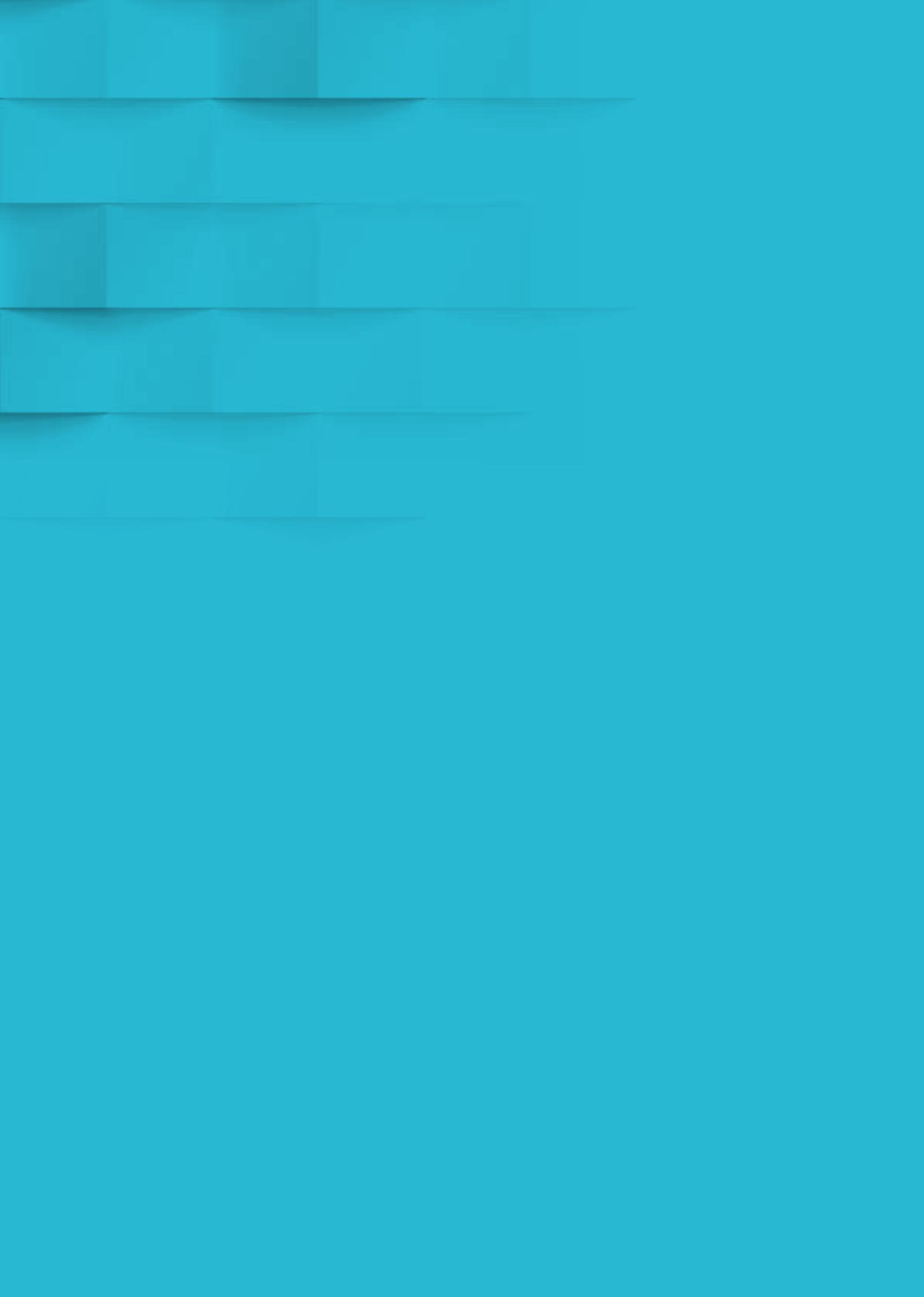




**PHARMACEUTICAL SOCIETY**  
*of New Zealand Incorporated*

# 2014 ANNUAL REPORT







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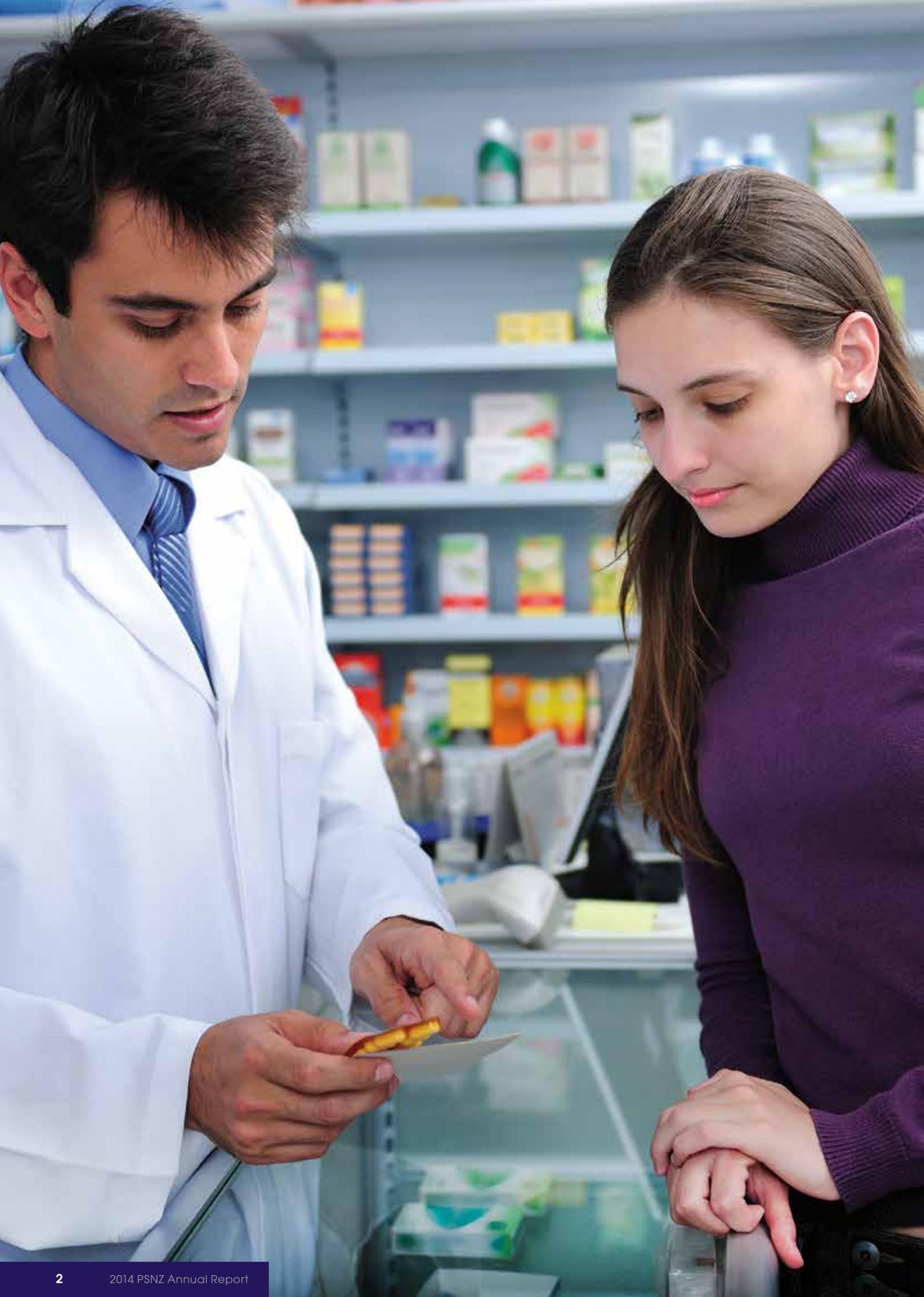
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The Society’s Honours Board can be viewed online in the members’ section of the Society website: [www.psnz.org.nz](http://www.psnz.org.nz)

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# STRATEGIC VISION

## – VISION 2020 LAUNCHED

### **VISION 2020;** PARTNERSHIP FOR CARE, DOCTORS AND PHARMACISTS WORKING TOGETHER

The Vision Statement 2020, “*Vision 2020; Partnership for care, Doctors and Pharmacists working together*”, developed by the Pharmaceutical Society of New Zealand and the New Zealand Medical Association, was launched in October 2014. It provides the strategic direction for the two professions working together.

Underpinning this vision statement is the commitment from the two professions, made through their respective governing bodies, to work together in integrated and collaborative health practice with a view to improving patient care and health outcomes.



PHARMACEUTICAL SOCIETY  
of New Zealand Incorporated



VISION 2020

# PARTNERSHIP FOR CARE

Pharmacists and Doctors working together.



*New Zealand pharmacists and doctors working together in an integrated and collaborative health practice environment can significantly improve patient care and health outcomes.*

This vision identifies a desired future state of collaboration and partnership that is based on strong and supported clinical relationships, optimised for the benefit of the patient and the health system. It outlines the major goals and enablers that will shape and guide the actions that both professions need to take to reach that vision.

Partnership for Care has been prepared by doctors and pharmacists from the New Zealand Medical Association (NZMA) and the Pharmaceutical Society of New Zealand Inc. (PSNZ). It offers a vision of an enhanced patient medication journey and informs the development of health interventions, their delivery and accessibility.

# 6

## VISION AREAS



### 1 *The Patient's Healthcare Journey*

Doctors and pharmacists will pursue a whole-of-system approach for high quality, coordinated services for patients that focus on patient centred care and population health.

The patient's healthcare journey will be a seamless continuum of care provided by health professionals that involves diagnosis, prescribing and dispensing of medicines, medicine therapy optimisation, monitoring and patient adherence support for prescribed medicines.

---

### 2 *Healthcare Professional Roles*

Pharmacists and doctors will have shared responsibility and specific roles in patient care.

- Doctors providing diagnosis and having primary patient care responsibilities.
- Pharmacists having specialist skills in medicines management and optimisation, being fully utilised.
- Both jointly educating patients about medicines' side effects and what to do if these occur.
- Both actively monitor and review and contribute to patient care plans.

Through Alliances, doctors and pharmacists will also work collaboratively with nurses and other healthcare professionals as integral members of the healthcare team, providing an integrated care solution for patients.

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### 3 *A Shared Working Environment*

Pharmacists and doctors will prioritise and enable sharing in joint working environments. This will include having:

- Electronic shared care records, which aid communication for the integrated patient care journey.
- Medicines reconciliation that supports every transfer of care.
- Co-location and consolidation of care services with shared support systems and infrastructure.
- Peer review within the pharmacist-doctor partnership and combined continuing professional development opportunities.

---

### 4 *Services*

Services provided by doctors and pharmacists will be consistent with, and contribute to, the development and achievement of Government's stated health sector strategies.

New initiatives will be identified and developed jointly, recognising respective roles and expertise, and informed by the best available evidence.

Service design will be underpinned by the Triple Aim for quality improvement:

- Improved quality, safety and experience of care.
- Improved health and equity for all populations.
- Best value for public health system resources.

---

### 5 *Professional Competence and Ethics*

Both professions will have obligations to maintain competence to practice and to continue their professional development. Shared learning and mutual recognition of professional learning as part of the Annual Practising Certificate recertification programmes of Continuing Education/Continuing Medical Education points will be in place. Both professions will support the stated codes and policy positions of the ethics of each and will seek alignment.

## 6 *Payment Arrangements for Services*

More flexible approaches to managing patients' health care needs will be permitted by flexible funding arrangements in primary care. Greater scope for collaboration and coordination of services will happen by encouraging and enabling alternative funding streams for more comprehensive approaches to servicing the particular needs of the enrolled population and that support other integration enablers such as co-location, management systems.

Designated doctors and pharmacists for Rest homes will be part of funded rest home care.

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# GOALS AND OBJECTIVES ACTIONING



*This 2020 Partnership for Care provides the overarching strategic vision for both professions to develop their goals and objectives for actioning to achieve 2015–2020. Each professional organisation – PSNZ and NZMA – will develop and share key goals and objectives.*





# KEEPING THE PROFESSION STRONG – LEADERSHIP IN 2014



During 2014, your National Executive and President continued to focus on where the profession must progress to, and provided strategic direction and leadership to the sector.

Your President and Chief Executive met formally with the then Minister of Health, Hon. Tony Ryall, discussing the profession's contribution to New Zealand Health. Emphasis was put on pharmacist-provided Medicines Therapy Assessment. We also met regularly with the Associate Minister of Health, Hon. Peter Dunne, about the Government's Medicines Strategy, "Medicines New Zealand", and progressing this. The importance of this strategy was announced as part of the new Government's programme for the year in the 2014 Speech from the Throne at the opening of Parliament. The Speaker said "the implementation of the

National Medicines Strategy will continue, including the enhanced role of pharmacists in medicines management and primary care." The Associate Minister asked the Society to work with the Ministry of Health to further this strategy.

To this end, a workshop was convened by the Society and the Ministry of Health on behalf of Minister Dunne on the topic "Refreshing the medicines action plan: Actioning Medicines New Zealand". The Minister personally opened the workshop and attended for a significant part of the day. This workshop brought together a large group of respected representatives of pharmacy, medicine, nursing, sector organisations, District Health Boards (DHBs) and the Ministry of Health. Attendees were challenged to identify eight areas of patient-centred care that the agreed actions coming from the day would have a significant impact on, in particular pharmacists working in a variety of roles in an integrated national health service. This work is on-going and involves several members of Society staff liaising regularly with Ministry staff. The Ministry of Health is responsible for putting a refreshed set of action plans together for Minister Dunne and Cabinet policy approval.

The National Executive ensures engagement with the sector at governance level by hosting key stakeholders at its meetings. During 2014 it hosted senior staff from the Ministry of Health, PHARMAC, District Health Board Shared Services (DHBSS) and other leading health sector organisations.

Branch Presidents were regular attendees at National Executive meetings. This has increased engagement with branches and allowed formal sharing of local initiatives that have now been passed on to other branches.

2014 saw the culmination of a number of pieces of work that have been provided to members and published to the New Zealand health sector. The National Executive has used the *Ten-Year Vision For Pharmacists In New Zealand 2004-2014* document as a guide for its strategic initiatives since 2004. At the beginning of the year, the National Executive reviewed the profession's progress towards all of the 12 vision statements in this document. In most areas significant progress has been made and we have much to be proud of as a profession.

The New Zealand Medical Association (NZMA) is the pan-professional body for doctors, as the Society is the pan-professional body for pharmacists. Through the relationship we have developed with NZMA, the Society and NZMA were able to develop a collaborative document published jointly as *Vision 2020; Partnership for care, Pharmacists and Doctors working together* that recognises the roles of each profession and identifies the areas where joint patient care will be seen as best practice. This document describes areas of collaboration that will improve future patient outcomes as each profession responds to a changing healthcare environment. The six vision areas are aspirational and much of the Society's strategic work over the next five years will be to realise these goals so that the everyday work of the pharmacist will become part of increasingly integrated roles in patient care.

**THE NATIONAL EXECUTIVE ENSURES ENGAGEMENT WITH THE SECTOR AT GOVERNANCE LEVEL BY HOSTING KEY STAKEHOLDERS AT ITS MEETINGS.**



The *New Zealand National Pharmacist Services Framework 2014* (the 2014 Framework) was published over the past year, thanks to the significant effort of those involved. It was developed by the profession to outline pharmacist roles and services for the sector, and replaces the 2007 DHBNZ Framework. The 2014 Framework is an authoritative reference for pharmacist services, clearly stating purpose, applicability, standards, descriptions and specifications for all health providers and funders. The 2014 Framework will be seen outside the profession as a reference document, demonstrating where pharmacists' skills and knowledge can be used to augment the work of other health professionals.

The Chief Executive and I attended the 74th International Pharmaceutical Federation (FIP) Congress. FIP is the world's leading pharmacist organisation, working in alliance with the World Health Organisation to set world standards and policy in pharmacy. This organisation highlights the growing momentum in pharmacy within developed countries for pharmacists to take on more patient focused roles, moving from a purely supply function to extended roles that utilise the profession's expertise in medicines and their use. Community Pharmacy Anticoagulation Management Service (CPAMS) is an example of one of these extended roles. It is seen internationally as a leading initiative and is much admired as an example of positive professional change.

The Society regularly attends the annual Pharmacy Australia Congress (PAC) run by the Pharmaceutical Society of Australia (PSA). The 2014 PSA event was an opportunity to view practice in Australia, visit PSA offices and talk with our counterparts on all aspects of the profession and its future. New Zealand pharmacy practice was mentioned at PAC on several occasions as being professionally ahead of Australian practice. The flexibility that permitted the development of CPAMS in New Zealand is looked on with some envy.

The annual symposia series provides the President and National Executive with the opportunity to meet with members. The symposia provide learning and networking opportunities, and the chance to celebrate the contribution that individual members have made to the profession. It was my great pleasure in 2014 to present Fellowships to Carolyn Oakley-Brown, Natalie Gauld, Leanne Te Karu and Di Vicary. The presentations are very special occasions for the new Fellows and their families, whanau and supporters.

Over the course of the year I have attended a number of administrative meetings at the two Schools of Pharmacy. The constant evolution of practice is mirrored in the forward thinking evident in the staff of both Schools. I was also able to attend some of the milestone events at each School. The White Coat Ceremony welcoming the Second Year students and the Graduation Ceremony at the National School of Pharmacy in Dunedin, together with the Completion Ceremony at the School of Pharmacy, University of Auckland, were opportunities to celebrate the success of these young people entering our profession. I have also met several of the student association executive members on a number of occasions. Their passion and commitment to their new profession is wonderful and most have contributed to their respective schools in many different ways. This bodes well for the future.

I recognise the work that Richard Townley, our Chief Executive, and the team he so ably leads have done over the past year. Richard continues to bring his enthusiasm for the profession to all the work the Society does. I thank the members of the National Executive for their dedication and personal contribution to making the profession stronger, in particular my predecessor Elizabeth Plant.

**DALE GRIFFITHS**

*National President*



# WORKING TO KEY OBJECTIVES

## 1 TO PROVIDE ADVICE, SUPPORT AND SERVICES TO MEMBERS TO ENABLE THEM TO WORK AT THE TOP OF THEIR SCOPE OF PRACTICE.



The Society's new Pharmacy Practice e-Handbook (the Handbook) was launched at the 2014 Regional Symposia series to over 600 pharmacists. The new Handbook has all the authoritative, up to date guidelines, regulations and standards for all practising

pharmacists and is available at their fingertips on an extensively linked website. Another related service launched in 2014 was free member access to the most respected international medical and pharmacy practice journals online.

During the year, the Society participated in two Health Workforce New Zealand and pharmacy sector organisation meetings focussed on furthering and securing Pharmacist Prescriber roles in the health sector. Pharmacist Prescriber Kerry Muller presented to the National Executive on securing this role for the future.

A project to develop a universal quality standard for preceptors and preceptor sites commenced. This is to be consulted on and completed in 2015, with implementation in 2016.

The MIMS/PSNZ Pharmacist of the Year Award is another way that the Society, in conjunction with MIMS, can highlight to the profession colleagues who have:

- "Consistently demonstrated excellence in professional clinical pharmacy practice by providing high quality clinical pharmacy services that improve patient outcomes;
- Raised the profile and role of the clinical pharmacist, and
- Provided a model of practice that others strive to emulate."

The 2013 award was made to Marie Bolton, recognising her clinical work in community pharmacy and as palliative care pharmacist at the North Haven Hospice whilst studying for her Masters in Palliative Care at Flinders University.

The member services that support pharmacists' and technicians' professional practice and provide opportunities for professional development and role expansion are carried out by the work teams at the Society in Wellington. The levels of service from those teams increased during 2014. The individual managers of the programmes and service areas have reported on these in the "Member Services" section of this Annual Report. I refer you to them – it's stimulating reading: Practice Advice and Support, ENHANCE Professional Development, Pharmacy Self Care Programme, EVOLVE Intern Training Programme, College, Information Resources, and New Zealand Pharmacy Education and Research Foundation (NZPERF).

## 2 TO SECURE A SUSTAINABLE, RELEVANT PHARMACIST SERVICES FRAMEWORK THAT IMPROVES PATIENT OUTCOMES.

The extended roles and services that pharmacists can provide to the public in an integrated manner with other health professionals are defined and specified accordingly for patients, prescribers and the health system in the *New Zealand National Pharmacist Services Framework 2014* (the Framework). This Framework contains the criteria used to describe pharmacists' roles and services, such as pharmacists' training/accreditation, service standards, service settings, reporting and service activities and outputs. For more detail on the history and development of the Framework, refer to the report entitled "Pharmacist Services Framework" in the National Executive Members' Portfolio reports.

The implementation of the Framework of pharmacist roles and services will be a key mechanism to deliver eight impact goals and action plans for achieving the Government's Medicines Strategy, "Medicines New Zealand", over the next five years. These were identified at the Ministry of Health/Society workshop to refresh the Action Plan for "Medicines New Zealand", held on behalf of the Associate Minister of Health, Hon. Peter Dunne. The eight impact areas identified describe the objectives and the actions that the sector, and pharmacists in particular, can take to implement "Medicines New Zealand 2015-2020". This

range of actions includes delivering health education services, delivering Medicines Therapy Assessment (MTA) services, and the greater utilisation of pharmacists in prescribing roles and Comprehensive Medicines Management (CMM) services.

The uptake of clinical pharmacists providing MTA services gathered rapid momentum with the launch of the Sapere Report "Impact of Medicines Therapy Assessment" and its presentation to; the District Health Board GMs' Planning and Funding Committee, the Health of Older People Committee, General Practice organisations, Hospital Doctor organisations and Ministry of Health and its Minister. This report, commissioned by the Society with support from PHARMAC, Douglas Pharmaceuticals and the Ministry of Health, analysed data from 1,868 NHI New Zealand anonymous patients from five PHOs, Ministry of Health hospital admissions and Rest Home data, plus national Pharmhouse databases. Conclusive evidence was presented that showed pharmacists clinical (MTA) reviews in Rest Home settings prevented hospitalisation of patients, with a statistically significant reduction in acute inpatient admissions equivalent to \$578.35 for each MTA delivered. In the primary care setting, a reduction equivalent to \$201.57 per MTA was achieved. This report and the *New Zealand National Pharmacist Services Framework* gave essential support to pharmacists and PHOs setting up MTA services in Nelson/Marlborough, the Southern PHO and Hawke's Bay.

## THE UPTAKE OF CLINICAL PHARMACISTS PROVIDING MTA SERVICES GATHERED RAPID MOMENTUM WITH THE LAUNCH OF THE SAPERE REPORT.

The Society was part of the workshop launch of the Integrated Performance and Incentive Framework (IPIF). This primary care performance structure development highlights the need for polypharmacy to be addressed by using the Clinical Pharmacist workforce and MTA services.

### 3 TO DEVELOP THE WORKFORCE APPROPRIATELY FOR THE FUTURE.

From undergraduate to intern to practising pharmacist, the Society helps to develop pharmacists by assisting them with their continuing professional development (CPD) and developing their competency in expanded roles.

The EVOLVE Intern Training Programme (ITP) provides training and support to help interns develop the knowledge, skills and attitude they need to reach the level of competence required to register as a pharmacist in New Zealand. The core programme includes assignments, appraisals and training days, which complement the practical training provided by a preceptor and staff in the pharmacy. The EVOLVE ITP includes training on a number of activities including Medicines Use Review (MUR) type activities, collaboration with prescribers and making recommendations to prescribers. Consultations and communication skills training and practice is delivered by New Zealand's leading General Practice (GP) communications training provider.

The ENHANCE Recertification Programme allows pharmacists to meet all the Pharmacy Council of New Zealand recertification requirements. The ENHANCE team can help you develop a personalised programme for your CPD, and provides sources for learning and updating knowledge, guidance, personal support and peer group linkages, throughout your professional career.

As the role of pharmacists continues to expand and public expectations change, the College continuing education and training provides relevant, current and authoritative learning for pharmacists and technicians. Some of the topics include Warfarin INR (International Normalised Ratio) Management Services, MUR and MTA Services, special pharmacist only medicines and approved prescription medicine supply.

To further enable pharmacists' engagement with customers and patients, the Society commenced a project for Health Workforce New Zealand to train and accredit a cohort of Pharmacy Accuracy Checking Technicians (PACT). This project will be completed in 2015 and with success, PACTs will be available to New Zealand pharmacy.

## **4 TO WORK IN AN INTEGRATED MANNER WITH ALL OTHER HEALTH PROFESSIONALS, FUNDERS AND POLICY MAKERS.**

Other health professionals, funders and policy makers joined the Society to draft new action plans for implementing "Medicines New Zealand", the Government's medicines strategy for New Zealand. When the Queen's Representative opened this parliamentary term and outlined the Government's programme, he said "the implementation of the National Medicines Strategy will continue, including the enhanced role of pharmacists in medicines management and primary care". The Society continues working with the office of the Associate Minister of Health to deliver new and expanded roles for pharmacists, as set out in the government policies, by implementing the *New Zealand National Pharmacist Services Framework 2014*.

Doctors and pharmacists have committed to working together. The New Zealand Medical Association (NZMA) and the Society published a joint document entitled *Vision 2020; Partnership for care, Pharmacists and Doctors working together*.

### **SOCIETY REPRESENTATION ACROSS THE SECTOR**

Community Pharmacy Anticoagulation Management Service (CPAMS) Subgroup for Community Pharmacy Services Agreement (CPSA)  
Community Pharmacy Leaders' Forum (CPLF)  
CPSA Subgroup 'Service Development'  
Heads of Schools of Pharmacy and Pharmacy Organisations (HOSPOP)  
Life Long Learning in Pharmacy  
Ministry of Health Clinical Reference Group for the NZ Medicines Formulary  
Ministry of Health Medicines Classification Committee - nominees  
National Health IT Board  
New Zealand Pharmacy Education and Research Foundation Board  
New Zealand Self Medication Industry (NZSMI)  
Patients First Steering Committee  
Pharmacy Industry Training Organisation (PITO)  
Pharmacy Industry Training Organisation (PITO) Qualification Review Advisory Group  
Pharmacy Reference Group for the Implementation of the Strategy for Māori Health (PRISM)

## **5 TO WORK WITH OTHER PHARMACY ORGANISATIONS IN A PRODUCTIVE, COHESIVE MANNER.**

The Society has had the President of the New Zealand Hospital Pharmacists' Association (NZHPA) as a co-opted member of the Society's National Executive for two years. During this time, the Society President and National Executive members have also attended a NZHPA Executive meeting. This helps the Society in its role of pan-professional body to better advocate for all its members.

Talks with the leaders of the Clinical Advisory Pharmacists Association (CAPA) commenced. The concept of members of the Society who are also CAPA members forming a special interest type group to support and mentor pharmacist prescribers and MTA pharmacists has been mooted.

Throughout the year the Society has continued to actively participate in the Community Pharmacy Leaders' Forum (CPLF) (made up of the Pharmacy Guild, Green Cross Health, Canterbury Community Pharmacy Group (CCPG), Midlands Community Pharmacy Group and the Society). The continuation of CPLF ensures that sector issues are well debated by these key sector stakeholders. It also provides alignment on key matters and provides a common stance from which the individual organisations can negotiate with policy makers and funders.

## **DOCTORS AND PHARMACISTS HAVE COMMITTED TO WORKING TOGETHER**

The integration of the Pharmacy Industry Training Organisation (PITO) with the Society and the transition of its authorities, functions and databases commenced during 2014. This positions the Society to better support and develop the technician workforce.

Staff at the Society work closely with the Pharmacy Council of New Zealand staff to meet the requirements of the accredited programmes we provide for pharmacists and interns - ENHANCE and EVOLVE. These programmes are constantly being updated to reflect the changing practice needs, professional roles and capabilities of pharmacists.

The Society continues to provide a full corporate service of accounting, administration and business support to NZHPA, Pharmacy Defence Association of New Zealand (PDA) and NZPERF in return for a management fee.

## **6 TO DRIVE AND SUPPORT INNOVATION IN PHARMACY.**

The clinically integrated service Community Pharmacy Anticoagulation Management Service (CPAMS) continues to be rolled out throughout the country by DHBs and pharmacies with support from the Society. The Chief Executive is Chair of the Community Pharmacy Services Agreement (CPSA) subgroup for CPAMS and the Society is also represented on another CPSA working group, that of Service Development.

The Society continued its representation to the Ministry of Health for pharmacists to provide funded vaccines to eligible New Zealanders. It provided practical guidelines on immunisation and training for pharmacist vaccinators as part of the Pharmacy Practice e-Handbook.

The annual Pharmacy Awards continue to be supported by the Society through its sponsorship of the "Professional Service of the Year" award, which helps the Society to highlight innovative services in the profession.

## **7 TO SUPPORT OUR MEMBERS TO ADDRESS MEDICINES MANAGEMENT ISSUES IN HIGH NEEDS POPULATIONS.**

The Society provides training support for understanding and engaging with high needs populations to participants in the EVOLVE Intern Training Programme and all pharmacists seeking professional competence in Standard One. Specific College courses help this focus using consultation and communication skills trainings, and other courses such as Culture and Health – Understanding Asian Health Values address the needs of specific cultures. These, combined with MUR and MTA service advancement, are helping pharmacists work with members of high needs populations to better manage medicines. The National Executive is guided by its member responsible for the National Executive's focus on Māori and High Needs Populations (refer to the National Executive portfolio reports later in this annual report).

## **8 TO DEVELOP AND MAINTAIN THE SOCIETY'S CORE BUSINESS.**

The operational reports in this annual report highlight the varying and growing range of products and services that the Society offers to its members through its core business areas. Some examples follow.

- In the EVOLVE area, a new Intern Assessment Centre format was introduced in 2014, and work began on a project to document an updated set of quality standards for the Intern Training Programme participants and their pharmacies.
- The Pharmacy Self Care programme is expanding, and Society staff are working with the Health Promotion Agency to update two of the fact cards – 'Influenza' and 'Sun Safety and Skin Cancer'.
- The small ENHANCE team continues to provide incredible support to members and is constantly updating and adding to its tools and resources.
- Practice advice and support is provided to individuals and the membership as a whole via various communications. The new Pharmacy Practice e-Handbook and other electronic resources were made available to members for the first time in 2014.
- Work continued on the development of new IT systems and technology that will allow the Society to expand its education programmes and to deliver these via different methods.
- This annual report also includes examples of success from our representation to the Ministry of Health and the health sector on your behalf in our role as the professional body for pharmacists.
- We surveyed all pharmacists and asked about our services and activities, and the needs of the membership over the next five years. Refer to the section entitled "Members' Survey – Key Findings to Enhance the Development of the Society" to see the results from this survey.

### **RICHARD TOWNLEY**

*Chief Executive Officer*

# MEMBERSHIP

## MEMBERSHIP 2014

In 2014 the Society had 3,364 full members, 226 limited members, 35 technicians, 14 honorary members, 3 life members, 222 intern members and 45 student members.

## 2014 MEMBERSHIP ETHNICITY STATISTICS

This table summarises the responses from members who indicated their ethnicity on our membership subscription notice. It shows the growing diversity of our current membership.

Afghani	1	Middle Eastern	88
African	18	New Zealander	295
American	2	NZ Chinese	18
Arabic	9	NZ European	1,600
Australian	14	NZ Māori	57
Bangladeshi	2	Other	88
British	33	Other Asia	88
Bulgarian	1	Other European	115
Cambodian	11	Other Pacific	4
Canadian	2	Pakistani	2
Chinese	407	Persian	1
Cook Island Māori	2	Russian	1
Dutch	4	Samoan	5
Egyptian	12	Scottish	6
Ethiopian	1	Serbian	3
Fijian	39	Singaporean	2
Filipino	7	South African	27
Hungarian	1	South East Asian	16
Indian	219	South Korean	11
Iranian	2	Sri Lankan	13
Iraqi	18	Taiwanese	47
Irish	2	Thai	1
Japanese	5	Tongan	5
Jordanian	1	Turkish	1
Korean	101	Vietnamese	5
Laotian	1	Welsh	4
Malaysian	36	Yugoslav	1
Malaysian/Chinese	19	Not Stated	435
		<b>Total</b>	<b>3,909</b>

# SOCIETY AWARDS

Each year the Society honours excellence by conferring various awards, and it is our pleasure to list and congratulate all those who received awards in 2014.

## **FELLOWSHIPS**

John Cameron Fraser

## **MIMS/PSNZ PHARMACIST OF THE YEAR**

Marie Stella Bolton

## **PSNZ TOP STUDENTS**

### **University of Otago – Bachelor of Pharmacy**

Year 4 Top Student .....Holly Hayne

Year 3 Top Student .....Kit Yue Chan

### **University of Auckland – Bachelor of Pharmacy**

Year 4 Top Student .....Jilly Alexander

Year 3 Top Student .....Robert Haua

## **OTHER AWARDS**

### **Jack Noel Henderson Scholarship**

Angel Mattakad

# PSNZ REGIONAL SYMPOSIA

## TAKING CPD TO THE REGIONS

Over 800 members and guests enjoyed the 2014 one day regional symposia programme, presented in Auckland, Hamilton, Wellington and Christchurch.

### TOPICS AND SPEAKERS INCLUDED

#### Medication Disasters

Carolyn Hooper	Executive Officer, Pharmacy Defence Association
Bronwen Shepherd	Board Member, Pharmacy Defence Association

#### Health Literacy

Susan Reid	Workbase New Zealand
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#### Sports Injuries and Treatments

Dr Chris Milne	Anglesea Medical
Dr Deb Robinson	SportsMed, Canterbury
Dr Jake Pearson	Capital Sports Med
Dr Mark Fulcher	Sports and Exercise Medicines Physician, Unisports Sports Medicine

#### Dementia

Dr Phil Wood	Consultant Geriatrician, Waitemata DHB
Dr Brian Deavoll	Consultant Psychiatrist, Clinical Director, Psychiatric Service for the Elderly, The Princess Margaret Hospital
Dr Althea Lord	Geriatrician, Hutt Valley DHB
Dr Terry Mitchell, Dr Jane Walton	Geriatricians at Auckland Hospital

#### Patient Focused Care

Dr Janet Titchener	Clinical Director, GPSI Diabetes
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#### Medicines in Pregnancy

Pam Buffery	Chief Drug Information Pharmacist, Christchurch Hospital
Kim Brackley	Principal Pharmacist Education and Training, Auckland City Hospital

#### Practice Support, Current Clinical Regulatory Issues

Bob Buckham	Chief Pharmacist Advisor, PSNZ
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#### ENHANCE Wrap Up

Liz Johnstone	ENHANCE Programme Manager, PSNZ
Richard Townley	Chief Executive, PSNZ

#### SPONSORS

Thank you to the sponsoring companies, without whose support the Symposia Series would not be possible.

Roche  
Lilly  
Aspen  
Douglas Pharmaceuticals  
GSK  
Pharmacy Defence Association (PDA)  
PHARMAC  
ProPharma  
Reckitt Benckiser  
University of Otago  
Astra Zeneca

# MEMBERS' SURVEY – KEY FINDINGS TO ENHANCE THE DEVELOPMENT OF THE SOCIETY



Late in 2014 the Society commissioned a research company to conduct a member survey. The dual objectives of the research were to evaluate the range of services currently offered by the Society and to identify and explore opportunities to

develop and offer additional services over the next five to ten years.

The project methodology included:

- Ten in depth interviews with pharmacists from across New Zealand including a mix of urban, rural, community, hospital and clinical;
- One focus group with nine Auckland based pharmacists working in a mix of community hospital and clinical settings, and
- An online survey sent to all members of whom 568 responded.

## KEY FINDINGS

64% of members gave their satisfaction with the Society a positive score and there was no significant variation in satisfaction between different member segments.

Members were satisfied for the following key reasons:

- **There is very good communication between members and the Society – staff are responsive, the Society is informative and information is useful and relevant.**
- **High quality staff – knowledgeable, helpful and responsive.**
- **The Society represents the needs and interests of pharmacists.**
- **The availability of high quality resources.**
- **The range of services offered – high awareness and therefore high levels of engagement.**

The following quote summarised members' levels of satisfaction and the role that the Society plays.

***"I believe the Society has greatly advanced the practice of pharmacy in New Zealand over the time that I have been a member."***

Those members who are more aware and more highly engaged are more satisfied and those members who are less aware/less engaged are less satisfied. There is therefore a direct correlation between awareness – engagement – value, and satisfaction.

Awareness of some of the Society's services was low, in particular the large amount of advocacy and leadership that the Society carries out in the sector.

There was the perception that there needed to be more 'disruptive' communication with heightened cut through to make members aware of what is occurring in this space.

## What are members looking for from the Society moving forward?

- Increased advocacy (and communication about advocacy activities by the Society on behalf of members).
- Increased/more structured proactive communication (not just web-site based) by the Society to members on key issues and initiatives, for example, more updates on issues affecting pharmacy, and reinforcing the role and activities of the Society.
- Better and easier access to training resources, specifically more online tools.
- Greater support for non-community pharmacists, particularly hospital pharmacists.
- A more cohesive relationship with other pharmaceutical organisations.
- Further simplification of ENHANCE as some pharmacists are still struggling.

## SOCIETY RESPONSE

The findings from the research are very useful in helping to refine the Society's approach to developing services and communicating with members. There is already a work programme in place to address the issues raised. In particular the development and roll out of the new IT platform will significantly enhance members' experience with engagement, online training and targeted communication.

## VERONICA CHALLIES

*Marketing and Communications Manager*

# FINANCIAL OVERVIEW



The Society's financial statements for the year ended 31 December 2014 are presented on pages 44 to 52 of this annual report. On 1 January 2014 the merger of the Society and the New Zealand College of Pharmacists (the College) came into effect, which has resulted in a slight change to the format of the financials. The 2014 financials consist of only one set of figures, compared to two – consolidated and parent – in 2013. When comparing the two years, the 'Society' accounts for 2014 are consistent with the 'consolidated' accounts (comprising the Society and its then subsidiary the College) for 2013.

There were two significant additions to the Society's core business during 2014. Both of these were signposted to members in 2013. The first was the merger of the Society and the College, as mentioned above. The College activities have been set up as a separate division within the Society, which is continuing the College's role of providing continuing education to the sector. Direct course income and costs associated with the College operations continue to be reported in the 'Continuing Education' line of operating activities and operating expenditure. The effect of the merger on the Society's net assets and equity can be seen in the Statement of Movements in Equity. The second addition came with the transfer to the Society of the Pharmacy Industry Training Organisation (PITO) activities, which include reviewing pharmacy technician training standards and overseeing technician training organisations. The cost of this transition to date is shown in strategic project expenses.

Core business activities – Membership, ENHANCE, Practice, Resources, Pharmacy Self Care, EVOLVE, and now the College – generally continued as normal in 2014. Overall the Society recorded a surplus of \$156,839 for the year from its activities. There are some items of note in this result however.

Membership income increased during 2014 as more pharmacists elected to join the Society. None of the fees for the various membership categories have increased since 2012, but the Society still tries to continually improve and increase the range of services it provides to members. It successfully achieved this in 2014. This is most apparent in ENHANCE, with several changes and improvements being made to the ENHANCE 2.0 website and its associated resources during the year. For more in-depth information on this, refer to the ENHANCE report on page 32.

What is not so apparent is the work the Society does behind the scenes, not only for the benefit of members, but for the profession as a whole. A glance at the strategic projects undertaken in 2014 shows numerous projects and work such as the Pharmacy Checking Technicians project (for which funding has been received), work on the National Framework, and the development of Quality Standards for pharmacy, to name a few. The Society is called upon to represent the profession on numerous groups and committees, makes submissions on consultations where appropriate, and also advocates on behalf of members. While these projects and activities may not have an immediate impact, their long-term benefit for members and the profession must be acknowledged.

Other new services offered to members in 2014 include access to the MedicinesComplete and EBSCOhost suites of electronic resources, as well as the provision of the Pharmacy Practice e-Handbook. EVOLVE also faced changes in 2014, with the new Assessment Centre format requiring more resources, this on top of the already substantial support and services offered to interns and preceptors involved in the programme.

Momentum grew towards the end of 2014 on the implementation of new online integrated IT systems, incorporating a Learning Management System, membership management system, and website. Work on this will continue throughout 2015. This is a significant investment for the Society with huge benefits for the Society and members alike, including efficiency gains, more accessible training and different delivery methods. The surpluses recorded over the last few years have allowed the Society to undertake this project as well as provide the range of services discussed previously.

The Finance and Audit Committee (the Committee) met five times during the year. After each meeting, a report on proceedings and discussions is presented to the full National Executive by the Treasurer. The Committee continues to provide oversight for the annual budget, review performance against budget, review and approve the annual budget and the annual financial statements for presentation to the National Executive for its approval, and review and adopt finance-related policies.

## **BILLY ALLAN**

*National Treasurer*

# NATIONAL EXECUTIVE MEMBERS' PORTFOLIOS

The National Executive has developed portfolios to help them achieve their key objectives. Each portfolio has a designated National Executive member who has an interest, expertise, or experience in the particular portfolio area for which they are responsible.



## BRANCHES (HELD BY CLARE HYND)

The Society has supported the Branch Presidents in different ways this year. Instead of having a one day meeting for all Branch Presidents in Wellington, an invitation was extended to two Branch Presidents to attend each National Executive meeting. This provides those Branch Presidents who attend with a better understanding of what is being discussed and decided at a national level. Each Branch President also makes a brief presentation on branch activities, the challenges faced and how the National Executive may be able to help. These presentations are then shared with all the Branch Presidents to help support the work of all the branches. There are many activities occurring in the branches, the details of which are outlined in the Branch reports later in this annual report.

We also held two teleconferences during the year to further promote communication and keep all Branch Presidents up to date with national activities. Several Society staff attended to provide updates in their business areas. Among these was Alasdair McIntosh, former PITO Manager, who shared the Society's aim of providing more services for its technician members. Branches were encouraged to have a technician on their committee to ensure their needs are being met by the branch and the Society. Liz Johnstone, ENHANCE Manager, also answered questions about how branch activities might be structured and assessed so that ENHANCE Group 2 points may be awarded for them.

Branch meetings and activities offer a great opportunity to undertake some continuing education, network with your colleagues, and support the interns and people new to the branch area. Each branch is different and it is important that each member does their best to ensure that the branch fulfils their needs. If it does not you should consider standing for your committee – they are always looking for new members.

My thanks go again to the Branch Presidents and their committees for all the hard work and extra hours that were worked in 2014. Your special contribution helps keep the profession strong.



## EDUCATION (HELD BY NATALIE GAULD)

The Society responded to the University of Otago School of Pharmacy's consultation on a five year integrated programme on behalf of members. Both Schools of Pharmacy have considered changes to their programmes. The Auckland School is changing to a more integrated programme with increased externship time which the Society has been very supportive of. This will increase the relevance of learning to pharmacy and make the learning more interesting and useful for graduates.

The achievement of a number of the Society's strategic objectives is helped by maximising the delivery of education. New IT systems are being implemented that will enable different modes of delivery. The National Executive is using this opportunity to consider how the provision of education can further the Society's strategic goals and give members an even greater choice and depth in their education experience.



## PHARMACIST SERVICES FRAMEWORK (HELD BY ELIZABETH PLANT)

The *New Zealand National Pharmacist Services Framework 2014* (the Framework) provides one complete descriptive reference source for pharmacist roles and services. The roles and services in the Framework will provide measurable health benefits for patients, optimising medicines usage and utilising pharmacists and the healthcare system in an efficient manner. This Framework will enable engagement with all health professionals when developing patient centred care.

The *New Zealand National Pharmacist Services Framework* was first developed in 2007 by the District Health Board of New Zealand (DHBNZ). Since then responsibility for the Framework has passed to the Society. The Society undertook to conduct a required review of the Framework and present an updated version to the health sector as the one authoritative reference of the pharmacy profession's extended services in New Zealand. During 2013 the Society provided a cross sector consultation on a first draft of a revised Framework. A detailed survey of Medicines Use Review (MUR) pharmacist practitioners was conducted, with feedback received from individual pharmacists, national medical and pharmacist organisations, District Health Boards (DHBs) and Government agencies as well. A key stakeholder workshop held in May 2014 along with additional submissions has allowed a clear and practical document to be developed. The revised Framework was released as a published document on 24 October 2014.

With numerous new pharmacist services coming into mainstream provision, it is important to have a reference of up to date service descriptions for funders/payers/employers and providers to refer to when choosing to provide selected extended pharmacist services to their populations. The Framework enables flexible implementation of pharmacist services on behalf of DHBs, Primary Health Organisations (PHOs) or general practice networks, pharmacy entities, other Healthcare entities and individual pharmacists.

The biggest challenge to moving the profession forward is to advocate and ensure Medicines Therapy Assessment (MTA) is provided to Rest Home patients and to those patients who are high needs, elderly and/or on multiple medications. This pharmacist service, of all of the Framework services, will consolidate Pharmacy's place in a future integrated health system.

The National Executive is fully conversant with the Framework and uses it in all strategic planning sessions and as the reference source for major initiatives. It is the underpinning document that we will be using to base roles and services on moving forward. It will be reviewed every three years to ensure it remains relevant to the profession. This extremely significant document has already been put to use at the Ministry of Health/Society "Actioning Medicines New Zealand" workshop in 2014 and will help deliver the *Vision 2020; Partnership for care, Pharmacists and Doctors working together*.

The Pharmaceutical Society of New Zealand appreciates, and acknowledges with thanks, the valuable input and feedback received from the following organisations: Pharmacy Council of New Zealand, New Zealand Hospital Pharmacists' Association, Pharmacy Guild of New Zealand, Clinical Advisory Pharmacists Association, Ngā Kaitiaki o Te Puna Rongoā o Aotearoa (Māori Pharmacists' Association), Green Cross Health, PHARMAC, New Zealand Medical Association, General Practice New Zealand, Royal New Zealand College of General Practitioners, District Health Boards, Midland Community Pharmacy Group, Midcentral Community Pharmacy Group, Canterbury Medicines Therapy Assessment (MTA) Peer Group, Medwise, Canterbury Community Pharmacy Group, as well as the many individuals who submitted personal comments and feedback.



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## PHARMACY ORGANISATIONS (HELD BY IAN MCMICHAEL)

This portfolio gives the National Executive a focus on organisational relationships.

One of the Society's strategic objectives is to "work with other pharmacy organisations in a productive, cohesive manner". One of the ways in which the National Executive works to achieve this objective is by fostering close relationships right across the profession. The Society has worked hard over this last year to strengthen the relationships at both a governance and operational level with all the pharmacy organisations in New Zealand.

The National Executive has enjoyed having Lorraine Welman, the President of the New Zealand Hospital Pharmacists' Association (NZHPA) sitting on the executive as a co-opted member. Lorraine made a valuable contribution but has stood down as her term as President on the NZHPA Executive has finished. Kim Brackley, the new President of NZHPA, has taken her place and has quickly risen to the task and is providing valuable input. This allows both Executives to share ideas and information for the benefit of all members.

Valuable discussions continue with the Clinical Advisory Pharmacists Association (CAPA), identifying ways in which the two organisations can become closer.

The Society has been active in the re-energising of the Community Pharmacy Leaders' Forum (CPLF), which has enabled the advancement of pharmacy on a number of national fronts.



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## HEALTH IN MĀORI AND HIGH NEEDS POPULATIONS (HELD BY GRAEME SMITH)

During the past twelve months most activity in this portfolio has centred on working with PRISM, the Pharmacy Reference Group for the Implementation of the Strategy for Māori Health. This Māori Health Strategy has been rewritten with a particular focus on encouraging more Māori students into pharmacy as a career. Consultation with stakeholders over the new strategy and how its implementation should be funded is ongoing.

A stocktake on the internal Society Māori Responsiveness Plan was completed and gaps in the plan are being addressed. The Society will continue to increase the focus on the cultural competence components of all its education and training programmes.



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## NEW PHARMACIST SERVICES (INCLUDING IMMUNISATION) (HELD BY IAN MCMICHAEL)

This portfolio was set up specifically to support the introduction of new services.

One of the strategic objectives of the Society is to "drive and support innovation in pharmacy". This year we have seen pharmacists embracing the provision of immunisation services. In the 2014 year nearly 500 pharmacists have completed immunisation training and nearly 30,000 influenza vaccines have been administered.

The Society, along with the other pharmacy organisations, is driving this development of pharmacy practice with support and advocacy. In 2015, pharmacists will have a larger profile with immunisation, as pharmacists will be included in the TV Flu Campaign for the first time. The Society has co-ordinated promotional efforts via a partnership with the Health Promotion Agency for the Ministry of Health. A new Pharmacy Self Care card for influenza will be launched as part of the public campaign. The Society continues to work with other pharmacy organisations while we advocate for pharmacist vaccinators to be recognised on the National Immunisation Register (NIR), and also to be allowed access to the free, government funded vaccines.

So as to develop the range of pharmacist professional services, the Society continues to explore new services which can be piloted by pharmacy.



**PHARMACEUTICAL SOCIETY OF NEW ZEALAND NATIONAL EXECUTIVE.**

(from left) Ian McMichael, Kim Brackley, Elizabeth Plant, Dale Griffiths (President), Clare Hynd, Billy Allan, Graeme Smith. Absent: Natalie Gauld.

A female pharmacist with long dark hair, wearing a white lab coat over a grey turtleneck, is smiling and pointing with her right index finger towards an orange pill bottle held in her left hand. The background shows a pharmacy setting with shelves of medicine bottles. The text 'MEMBER SERVICES' is overlaid on the image.

# MEMBER SERVICES



# SELF CARE

Patient Information

## PHARMACY SELF CARE PROGRAMME

The Pharmacy Self Care patient information programme is written by New Zealand pharmacists. It includes fact cards on 40 health conditions with online inPHARMation training for pharmacists and staff.



Over 570 New Zealand pharmacies are members of this highly valued, professional marketing programme, designed to provide assistance to pharmacists, pharmacy technicians and assistants when engaging with customers.

Currently there are 40 Pharmacy Self Care fact cards available, with no limit on stocks and a free merchandising stand provided. Two new cards on "Community Pharmacy Anticoagulation Management Service (CPAMS)" and "Preparing for Pregnancy" were produced and distributed in December 2014. Current Pharmacy Self Care cards are as follows:

Acne	Indigestion and Heartburn
Arthritis	Migraine
Asthma	Mouth Ulcers
Children's Illnesses	Pain Relief
Children's Pain and Fever	Preparing for Pregnancy
Cold Sores and Herpes Simplex	Prostate Problems
Constipation	Quit Smoking
Coughs and Colds	Reducing Your Cholesterol
COPD	Safe Use of Medicines
Diarrhoea and Vomiting	Scabies
Emergency Contraceptive Pill	Sleeping Well
Eye Care and Conjunctivitis	Sprains and Strains
CPAMS	Sun Safety and Skin Cancer
Fighting Colds and Flu	Threadworms
Fungal Infections	Type 2 Diabetes
Gout	Urinary Tract Infections
Haemorrhoids	Vaginal Thrush
Hay Fever	Warfarin Management
Head Lice	Weight and Health
High Blood Pressure	Wound Care

A Pharmacy Self Care pharmacy gets more than just fact cards – online learning, professional support, and monthly advertising and promotional support are all provided as part of the programme.

### ONLINE LEARNING

Pharmacy Self Care members have access to the inPHARMation fact card modules, which can earn them ENHANCE group 2 points on successful completion. This is a great way to train and refresh all pharmacy staff, including technicians and assistants.

### INPHARMATION TOPICS FOR 2014

February	Chronic Pain
March	Skin Care/Sun Damage
April	Antibiotic Resistance
May	Quit Smoking
June	Soft Tissue Injury
July	Childhood Coughs and Cold
August	Inflammatory Bowel Disease
September	Asthma and COPD
October	Diabetes
November	Heart Health

### PROFESSIONAL SUPPORT FOR YOU AND YOUR PATIENTS

Many of the Pharmacy Self Care fact cards are directly linked to medical conditions that the public come to seek advice on, such as vaginal thrush and fungal infections. Self Care cards are also part of the training for CPAMS, eye care and conjunctivitis, the emergency contraceptive pill, and urinary tract infections. The Self Care cards have useful and important information on which pharmacy staff and their customers can rely. They are updated and reviewed regularly so that any clinical changes are incorporated. If the Self Care cards are kept close to the dispensary or counter, they can be given out as part of consultations. These provide professional support and reinforce the advice given to customers with something they can take home and share with others.



## **MONTHLY ADVERTISING AND PROMOTIONAL SUPPORT**

Monthly Pharmacy Self Care columns are provided to regional newspapers to advertise pharmacies, and monthly electronic newsletters keep members fully informed of all ongoing activities in the programme. Pharmacy Self Care remains the authoritative professional programme for clinical advice supporting pharmacies and their patients. With its product linkage, training and health condition awareness promotion, it continues to hold a unique position in store. Self Care fact cards directly support product sales, and promotions for both OTC and prescription medicine sales can be planned around the Self Care modules.

The Pharmacy Self Care Programme is a trusted, up to date and accurate resource developed and written by New Zealand pharmacists. The Self Care fact cards are actively used in the undergraduate programmes at the Schools of Pharmacy and the EVOLVE Intern Training Programme.

### **MARY WONG**

*Staff Pharmacist: Self Care*





# PRACTICE

Pharmacist Support

## PRACTICE ADVICE AND SUPPORT

**Expertise for the frontline – Practical clinical and regulatory advice on day to day issues you face in your practice.**



In addition to the daily advice and support provided to members, key practice activities for the 2014 year included the delivery of electronic resources to support pharmacists in their clinical and professional practice and CPD, the review

of the National Framework for Pharmacist Services and further support for the reclassification of medicines. This enhances the toolbox of medicines available for pharmacists to care for patients.

### NEW ELECTRONIC RESOURCES TO SUPPORT PRACTICE – FREE TO MEMBERS

The Society's support of pharmacists in their clinical practice and continuing professional development was boosted by the delivery of the EBSCOhost and MedicinesComplete suites of electronic journal databases and key reference texts. Members may now freely access MEDLINE Complete, CINAHL Complete and DynaMed databases incorporating more than 3,000 fulltext journals, to browse and research the latest published evidence in medicine, pharmacy and allied health. Access was also opened to key pharmacy references including Martindale, Herbal Medicines, Stockley's Drug Interactions and Stockley's Herbal Interactions through MedicinesComplete.

### PHARMACY PRACTICE E-HANDBOOK

The Pharmacy Practice Handbook (the Handbook) went through a major review and was re-launched on a dedicated website in 2014 as the Pharmacy Practice e-Handbook to collate and present the practice guidance information in a clearer format. The Handbook was last printed in hardcopy in 2003, and has been presented and maintained electronically on the PSNZ website since then. The Pharmacy Practice e-Handbook is the essential clinical, legal and regulatory handbook for all pharmacists. It contains important up to date sections on Pharmacist Only Medicines, Misuse of Drugs Act and Regulations, Regulation of Medicines, Guidelines to Standards of

Practice, Pharmacy Technicians and Assistants, Immunisations, CPAMS, Medicines Management Services, Eligibility and Funding of Medicines, Medicines Interactions, and more!

### NATIONAL FRAMEWORK FOR PHARMACIST SERVICES

The Chief Pharmacist Advisor, National Executive member Elizabeth Plant and the Chief Executive worked as a project team to conduct a much needed review of the *New Zealand National Pharmacist Services Framework* (the Framework) and present an updated version to the health sector as the one authoritative reference of the pharmacy profession's extended services in New Zealand. Feedback was received from individual pharmacists, national medical and pharmacist organisations, DHBs and Government agencies and through a key stakeholder workshop held in May 2014 and has allowed a clear and practical document to be developed.

The Framework is a key document that presents a practical reference for the numerous new pharmacist services coming into mainstream provision. It includes clear service descriptions for funders/payers/employers and pharmacists to refer to, when discussing or choosing to provide extended pharmacist services to their populations.

### PHARMACIST VACCINATORS

The number of pharmacists undertaking training to become pharmacist vaccinators has increased significantly, making immunisation services now an important aspect of pharmacy practice in New Zealand. The increased accessibility of vaccines administered by pharmacists, particularly the influenza vaccine, has increased the uptake of vaccinations in the population as well as improved the awareness of immunisations in general. Pharmacists continue to refer eligible people to their GP for subsidised vaccines although many prefer the convenience of their pharmacist.

## SUBMISSIONS

Medicines Classification Committee – in support of successful sildenafil reclassification to permit pharmacist supply without prescription, and in response to other agenda items.

Pharmacy Council Review of the Pharmacist Scope of Practice and Competence Standards for the Pharmacy Profession.

Review of the Ministry of Health Guidelines for Pharmacy Equipment.

Ministry of Health Consultation on Proposed Amendments to Midwives' and Nurse Practitioners' Prescribing of Controlled Drugs.

PHARMAC Request for Information on Potential Listing of Section 29 Medicines on the Pharmaceutical Schedule.

## THE CHIEF PHARMACIST ADVISOR REPRESENTED THE SOCIETY ON:

Healthcare Associated Infections Governance Group (Ministry of Health)

New Zealand Formulary, Formulary Advisory Board

Needle Exchange Programme Stakeholders Group

National Health Committee Cardiovascular Working Group

Australia-New Zealand Pharmacy Joint Scheduling Committee

University of Otago, Wellington Department of Primary Health Care & General Practice Postgraduate Study Day

Health Workforce NZ, Pharmacy Checking Technicians Advisory Board, later the Pharmacy Accuracy Technicians Steering Group

NZ Transport Agency, Substance-Impaired Driving Stakeholder Group

Ministry of Health Medicines Strategy Review Workshop

## BOB BUCKHAM

*Chief Pharmacist Advisor*



# RESOURCES

*Information Services*

## INFORMATION RESOURCES

**Providing clinical resources online. New Zealand distributor for Pharmaceutical Press (UK) publications and provider of the full catalogue for the College Resource Shop. Other services include library, literature search and copying.**

### PHARMACY PRESS

Pharmacy Press sources and stocks pharmacy, medical and health reference publications for sale to both members and non-members. The Society is the sole New Zealand agent for Pharmaceutical Press (UK) hard copy titles, but also stocks titles from several other publishers. Order forms and price lists are available on the Pharmacy Press pages of the Society website, along with links to publication information.

### LIBRARY AND INFORMATION SERVICES

Society members continue to have access to electronic resources, including journals and other references, through the library pages of the Society's website. From the beginning of 2014, these have been provided through EBSCOhost and MedicinesComplete. The Society library also holds a collection of books, most of which are available for loan to members.

In addition, the Society library is a member of the HealthLib consortium, a group of medical libraries and information centres in New Zealand with reciprocal interloan arrangements. If the Society library does not hold an article or book requested by a member, it is almost always possible to source a copy from elsewhere in the consortium. The library also supplies copies of journal articles and books to other libraries through interloan.

### CAROLINE JOYCE

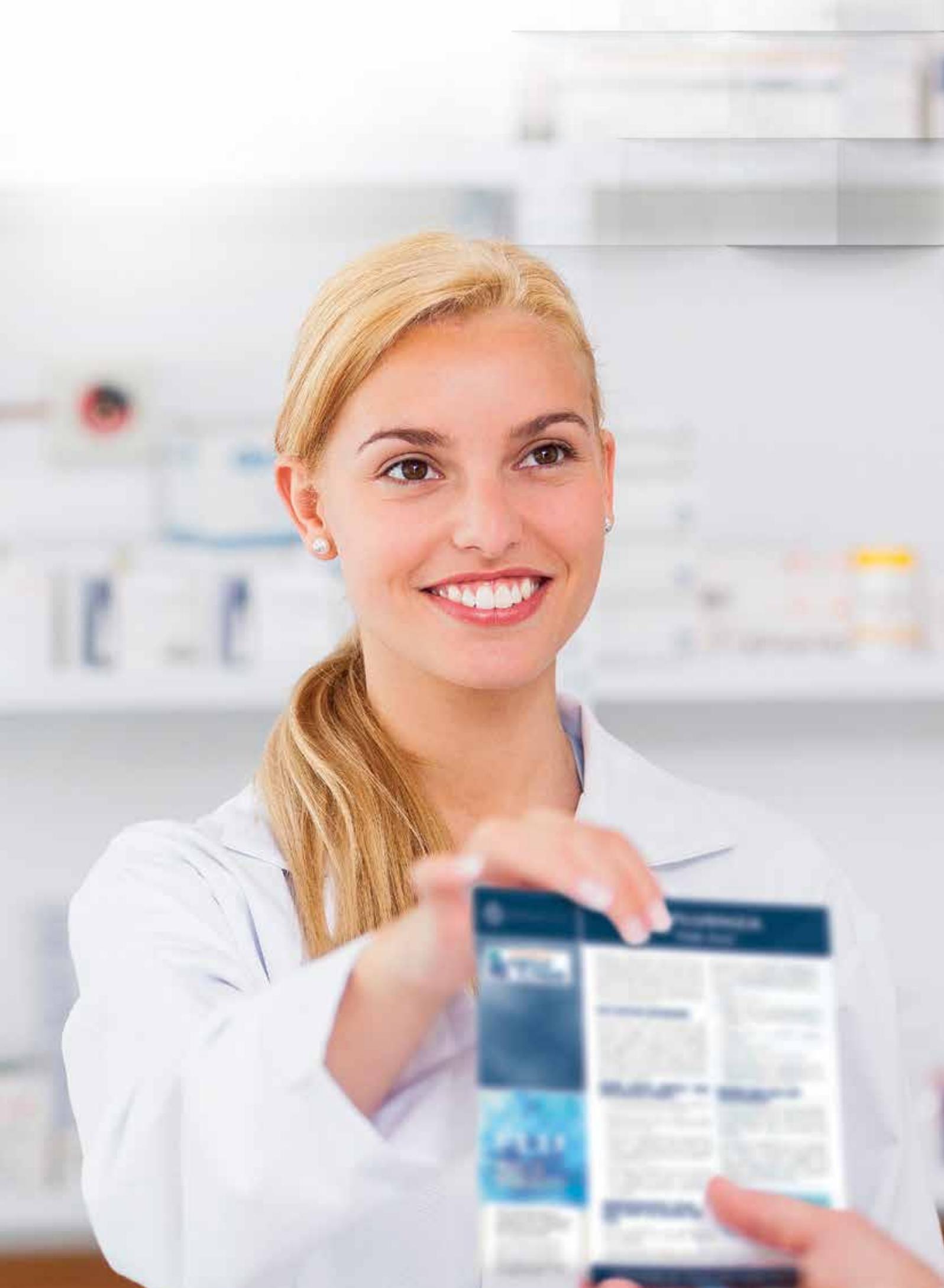
*Librarian and Manager Pharmacy Press*

### EBSCOHOST

From the beginning of 2014, members have been able to access a suite of EBSCOhost databases providing fulltext access to an extensive range of electronic journals via the Society website. The EBSCOhost package allows members access to MEDLINE Complete, CINAHL Complete and DynaMed, providing access to more than 3,000 fulltext journals. Examples include: AJHP, Drug and Therapeutics Bulletin, Hospital Pharmacy, International Journal of Pharmacy Practice, Journal of Pharmacy Practice and Research, JAPhA, Pharmacotherapy, the ADIS range of titles as well as the BMJ and the New Zealand Medical Journal.

### MEDICINESCOMPLETE

In addition to the EBSCOhost subscription, access is provided to selected Pharmaceutical Press titles through MedicinesComplete. Members have electronic access to key pharmacy references Martindale, Herbal Medicines, Stockley's Drug Interactions and Stockley's Herbal Medicines Interactions, the first three of which are among those references recommended for pharmacy audit compliance.





# EVOLVE

Intern Programme

## EVOLVE INTERN TRAINING PROGRAMME

**The Future of Pharmacy – Managing the future of the profession with over 200 interns being placed each year with ongoing management of their transition to the practice environment.**



The Society runs New Zealand’s Pharmacy Intern Training Programme under arrangements with the Pharmacy Council of New Zealand and Health Workforce New Zealand.

As at 1 February 2014 there were a total of 233 interns in the EVOLVE Intern Training Programme, including 197 New Zealand B.Pharm graduates.

### PROGRAMMES

In 2014 EVOLVE delivered the following as part of the Intern Training Programme:

- Preceptor Training: February and July.
- Intern Training Days: two sets of five weeks in March and August.
- Overseas and Return to Practice Pharmacists’ Training Days: two sets of five days in March and August.
- Intern pharmacists programme workbook: four assignments (two marked externally, two facilitated and marked by their preceptors), Monthly Achievement Goals, Monthly Diary, Prescription and/or Clinical Intervention Forms, Primary Healthcare Intervention Forms, Pharmaceutical Products Evidence Forms, and Final Reflection Summary.
- Development and delivery of two Assessment Centres in May and November.
- Clinical mentoring for interns who failed the Assessment Centre and chose to enrol in the EVOLVE support programme.
- Pastoral care, both formal and informal, throughout the year.
- Preceptor support available for all preceptors as required.
- English tutoring co-ordination and support for interns recognised as having English communication issues.

EVOLVE staff also took part in the following programmes and presentations:

- Intern 2014 Facebook page facilitation and moderation.
- Otago and Auckland Schools of Pharmacy P4 presentations.
- Life Long Learning in Pharmacy 10th International Conference: presentation by EVOLVE Manager Trish Farrelly and ENHANCE Manager Liz Johnstone.
- Auckland School of Pharmacy Admission Interviews: Debbie Wallace and Trish Farrelly were invited to be a part of this panel.

### SUMMATIVE ASSESSMENT

The Society runs the Assessment Centres in conjunction with, and under contract to, the Pharmacy Council of New Zealand. The new format of Assessment Centre began in 2014. The processes involved in the development of the Assessment Centre require significantly greater operational resources than previously. The EVOLVE team is actively involved in Station Development, Case Writing, Piloting, Assessor Training, Actor Training and Assessment Centre management and delivery.

Numbers at the 2014 Assessment Centres were:

- May Assessment Centre: 27 candidates attended.
- November Assessment Centre: 194 candidates attended.

2014 saw the introduction of a written exam by the Pharmacy Council. The 2014 intern pharmacists were given two opportunities, in July and September, to sit the written exam. A pass in the written exam is a mandatory requirement for interns who wish to sit the Assessment Centre.



### **INTERN ACHIEVEMENTS**

Intern pharmacists Ashleigh Kortegast (graduate of Otago School of Pharmacy) and Julia Corfe-Tan (graduate of Auckland School of Pharmacy) were the 2014 recipients of the New Zealand Pharmacy Education and Research Foundation (NZPERF) awards. Ashleigh undertook her internship at Christchurch Hospital and Julia undertook hers at Middlemore Hospital.

Intern pharmacist Janine Rutley was the top intern for 2014. Janine (graduate of Auckland School of Pharmacy) completed her internship at Hickey's Pharmacy in Orewa.

### **STAFFING**

There were some staff changes at the end of 2014 and beginning of 2015. EVOLVE Pharmacist, Debbie Wallace, was appointed to the role of EVOLVE Manager, succeeding Trish Farrelly, who resigned to further her career at the Ministry of Health. The team also said goodbye to Annette Straugheir, Programme Co-ordinator, after many years in the role.

#### **DEBBIE WALLACE**

*Manager, EVOLVE Intern Training Programme*



# ENHANCE

*Professional Development*

## ENHANCE PROFESSIONAL DEVELOPMENT AND RECERTIFICATION PROGRAMME

**ENHANCE 2.0 – New Zealand’s accredited system designed to manage pharmacists’ APC recertification requirements.**



A very full work programme started with all pharmacists having to make an online declaration for recertification through the ENHANCE 2.0 website. Apart from a short outage when the Security Certificate was replaced, this all went smoothly, given that it

was a new programme and a new requirement for pharmacists. In April, the Pharmacy Council of New Zealand was provided with a summary download of all pharmacist CPD records for the 2013/2014 recertification year, and this was matched against individual pharmacist declarations.

A second summary download was done on 1 December that identified those pharmacists falling behind in amassing their ENHANCE points for their March declaration. Notification emails were sent to those whose CPD points were below the suggested level.

During May and June 2014, the ENHANCE programme underwent a full independent review process by Claro Law (specialist health sector law firm). Their report states *“PSNZ continues to set and work towards defined objectives, and appears to be well down the path to delivering a complete and useful programme to assist pharmacists in meeting the Council’s recertification requirements.”* The report identified some further goals for the Society to work on, which will be reviewed by the Pharmacy Council in April 2015, by which time the programme should achieve full accreditation without conditions.

The major requirement of the independent review was to have a full set of published Policies and Guidelines, ensuring that *“robust and transparent internal management structures support the programme, including a programme of ongoing systematic oversight and review of internal and external functions and resources”*. This has been completed and all these are available from the ‘Policies and Guidelines’ tab of the ENHANCE website.

In May we farewelled our longstanding staff pharmacist Jan Clare, and welcomed Rachel Meehan into the team. Rachel has a background in community pharmacy and also as a writer and assessor for the NZ Pharmacy Technicians National Certificate.

### SUPPORT

We have concentrated on providing more intentional support for the ENHANCE programme this year. The Learning Resources and Tools on Thursday sections have been reviewed, updated and are now available from the ENHANCE 2.0 website.

The fortnightly Tools on Thursday email providing snippets of information about the programme and suggested learning resources continues to be well received. All help resources available from the colour coded question marks have been updated for each step of the programme.

The Society Regional Symposia and its additional learning resources continue to be a most popular source of learning for pharmacists in their ENHANCE programme. With the learning resources produced for each symposia topic, ENHANCE now has over 120 specific topic learning resources available to anyone who would like some ideas about where to access learning. Examples include complementary medicines, clinical topics as defined by the New Zealand Formulary (for example, cardiovascular, gastrointestinal, respiratory, endocrine etc.), and management topics (for example, conflict resolution).

We continue to load points for pharmacists for all College programmes (including Australian Pharmacist Journal assessments), all Society related activities (for example, Symposia, Self Care inPHARMation, branch meetings), AJP assessments, some DHB/PHO Continuing Education (CE) events and all Pegasus CE events.



The new Competence Standards came into effect on 1 January 2015. This required a complete rewrite and reformat of the online Practice Review document, and this was published on the website in December 2014 (in interactive PDF and print version). Evidence examples are no longer part of this, but the Pharmacy Council has provided general guidance for each Domain. We have written a commentary for each behaviour illustrating and explaining what a competent pharmacist working in this particular area would look like. These are not requirements to be met, just further information to clarify what is expected. In many cases, there are links to further learning resources related to the behaviour.

## **INTERNS**

All interns are required to use the ENHANCE website to record their CE during their Intern year (a minimum of 20 points over and above their registration requirements between February and October). ENHANCE provided a summary report to the EVOLVE team at the end of October. This ensures that all interns are familiar with documenting group 1 and 2 learning right from the start of their careers, and enables a seamless transition into ENHANCE when they register in the Pharmacist Scope of Practice. After registration, every former intern receives feedback on their Final Reflection Summary with a suggested learning structure for their first year of ENHANCE.

## **LIZ JOHNSTONE**

*Manager, ENHANCE Professional Development Programme*



# COLLEGE

Education and Training

## COLLEGE CONTINUING EDUCATION AND TRAINING

**Latest education and training – Continuing education linked to your CPD and the ENHANCE recertification programme. Specialised training and accreditation for New Zealand pharmacist services MUR and MTA as well as Trimethoprim, CPAMS and ECP.**



The Society continues to provide pharmacists with relevant accredited training which aims to improve patient care such as the Community Pharmacy Anticoagulation Management Service (CPAMS) and the Medicines Use Review Service (MUR). These services

use pharmacists' knowledge and expertise in medicine management to improve patient health, allowing patients to remain living independently. Many DHBs are recognising that such services are of benefit to the health system and are investing in those roles and services identified in the *New Zealand National Pharmacist Services Framework 2014*.

Many College courses are accredited or endorsed by the Pharmacy Council of New Zealand, for example, Emergency Contraceptive Pill (ECP) training and MUR. Pharmacists are required to have undertaken such education and training courses if they wish to provide specific pharmacist services to the public. College accredited training courses required to be completed by pharmacists wishing to provide specialised pharmacy services are:

- Medicines Use Review (MUR) Training;
- Community Pharmacy Anticoagulation Management Service (CPAMS) Training;
- Emergency Contraceptive Pill (ECP) Training, and
- Trimethoprim (for Urinary Tract Infection (UTI)) Training.

Further accredited courses supporting community pharmacy are:

- Woundcare (levels 1, 2 and 3);
- Pharmacist only Chloramphenicol;
- Pharmacy only Losec, and
- Revisit the Workplace (for the return to the workforce).

Pharmacists can work towards Medicines Therapy Assessment (MTA) accreditation via a portfolio submission.

There were 2,456 enrolments in College activities in 2014. The Society gratefully acknowledges the contributions of the course presenters of the 2014 programme.

### CPAMS TRAINING

There were six CPAMS trainings delivered in 2014, largely due to new DHB contracts. The increase in CPAMS contracts indicates that DHBs recognise the value that such a service has on health outcomes for patients on warfarin in primary care. A total of 180 pharmacists enrolled in CPAMS training in 2014.

### MEDICINES USE REVIEW (MUR) TRAINING

There were two MUR trainings held in 2014 with a total of 47 enrolments.

### TRIMETHOPRIM TRAINING

332 pharmacists enrolled for the trimethoprim training in 2014. This accredited training can be accessed via two modes of learning – online or hard copy training materials.

### EMERGENCY CONTRACEPTIVE PILL (ECP) TRAINING

290 pharmacists enrolled in the ECP training in 2014. 75 of these pharmacists enrolled as a 'refresher'.

### MEDICINES THERAPY ASSESSMENT (MTA)

There were five successful applications for MTA portfolio assessment and accreditation in 2014.

### AUDIOCONFERENCE LEARNING

The most popular two hour audioconferences for 2014 were Complementary Medicines followed by Introduction to Breast Cancer and How to Diagnose Skin Conditions. These courses had 184, 120 and 99 enrolments respectively.

The College also introduced shorter one hour 'Learning Bite' audioconferences in 2014 as a response to feedback from the profession. The most popular one hour audioconferences were Special Foods and How to Manage Difficult Employees with 112 and 110 enrolments respectively.

The 2014 programme comprised:

### ONE HOUR 'LEARNING BITE' AUDIOCONFERENCES

Topic	Presenter
Special Foods	Stella Friedlander (Dietitian – Starship Children’s Hospital)
Managing Difficult Employees	Angela Walker (Director at Employers Associates Ltd)
Culture & Health. Understanding Asian Health Values	Elsie Ho (Director of the Centre for Asian and Ethnic Minority Health Research in the School of Population Health, University of Auckland)
Health Literacy	Susan Reid (Consulting Manager at Workbase New Zealand)
Herpes Simplex	Dr Jane Morgan (Genito-urinary Medicine Physician, Clinical Lead at the Sexual Health Clinic in Hamilton)
Managing Stress in the Workplace	Fiona Howard (Clinical Psychologist and Senior Tutor in the Doctoral Programme of Clinical Psychology)

### TWO HOUR AUDIOCONFERENCES

Topic	Presenter
Complementary Medicines	Professor Shaun Holt (Doctor, Researcher)
Introduction to Breast Cancer	Dr Richard Isaacs (Medical Oncologist) and Janice Wood (Specialist Breast Cancer Nurse)
How to Diagnose Skin Conditions	Dr Lissa Judd (Occupational Medicine Specialist and Dermatologist)
Recognising Common Conditions in Babies	Di Wright (Paediatric and Clinical Advisory Pharmacist)
Antibiotic Resistance	Dr Tim Blackmore (Infectious Disease Specialist)
Understanding Systematic Reviews and Meta Analyses	Katherine Lyseng-Williamson (Editor of the Adis Journal, Drugs and Therapy Perspectives)
Advanced Relationship Management	John Duncan (Managing Director of Forum New Zealand) and Rhys Williams (Director of Consulting at Forum New Zealand)
Vaccines	Dr Nikki Turner (General Practitioner and Director of the Immunisation Advisory Centre)
Stigma in Mental Health	Dr Claire O’Reilly (Lecturer at the Faculty of Pharmacy, University of Sydney and a practising community pharmacist at Nick Logan Pharmacist Advice)

### MODULES

Our Comprehensive Diabetes Management Module was well supported with 61 participants. This course was delivered via an online component together with three audioconferences. Feedback was very positive on content and format of delivery.

Participants praised the Communication to Enhance Pharmacy Practice Module (14 participants). Pharmacists learnt techniques to manage challenging situations in the workplace using real life examples from practice. Some pharmacists have started coaching their colleagues and staff in such techniques.

### SHIRENA VASAN

*College Programmes Manager*

# YOUR BRANCH ACTIVITIES

## AUCKLAND BRANCH

### TASH BELL – AUCKLAND BRANCH PRESIDENT (2014)

2014 was another busy year for the Auckland Branch with committee member changes and a line-up of Continuing Education (CE) sessions that was very well received by members. As time goes on and life changes so too does the composition of our committee. This past April saw our President, Lanny Wong, step down and the Vice-President, myself, become the new President for the Branch. With this change came a new Vice-President, Michael Hammond. We saw a few members take maternity leave as they welcomed new bundles of joy into their family. The completion of her PhD saw Emma Horsfield step down as our School of Pharmacy representative, with James Falconer filling this position. Due to time restraints and conflicting commitments we saw a few other committee members step down as well.

In terms of our CE we had a very successful mix of sessions with a notable growth in attendees compared with previous ones. The first half of the year covered topics such as 'Youth and Pharmacy' by Emma Horsfield, 'ENHANCE 2.0' by Liz Johnstone, 'Asthma Management in Pharmacy' by Dr Jim Lello and Ann Wheat, 'Hypertension – the second time round' with Dr Linda Bryant, and 'LTC made easy' by HeeSeung Lee and 'Testsafe Pharmacy' by Jessica Nand. After Symposia in June the second half of the year was kicked off with 'Novel Psychoactive Substances' by Carina Walters, followed by 'Effective communication and dealing with challenging situations' by Amy Chan, 'Insomnia – what are the causes and what can you do about it?' by Prof. Bruce Arroll and last but not least 'Paediatrics and oral formulations' by Rebecca Dean and Preetika Vareed.

No workshops were held this year due to a combination of an increased workload from offering group 2 points for all CE sessions from April onwards, and speaker availability. Time constraints also saw us run out of time to hold a technician focused workshop.

In support of the Auckland Regional Symposia we offered Auckland Branch members the opportunity to win back their Symposia registration fee. Three lucky members were drawn. The Branch also helped with advertising the Guild CPSA Stage 4 roadshow and the Mercy Hospice Palliative Care Workshops.

This year was also a busy one for our interns. We started with our annual 'Intern meet and greet' BBQ held at Cornwall Park. An intern essay competition, 'To Infinity and Beyond', was held, as per a request from one of our speakers, Dr Linda Bryant. Interns were asked to write a 1,000 word essay on where they see themselves and the pharmacy profession in ten years' time. There was a careers evening held on campus for students and interns to get a taste of what pharmacy can offer and just prior to assessment centre, practice OTC workshops were held for interns across the central Auckland Region. Our intern reps, Peter, Saif and Hassan, did a fantastic job organising regular study sessions at the University. A big thank you to them for their hard work.

Similar to the previous year, the Auckland Branch continued to support the Auckland Pharmacy Students' Association. This was achieved through donations to their 'Mad Hatter's Tea Party' ball, sponsorship of the 'Top Student Award' and plaque inscription, along with a contribution to catering services for our CE sessions.

A big thank you to everyone involved with helping the Auckland Branch have such a successful year.

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## **WAIKATO – BAY OF PLENTY BRANCH**

### IAN MCMICHAEL – WAIKATO–BAY OF PLENTY BRANCH PRESIDENT (2014)

The Waikato – Bay of Plenty Branch continues to operate in the zones centred around Hamilton, Tauranga and Rotorua. In these areas, the strong community pharmacy groups organise the continuing professional development (CPD) opportunities, which are always well attended. Along with the Midland Division of the Pharmacy Guild, the Branch financially supports the costs of these CPD evenings.

The interns in the Waikato attended an enjoyable evening get together with Branch members at the start of their internships.

I have also attended meetings in Tauranga over the last year while we put together a more co-ordinated branch for the region. For this coming year we will have more structure to the Branch and a new president.

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## **TARANAKI BRANCH**

### CHARLES WALKER – TARANAKI BRANCH PRESIDENT (2014)

I am proud to report that in 2014 all of our intern pharmacists successfully met the Pharmacy Council registration requirements and are now pharmacists serving their communities. The 2014 year saw good cohesion within the Branch's organising committee, which developed educational evenings and ensured our province is up to date with first aid certification.

As a branch, we reached out to the Pharmacy Council to update us on the new Competency Standards which came into effect in January 2015. Upon the recommendation of the PSNZ Wellington Branch, we received an interesting presentation from Workbase NZ on the topic of health literacy. Lastly with the help of BioMed and the local A+D team we received outstanding insight into the Opioid Substitution Program (OST) and its successes and draw backs.

2014 also saw a number of supply issues with medication, particularly with paediatric amoxicillin and atorvastatin. The Branch was at the forefront in informing local medical centres of this outage and offering up temporary solutions for our colleagues.

More and more Taranaki pharmacies, particularly in rural areas, are offering influenza vaccinations and promoting good public health policies to fight against a debilitating and life threatening virus.

With 2015 already with us, as a branch we have arranged a meet and greet with the new intake of intern pharmacists. With three times the number of interns as last year, the knowledge pool in Taranaki looks promising.

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## **HAWKE'S BAY BRANCH**

### REBEKAH TAYLOR – HAWKE'S BAY BRANCH PRESIDENT (2014)

It has been another busy and exciting year for the Hawke's Bay Branch.

With huge support from the Hawke's Bay DHB we have continued to provide monthly Continuing Education (CE) sessions covering a wide range of topics including:

- Health Hawke's Bay programmes
- Well Child
- Synthetic Cannabis
- Tama Tu Tama Ora Roopu
- Mental Health/Clozapine
- Competence Standard Roadshow
- Pharmacy Contract Stage 4
- WINZ Services
- Best Practice Visits

- Renal – AKIs messages for patients
- Family Violence and ECP
- Advance Care Planning
- Oncology – Red flags for patients on chemotherapy.

To promote the Society Regional Symposia Series, we sponsored three members to attend (two from Hawke's Bay, one from Gisborne). We were also very proud to see Di Vicary receive her Fellowship Award at the Hamilton Symposia.

Our Intern Support programme has continued to be a success this year with Sara Salman taking on the co-ordinator role, utilising her extensive knowledge through her experience both in community and hospital pharmacy. We held workshops on Medical Devices, Law and Ethics, OTC role play and Mock Assessments.

Our Medicines Use Review (MUR) Support programme has been busy this year. We have worked closely with the PHO and DHB to promote and strengthen the use of MUR Services in the Hawke's Bay with a draft discussion document prepared by Di Vicary and Maryanne Smyth.

Our New Pharmacist to the Bay programme is growing. We have welcomed quite a few new faces this year. If you are or know of someone that is moving to the Bay, don't forget to get in touch with the Branch or Riani Albertyn (our co-ordinator) so that we can help you settle in.

In the coming year, we are focusing on getting all the pharmacists who have had MUR training to get accredited to help encourage and promote the service in Hawke's Bay. We are also excited to have a few pharmacists involved with clinical pathways and hope to link in our CE sessions with them.

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## CENTRAL DISTRICTS BRANCH

### AYMAN AL-IBOUSHI – CENTRAL DISTRICTS BRANCH PRESIDENT (2014)

The 2014 year commenced with a very healthy turnout for our Annual General Meeting, which included Barbara Moore from the Pharmacy Council discussing the new competence standards. An election was then held. I was elected as President, and 12 people put their names forward for the committee and all were elected. The Committee has continued to function extremely well as a cohesive unit throughout the year. There was a good blend of youth and experience from different forms of pharmacy practice, including hospital, administration, service co-ordination, urban and rural community pharmacy, interns and technicians. Everyone contributed for the benefit of all members.

Topics of other meetings throughout the year were:

- Oral Chemotherapy agents – info for Community pharmacy;
- Smoking Cessation;
- Hospice Specialist Medication Update, and
- Medicine Interactions, at our Christmas gathering.

We greatly appreciate the continued support that Murray Adams provides for the interns in our area. This work is of great benefit and is at risk of going unnoticed by those not directly involved. Murray structured a two hour training session with thoroughly researched, relevant and detailed role-plays. He managed to organise and bring together 12 pharmacists to supervise the interns that night, a challenge to set up in itself!

A yearly Hospice session is kindly organised by our Palliative Care Clinical Pharmacist, Denise Hewitt. A specialist from the hospice detailed changes in palliative care practice and its current challenges.

Our education sessions are primarily chosen by our members via SurveyMonkey. The top choice for 2014 was Bob Buckham's Medicine Interactions, which was followed closely by LTC workshops and Geriatrics.

All meetings organised by the Branch used well qualified, competent local specialist health professionals – pharmacists, doctors and nurses. The wide variety of professions presenting at our meetings helped to cater for a diversity of interest amongst our members. The success of the Branch Committee's work is evidenced by the extremely good attendance at meetings this year – an improvement on previous years. A large influence on attendance was probably the offer of both Group 1 and Group 2 ENHANCE points – something that Committee members eagerly embarked upon organising, including marking assessments that attendees submitted.

In 2015 the Central Districts Branch finds itself in a good financial position. Even though we had a smaller branch grant than the previous year, prudent use of resources sees the Branch with a higher opening balance than in 2014. This, in part, is due to the generous donation of the president's honorarium to the branch funds and capping of meeting expenditure. Our overall expenditure was slightly less as we did not have a technician meeting and we had less meetings overall due to intervening events.

I am extremely proud of the Branch committee for their willingness to participate, collaborate and organise unique education evenings. I am grateful for the support of our members in our branch throughout all the areas that we service. I believe we have remained mindful of our core motto which is to provide professional development opportunities to all members in our branch.

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## **WELLINGTON BRANCH**

### ARTHUR LIU – WELLINGTON BRANCH PRESIDENT (2014)

2014 was an eventful year for the Wellington Branch. Thanks to the enthusiasm and commitment of our hard working committee, our Continuing Education (CE) evenings were well received. I would also like to thank all our members for their support, both financially and in attendance of our events.

Things started off this year with our annual Intern BBQ, held at the Te Omanga Hospice in Lower Hutt. We had an excellent turn out, and received good feedback from the interns about how much they appreciated our support and guidance.

We ran a number of different CE sessions, which included LTC training with the Ministry of Health, TONIQ and LOTS educational days, Competency Standard Reviews, Immunisations, Musculoskeletal injuries and Mental Health issues. However, a review showed that technician turn out to these events had been minimal. In an effort to enhance technician interest in our CE sessions, we will be making all CE sessions in 2015 free for all technicians.

We also organised four First Aid Certification courses for our pharmacists to ensure they meet the appropriate standards for their re-certification.

To finish 2014, we organised an Intern Assessment Centre training workshop as well as an Intern and Preceptor dinner to help celebrate our interns' hard work and success. Congratulations to all those interns who passed their exams and are now registered pharmacists!

The Wellington Branch sadly received a number of resignations from the committee this year. I would like to extend my gratitude to Kelly Pentecost, Tara Wheeler, Rosemary Thompson, Sheryl Williams and Andrea Wilson. All these members have dedicated so much of their time over the past years to the Wellington Branch, helping to shape it to the standard we have today. Special mention goes to both Rosemary and Andrea, our Past Presidents. Their dedication in providing updated information to our pharmacists and developing communication channels between the different sectors of pharmacy is very much appreciated.

On a more positive note, we welcomed nine new members onto the committee at the end of the year, all coming from different specialities and backgrounds. We have also restructured the organisation of roles within the committee. This is to help spread out the workload and to enable the continuation of the Branch by having experience and support within the different positions. We look forward to seeing how these new changes will benefit our committee and our members in 2015.

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## **NELSON – MARLBOROUGH BRANCH**

### MEGAN PETERS – NELSON-MARLBOROUGH BRANCH PRESIDENT (2014)

The Nelson – Marlborough Branch is extremely fortunate to have a strong alliance with the Nelson Bays PHO (NBPHO). The NBPHO Pharmacy Facilitator Caroline Allen plays an important role in co-ordinating Continuing Education (CE) evenings, either as pharmacist only, or combined education with the local doctors and/or nurses. The education evenings are well attended by our local members.

Some of the topics covered for 2014 included:

- Chronic Conditions – Poly-Pharmacy in the Elderly;

- Antibiotic Stewardship and Acute Cough;
- Gout;
- Challenging Behaviours in Dementia, and
- CVRA workshops.

Branch members are given the opportunity, via a survey at the end of each year, to let us know the types of topics that they would like to have to help achieve their ENHANCE learning goals. From this survey, for our 2015 CE calendar we will be hosting topics such as Health Literacy, COPD and Eczema.

In 2014 we established CE evenings for the region's technicians. This has not only allowed experienced and training technicians to get together to share experiences, but has also given them further knowledge into areas like asthma and falls prevention.

I would like to give special thanks to Caroline Allen, who plays such a key role in driving the pharmacist education evenings and the committee members. A thank you also goes to our Nelson – Marlborough members who support the CE evenings.

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## **CANTERBURY BRANCH**

ANGELA BLACKWOOD – CANTERBURY BRANCH PRESIDENT (2014)

### **2014 ACTIVITIES**

Attendance at our meetings is gradually growing, and we are encouraged by attendances of 35-50 members. We have a large geographic area, and large membership, but the committee tries to keep all the different types of members in mind when organising events.

### **EDUCATION**

This year we arranged four educational sessions for members:

- CDHB Business Hub – to interact well with those we work with, it is helpful to know your personality type, their personality type, and how each of us copes with stress.
- Consultant nephrologist and hospital specialty pharmacists spoke about drug interactions and medication safety in kidney health.
- A sexual assault clinic practitioner spoke to us about issues surrounding unwanted sexual contact, which could be an underlying reason why women seek emergency contraception. Pharmacists were encouraged to ask the question "was this what you wanted?" and were informed of where to ask for help if the answer warrants it.
- ENHANCE Group 3 points – Liz Johnstone came down from Wellington to give us a tour of the ENHANCE website, which contains a wealth of information.

Two of the sessions were recorded and the DVDs sent to the West Coast as they often miss out on our educational sessions.

### **INTERN AND MEMBER SUPPORT**

We have been fortunate to have two intern reps this year, plus last year's intern rep staying on to co-ordinate the intern events. We held a meet & greet in March, where interns had a short presentation from pharmacists in different fields of pharmacy, including hospital, academia, liaison, community and clinical pharmacy. To help interns prepare for their Multi Choice Question Exam we arranged a number of scenarios with experienced pharmacists helping out. At the end of year intern and preceptor dinner we presented the top two interns from the region with a cash prize.

### **LIAISON**

In the lead up to the Stroke Foundation's National Blood Pressure campaign day on 4 October we assisted by encouraging pharmacies to contact the Stroke Foundation to obtain "Down With Blood Pressure" information packs.

## **SOCIAL**

The intern meet and greet in March was well attended by virtually all the interns, and many preceptors. In July, we held a pub quiz night in Greymouth, attended by about 30 people. It showed that pharmacists, partners and staff can be quite competitive when there are prizes on the line. My Little Ponies (hospital staff) came in first, with The Brainy Anusols bringing up the rear (chiefly Unichem Olsens). Second, third and fourth places were very close.

The committee members have indicated they are happy to continue, however any new committee members are welcome. We will be meeting four times in 2015, including a short AGM at one of our education sessions.

The Branch extends its sincere thanks to CDC for allowing us use of their comfortable and spacious function room, and we have conveyed this on the members' behalf.

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## **SOUTHLAND BRANCH**

### **LYNN SLOAN – SOUTHLAND BRANCH PRESIDENT (2014)**

Two official Branch meetings were held during 2014. In April there was a meeting on Competence Standards and the Pharmacists' Practice Review, and in October our local Drug and Alcohol Services presented on Buprenorphine in relation to commencing using Suboxone in Southland. In November we held group training/ scenario role-plays for the interns in preparation for their Assessment Centre in November. Plans are already in full flow for an action-packed 2015.

# NEW ZEALAND PHARMACY EDUCATION AND RESEARCH FOUNDATION (NZPERF)

**NZPERF thanks all the pharmacists and the Pharmacy Defence Association for their generous donations during 2014.**

All NZPERF Trustees and Board members provide their time voluntarily. NZPERF is extremely grateful for the expertise and commitment they offer and offers its sincere thanks on behalf of the profession. It is through this expertise and commitment that the Trust Fund has grown from its modest beginnings of £1,000 in 1967 to over \$3.7million now. The Trustees meet four times each year to ensure the investments are placed so as to receive suitable interest, dividends and growth. The income generated from the investments is distributed by the Board as grants. The Board meets twice a year to consider grant applications.

In 2014 NZPERF received 24 applications for funding, totalling \$253,000. The Board was able to allocate \$86,000 to ten of those applicants. The Board also provided \$15,000 to Auckland University for summer studentships and \$15,000 to Otago University for B.Pharm Honours Programme summer studentships. \$1,500 was also presented in various prizes giving a total of \$117,500 being allocated.

**Examples of projects that received funding in 2014 are:**

- Effect of food on flucloxacillin blood concentrations in healthy volunteers.
- Exploring general practitioners' views on prescribing for older people living in residential care.
- Predicting a response to clozapine.
- Can varenicline treatment improve cognitive and psychiatric symptoms in patients with Huntington's Disease?
- An active targeting delivery system for Boron Neutron Capture Therapy (BNCT) in the treatment of brain glioblastoma.
- Finding novel therapeutic targets for stroke: asking the brain for direction.

**Examples of summer studentships undertaken:**

- Assessing prevalence of co-occurring alcohol and medication use in community-dwelling older adults.
- Optimising the use of Vitamin D supplementation in pregnant women and their infants.

## **TRUSTEES**

Geoff Savell joined the NZPERF Trustees in January 2014. Geoff owns a community pharmacy in Johnsonville and has a wealth of business experience.

In February 2015, NZPERF was saddened to hear of the passing of Peter Stannard, a long-serving trustee. His initiative on expanding governance protocols and the adoption of a Statement of Investment Policy and Objectives ensured the prudent management of NZPERF's investment assets. His judicious selection and research of investment choices was always listened to and appreciated by his fellow trustees. Peter's contribution to the pharmacy profession was recognised in 2002 when he was awarded an honorary membership of the Pharmaceutical Society of New Zealand.

## **INTERN PRIZES**

The intern prizes of \$500 each for the best patient-centred care assignments were awarded to Ashleigh Kortegast and Julia Corfe-Tan.

## **NEW ZEALAND HOSPITAL PHARMACISTS' ASSOCIATION (NZHPA) CONFERENCE PRIZE**

NZPERF sponsors the Dr L Berry Award for the best paper overall and this year it was awarded to Katrina Tandeki from Hutt Valley DHB for her paper titled "A New Zealand Anticoagulation Education Clinic: Expanding the Emergency Department Clinical Pharmacy Service".

## **CAROLYN HOOPER**

*NZPERF Secretary*

# FINANCIAL STATEMENTS





# FINANCIAL STATEMENTS

## STATEMENT OF FINANCIAL PERFORMANCE

For the year ended 31 December 2014

	Note	Society 31 December 2014 (\$)	Consolidated 31 December 2013 (\$)	Parent 31 December 2013 (\$)
<b>Operating revenue</b>				
Membership subscriptions		1,298,433	1,132,234	992,099
Operating activities	1	2,652,200	2,632,857	2,295,189
Accounting and administration services		309,691	288,107	612,307
Strategic projects	2	58,871	27,355	27,355
Other revenue	3	78,050	59,813	54,387
<b>Total operating revenue</b>		<b>4,397,245</b>	<b>4,140,366</b>	<b>3,981,337</b>
<b>Operating expenditure</b>				
Governance	4	154,980	150,837	134,469
Strategic projects	2	113,753	63,768	52,571
Other operating expenditure	5	3,971,673	3,730,128	3,586,468
<b>Total operating expenditure</b>		<b>4,240,406</b>	<b>3,944,733</b>	<b>3,773,508</b>
<b>Net operating surplus before taxation</b>		<b>156,839</b>	<b>195,633</b>	<b>207,829</b>
Income tax	15	-	-	-
<b>Net operating surplus after taxation</b>		<b>\$156,839</b>	<b>\$195,633</b>	<b>\$207,829</b>

## STATEMENT OF MOVEMENTS IN EQUITY

For the year ended 31 December 2014

	Note	Society 31 December 2014 (\$)	Consolidated 31 December 2013 (\$)	Parent 31 December 2013 (\$)
Net operating surplus after taxation		156,839	195,633	207,829
<b>Total recognised revenues and expenses</b>		<b>156,839</b>	<b>195,633</b>	<b>207,829</b>
Equity at the beginning of the year		1,030,772	951,424	822,943
Equity transferred from New Zealand College of Pharmacists	13	116,285	-	-
<b>Adjusted equity at the beginning of the year</b>		<b>1,147,057</b>	<b>951,424</b>	<b>822,943</b>
<b>Equity at the end of the year</b>		<b>\$1,303,896</b>	<b>\$1,147,057</b>	<b>\$1,030,772</b>

The Statement of Accounting Policies and Notes to the Financial Statements on pages 46 to 52 form part of the financial statements.

## STATEMENT OF FINANCIAL POSITION

As at 31 December 2014

	Note	Society 31 December 2014 (\$)	Consolidated 31 December 2013 (\$)	Parent 31 December 2013 (\$)
<b>Assets</b>				
<b>Current assets</b>				
Cash and bank balances		21,867	105,978	100,763
Receivables and accruals	6	303,732	303,068	300,865
Publication stock on hand		8,037	11,964	11,964
Investments	7	1,550,600	1,215,213	1,086,386
<b>Total current assets</b>		<b>1,884,236</b>	<b>1,636,223</b>	<b>1,499,978</b>
<b>Non-current assets</b>				
Fixed assets	8	449,982	442,834	442,834
<b>Total non-current assets</b>		<b>449,982</b>	<b>442,834</b>	<b>442,834</b>
<b>Total assets</b>		<b>2,334,218</b>	<b>2,079,057</b>	<b>1,942,812</b>
<b>Liabilities</b>				
<b>Current liabilities</b>				
Payables and accruals	9	434,131	463,348	453,710
Income in advance		596,191	468,652	458,330
<b>Total current liabilities</b>		<b>1,030,322</b>	<b>932,000</b>	<b>912,040</b>
<b>Net assets</b>		<b>\$1,303,896</b>	<b>\$1,147,057</b>	<b>\$1,030,772</b>
<b>Equity</b>				
Retained surplus	10	1,013,665	847,723	731,438
Special funds	11	290,231	299,334	299,334
<b>Total equity</b>		<b>\$1,303,896</b>	<b>\$1,147,057</b>	<b>\$1,030,772</b>

On behalf of the National Executive



**D J Griffiths**  
President  
30 March 2015



**W Allan**  
Treasurer  
30 March 2015

The Statement of Accounting Policies and Notes to the Financial Statements on pages 46 to 52 form part of the financial statements.



# FINANCIAL STATEMENTS

## STATEMENT OF ACCOUNTING POLICIES

For the year ended 31 December 2014

### Basis of preparation

The Pharmaceutical Society of New Zealand Incorporated (the Society) is a voluntary body that provides professional support, education, training and career development for pharmacists. The Society is incorporated under the Incorporated Societies Act 1908. The Society is registered with the Charities Commission and is a charitable entity under the Charities Act 2005.

These financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice, which in the case of the Society means statements of standard accounting practice and financial reporting standards. The financial statements are prepared in New Zealand dollars.

Until 31 December 2013, the New Zealand College of Pharmacists Incorporated (the College) was a subsidiary of the Society. The net assets and business of the College were transferred to the Society under an asset transfer agreement effective 1 January 2014.

Therefore the financial statements of the parent for the year ended 31 December 2013 comprise the Society's central office, excluding any branches. The consolidated financial statements for the year ended 31 December 2013 comprise the parent and its subsidiary, being the College.

The statements for the year ended 31 December 2014 comprise the Society's central office, which excludes any branches, but which now includes the operations of the College, and are consistent with the consolidated accounts. Only one set of accounts is presented for the year ended 31 December 2014 as a result.

### Measurement base

These financial statements have been prepared on a going concern basis in accordance with historical cost concepts.

### Specific Accounting Policies

The following specific accounting policies that materially affect the measurement of the financial performance and financial position have been applied.

#### **Revenue and expenditure recognition**

All revenue is recognised when earned on an accruals basis. All expenditure is recognised when billed or an obligation arises on an accruals basis, except for donated services.

The Society's annual subscription year for pharmacists is 1 January to 31 December. Pharmacist fees are due 1 January. Only those fees that are attributable to the current financial period are recognised in the statement of financial performance. The remainder is recognised in the statement of financial position as income in advance.

#### **Donated services**

The work of the Society is dependent on the voluntary services of many members. Due to the difficulty in determining the value of the donated services with sufficient reliability, donated services are not recognised in the statement of financial performance.

#### **Taxation**

The Society was registered with the Charities Commission on 30 June 2008 and therefore is not subject to income tax from that date. For the subsidiary, income tax expense was charged to the statement of financial performance based on the estimated income tax payable in the current period, adjusted for any differences between the estimated and actual income tax payable in prior years. There is no income tax expense from 1 January 2014 onwards as the subsidiary operations were transferred to the Society effective that date.

The Statement of Financial Performance has been prepared so that all components are stated exclusive of GST. All items in the Statement of Financial Position are stated net of GST, with the exception of accounts receivable and accounts payable.

## STATEMENT OF ACCOUNTING POLICIES – CONTINUED

For the year ended 31 December 2014

### **Accounts receivable**

Trade receivables are stated at expected realisable value after providing for bad debts. All known bad debts are written off and charged to the statement of financial performance in the period in which they are identified.

### **Investments**

Investment securities are those securities and term deposits where there is both the positive intent and ability to hold to maturity. Investment securities are recorded at cost.

### **Fixed assets**

Fixed assets are recorded at cost and depreciated over the estimated useful lives of the assets. Subsequent expenditure that extends or increases the asset's service potential is capitalised.

Depreciation is provided on a straight-line basis on all fixed assets other than work in progress, to allocate the cost or value of the asset (less any residual value) over its useful life. The estimated useful lives of the major classes of fixed assets are as follows:

Office equipment .....	2 – 15 years
Furniture and fittings .....	8 – 18 years
Computer equipment .....	2 – 3 years
Leasehold improvements .....	5 – 17 years
Library and art collection .....	Not depreciated

Work in progress is not depreciated. The total purchase costs are transferred to the relevant asset class on its completion and then depreciated.

### **Equity**

Equity is the members' interest in the Society (and the Group for the year ended 31 December 2013) and is measured as the difference between total assets and total liabilities.

Equity is disaggregated and classified into components to enable clearer identification of the specified uses that the Society (and Group for the year ended 31 December 2013) make of its accumulated surpluses. The components of equity are retained earnings and special funds.

Special funds are those reserves subject to conditions of use, whether under statute or by a third party, and may not be revised without reference to the Courts or a third party.

### **Consolidation**

The subsidiary was controlled by the Society until 31 December 2013 (refer to note 13). The Society's subsidiary was accounted for using the purchase method, which involves the addition of corresponding revenue, expenditure, assets and liabilities on a line-by-line basis within the Group's financial statements. All intra-group transactions were eliminated on consolidation. For the year ended 31 December 2014, the financial statements are consistent with the parent, due to the transfer of the subsidiary operations to the Society effective 1 January 2014.

### **Comparatives**

To ensure consistency with the current period, comparative figures have been reclassified where appropriate.

### **Differential Reporting**

The Society is a qualifying entity by virtue of the fact that it has no public accountability and is small as defined by the Framework for Differential Reporting issued by the External Reporting Board. All available differential reporting exemptions have been applied.

### **Changes in accounting policies**

There have been no material changes in accounting policies during the period.



# FINANCIAL STATEMENTS

## NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 December 2014

	Society 31 December 2014 (\$)	Consolidated 31 December 2013 (\$)	Parent 31 December 2013 (\$)
<b>1. Operating activities</b>			
Continuing education enrolments and sales	342,851	325,168	–
Preregistration course fees and funding	1,770,802	1,794,394	1,794,394
Publication sales	115,671	99,096	99,096
Self Care membership	218,617	206,743	206,743
Sponsorship	119,978	120,541	108,041
Sundry sales revenue	26,457	29,374	29,374
Symposia revenue	57,824	57,541	57,541
<b>Total operating activities</b>	<b>\$2,652,200</b>	<b>\$2,632,857</b>	<b>\$2,295,189</b>
<b>2. Strategic projects</b>			
<i>Income</i>			
MTA review	–	27,355	27,355
Pharmacy Checking Technicians project	58,871	–	–
Total strategic project income	58,871	27,355	27,355
<i>Expenses</i>			
MTA Review	–	27,355	27,355
National Framework	4,038	–	–
New Zealand Medicines Refresh Workshop	5,703	–	–
Pharmacy Checking Technicians project	58,871	–	–
Pharmacy Industry Training Organisation funding	3,500	10,000	10,000
Pharmacy Industry Training Organisation transition	29,756	–	–
PSNZ-NZCP merger	9,164	22,395	11,198
Quality Standards	1,011	1,060	1,060
Shared Vision meeting	1,710	2,958	2,958
Total strategic project expenses	113,753	63,768	52,571
<b>Total net strategic projects expenses</b>	<b>(\$54,882)</b>	<b>(\$36,413)</b>	<b>(\$25,216)</b>
<b>3. Other revenue</b>			
Interest	64,145	52,137	47,146
Sundry revenue	13,905	7,676	7,241
<b>Total other revenue</b>	<b>\$78,050</b>	<b>\$59,813</b>	<b>\$54,387</b>
<b>4. Governance</b>			
National Executive fees	70,500	50,042	44,342
National Executive expenses	54,167	66,534	55,866
Honoraria	27,825	26,350	26,350
Other governance expenses	2,488	7,911	7,911
<b>Total governance</b>	<b>\$154,980</b>	<b>\$150,837</b>	<b>\$134,469</b>

## NOTES TO THE FINANCIAL STATEMENTS – CONTINUED

For the year ended 31 December 2014

	Society 31 December 2014 (\$)	Consolidated 31 December 2013 (\$)	Parent 31 December 2013 (\$)
<b>5. Other operating expenditure</b>			
Advertising, promotion and public relations	400	1,219	302
Building occupancy	37,147	36,260	36,260
Communications	91,940	88,736	85,188
Conference attendance	7,573	6,588	5,241
Continuing education direct costs	102,071	112,258	-
Cost of sales – publications	94,897	76,316	76,316
Cost of sales – symposia	70,794	74,724	74,724
Depreciation	93,033	84,311	84,311
Electronic resource subscriptions	50,162	14,928	14,928
Fees paid to auditors (includes consultancy)	22,190	28,537	19,517
Grants, scholarships and prizes	67,650	70,628	70,628
Information technology	59,721	63,007	63,007
Lease rentals	102,362	102,362	102,362
Loss on sale of assets	721	-	-
Personnel costs	1,586,839	1,489,108	1,489,908
Preregistration training and assessments	1,155,268	1,044,135	1,047,144
Printing and stationery	220,513	233,094	233,094
Professional services and expenses	59,337	53,669	53,669
Travel and accommodation	70,520	68,476	55,627
Sundry operating expenditure	78,535	81,772	74,242
<b>Total other operating expenditure</b>	<b>\$3,971,673</b>	<b>\$3,730,128</b>	<b>\$3,586,468</b>
<b>6 Receivables and accruals</b>			
Trade receivables	169,033	170,104	170,034
Related party receivables (see note 16)	4,880	4,784	4,784
Sundry receivables	34,007	30,408	30,408
Income tax refund	-	2,402	-
Prepayments and advances	77,833	82,619	82,976
Accrued income	17,979	12,751	12,663
<b>Total receivables and accruals</b>	<b>\$303,732</b>	<b>\$303,068</b>	<b>\$300,865</b>
<b>7. Investments</b>			
Money at call	135,600	100,213	96,386
Term deposits	1,415,000	1,115,000	990,000
<b>Total investments</b>	<b>\$1,550,600</b>	<b>\$1,215,213</b>	<b>\$1,086,386</b>
<i>Total investments comprises:</i>			
Investments on call	135,600	100,213	96,386
Investments maturing within 3 months	1,090,000	625,000	500,000
Investments maturing within 3 to 6 months	325,000	490,000	490,000
<b>Total investments</b>	<b>\$1,550,600</b>	<b>\$1,215,213</b>	<b>\$1,086,386</b>



# FINANCIAL STATEMENTS

## NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

For the year ended 31 December 2014

	Society 31 December 2014 (\$)	Consolidated 31 December 2013 (\$)	Parent 31 December 2013 (\$)
<b>8. Fixed assets</b>			
Office equipment	7,481	7,481	7,481
Less accumulated depreciation	2,962	2,338	2,338
	4,519	5,143	5,143
Library and art collection	5,000	5,000	5,000
Furniture and fittings	118,338	118,139	118,139
Less accumulated depreciation	32,980	21,848	21,848
	85,358	96,291	96,291
Computer equipment	422,866	400,474	400,474
Less accumulated depreciation	353,273	290,180	290,180
	69,593	110,294	110,294
Leasehold improvements	221,413	215,411	215,411
Less accumulated depreciation	46,276	30,401	30,401
	175,137	185,010	185,010
Capital work in progress	110,375	41,096	41,096
<b>Total fixed assets</b>	<b>\$449,982</b>	<b>\$442,834</b>	<b>\$442,834</b>
<b>9. Payables and accruals</b>			
Trade creditors	70,261	84,484	78,331
Related party payables (see note 16)	1,880	1,501	7,979
Sundry creditors	196,885	188,251	185,698
Accrued expenditure	165,105	189,112	181,702
<b>Total payables and accruals</b>	<b>\$434,131</b>	<b>\$463,348</b>	<b>\$453,710</b>
<b>10. Retained surplus</b>			
Retained surplus at the beginning of the year	731,438	620,974	492,493
Transfer from New Zealand College of Pharmacists	116,285	-	-
Net operating surplus for the year	156,839	195,633	207,829
Net transfers from/(to) special funds	9,103	31,116	31,116
<b>Total retained surplus</b>	<b>\$1,013,665</b>	<b>\$847,723</b>	<b>\$731,438</b>

## NOTES TO THE FINANCIAL STATEMENTS – CONTINUED

For the year ended 31 December 2014

	Society 31 December 2014 (\$)	Consolidated 31 December 2013 (\$)	Parent 31 December 2013 (\$)
<b>11. Special funds</b>			
Benevolent fund – opening balance	90,252	90,252	90,252
Transfer (to)/from retained earnings	(1,000)	–	–
	89,252	90,252	90,252
Henderson bequest – opening balance	148,732	147,202	147,202
Transfer (to)/from retained earnings	1,561	1,530	1,530
	150,293	148,732	148,732
Education fund – opening balance	60,350	92,996	92,996
Transfer (to)/from retained earnings	(39,664)	(32,646)	(32,646)
Transfer from New Zealand College of Pharmacists Education Fund	30,000	–	–
	50,686	60,350	60,350
<b>Total special funds</b>	<b>\$290,231</b>	<b>\$299,334</b>	<b>\$299,334</b>
Special funds – opening balance	299,334	330,450	330,450
Net transfer (to)/from retained earnings	(9,103)	(31,116)	(31,116)
<b>Total special funds</b>	<b>\$290,231</b>	<b>\$299,334</b>	<b>\$299,334</b>

### Benevolent fund

This fund is used to assist pharmacists and their families in times of crisis. Payments are at the discretion of a panel established by the National Executive.

### Henderson bequest

The Henderson bequest is a scholarship established to assist students experiencing financial hardship during their second year of a recognised pharmacy course.

### Education fund

The Education fund helps support the development and continuation of the Society's professional development and educational programmes.

Apart from the criteria mentioned above, there are no other formal restrictions over these funds.

	Society 31 December 2014 (\$)	Consolidated 31 December 2013 (\$)	Parent 31 December 2013 (\$)
<b>12. Operating lease obligations</b>			
Due within one year	150,708	150,708	150,708
Due within one to two years	150,708	150,708	150,708
Due within two to five years	399,672	448,018	448,018
Due later than five years	119,422	221,784	221,784
<b>Total operating lease obligations</b>	<b>\$820,510</b>	<b>\$971,218</b>	<b>\$971,218</b>



# FINANCIAL STATEMENTS

## NOTES TO THE FINANCIAL STATEMENTS – CONTINUED

For the year ended 31 December 2014

### 13. Amalgamation

Until 31 December 2013, the Society had control over the College, with the right to appoint the majority of the College's governing body, and benefitted from the complementary activities undertaken by the College in providing education and training to pharmacists. Effective 1 January 2014, the net assets and business of the College were transferred to the Society to form one operating entity. Total assets transferred amounted to \$142,723 and total liabilities to \$26,438. The financial position and performance of the College prior to 31 December 2013 are disclosed in the consolidated financials. The College was dissolved on 26 June 2014.

### 14. Capital commitments

The Society has capital commitments of \$78,240 as at 31 December 2014 (31 December 2013: \$0).

### 15. Contingencies

The Society has tax losses of \$789,173 (group tax losses at 31 December 2013: \$896,777). The Society still has tax losses of \$789,173 (31 December 2013: \$789,173) that were accumulated prior to its registration with the Charities Commission in June 2008, and which are still available if required. These arose because the Society's deductible expenses were greater than its assessable income up until the date of registration. Tax losses are not recognised as future tax benefits unless realisation of the asset is virtually certain. Accordingly the Society does not have a tax expense for the current period (group tax expense at 31 December 2013: nil).

### 16. Related party transactions

The College paid the Society a management fee for services provided including personnel, premises and equipment totalling \$324,200 for the year to 31 December 2013. The Society collected membership fees on behalf of the College totalling \$140,000 for the year to 31 December 2013. There are no management or membership fees relating to the College entity in the year ended 31 December 2014 as the College operations were transferred to the Society effective 1 January 2014.

The New Zealand Pharmacy Education and Research Foundation Board (the Board) is a related party as the Society has the ability to appoint three members of the six member Foundation Board. The Board paid the Society a management fee for services provided of \$16,890 for the year to 31 December 2014 (31 December 2013: \$16,559). The Society collects donations on behalf of New Zealand Pharmacy Education and Research Foundation Trustees.

### 17. Branches and Associations

The Society has provided grants to the branches and associations and honoraria to Branch Presidents for the year to 31 December 2014 of \$45,000 (31 December 2013: \$44,000) to fund their activities during that period. The Society paid for various Branch Presidents to attend National Executive meetings during 2014 with a cost of \$1,223. There were no related expenses in 2013.

The activities of the branches have not been incorporated in the results of the Society.

### 18. Events subsequent to balance date

There are no events subsequent to balance date that would materially affect these financial statements.

### 19. Adoption of new Accounting Standards Framework

In April 2012, the External Reporting Board approved the new Accounting Standards Framework. New financial reporting standards based on International Public Sector Accounting Standards have been developed for not-for-profit entities. The Society qualifies to report under Tier 2 of these standards, which will be applicable for reporting periods beginning on or after 1 April 2015. In the interim the Society will continue to apply existing financial reporting standards.



# INDEPENDENT AUDITOR'S REPORT

## To the members of Pharmaceutical Society of New Zealand Incorporated

We have audited the accompanying financial statements of Pharmaceutical Society of New Zealand Incorporated ("the Incorporated Society") on pages 44 to 52. The financial statements comprise the statement of financial position as at 31 December 2014, the statement of financial performance and movements in equity for the year then ended, and a summary of significant accounting policies and other explanatory information.

### ***National Executive's responsibility for the financial statements***

The National Executive is responsible for the preparation and fair presentation of the Incorporated Society's financial statements in accordance with generally accepted accounting practice in New Zealand, and for such internal control as the National Executive determines is necessary to enable the preparation of financial statements that are free from material misstatement whether due to fraud or error.

### ***Auditor's responsibility***

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Incorporated Society's preparation of the financial statements that give a true and fair view of the matters to which they relate in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Incorporated Society's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, as well as evaluating the presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Our firm has also provided other services to the Incorporated Society in relation to taxation services. These matters have not impaired our independence as auditor of the Incorporated Society. The firm has no other relationship with, or interest in, the Incorporated Society.

### ***Opinion***

In our opinion the financial statements on pages 44 to 52 present fairly, in all material respects, the financial position of the Incorporated Society as at 31 December 2014 and the financial performance of the Incorporated Society for the year then ended, in accordance with generally accepted accounting practice in New Zealand.

30 March 2015

Wellington

PHARMACEUTICAL SOCIETY OF NEW ZEALAND INC.

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