



Royal
Pharmaceutical
Society
of Great Britain

Annual Review 2009



Contents

President's Message	2
From the Chief Executive and Registrar	3
Professional Leadership	
Launching our commitment to pharmacy	4
Working for you across Great Britain	5
Ensuring your voice is heard	6
RPS Publishing	7
Professional Regulation	9
Equality and Diversity	11
The Registers	12
Financial Results	
Financial Statements	13
The Council	18
Council Members Expenses Analysis	21



President's Message

Embracing change

“

This is the last Annual Review of the activities of the Royal Pharmaceutical Society of Great Britain, as both regulator and representative body. In the coming months, the Society will take on its new role of providing respected and valued leadership for a profession that is also changing. A profession that is rightly acquiring more clinical activities, such as public health screening, monitoring of long term conditions and prescribing, while continuing to fulfil its trusted roles of providing expert opinion and unbiased advice on the safe and effective use of medicines.

Over the last year, the Society has made huge progress in shaping the new professional body while at the same time carrying out its day to day work and raising the profile of pharmacy within Whitehall, Westminster, the Scottish Government, the Welsh Assembly and the media.

With the help of our members, we have fought campaigns against inappropriate criminalisation, we are working with others to address the current problems with medicines shortages and have partnered with stakeholder organisations to raise awareness of the dangers associated with taking counterfeit medicines. Our significant efforts on workplace pressures have highlighted a number of validated tools that can be used by employers, chief pharmacists, superintendents or individual pharmacists to benchmark and monitor workloads, and we are now working in collaboration with the National Patient Safety Agency to identify safety issues arising from such pressures.

Our new professional body will need to work in partnership with other professions to shape a healthcare landscape that encourages collaborative working that puts the needs of the patient first.

It will also need to work constructively with other bodies that represent pharmacists in their myriad of specialist areas of practice, and with the new regulator to ensure appropriate and proportionate regulation.

Having relinquished our regulatory responsibilities, our new professional body will be able to use the new and improved processes and structures that have been established over the last 12 months to move ahead with pace, energy and agility to far better represent and serve our members.

At the British Pharmaceutical Conference in September I introduced the Society's commitments to its members. I believe that they clearly set out what we stand for, and what we will achieve for our members. They have helped us to focus our activity and, thanks to our new electronic member surveys, we can turn our members' wishes into action in a very short timescale.



Steve Churton
President

My tenure as President of the RPSGB is coming to an end, and I am very proud of what has been achieved. I would like to thank all of those talented people at the Society who have worked so hard to provide the strategic direction for the new professional body and the practical application to ensure that the necessary targets and milestones have been reached.

Above all, I would like to thank our passionate membership who have given the time, support, views and opinions that will contribute so much to building an organisation that fully responds to their needs – an organisation that delivers on its promises.

”

From the Chief Executive and Registrar

Forward with confidence

“

2009 was the last full year in which the Society operated both as a regulator and as a professional body. We took on the regulation of pharmacy in 1933 and we have discharged that responsibility to an extremely high standard. 2009 saw the completion of the reorganisation of our regulatory functions, and the review of those functions by the Council for Healthcare Regulatory Excellence recognised the quality of our performance during a period of organisational change.

The upcoming transfer of our regulatory responsibilities to the new General Pharmaceutical Council and the return of the Society to exclusively a professional leadership role require changes to our Royal Charter. Those changes were put to our membership in a Special Resolution in July and there was an overwhelming vote in their favour (77.7%).

Alongside those changes, we held a Special General Meeting on the issue of the legal restriction of the title “pharmacist” which will in future be reserved for those registered with the General Pharmaceutical Council. I would like to pay tribute to the staff of the Society who organised the Charter vote and the Special General Meeting with unwavering courtesy and calm professionalism.

The transfer of regulation also requires secondary legislation for which a draft Order was issued. The Society responded to this Order as both the current regulator (under the auspices of our Council) and as a professional body (under the auspices of our three National Boards). Distinguishing in this way between the two roles and “voices” of the current Society has prepared the ground well for the separation.

We also prepared to relinquish our regulatory role by increasing our focus on the needs of our members, with a clear sense of our, and their, responsibility to patients.

We managed the process of developing member services by establishing a Transitional Working Group (including representatives from both our Council and Boards) and holding a large number of stakeholder meetings. In this way, the prospectus for the new professional body published at the end of 2008 has turned into a clear operational plan which is already delivering wide-ranging support for members.

In October, the Responsible Pharmacist Regulations were introduced. We produced professional standards and guidance and a practical toolkit for our members, and engaged with other pharmacy bodies to prepare for and monitor the introduction of the Regulations. For the hospital sector, we worked with other organisations on guidance regarding the activities that require registration with the Society and/or a licence from the MHRA.

We made increasing use of web technology to provide information on these and other issues, and we launched a specific website for the professional leadership body which has helped us to engage with more and more of our members.

Our Publishing operation continues to be world class. The year included the introduction of the 36th edition of Martindale, the Clinical Pharmacist journal and a new monthly magazine for the professional body – Pharmacy Professional. The British National Formulary (described as one of the “jewels in the NHS crown”), also achieved ISO 9001 accreditation.

The key assets of the Society as it moves towards its new role are its members, its staff and its intellectual property. All of these assets are immensely valuable and we have made great strides in using them to create a new, truly exciting future for the organisation. Thank you to everyone involved in that process; the Society has won even more respect and greater support, and healthcare in Great Britain is the better for it. We can look forward with confidence.

”



Jeremy Holmes
Chief Executive and Registrar

Professional Leadership

Launching our commitment to pharmacy

2009 saw the Society engage with its members as never before, to understand their views and to involve them in the development of the new professional body.

At the start of the year we introduced a quarterly attitude tracker to understand how our members view the Society and to clarify the issues that are important to them. Their feedback helped inform our activities throughout the year.

Over 7000 members registered on our engagement website (www.pharmacyplb.com) to give us their views, volunteer their services, sign up for workshops or receive a monthly electronic newsletter to keep them informed. Their input has been fundamental in shaping the future of the Society and the professional leadership it will provide.

“I want a new body that delivers services that reflect the needs of pharmacists. Listening to its members and acting on that intelligence is the core to the success of the new body.”

Ravi Patel, Locum Pharmacist

Nearly 400 members have signed up as PLB Pioneers, a group of people at the forefront of new developments. They are testing the new products and services which we are proposing, and giving us valuable feedback. They are also acting as spokespeople for our new campaigns in the pharmacy media, and spreading the word about our new initiatives amongst their colleagues.

Across the country, Local Practice Forums (LPFs) are being developed to bring pharmacists from all sectors together to take the profession forward at local level, and to get involved in educational activities, networking and mentoring, to share best practice and to coordinate research. With broad appeal to national and local education providers, primary care organizations, pharmacy employers and existing local branches, the new LPFs will facilitate coordinated responses to local issues and joined up provision of local services.

Having listened to its members, in September the Society made seven commitments about the services, products and support which it will provide. To demonstrate these commitments

the Society outlined 21 ambitious tasks for the 100 days that followed. During that time, most tasks were completed, including the upgrade and simplification of the continuing professional development (CPD) recording system and key steps towards decriminalisation of dispensing errors.

Twenty two new targets were set for a further 100 days of activity, including the extension of LPFs and the launch of a new information, advice and support service for pharmacists.

The Society is putting members' needs and interests at the heart of everything it does and throughout the year has welcomed their commitment. We recognise the expertise of pharmacists in all areas of practice, for example discussions were initiated with the College of Pharmacy Practice on how to support the education of Veterinary Pharmacists in preparation for the development of these functions in the professional body. The expertise, enthusiasm and energy which members have already brought to the development of the professional leadership body are helping us to build a truly responsive, representative and respected organisation which will lead and support the profession in the years ahead.

The Society as the professional leadership body has committed to:

1. Actively listen to its members and respond to their needs
2. Support members' professional and personal development
3. Positively encourage professional networking and the sharing of knowledge
4. Effectively promote pharmacy in the development and delivery of healthcare policy
5. Improve awareness and perceptions of pharmacy amongst the public and other healthcare professionals
6. Support those seeking advanced or specialist levels of practice
7. Advance the science and practice research base for pharmacy and healthcare

Working for you across Great Britain

England

With its focus now firmly on the professional interests of pharmacists, the English Pharmacy Board made substantial progress during 2009 in furthering national objectives such as those in the “Pharmacy in England” White Paper, as well as partnering the Welsh and Scottish Boards to provide a united response to initiatives, including the draft Pharmacy Order, which affect pharmacists wherever they work.

Recognising the need to optimise IT services for pharmacists in England, the Board contributed to developments related to the Electronic Prescription Service Release 2 and lobbied strongly for pharmacist access to Summary Care Records. The Board also issued Good Dispensing Guidelines on IT issues relating to the day to day running of an IT enabled pharmacy.

Recent results from the Society’s national Medicine Use Review (MUR) audit have provided gratifying evidence that reviews improve patient knowledge of medicines and how to use them. The Board is encouraging more Primary Care Organisations to take part in the audit in order to gain a national picture of the impact of MUR on medicines adherence.

Throughout 2009, the Board engaged with pharmacists in all types of practice in England and, as Local Practice Forums (LPFs) become established across the country, we look forward to growing this further. Engaging with specialist pharmacist groups during 2009 enabled the Board to provide expert responses to a range of consultations from NICE and the MHRA. We are also engaged increasingly closely with Westminster MPs through the All Party Pharmacy Group, select committees and individually through a series of local meetings between community pharmacists and MPs, and an event within the Palace of Westminster with pharmacists providing health screening for MPs and party workers. The English board was represented in meetings with the main three political party health strategists at Westminster and at all of the main party conferences. There is now a substantially improved understanding of pharmacy, and its contribution to healthcare, amongst the politicians which we will build on in 2010 as a general election year.

Scotland

2009 was a highly positive and constructive year for the Scottish Pharmacy Board. We continued to explore innovative ways of keeping members informed and listening to what they tell us, including the development of a new website for members in Scotland and the introduction of frequent electronic panel surveys to find out their concerns.

Influencing decision-makers has also been a key focus of the Board with a Summer campaign of inviting MSPs and Scottish MPs to visit their local pharmacy, and Board members attending all the main Scottish Party Political Conferences. Nicola Sturgeon, Deputy First Minister and Cabinet Secretary for Health and Wellbeing highlighted the vital role of pharmacy in front line health care and public health initiatives when she attended the Board’s reception at the Scottish Parliament in December.

Through meetings with Shona Robison, Minister for Public Health and Sport, and senior civil servants, the Board continued to influence issues such as the Scottish Government’s review of Control of Entry arrangements and of services to patients in care homes.

At the end of the year the Board worked with colleagues in England and Wales to produce a joint response to the consultation on draft standards for the General Pharmaceutical Council (GPhC), which will have a major impact on every working pharmacist. Scottish pharmacists were also supported by the distribution of practice guidance on Out Of Hours services.

While the year ahead promises to be even more challenging, the Scottish Pharmacy Board has started fresh in new premises located in the political heart of Edinburgh. The offices offer a modern environment with better facilities for the Board and for all members in Scotland.

Wales

Promoting pharmacist prescribing in Wales, supporting CPD and Responsible Pharmacist implementation, identifying workplace pressures, and raising the profile of pharmacy with politicians, civil servants and the general public, topped the agenda for the Welsh Pharmacy Board in 2009.

An independent prescribing symposium, held with the Royal College of Nursing, was followed by meetings with National Assembly members and local health board chief executives and senior managers about the advantages of pharmacist and other non-medical prescribing, and a strategy and action plan are being developed.

The Board worked with the Welsh Centre for Professional Pharmacy Education (WCPPE) to run CPD support workshops, and with the Welsh Committee for the Professional Development of Pharmacy (WCPDP) over future educational needs and developments, while hundreds of pharmacists attended Responsible Pharmacist Regulations workshops, and presentations at pre-registration training events and branch meetings.

A comprehensive communications and pharmacy awareness strategy ensured that members, opinion formers and public and patient organisations were kept up to date with key issues through regular electronic and paper newsletters, briefings, national newspaper articles and public health activities at national events such as National Eisteddfod and Healthy Living Week at the Senedd.

In the year ahead, the Board will continue to engage the Welsh Assembly Government on a range of policies, including pharmacy’s role in Chronic Conditions Management and IT development in Wales, and we look forward to moving ahead with local practice forums and other initiatives as part of the Society’s role as the new professional body.

Ensuring your voice is heard

Workplace pressure campaign

At the start of the year the Society launched its Workplace Pressure Campaign to address the excessive workload, inadequate rest breaks and lack of support staff that members identified as their main causes of stress in an online survey that kicked off the initiative.

A major event bringing together pharmacists, employers, academics and policy-makers highlighted the dangers to patients from pharmacists who work long hours without rest breaks. Recommendations from the meeting on working hours, staffing, support and professional/employer relationships were published in *Turning Evidence into Action*, and the Society's Council called on pharmacists and employers to demonstrate their support for adequate rest breaks, and to raise awareness of the risks of failing to take such breaks.

A second major report, *Professional Workload*, has drawn attention to the existing policy and legislative framework for workload issues and highlights a number of validated tools that could be used by employers, chief pharmacists, managers or superintendents to benchmark pharmacy workloads. It also describes self-assessment tools that could be used by individual pharmacists to monitor their working conditions.

Professional Workload will now support a wider project which will bring together the Workplace Pressure Campaign, research findings on the impact of pharmacy workload, stakeholder engagement within pharmacy, and collaboration with the National Patient Safety Agency (NPSA) on safety issues arising from workload.

Decriminalising dispensing errors

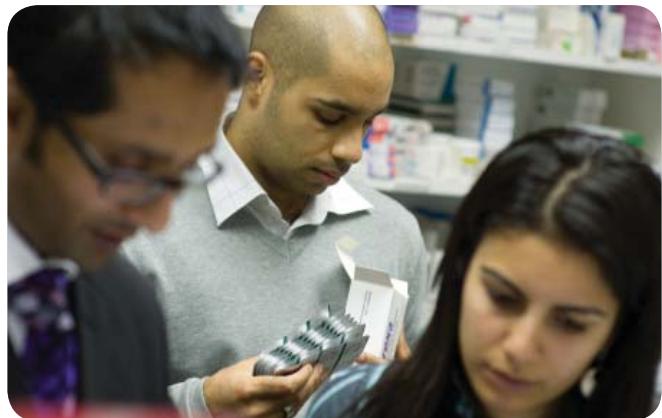
Just five months after the Society launched its campaign to decriminalise dispensing errors in the wake of the Elizabeth Lee case, the Crown Prosecution Service agreed to publish new guidelines to stop the automatic criminalisation of one-off dispensing errors while a full review of medicines legislation is carried out.

This rapid response means that, for the first time since the introduction of the 1968 Medicines Act, pharmacists will not be working under the threat of automatic criminal proceedings and up to two years in prison if they make a minor error whilst dispensing.

Such a major achievement demonstrates our strength in publicising and fighting injustice. Hundreds of pharmacists used the Society's decriminalisation campaign letter to urge their MP to support an Early Day Motion (EDM) in favour of amended legislation on dispensing errors. As a result, parliamentary support for the Motion put it in the top 1% of EDMs tabled last year and ensured that every MP became familiar with the issue.

Responding to Society pressure, the Department of Health announced in June that the Medicines Act would be amended at the earliest opportunity and, in September, Shadow Health Minister Andrew Lansley pledged priority legislation to decriminalise single dispensing errors from a future Conservative government.

These are impressive outcomes for a united profession speaking with one voice. They also represent a positive outcome, importantly, for our patients. Decriminalisation will encourage the reporting of errors, from which pharmacists and colleagues can learn how patient safety can be further improved.



Pharmacy in the media

Pharmacy has never had such a high public profile – thanks to 10 headline-grabbing media campaigns and extensive influential comment on topical health issues provided by the Society during 2009. Rx Factor winners and other Society spokespeople championed the profession from the BBC breakfast couch to Radio 4's Today Programme studio, covering subjects ranging from counterfeit medicines to quitting smoking, medicines shortages and pharmacy-based Chlamydia screening.

A major campaign to encourage the over-40s to go to their pharmacist for advice on sexual health reached an audience of nearly 18 million, while a holiday health campaign sent patients to pharmacies for essential sunscreens and other products.

Our campaign urging older people to review their medicines by visiting a local pharmacist for a Medicine Use Review featured in 49 media outlets in seven days, including the Today Programme, GMTV News, The Times and The Daily Telegraph, and appeared in PR Week as a good practice campaign case study.

Overall, in the past year the Society has been represented 39 times on national television, 46 times on national radio and countless times in print and online coverage – a substantial increase on previous years and a record we intend to build on in 2010.

Publishing

In 2009, RPS Publishing released one of its strongest lists of titles ever, spanning a wide range of clinical, educational and reference works in print, electronic and digital formats. It was very much the year of 'reference', with Martindale's 36th edition, Stockley's Herbal Medicines Interactions, the Handbook of Pharmaceutical Excipients 6th edition, and version 3 of MedicinesComplete, our online subscription service for drug and healthcare resources, all being published.

We have raised the profile of Pharmaceutical Press as the overarching business brand for the Society's publishing division. Under this banner, Martindale, the British National Formulary (BNF), and our books programme are the acknowledged pre-eminent sources of drug and medicines information and guidance on pharmacy science and practice. PJ Publications is our key business unit for publishing community and clinical pharmacy news and classified ads, the Society's official transactions, and in-depth articles of interest to all members of the Society and the healthcare community in print and online on a daily, weekly and monthly basis.

Despite the recession, Publishing has maintained its strong performance, though profitability is slightly below forecasts owing to the strength of other currencies and reduced advertising revenues. Responding promptly to these adverse conditions, we have implemented changes and developed a three year business plan with specific, measurable, attributable, realistic and timely goals that will enable us to weather the economic downturn and grow the business in 2010 and beyond.



Pharmaceutical Press

Strong sales of the 36th edition of Martindale got 2009 off to a good start, and demand for Stockley's Herbal Medicines Interactions, which exceeded expectations in all countries and markets, demonstrated the clear need for this new evidence-based guide to interactions between conventional medicines and herbal medicines, dietary supplements and nutraceuticals.

Good progress is being made on new editions and updates of all our major reference works for MedicinesComplete – version 3 of which went live in October, to very positive feedback. Subscriptions for MedicinesComplete are increasing rapidly in all major markets across industry, healthcare and academic users. These have included a subscription for the full MedicinesComplete suite from institutions as far afield as the Malaysian School of Pharmacy.

In parallel, work is continuing on plans for a Case Studies Repository to form the core of the Pharmaceutical Press Education Portal. Like MedicinesComplete, this will be sold on subscription and will be linked to online versions of our textbooks and major reference works.

As part of our continuing initiatives to streamline and develop our operations, we moved to a new distribution partner (Macmillan), and we transferred the production of the Society's learned journals to leading publishers Wiley-Blackwell. The Society retains ownership of the journals and Pharmaceutical Press will manage the relationship.

Meanwhile, an ongoing programme of market research is investigating a range of publishing opportunities for Pharmaceutical Press, including publication of major reference works for overseas academic institutions.



BNF Publications

The British National Formulary saves the NHS an estimated £500-£900 million per year, according to research carried out in 2009 as part of our ongoing initiatives to streamline the content, optimise the potential and enhance the value of the BNF to the NHS and the wider public. Detailed interviews conducted with leading pharmacists and physicians working within the NHS established that the key strengths of the BNF are in minimising prescribing errors, limiting the use of expensive drugs, reducing time wasted at the point of prescribing, and communicating the correct use of drugs. When these and other benefits were analysed in a value framework using health economic parameters, significant savings to the NHS were identified.

2009 also saw the BNF achieve the highly respected ISO 9001 accreditation in recognition of the high standard of its production and management processes. Tough external auditors examined every aspect of the BNF's day to day working systems and concluded that they reached the demanding requirements of ISO 9001 – an accreditation that is widely recognised in manufacturing and other industries. A continuing programme of internal audit and management at BNF Publications will ensure that these high standards are maintained and we look forward to celebrating the 60th edition of the BNF in the current modern format in 2010. The more recent additions of the BNF for Children, soon to be published in its 6th edition, and the Nurse Prescribers' Formulary for Community Practitioners, are ensuring that the BNF Publications business is providing consistent, high quality and cost effective guidance for all healthcare professionals involved in the prescription, dispensing and administration of medicines.

PJ Publications

2009 was a year of editorial innovation for PJ Publications, although commercially the business was affected by fall-out from the recession – like nearly every other publisher in the country.

The year started with the launch of Clinical Pharmacist, a new publication which has evolved from Hospital Pharmacist to appeal to all pharmacists with an interest in clinical pharmacy – primary care pharmacists and community pharmacists alike. All members of the Society were given the opportunity to request a copy and join the mailing list. As a result, circulation has risen from about 11,000 for Hospital Pharmacist to over 17,000 for Clinical Pharmacist, and the editorial team has received a great deal of positive feedback, suggesting that it is a useful and interesting publication. In addition, although the advertising pool shrank in 2009 (compared with 2008), Clinical Pharmacist was able to attract a larger share of the market than its predecessor.

To combat the drop in classified advertising revenues, PJ Careers was relaunched in September with the same technology that many online recruitment sites use to make searching for a job easier and more enjoyable. As well as helping pharmacists looking for work, this development should make PJ Careers an even more attractive option for potential recruiters.

PJ Publications has been supporting the development of the new professional body by carrying weekly articles under the "Commitment to pharmacy" logo. Access to PJ Online and Clinical Pharmacist are set to become member-only benefits but PJ Publications and the Pharmaceutical Press will continue to be the place to go for any information about the practice of pharmacy.

Professional regulation

Against a backdrop of change, 2009 has been an important year for pharmacy regulation. As well as continuing to fulfil its regulatory role, the Society has contributed to the development of the new regulator, the General Pharmaceutical Council. In its performance review of health professional regulatory bodies 2008/9, the Council for Healthcare Regulatory Excellence commended the Society's regulatory work during challenging times:

'(The Society) has continued to fulfill its statutory functions and it has performed to the standards expected of it during a period of significant organisational change. It is important to acknowledge the extent of organisational upheaval the RPSGB has been experiencing and the efforts of its leadership and staff to ensure that it continues to meet its statutory requirements.'

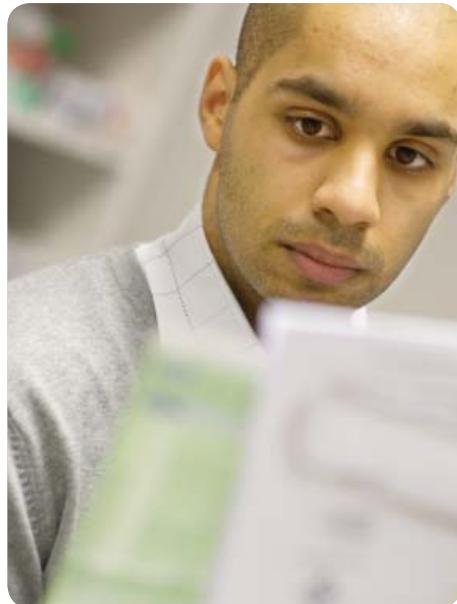
In addition, the Society has continued to improve its procedures, implement new legislation and respond to developments in pharmacy. Key developments during 2009 included:

New standards and guidance

Following public consultation, the Society agreed and published new professional standards and guidance to support the introduction of the Responsible Pharmacist Regulations and the implementation of Continuing Professional Development (CPD) call and review.

To reflect changes in pharmacy practice, the Society has extended its non-referral criteria to include the Responsible Pharmacist Regulations, CPD and activities during pandemic or emergency conditions. This extension allows relevant complaints to be dealt with by the Society's Inspectorate rather than being referred to the Investigating Committee.

To assist those involved in fitness to practise cases, the Society has also refined and published a disclosure policy on sharing information about fitness to practise cases with complainants and registrants.



CPD call and review

Monitoring of CPD records started in July 2009, using a simplified recording system which has been well received by registrants. All CPD records will be reviewed over a five year period according to criteria which include whether registrants have identified and addressed specific learning needs, evaluated the impact of any learning on their practice, and considered the need for further learning.

A total of 46 reviewers are now in place to undertake the work of CPD call and review and are a mix of pharmacists, registered pharmacy technicians and non-registrants.

Registration for pharmacy technicians and emergency registration

When statutory regulation of pharmacy technicians came into force on 1 July 2009, over 7500 technicians were already on the voluntary register. By the time that registration becomes mandatory on 1 July 2011, as many as 8000 more technicians may need to register, about 5000 of whom work in hospital pharmacy.

Over the summer the Society developed, tested and implemented emergency planning procedures related to new powers to temporarily register and annotate pharmacists during an emergency. These procedures comprise an operations strategy to activate, maintain, review and close the temporary registers, a communications strategy for registrants and the public, and a business continuity strategy for staff.



Student Codes of Conduct and Fitness to Practise Procedures

Following extensive consultation with registrants, students, academics and the public, new Codes of Conduct for pharmacy students, pre-registration trainees and pre-registration pharmacy technicians have been introduced, based around the same seven principles as the Codes for registered pharmacists and pharmacy technicians.

Guidance on Student Fitness to Practise in Schools of Pharmacy has also been developed to support fitness to practise procedures being introduced in 2010-11.

The Codes and Guidance have been endorsed by the Council of University Heads of Pharmacy Schools and the British Pharmaceutical Students' Association and have been adopted by the Pharmaceutical Society of Northern Ireland.

The Society's new case management system was launched in June. It facilitates the management, recording and auditing of fitness to practise cases from start to finish and provides key information on timescales relating to various stages in the progress of each case.

Work on English language competency requirements for Europeans

The Society has been encouraging the other healthcare regulators to support its case to the Department of Health that healthcare regulators should be lawfully permitted to require European nationals to provide evidence of their English language competency which is necessary for safe and effective practice in the UK. Applicants would have various ways by which they could demonstrate such competence.



Equality and diversity



Equality and diversity are important to the Society as a regulator and as an employer. A Diversity Action Plan has been in place since 2006.

The Society collects equality and diversity data from registrants including age, gender and ethnicity. A breakdown of our registrants in terms of age, gender and ethnicity is provided on the next page. This is used to monitor regulatory activity and to identify areas of improvement.

We also collect data from pharmacy students and pre-registration pharmacist trainees. Since 2007 the Society has collected additional data from new registrants including sexual orientation, religion and disability.

The Society's equality and diversity activity during 2009 included:

- A patient information leaflet which included information in nine languages other than English. This was distributed to a number of patient groups.
- Introduction of Complaint Feedback Forms for complainants, witnesses and registrants that captured equality and diversity information. Members of the Society's Patient Liaison Group were involved in the development of the forms, which will be used to measure the effectiveness of our process and to identify future areas of improvement.
- Recruitment of members of the Society's statutory committees in accordance with the Society's Equal Opportunities Policy. All members of the Society's statutory committees received training on equality and diversity as part of their annual training.



The registers

The statutory and voluntary registers are maintained by the Society's Registrar, in accordance with legislative requirements. The model from previous years is used to present information below about the registers in 2009.

Pharmacists

Opening number of members (01/01/2009)	*49,271
Closing number of members (31/12/2009)	50,374
Practising	41,958
Non-practising (in GB or EEA)	5,492
Overseas (not GB or EEA)	2,924
Total	50,374
Net change	1,103

*The opening number of members differs from the figure on 31st December 2008.

The 2008 report contained a figure for the end of January 2009.

	2008	2009	% change
Certificates of good standing	554	416	-25%

Additions/Removals

New registrations (GB)	2,169
New registrations (Europe)	435
Restorations	118
Total additions	2,722
Deaths	173
Voluntary removal	994
Removed for non-payment	441
Removed by Statutory or Disciplinary Committee	11
Total removals	1,619
Net change	1,103

Pharmacy Technicians

Opening number of registrants (01/01/2009)	7,453
Closing number of registrants (31/12/2009)	8,353
Practising	8,320
Non-practising	33
Total	8,353
Net change	900

Additions/Removals

New registrants	1,178
Restorations	38
Total additions	1,216

Removals

Deaths	4
Voluntary removal	182
Removed for non-payment	130
Removed by Disciplinary Committee	0
Total removals	316
Net change	900

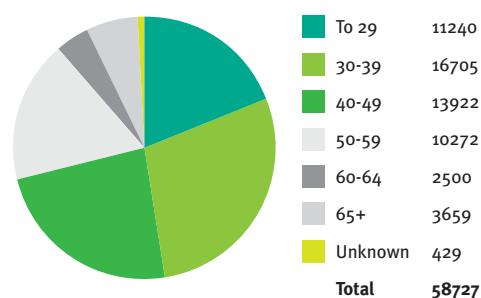
Pharmacy Premises

Opening number of premises (01/01/2009)	12,958
Closing number of premises (31/12/2009)	13,224
Net change	266
Total new registrations	623
Removals	357
Net change	266
Transfers of ownership	2008
	2009
	% change
	690
	380
	-45%

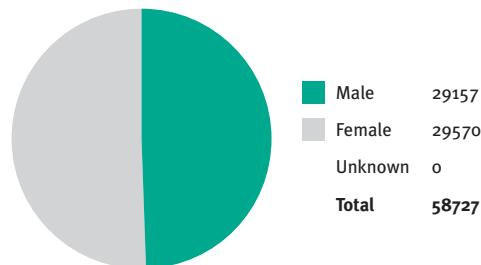
Pharmacists & Pharmacy Technicians

Equality and diversity

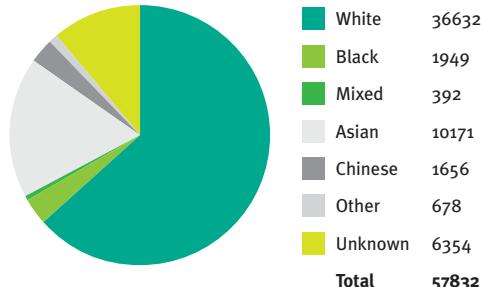
Age (1/1/2010)



Gender (1/1/2010)



Ethnicity (16/02/10)



Financial results

Review of business activities

Income from retention fees relating to Members, Technicians and Premises rose by 5.2% to £20,886,000. This increase was primarily due to the increase in the number of members on the register together with a 4.5% increase in fees. Premises fees reported a slight increase as authorised by the Department of Health (DH).

Overall income before the Pensions reserve grew by 7.5% compared to 2008. In addition to increased fees, income from RPS Publishing print sales was higher in 2009 due to the release of Martindale 36 during the year. Grants were received from the DH to offset costs relating to the de-merger. These were primarily to support specific projects related to the set-up of the General Pharmaceutical Council and in total amounted to £2.7 million in 2009.



Income and expenditure account

for the year ended 31 December 2009

	2009	2009	2009	2008
		Pensions Reserve	Total	
	£'000	£'000	£'000	£'000
Income	46,271	742	47,013	43,023
Expenditure	(44,744)	-	(44,744)	(39,440)
Operating surplus/(deficit)	1,527	742	2,269	3,583
Interest receivable and similar income	350	-	350	795
Interest payable on loan notes	(2)	-	(2)	(18)
Surplus/(deficit) on ordinary activities before taxation	1,875	742	2,617	4,360
Taxation	-	-	-	95
Surplus/(deficit) on ordinary activities after taxation	1,875	742	2,617	4,455
Pension scheme actuarial (loss)/gain (FRS17)	-	(2,578)	(2,578)	(721)
Retained surplus for the year	1,875	(1,836)	39	3,734
Reconciliation of funds				
Total funds brought forward	10,749	1,610	12,359	8,625
Accumulated fund as at 31 December including pension reserve	12,624	(226)	12,398	12,359

All activities of the Society are continuing.

There are no recognised gains or losses for the current or preceding financial year other than as stated in the Income and Expenditure Account above, therefore no separate statement of recognised gains and losses has been prepared.

There is no difference between the ordinary activities before taxation and the retained surplus for the year stated above, and their historical cost equivalents.



Expenditure

Overall expenditure on professional and regulatory activities increased by £3,055,000 – 15% (2008: £1,749,000 – 9.5%). This expenditure includes £2.7 million of General Pharmaceutical Council set-up costs which is offset against income, as indicated in the review of business activities.

- The Regulatory division continued to run a significant number of committees to clear the back-log of cases. However, caseloads were managed effectively through the use of internal advocates in order to ensure that legal costs did not escalate.
- The Society continued to enhance its Professional Leadership functions as part of the process of separating these from its regulatory functions. Significant investment was made in the establishment of Local Practice Forums and the promotion of pharmacy in public affairs and public relations.
- Considerable effort was made during the year to ensure the Society maximised the interest receivable on its cash and in view of the circumstances a good return was achieved for the year. Work continues to ensure the rates achieved are at the highest level.

RPS Publishing reported overall income growth of 12.2% despite difficult market trading conditions. Print sales proved to be strong throughout the year with the publication of six new major reference works. In total, 32 new titles were published in 2009, the largest ever by RPS Publishing. RPS Publishing continued its investment in technology across the business to enable the division to foster innovation in new products.

Pharmaceutical Press performed strongly due to the release of several major reference works and a string of smaller book titles. Overall print sales finished 4% higher than budget.

MedicinesComplete provided strong income growth of 25% in 2009. Substantial subscription growth has been encouraged with almost all the large global pharmaceutical companies now signed up to MedicinesComplete.

BNF Publications reported retail sales of the BNF at 4% above 2008. At the end of October, an external auditor examined our quality management system and awarded the team ISO 9001 accreditation.

PJ Publications experienced a downturn in the classified advertising market during 2009, but the Pharmaceutical Journal continued to dominate its competitors.

The re-launched PJ Careers website as a standalone jobs board created new advertising revenue opportunities and more than doubled the online inventory available to advertisers. The outlook for 2010 is positive.

At the year-end, RPS Publishing was undertaking some legal action associated with its joint venture partner in Spain to protect the intellectual property of its Spanish publications. The joint venture partner has gone into administration and RPS Publishing has taken the steps needed to protect its interests. Legal costs are known, but under the appropriate accounting standards, no provision has been made for any legal liabilities until they occur.

Balance sheet

as at 31 December 2009

	2009 £'000	2009 £'000	2008 £'000	2008 £'000
Fixed assets				
Tangible assets	8,097		9,344	
Intangible assets	-		-	
	8,097		9,344	
Current assets				
Stocks	292		432	
Debtors	6,450		4,122	
Deposits and cash	17,016		14,303	
	23,758		18,857	
Creditors : amounts falling due within one year	(19,085)		(17,202)	
Net current assets/(liabilities)	4,673		1,655	
Total assets less current liabilities		12,770		10,999
Creditors : amounts falling due after more than one year		(146)		(250)
Net assets excluding pension surplus		12,624		10,749
Pension scheme (loss)/surplus		(226)		1,610
Net assets including pension surplus	12,398		12,359	
Funds employed				
Accumulated Fund		11,059		9,184
Replacement Fund		1,565		1,565
Total funds before pension asset/(liability)		12,624		10,749
Pension scheme funding (loss)/surplus		(226)		1,610
Total funds including deficit on pension scheme reserve	12,398		12,359	

The financial statements on pages 13 to 17 were approved on 31st March 2010 and were signed on behalf of the Council by: Mr Steve Churton (President) and Mr John Gentle (Treasurer)

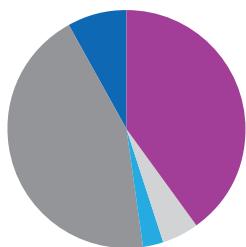


Notes to the financial statements

for the year ended 31 December 2009

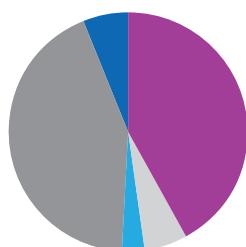
Income and expenditure	Income		Expenditure	
	Restated		Restated	
	2009	2008	2009	2008
	£'000	£'000	£'000	£'000
From professional and regulatory activities				
Members and registrants fees	18,385	17,512		
Premises fees	2,501	2,342		
Total fee income	20,886	19,854		
Council	-	-	536	621
Professional Development	196	200	2,377	2,388
Education and Registration	1,355	1,047	3,253	2,561
Regulation	378	718	5,287	5,709
Policy	10	29	333	507
Public Affairs and Communication	390	693	2,018	2,812
Resources	89	45	5,959	5,889
Chief Executive & Registrar	5	5	369	340
English, Scottish and Welsh Pharmacy Boards	21	47	2,732	1,263
Transfer of central costs to RPS Publishing	-	-	(3,121)	(3,251)
Scottish Drug Testing Scheme	62	62	62	62
Modernisation	2,716	757	3,399	1,248
Total from professional and regulatory activities	26,108	23,457	23,204	20,149
RPS Publishing	20,163	17,957	18,419	15,940
Gift Aid	-	-	-	100
Transfer of central costs to RPS Publishing	-	-	3,121	3,251
Total RPS Publishing	20,163	17,957	21,540	19,291
FRS 17 pension reserve adjustment	742	1,609	-	-
Total for the year	47,013	43,023	44,744	39,440

Income 2009



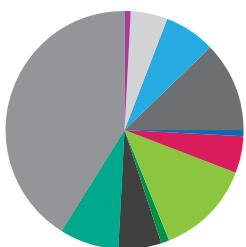
- Members' fees - 40%
- Premises fees - 5%
- Associated activities - 0%
- Education & Registration - 3%
- Publications Revenue - 44%
- Others - 8%

Income 2008



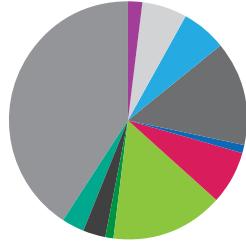
- Members' fees - 42%
- Premises fees - 6%
- Associated activities - 0%
- Education & Registration - 3%
- Publications Revenue - 43%
- Others - 6%

Expenditure 2009



- Council - 1%
- Professional Development - 5%
- Education & Registration - 7%
- Regulation - 12%
- Policy - 1%
- Public Affairs & Communications - 5%
- Resources - 13%
- Chief Executive & Registrar - 1%
- England,Scotland & Wales National Boards - 6%
- Modernisation - 8%
- RPS Publishing - 41%
- Associated activities - 0%

Expenditure 2008



- Council - 2%
- Professional Development - 6%
- Education & Registration - 7%
- Regulation - 14%
- Policy - 1%
- Public Affairs & Communications - 7%
- Resources - 15%
- Chief Executive & Registrar - 1%
- England,Scotland & Wales National Boards - 3%
- Modernisation - 3%
- RPS Publishing - 41%
- Associated activities - 0%

Pensions

The RPSGB Staff Pension Scheme is a defined benefit scheme closed to new entrants. The assets of the scheme are held separately, under the control of its trustees, and the Society does not have access to these funds. An actuarial valuation was carried out as at 31 December 2009 by the Scheme actuary, Peter Barnard of Capita Hartshead, using the Attained Age method.

The Society continues to look at ways to reduce its exposure to the Scheme and limit the cost of maintaining the Scheme in the future.

In accordance with the requirements of Financial Reporting Standard 17, the Scheme actuary has carried out a valuation of the Scheme using the assumptions specified by the reporting standard. The assumptions used in calculating the expected return on assets and the Scheme's liabilities are detailed in the following disclosures.

The FRS17 valuation as at December 2009 reveals a deficit of assets over past service liabilities of £226,000. This is a decrease from the surplus declared at the end of 2008 (£1,610,000). Among the factors underlying this movement is an increase in the liabilities as a result of changes in the FRS17 assumptions to reflect market conditions as at 31 December 2009. The limitation of pensionable salary increases by the employer in future continues to mean that there is no longer any allowance for salary increases in excess of inflation.

The discount rate used in the FRS17 valuation is derived from the return on corporate bonds in the market place at the valuation date. As such, this rate is subject to considerable volatility on a daily basis. Corporate bond yields fell during 2009, despite asset values improving, causing a lower discount rate to be adopted this year and placing a higher value on liabilities.

Cash Flow Statement

for the year ended 31 December 2009

	2009 (Sub total) £'000	2009 £'000	2008 (Sub total) £'000	2008 £'000
Operating activities				
Net cash inflow from operating activities		4,015		2,096
Returns on investments and servicing of finance				
Interest and other similar income received		350		795
Interest payable and other similar expenditure		(2)		(18)
Loan note repayment during the year		(104)		(104)
Taxation				
UK corporation tax paid	-		95	
UK corporation tax refunded	-		-	
Total tax paid		-		95
Capital expenditure and financial investment				
Purchase of tangible fixed assets		(1,546)		(1,484)
Increase/(decrease) in cash for the period	2,713		1,380	
Reconciliation of net cash flow to movement in net funds				
Increase/(decrease) in cash for the period		2,713		1,380
Net cash funds at 1 January		14,303		12,923
Net cash funds at 31 December	17,016		14,303	

Reconciliation of operating (deficit)/surplus to net cash (outflow)/inflow from operating activities

	2009 £'000	2008 £'000
Operating surplus/(deficit)	1,527	1,974
Depreciation of tangible fixed assets	2,793	1,160
Amortisation of intangible assets	-	12
Loss on disposal of tangible fixed assets	-	24
(Increase)/decrease in stocks	140	(48)
Decrease/(Increase) in debtors	(2,328)	311
(Decrease)/Increase in creditors	1,883	(1,337)
Net cash inflow from operating activities	4,015	2,096

The Council 1st January 2009 to 31st December 2009



Steve Churton
President



Martin Astbury
Vice President



Andrew Gush
Treasurer (until May)



John Gentle
(Treasurer from June)



Steve Acres



Seema Agha



Gerald M Alexander



Margaret Allen



Professor Nicholas Barber



Kay Blair



Cathryn Brown
(until October)



David Carter



Dr Brian Curwain
(until May)



Dorothy Drury



Dr Catherine Duggan



Dr Phillida Entwistle



Graeme Hall
(from May)



Sylvia Hikins



Lorna Jacobs



Ray Jobling
(until October)



John D R Jolley



Alan Kershaw



Sue Kilby



Dr Tristan Learoyd
(from May)



Yvonne Liddell



Professor Alastair R Michell



Alison Moore



Jane Ramsey
(until June)



Marcia Saunders



Douglas I M Simpson
(until May)



David A M Thomson



Valerie Turner
(from May)



Professor Keith Wilson
(until October)

The Council Members

Pharmacist professional member	Technician professional member	Lay member
Steve Churton – President	Steve Acres	Seema Agha
Martin Astbury – Vice President	Yvonne Liddell	Kay Blair
Andrew Gush – Treasurer (until May)		Dr Phillida Entwistle
John Gentle – (Treasurer from June)		Sylvia Hikins
Gerald M Alexander		Lorna Jacobs
Margaret Allan		Ray Jobling (until October)
Professor Nicholas Barber		Alan Kershaw
Cathryn Brown (until October)		Professor Alastair R Michell
David Carter		Jane Ramsey (until June)
Dr Brian Curwain (until May)		Marcia Saunders
Dorothy Drury		
Dr Catherine Duggan		
Graeme Hall (from May)		
John D R Jolley		
Sue Kilby		
Dr Tristan Learoyd (from May)		
Alison Moore		
Douglas I M Simpson (until May)		
David A M Thomson		
Valerie Turner (from May)		
†Professor Keith Wilson (until October)		

† Appointed by the universities in Great Britain awarding degrees accredited by the Society for the purposes of registration as a pharmacist

Chief Executive and Registrar

Jeremy Holmes

Professional Auditors

Horwath Clarke Whitehill

Charter Medallist in 2009

Ann Molyneux Lewis – Gold
Andrew Digby Emson – Silver

Honorary Members elected in 2009

Charles Fry
Professor Martin J Kendall OBE
Lesley Morgan MBE
Professor Sam S Salek
Professor David Taylor

Members Designated as Fellows in 2009

Susan Jane Ambler
Gillian Arr-Jones
Martin Keith Astbury
Jacqueline Atkinson
Sheila Ann Margaret Beaumont
Gaynor Marie Bresnen
David Michael Carter
Stephen James Churton
Robert Darracott
Hilary Mary Edmondson
John Patrick Farrell
James Leigh Ford
Philip Edward Green
Irena Gummerson
Andrew David Haynes
Andrew John Hutt

David Neale John
Allan Sidney Karr
Elizabeth Ann Kay
Susan Jill Kilby
Vanessa Anne Kingsbury
Siu Ping Lam
Margaret Jayne Lawrence
Colette Catherine McCreedy
Graham Stuart Phillips
Sheila Joyce Phillips
Timothy Robert Root
Robert David Edmund Sewell
Melvyn Peter Smith
Victor Frank Standing
Adrian Howard Thomas
Mark Edward Tomlin

Council member interests

1. Employment (full and part time employment, including self employment) and paid directorships of public or private companies.

2. Remunerated offices held (membership of organizations associated with health or healthcare, science or pharmaceutical education, or other public service offices)

3. Other paid activity (including consultancies, self employed work [contract work], contributions to professional and scientific publications)

4. Sponsorship (including awards, sponsorship, bursaries, grants for research, etc.)

5. Unpaid offices held (membership of organizations associated with health or healthcare, science or pharmaceutical education, or other public service offices)

6. Unpaid memberships (membership of organizations, committees, etc not listed above, including branches/regions of the Society)

7. Family interests (financial interests of member of Council or close family members that might be considered relevant to the position as a member of Council).

8. Beneficial interests in shareholdings (companies or other bodies in which member of Council, either on own behalf or on behalf of a spouse or infant children, has a beneficial interest in shareholding of a nominal value greater than one-hundredth of the issued share capital).

Mr S Acres - 1. Business Development Manager, NHS Leicestershire County and Rutland; 2. None; 3. Occasional articles in Pharmaceutical Journal (August 2004/September 2005); workshops at Joint Guild of Healthcare Pharmacists; workshops at Association of Pharmacy Technicians UK; 4. None; 5. Vice-President, Association of Pharmacy Technicians UK; 6. Member of Chartered Institute of Management; 7. None; 8. None

Ms S Agha - 1. Managing Solicitor for Bedfordshire County Council, Director of Jimsalva Investment Services Limited; 2. Member of the Rules and Ethics Committee of the Solicitors Regulation Authority, Panel member of the Solicitors' Assistance Scheme; 3. None; 4. None; 5. Trustee of the RPSGB Benevolent Fund; 6. Law Society; 7. None; 8. None

Mr G M Alexander - 1. The Pharmacy Mutual Insurance Company Limited, Management Committee of Pharmaceutical and General Provident Society, D&J Winton Ltd; 2. None; 3. Occasional articles for pharmaceutical press; 4. None; 5. Chairman of the Barnet, Enfield and Haringey Local Pharmaceutical Committee, Member of the Board of the National Pharmacy Association; 6. None; 7. None; 8. None

Mrs M Allan - 1. Director of MA Pharmacy Consulting Services Limited. Work duties for Cardiff LHB, CPW, WCPPE, locums and general consultancy work; Part-time pharmacist at Tesco Stores Limited; 2. None; 3. None; 4. None; 5. None; 6. None; 7. Son – pharmacist working for Co-op Pharmacies, husband – Tesco Stores Limited, Financial Department; 8. None.

Mr M Astbury - 1. Wm Morrison's; 2. None; 3. None; 4. None; 5. None; 6. Member of the RPSGB English Pharmacy Board, Wirral Branch, the Mersey and North-West Regions; 7. None; 8. None.

Professor N Barber - 1. Professor of the Practice of Pharmacy at the School of Pharmacy, University of London; Visiting Professor in Patient Safety at Harvard Medical School, Member of the Management Board, the Audit Committee and the Court of Governors at the London School of Hygiene and Tropical Medicine; 2. None; 3. Income from clinical pharmacy book; occasional consultancy and paid articles, external examining (currently Strathclyde), advice to international and national grant committees, international and national lectures; 4. Current research grants work approximately £1.5 million, all from the Government and health charities; 5. None; 6. None; 7. Wife is a pharmacist for NHS Trust; 8. None.

Mrs K Blair - 1. Director of Marketing and Communications Consultancy, Business Perceptions, Non-Executive Director, NHS 24, Vice Chair, Consumer Panel Financial Services Authority (FSA); 2. None; 3. None; 4. None; 5. Non-executive member, Court of St Andrews University; 6. Fellow, Chartered Institute of Marketing; 7. None; 8. None.

Mrs C Brown - 1. Pharmacy Manager, The Co-operative Pharmacy; 2. Secretary, Central Lancs Branch, Royal Pharmaceutical Society of Great Britain (until June); 3. Some advisory work in the pharmaceutical industry; 4. None; 5. Member of Sefton Local Pharmaceutical Committee; 6. None; 7. None; 8. None.

Mr D Carter - 1. Managing Director, D L Carter & Son Ltd., Prescribing support pharmacist for South Tyneside PCT; 2. Chairman of Gateshead and South Tyneside LPC; 3. None; 4.

None; 5. Vice Chairman of RPSGB Border Region, Committee member of the Unichem Northern Customer Forum, Member of the RPSGB Sunderland and District Branch; 6. Jarrow with Harton Rotary Club; 7. None; 8. D.L. Carter & Son Ltd.

Mr S Churton - 1. Head of Professional Standards, Boots UK; 2. None; 3. None; 4. None; 5. None; 6. Member, Boots Pharmacists Association; 7. None; 8. None.

Dr B Curwain - 1. Self employed consultant to NHS bodies; 2. None; 3. Occasional consultancy for commercial bodies; 4. None; 5. Chair, Hordle Voluntary Care, Council representative for RPSGB Wessex Regional Committee; 6. None; 7. None; 8. None.

Mrs D Drury - 1. Locum pharmacist in community and hospital; 2. None; 3. None; 4. None; 5. None; 6. Council representative for National Association of Women Pharmacists; 7. Unearned income from property; 8. None.

Dr C Duggan - 1. Associate Director for Clinical Pharmacy East and South East England Specialist Services of the NHS – joint appointment with the School of Pharmacy, University of London; 2. Chairman of the United Kingdom Clinical Pharmacy Association; 3. Occasional contributions to professional and scientific publications; 4. none; 5. none; 6. Member of the London Pharmacy Workforce Development Group; Member of the Joint Programme Board; Member of the Competency Development and Evaluation Group; Member of the FIP Academic Group; 7. None; 8. None.

Dr P Entwistle - 1. Non executive director of United Utilities (Water) PLC; 2. None; 3. None; 4. None; 5. Trustee of the Manchester Museum of Science and Industry; 6. None; 7. None; 8. None.

Mr J Gentle - 1. Director of Lunts Pharmacies Ltd., Pharmacy Manager; 2. None; 3. Occasional pharmaceutical consultancy work; 4. None; 5. Secretary of RPSGB Shropshire Branch, Communications Officer of Shropshire LPC; 6. Member of RPSGB West Midlands Regional Committee; 7. Wife is a pharmacist working for L Rowland & Co.; 8. None

Mr A Gush - 1. Part-time community pharmacist (self employed), part-time business consultant (self employed); 2. None; 3. Occasional contributions to pharmacy magazines; 4. None; 5. None; 6. Member of RPSGB Morgannwg Branch; 7. None; 8. None.

Mr G Hall - 1. Assistant Chief Pharmacist, University Hospitals of Leicester; 2. None; 3. Member of GSK Chief Pharmacist Advisory Board; 4. none; 5. Vice Chair, United Kingdom Clinical Pharmacy Association; 6. Leicestershire & Rutland Branch RPSGB, Guild of Healthcare Pharmacists; 7. None; 8. None.

Mrs S Hikins - 1. Appointed member, Correctional Services Accreditation Panel, The Home Office, Co-Chair, Substance Abuse Panel, Ministry of Justice, Non-Executive Director and Vice-Chair, UC24 Ltd, Freelance BBC Radio Merseyside Broadcaster. 2. None; 3. None; 4. Chair and Trustee of The Cyril Taylor Trust Fund; Chair of Quality Fostering Ltd; 5. None; 6. None; 7. None; 8. None.

Mrs L Jacobs - 1. None; 2. Lay Member, Fitness to Practice Panel, General Dental Council; Member of the Family Health Services Appeal Authority; 3. Lay Assessor, Quality and Outcomes Framework Visits, Independent Person for Social Services investigation of complaints relating to children; 4. None; 5. Magistrate, East Berkshire Bench; 6. None; 7. None; 8. None.

Mr R Jobling - 1. Fellow and College Lecturer, St John's College, Cambridge; 2. None; 3. Occasional book chapters and articles for professional journals and press, occasional broadcasting and interviews, occasional university graduate teaching and examining, occasional manuscript reviewing and advice to publishers; 4. Occasional expenses in connection with attendance at professional and scientific meetings and conferences, occasional fees for lecturing, delivering professional papers and contributions to seminars – paid to The Psoriasis Association, travel expenses in connection with meetings of charitable organisations – The Psoriasis Association and Pharmacy HealthLink; 5. National Chairman and Trustee of the Psoriasis Association, Chair of Pharmacy HealthLink, Trustee of The Pharmacy Practice Research Trust, Trustee of Bridget's Trust for Students with a Disability, Lay Adviser to the All-Party Parliamentary Group on Skin; 6. Council nominee on the Board of RPS Publishing in a non-executive capacity; 7. None; 8. None.

Mr J D R Jolley - 1. Chief Executive of Pharma Consult (Europe) Ltd; Principal Pharmacist for Nestor Primcare Ltd, 2. None; 3. Senior Lecturer for International Institute for Research; 4. Technical advisor for Richmond Pharmacology; 5. Director of Abbeyfield Care Homes (Newbury) Society, member of West Berkshire Health and Welbeing Liaison group; 6. Member of the Advisory Board of the Pharmacists' Defence Association; 7.

None; 8. Major shareholder of Pharma Consult (Europe) Ltd.

Mr A Kershaw - 1. None; 2. Chair IPS Professional Standards Limited, Lay member of Appeals and Accreditation Panels and the Membership Board of the Royal Institution of Chartered Surveyors, Partner of Postgraduate Medical Education and Training Board, Member of the Regulatory Board of the Association of Chartered Certified Accountants; 3. None; 4. None; 5. Lay member of the Disciplinary Committee of the Royal Society of Chemistry; 6. None; 7. None; 8. None.

Mrs S Kilby - 1. Director SJK Healthcare Consulting Ltd, Medicines Information Pharmacist, Portsmouth Hospitals Trust; 2. None; 3. None; 4. None; 5. None; 6. Chartered Institute of Marketing, UK Clinical Pharmacy Association, BOPA, Member, RPSGB West Sussex Branch, RPSGB South East England and Wessex Regional Committee; 7. None; 8. SJK Healthcare Consulting Ltd.

Mrs Y Liddell - 1. Area Dispenser, Alliance Pharmacy; 2. None; 3. None; 4. None; 5. None; 6. None; 7. None; 8. None.

Dr T Learoyd - 1. Senior Lecturer, School of Pharmacy, University of Sunderland; 2. None; 3. None; 4. None; 5. None; 6. University and College Lecturers Union Member; 7. None; 8. None.

Professor A R Michell - 1. Self employed – Merlin Consultancies (veterinary and comparative medicine); 2. None; 3. Consultant on veterinary rehydration products to Norbrook; 4. None; 5. British Veterinary Association, AVTRW, Comparative Clinical Research Foundation, elected governor (patient constituency) Addenbrooke's (Cambridge University Hospitals) NHS Foundation Trust; 6. None; 7. None; 8. None.

Mrs A Moore - Self-employed as medicines management consultant, Moore connections; 2. None; 3. None, other than as Moore connections; 4. None; 5. None; 6. None; 7. None; 8. None.

Mrs J Ramsey - 1. Non-executive director of University College London Hospital Foundation Trust, Non-executive director of the Department of Health Audit Committee. Lay observer on the Investigations Committee of the Royal College of Veterinary Surgeons; 3. None; 4. None; 5. None; 6. None; 7. None; 8. None.

Mrs M Saunders - 1. Chair of Brent Primary Care Trust; 2. Lay member of the Independent Scientific Advisory Committee for MHRA Databases, Independent Member of the Board of Governors, De Montfort University, Leicester; 3. Performance assessor for the General Medical Council; 4. None; None; 5. None; 6. None; 7. None; 8. None.

Mr D I M Simpson - 1. Self employment as a freelance pharmaceutical journalist and consultant; 2. None; 3. Pensioner, Royal Pharmaceutical Society of Great Britain, contracted with Communications International Group to edit The Independent Community Pharmacist, various other occasional freelance/consultancy commissions on an ad hoc basis 4. None; 5. Chairman of the Bromley Branch of the RPSGB; 6. Member of the RPSGB Bromley Branch, member of the RPSGB South East England Region Committee, member of the Institute of Pharmacy Management International, member of the European Association of Science Editors 7. None; 8. None.

Mr D A M Thomson - 1. Deputy Lead, Community Pharmacy Development, NHS Greater Glasgow & Clyde; 2. None; 3. None; 4. None; 5. Trustee and Chair RPSGB Pharmacist Support; Chair, Pharmacy Sector Committee; Member, NHS Greater Glasgow & Clyde Area Pharmaceutical Committee 6. Member, Editorial Board, Pharmacy Management; Ex Officio member RPSGB National Board for Scotland; Branch & Committee Member, RPSGB Glasgow and West of Scotland Branch; Member, Guild of Healthcare Pharmacists; Member, College of Pharmacy Practice; Member, International Pharmacy Federation; Member, UK Clinical Pharmacy Association; 7. None; 8. None.

Mrs V Turner - 1. Part time self employed locum pharmacist; 2. None; 3. None; 4. None; 5. Parent Governor, Worthing High School; 6. Member of RPSGB West Sussex Branch; 7. Husband is a self-employed locum pharmacist and elected Borough Council member, brother has Chair in Men's Health at Leeds Metropolitan University; 8. None.

Professor K Wilson - 1. Professor and Deputy Head of Life and Health Services, University of Aston; Head of Aston School of Pharmacy 2. None; 3. Examining at UK and international universities, currently University of Portsmouth, Royal College of Surgeons (Dublin), Robert Gordon University, University of the West Indies; 4. Research grants; 5. Member of the Executive, Council of Heads of Pharmacy Schools (CUHOPS); 6. Member of the British Pharmacological Society, RPSGB Birmingham Branch Committee member; 7. None; 8. None.

Council Members Expense Analysis 2009

Council member	Actual/expected attendance at Council meetings	Actual/expected attendance at Special Council meetings, Committee meetings and strategy days	Branch/ regional meetings* (attendance at CM's own branch is not recorded and fees and expenses not claimed)	Other Society activities*	Travel	Attendance fees	Locum fees	Hotel & subsistence	Other	Total 2009	Total 2008
Mr S Acres****	9/11	9/11	2	8	2,676	6,474	0	783	323	10,256	12,620
Ms S Agha**	11/11	9/10	3	39	4,230	14,732	0	2,637	352	21,952	12,307
Mr G Alexander	11/11	6/12	1	48	8,704	15,390	0	5,787	270	30,150	15,823
Mrs M Allan	11/11	6/10	1	18	3,230	6,800	0	1,005	70	11,105	12,978
Mr M Astbury	10/11	15/15	4	87	13,456	32,592	0	7,538	446	54,031	60,831
Professor N Barber	9/11	9/9	1	26	716	9,047	0	272	70	10,104	2,031
Mrs K Blair**	10/11	1/3	0	10	1,382	4,053	0	1,260	78	6,774	0
Mrs C Brown (until Oct 09)	9/11	9/10	0	8	2,392	7,241	0	1,901	70	11,604	15,549
Mr D Carter	11/11	13/13	3	37	6,074	10,277	5,490	4,400	70	26,311	25,574
Mr S Churton	10/11	14/15	3	502	21,105	65,784	0	7,306	1,882	96,078	54,748
Dr B Curwain (until May 09)	4/4	5/8	0	13	576	3,382	0	1,023	25	5,006	13,071
Mrs D Drury	11/11	9/9	4	10	3,191	6,294	0	2,558	329	12,372	15,397
Dr C Duggan	11/11	7/9	1	40	1,199	12,066	0	955	99	14,320	5,420
Dr P Entwistle**	11/11	10/13	0	6	2,540	6,296	0	3,234	283	12,354	15,411
Mr J Gentle	11/11	9/11	4	31	4,709	17,230	8,718	3,944	305	34,906	29,646
Mr A Gush (until May 09)	4/4	7/8	0	14	2,651	5,182	0	2,433	250	10,516	43,687
Mr G Hall (from May 09)	5/7	1/4	1	7	851	1,338	0	179	350	2,718	0
Mrs S Hikins**	9/11	8/10	1	27	3,351	8,915	0	5,633	70	17,970	16,639
Mrs L Jacobs**	11/11	6/7	0	18	1,262	6,926	0	1,223	25	9,436	10,334
Mr R Jobling (until Oct 09)**	9/11	5/6	0	20	1,758	9,031	0	464	70	11,323	10,725
Mr J Jolley	10/11	7/10	1	10	2,020	3,314	0	1,447	128	6,908	10,362
Mr A Kershaw**	11/11	10/12	0	68	6,870	13,858	0	7,440	41	28,209	22,004
Mrs S Kilby	11/11	11/11	3	20	3,744	9,492	0	1,358	84	14,678	18,026
Dr T Learoyd (from May 09)	7/7	7/7	0	7	957	3,975	0	571	300	5,803	0
Mrs Y Liddell****	6/11	3/5	0	3	1,335	2,754	0	553	70	4,712	6,722
Professor A R Michell**	6/11	7/10	0	1	1,365	2,453	0	0	100	3,918	10,908
Mrs A Moore	9/11	9/11	0	14	2,567	5,915	0	1,364	70	9,916	8,998
Mrs J Ramsey (until June 09)+	0	0	0	0	0	0	0	0	0	0	2,156
Mrs M Saunders**	9/11	8/11	0	12	513	4,615	0	275	0	5,403	6,011
Mr D Simpson (until May 09)	4/4	3/3	2	1	382	1,614	0	432	0	2,428	5,946
Mr D Thomson	7/11	4/12	0	2	11,390	3,209	0	3,221	376	18,195	25,773
Mrs V Turner (from May 09)	7/7	1/1	0	9	875	3,590	0	624	41	5,130	0
Prof K Wilson (until Oct 09)***	9/11	3/6	2	5	1,294	10,520	0	1,218	0	13,032	5,414
					Total	119,363	314,359	14,208	73,038	6,647	525,615
											495,111

*Based on information provided by Council members

**Lay members appointed by the Privy Council – they do not usually attend branch and regional meetings.

*** Appointed by the universities in Great Britain awarding degrees accredited by the Society for the purposes of registration as a pharmacist

****Technicians elected to the Council by registered pharmacy technicians

+Jane Ramsey was on maternity leave until June 2009 when she resigned from the Council.

Notes:

Expected = number of meetings held

Actual = number of meetings attended

1. Some committees meet more frequently than others
2. Some members of the Council serve on more committees than others
3. Council members in their first term of office may have fewer commitments
4. Chairmen of committees and working groups will usually have a higher expected attendance
5. The Vice President attends most of the committees and has a monitoring role
6. For those members of the Council who have to travel a distance to get to a meeting or for whom transport is difficult/inconvenient, attendance at some meetings will entail two days' expenses (either two full days or an overnight cost plus one day).
7. Attendance fees include National Insurance contributions where appropriate

Council implementation committees and other main committees and working groups

Name of Committee	Chairman	Officers
Education	Mrs S Kilby	President
Law and Ethics	Mr D Carter	Vice President
Science	Dr B Curwain / Dr C Duggan	Treasurer
Resource Management	Mr A Gush / Mr J Gentle	Immediate Past President
Audit	Dr P Entwistle	As Mr H Patel retired from Council in May 2008 the position of Immediate Past President is vacant
Conference	Mr J Gentle	
Adjudicating	Mr A Nathan	
RPS Publishing Board	Mr C Morrison	
Governance	Mrs L Jacobs	
Remuneration	Professor A R Michell	

Royal Pharmaceutical Society of Great Britain

1 Lambeth High Street
London SE1 7JN
Phone: 020 7735 9141
Fax: 020 7735 7629
Email: enquiries@rpsgb.org
Website: www.rpsgb.org

Scotland

Holyrood Park House
106 Holyrood Road
Edinburgh EH8 8AS
Phone: 0131 556 4386
Fax: 0131 558 8850
Email: scotinfo@rpsgb.org
Website: www.rpsgb.org/scotland

Wales

2 Ash Tree Court
Woodsy Close
Cardiff Gate Business Park/Parc Busnes Porth Caerdydd
Pontprennau
Cardiff/Caerdydd CF23 8RW
Phone/Ffon: 029 2073 0310
Fax/Ffacs: 029 2073 0311
Email/Ebost: wales@rpsgb.org
Website: www.rpsgb.org/wales



**Royal
Pharmaceutical
Society
of Great Britain**



Product group from well-managed
forests and other controlled sources

Cert no. SGS-COC-004174
www.fsc.org
© 1996 Forest Stewardship Council