



ROYAL  
PHARMACEUTICAL  
SOCIETY

# Annual Review 2011

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# President's message



Firstly I would like to take this opportunity to thank all those members of the Society who got involved in the research into the impact of the Responsible Pharmacist regulations and other key issues affecting pharmacists last year. The evidence gathered allows us to take work forward to try to achieve an open and just culture within pharmacy.

Pharmaceutical Press must be congratulated for continuing to work with the RPS to provide high-quality magazines, such as *The Pharmaceutical Journal* and *Clinical Pharmacist*, as well as other important publications which healthcare professionals rely on.

The Society had been working hard in response to independent pharmacist prescriber concerns that they were unable to prescribe controlled drugs for patients. We were very pleased in April this year when the Home Office showed it had listened to and changed the regulations. This change means patients are now able to access these important medicines in a timely way and allows development of new innovative pathways to meet patients' needs.

It is also encouraging to see, in the first year since the RPS became the professional leadership body, the increasing number of pharmacists who have appeared on both television and radio to give expert comment on issues related to medicines.

I am pleased with the work around Professional Empowerment, in which the English Pharmacy Board (EPB) has been taking the lead, which is wide ranging and includes the production of guidance for members and employers. It also aims to create an environment where whistleblowing about public interest issues becomes safer for individuals and is encouraged by employers.

I am also delighted by important work in Scotland where members implemented the Scottish Pharmacy Board's (SPB) action plan on Medicines Safety and continued to develop guidance on best practice and best pharmaceutical care for patients.

I would also like to mention a reception which was held in June at the Scottish Parliament to 'celebrate pharmacy', which served to reinforce the messages laid out in the SPB's Manifesto for the Scottish Parliamentary Elections 2011. For the first time, all the major political parties in Scotland recognised pharmacy and the role of pharmacists in their respective political manifestos.

In Wales, key stakeholders and patient groups were lobbied when the Welsh Pharmacy Board published its Medicines Safety Report. There was also good interaction with the Welsh Assembly on a number of important pharmacy-related issues.

The Society in Wales supported the Welsh Government's medicines management sub-group on non-medical prescribing and helped to develop a submission to the all Wales Medicines Strategy Group. It also supported the Diabetes UK Cymru all Wales public health campaign which ran through all community pharmacies in Wales.

I would like to express my sincere appreciation to everyone who contributed to all the successes during the year.



## From the Chief Executive

It is very encouraging to see the way in which pharmacists have endorsed the Royal Pharmaceutical Society so strongly during its first year as their professional leadership body, the evidence being the number of pharmacists who have chosen to be members.

In addition the RPS now has many thousands of Student members and an Associate category which is open to pre-registration trainee pharmacists and overseas colleagues. Our members also voted for a Pharmaceutical Scientist category which came on stream late in 2011. It has been a busy, but successful year, during which the Society has made its mark – but it was not without its challenges.

Pharmaceutical Press responded to changes in market conditions during the year which were significantly affected by the economic climate. Changes to customer needs caused content to move rapidly away from print and towards digital formats.

Pharmaceutical Press embraced this as an opportunity to reduce costs and implement new and efficient ways of working while ensuring that we maintain the quality of our products.

We are confident that we will continue to promote pharmacy by generating dynamic and world class science, technical and medical quality products and build our brands within Pharmaceutical Press.

Similar changes were seen across the Society to ensure a stable and sustainable future for the new RPS and publishing, with a more customer-focused product development strategy.

The 2011 loss for the period includes the one-off costs of re-engineering, the effect of which is reflected in a sustainable cost base for the 2012 year and beyond, with balanced budgets for the foreseeable future.

The process to improve internal efficiency and effectiveness is ongoing, with the executive team keeping control of the risks, and using relevant and reliable up-to-date information to make the necessary informed decisions, ensuring transparency continues.

We are proud to be the professional leadership body representing pharmacists across GB and abroad, and of what we have achieved in our first full year; providing, as we do, a stronger voice than ever within healthcare.

I share with the President the satisfaction we all feel with the work which has been done by members around Professional Empowerment, Medicines Safety and Public Health.

I am confident we are achieving our aim of ensuring that members feel supported by the Society in all areas of their professional lives and at all stages of their careers.

# Updates from the boards

## English Pharmacy Board

The English Pharmacy Board (EPB) met four times during 2011. The Board also held several strategy days to discuss its approach to the Government agenda for the NHS and a new public health service in England, Responsible Pharmacist regulations and other key legal and regulatory issues affecting pharmacists. The EPB has been keen to manage the costs associated with its activities by meeting virtually and running with a smaller number of members until the elections in 2012.

Our work around professional empowerment includes the production of guidance for members and employers. Our aim is to ensure that members feel supported by the Society, by enhancing their sense of professionalism and influencing the environment in which they work.

The English Board was represented in meetings with the three political party health strategists at Westminster and at all of the main party conferences. Representation at major conferences of

healthcare stakeholders has given the Board an opportunity to lobby for the role of pharmacists in the NHS. The EPB is also working with politicians to speak on our behalf on any relevant issues.

Board members have appeared on both television and radio, supplementing the growing group of expert members who have been trained to speak to the media. The EPB has led on the development of guidance on 'Keeping patients safe when they transfer between care providers – getting the medicines right'.

We have responded to consultations throughout the year including 'Draft regulations under the Health Act 2009: Market entry by means of pharmaceutical needs assessments and quality and performance' and 'Good practice in prescribing and managing medicines and devices' as well as several key consultations on the review of the 1968 Medicines Act.

EPB members continue to support the development of local practice forums across England.

## Scottish Pharmacy Board

In 2011, the Scottish Pharmacy Board (SPB) held four formal board meetings, four informal strategy days and one hospital supervision working group meeting. Three working groups, formed in 2010 to implement the Board's action plan on Medicines Safety, continued to develop guidance on best practice and best pharmaceutical care for patients. The SPB Chairman attended Assembly and other governance meetings together with the SPB's second representative to the Assembly.

At the July Board meeting a ballot was held to elect a Chairman, Vice-Chairman and a second representative to the Assembly. Sandra Melville was re-elected as Chairman, Anne Boyter was elected Vice-Chairman and John Cromarty was elected to the Assembly.

The SPB has made progress in securing political recognition of the profession's importance. Ahead of the Scottish elections we produced a pharmacy manifesto based on members' views. We hosted a reception in the Scottish Parliament that was well attended by MSPs to discuss issues facing the profession.

All of the 2011 Scottish party conferences were attended and a programme of meetings with MSPs in Parliament and pharmacy tours was started.

We have strengthened our relationship with Scottish Government. We have joined relevant ministerial working groups on integrating care, prescribing and polypharmacy. The SPB has been involved from the outset in the Review of Pharmaceutical Care in the Community, which will set the strategy for the profession for years to come. Following our campaign for community pharmacists to have access to patient records, the SPB was pleased with the Scottish Government's e-health strategy, which supported the principle of pharmacists accessing electronic records.

The Scottish Directorate led on GB-wide work on Information Management and Technology. This work set out broad principles for IT and pharmacy which will underpin and guide future work in this area.

## Welsh Pharmacy Board

The Welsh Pharmacy Board held four meetings in 2011 and two strategy days. We hosted an all Wales LPF development day, four community pharmacy contract workshops on the new Discharge Medicines Review service, three successful CPD events for members, and a webinar on the new RPS mentoring service.

We met with AMs to promote the Welsh Pharmacy Board manifesto commitments in the run up to the Welsh elections, and with the RCGP to develop joint statements. We highlighted the pressures on the pharmacy workforce and reported on workforce planning to the National Assembly for Wales, through a submission to the Health, Wellbeing and Local Government Committee, and through the publication of our Pharmac-e bulletin.

We published a medicines safety report that we used to lobby key stakeholders and patient groups. Our findings were also presented at the Community Health Council's annual conference. We published a lobbying toolkit for members, and ran a cross-party group on medicines safety. We supported the Welsh Government's medicines

management subgroup on non-medical prescribing, and helped to develop a submission to the All Wales Medicines Strategy Group. We lobbied the Government and the NHS for pharmacist access to electronic health records, and collaborated with NHS Wales Informatics Service on the development of an online information governance toolkit and a community pharmacy 2DRx barcode system.

We supported Diabetes UK Cymru's all Wales public health campaign, which ran through all community pharmacies in Wales. We successfully completed the 2010/11 Pharmacy Leadership Programme in partnership with WCPPE and NLIAD, and launched the 2011/12 course.

We published a biannual newsletter, monthly pharmacy-related articles in the *Western Mail*'s 'Ask the Experts', and secured high-profile media appearances on BBC Wales news, BBC Radio Wales, BBC Radio Cymru, ITV Wales news, and S4C, as well as local broadcasts.

# Making Great Britain the safest 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. The RPS wants to make Great Britain the safest place in the world to take medicines.

Reinforcing the role of pharmacists as experts in medicines to health professionals and the public is a vital part of our role. In 2011, much of our media work focused on promoting the safe use of medicines, including a high profile campaign highlighting the risks of counterfeit medicines.

The report of the medicines safety symposium held in Wales made a number of key recommendations and areas of focus, which included a need to:

- Improve adherence and health literacy
- Improve medicines management in high risk settings such as care homes
- Support the safer use of high risk medicines
- Improve the transfer of medicines information between care settings
- Collaborate with other healthcare professionals on medicines issues and communicate the issues to wider stakeholders

To support this we have produced a joint statement with the Royal College of General Practitioners, outlining where pharmacists and GPs can work together to improve care. Joint guidance with other Royal Colleges on reducing the incidence of venous thromboembolism was issued, as was a document produced in conjunction with the Health Foundation on the concept of shared decision making. A significant piece of work has been the roll-out and piloting of the RPS Transfer of Care guidance 'Keeping patients safe when they transfer between care providers – getting the medicines right'.



## Enabled by technology – pharmacists and IT

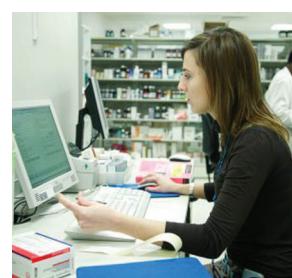
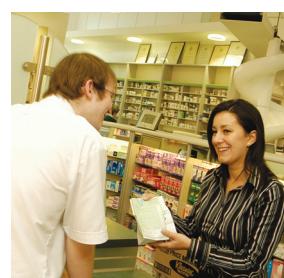
Information Management and Technology (IM&T) underpins and supports the delivery of pharmacy services across all sectors of pharmacy. Effective and robust IT systems are vital to the future development of new clinical and professional roles for pharmacists.

We are committed to ensuring that IM&T systems are developed and used in the best way to secure the future requirement of pharmacists in their day-to-day practice on a GB wide basis.

There are clear differences in NHS policy and IM&T systems across GB and we worked with members, governments and other stakeholders to ensure that what is being developed fulfils the needs and aspirations of the membership in each country.

In 2011, a set of IT strategic principles was developed by the Society's IM&T Strategy Group. These principles are being used to underpin some of the Society's key IM&T activities.

During the year the National Pharmacy Boards progressed their own plans to deliver the Society's GB ambition for IM&T, focusing on the need for pharmacists to have full access to electronic health records, the requirement for pharmacist e-prescribing, robust electronic discharge systems, the development of electronic pharmaceutical care record systems, information governance and models of consent.



# Influencing and making policy

Policy is the remit of the National Pharmacy Boards with the RPS making European, GB and national policy by considering policy areas raised by members, responding to issues raised in the media and responding to Government consultations.

In 2011, the RPS was asked to respond to approximately 150 consultations. These range from a House of Lords inquiry into the mobility of health professionals (including pharmacists) across the European Union, POM to P changes, P to GSL changes, a new mental health strategy, proposed pharmacovigilance changes and the Welsh Language Scheme of the General Pharmaceutical Council. When drafting our responses we aim to be as inclusive as possible, seeking the views of the specialist groups associated with the Society, board members' views, and most importantly members' views through local practice forums and the virtual networks. The views expressed in our responses can and do influence policy changes, as with our response to the consultations on changes to the NHS structures in England which led to:

- Pharmacists being included in clinical senates
- Pharmacists having access to places on clinical commissioning groups, where previously these were exclusively for GPs
- Pharmacy being considered an NHS 'qualified provider' of services
- Pharmacists being involved in integrated care pathways
- Pharmacists having a greater role in public health
- An NHS local professional network specifically for pharmacy that will be created at a local level

One of our major policy and influencing roles has been drafting responses to the MHRA consolidation exercise for the Medicines Act. Despite the enormity of this consultation many key areas were not included, such as decriminalisation of dispensing errors and the changes to wholesale dealing which have been taken forward as separate activities in 2012.

All healthcare professionals in England are required to comply with guidance and quality standards from the National Institute for Health and Clinical Excellence (NICE). The RPS is registered as a stakeholder for the development of all NICE guidance, quality standards and technology appraisals. We work with a wide range of specialist partnership groups to ensure that the profession's views and expertise influence and inform the development of NICE guidance and quality standards.



## Professional empowerment

We have brought together all our activity relating to workplace pressure under an umbrella of 'Professional Empowerment'. Through this work we will provide members with direct help, tools, guidance and information, such as *Medicines, Ethics and Practice*. We believe that any area of support that improves the professional aspect of a member's working life positively affects patient safety and patient experience. We, along with the Professional Forum of the Pharmaceutical Society Northern Ireland (PSNI), commissioned research into the impact of the Responsible Pharmacist regulations on pharmacy practice. The findings helped inform decisions on professional practice earlier this year, and have informed much of the work we will be carrying out in 2012.

Increasingly we are focused on influencing the organisations, institutions and individuals that control the environment in which our members work.

Understanding that these organisations are autonomous, the Society is influencing their thinking through dialogue and lobbying so that they create an environment where pharmacists are able to do the best that they can for patients. Our aim is to ensure that members feel supported by the Society, through enhancement of their sense of professionalism and by influencing the environment in which they work.

### **Moving from a blame to a just culture**

The Society has learned from the RP impact research that the fear of reprisal and blame by many pharmacists is high. Our response has been to gather together unions, employers, government, regulators, and pharmacy organisations to see what they can contribute to make this change.

# Public health

In 2011 the Pharmacy and Public Health Forum (PPHF) was established to bring together pharmacy and public health interests. The RPS is a member of the PPHF and will be leading the development of professional standards for public health practice for pharmacists, working with the Faculty of Public Health, the Royal Society of Public Health and other stakeholders.

Public Health is a major priority in Wales and the Welsh Board has always extolled pharmacy's role within the Welsh Government public health agenda. This is demonstrated by the increasing number of women who have chosen to obtain EHC from community pharmacies, either purchasing it over-the-counter or through the first national enhanced service that was launched in April 2011 in Wales. The RPS has supported its members to provide this service with access to our guidance and support tools. The service has also been promoted in the media, highlighting pharmacy as a source of confidential supply.

We believe that pharmacists can play a key role in the early detection of cancer by raising awareness of symptoms and facilitating early diagnosis through formal care pathways. In partnership with cancer charities, we produced new guidance for pharmacists on bowel and lung cancer and an audit which showed that pharmacists can identify symptomatic patients in at risk groups for lung cancer. The Society has supported the National Early Detection and Awareness programme for cancer and is hoping to see closer integration with pharmacy over the coming year.



## Professional standards, guidance and education



legislation and practice, drug and device recalls, patient safety notices, and other important communications concerning patient safety throughout 2011 and beyond.

We also began work to develop professional standards and in 2011 we published professional standards for organisations and professionals on 'Keeping patients safe when they transfer between care providers' alongside our new look *Medicines, Ethics and Practice* (MEP). Now that we are no longer a regulatory organisation, the MEP is a comprehensive guide to professional practice and we have had very positive feedback from members at all stages of their careers, including students and pre-registration pharmacists.

Work is already underway to develop the 2012 MEP. During 2011 we worked with our hospital colleagues to develop professional standards for hospital pharmacy services (for publication in 2012) alongside our professional standards for pharmacy and public health.

Throughout 2011, the RPS worked closely with the Modernising Pharmacy Careers (MPC) programme and MEE (Medical Education England). During 2012, we will continue to influence and advocate as MEE moves to HEE (Health Education England) and takes on statutory responsibilities. We have set up an Expert Advisory Panel on Education and a Reference Group comprising experts in education and training from all sectors and all countries, to inform and provide educational leadership. We are also working with the Centre for Workforce Intelligence (CfWI) to set up a Pharmacy Workforce Group on pharmacy workforce planning and development to ensure that the right numbers of pharmacists are entering the workforce to meet future needs.

# Publishing



2011 was a challenging year for all publishers. For Pharmaceutical Press, uncertainties in the wider economy, and the NHS in particular, coupled with the continued shift from print delivery of books and information to digital formats, underpinned many decisions that had to be made throughout the year. But, although Pharmaceutical Press was faced with some difficult choices, it ended the year in a strong financial position and, following restructuring of various publishing processes, with flexible teams ready to make more out of opportunities in the UK and other parts of the world.

## Sales

There were major new editions of two print publications, Martindale 37th edition and Clarke's Analysis of Drugs and Poisons 4th edition. Both publications experienced a decline in sales compared with previous editions, although this was in line with industry trends. The book sales decline was offset by achieving growth in digital markets for these products. Our focus has been on expanding international sales, particularly in developing regions. Digital products continue to make an impact and lead the way in terms of increasing sustainable revenue.

## Editorial/Production/Technology

In order to prepare Pharmaceutical Press to meet a more digital future, particularly with regard to more frequent online updates, we undertook a major process review across the editorial, technology and production teams. Through consultation with all staff, adopting the most practical suggestions for processes, we have been able to streamline many business functions. This has led to the adoption of a single way of processing, storing and outputting data for all of our major reference works, resulting in a more flexible and efficient organisation.

## BNF

The first year of a new contract with the NHS has meant big changes for the BNF team. In 2012 BNF will move to monthly updates online, as well as maintaining the existing frequency in print. The BNF is available at [bnf.org](http://bnf.org) but also on NHS Evidence, NICE's search engine for health information. A new improved version of the BNF Intranet called FormularyComplete was launched, providing a way for healthcare organisations to manage their own information and protocols alongside BNF and BNF for Children, on a searchable platform hosted locally. Internationally BNF continued to grow, winning a contract with local partner BPAC to provide a New Zealand Formulary from 2012.

## PJ Publications

The broad appeal of *The Pharmaceutical Journal* was recognised by it winning the 'Publication of the Year' award in the Avicenna Media Awards. With NHS classified advertising revenues still unpredictable a decision was made to outsource display advertising to James Pembroke Publishing. As a result *The Journal* was redesigned mid-year, and a new supplement, *Community Matters* launched to attract advertisers who do not traditionally use *The Journal*. Together with *Clinical Pharmacist* and the launch of an online revision aid for pre-registration trainees, TP ONtrack, PJ Publications has something to offer RPS members whatever their age or sector of practice.



To read more from the Annual Review 2011 please visit [www.rpharms.com/review2011](http://www.rpharms.com/review2011)

# Financial review

INCOME AND EXPENDITURE ACCOUNT				
For the year ended 31 December 2011				
	2011	2011	2011	2010
		Pensions Reserve	Total	Restated Total
	£'000	£'000	£'000	£'000
Income:				
RPSGB	24,530	-	24,530	25,947
Discontinued regulatory	-	-	-	13,704
Expenditure:				
RPSGB	(25,734)	815	(24,919)	(26,584)
Discontinued regulatory	-	-	-	(7,569)
Transition	-	-	-	(1,480)
<b>Operating (deficit)</b>	<b>(1,204)</b>	<b>815</b>	<b>(389)</b>	<b>4,018</b>
Interest receivable and similar income	87	238	325	329
Interest payable and similar expenditure	(1)	-	(1)	(1)
<b>(Deficit) on ordinary activities before taxation</b>	<b>(1,118)</b>	<b>1,053</b>	<b>(65)</b>	<b>4,346</b>
Taxation	-	-	-	-
<b>(Deficit) on ordinary activities after taxation</b>	<b>(1,118)</b>	<b>1,053</b>	<b>(65)</b>	<b>4,346</b>
Pension scheme actuarial gain (FRS17)	-	1,397	1,397	193
<b>Retained (deficit)/surplus for the year</b>	<b>(1,118)</b>	<b>2,450</b>	<b>1,332</b>	<b>4,539</b>
<b>Reconciliation of funds</b>				
Total funds brought forward	15,642	1,295	16,937	12,398
<b>Accumulated funds as at 31 December including pension reserve</b>	<b>14,524</b>	<b>3,745</b>	<b>18,269</b>	<b>16,937</b>

BALANCE SHEET				
As of 31 December 2011				
	2011	2011	2010	2010
	£'000	£'000	£'000	£'000
<b>Fixed assets</b>				
Tangible assets			6,957	7,451
<b>Current assets</b>				
Stocks		226		310
Debtors		5,091		5,067
Short-term deposits		4,175		4,041
Cash in hand and at bank		3,233		4,786
	<b>12,725</b>		<b>14,204</b>	
Creditors: amounts falling due within one year	(5,158)		(5,972)	
<b>Net current assets</b>		7,567		8,232
<b>Total assets less current liabilities</b>		14,524		15,683
Creditors: amounts falling due after more than one year			-	(41)
<b>Net assets excluding pension asset</b>		14,524		15,642
Pension scheme asset		3,745		1,295
<b>Net assets including pension asset</b>		<b>18,269</b>		<b>16,937</b>
<b>Funds employed</b>				
Accumulated Fund		14,524		15,642
Total funds before pension asset		14,524		15,642
Pension scheme reserve		3,745		1,295
<b>Total funds including surplus on pension scheme reserve</b>		<b>18,269</b>		<b>16,937</b>

## Overall Results

2011 was a significant year of financial change for the Society. The reported operational deficit of £1.2m reflects one off costs relating to a significant re-engineering and restructuring programme that has ensured a viable and secured future.

Discontinued operations (income and costs relating to regulatory activities and transition) are shown separately in 2010's figures, which enables a like for like comparison with 2011. Our income from ongoing activities matches the full year effect of the RPS's new membership base and two months free membership provided to all Society members.

We continue to invest in development of professional products and services to members and strive to move with the publications market to more digitally focused products.

## Balance Sheet

The Society's Balance Sheet continues to show a stable position at year end and, thanks to the restructure, the Society is well positioned for a sustainable financial future. Through the provision of up to date and reliable financial reporting and strong working capital management, cash reserves have been maintained in line with the overall revised Business Plan.

## Summary and Outlook

Our aim continues to be to successfully manage the finances through the continual changes at the Society in order to ensure sustainability and growth. It has been a busy but successful year and was not without its challenges.

We realise that the economic environment in 2012 and beyond will continue to be challenging, but together with the three year Business Plan – agreed by the Assembly – we have identified the key risks and have implemented robust financial controls to achieve targets, continuously monitor performance and respond to changes where appropriate ensuring good services to our members and customers.