³. The consideration of impairment of pharmacists is addressed at *three stages of investigation*:

1. *Investigations by the Registrar which are then closed or referred on;*
2. *Investigations which are more serious, that meet certain threshold criteria, are advanced by the Registrar to a Scrutiny Committee for closure, with or without sanction or referral to Stage three;*
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.*

Scrutiny and Statutory Committee members are appointed by an independent process for a four year period. The current four year period is coming to an end in October 2016 with the new appointments being sought in Spring 2016.

¹³ <http://www.psni.org.uk/about/complaints-2/>

Figure 5 - Summary of possible outcomes

Investigation		Registrar	Scrutiny Committee	Statutory Committee	Public notification
Sanction	<i>No action</i>	yes	yes	yes	No
	<i>Advice</i>	yes	yes	yes	No
	<i>Warning</i>		yes	yes	Yes
	<i>Undertaking</i>		yes	yes	Yes
	<i>Conditions</i>			yes	Yes
	<i>Suspension</i>			yes	Yes
	<i>Removal</i>			yes	Yes

Transparent Fitness to Practise

Each year we produce a bespoke FtP report for the calendar year just closed; the report for 2014 was published in May 2015¹⁴. This includes reports from FtP committees and learning points for the profession.

The tables below illustrate the profile of the 31 cases considered in 2014/15. 13 of which were opened prior to 1 June 2014.

Investigation numbers are comparable since 2013/14, with the number of cases investigated increasing slightly from 28 to 31. It should be noted that 13 cases opened in 2013/14, or previously, carried over into 2014/15 and were either closed in 2014/15 or remain open cases. As with previous years the public are the largest group which register complaints or concerns with us. The FtP outcomes are posted on the website where a sanction has been made by an FtP committee¹⁵.

Figure 6 – sources of complaints

Source	2012/13		2013/14		2014/15	
	No.	%	No.	%	No.	%
DHSSPS	1	2%	0	0%	1	3%
Employer	6	15%	3	11%	3	10%
HSCB	2	5%	6	21%	3	10%
Pharmacy	2	5%	1	4%	1	3%
Other regulator	7	17%	0	0%	1	3%
Public	17	41%	10	36%	15	48%
Self-referral	6	15%	8	28%	7	23%
Total	41	100%	28	100%	31	100%

¹⁴ <http://www.psni.org.uk/wp-content/uploads/2013/01/Annual-Fitness-to-Practise-Report-2014.pdf>

¹⁵ <http://www.psni.org.uk/about/fitness-to-practise/determinations-of-statutory-committee/>

Figure 7 - outcomes of FtP cases

Closed Cases	2012/13		2013/14		2014/15	
	No.	%	No.	%	No.	%
No Further Action	6	26%	1	6%	4	18%
Advice	16	70%	15	82%	13	59%
Warning	0	0%	1	6%	3	14%
Undertakings	0	0%	0	0%	0	0%
Conditions	0	0%	0	0%	0	0%
Suspension	0	0%	0	0%	0	0%
Removal	1	4%	1	6%	2	9%
Total	23	100%	18	100%	22	100%

Figure 8- where each case was closed in 2014-15

Closed Cases	Registrar	Scrutiny Committee	Statutory Committee	Total
No Further Action	2	2	0	4
Advice	7	6	0	13
Warning		3	0	3
Undertakings		0	0	0
Conditions			0	0
Suspension			0	0
Removal			2	2
Total	9	11	2	22

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. 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.

Figure 9 - outcomes of Interim Order hearings 2014/15

Interim Order hearings	No. Orders made	Conditions Order made	Suspension Orders made	Total
Statutory Committee	3	1	7	11
High Court hearing	0	0	2	2
Total	3	1	9	13

Fair Fitness to Practise

Pharmacists involved in FtP cases closed by the Statutory Committee have the right to appeal against a decision to the High Court, if certain criteria are met. In 2014/15 no registrant appeals were lodged against Statutory Committee decisions.

The Professional Standards Authority (PSA) has the power to refer Statutory Committee decisions to court if it considers they are unduly lenient and do not protect the public. In 2014/15 the PSA referred no decisions made by the Statutory Committee to court.

Timely Fitness to Practise

Delivering timely FtP processes are in the interests 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 registrants and complainants and maintain public confidence. 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 2014/15 the initial complaint concerning all 22 closed cases was acknowledged within the five working days target.

The KPI for a case to be closed by the Registrar is 26 to 43 weeks¹⁶. In 2014/15 eight out of the nine cases closed by the Registrar met this KPI. The remaining case did not meet the KPI due to an extensive external investigation carried out by the police service. In such circumstances, we are obliged to give primacy to the external investigation and subsequently do not proceed with the case until the external investigation is closed.

The KPI for a case to be closed by the Scrutiny Committee is 32 to 52 weeks¹⁷. In 2014/15 10 out of the 11 cases closed by the Scrutiny Committee successfully met

¹⁶ 26 weeks is for cases examined exclusively by the regulator, 43 weeks is for cases which involved an investigation by an external body.

¹⁷ 32 weeks is for cases examined exclusively by the regulator, 52 weeks is for cases which involved an investigation by an external body.

this KPI. The remaining case did not meet the KPI due to the nature of the case changing from a single practitioner case to a multi-practitioner case during the investigation.

The KPI for cases closed by the Statutory Committee is 43 to 60 weeks¹⁸. In 2014/15 both cases closed by the Statutory Committee did not meet this KPI. This was because both cases were subject to extensive external investigations by, in one instance the police service, and in the other the Department of Health Social Services and Public Safety. In such circumstances we are obliged to give primacy to the external investigation.

In 2014/15 the Council’s FtP Committee reviewed our FtP KPIs and subsequently changed them to exclude the time taken in an investigation which is deemed beyond the control of the regulator. Going forward, the time taken by external organisations to complete an external investigation, which results in us not being able to proceed with a given case, will not be counted against our timeliness record.

Figure 10 - Fitness to Practise Closure times 2014/15

Case closed by	mean (weeks)	Median (weeks)	KPI (weeks)
Registrar	31	19	26-43
Scrutiny Committee	33	27	32 -52
Statutory Committee	90	90	43-60

8. Regulator leadership and responsiveness

Providing good regulation and protecting the public, does not occur in a vacuum. In our Corporate Strategy we set ourselves the objective of being pro-active 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.

In this regard one of the dominant external events, which is still influencing the development of regulation in Northern Ireland and across the UK, is the Mid Staffordshire NHS Foundation Trust Public Inquiry, known as the Francis Report, published in February 2013¹⁹.

¹⁸ 43 weeks is for investigations examined exclusively by the regulator, 60 weeks is for cases which involved an investigation by an external body.

¹⁹ <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/>

The Francis Report's focus on openness, transparency and candour throughout the health and social care system has informed much of our work in relation to regulatory leadership and responsiveness in 2014/15 and in conjunction with new reports, such as the Donaldson Report in Northern Ireland, will continue to do so in the coming years.

The Duty of Candour – whistle blowing

In 2014/15 we continued to show regulatory leadership in our response to the Francis Report by working with the Chief Executives of seven other healthcare professional regulators to develop a joint statement on openness and honesty and the professional duty of candour²⁰.

We carried out a review of our 'Raising Concerns' Guidance and identified that organisational culture still remains a significant barrier to pharmacists reporting adverse incidents and participating in whistle blowing. In early 2015 we subsequently met with representatives of those delivering pharmacy services in Northern Ireland to promote the need for a working culture which encourages the duty of candour and to assure ourselves that employers have adequate whistle blowing policies in their organisations. This work will continue in 2015/16.

Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board

Another key barrier to candour is the criminalisation of dispensing errors. In 2014/15 we continued to sit on the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board which was tasked to develop solutions to this issue within the context of regulatory improvement and public safety.

The culmination of its work to date in 2014/15 was the consultation in February – May 2015 of the Rebalancing medicines legislation and pharmacy regulation: draft Orders under section 60 of the Health Act 1999, by the Department of Health London, on behalf of the 4 UK health departments. We worked collaboratively with the DHSSPS to consult on this important issue and expect the final legislation to be made before the end of 2015.

Working with others

Post the publication of the Francis Report there is a growing recognition amongst the regulators of healthcare professions, the Professional Standards Authority and Government that greater collaboration between regulators is vital to ensure consistency of approach and to drive innovation with the ultimate goal of enhancing our ability to protect the public.

In 2014/15 we have continued to work closely with other regulators, government and other organisations to achieve our goal of delivering regulatory leadership and responsiveness.

²⁰ <http://www.psn.org.uk/wp-content/uploads/2013/02/Joint-statement-on-the-professional-duty-of-candour-FINAL.pdf>

Working with other regulators

In 2014/15 demonstrated our leadership and responsiveness by being active members of numerous inter-regulatory groups including, but not exclusively, the following:

- **Chief Executives Steering Group** – a group consisting of nine CEOs which is attended by the PSA and the Department of Health London, which looks at developments in healthcare regulation, shares policy ideas and acts as a platform for sharing best practice.
- **Directors of Fitness to Practise** – this is recently initiated network across the healthcare regulators to review common issues of FtP, exploring such issues as operational issues in investigations, adjudication and external liaison with other bodies such as the police service.
- **Directors of Resources** – regulators leads of finance and Human Resources share best practice, creating a platform for joint working. An outworking of this group's work has been the contractual and collaborative relationship developed with the NMC concerning the shared use of premises and facilities in Belfast.
- **Alliance of UK Health Regulators on Europe** – this group consists of the nine health and social care regulators in the UK and examines policy developments within a European context and develops consistent responses to Directives and Regulations emanating from the EU which will have an impact on health and social care regulation in the UK.
- **Performance Management** - this group consists of the nine health and social care regulators in the UK and focuses on sharing best practise and innovation with regards to business performance amongst regulators.
- **Joint Fitness to Practise panel members training** - we participated in joint training with the NMC for FtP panel members in May 2014 and July 2015. The training programmes were designed to share information by using working groups and group discussions in order for members to effectively manage cases more efficiently. Detailed case law was presented to provide a wide scope of examples for panel members making determinations in order for the best approach to be embedded in each committee.
- **Fitness to Practise facilities** – in 2014/15 we continued to work with the NMC to deliver their FtP hearings in Northern Ireland, providing them with a secure and appropriate environment.
- **Inter-regulatory Continuing Fitness to Practise/ Revalidation Group** – this group consists of the nine regulatory leads for Continuing Fitness to Practise across the healthcare regulators which look at developments and best practise in approaches to Continuing Fitness to Practise.

9. Effective communications and relationships

To fulfil our primary role of protecting the public, we must effectively engage, listen to and build relationships with patients, the public, the pharmacy profession and other relevant stakeholders. We prioritise and manage our communications work through an annual communications strategy which sets the objectives for the year and guides the activities to be undertaken to achieve those objectives.

2014/15 has seen the development of our communications activities and their effectiveness.

The Website

As in previous years our website²¹ remains the central communication tool to reach registrants, stakeholders and the wider public. It provides us with a means of keeping registrants and the public up to date with changes to the Register, regulatory changes and news. It is the main repository for our Professional Standards and Guidance materials for pharmacists and the public alike.

Year on year engagement remains strong, with website traffic having increased by three percent over the year. There is continued growth in the number of people using the 'search the Register' function, - a three percent increase in traffic over the year and visits to the Code of Ethics section of the website increasing by 19% over the year²².

Allied to the growth in website traffic, 2015 also saw the organisation launch its' Facebook page. By late February we had gathered over 250 followers and now all news and major events are carried on Facebook, providing an additional platform to alert registrants and the public of our work.

The greatest increase in website traffic in 2014/15 has been on the publications pages and the consultation pages. This increase demonstrates we are continuing to improve upon engagement with all stakeholders on important policy proposals and changes such as the MDS consultation the most recent Code of Conduct consultation.

Pharmaceutical Society NI Public Consultations 2014/15

1. Consultation on the proposed new Code of Conduct
2. Consultation on proposed amendment to the Registration of Pharmaceutical Chemists (Exempt Persons) Regulations (Northern Ireland) 2008
3. Consultation on registrant fees
4. Consultation on proposed MDS Standards

²¹ , www.psni.org.uk.

²² This figure will have been influenced by the Consultation on the Review of the Code of Ethics launched in February 2015.

Consultations

In 2014/15 we introduced a new approach to carrying out major consultations which impact on our core regulatory functions. The new approach was introduced in the Code of Conduct and MDS consultation processes. It included, pre consultation, where we met with key stakeholders at the beginning of the project, during its development stages and prior to the launch of the formal consultation. Using this approach, key stakeholders - both registrant and the public - have been able to influence the development of policies and Standards during the formative stages as well as during the formal consultation period.

This new approach has increased the flow of information to and from stakeholders; enhancing the consultation outcomes, making them more robust and representative and helping improve policy decisions.

2015 also saw two firsts with regards our consultation activities. Along with the Department of Health (London), the Department of Health Social Services and Public Safety NI and the Representative body (the Pharmacy Forum) we organised and ran a series of events for both registrants and members of the public in relation to the consultation on the Rebalancing of Pharmacy Legislation and Regulations. This most important consultation, seeking to address the concerns around the criminalisation of dispensing errors, was a great success with a wide range of members of the public and registrants being involved in discussion around the new proposals.

We also ran a joint consultation with the Department of Health Social Services and Public Safety into a proposed amendment to the Registration of Pharmaceutical Chemists (Exempt Persons) Regulations (Northern Ireland) 2008.

Newsletter

In 2015 we continued to keep registrants up to date with regulatory news by producing and circulating an online Newsletter.

Events

As in previous years the organisation has taken part and been represented at a variety of conferences and events. Along with other regulators we have attended the various political conferences of those political parties represented on the Northern Ireland Assembly's Health Committee. In the coming year, it is our intention to seek ways of working more collaboratively with the other healthcare regulators to maximise the impact and cost effectiveness of these events.

June 2014 the organisation helped organise the first NI Health and Social Care Regulators information event at Stormont. The purpose of the event was to promote the work of health and social care regulators with members of the Northern Ireland Assembly and Executive. On this occasion the lead organisation was the GMC and along with the NI Social Care Council and the RQIA we helped co-host this event which saw all the Health and Social Care regulators presenting as one to the various politicians and policy makers at Stormont. In 2015 it is hoped to re-run this event and on this occasion the Pharmaceutical Society NI will be the lead.

Going forward

Looking to the future, the organisation remains committed to engaging with all our stakeholders using a variety of methods. In 2015/16 consultations will again remain a key activity along with the publication of our newsletter and other information notifications.

As in previous years the organisation will be reliant on the use of electronic communication and we would encourage all registrants to ensure that they are regularly receiving our notification emails by keeping their contact details up to date. Likewise we would encourage registrants and other stakeholders to visit our website and sign up to our Facebook page.

2015 will see further activity in relation to the development of the replacement of the Code of Ethics, it is likely that there will be further work coming from the Rebalancing programme around Responsible and Superintendent pharmacists, hospital dispensing errors and it is also probable that we will be considering with stakeholders and developing new Registered Pharmacy Standards. In all this activity we continue to publish and promote the Register, we highlight learnings from Fitness to Practise cases and we promote learnings and lessons from CPD, all of which can be found on our website and now, on our Facebook page.

In 2014/15 we saw some changes in staff with Ms Grainne Magee our policy officer moving on and the appointment of Mr Peter Hutchinson to the post.

10. 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 subsequently 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 Social Services and Public Safety NI, in accordance with the Departmental Public Appointments Process, based on the competence of the applicants.

The Council has 14 appointed members, with an equal number of lay and registrant members.

In October 2014 the Minister for Health Social Services and Public Safety appointed four new members to the Council, including a President and Vice President.

The Council has agreed a structure of remuneration and expenses based on attendance at meetings which is published by DHSSPS in recruitment activity.

The Council met on seven occasions in 2014/15.

The Council of 31 May 2015

- Dr Jim Livingstone, President (LM) (Appointed 2 October 2014)
- Ms Sinead Burns, Vice President (LM) (Appointed 2 October 2014)
- Professor Martin Bradley, OBE* (LM) (Reappointed 2 October 2014)
- Mrs Helena Buchanan* (RM) (Reappointed 2 October 2012)
- Dr Lisa Byers* (RM) (Reappointed 2 October 2014)
- Ms Sandra Cooke (RM) (Appointed 1 October 2012)
- Mr Ciaran Hunter (LM) (Appointed 1 October 2012)
- Professor David Jones (RM) (Appointed 1 October 2012)
- Mr Garry McKenna (LM) (Appointed 1 October 2012)
- Mr Mark Nelson* (RM) (Re-appointed 2 October 2014)
- Mr Gareth Peeples (RM) (Appointed 2 October 2014)
- Mr James Perry (LM) (Appointed 1 October 2012)
- Mrs Marie Smith (RM) (Appointed 2 October 2014)
- Mrs Brenda Maitland ‡ (LM) (Appointed 1 October 2012)
- Dr Anne Marie Telford (LM) (Tenure ended 30 September 2014)
- Mr Paul Douglas (LM) (Tenure ended 30 September 2014)

*Professor Martin Bradley and Mr Mark Nelson applied to be and were reappointed to Council for an additional four year period. Mrs Helena Buchanan and Dr Lisa Byers were asked to remain on Council for a further one year and agreed to do so. Both were reappointed on 2 October 2014 for an additional one year extension.

‡ Mrs Brenda Maitland resigned from the Council on 1 June 2015.

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 of two fitness to practise committees; Scrutiny Committee and Statutory Committee.

Scrutiny Committee

The Scrutiny Committee considers concerns about a registrants 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.

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 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.

Non Statutory Committees

The Council has six non-statutory Committees which carry out different roles to help the organisation achieve its statutory and strategic objectives.

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. ESR Committee oversees the registration processes for current and new registrants and pharmacy premises in Northern Ireland.

Membership

- Mr Mark Nelson, Chair, **(RM)**
- Ms Sandra Cooke, **(RM)** (APPT to Committee 4 Nov 2014)
- Mr Gareth Peeples, **(RM)** (APPT to Committee 4 Nov 2014)
- Professor Martin Bradley, **(LM)**
- Ms Sinead Burns, **(LM)** (APPT to Committee 4 Nov 2014)
- Mr Paul Douglas, **(LM)** (Tenure ended 30 Sept 2014)
- Mrs Helena Buchanan **(RM)** (Tenure ended 30 Sept 2014)

The ESR Committee met seven times in 2014/15. Its development work primarily focused on the oversight and review of the Code of Ethics, development of the mutual recognition of professional qualifications and developing a model for Continuing Fitness to Practise.

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 6 times in 2014/15. This year the FtP Committee's work primarily focused on a review of KPIs for the progression of FtP cases, and a review of thresholds for progressing FtP cases.

Membership

- Mr Garry Mckenna, Chair, **(LM)**
- Professor Martin Bradley, OBE, **(LM)** (APPT to Committee 4 Nov 2014)
- Miss Sandra Cooke, **(RM)** (APPT to Committee 4 Nov 2014)
- Ms Marie Smith, **(RM)** (APPT to Committee 4 Nov 2014)
- Ms Sinead Burns **(LM)** (APPT to Committee 4 Nov 2014)
- Dr Anne Marie Telford, Chair, **(LM)** (Tenure ended 30 Sept 2014)
- Mr Ciaran Hunter **(LM)** (Tenure ended 20 Sept 2014)

The Audit and Risk (A&R) Committee

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

Membership

- Mr Jim Perry (Chair) (LM)
- Mrs Brenda Maitland (LM)
- Mrs Marie Smith (RM)
- Dr Lisa Byers (RM)

The A&R Committee met on four occasions in 2014/15. This year the A&R Committee maintained its oversight of the Internal Audit Strategy and oversight of the organisation's response to the proposed changes to the Professional Standards Authority's Annual Performance Review.

Resources Committee

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

Membership

- Mr Ciaran Hunter, Chair, (LM)
- Mr Mark Nelson, (RM)
- Mr Garry McKenna, (LM) (APPT to Committee 4 Nov 2014)
- Mr Paul Douglas (LM) (Tenure ended Sept 2014)

The Resources Committee met on five occasions in 2014/15.

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.

- Helena Buchannan, Chair, (RM)
- Ciaran Hunter, (LM) (APPT to Committee 4 Nov 2014)
- Brenda Maitland, (LM)
- Gareth Peeples, (RM) (APPT to Committee 4 Nov 2014)
- Mrs Marie Smith (RM) (Tenure ended 4 Nov 2014)
- Prof Martin Bradley (LM) (Tenure ended 4 Nov 2014)

The Corporate Communications Committee met on seven occasions in 2014/15. The Corporate Communications Committee carried out a review of the Communications Strategy and began a review of the organisation's external publications. Much of the

Committee's work in 2014/15 focused on promoting raising concerns and whistle blowing amongst stakeholders.

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 seven occasions in 2014/15.

11. 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, the Executive 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 is taken in good time.
- Receipt of annual accounts and annual reports from Resources committee, consider external and internal audits and agree recommendations for approval to full Council.

In September 2013, after a tender process, Council appointed ASM as internal auditors.

In order to imbed risk management at all levels of the organisation we have developed a Strategic Risk Register which is based on five key risks which reflect the aims of our corporate strategy '*A New Era*' 2013-16. The Strategic Risk Register informs the Internal Audit Strategy and the Three Year Audit Plan (2013- 2016). 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.

In September 2014, the Audit and Risk Committee formally confirmed year two of the three year Internal Audit Plan, for 2014/15. Internal audits were carried out during 2014/15 in the following areas.

1. Registration and Retention (to include reviews of applications, maintenance of the register and payments);
2. Communications Strategy;
3. Follow up review of previous audit actions; and

In all cases satisfactory controls were confirmed. The Audit and Risk Committee oversees the implementation of actions arising from each audit – receiving reports at every meeting and agreeing timetables for any future work. The Committee met four times in 2014/15.

Pharmacy Forum NI

Annual Report 2014-15

12. Pharmacy Forum NI

Introduction from Chairperson

Dr Kate McClelland

This is my last Annual Review as the Chairperson of the Pharmacy Forum NI. It has been a great honour to be Chair for the last two years and I would like to take this opportunity to wish Roberta Tasker well as she takes the work of the Pharmacy Forum NI forward.

I am delighted we are getting the message across that pharmacists play an integral role across the whole healthcare system, providing better patient care and supporting people to stay well. I am confident that the Pharmacy Forum NI will continue to promote the role and opportunities in pharmacy to the profession and beyond.

The Pharmacy Forum Board have been actively working on a number of joint stakeholder projects including the Rebalancing Pharmacy Legislation Programme Board, Falsified Medicines Directive (EU), Health Plus Pharmacy Alliance, Medicines Optimisation Framework and the Making it Better through Community Pharmacy Implementation plan. We have also been continuing our valuable work to support pharmacists to deliver their Continual Professional Development requirements.

We have also been looking at the future of professional leadership for pharmacists in Northern Ireland in light of the Chief Pharmaceutical Officer's review into the future arrangements for the regulation of Pharmacy in Northern Ireland. This has given us the opportunity to reflect on our role and how we can improve our services for you.

I feel that professional leadership is core to help us as pharmacists transform our role, lead on best practice and become an even more integral part of the Health Service. Our role as the medicines experts is recognised as a key skill in helping more and more people deal with increasing co-morbidities and the ever increasing health challenges. We cannot do this alone; we must work with our healthcare colleagues. As part of a multidisciplinary workforce in healthcare we must bring together colleagues with the necessary knowledge, skills and experience to ensure the best outcome for the patient in truly integrated care pathways.

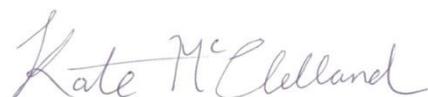
This year the Donaldson Report, a major review of the Health and Social care in Northern Ireland, was published. I was delighted to see recommendation two from the report included;

“We recommend that a new costed, timetabled implementation plan for Transforming Your Care should be produced quickly. We further recommend that two projects with the potential to reduce the demand on hospital beds should be launched immediately: the first, to create a greatly expanded role for pharmacists; the second, to expand the role of paramedics in pre-hospital care.”

The Pharmacy Forum NI will continue to call for the Minister of Health, Social Services and Public Safety to implement this recommendation.

The Pharmacy Forum NI will also be forging ahead with our identified actions on the implementation of the ‘Making it Better through Pharmacy’ strategy and the ‘Medicines Optimisation Quality Framework’ to ensure that pharmacy and pharmacists are at the forefront of advancing our service and ensuring safety to our patients.

I would also like to thank the Board members and Staff of the Pharmacy Forum NI for their support and, although this is my final duty as Chair, I will continue to support the Pharmacy Forum NI and its crucial work in Leading, Promoting and Supporting the profession.

A handwritten signature in cursive script that reads "Kate McClelland".

Dr Kate McClelland, Chairperson

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. Our role has developed as we have grown into our arms-length function from the Pharmaceutical Society NI. This report has been prepared by the Pharmacy Forum Board.

Our Board

The Pharmacy Forum Board consists of elected members, representatives from other pharmacy organisations and those co-opted for skills and expertise. The Board met 7 times this year.

Figure 1 - Pharmacy Forum Board

Elected Members		
Dr Kate McClelland (Chair)	Mrs Frances Ann Archibald (Vice Chair)	Mr Raymond Anderson
Ms Johanne Barry	Mr John Clark	Mrs Anne McAlister
Miss Niamh McGarry	Ms Roberta Tasker	
Representative Members		
Ms Catherine Devlin (Guild of Healthcare Pharmacists)	Mr David McCrea (Community Pharmacy NI)	Mr Peter Wright (Ulster Chemists Association)
Dr Kathy Burnett Co-opted Member		

Pharmacy Forum Committees

Figure 2 - Education and Training Committee

Committee members		
Dr Kathy Burnett (Chair)	Mr Raymond Anderson	Dr Glenda Fleming
Dr Lezley Ann Hanna	Mrs Roberta Tasker	Miss Niamh McGarry
Mrs Lesley Edgar		

Figure 3 - Policy and Practice Committee

Committee members		
Ms Johanne Barry (Chair)	Mr Ciaran Byrne	Mrs Anne McAlister
Miss Catherine Devlin	Miss Shauna O'Brien	Mr Leon O'Hagan
Mrs Sharon McEvoy	Mr Peter Wright	Dr Cris Ryan

Pharmacy Forum Activity report

In 2014-15 the Pharmacy Forum NI has continued to deliver high quality outcomes for our members, while also developing our structures to meet the need of the profession. Our priority has been the promotion of the pharmacy profession and representing the views of our members to the Regulatory Council of the Pharmaceutical Society NI.

During the 2014/2015 year the Pharmacy Forum NI held elections for membership of the Board Mr J Clarke retired from the Board by rotation having served for four years as an active Board member. Following the call for nominations to the Pharmacy Forum NI Board we are delighted to announce Anne McAlister, Sheelin McKeagney and Victoria Knowles have been elected.

Influencing Policy and Legislation

The Pharmacy Forum NI has continued to play a vital role in the debate on the role of the pharmacist.

Over the last twelve months we have continued to be a key stakeholder on the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board. In the first consultation we outlined our position that we see it as the first step in redressing the current punitive criminal sanctions for inadvertent dispensing errors and bringing pharmacists more in line with handling errors made by other healthcare professionals. Although at this time the consultation covered only pharmacists working in registered community pharmacies we were clear that proposals to provide a defence for inadvertent dispensing errors by pharmacy professionals working in hospital and other specified pharmacy services must progress at pace. We are pleased to say that this work is now nearing completion and the proposals will be consulted on later this year subject to parliamentary timeframes.

In the overall programme a key next steps in the process will be the introduction of legislation to the UK parliament for stage one of the Rebalancing Medicines Legislation and Pharmacy Regulation programme. We have committed to work with pharmacy professional colleagues to enable and support increased reporting and learning from dispensing errors and promote a wider cultural change that will require

ongoing commitment from a range of interests across pharmacy, the NHS, other healthcare providers and the Devolved Administrations.

We have been involved in the design of the Medicines Optimisation Framework in conjunction with the Department of Health, Social Services and Public Safety and other key stakeholders.

The Pharmacy Forum NI along with other pharmacy stakeholders have developed the implementation strategy for the rollout of the 'Making it better through Pharmacy' strategy.

In May 2015 we responded to the Donaldson Report highlighting our support for a greater role for pharmacists and also that we are the medicines expert and our experience will be essential in ensuring people living with long term conditions are able to help manage their medicines.

In our response to the Pharmaceutical Society NI's consultation on the proposed Code of Conduct we made a number of strong recommendations that will help our profession deliver better patient care whilst highlighting that patient safety is paramount.

In total we responded to 13 consultations that affect our profession in Northern Ireland directly or indirectly. All of our responses are available on our website [http://forum.psnl.org.uk/whats-happening/consultations /](http://forum.psnl.org.uk/whats-happening/consultations/)

Continuing Professional Development

The Pharmacy Forum NI has continued to support the profession to meet their regulatory obligations to submit a CPD portfolio. Our team of peer led facilitators have delivered 4 workshops throughout Northern Ireland, 3 events providing one to one sessions and our online resources have been updated to help all pharmacists meet their CPD requirements.

Pharmacy Forum NI has designed a range of different CPD facilitation training and support services including:

- Facilitation training events;
- One to One facilitation sessions;
- Individual facilitation support and
- Online resources

Initial feedback from participants has shown the value of these sessions with an overall rating of 100% of good to excellent. Next year the Pharmacy Forum NI will continue to support our members with more intimate workshop style sessions and examine the feedback received from participants to enhance our support for the profession.

Newsletter

The Pharmacy Forum NI has continued to provide regular updates from the Forum and wider pharmacy profession through our bi-monthly newsletter. The newsletter is sent to all pharmacists in Northern Ireland and highlights conference, CPD opportunities and pertinent information.

Awards and Bursaries

We are continuing to promote our Ronnie McMullan Fund and the CW Young Fund, awarding them appropriately to help pharmacists further their professional development. The Forum will continue to promote our awards, especially the CW Young Fund (available for the advancement and encouragement of pharmaceutical education for the public benefit). Full criteria and how to apply for the award is available on the Forum website.

Rewarding Excellence

Fellowship of the Pharmaceutical Society NI is an honour which recognises those individuals who have attained distinction in a particular aspect or aspects of their pharmacy career and is one of the highest honours that can be bestowed upon the pharmacy profession.

This year's Rewarding Excellence event was held in Belfast City Hall. The Pharmacy Forum NI conferred fellowship on two pharmacists for their outstanding contribution to the profession, Anne Friel and Roberta Tasker where presented the fellowships from the Pharmacy Forum Chair Dr Kate McClelland.

This year's awards of the Gold Medals to the overall top students in pharmacy were to Christopher Spence from Queens University Belfast and Declan Brennan from Ulster University Coleraine.

Georgina Procter was also awarded the Ronnie McMullen prize for the top result in the Pre-Registration examination.

International Developments

The Pharmacy Forum continues to play an active role in the Pharmaceutical Group of the European Union (PGEU) and the Commonwealth Pharmaceutical Association of which our Board member Raymond Anderson is President. Our focus in Europe

has been the implementation of the Falsified Medicines Directive. This Directive will allow the full traceability of medicines from manufacturer to dispensing to the patient.

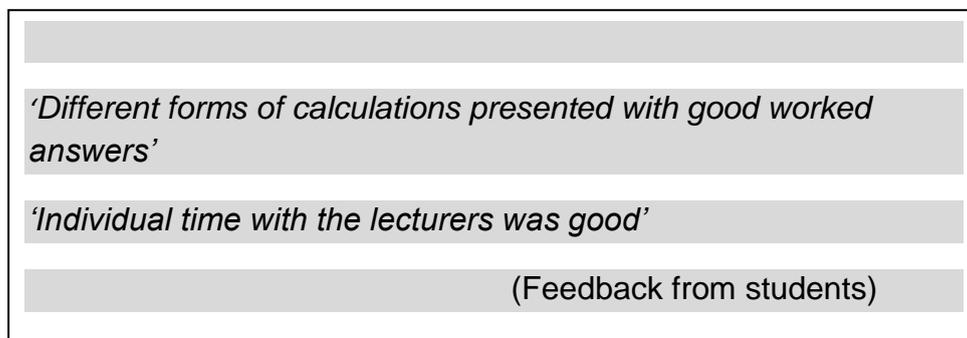
Other events hosted by the Pharmacy Forum NI

Preparation of Pharmacists for Public Appointments Event

Building on the success of last year the Pharmacy Forum NI held two 'Preparation of Pharmacists for Public Appointment' events. The Pharmacy Forum NI is passionate about leading, promoting and supporting pharmacists throughout their careers and this event encourages the development of leaders within pharmacy with over 35 people attending the two events.

Pre- Registration Calculations Training

We supported over 90 pre-registration students with calculations training to prepare for their final registration exams. Three two-session courses were delivered during 2014/2015 with feedback suggesting we are delivering on learning needs for those at the beginning of their career 'Learning methods specific to the way the questions are asked'



Northern Ireland Network of Pharmacists with a Special Interest in Older People Meeting

Another avenue of continuous professional development provided by the Pharmacy Forum NI was hosting two Networking of Pharmacists with a special interest in Older people events.

Role of the Community Pharmacist in the Management of Parkinson's event co-hosted with Parkinson's UK

As part of our vision to promote pharmacy and to provide opportunities for continual professional development the Pharmacy Forum NI co-hosted an event with

Parkinson's UK, attended by 17 people. During this event attendees had presentations and interactive sessions with a Parkinson's patient, a carer, and a specialist Parkinson's nurse.

Pharmacists Advice and Support Service (PASS)

PASS aims to provide financial assistance and pastoral support to pharmacists and their families, former pharmacists and pharmacy students. We can only do this through the generosity of pharmacists.

PASS is an independent charity working registered by the Charity Commission for Northern Ireland. We are here to meet the needs of pharmacists and their families in whatever way best meets their needs in difficult times.

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 free and confidential services 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.

This year PASS will launch its mentor programme the aim of the program is the facilitation of a personal and professional developmental relationship between a more experienced or knowledgeable pharmacist (mentor) and a fellow pharmacist who is less experienced (mentee). Both mentor and mentee are paired according to professional area, skills, need and other criteria.

Whilst the PASS mentor programme will be available to all registered pharmacists, we will seek to tailor promotion of the mentor provision service to the following groups specifically:

- Newly qualified pharmacists
- Pharmacists returning to practice
- Pharmacists who have undergone a fitness to practice process

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 Colm Burns during business hours by telephone: (028) 90326927 or by email: colm.burns@psni.org.uk

Financial Statements

for the year ended 31 May 2015

13. Financial Statement for the year ended 31 May 2015

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Foreword to the Annual Accounts

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 2015.

Financial Performance - Overview

The Pharmaceutical Society NI recorded a deficit for the year of £44k compared to a deficit of £59k in the prior year. The organisation also had an operational deficit (before taking account of the fall in the value of certain investments) of £10k compared to an operational deficit in the prior year of £56k. The Pharmaceutical Society NI expects that it will be faced with increasing operational and net deficits over the coming years due to the largely fixed income base and the increasing costs of fulfilling the regulatory requirements.

While the Pharmaceutical Society NI has a strong balance sheet which is capable of supporting the current expected net operational deficits in the short term, 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 £1.08m in 2015 from £1.03m in 2014. The income of the Pharmaceutical Society NI is mainly based upon 3 key sources of income being the Retention Fees paid by Registrants, Premises Licence Fees and the Registration Fees. Together these 3 income elements represent 91% of total Pharmaceutical Society NI income. These income elements have been based upon fees/charges that have not changed, in the case of Registrant Fees for six years.

The Retention Fees of £759k were up from £734k in 2014 an increase of 3.4%. The increase in this income heading was solely due to an increase in membership as the underlying fee remained at £372. Premises Licence fees income has remained constant at £88k. The income from premises licences is likely to remain broadly at this level unless the premises charges are changed. Registration fee income rose by 2.5% to £120k.

Income obtained from interest fell from £6.7k to £3.7k due to continuing low interest rates and also by the movement of available funds to the investment fund. This increased level of investment in shares helped increase dividend income to £27k in 2015 up from £16k in 2014.

Expenditure- Financial Highlights

The overall operational expenditure in 2015 was £1.09m the same as 2014. The largest expenditure elements are staff costs (including pensions), Statutory Committee Expenditure, House Expenses and Governance costs. Together these items represent 80% of total operational expenditure in 2015 (79% in 2014).

Foreword to the Annual Accounts continued

By Ciaran Hunter, Chair of Resources

Expenditure- Financial Highlights continued

Staff costs including pensions were broadly in line with prior years at £602k, up £16k or less than 3% on the prior year. House expenses, office expenses and recruitment costs rose from £90k to £100k, £39k to £45k, £5k to £7.5k respectively; these increases are in spite of continued efforts to reduce operational costs of maintaining and operating the Pharmaceutical Society NI.

However, expenditure on Statutory Committees continued to increase from £125k in 2014 to £127k in 2015. This rate of increase is substantially reduced from the previous year however it is still important to note that prior to introduction of the current regulatory framework the Pharmaceutical Society NI spent £39k on Statutory Committees in 2011. Unfortunately this area of expenditure is expected to continue to increase in the coming year and while the Pharmaceutical Society NI continues to focus on reducing the costs associated with each case, the increasing caseload is driving this expenditure item. Governance costs were reduced to £45k from £58k 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 2014 Financial Statements was £1.1m however due to the impact of a Prior Year Adjustment as set out in Note 17 to the Financial Statements the opening reserves have been restated at £850k. The main element of this Prior Year Adjustment was in respect of the introduction onto the balance sheet of the pension liability to a former employee which had been approved by a previous Council in 1999 and has been paid by the Pharmaceutical Society NI since that date. At the completion of the 2015 financial year the Pharmaceutical Society's financial reserves were £805k and details of this are set out in Notes 8 and 9.

During a recent review of fees it became clear that a number of anomalies had arisen over a period of 20 years such that some registrants and prospective registrants were charged fees for services provided on the basis of a fees structure that was not consistent with Regulations. Details of this matter are set out in Note 15 Contingent Liabilities.

In August 2015 KPMG replaced Baker Tilly Mooney Moore as auditors.

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 it's 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 30

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.

The Pharmacy (Northern Ireland) Order 1976 requires the Council to prepare financial statements for each financial year. Under that law they have elected to prepare the financial statements in accordance with the basis of preparation and accounting policies set out in note 1 to the Reporting Council (UK Generally Accepted Accounting Practice) and in accordance with applicable law.

In preparing these financial statements, the Council is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Pharmaceutical Society NI will continue in business.

The Council is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Pharmaceutical Society NI and enable them to ensure that its financial statements comply with The Pharmacy (Northern Ireland) Order 1976 and the regulations made under it.

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

The Council have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the Pharmaceutical Society NI 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 Pharmaceutical 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

14 September 2015

JIM LIVINGSTONE (PRESIDENT)



TREVOR PATTERSON (CHIEF EXECUTIVE)



Independent Auditor's Report to the Members of Pharmaceutical Society NI

We have audited the financial statements of the Pharmaceutical Society of Northern Ireland for the year ended 31 May 2015 which comprise the Income and Expenditure Account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Statement of Cashflows 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.

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 of 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 49, 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 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.

14 September 2015

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

The Pharmaceutical Society of Northern Ireland

Income and Expenditure Account for the year ended 31 May 2015

	Notes	2015 £	Restated 2014 £
INCOME			
Retention Fees		758,508	733,956
Licenses		87,777	87,807
Registration Fees		120,224	116,563
Tutors Course & Calculations Fees		18,828	18,126
Interest		3,732	6,727
Miscellaneous		42,329	14,212
Examinations		18,446	38,172
Dividends		27,497	16,077
(Loss)/gain on sale of investments		(3)	906
		<u>1,077,338</u>	<u>1,032,546</u>
EXPENDITURE			
Rent, Rates and Insurance		4,943	5,372
Salaries and National Insurance		565,766	551,266
Committee Attendance Fees		75	225
Pension Costs		36,403	34,818
Office Expenses		44,764	38,939
Events, Travel & Subsistence		32,786	38,095
Legal, Professional & Other Consultancy costs		60,871	43,016
Statutory Committee Expenses		126,638	124,877
Prize night, Certificates etc		225	797
Subscriptions		4,055	8,459
Dinners		3,821	1,899
House Expenses		100,065	89,794
Depreciation less Grant Release		10,667	12,554
Recruitment Costs		7,576	4,575
Modernisation & Communication Project Expenses		2,796	3,814
CPD Process		17,478	18,768
Pre-registration Administration		7,179	9,268
Governance Costs		45,373	57,549
Project Expenses		16,123	44,911
		<u>1,087,604</u>	<u>1,088,996</u>
OPERATING DEFICIT		(10,266)	(56,450)
Amounts written off Investments	4	(31,416)	-
DEFICIT ON ORDINARY ACTIVITIES BEFORE TAX	2	(41,682)	(56,450)
Tax		(2,779)	(2,982)
DEFICIT FOR THE YEAR	8 & 10	<u>(44,461)</u>	<u>(59,432)</u>

All results of the Pharmaceutical Society of Northern Ireland derive from continuing operations. There is no difference between the surplus/deficit as reported and on a historical basis for the year and for the previous year. Accordingly no note of historical gains and losses has been prepared. The notes on pages 56 to 66 form part of these financial statements.

The Pharmaceutical Society of Northern Ireland

Balance Sheet for year ended 31 May 2015

	Notes	2015 £	Restated 2014 £
FIXED ASSETS			
Tangible Assets	3	90,761	61,364
Investments	4	598,279	605,486
		<hr/>	<hr/>
		689,040	666,850
CURRENT ASSETS			
Debtors	5	666,633	579,638
Cash in bank and on deposit		654,984	764,715
		<hr/>	<hr/>
		1,321,617	1,344,353
CURRENT LIABILITIES			
Creditors and accrued expenses	6	(1,044,818)	(993,716)
		<hr/>	<hr/>
NET CURRENT ASSETS			
		276,799	350,637
Provision	7	(161,123)	(167,280)
		<hr/>	<hr/>
NET ASSETS			
		804,716	850,207
SOURCE OF FUNDS			
Income and expenditure account	8 & 17	794,371	838,832
Premises Renovation Grant	9	10,345	11,375
		<hr/>	<hr/>
	10	804,716	850,207
		<hr/> <hr/>	<hr/> <hr/>

The financial statements were authorised for issue on 14 September

2015 and signed on behalf of the Council by:

JIM LIVINGSTONE (PRESIDENT)



TREVOR PATTERSON (CHIEF EXECUTIVE)



The notes on pages 56 to 66 form part of these financial statements.

The Pharmaceutical Society of Northern Ireland

Cash Flow Statement for year ended 31 May 2015

	Note	2015 £	<i>Restated</i> 2014 £
Cash outflow from operating activities	11	(72,875)	(37,962)
Returns on investments and servicing of finance	12	31,229	22,804
Taxation		(2,779)	(9,223)
Capital expenditure	12	(41,094)	(3,958)
		<hr/>	<hr/>
Cash outflow before use of liquid resources and financing		(85,519)	(28,339)
Management of liquid resources	12	72,877	109,485
		<hr/>	<hr/>
(Decrease)/increase in cash		(12,642)	81,146
		<hr/> <hr/>	<hr/> <hr/>

Reconciliation of net cash flow to movement in net funds

	Note	2015 £	<i>Restated</i> 2014 £
(Decrease)/increase in cash for the year		(12,642)	81,146
Cash inflow from decrease in liquid resources		(97,089)	(422,927)
		<hr/>	<hr/>
Change in net funds resulting from cash flows		(109,731)	(341,781)
		<hr/>	<hr/>
Movement in net funds in the year		(109,731)	(341,781)
Net funds at start of the year		764,715	1,106,496
		<hr/>	<hr/>
Net funds at end of the year	13	654,984	764,715
		<hr/> <hr/>	<hr/> <hr/>

The notes on pages 56 to 66 form part of these financial statements.

The Pharmaceutical Society of Northern Ireland

Statement of Total Recognised Gains and Losses for the year ended 31 May 2015

	2015 £	<i>Restated</i> 2014 £
Deficit for the financial year	(44,461)	(59,432)
	<hr/>	<hr/>
Total recognised gains and losses relating to the financial year	(44,461)	(59,432)
Prior year adjustment (as explained in note 17)	(167,280)	<hr/>
	<hr/>	
Total gains and losses recognised since last annual report	(211,741)	
	<hr/> <hr/>	

The notes on pages 56 to 66 form part of these financial statements.

The Pharmaceutical Society of Northern Ireland

Notes to the Financial Statements for the year ended 31 May 2015

1. Principle Accounting Policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to these financial statements.

Basis of preparation

The financial statements have been prepared under the historical cost convention and the applicable requirements of The Pharmacy (Northern Ireland) Order 1976, with regard to the accounting standards issued by the UK Financial Reporting Council (UK Generally Accepted Accounting Practice)

Going concern

The Pharmaceutical Society's activities together with factors affecting future, development, performance and position are set out in the Statement of Financial Activities. 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.

Consolidated Accounts

Certain funds (PASS, CW Young Scholarship Fund and the Ronnie McMullan Fund) whose operations are directed by the Pharmaceutical Society NI are not consolidated in the financial statements. The financial statements present information about the Pharmaceutical Society NI 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.

Notes to the Financial Statements for the year ended 31 May 2015 (continued).

1. Principle Accounting Policies (continued)

Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided to write off all the cost less the estimated residual value of tangible fixed assets over its useful economic lives as follows:

Property	2.5%	Straight Line
Furniture and office equipment	15-25%	Reducing Balance
Computer Equipment	25%	Reducing Balance

Investments

Investments are stated at cost less impairments. The carrying values are reviewed for impairments when there has been a significant or prolonged decline in fair value of an equity investment below its cost. Impairment charges are recognised in the income and expenditure account in the year in which they are incurred.

Post-retirement benefits

The Pharmaceutical Society NI operates a defined contribution pension scheme providing benefits for its eligible employees. The assets of the scheme are held separately from those of the Pharmaceutical Society NI in an independently administered fund. The amounts charged to income and expenditure represents contributions payable to the Scheme in respect of the accounting year.

Payments to former employees

The Pharmaceutical Society NI has a commitment to provide annual payments to a former employee. The Pharmaceutical 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 Pharmaceutical Society NI. The liability is measured based on publicly available actuary mortality tables and other relevant assumptions using guidance set out in FRS12 *Provisions, Contingent Liabilities and Contingent Assets*.

Taxation

The charge for taxation is based on the gain/loss for the year and takes into account taxation deferred because of timing differences between the treatment of certain items for taxation and accounting purposes.

Deferred tax is recognised, without discounting, in respect of all differences between the treatment of certain items for taxation and accounting purposes which have arisen but not reversed by the balance sheet date, except as otherwise required by FRS 19.

Notes to the Financial Statements for the year ended 31 May 2015 (continued).

1. Principle Accounting Policies (continued)

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.

Cash and liquid resources

Cash for the purpose of the cash flow statement comprise of cash in hand and deposits repayable on demand.

Liquid resources are current asset investments which are disposable without curtailing or disrupting the business and are either readily convertible into known amounts of cash at or close to their carrying values or traded in an active market. Liquid resources comprise term deposits with a remaining term of less than one year other than cash.

Notes to the Financial Statements for the year ended 31 May 2015 (continued).

2. Operating Deficit on operating activities before tax

	2015	<i>Restated</i> 2014
	£	£
<i>Operating deficit on operating activities before tax is stated after charging/ crediting:</i>		
Depreciation of tangible assets	11,697	13,584
Impairment of investments	31,416	-
Auditors Remuneration:		
- Audit of these financial statements	9,000	7,900
Amounts receivable by the auditors in respect of		
- Taxation compliance	2,100	-
- Other Services		<u>3,500</u>

3. Fixed Assets

	<i>University Street Property</i> £	<i>Furniture and Office Equipment</i> £	<i>Computer Equipment</i> £	<i>Total</i> £
Cost				
At 1 June 2014	80,919	136,087	95,294	312,300
Additions	5,095	-	35,999	41,094
	<hr/>	<hr/>	<hr/>	<hr/>
At 31 May 2015	86,014	136,087	131,293	353,394
	<hr/>	<hr/>	<hr/>	<hr/>
Depreciation				
At 1 June 2014	62,040	112,902	75,994	250,936
Charge for year	2,112	4,487	5,098	11,697
	<hr/>	<hr/>	<hr/>	<hr/>
At 31 May 2015	64,152	117,389	81,092	262,633
	<hr/>	<hr/>	<hr/>	<hr/>
Net book value				
At 31 May 2015	21,862	18,698	50,201	90,761
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
At 31 May 2014	18,879	23,185	19,300	61,364
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

The Pharmaceutical Society NI has no assets held under finance leases.

Notes to the Financial Statements for the year ended 31 May 2015 (continued).

4. Investments

	2015 £
Cost	
Cost at 2014	605,486
Additions	24,917
Disposals	(708)
	<hr/>
Cost at 31 May 2015	629,695
	<hr/>
Provisions	
At 1 June 2014	-
Impairment losses	31,416
	<hr/>
At 31 May 2015	31,416
	<hr/>
Net Book Value	
At 31 May 2015	598,279
	<hr/> <hr/>
At 31 May 2014	605,486
	<hr/> <hr/>

Investments comprises listed investments which as at 31 May 2015 the market value of these investments was £775,907 (2014: £735,067). The potential tax liability of the investments were they sold at this value would be £29,242 (2014: £25,916)

5. Debtors

	2015 £	<i>Restated</i> 2014 £
Trade debtors	567,251	505,024
Prepayments and accrued income	99,382	74,614
	<hr/>	<hr/>
	666,633	579,638
	<hr/> <hr/>	<hr/> <hr/>

6. Creditors

	2015 £	<i>Restated</i> 2014 £
Trade Creditors	49,442	76,938
Accruals	99,571	63,800
Deferred Income	884,474	839,798
Taxation and Social Security Costs	11,331	13,180
	<hr/>	<hr/>
	1,044,818	993,716
	<hr/> <hr/>	<hr/> <hr/>

Notes to the Financial Statements for the year ended 31 May 2015 (continued)

7. Provision

	2015
	£
At beginning of year	167,280
Charge to the income and expenditure account for the years	7,181
Benefits paid	(13,338)
	<hr/>
At end of year	161,123
	<hr/> <hr/>

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

8. Income and expenditure account

	2015	Restated
	£	2014
		£
Balance at beginning of year	838,832	898,264
Deficit for the year	(44,461)	(59,432)
	<hr/>	<hr/>
Balance at end of year	794,371	838,832
	<hr/> <hr/>	<hr/> <hr/>

9. Premises renovation grant reserve

The grant reserve arises from urban development grant and specific donations received relating to the renovation of the University Street property.

	2015	Restated
	£	2014
		£
Balance at beginning of year	11,375	12,405
Amortisation for year	(1,030)	(1,030)
	<hr/>	<hr/>
Balance at end of year	10,345	11,375
	<hr/> <hr/>	<hr/> <hr/>

Notes to the Financial Statements for the year ended 31 May 2015 (continued)

10. Reconciliation of income and expenditure account

	2015 £	<i>Restated</i> 2014 £
Deficit for year	(44,461)	(59,432)
Amortisation of premises renovation grant reserve	<u>(1,030)</u>	<u>(1,030)</u>
Net decrease to funds	(45,491)	(60,462)
Opening funds (originally £1,083,561 restated for prior year adjustment of £172,892)	850,207	910,669
	-----	-----
Closing Funds	<u>804,716</u>	<u>850,207</u>

11. Reconciliation of operating deficit to net cash outflow from operating activities

	2015 £	<i>Restated</i> 2014 £
Operating deficit of income over expenditure	(10,266)	(56,450)
Interest received	(3,732)	(6,727)
Dividends received	(27,497)	(16,077)
Loss/(gain) on sale of shares	3	(906)
Depreciation	10,667	12,554
Increase in debtors	(86,995)	(20,457)
Increase in creditors	51,102	55,713
Decrease in provision	(6,157)	(5,612)
	-----	-----
Net cash outflow from operating activities	<u>(72,875)</u>	<u>(37,962)</u>

Notes to the Financial Statements for the year ended 31 May 2015 (continued)

12. Analysis of cash flows for headings netted in the cash flow statement

	2015 £	<i>Restated</i> 2014 £
Return on investments and servicing of finance		
Interest received	3,732	6,727
Dividends received	27,497	16,077
	<u>31,229</u>	<u>22,804</u>
Capital expenditure and financial investment		
Purchase of tangible fixed assets	(41,094)	(3,958)
	<u>(41,094)</u>	<u>(3,958)</u>
Management of liquid resources		
Cash withdrawn from deposit	97,089	422,927
Purchase of investments	(24,917)	(321,935)
Sale of investments	705	8,493
	<u>72,877</u>	<u>109,485</u>

13. Analysis of changes in net funds

	2014 £	Cashflow £	2015 £
Cash at bank and in hand	464,004	(12,642)	451,362
Current Asset Investments	300,711	(97,089)	203,622
	<u>764,715</u>	<u>(109,731)</u>	<u>654,984</u>

14. Capital commitments

Amounts contracted for but not provided in the financial statements amounted to £nil.
(2014: nil).

Notes to the Financial Statements for the year ended 31 May 2015 (continued)

15. 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 Pharmaceutical Society NI. 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.

Notes to the Financial Statements for the year ended 31 May 2015 (continued)

16. 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.

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 Pharmaceutical Society NI. During the year, expenses of £3,955 (2014: £2,808) were recharged from the Funds to the Pharmaceutical Society NI. Additionally expenses of £19,983 (2014: £20,340) were recharged from the Pharmaceutical Society NI to the Funds. The Funds owe £79,582 (2014: £59,600) to the Pharmaceutical Society NI as at 31 May 2015 and the Pharmaceutical Society NI owes £25,229 (2014: £21,425) to the funds as at 31 May 2015.

During the year the Pharmaceutical Society NI paid attendance fees to Council members totalling £42,250 (2014: £52,718). The Council also paid expenses to Council members totalling £3,123 (2014: £4,831).

A fee of £114(2014) was paid to a Council member for composition of examination questions.

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.

Notes to the Financial Statements for the year ended 31 May 2015 (continued)

17. Prior year adjustments

During the year a number of prior year errors were identified which requires prior year adjustments to be made, summarised as follows:

- Adjustment to recognise the liability to the Pharmaceutical Society NI to fulfil its obligation in respect of the provision of annual payments to a former employee. The effect of the adjustment was to increase provisions and decrease the reported net funds by £167,280 as at 31 May 2014.
- Adjustment to appropriately report trade debtors and deferred income for the year ended 31 May 2014 on a gross basis, rather than offsetting trade debtors against deferred income. The effect of the adjustment was to increase trade debtors and deferred income by £505,024 as at 31 May 2014.
- Adjustment to recognise tax as an expenditure item in income and expenditure statement, rather than directly within reserves. The effect of the adjustments was to increase the deficit by £2,982 for the year ended 31 May 2014.

The effect of these adjustments on the Pharmaceutical Society's balance sheet at 31 May 2014 was as follows:

	As previously stated £	Effect £	As restated £
Provision	-	(167,280)	(167,280)
Debtors	74,614	505,024	579,638
Creditors	(488,692)	(505,024)	(993,716)
	<u> </u>	<u> </u>	<u> </u>
Opening reserves	1,083,561	(172,892)	910,669
Total recognised gains and losses for the year	(66,074)	5,612	(60,462)
	<u> </u>	<u> </u>	<u> </u>
	1,017,487	(167,280)	850,207
	<u> </u>	<u> </u>	<u> </u>

The effect of these adjustments on the Pharmaceutical Society's income and expenditure account for the year ended 31 May 2014 was as follows:

	As previously stated £	Effect £	As restated £
Expenditure – salaries and national insurance	(556,878)	5,612	(551,266)
Tax	-	(2,982)	(2,982)
	<u> </u>	<u> </u>	<u> </u>

Certain comparative amounts have also been reclassified in the current year financial statements to enable comparability.

The following appendices do not form part of the financial statements

THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

CW YOUNG SCHOLARSHIP FUND UNAUDITED BALANCE SHEET FOR THE YEAR ENDED 31 MAY 2015

APPENDIX 1

	Cost	Related Income	
		2015	2014
	£	£	£
Investments	138,830	4,917	4,391
Gain on sale of shares	-	5,994	7,928
Debtors	55	-	-
Ulster Bank Ltd. - Current Account	917	-	-
Cunningham Coates - Deposit Account	19,339	129	87
Creditors	(11,155)	-	-
	<u>147,986</u>	<u>11,040</u>	<u>12,406</u>
INCOME ACCOUNT	2015	2014	
	£	£	
At Beginning of Year	133,890	123,090	
Income for Year	11,040	12,406	
Management Charge	(1,679)	(1,580)	
Sundry	(805)	-	
Bank Charges	-	(26)	
At End of Year	142,446	133,890	
CAPITAL ACCOUNT	5,541	5,541	
	<u>147,987</u>	<u>139,431</u>	

THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

THE RONNIE MCMULLAN TRUST FUND UNAUDITED BALANCE SHEET AS AT 31 MAY 2015

APPENDIX 2

		Related Income	
	£	2015 £	2014 £
Ulster Bank Ltd - Current Account	1,300	-	-
Ulster Bank Ltd - Deposit Account	<u>16,675</u>	<u>13</u>	<u>13</u>
Creditors	<u>17,975</u> <u>(1,721)</u>	13	23
Net Assets	<u>16,254</u>		
INCOME ACCOUNT	2015 £		2014 £
At Beginning of Year	17,962		17,949
Bank interest	13		13
Costs paid by PSNI	<u>(1,721)</u>		-
At End of Year	<u>16,254</u>		<u>17,962</u>

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 2015

APPENDIX 3

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MAY 2015

	2015	2014
	£	£
INCOME		
Dividend Received	17,872	16,554
Presidents Appeal	2,249	3,350
Bank Interest	332	206
	<u>20,453</u>	<u>20,110</u>
EXPENDITURE		
Grants	362	2,919
Management Charge	4,429	4,177
Bank Charges	-	49
Salary Costs	10,234	9,483
Stationery	100	702
Counselling	1,032	-
Legal and Professional Fees	300	355
Help Line	3,971	4,440
Sundry	1,147	300
Telephone	1,981	1,370
	<u>23,556</u>	<u>23,795</u>
DEFICIT OF INCOME OVER EXPENDITURE	<u>(3,103)</u>	<u>(3,685)</u>

BALANCE SHEET AS AT 31 MAY 2015

	2015	2014
	£	£
CAPITAL EMPLOYED ASSETS		
INVESTMENTS	<u>468,157</u>	<u>437,222</u>
CURRENT ASSETS		
Cash at Bank	2,931	2,931
Cash on Deposit	61,175	62,020
Sundry Debtors	25,071	21,322
	<u>89,177</u>	<u>86,273</u>
CURRENT LIABILITIES	<u>67,602</u>	<u>47,920</u>
NET ASSETS	<u>489,732</u>	<u>475,575</u>
REPRESENTED BY:		
CAPITAL ACCOUNT AT 1.6.2014	475,575	449,727
Surplus/ (Deficit) of Income over Expenditure	(3,103)	(3,685)
Realised gain/ (loss) on investments	17,260	29,533
	<u>489,732</u>	<u>475,575</u>