



Annual Review 2010

President's message



Firstly let me thank every single pharmacist who has invested in their own future, and the profession's future, by joining the new RPS. I am heartened that two thirds of pharmacists have already joined the Society, creating the biggest individual pharmacist membership organisation in Great Britain.

Pharmacists who have joined the new Society reflect the profile of the profession across all countries of GB and all sectors of the profession. There is real strength in the number and diversity of pharmacists who have joined which gives the Society a unique mandate to act and speak on behalf of the entire profession.

Responsible Pharmacist and Supervision

Pharmacy practice across the UK continues to change with progress towards the provision of further patient focused clinical services. With a new GB wide professional regulator now in place, representatives of the four UK Government Health Departments, the pharmacy professional and regulatory bodies are beginning discussions on the likely changes required to the legislation underpinning the supervision of the dispensing, sale and supply of medicines. Since this will impact significantly on pharmacy it is important to ensure coherence and consistency for the profession and for pharmaceutical care delivered to the public and patients. Patient safety must be at the centre of any changes to legislation.

In parallel, the Royal Pharmaceutical Society and professional forum of the Pharmaceutical Society of Northern Ireland have agreed to lead the gathering of evidence on the effectiveness of

the Responsible Pharmacist regulations. This will help inform future decisions.

This new direction, of ensuring policy is based on evidence and ensuring that members are involved in its creation, epitomises the new Society. Every day we work with and through members, harnessing your expertise for consultation responses, making sure we link in with members when responding to national media and drawing members together; whether it is on expert panels or through local practice forums.

As I write we are close to 32,000 members and more are joining every day. Please be assured that I am very aware of the trust you have put in the Society to deliver on your objectives. Please look over the pages of this Review which acts as a short report of the priority projects we are currently undertaking across Great Britain.



From the Chief Executive

2010 was the year that RPSGB became the new Royal Pharmaceutical Society, and this year's Review reflects the fact that as a new organisation we are already able to report back on successes as well as letting you know what we are doing right now. As the President references above, the fact so many pharmacists have chosen to join the Society gives us a powerful mandate to speak and act on your behalf. Our new remit to act solely as a professional body is giving us access to the top tables of healthcare.

A recent national summit looking at prevention of venous thromboembolism in hospital saw pharmacists take their rightful place alongside nurses from the Royal College of Nursing and doctors from the Academy of Medical Royal Colleges. Importantly, to make sure we got our message right, we reached into the profession and worked with the expert pharmacists in this area, something which will continue to define the way we work in future.

Through our three country boards we are now able to respond to health policy and influence its creation. Witness the fact that the major political parties in Scotland and Wales have all included pharmacy policies in their recent manifestos. That means we have an agenda to work with whoever forms a government. In England we've raised the profile of pharmacy services at the heart of Parliament. Across Great Britain decriminalisation of dispensing errors continues to be a priority for us.

As a contribution to both the resources of the Society and a way of enhancing the reputation of GB pharmacy internationally, our

publishing division Pharmaceutical Press is continuing to grow useful products. New products launched for 2011, such as the BNF based "Formulary Complete", will help pharmacists, doctors and nurses where ever they live and work. It has struck me that publishing essential resources for the NHS is an area worth highlighting as part of our wide range of services.

I hope this year's Review will begin to define your perception of the Royal Pharmaceutical Society in its new guise as the professional body for pharmacists. The 2010 Review reflects that new approach by focusing on the projects and areas members have told us are important. Whether it's creating an environment that empowers pharmacists to do the most for their patients or ensuring information management and technology works for the profession not against it, we are very much working to your agenda delivering on your ambitions – making Great Britain a safer place for patients to take medicines.

Updates from the boards

English Pharmacy Board

"Liberating the NHS" was the title of the new coalition Government's blueprint for the NHS – the focus of the English Board was to make sure the voice of pharmacists was heard during the consultation and Parliamentary process. The plans made stark reading for those members employed by PCTs and SHAs. The Board responded by holding a summit of all pertinent organisations; unions, senior managers, experts and professional groups to see what could be done to both support individuals as well as creating an environment that ensured pharmaceutical advice was seen as valuable. That work will continue in 2011 with a briefing for Directors of Public Health and attendance at both the RCGP and LGA conference where we will promote the roles of primary care and community pharmacists to the key commissioning audiences of Local Authorities and GPs.

Working with members to create a pool of both expert clinical and regionally based pharmacist spokespeople means we have

been able to secure media coverage on programmes as diverse as "Newsnight", "Channel 4 News" and "Daybreak" as well as BBC and ITV regional broadcast channels.

In 2010 and through 2011 the board continued to support and promote the delivery of member services through LPFs.

Professional empowerment – the new umbrella for all activity relating to relieving workforce pressure – has brought together all functions of the Society to look at what practically can be done both medium and long term to ensure members feel they are fully able to use their professional judgement for the benefit of patients regardless of where and for whom they work. Look out for these plans coming to fruition in 2011 when we will, amongst other actions, complete our work to create principles that should underpin supervision and monitor gaps and deliberate recruitment delays in the managed sector and respond where patterns are identified.

Scottish Pharmacy Board

The Scottish Pharmacy Board and Directorate have been working hard to deliver the Scottish Board Business Plan priorities and contribute effectively into the work of the Society as a whole.

Demonstrating leadership and advocacy for pharmacy has been a top priority, raising the profile of pharmacists with the Scottish Government, politicians, the NHS and the media. Attendance at party conferences, parliamentary MSP visits and MSP visits to pharmacies have all been high on the agenda.

We launched our Manifesto for the May 2011 Scottish elections in Autumn 2010 and have lobbied and influenced on our key manifesto intentions. Access to electronic patient records and removing the barriers to pharmacist prescribing are just two of these intentions.

Our Medicines Safety work is centred around improving adverse drug reaction reporting, the pharmaceutical care of the elderly and pharmacists' contribution into the Scottish Patient Safety Programme.

We are working with the Scottish Government to help facilitate pharmacists' increased contribution to the care of drug misusers. We have developed a Science and Practice engagement plan to engage with academia and industry and are developing the Local Practice Forums to be the arms and legs of RPS at a local level across Scotland.

We are actively trying to find solutions to many key issues such as supply chain problems, workforce pressures and hospital pharmacist shortages. Promoting pharmacists' role in Public Health and ensuring that the IM&T agenda delivers the future needs of the profession are also high priorities.

The Scottish Pharmacy Board and Directorate is committed to protecting and developing the profession of pharmacy in Scotland and ensuring that pharmacists are positioned as valued partners in the Scottish NHS and trusted as the experts in medicines by the Scottish public.

Welsh Pharmacy Board

In 2010 our focus in Wales was one of business of usual against a backdrop of huge change; promoting and protecting the profession, monitoring legislative change, responding to consultations and dealing with queries from members, other health professionals and members of the public.

A lot of time was spent last year in the Senedd, the nucleus of political activity in Wales. As well as regular meetings with politicians, we launched our pharmacy manifesto, 'a prescription for better health' with the aim of getting pharmacy messages into the future policies of the next Welsh Government. As well as keeping politicians up-to-date through our regular bulletin pharmacy-e, we successfully launched the first Wales Cross Party Pharmacy group, a forum where politicians from all parties can hear about issues of pharmaceutical care and how pharmacists can help to address them.

2010 started on a high with the Chief Executive of the NHS in Wales writing to all LHBs calling for them to implement our independent prescribing recommendations. Toward the end of the year, our symposium on medicines safety brought together experts in the field to help us understand how pharmacists can help the NHS to improve safety in this area.

Media success included regular columns in the Western Mail and ITV Wales appearances.

In 2010 we also ensured every pharmacist in Wales had access to a LPF. Launch events were held over the country, debates were held on supervision and a number of research projects kicked off. The LPFs are linking up to the local NHS through the LHBs are becoming well set up to act as the local voice of pharmacy in Wales.

Influencing legislative change: the medicines act

The current body of UK medicines legislation comprises the Medicines Act 1968 and approximately 80 statutory instruments, many of which have been amended numerous times. The Society aims to influence the MHRA consolidation and review project to ensure that the legislative framework for medicines is comprehensive, comprehensible and fit for current and future practise. We are working to ensure that the Government use this review as an opportunity to decriminalize single dispensing errors.

This year we have has responded to consultations that aim to consolidate legislation into one set of regulations aiming to simplify and clarify the way provisions are drafted to the benefit of pharmacists and the public.

This year we will form a specially constituted task and finish group which will act as a think tank to identify issues that the MHRA review could address, formulate policy proposals for the national pharmacy boards to consider and inform our response to the formal consultation.

We will then engage with the MHRA directly and through the public and written consultation ensure that the views of our members are incorporated. It will also present an opportunity for us to talk to members about how or if prescribing by pharmacists and the structural roles of pharmacists could be improved through legislative change.



Public health



Public health is a core activity for members working in community practice and those working in specialty and in primary care commissioning roles. Westminster's recent white paper provided us with an opportunity to champion this work.

We aim to establish and promote pharmacists as one of the key public health resources in the new structure of Public Health England. Through our well reasoned evidence based submission to the "Healthy Lives, Healthy People" white paper and our campaign activity aimed at DH and local government we will continue to lobby for pharmacist inclusion.

In Wales we were delighted that the Welsh Assembly Government has now acted to facilitate free emergency hormonal contraception through pharmacy. We look forward to a speedy roll out across pharmacies in Wales. The Society is keen to make sure that through collaboration with bodies such as Faculty of Public Health and Society of Public Health we build on the work done already by pharmacists, enhancing credibility in the public health arena for the profession. Collegiate production of professional standards is planned for the future and this, coupled with supportive guidance, for example our recent guide for members on EHC, demonstrates that this is already high on the professional body's agenda.

Professional empowerment

In 2011 all our activity that relates to workplace pressure has been brought together under a “Professional Empowerment” umbrella through which we will provide members with direct help – tools, guidance and information that will help with pressures that they experience within the workplace. The RPS has a clear mandate to take action to address workplace pressure from the national pharmacy boards business plans. This is re-enforced by our regular survey of the views of members which shows that “excessive workload and work-based stress” is ranked as the third most important issue for members. Any area of support that improves the professional aspect of a members working life positively affects patient safety or experience.

Moving from campaigning on workplace pressure to working towards professional empowerment is more than just a name change. The board has mandated the organisation to find real and long term solutions to the unacceptable pressure some pharmacists find themselves under. This work is wide ranging and includes the production of guidance for members and employers on workforce pressure, as well as creating an environment where whistle blowing about public interest issues becomes safe for individuals and encouraged by employers.

Our aim is to ensure that members feel that they are supported by the RPS in matters of workplace pressure through enhancement of their sense of professionalism and their ability to exercise it.

Standards and guidance

Throughout 2010 the professional support team produced well received guidance that supports members in their day to day practice. In addition the professional body also intends to produce higher level standards documents in order to lead and support the profession in achieving the highest possible levels of practice. Members have told us that principles and standards from the professional body are desired to support them in their work and to encourage and enable higher levels of practice. Professional standards will fill in the “gaps” which exist in regulatory standards and will build on the minimum level of practice enforced by GPhC to enable higher levels of best and good practice across the profession. The production of professional standards documents enable us to work in a proactive way and lead the profession in navigating the changing healthcare environment.

By identifying new areas of pharmacy practice and producing standards and guidance in a proactive way, we can support members with new challenges and the changing roles we know are on the horizon. Producing standards in this way demonstrates the profession's expertise and clearly defines pharmacists as the experts in medicines, a requirement in the challenging commissioning environment. The new look MEP due for publication this summer will serve as a compendium of best

practice standards and guidance, collating many of the documents produced throughout the year.

We have also heard from our members that they would welcome a career map and have identified tools that support pharmacists in their development and advancement across all sectors. To this end, we have been working on developing partnerships with specialist and clinical groups during 2010 who have done some sterling work in this area. We are working together to create a knowledge network of the knowledge and skills and experiences needed to advance and the education, training and developmental opportunities that exist to support pharmacists to up skill, advance and provide a wider range of services and professional developments. Longer term, this feeds into our work on professional recognition. In addition, we need to play an influential and informed role at policy tables around educational and science reforms and have set up groups, panels and forums that cross sectors and areas of expertise.

To read more from the Annual Review 2010 please visit [www.rpharms.com/review 2010](http://www.rpharms.com/review2010)

Enabling pharmacists through **technology**

Information Technology underpins and supports the delivery of pharmacy services across all sectors of pharmacy. Effective and robust IT systems are vital to the future development of new clinical roles for pharmacists. The Society is committed to ensuring that these systems are developed in the most appropriate way which will help secure the future requirements of pharmacists in their day to day practice throughout the UK. We recognise that there are differences in IT systems across the countries and will work with members, governments and stakeholders to ensure that what is being developed fulfils the needs and aspirations of the membership in each country.

We believe that all pharmacists who are involved in the pharmaceutical care of patients should have access to the electronic patient record and fully support the development of fully integrated electronic healthcare systems.

Providing a robust electronic evidence base of the valuable and important role that pharmacists play in the care of patients is vitally important for the development and promotion of new clinical roles for pharmacists in the future.

We will champion the appropriate use of Information Management and Technology as an important enabler in helping the NHS to meet the increasing demand for services by making better use of pharmacists' skills to help patients.

The work of your professional body in this area will be prioritised by an internal IM&T strategy group with membership from all three countries and informed and guided by an expert IM&T advisory group. Each national board's IM&T working group will be responsible for delivering their respective country's IM&T work plan.

Making Great Britain a **safer place** to take medicines

Medicines safety underpins our vision of pharmacists as guardians of patient safety and welfare, maximising the benefits of medicines and minimising the risks caused by adverse effects. It is a significant part of our outward facing role and continuing mission to present pharmacists to other healthcare professionals and the public as the 'experts in medicines'.

In 2010 we held a medicines safety symposium which has helped to identify the issues upon which we need to focus. These include the need to improve medicines adherence and the pharmacist's role in improving health literacy. Attention needs to be given to information on patient medication at the point of the transfer of care, and the use of medicines in high risk settings such as care homes. Pharmacists need to be supported to be able to spend more time with their patients helping them to understand their medicines so they can be taken safely and as intended.

In order to develop this vision we will identify and promote best practice where pharmacists are making significant improvements in medicines safety. We will develop tools, standards and guidance that will support pharmacists in their work to improve the safety of medicines. Through the LPFs we will identify and share best practice and encourage local work to promote and develop the medicines safety role of pharmacists.

In addition, we will monitor the effect the NHS financial situation is having on pharmacists, to ensure that it doesn't impact on patient safety.

We will, through pharmacists, make Britain a safer place to take medicines.



For Pharmaceutical Press, 2010 saw several signal achievements: an eight-year renewal of the agreement for the NHS to provide the British National Formulary and the BNF for Children, a two-year renewal by Community Pharmacy Scotland for delivery of MedicinesComplete to every pharmacy in Scotland, and a twenty-five-year contract to publish Remington: The Science and Practice of Pharmacy, a seminal reference work in the United States.

In addition to securing a longer contract period for BNF than ever before, the new contract has made way for the introduction of FormularyComplete, an innovative and locally customisable Web version of the BNF and BNFC on which the Press and BNF team began work in 2010 and will deliver in 2011.

Across the publishing landscape, the importance of online delivery of content and its digital management has rapidly increased in significance. The decision to extend and broaden the content covered in the Press's agreement to deliver MedicinesComplete to all community pharmacies in Scotland reflects this growing importance, as does NICE's requirement of a monthly digital feed of BNF content.

MedicinesComplete also supports another important element of the Press's strategy and business plan: internationalisation. It is MedicinesComplete that enables us to deliver countrywide access in Norway to the BNF for Children and has taken the Press into Australia, New Zealand, Malaysia, India, Singapore and the United States.

Each of these achievements also represents the Press's role in managing and developing the Society's intellectual property. Martindale: The Complete Drug Reference, Stockley's Drug Interactions, Clarke's Analysis of Drugs and Poisons, and numerous other prestigious volumes form the foundation not only of MedicinesComplete but, along with the British National Formulary and the Pharmaceutical Journal, constitute the very architecture of the Society's intellectual property.

The business of The PJ is supported by recruitment and ethical advertising in its pages and online at PJOnline and PJCareers. Just as community pharmacy and the NHS have been affected financially by the Government's health reform programme as well as changes in the pharmaceutical industry, so too have PJ Publications been hit with the resulting decline in advertising for job recruitment and more cautious expenditure of advertising budgets for drugs and medicines. To mitigate the future impact of this financial pressure in several ways, the decision was taken to make PJ Publications an exclusive member benefit in 2011 and to leverage collaborative opportunities with the Membership and Marketing team arising from the Society's new status. With the new Society's creation and the growth of online communications, the PJ and the Society's Membership and Marketing team can shape for the membership an effective and vibrant package of news, thought leadership and means of communication for members with the Society's organisation and each other.

In sum, despite a difficult financial climate, Pharmaceutical Press is well-positioned to manage and grow the Society's intellectual property in the years ahead. We aim to both support members in their education and professional development, and develop a global reputation as a source of safe, trusted information and guidance on drugs and medicines.

To read more from the
Annual Review 2010 please visit
www.rpharms.com/review2010



Financial review

INCOME AND EXPENDITURE ACCOUNT

For the year ended 31 December 2010

	2010	2010	2010	2009
		Pensions	Total	
		Reserve		
	£'000	£'000	£'000	£'000
Income	39,651	1,328	40,979	47,013
Expenditure	(36,801)	-	(36,801)	(44,744)
Operating surplus	2,850	1,328	4,178	2,269
Interest receivable and similar income	169	-	169	350
Interest payable on loan notes	(1)	-	(1)	(2)
Surplus on ordinary activities before taxation	3,018	1,328	4,346	2,617
Taxation	-	-	-	-
Surplus on ordinary activities after taxation	3,018	1,328	4,346	2,617
Pension scheme actuarial gain/(loss) (FRS17)	-	193	193	(2,578)
Retained surplus for the year	3,018	1,521	4,539	39
Reconciliation of funds				
Total funds brought forward	12,624	(226)	12,398	12,359
Accumulated fund as at 31 December including pension reserve	15,642	1,295	16,937	12,398

Overall Results

The financial statements for 2010 report an operational surplus of £2,850,000 which is a significant improvement on our results in 2009 (£1,527,000).

Our overall income fell during the year predominantly from our regulatory function when the General Pharmaceutical Council came into operation. In 2009 we received funding from the Department of Health for setting up GPhC functions. This funding did not continue at the same level in 2010. We increased unbudgeted income within our operational activities which helped report the substantial income figure for the year.

We continued our cost management strategy during the year together with recognising there were no regulatory costs during the last quarter which has resulted in a significant drop in expenditure for the year. We continued to fund the development of professional products and services to members and supporting the product development, mainly digital, in our publishing activities.

Summary and Outlook

Our aim to successfully manage the finances through the changes at the Society and secure a long-term position has been achieved during the year. We recognise that 2011 will be challenging for us with the continuing positioning of the UK and worldwide economy which affects our business activities. The Assembly has agreed a robust three year Business Plan.

BALANCE SHEET

At 31 December 2010

	2010	2010	2009	2009
	£'000	£'000	£'000	£'000
Fixed assets				
Tangible assets	7,451		8,097	
Intangible assets	-		-	
Current assets	-	7,451	-	8,097
Stocks	310		292	
Debtors	5,067		6,450	
Deposits and cash	8,827		17,016	
	14,204		23,758	
Creditors : amounts falling due within one year	(5,972)		(19,085)	
Net current assets		8,232		4,673
Total assets less current liabilities		15,683		12,770
Creditors : amounts falling due after more than one year		(41)		(146)
Net assets excluding pension surplus		15,642		12,624
Pension scheme surplus / (loss)		1,295		(226)
Net assets including pension surplus		16,937		12,398
Funds employed				
Accumulated Fund		14,077		11,059
Replacement Fund		1,565		1,565
Total funds before pension asset/(liability)		15,642		12,624
Pension scheme funding surplus / (loss)		1,295		(226)
Total funds including deficit on pension scheme reserve		16,937		12,398

Balance Sheet

Our Balance Sheet has strengthened during the year where we have consistently managed our assets and made headway into reducing our liabilities through our cost management programme, focus on cash and ensuring that all financial activities bring benefit to securing a healthy balance sheet. The significant improvement in our net assets supports our financial strategy.