

Annual Report 2014



AN RIALTÓIR CÓGAIŚÍOCHTA
THE PHARMACY REGULATOR

Contents

Foreword	2
Introduction by Ms. Leonie Clarke, PSI President	4
Registrar's Review	6
Our Mission	8
The Role and Function of the PSI	9
PSI Council 2014	10
Highlights and Key Activities	16
Financial Report (for the period 1st January 2014 – 31st December 2014)	44
Financial Statements	48
Appendix A Attendance of Council Members in 2014	67
Appendix B Attendance of Committee Members in 2014	68
Appendix C Fees and expenses paid to Council Members in 2014	71
Appendix D Review of energy usage in 2014	72

Foreword

This annual report is presented to the Minister for Health in accordance with paragraph 17(1) of Schedule 1 to the Pharmacy Act 2007.

The Pharmaceutical Society Of Ireland

The Pharmaceutical Society of Ireland (PSI) is the statutory body, established by the Pharmacy Act 2007, to regulate the practice and profession of pharmacy having regard to the need to protect, maintain and promote the health and safety of the public.

PSI COUNCIL (1st January to 31st December 2014)

As at 31st December 2014 the PSI Council consisted of the President, Vice-President and 18 other Council members, as follows:

President:	Ms. Leonie Clarke *
Vice-President:	Dr. Ann Frankish *
Council Members:	Mr. Jim Brophy **
	Ms. Nicola Cantwell *
	Mr. Richard Collis *
	Mr. John Corr *
	Dr. Paul Gorecki **
	Dr. Jean Holohan **
	Ms. Deirdre Larkin **
	Mr. Edward MacManus *
	Dr. Chantelle Macnamara **
	Mr. Shane McCarthy **
	Ms. Caroline McGrath *
	Prof. Kieran Murphy **
	Prof. Ciaran O'Boyle ** (Continuing professional development (CPD) in relation to pharmacy)
	Mr. Fionán Ó Cuinneagáin**
	Mr. Pat O'Dowd** (Health Service Executive (HSE) Nominee)
	Prof. Caitriona O'Driscoll ** (Pharmacy Schools Nominee)*
	Mr. Keith O'Hourihane*
	Ms. Rita Purcell ** (Health Products Regulatory Authority (HPRA) Nominee)

At 31st of December 2014 there was one vacant position on the PSI Council.

Council members in office for a period of 2014 are outlined below:

Mr. Eoghan Hanly*

Mr. Conor Phelan*

Mr. Noel Stenson*

In accordance with section 10 of the Pharmacy Act 2007, all Council members of the PSI are appointed by the Minister for Health.

* Pharmacists appointed by the Minister in accordance with s10(3)(f) and (g) of the Pharmacy Act 2007

** Non-pharmacists appointed by the Minister in accordance with s10(3)(a) to (e) of the Pharmacy Act 2007

The names of the members of the Advisory Committees to Council are listed in Appendix B to this report. The organisational structure of the PSI is available on the PSI's website.

Internal Audit activities for 2014 were undertaken for the PSI by the firm Crowleys DFK, 16/17 College Green, Dublin 2.

The PSI's External Auditors in 2014 were OSK Audit Ltd., East Point Plaza, Eastpoint Business Park, Alfie Byrne Rd, East Wall, Dublin 3.

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President's Introduction



In accordance with Schedule 1 paragraph 17 of the Pharmacy Act 2007 (the Act), I am pleased to submit the PSI Annual Report for 2014.

The PSI is tasked with a broad range of responsibilities in ensuring its delivery on its principal duty: to regulate the profession and practice of pharmacy, having regard to the need to protect, maintain and promote the health and safety of the public.

2014 was again a busy year in which key targets and developments were reached across each of the functional areas of the PSI. In meeting the challenges and strategic targets set for the year, the Council met on ten occasions in 2014.

Pharmacist education and training is a cornerstone of the work of the PSI, setting the standards for the profession from the ground up. In this area, there were a number of achievements including the official launch of the statutory instrument establishing the five-year integrated MPharm degree which will become the new qualification for pharmacist practice in Ireland.

In the area of continuing professional development, the Irish Institute of Pharmacy (IIOP) made a considerable impact in the pharmacy sector last year with the appointment of several key staff including the Executive Director, Dr. Catriona Bradley, and with a number of significant communications and activities. The PSI Council approved several initiatives to underpin the work of the IIOP during the course of the year.

As part of its commitment to the improvement of pharmacy practice in the public interest, at the end of 2014 the Council of the PSI agreed

in principle to commence a project to consider the future of pharmacy practice in Ireland, as follow-on to the earlier Pharmacy Ireland 2020 Report. This project will be a major priority for the Council and PSI Executive in 2015. In the area of practice development a number of supports were approved by Council and published for the profession during the year. These included: guidance on the provision of testing services in pharmacies; guidance for those pharmacies supplying medicines to residential care settings; and guidance in relation to delivery of prescription medicines from a pharmacy. The Council also published principles on pricing transparency for the retail pharmacy setting.

The inspection and enforcement function of the PSI is just one area of ensuring requisite standards in the delivery of pharmacy services to the public. Inspection findings assure the PSI that pharmacy practices are overall compliant, and that the public and the profession can have great confidence in the sector. The end of 2014 marked the completion of the first full inspection cycle since the commencement of the 2007 Act. With this in mind, the Council dedicated significant time to consideration of the PSI's inspection policy and a possible new phase of regular inspections that might be implemented. The report and recommendations of an independent Expert Group came before the Council in December and policy in this area will be further considered during 2015.

On that theme, pharmacists and pharmaceutical assistants turned out in great numbers to meet with members of the PSI

Council and staff at the six learning event evenings in October, at which presentations and discussions focussed on providing greater understanding of the PSI's fitness to practise and the inspection roles and operations.

The PSI's overarching purpose, through the diverse work carried out by it, is to ensure that pharmacy services are delivered in a competent, professional and ethical manner and in an appropriate environment, to the highest standards of quality care and best practice, and well-being of patients and the public. In working to that aim, the PSI interacts with many agencies and organisations, sharing knowledge and best practice, as well as striving for efficiencies in the regulation and health sector. In September, the PSI was pleased to sign a Memorandum of Understanding with the Nursing and Midwifery Board of Ireland (NMBI) to assist and support both the PSI and the NMBI in performing each of their particular functions.

It is also important to note that during 2014, the PSI continued to work on achieving an appropriate alignment of its fee income and expenditure. The Council decided in March to provide for a 5% reduction in fees for the first and annual registration payable by pharmacists, retail pharmacy businesses and pharmaceutical assistants. This change was signed into law by the Minister for Health and took effect in the payment of fees at the end of 2014. The Council also considered and approved in principle a statutory change to its rules on the conducting of elections for the President and Vice-President of Council and for the formation of a casual vacancy panel that is established at the time of a Council election. That statutory instrument will go before the Minister in 2015, following public consultation.

To assist Council in meeting its statutory role, governance oversight and responsibilities, a number of training sessions were undertaken

during the year. Council also held an 'away day' in November to consider PSI strategy, and for training and development.

In 2014, the Council commissioned a governance review and considered a report on governance matters at its December meeting. The Council is implementing the recommendations of that review. The PSI applies high standards of organisational and regulatory governance in the performance of its statutory role. The Council continues to monitor its corporate governance policies and procedures in line with best practice.

I must acknowledge the dedication of each of the committees that provide functional support to the Council and to the statutory disciplinary process. I would like to thank each current and outgoing Council member for their contribution during the year, including Vice-President Ann Frankish, and previous President and Vice-President Eoghan Hanly and Noel Stenson for their dedication to the PSI over many years. As this report will attest, PSI staff under the leadership of Marita Kinsella had a busy 2014, and, as President, I would like to thank staff members for their continued support to Council.

In closing, I would like to recognise our continuing close working relationship with the Minister for Health and the Department of Health, the Department of Education and Skills, Department of Agriculture, Food and the Marine, the HSE, the Schools of Pharmacy, other stakeholder and regulatory bodies, and patient groups. I would like to gratefully acknowledge each of these for their support throughout 2014.



Leonie Clarke
President

Registrar's Review



This Annual Report provides details of the extent of activities carried out by the Pharmaceutical Society of Ireland during 2014, with successful achievements in line with the 2014 Service Plan and the organisation's Corporate Strategy 2013–2017.

The PSI underpins its work across each of its principal functions with the need to maintain and improve best practice in the pharmacy profession, in the interest of delivering the highest standards of care to patients, and contributing to efficiencies of service in the health sector. As outlined in this report, a number of significant projects were undertaken and brought to fruition by the PSI Council through the work of PSI executive staff during 2014.

Looking to the future of pharmacy in Ireland envisages achieving benefits for patients, the profession and the Irish health service. As outlined by the President, during 2014 the PSI progressed major policy changes in pharmacist education and training prior to registration and in post-registration continuing professional development.

In providing public assurance of safe standards of pharmacy practice, the PSI has a statutory inspection function which includes conducting, in general, unannounced pharmacy inspections

and investigations. At the end of December 2014 there were 1,848 retail pharmacy businesses in operation in the country and, as intended, by the year's end, the PSI had undertaken at least one inspection of every registered community pharmacy so as to have completed its first cycle of inspections since 2007. This saw 730 inspections conducted during 2014. This was a significant undertaking on the part of the PSI's Inspection and Enforcement Unit over the course of 2013 and 2014 in particular.

During 2014, the PSI continued to engage with pharmaceutical assistants who play an important role in the pharmacy team, with a view to making a new statutory instrument in relation to 'temporary absence'.

The PSI observed a small increase in the number of complaints and concerns to it in 2014. As the appropriate body to which complaints can be made about a pharmacist or pharmacy, the PSI acts to progress all stages of a complaint in a timely manner, and ensure that fitness to practise processes are fair, proportionate and weigh the interest of the public with those of the practitioner. Regarding disciplinary policy, significant progress was made by the Council on the development of sample conditions and a guide to sanctioning.

The PSI operates with openness and transparency, and continues to refine how it carries out its functions in the interest of the public, PSI registrants, the organisation and staff. As far as is practicable the PSI makes available, through its website or newsletter, relevant statistics and information including: details of compliance at inspections, fitness to practise outcomes, updates to the registers, accreditation findings, and prompt payment procedures. The PSI complies with Freedom of Information legislation and responded to six Freedom of Information requests during 2014. To inform projects, in developing new policy or guidance the PSI carries out public consultations so that the opinion and contribution of PSI registrants and our many stakeholders can be considered. During 2014 we were grateful for substantial external contributions.

2014 was another very busy year for PSI staff and I thank them again for their dedication, diligence and support. I am grateful for the ongoing collaborative work and shared learning with our colleagues in the other health and social care regulatory bodies, and for the good working relationship with the Department of Health.

I wish to particularly acknowledge the President, Leonie Clarke, and Vice-President, Ann Frankish, and current and past Council Members for their guidance, commitment to, and support in the performance of the PSI's statutory functions. I look forward to further delivery on the strategic goals of the PSI with Council and staff in the year to come.



Marita Kinsella
Registrar/CEO

Our Mission

The PSI, as the pharmacy regulator, acts to protect and promote the health, safety and well-being of patients and the public.



1 Ministerial Launch

Minister Varadkar launched the new integrated five-year pharmacy programme in December 2014.



4 Public Consultations

The PSI carries out regular public consultations so that the opinion and input of all its stakeholders may be considered.

5400

Pharmacists on the register; an increase of 155 on 2013.



6 Learning Events

Held to facilitate the profession's understanding of the PSI's inspection and fitness to practise functions.



307

Pharmacists

from Ireland, the EU and rest of the world were added to the PSI register.

51

Complaints

received about pharmacists or pharmacies.

141

**Pharmacy
Students**

completed
a year of
practical
training
through
internship
placements.

47

New Pharmacies
were added to the PSI
register across the year.

10



Council meetings
held throughout the year.



458

**Practice
queries**

were answered through the PSI
query management service, that
assists pharmacists and other
health professionals.

730

**Pharmacy
inspections** were carried
out by PSI
Authorised
Officers.

10

Inquiries



were conducted; nine
Professional Conduct
Committee and one
Health Committee.



Our Vision

We aim to ensure that pharmacy services are delivered in a competent, professional and ethical manner and in an appropriate environment, to the highest standards of quality care and best practice.



THE ROLE AND FUNCTION OF THE PSI

The Pharmaceutical Society of Ireland (PSI) is an independent statutory body, established by the Pharmacy Act 2007. It is charged with, and is accountable for, the effective regulation of pharmacy services in Ireland, including responsibility for supervising compliance with the Act. It works for the public interest to protect the health and safety of the public by regulating the pharmacy profession and pharmacies.

Our Role

The PSI regulates the professional practice of approximately 5400 pharmacists, 450 pharmaceutical assistants and 1848 pharmacies.

The main roles of the PSI include:

- registration of pharmacists and pharmacies;
- setting of standards for pharmacy education and training;
- accreditation of educational programmes for the pharmacy profession at different levels;
- quality assurance of standards, and the development of pharmacy practice;
- improving the profession of pharmacy including ensuring that all pharmacists are undertaking appropriate continuing professional development (CPD);
- inspection of pharmacies and enforcement of medicines and pharmacy legislation, including the taking of prosecutions;
- handling complaints and management of the statutory disciplinary processes set out in the Pharmacy Act, including the imposition of sanctions;
- provision of advice to the Government on pharmacy care, treatment and service in Ireland.

Our Responsibilities

The Pharmacy Act 2007 came into full effect on 1st August 2009. Under the Act, the PSI is required to:

- register pharmacists, pharmaceutical assistants and pharmacies, and maintain the registers;
 - prescribe the qualifications required for practice, and accredit and monitor the delivery of degrees, courses of studies, or programmes leading to qualification as a pharmacist by educational institutions;
 - recognise, accredit, and set programmes of education and training to ensure the ongoing competence of pharmacists;
 - ensure compliance by pharmacists, pharmacy owners, and others, with the pharmacy and medicines laws of the State;
 - provide advice, guidance and direction to pharmacists and pharmacy owners when required;
 - set standards of professional competence and ethical conduct;
 - review and promote the competence and conduct of pharmacists;
 - receive and act on complaints and information about the competence and conduct of pharmacists and pharmacy owners;
 - conduct inquiries into complaints and impose sanctions as appropriate;
 - work with other bodies about matters of mutual concern, patient safety and the public interest;
 - provide information and guidance to the public and to the political system on matters relating to our statutory functions;
 - report and be accountable to the Minister for Health, the Department of Health, and to the Oireachtas.
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Organisation and Governance

The PSI is governed by a 21 member Council, with a non-pharmacist majority, appointed by the Minister for Health. The primary role of the PSI Council is protection of the public interest through the effective regulation of the profession and practice of pharmacy. Executive staff members at the PSI deliver on the PSI's strategic, statutory and organisational objectives in support of the work of the Council. The PSI's main operating units are:

- office of the Registrar/Chief Executive Officer, including Corporate Governance;
- fitness to Practise and Legal Affairs;
- professional Development and Learning;
- registration and Qualification Recognition;
- pharmacy Practice Development;
- inspection and Enforcement;
- administration and Finance; and
- communications and Public Affairs.

Our Values

The PSI's values are to operate with:

- commitment to the safety of patients and the public, as our highest priority;
- a focus on supporting excellence in pharmacy education and practice;
- accountability and responsibility;
- independence, integrity and high professional and ethical standards;
- openness, accessibility and transparency;
- consistency, fairness and equity;
- excellence and professionalism;
- an ethos of continuous learning, including commitment to the development of PSI staff and of Council and Committee members.

PSI Council 2014

The PSI Council held ten meetings in 2014 on the following dates; 6th February; 27th March; 24th April; 15th May; 26th June; 31st July; 28th August; 2nd October; 4th November and 16th December.

The overall attendance at Council and Committee meetings was high. This reflects the high level of commitment from individual members of Council and Committees to progressing the PSI's work in fulfilling its statutory functions. As required under the Code of Practice for the Governance of State Bodies, the attendance levels, fees and expenses paid to members of the Council are set out in Appendix A and C.

PSI Council 2014 – Major Policy Initiatives

The main areas of activity of the PSI during 2014 were aligned to the Council's strategic objectives, as set out in the PSI's Corporate Strategy 2013–2017.

Promoting Lifelong Learning

- Report on the review of the National Forum for Pharmacy Education and Accreditation, and establishment of PSI (Education and Training)(Integrated Course) Rules 2014 were approved by Council in June.
- Core Competency Self-Assessment Tool for incorporation into the functionality of the ePortfolio in development by the Irish Institute of Pharmacy (IIOP) was approved by Council in February.
- Guidance for Higher Education Institutions to accompany the Accreditation Standards for the five-year fully integrated Master's Degree Programmes in Pharmacy was approved by the Council in October.
- IloP Governance Framework was approved by Council in December.
- Accreditation of the interim MPharm programme provided by the Royal College of Surgeons in Ireland approved for one year by Council in December.
- Commencement of policy to underpin a new Statutory Instrument for the mandatory CPD model.

Continuing to Assure High Standards of Patient Care and Good Pharmacy Practice

- Guidance for pharmacists on the Provision of Testing Services was published in February.
- Guidance on the Supply of Medicines to Patients in Residential Care Settings along with an Explanatory Note regarding the supply of controlled drugs to patients in these settings was approved by Council in February.
- Principles on Pricing Transparency for prescription-only medicines in pharmacies were agreed by Council in February.
- Guidance on Delivery of Prescription medicines by Pharmacies was approved by Council in July
- Guidance on Data Protection for Pharmacists was approved by Council in October
- Guidance for Pharmacists on the Safe Supply of Non-Prescription Medicinal Products containing Domperidone was approved by Council in October

Facilitating the Development of Pharmacy as a Profession in Ireland

- Seasonal influenza vaccination training programmes for pharmacists for the 2014–2015 influenza season was approved by Council in May.
 - Guidance on the provision of seasonal influenza vaccination service by pharmacists in retail pharmacy businesses was approved by Council without revision for 2014–2015.
-

Ensuring Fair Registration Procedures

- Reduction of registration fees by 5% was approved by Council in March, 2014.
 - Ongoing consideration by Council regarding an update to the definition of temporary absence in respect of pharmaceutical assistants with a view to making a new statutory instrument.
-

Delivering an Effective Compliance System

- The PSI continued to refine and develop its systems of inspection and enforcement including Council review and consideration of a new inspection policy regarding routine pharmacy inspections.
-

Ensuring the Delivery Capacity of the PSI

- The PSI continued to keep all resources under review, including staff succession planning and recruitment, in order to meet its statutory obligations and a growing workload.
-

Corporate Governance

- Implementation of the PSI Service Plan 2014 and quarterly reporting.
 - Induction training for new Council members was held, training for Advisory Committee chairpersons took place in October. A Council ‘away day’ was held in November.
 - Approval of appointment of Internal Auditors. In line with the 2014 internal audit plan, the Internal Auditors conducted two audits considering PSI policies.
 - Report on governance matters considered by Council in December 2014.
 - The Service Plan for 2015 was approved by Council in December 2014.
-

Engaging with Stakeholders and Getting our Message Out

- The PSI continued to implement the Communications Strategy approved by Council in 2012.
 - Four public consultations were carried out during 2014 as well as a number of other targeted stakeholder requests for input and feedback in relation to new projects.
 - The PSI signed a Memorandum of Understanding with the Nursing and Midwifery Board of Ireland in September.
 - Six Learning Events in October focussed on providing greater understanding to the profession on PSI inspection and enforcement and fitness to practise processes.
-



HIGHLIGHTS AND KEY ACTIVITIES



Office of the Registrar

The Office of the Registrar incorporates Corporate Affairs and Governance and is responsible for implementing strategic management practices to enable the organisation's effectiveness and efficiency through robust annual service planning and annual reporting processes. The Office supports the Council and the organisation in the achievement of strategic and operational objectives and is also responsible for advising on, and ensuring organisational compliance with, legislative and corporate governance requirements including Ethics in Public Office Acts, Internal Audit, Risk Management, scheduling and supporting meetings of the PSI Council and Chairpersons' Committee. The Unit also has responsibility for co-ordinating and managing corporate publications such as the annual Service Plan, Annual Report and Corporate Strategy and overseeing the management and response to parliamentary questions and public consultations.

The 2014 Service Plan was developed through a rigorous process to identify and implement the PSI's key objectives for that year, in order for the organisation to continue to deliver on the PSI Council's five year Corporate Strategy 2013–2017. Across the PSI, through the work of the Council, Committees and each of the functional units, delivery against the Service Plan was significant. Progress on delivery of the Service Plan was monitored by the Council on a quarterly basis through the Registrar and Committees Reports to the Council.

During the course of the year, the Minister for Health appointed Dr. Paul Gorecki, Ms. Deirdre Larkin and Mr. Shane McCarthy as non-pharmacists members to the Council. Two pharmacist members, Mr. Edward MacManus and Ms. Caroline McGrath, were also appointed in October from an existing panel (established following the 2013 Council election) in order to fill vacancies on the Council. As required under the Act, the Council held an election on June 26th to appoint a President and Vice-President from amongst its members. Ms. Leonie Clarke was elected as President and Dr. Ann Frankish was elected as Vice-President.

Ongoing training and support was provided to PSI Council members in the performance of their statutory role. New members of Council were provided with comprehensive induction training on their role as board members of a statutory board, corporate governance, the roles and responsibilities of the organisation, and media and public affairs. In addition to its statutory meetings, in November 2014, the Council held an 'away day' which included corporate governance training, training in relation to the effective performance of the Council's statutory disciplinary functions and strategic planning. During October 2014, the newly elected President and Vice-President and Chairs of the Advisory Committees undertook advanced corporate governance training and training on their role in chairing meetings. In addition, throughout 2014, Council members and staff members participated in a range of regulatory governance learning opportunities.

The Office of the Registrar continued in 2014 to provide policy advice and meeting support to Council and its Advisory Committees with ten meetings of the Council, four meetings of the Audit Committee and three meetings of the Chairpersons Committee held during the year. Council members continue to receive Council documentation by secure electronic means. An updated Council member document distribution system was established in 2014 to further improve that system for the Council, facilitating additional time and cost savings.

The Office is also charged with ensuring the organisation's compliance with applicable legislation and for making provisions to meet those requirements. A new Freedom of Information Act was passed in 2014, as was the Protected Disclosures Act, and the PSI has updated its policies to ensure compliance with these. The PSI has submitted the required annual return to the Department of Health regarding its compliance with the Code of Practice for the Governance of State Bodies for 2014.

In line with the PSI's risk management policy, procedures were followed to continue to ensure that risk identification, measurement and mitigation were being followed with regular review and reporting by the Audit Committee and by Council. The Council has an approved internal audit plan and in accordance with that, the Internal Auditors conducted two audit assignments during 2014: a review of income, banking and finance systems and procedures; and a review of data protection, record management and Freedom of Information systems and procedures. Additionally, they carried out a risk assessment exercise for the purpose of developing a further three year internal audit plan.

During the summer of 2014, the PSI was delighted to have four interns, both pharmacy and business students, contributing their skills to different project areas at the PSI. The PSI hopes to offer further student placement opportunities in the future.

In August the PSI welcomed a visiting pharmacist from Ghana as part of the International Pharmaceutical Federation (FIP) Pharmabridge programme. Pharmabridge is a voluntary initiative aimed at strengthening pharmacy services in low-income and emerging countries.

In carrying out its functions, the PSI works with a wide range of stakeholders and partners on patient safety and public health agendas. Engagement and cross-body collaboration is necessary in order to ensure that the PSI can manage legislative change, emerging trends and challenges in health, patient safety and regulation. The PSI continues to develop strong working relationships with many organisations including the Department of Health, the Health Products Regulatory Authority and the HSE, as well as relevant European agencies.

During 2014, the PSI continued to engage with, and participate in the work of, the Health and Social Care Regulatory Forum which seeks opportunities to promote collaboration and efficiencies with other regulatory bodies in the health and social care sectors. In addition, the PSI worked with the health professional regulatory bodies in relation to the statutory disciplinary processes operated by each of the organisations.

Registration and Qualification Recognition

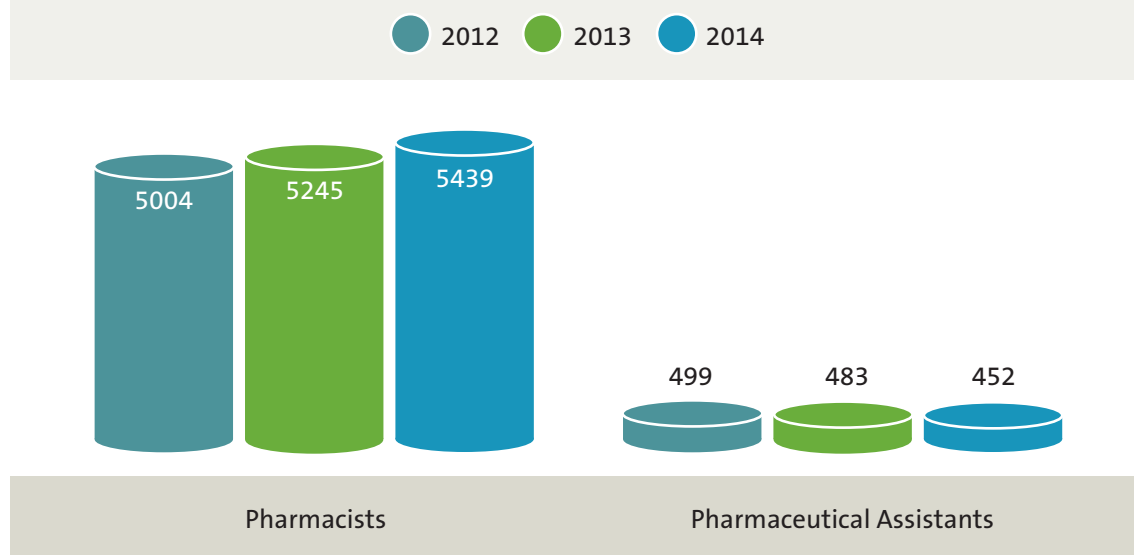
The Registration and Qualification Recognition Unit has responsibility for ensuring that both Registers of Pharmacists and Pharmaceutical Assistants are robust and information contained therein is up to date. Its functions include the processing of applications through national, EU and Third Country routes of registration; the processing of certificates of professional status for registrants accessing registration in another jurisdiction; the management of adherence to conditions placed on the registration of individual registrants and assisting with registration related queries, as well as supporting the Registration and Qualification Recognition Committee.

The four statutory registers maintained by the PSI are available in contemporaneous searchable format and are freely accessible to patients and the public at <http://public.thepsi.ie>. In order to practise as a pharmacist, pharmaceutical assistant, or druggist, it is required that the practitioner's name is entered on the relevant register. Pharmacy legislation has provided for active registers only, and in order for a practitioner's name to remain on the Register, he or she must apply for continued registration and pay registration fees on an annual basis.

The provision for specific training, standards and regulatory disciplinary regimes in the practice of a profession which has the potential to pose significant risk from its practice outside of a regulated standard, is important in the maintenance of public confidence in pharmacy.

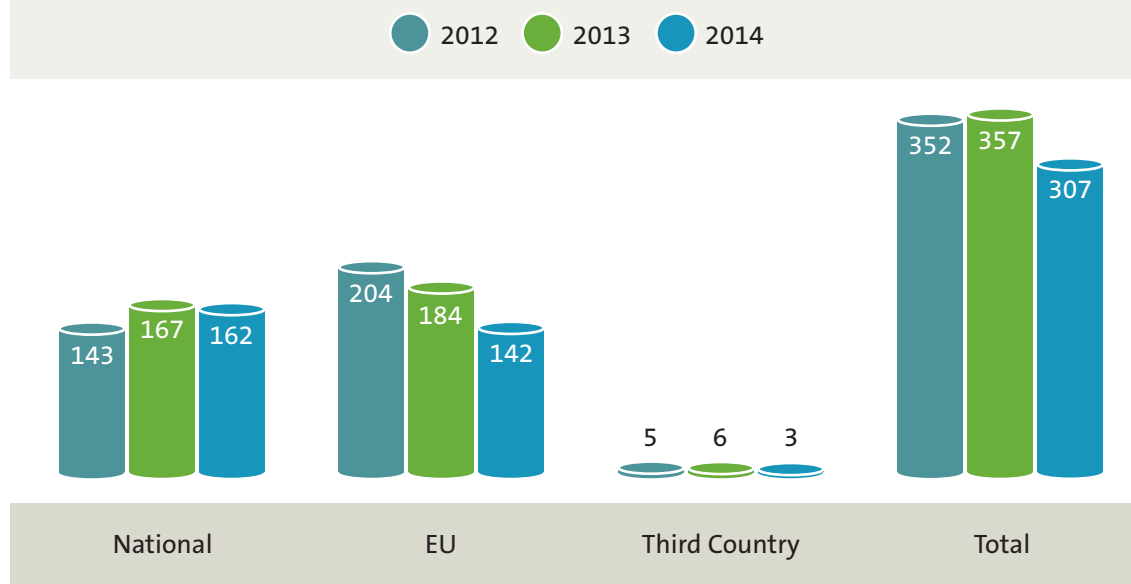
In 2014 the number of registered pharmacists increased from 5,245 in 2013 to 5,439 and the number of registered pharmaceutical assistants decreased by 30 in that same period (figure 1).

Fig. 1. The Number of Registered Pharmacists and Registered Pharmaceutical Assistants



In 2014 the total number of pharmacists added to the Register of Pharmacists held by the PSI was 307. This represented a decrease of 50 from 2013. The number of pharmacists registered by the PSI through the different registration routes from 2012 to 2014 is illustrated in figure 2.

Fig. 2. The Number of Pharmacists Added to the Register by Route 2012–2014



The number of cancellations from the Register of Pharmacists in 2014 was 126, with 21 of these being removed due to failure to apply for continued registration and pay the annual registration fee and failure to apply for voluntary cancellation in accordance with Section 59 of the Pharmacy Act 2007. In circumstances where a pharmacist indicated a reason for cancelling registration, this was mainly due to emigration (24), retirement (21) or returning abroad (19).

During 2014, 14 pharmacists were restored to the Register in accordance with Section 61(1)(a) of the Pharmacy Act 2007.

The number of cancellations from the Register of Pharmaceutical Assistants was 30, with 5 of these due to failure to apply for continued registration and pay the annual registration fee and failure to apply for voluntary cancellation in accordance with Section 59 of the Pharmacy Act 2007.

There were 64 Certificates of Current Professional Status issued on behalf of registrants accessing registration in other jurisdictions. The breakdown of countries to which applications for registration were made is as set out below:

Australia	13
Bermuda	1
British Virgin Islands	1
Bulgaria	1
Netherlands	2
New Zealand	2
Poland	1
Qatar	1
Singapore	1
UK (including Northern Ireland)	41

Two equivalence examinations were delivered by the Royal College of Surgeons in Ireland on behalf of the PSI under the Third Country Qualification Recognition Route, with 12 candidates presenting. There were a total of 9 candidates undertaking adaptation training placements in pharmacies in Ireland during 2014 for the purposes of obtaining recognition of their qualification.

The uptake of online applications for continued registration is increasing year on year. Almost 60% of pharmacists completed their continued registration online in 2014. Work has been undertaken to consider a move to online registration only, for those wishing to have their names entered in the personal registers. This will be developed in 2015. The Unit continues to provide support and assistance to applicants registering for the first time, or renewing their registration. The continuing and first time registration fees for pharmacists and pharmaceutical assistants were reduced by 5% in 2014.

Other Registration Activities

Arising from conditions attached to the continuing registration of a number of registrants, work was undertaken to manage and monitor adherence in specific circumstances.

The Pharmacy Act 2007 makes provision in section 30(2) for the Council to make Rules, to define what constitutes temporary absence and significant work was conducted in 2014 to develop a policy position in relation to pharmaceutical assistants and the provisions of Section 30 (2) of the Pharmacy Act; this work is ongoing.

Directive 2013/55 came into force on the 16 January 2014. This updates the provisions of Directive 2005/36/EC relating to the recognition of professional qualifications. The provisions of the amending directive will be required to be implemented into national legislation by the 18 January 2016. The European Professional Card (EPC) is a key element of the amended Directive. The point of the EPC is to make it easier for professional qualifications to be recognised and for members of a regulated profession to practise elsewhere in the EU. During 2014, the European Commission carried out engagement with specific professions, including pharmacy, to establish suitability for participation in the first phase of the EPC project.

Professional Development and Learning

The Professional Development and Learning Unit is responsible for ensuring that pharmacy education and training is in line with best practice and the highest international standards. This includes producing rules, standards and arranging for the accreditation of educational programmes for the pharmacy profession at different levels, ensuring high standards of education and training, implementing a system of continuing professional development through the Irish Institute of Pharmacy and overseeing remedial education activities as directed by Council following fitness to practise proceedings.

Five-Year Fully Integrated Master's Degree Programme in Pharmacy

The National Forum for Pharmacy Education and Accreditation concluded its activities in March 2014 having delivered, in the main, on the objectives set out in its Terms of Reference. A review of the operation of the National Forum was carried out by the Chair, Ms. Marian Shanley, and accepted by the PSI Council on 27th March 2014. Arising from this review, the Council set up a Five-Year Programme Implementation Steering Group to oversee the final stages of implementation of the five-year programme and to provide support to the Schools of Pharmacy in their lead role in the new programme roll-out.

The Pharmaceutical Society of Ireland (Education and Training) (Integrated Course) Rules 2014 were signed by the Minister for Health and the PSI President and Registrar on 6th August 2014 with a commencement date of 1st June 2015, which will allow for the first enrolment of students on the new five-year integrated Master's degree programme in pharmacy in September 2015.

This revised structure of the pharmacist qualification was launched by Leo Varadkar, T.D., Minister for Health, at PSI House on 15 December 2014.

The PSI continued to engage throughout 2014 with all key stakeholders in relation to the implementation of the five-year programme.

Irish Institute of Pharmacy and the PSI's CPD Model

The Council approved the Core Competency Self-Assessment Tool Specification, developed by the Professional Development and Learning Unit in conjunction with the Pharmacy Practice Development Unit, to be incorporated into the functionality of the Irish Institute of Pharmacy's (IIOP) ePortfolio.

The accreditation process developed by the IIOP to underpin the review of CPD programmes by the IIOP for the purpose of accreditation was approved by Council at its meeting in October. The IIOP's Governance Framework was approved by Council at its meeting in December.

The PSI's policy position to inform the drafting of the statutory instrument that will underpin mandatory CPD for pharmacists was approved for submission to the Minister for Health by Council in December, 2014.

The Annual Work Programme for 2015 was agreed and approved by all relevant institutions, including the HSE and the Department of Health.

The Following were Key Achievements of the Irish Institute (IIOP) in 2014:

- Dr. Catriona Bradley commenced her role as Executive Director in March,
- The IIOP website was launched in early 2014,
- Sixty nationwide pharmacist information events were held during 2014 to provide pharmacists with information about the new CPD model and the IIOP. The events were facilitated by the IIOP's Peer Support Pharmacists who received training for this role,
- A number of Department of Health funded programmes were commissioned by the IIOP and approved by the PSI Council in the following areas:
 - Cardiovascular disease online course
 - Diabetes online course
 - Anticoagulation online course
 - Superintendent Pharmacist training programme
 - Personal development for pharmacists
 - Seasonal influenza online refresher training programme.

Accreditation Matters

The Council approved the seasonal influenza vaccination training programmes for pharmacists for the 2014–2015 influenza season provided by Boots Retail (Ireland) Ltd. and Hibernian Healthcare Ltd.

The accreditation process in relation to the interim MPharm programme provided by the Royal College of Surgeons in Ireland (RCSI) commenced in August 2014. This accreditation is being carried out in two phases, the first being a paper-based review and the second phase will entail an on-site visit which will take place in June 2015. The PSI Council, at its meeting on 16th December 2014, approved the recommendations of the accreditation team to accredit the interim MPharm provided by RCSI for a period of one year with a review by a site visit at the end of the 2014–2015 academic year.

The Guidance for Higher Education Institutions to accompany the accreditation standards for the five-year fully integrated Master's degree programmes in pharmacy was approved by the Council of the PSI at its meeting on 2nd October 2014.

Pharmacy Technicians

Pharmacy technician education and training programmes

Following the decision of the Council of the PSI to carry out an evaluation of current and former pharmacy technician education and training programmes in Ireland for the purpose of establishing a baseline of provision, the process made good progress in 2014. The PSI issued a request for information to all current and former pharmacy technician education and training providers to enable the baseline evaluation to proceed. A preliminary analysis of the information received from the six education and training providers was completed by the PSI in the second half of 2014 to identify the subject material, modules, teaching, learning and assessment methods pertaining to each submission.

The next step in the process will involve the commissioning of an independent pharmacy education expert to evaluate the information received with a view to developing a baseline report on pharmacy education and training in Ireland.

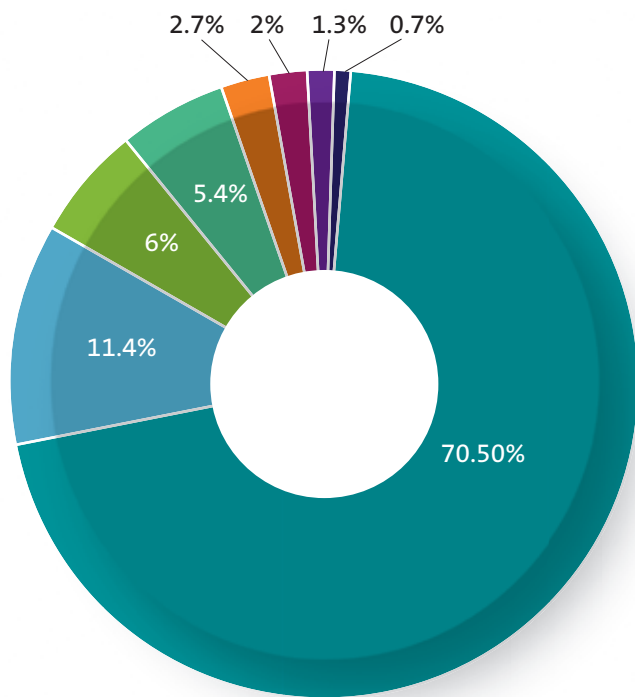
Pharmacy Technician recognition of qualification certificates

Four certificates were issued by the PSI to the General Pharmaceutical Council in Great Britain in relation to the pharmacy technician qualification obtained in Ireland (process required under the EU Council Directive 2005/36/EC on the recognition of professional qualifications).

National Pharmacy Internship Programme (NPIP)

Figure 3 provides an overview of the structure of placements undertaken by pharmacy interns who commenced the NPIP in September 2014 for the academic year 2014/2015.

Fig.3. Overview of the Placements undertaken by Pharmacy Interns who commenced the National Pharmacy Internship Programme in September 2014



<div></div> 12 month Community	<div></div> 12 month Hospital
<div></div> Split 6 month Community/Industry	<div></div> Split 6 month Community/Hospital
<div></div> Split 6 month Hospital/Industry	<div></div> Split 6 month Community/Academic
<div></div> Split 6 month Community/Regulatory	<div></div> Split 6 month Community/Regulatory

A total of 141 pharmacy interns completed the internship programme in 2014 following the May and October sittings of the Professional Registration Examination.

Education Remediation

A total of 9 education remediation cases were overseen by the Professional Development and Learning Unit arising from the outcomes of disciplinary processes under Part 6 of the Pharmacy Act 2007.

The PSI issued a call for proposals, in December, to identify experts to assist the PSI in carrying out a review of best and emerging practice in the area of educational remediation in healthcare with specific regard to pharmacy practice. This commenced the project which will be delivered in 2015 to develop outline guidelines for performance assessment and remedial education in the context of Part 6 of the Pharmacy Act 2007.

Pharmaceutical Assistant Qualification

Following the collation and evaluation of material held by the PSI relating to the pharmaceutical assistant qualification, a survey was developed and issued to former pharmaceutical assistant course lecturers and former tutors in late 2014 to inform the development by the PSI of an application to Quality & Qualifications Ireland (QQI) to place the pharmaceutical assistant qualification on the National Framework of Qualifications. The Pharmaceutical Assistants' Association had previously requested the PSI to undertake the development of such an application to QQI.

Pharmacy Practice Development

The Pharmacy Practice Development Unit is responsible for the promotion of best practice standards and the development of pharmacy practice through the development of guidance and in the provision of a query management service to pharmacists. The Unit also engages with stakeholders to help optimise the role of pharmacists, and thereby achieve improvements in quality of care to patients.

Guidance for Pharmacists on the Provision of Testing Services was approved by Council in February 2014. Testing services are increasingly provided in pharmacies for patient diagnosis, monitoring and screening. The appropriate use of tests by pharmacists has the capacity to increase patient access to these services and to improve public health. The guidance is intended to apply to all tests performed, sold or supplied in pharmacies, in order to maximise patient outcomes and ensure patient safety. The guidance outlines that such tests should only be offered or performed by pharmacists where there is an established clinical and scientific evidence base and for which the validity, accuracy and reliability of the test(s) can be assured to patients.

Also in February, two pieces of guidance to support pharmacists providing care to patients in residential care settings were published. Guidance on the Supply by Pharmacists in Retail Pharmacy Businesses of Medicines to Patients in Residential Care Settings/Nursing Homes is a revised version of a practice notice issued by the PSI in 2010. The amendments clarified a number of elements of interactions between pharmacies and nursing homes, relating to the importance of prescriptions, the appropriate delivery of medicines and the essential role of the pharmacist in the counselling of patients in nursing homes. In addition, an accompanying explanatory note was issued on the documentation and requirements to be met in making supplies of controlled drugs to patients in nursing homes.

Principles on providing Pricing Transparency for Prescription-only Medicines in Pharmacies were agreed by PSI Council and disseminated to pharmacists in Issue 3 of the PSI newsletter in March 2014. The principles were also communicated to the Department of Health, the National Consumer Agency and relevant principles were brought to the attention of the pharmacy dispensary software providers.

In July, Council approved Guidance on the Delivery of Medicines Dispensed on Foot of a Prescription from a Retail Pharmacy Business. Many pharmacies have traditionally provided a delivery service for dispensed medicines whenever this was necessary in the interest of the health, safety and convenience of the patient. This guidance document sets out the obligations of pharmacy owners and pharmacists including superintendent, supervising and registered pharmacists, in assuring the security and safety of delivery systems and ensuring compliance with legal and professional requirements.

Guidance on Data Protection for Pharmacists was also approved by Council and published in October 2014. This is intended to help pharmacists understand and meet the requirements of Data Protection legislation. Pharmacists handle personal data every day when dispensing prescriptions, providing pharmacy services and interacting with patients and other healthcare professionals. This guidance considers data protection legislation in the context of pharmacy practice, highlighting the 'Eight Principles of Data Protection' that must be complied with and circumstances when it may be appropriate to disclose confidential information.

A concise evaluation of the seasonal influenza vaccination service provided in pharmacy in the 2013/2014 influenza season was carried out, and a report on the findings of this evaluation was published on the PSI website in August. The report highlights that the numbers of patients who were vaccinated in pharmacies more than doubled during the 2013–2014 season compared to the previous season, and 85% of those vaccinated in pharmacies, who had not been previously vaccinated, were in ‘at risk groups’. This highlights the value pharmacists have added to increasing uptake in at risk groups. The evaluation included engagement with patients, pharmacists and key stakeholders including the HSE National Immunisation Office, the Irish Pharmacy Union, and the training providers, Hibernian Healthcare and Boots. Those patients interviewed were satisfied with the service they received and all indicated that they would attend a pharmacist again for a vaccination. The report notes that the seasonal influenza vaccination service provided in pharmacies continues to operate effectively, with no quality or safety concerns identified during the evaluation.

Guidance for Pharmacists on the Safe Supply of Non-Prescription Medicinal Products containing Domperidone was disseminated to the profession in October and in Issue 8 of the PSI newsletter. This guidance supersedes previous advice provided by the PSI in light of the findings of a review published in April 2014 by the European Medicines Agency which evaluated the benefits and risks of Domperidone. Due to increased safety concerns with the use of this medicine, the guidance requires that the pharmacist is directly involved in the decision to supply all non-prescription medicines containing Domperidone, and that these products are stored in the dispensary under the direct control and supervision of the pharmacist.

Following ongoing consideration, a decision was taken by the Council in December 2014 to commence a project to consider future pharmacy practice policy. Work has begun on the provision of a report entitled ‘Future Pharmacy Practice in Ireland – Meeting Patients’ Needs’. This report follows on from the work carried out for the Interim Report of the Pharmacy Ireland 2020 working group published in April 2008. During 2014 the PPD Committee and Unit gave considerable time to considering how the PSI might look to progress in this area in view of existing and emerging national health strategies, and transitioning pharmacy education and training structures. This project will be developed throughout 2015 with the intention to publish a report by the end of the year.

The PSI newsletter is an important communication tool for providing guidance and practice updates to the profession as they arise. Issue 3 in 2014 informed pharmacists of advice from the National Immunisation Advisory Committee on the use of antipyretics at the time of vaccination, while issue 9 included updated information on the use of ibuprofen in children and adolescents following a public assessment report for ibuprofen at European level which had been brought to the PSI’s attention by the Health Products Regulatory Authority. Legislative updates relevant to the practice of pharmacy were also communicated to the profession via the newsletter. These, and other practice updates are available on the PSI website.

The Pharmacy Practice Development Unit also began preparation of a new consolidated guidance resource, which will contain all recent guidance documents issued by the PSI. This will be sent to all registered pharmacies in Ireland in hard copy in early 2015.

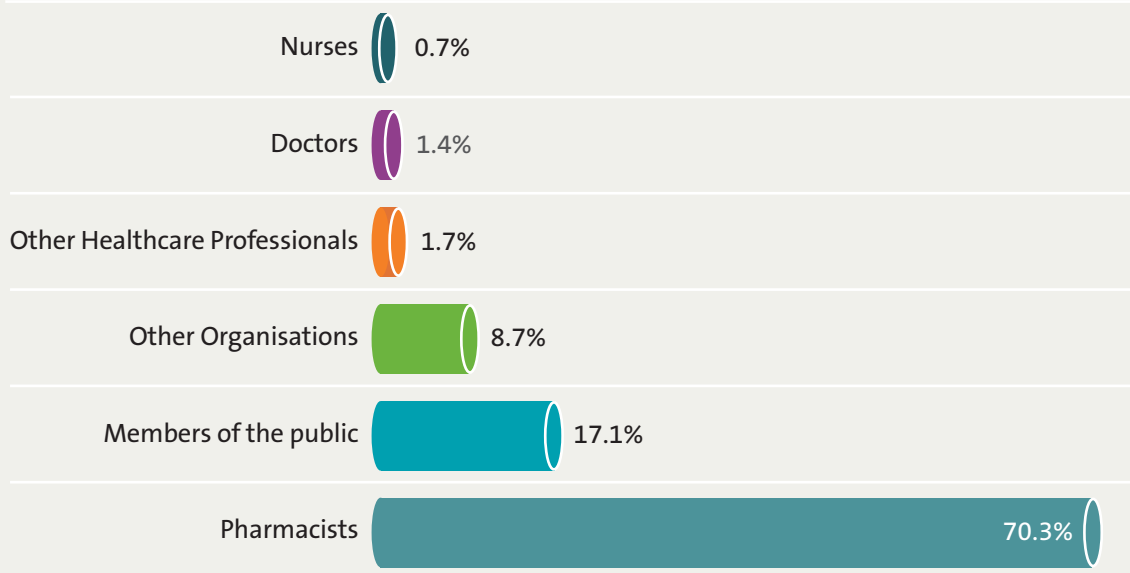
Staff members of the Pharmacy Practice Development Unit are active contributors to a number of pharmacy and public health working groups and committees, including the Medicines Safety Forum of the Department of Health and the Council of Europe EDQM Committee of Experts on Pharmaceutical Practice and Pharmaceutical Care. Following on from the very successful hosting of the FIP (International Pharmaceutical Federation) 2013 Conference in Dublin, staff members attended the FIP 2014 Conference as well as the Life Long Learning in Pharmacy Conference (LLLP). Posters representing the work and research of the PSI were presented by members at both the FIP and LLLP conferences.

PSI Query Management Service

The Pharmacy Practice Development Unit in conjunction with the Inspection and Enforcement Unit provide advice to pharmacists, members of the public and others through a Query Management Service.

In 2014 a total of 458 queries were received; this was a significant increase on the 385 queries received in 2013. A breakdown by source of the queries received in 2014 is illustrated in figure 4. The majority of queries came from pharmacists on a wide range of topics including pharmacy and medicines legislation, record keeping requirements, dispensing prescriptions from doctors registered outside of Ireland, disposal of controlled drugs and PSI guidance. Queries received from members of the public included questions around generic substitution and the pricing of medicines.

Fig. 4. Queries received by source



Inspection and Enforcement

The Inspection and Enforcement Unit is responsible for the registration of retail pharmacy businesses, the inspection of pharmacies, investigations of breaches of pharmacy or medicines legislation.

Registration of Retail Pharmacy Businesses

The total number of retail pharmacy businesses on the PSI Register at the end of 2014 was 1,848. The number of registered pharmacies has seen an increase year on year as illustrated in figure 5. As in 2013, the number of new openings was again 47. Figure 6 provides comparison of retail pharmacy business openings and cancellations over the period 2012 to 2014.

Fig 5. Total Number of Registered Retail Pharmacy Businesses

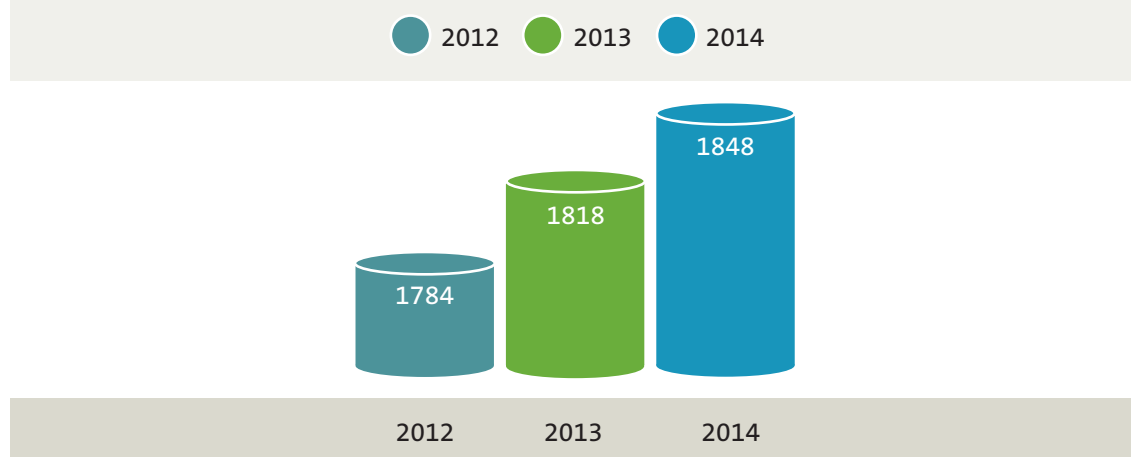
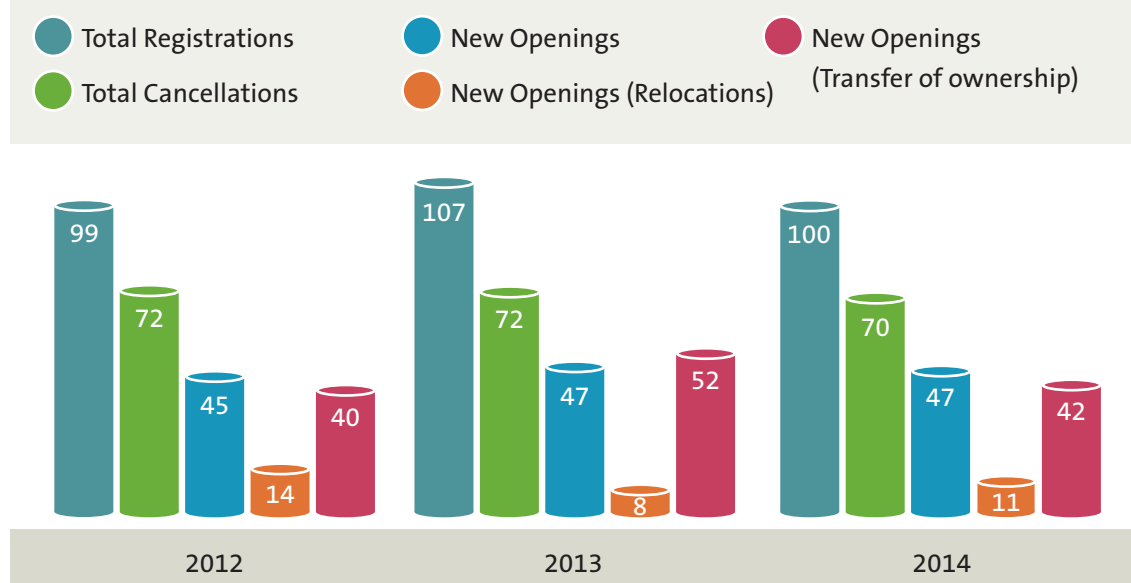


Fig 6. Total Number of Registrations and Cancellations of Registrations of Retail Pharmacy Businesses 2012–2014



Inspection

The purpose of the PSI's statutory inspection function is to provide public assurance of safe standards of pharmacy practice in the State, to promote good and safe practice within retail pharmacy businesses and ensure compliance with legislative requirements, guidelines, best practice requirements and the Code of Conduct for Pharmacists. The PSI inspects retail pharmacy businesses to assess compliance with the Pharmacy Act 2007 and with other pharmacy and medicines legislation in the interests of the health and safety of the public. Two main types of inspections are carried out:

1. Systems inspections (under section 67 of the Pharmacy Act 2007)

Systems inspections examine the way prescription only medicines, controlled drugs and pharmacy only medicines are supplied from the pharmacy to make sure there is a legitimate and safe basis for the supply of these medicines. The inspection also assesses the premises, workflow and the conditions that exist for the storage and preparation of medicines at the pharmacy. Systems inspections also review the quality system and governance arrangements of the pharmacy.

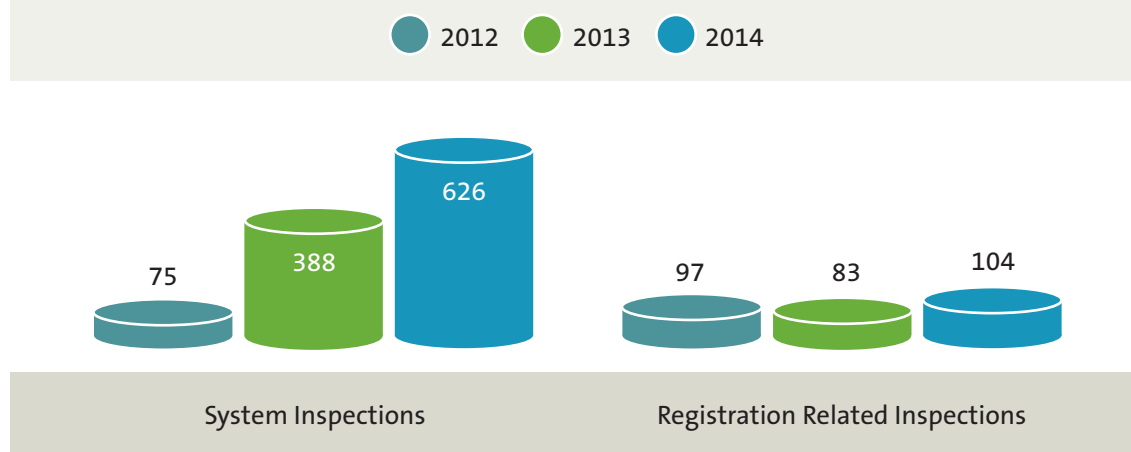
2. Registration-related inspections (under section 19 of the Pharmacy Act 2007)

Registration-related inspections are carried out on foot of an application to register or to continue to register a pharmacy. The purpose of these inspections is to assess compliance with the Regulation of Retail Pharmacy Businesses Regulations 2008 and PSI guidelines.

A total of 730 inspections were undertaken in 2014. This figure represents 104 registration related inspections and 626 systems inspections. The significant number of systems inspections conducted in 2014 also marked the completion of the first full cycle of inspections under the Pharmacy Act 2007. This involved conducting at least one formal inspection in each community pharmacy.

Inspection activity undertaken by the Unit is set out in figure 7.

Fig 7. Number of Inspections by Inspection Type 2012–2014



Resources to assist pharmacists in preparation for inspections are available on the PSI website, including a guide on what to expect during the inspection process and the inspection checklists.

For information and support, 'Inspectors' Advice' is published through the PSI newsletter and made available on the PSI website. During 2014, this included advice on balance checks and reconciliation for methadone products, which followed a number of queries from the profession, and advice on storage conditions. The advice contained in these articles is developed to provide information to pharmacists and/or pharmacy owners, often in direct response to non-compliance trends noted during inspections.

An overview of the findings and key statistics of inspections carried out in 2013 were published on the PSI website in mid-2014. The 2014 statistics will also be published in due course. These findings are made available for feedback and information for the profession in relation to their own practice. Relevant resources are also provided to assist pharmacists, pharmacy owners and pharmacy staff in meeting the standards of compliance expected under the Pharmacy Act 2007.

Inspection Policy Review

In advance of completing the first cycle of inspections by the end of 2014, Council took the decision to conduct a strategic review of the PSI inspection policy and to develop a new inspection policy for routine inspections for the next cycle of inspections. An independent Project Expert Group was appointed by the Council in June 2014 to undertake this work. The report of the Expert Group's findings, together with their recommendations in terms of a new approach to routine pharmacy inspections, was provided to Council. This matter was under consideration by the Council at the end of 2014.

Investigation

The PSI carries out investigations under Part 7 of the Pharmacy Act 2007. Investigations typically involve an inspection or series of pharmacy visits. A total of 17 investigations were commenced during 2014. Many of these pharmacy visits involved the attendance of a number of Authorised Officers per site visit. The PSI continues to co-operate and collaborate with other agencies in undertaking investigations, including the Health Products Regulatory Authority the Department of Agriculture, Food and the Marine and the Health Service Executive.

Specialist Surveyor Activity

Specialist surveyor services are utilised by the PSI as part of information-gathering exercises.

Enforcement

Where non compliances are found as a result of an inspection or an investigation, a range of actions may be taken under the Pharmacy Act 2007. The actions include instituting summary proceedings, commencing disciplinary proceedings against pharmacists or pharmacies, referring matters to other bodies for their consideration, as well as taking any other action which the PSI deems appropriate.

While the PSI took four prosecutions for breaches of pharmacy and medicines legislation in 2013, there were none taken in 2014. During the year, two cases were referred to the complaints process following the consideration of Authorised Officers' investigation reports.

Other Activities

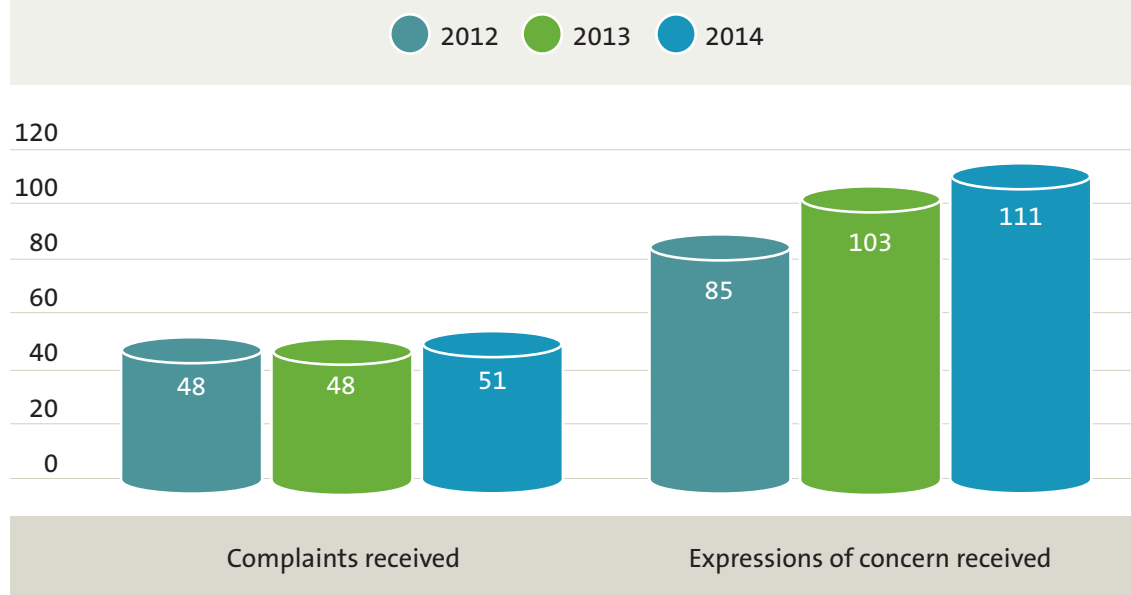
The Inspection and Enforcement Unit work in conjunction with many organisations and contribute to a number of pharmacy and medicines groups nationally and internationally including the Controlled Drugs Cross Borders Meetings, which provides a forum to promote co-operation between regulatory bodies operating shared intelligence and information across national borders (Ireland, Great Britain, Northern Ireland and the Channel Islands), and to support the safer management of controlled drugs in each jurisdiction.

Fitness to Practise

Part 6 of the Pharmacy Act 2007 deals with the complaints, inquiries and discipline (fitness to practise) functions of the PSI and was commenced on the 1st August 2009. The Fitness to Practise and Legal Affairs Unit is responsible for processing all complaints and expressions of concern in a timely and efficient manner.

In 2014, a total of 51 formal complaints were received under Part 6 of the Act, an increase of 3 complaints from the number of complaints that were received in 2013. In addition to the processing of such formal complaints for the purposes of Part 6, the Unit also deals with expressions of concern about pharmacists and retail pharmacy businesses in situations where a formal written complaint is not received. It is not uncommon for an expression of concern to result in a formal complaint being made at a later date. The PSI received 111 such concerns in 2014, an increase of 8 on 2013.

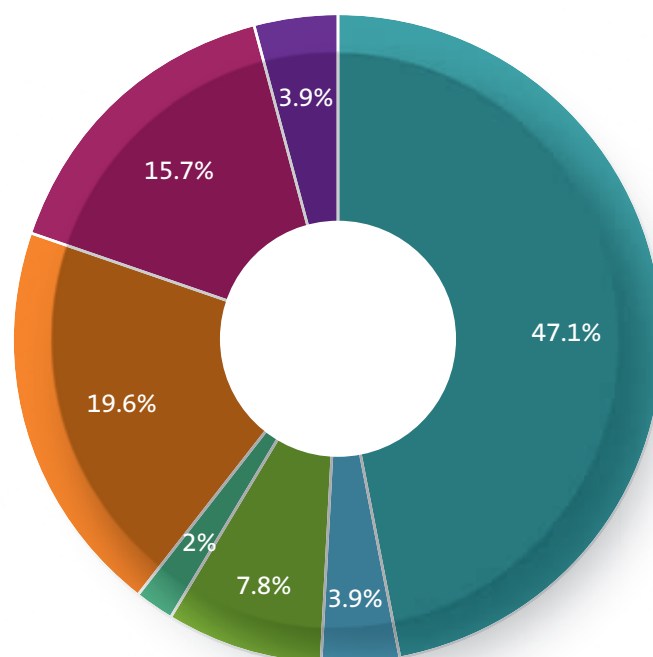
Fig. 8: Total number of complaints and expressions of concern received 2012–2014



Just over half of the complaints received¹ were from members of the public as illustrated in figure 9. During 2014 almost 25% of all complaints were from pharmacists or retail pharmacy businesses².

The majority of expressions of concern received were from members of the public as illustrated in figure 10 below.

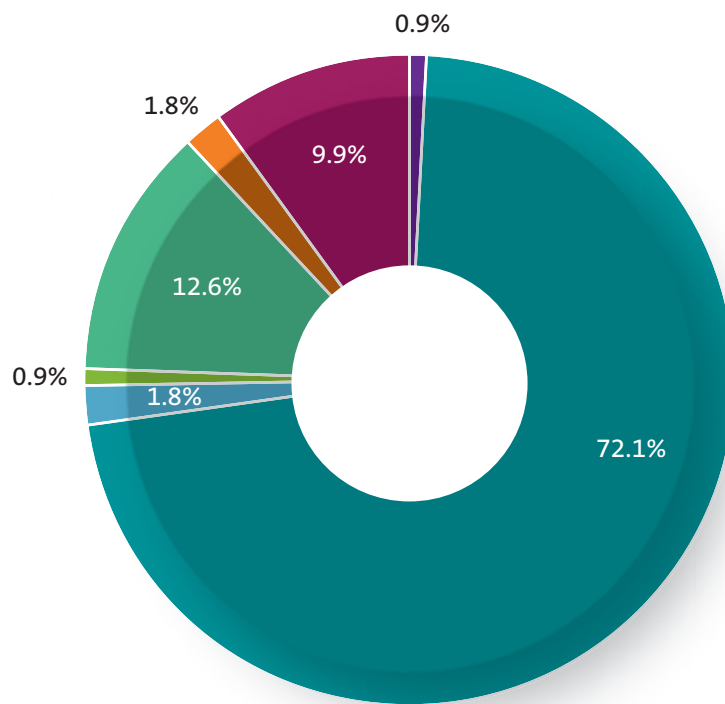
Fig. 9. Breakdown of Complaints by source in 2014:



¹ 26 of 51.

² 23.5 % (12 of 51 complaints).

Fig.10. Breakdown of Concerns by source in 2014:

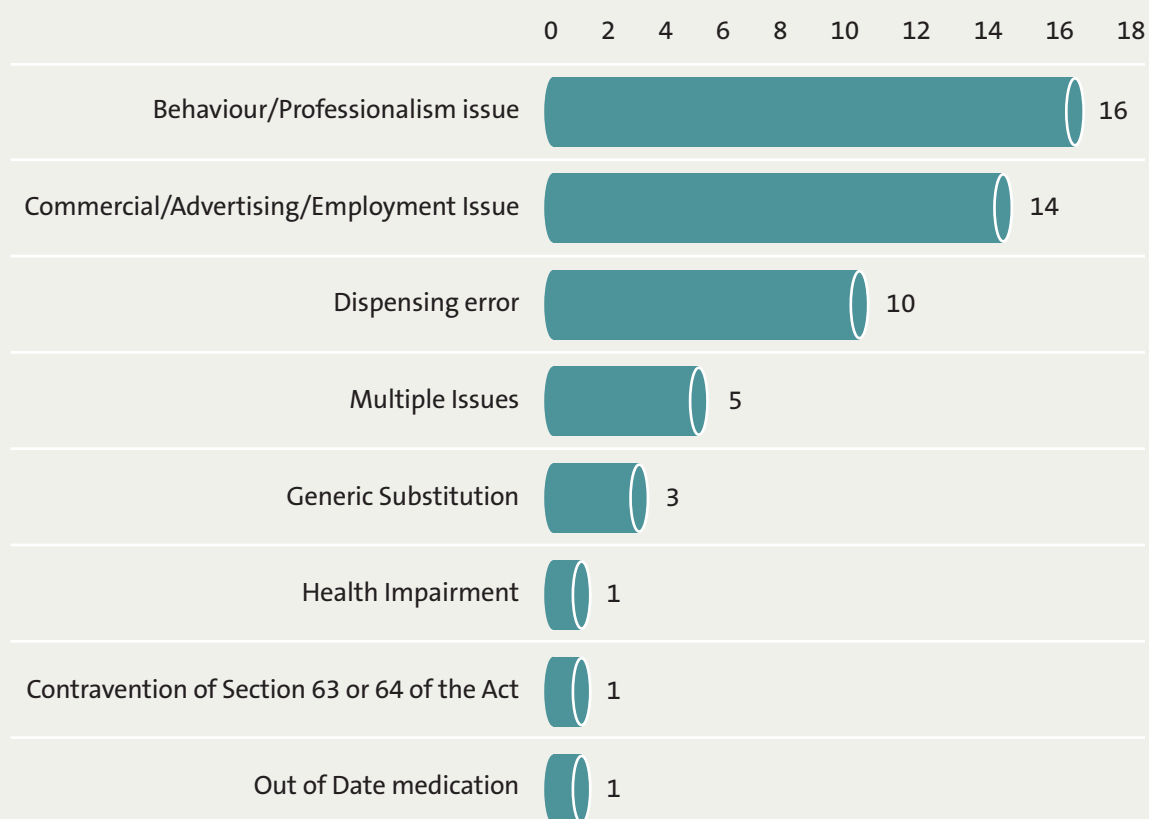


Categories of Complaints and Concerns

The complaints received in 2014 are broken down further into categories in figure 11. The highest number of complaints received related to behaviour/professionalism issues followed by those categorised as commercial/advertising/employment issues.

A total of ten complaints related to dispensing errors. Of these, five complaints related to high tech medications, two of which were complaints involving high tech medications dispensed to a minor. None of the complaints regarding non-high tech medications related to minors.

Fig. 11. Categories of Complaints Received in 2014

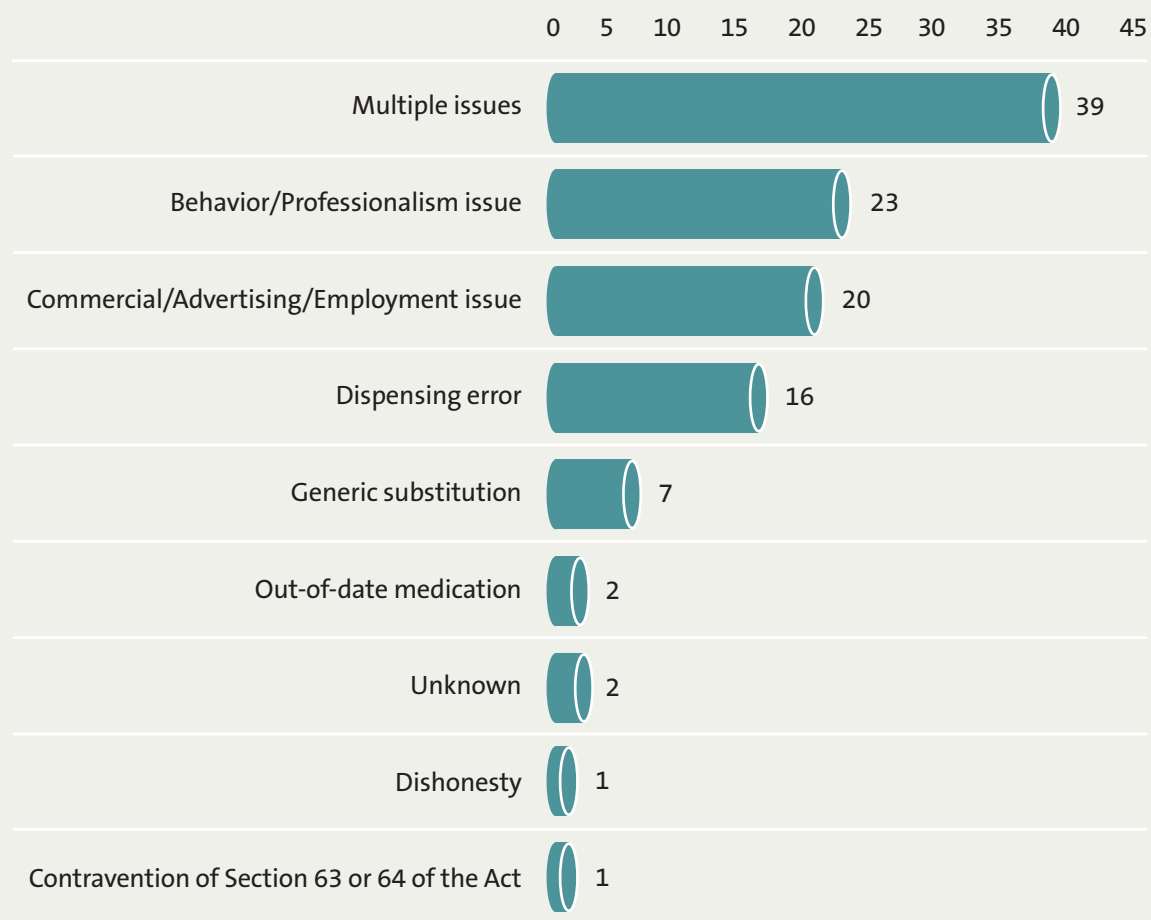


The concerns received are also broken down into categories in figure 12. The highest number of concerns received involved a multiplicity of issues and these are represented as such.

Of the 111 expressions of concern received, 15 resulted in formal complaints being received under the fitness to practise system. 44 were referred to other PSI Units for attention and 29 required no further action. Of the complaints referred to other PSI units, 32 were referred to the Inspection and Enforcement Unit. 23 of the 111 expressions of concern made in 2014 remain under review. There were three expressions of concern made prior to 2014 which also remain under review.

The response of the PSI to both complaints and expressions of concern is audited independently by a national patient advocacy group.

Fig. 12. Categories of Expressions of Concern Received in 2014



The Preliminary Proceedings Committee

The PSI's Preliminary Proceedings Committee (PPC) considers complaints made to the PSI in the first instance, and decides whether there is sufficient cause to warrant further action in relation to the complaint, i.e., referral to a committee of inquiry or for mediation, or if the file should be closed. The PPC gives its advice to Council. Where the PPC decides that there is no cause to warrant further action, the Council may take a different view and reconsider that complaint or part of the complaint.

In 2014, 61 complaints were received and referred to the PPC for consideration under Section 38 of the Act; 85% of these complaints were considered by the PPC within six months of the date of receipt of the complaint.

Of the 61 complaints:

- 58 were considered by the PPC in 2014; and
- Three were adjourned and to end of 2014 no final decision had been made by the PPC.

No Further Action

The PPC determined that there was not sufficient cause to warrant further action in respect of 43 of the 58 (74%) complaints considered in 2014.

The Council agreed with the advice of the PPC in relation to 39 of these complaints, and in respect of four complaints, disagreed with the advice of the PPC and decided that there was in fact sufficient cause for further action. These four complaints were subsequently referred by the PPC to the Professional Conduct Committee (PCC) for inquiry.

Further Action

In total, 19 complaints were sent forward for inquiry, including the four referred by Council. Of these:

- 17 complaints were referred to the Professional Conduct Committee for inquiry;
- Two complaints were referred to the Health Committee for inquiry.

Withdrawn Complaints

No complaints were withdrawn by a complainant during 2014, pursuant to Section 44 of the Act.

FITNESS TO PRACTISE INQUIRIES

Professional Conduct Committee

Nine inquiries were heard in respect of ten complaints in 2014.

- Six inquiries (in relation to seven complaints) proceeded in public pursuant to Section 42(1) of the Act. One of these inquiries was partly held in private in respect of one registrant.
- Three inquiries proceeded in private pursuant to Section 42(2) of the Act.

Health Committee

One complaint was heard before the Health Committee in 2014. Under provisions of the Act Health Committee hearings are held in private.

Mediation

No complaints were referred to mediation in 2014.

Outcomes of Fitness to Practise Inquiries

Professional Conduct Committee

- The PCC found five complaints to be substantiated in 2014 (at four inquiries).
- The PCC found three complaints not to be substantiated. Following submission of the respective reports to the Council of the PSI, the Council dismissed these complaints in accordance with Section 48(1) (a).

- The PCC accepted Section 46 undertakings³ at three inquiries.

With regard to the four inquiries where the complaints were found to be substantiated against at least one respondent by the PCC, the complaint was dismissed in respect of one registrant in two of the complaints; and in one of those an undertaking was accepted in respect of another registrant.

Health Committee

The Health Committee found the one complaint it heard to be substantiated.

Sanctions imposed by the Council pursuant to Section 48 of the Pharmacy Act 2007 arising from 2014 Inquiries

With regard to the four inquiries where complaints were found to be substantiated by the PCC in 2014, the Council of the PSI imposed the following sanctions:

- Two registrants were censured and had conditions attached to their registration. These conditions were confirmed by the High Court in 2014 and early 2015 respectively.
- Two registrants were censured.

In addition, two further registrants consented to being admonished and censured respectively⁴, and were duly admonished and censured by the Council.

In relation to the complaint found to be substantiated by the Health Committee, the Council admonished the Registrant and conditions were attached to their registration.

Undertakings given to a Committee of Inquiry under Section 46

- One registrant undertook not to repeat the conduct complained of under Section 46(1)(a) of the Act.
- One registrant consented to being admonished by the Council under Section 46(1)(d) and undertook not to repeat the conduct complained of under Section 46(1)(a). This registrant was admonished by the Council.
- One registrant consented to being censured by the Council under Section 46(1)(d) of the Act and undertook not to repeat the conduct complained of under Section 46(1)(a). This registrant was censured by the Council.

³ Section 46(1) of the Act provides that a committee of inquiry may request the registrant to do one or more of the following :

- a) Undertake not to repeat the conduct to which the complaint relates;
- b) Undertake to attend specified education courses, training or other means of improving his or her competence to practise or to carry on a retail pharmacy business;
- c) Consent to undergo medical treatment; and
- d) Consent to being admonished or censured by the Council.

⁴ See footnote 3 above

Applications pursuant to Section 45 of the Pharmacy Act 2007

Section 45 of the Act provides that the Council may apply to the High Court for an order to suspend the registration of a registered pharmacist or registered retail pharmacy business against whom a complaint has been made if there is a risk to the health and safety of the public which is of such magnitude that a registration should be suspended pending the conclusion of the inquiry process. In 2014, the Council had no reason to make an application to the High Court for an interim suspension in this regard. In 2013 the Council made one application to the High Court pursuant to Section 45 of the Act.

Other Activities

Training for Council and Committee Members

Training is provided to Council and Committee members to further assist them in fulfilling their role under Part 6 of the Pharmacy Act 2007. The Fitness to Practise and Legal Affairs Unit held training for Council and the Preliminary Proceedings Committee on 16th January 2014 and the Health Committee on 29th September 2014. Council and Committee members also attended relevant external conferences during 2014.

Protected Disclosures Act 2014

The Protected Disclosures Act 2014 commenced on 15th July 2014. It provides for the protection of persons from action being taken against them in respect of disclosures made by them in the public interest.

Since 15th July 2014, no complaints received by the PSI have been treated as protected disclosures.

Summary of Fitness to Practise activities since 1st August 2009

As part of the ongoing monitoring and evaluation of performance of the statutory complaints process, the Fitness to Practise Unit has collated statistics on the processing of complaints received since commencement of Part 6 of the Act in 2009.

Between August 2009 and 31st December 2014, the PSI received 270 complaints. 95% of these were considered by the PPC (screening committee) within six months of receipt.

Of these 270 complaints, 69 complaints (26%) had been found to warrant further action and referred to either the Professional Conduct Committee or Health Committee for inquiry, or for mediation as of 31st December 2014. 44 of these complaints have been concluded and have been heard by way of 31 inquiries or mediation. Almost 70% of these were completed within two years. Of the remaining 25 complaints that had been sent forward for inquiry, as of 31st December 2014, but where the inquiry has not yet been held, only six were received more than 18 months earlier.

Information on the complaints process, including the cycle of a complaint and the PSI's disciplinary committees, is available on the PSI website. This includes the PSI Guide to Making a Complaint and details of the conditions that may be imposed on a registrant by the Council following a disciplinary inquiry.

Communications and Public Affairs

The Communications and Public Affairs Unit is responsible for the implementation of the Communications Strategy, including proactive engagement with the public, profession and other stakeholders, key influencers and decision makers. It does this through the development of messaging for use in media relations work, the development of the PSI website and various publications. The Unit is also responsible for managing media relations on behalf of the Registrar and President, advising on the development of material for internal and external communication, and for the management of the Freedom of Information function.

A number of events were co-ordinated by the Communications and Public Affairs Unit during 2014 including responsibility for organisation of the delivery of the six learning events held for the profession in October. The theme of the learning events focussed on creating greater understanding of the PSI's inspection and fitness to practise processes. The PSI was delighted to be able to use its offices in Fenian Street, Dublin for two of those evening meetings, followed by meetings in Cork, Galway, Sligo and City West, Dublin. There was keen attendance across each of the locations, and ample opportunity was provided for questions and answers as well as one-to-one discussion with PSI staff.

In ensuring continued cross-organisation support, efficiencies and pro-active stakeholder engagement, the President and Registrar signed a Memorandum of Understanding with the Nursing and Midwifery Board of Ireland in September 2014.

The PSI also held the official launch of the five-year integrated degree in-house in December. This was well attended by a variety of stakeholders who were addressed by the President Leonie Clarke and the Leo Varadkar, T.D., Minister for Health. Mindful of the importance of ensuring that future pharmacy students should be aware of the changes to the programme of education, the PSI liaised with the Institute of Guidance Counsellors and with education correspondents in some of the daily newspapers.

The Communications and Public Affairs Unit provides support across the organisation in relation to ensuring the delivery of its messages, in the preparation of materials for dissemination and publication, in handling general, as well as media, queries and providing media training and advice as necessary. The PSI obtained media coverage throughout the year, and media relationships were managed through the provision of statements and assistance with queries. A number of press releases were issued during the course of the year.

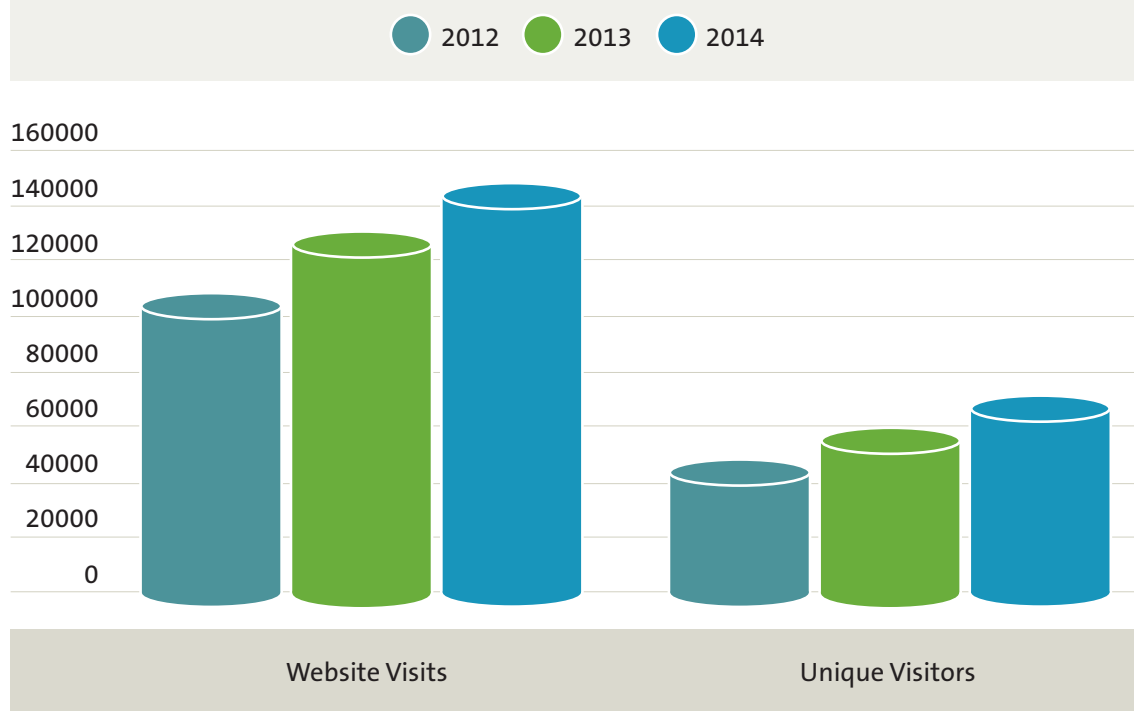
Across all areas of responsibility, the PSI Council and staff regularly communicate and meet with a variety of patient representative groups, regulatory bodies and other organisations. As in previous years, PSI staff met and presented to students in each of the Schools of Pharmacy during the year, highlighting the role of the PSI, its relationship with students and new registrants and the PSI's patient safety function. As well as contributing to many working groups in relation to pharmacy, medicines and public health, the PSI supports counterparts in regulation with the dissemination of important messages where they references the pharmacy setting, and matters of patient and public safety and protection.

The PSI received six Freedom of Information requests during 2014 under the old legislation. The new Freedom of Information Act came into being in late 2014 and relevant PSI staff members attended introductory training on the changes under the new provisions, and have worked on updating PSI policy to meet requirements under the 2014 Act. All PSI staff attended Freedom of Information and Data Protection awareness training during 2014.

The PSI makes use of its electronic newsletter and website to provide updates to registrants and to the wider public. Nine issues of the newsletter were published in 2014. Over the course of the year, successful efforts were made to expand the subscriber list of the newsletter to allow for greater engagement and provision of information. As with all of its key publications, guidance and advice, the newsletter is also made available on the PSI website for ease of reference.

Visitors to the PSI website, increased again during 2014. There were a reported 141,827 visits (up 13% on 2013) from 65,000 unique or individual visitors. Since 2010, use of the PSI website has steadily increased year on year as illustrated in figure 13. The Unit seeks to continually review the website for ease of use and to ensure that it provides relevant information to each of its stakeholder groups.

Fig. 13. Website Visits 2012–2014



ICT

The ICT Unit is responsible for continuously monitoring and reviewing internal systems and processes in order to implement appropriate information and communications technologies to support the ever expanding operations of the PSI by focussing on the delivery of technology, operations and services. The Unit is also responsible for disaster recovery, business continuity and Data Protection.

Further enhancements to the Registration System were undertaken during 2014 including improvements to back-office processing functions, the introduction of new fee rates and security upgrades for online services. The Unit provided support for registrants in the use of online facilities. Continued registration by pharmacists online increased from 53% in 2013 to 57% in 2014.

The ICT Unit manages the day-to-day technical and online services for PSI staff, including support to authorised officers and other members of staff while off-site. The Unit is charged with equipping and supporting all staff with relevant IT resources, and in providing support to the Office of the Registrar in supplying Council documentation to its members by secure and confidential means. A new Council member document distribution system was established in 2014.

The Unit also conducts annual disaster recovery testing of all ICT systems, and manages requests under Data Protection legislation including personal data abstracts and extracts from the registers for education or public health purposes under the terms of the PSI's registration with the Data Protection Commissioner. New information reporting tools were developed to support these requirements. Data Protection awareness training was provided to all staff during 2014.

Resulting from a public tender process held in 2013 a new IT support contract was implemented which included a move of certain processing functions to a 'cloud' based computing environment. This also saw the setup of new network and infrastructure resilience facilities together with improvements to audio visual services in PSI House.

Administration and Finance

The Administration and Finance Unit is responsible for the management of the finance of the PSI in a prudent and efficient manner, ensuring that the Council fulfils its legislative requirements and applies best practice to the governance of its financial affairs. The Unit is also responsible for the management of the HR function in the PSI and facilities management in PSI House.

The financial outturn for 2014 shows a positive variance of €0.053m on an income of €7.197m. The 2014 financial results are satisfactory and are detailed in full in the Financial Report to this Annual Report.

Following the completion of a review of the PSI's registration and administration fees, in August 2014 the Minister for Health approved a 5% reduction in the fee rates for all first and continued registration fees with effect from the 1st September 2014. The reduction in fee rates had a marginal effect on income for 2014 but will have an impact on income for future years.

In 2014 two significant public procurement competitions were held as follows:

- Appointment of Internal Auditors,
 - Invitation to tender for provision of Facilities Management Services.
-

The PSI also completed a technical dialogue exercise to investigate the possible introduction of a document management system in the PSI. The PSI also continues to utilise Government framework agreements to obtain better value in purchasing and procurement.

The investment of funds throughout the year was based on the best rates available as funds matured. PSI funds are currently invested with AIB Bank, Bank of Ireland and Ulster Bank. The PSI maintains its main current account with Ulster Bank.

The PSI publishes quarterly reports on its website of its compliance with the Prompt Payment of Accounts legislation. The report is also submitted quarterly to the Department of Health. In quarter four of 2014 the PSI had paid 55% of its creditors within 15 days and a further 33% within 30 days.

The Administration and Finance Committee held four meetings in 2014 and the attendance records for the meetings are detailed in Appendix B of this report. During the year, the Committee approved the Service Plan Budgets 2015 and the Annual Financial Statements 2013 for submission to Council. It also reviewed the quarterly management accounts, the 2013 FRS 17 report on the PSI superannuation schemes and the PSI banking and cash positions.

Financial Report

for the period 1st January 2014 – 31st December 2014

The 2014 annual accounts of the PSI have been audited by OSK Audit Ltd., and the details of the accounts are shown in the attached Financial Statements for the year ended 31st December 2014.

Income in 2014 was €7.197m, which was marginally up on the 2013 figure of €6.995m. Interest received of €0.094m was marginally down from €0.104m in 2013.

The total cost of operations in 2014 was €7.237m compared to €6.399m in the previous year. Direct pay costs were €2.299m for the year which is a significant increase on the €1.933m in 2013. The increase in pay costs is driven through a substantial increase in staff numbers in the year. There were two main factors behind this increase. Firstly, a number of approved posts sanctioned in 2013 were formally recruited and filled in 2014 and secondly, there was additional approved recruitment to provide cover for maternity leave positions in 2014. The cover for maternity leave positions was essential in ensuring the PSI could adequately fulfil its statutory functions.

The PSI's Balance Sheet as at the 31st December 2014 shows that Total Assets exceeded Total Liabilities by €11.880m compared to €11.827m at the 31st December 2013. This is the net assets of the PSI including PSI House. It is represented in the Balance Sheet as follows:

	2014 €m	2013 €m
Income and Expenditure Account	8.942	9.327
Property Surplus Reserve	0.438	-
Designated Legal Reserve	2.500	2.500
Closing Reserves	11.880	11.827

The cash balance in the balance sheet at 31st December 2014 was €14.571m. At that point cash reached a peak as the majority of registrants had prepaid their fees (deferred income) for the following year. The value of this deferred income was €5,920m. The cash balance includes the following commitments:

	€m
Deferred income (Prepayment of fees)	5.920
Statutory staff Superannuation fund	2.961
Designated Legal Reserve	2.500
Property Surplus Reserve	0.438
Total cash committed	11.819
Unrestricted cash	2.752
	14.571

The PSI's statutory Superannuation schemes cover all eligible employees, with the employees' contributions being deducted from pay. The scheme's funds are held on deposit pending the decision of the Department of Public Expenditure and Reform on the funding mechanism. The Department of Health is liaising with the Department of Public Expenditure and Reform to progress the matter.

The Auditors, OSK Audit, state in the independent auditor's report that in their opinion the Financial Statements give a true and fair view of the state of the PSI's affairs at 31st December 2014 and of its results for the year 2014. They are also of the opinion that the results for the year have been properly prepared in accordance with the Schedule 1, paragraph 16 of the Pharmacy Act 2007 and Generally Accepted Accounting Practice in Ireland. They also confirm that they obtained all the information and explanations necessary for the purpose of the audit and that proper books of accounts have been kept by the PSI.

Financial Results 2014

The table below outlines the operating income and expenditure result for 2014 as against the original 2014 budget. These figures exclude capital related transactions which are accounted for in the Balance Sheet.

Outturns for year 2014 from operating activities as against original budget:

	Original Budget	Outturn	Variance	% Variance
	€	€	€	%
Total Income	7,251,185	7,197,202	53,983	0.75%
Expenditure				
Pay Costs	2,913,040	2,904,136	8,904	0.31%
Non Pay Costs	4,479,745	4,333,261	146,484	3.38%
Total Expenditure	7,392,785	7,237,397	155,388	2.15%
Surplus/(Deficit) from on operating activities	(141,600)	(40,195)	(101,405)	
Interest income	141,600	93,513	48,087	
Surplus/(Deficit)	-	53,318	(53,318)	

Income

Total registration fee income for 2014 of €6.597m was €0.133m higher than in 2013. The majority of continued registration fees are collected in November and December each year and are released over the applicable income period. The resultant deferred income (prepaid fees) held at the 31st December 2014 was €5.920m and is reflected in the cash held at that date in the Balance Sheet.

In August 2014, the Minister for Health approved a 5% reduction in fee rates for all first and continued registration fees with effect from the 1st September 2014.

In 2014, funding of €0.600m was received from the Department of Health in respect of the Irish Institute of Pharmacy. The drawdown of €0.600m represents the full allocation of funds from the Department of Health for 2014.

Pay Costs

The total pay and pension costs in 2014 were €2.904m (2013: €2.463m). The level of permanent whole time staff approved by the Department of Health and the Department of Finance in 2014 increased by 1 to 37 and was not exceeded. The average number of staff on payroll during the year was 36. In 2014 some services were again purchased from external service providers, particularly in the legal area, to enable the PSI to continue to fulfil its statutory obligations.

In compliance with the Code of Practice for the Governance of State Bodies 2009, the new Registrar's salary as approved by the Minister for Health with the consent of the Minister for Finance is €106,516 per annum.

The Registrar incurred expenses of €1,061 in the period to the 31st December 2014. The fees and travel expenses paid to Council members and employees of the PSI are also subject to scrutiny by the Internal Auditor and the Audit Committee and are formally approved by the Registrar.

In compliance with Schedule 1, paragraph 14 of the Pharmacy Act 2007, staff pay rates in the PSI are those approved by the Minister for Health, with the consent of the Minister for Public Expenditure and Reform, for health sector grades. No overtime, bonuses or performance payments were paid by the PSI in 2014 in accordance with the directive of the Department of Public Expenditure and Reform.

The level of absenteeism by PSI staff continued to be low in 2014 at 1.4%. The commitment and dedication to work by PSI staff is highly valued by the Registrar and Council, particularly viewing the complex and expanding workload required to be carried out.

Non-Pay Costs

The total non-pay costs in 2014 were €4.333m (2013: €3.935m). The major elements were:

	2014 €m	2013 €m
Legal fees	0.630	0.519
Professional fees	0.263	0.101
ICT costs	0.377	0.243
Printing, postage and stationery	0.220	0.208
Repairs, maintenance and other property costs	0.138	0.115
Communications and Public Affairs & Advertising	0.163	0.159
Depreciation	0.314	0.353
FIP membership and conference costs	0.032	0.487
National Forum	0.026	0.142
Institute of Pharmacy	1.110	0.508

The Irish Institute of Pharmacy which commenced operations in late 2013 operated for a full calendar year in 2014 and as such drew down its full operating budget allocation of €1.1m. Included in this budget allocation of €1.1m is an amount of €600,000 relating to Department of Health Funding for the Institute.

The PSI updated its Procurement Policy in 2014 and developed a Corporate Procurement Plan to map out its ongoing and planned procurement projects. The PSI continues to use its procurement policy and procedures to ensure that best value for money was achieved and costs contained.

Superannuation

The PSI has a statutory obligation to provide for superannuation schemes in accordance with Schedule 1 paragraph 15 of the Pharmacy Act 2007. All employees of the PSI who were employed before 1st January 2013 are required to be members of the PSI superannuation schemes and contributions are deducted from salary. The superannuation funds are currently invested by the PSI pending a decision from the Department of Public Expenditure and Reform on the funding mechanism to be applied to the schemes. The appropriate documentation is being prepared in the Department of Health for submission to the Department of Public Expenditure and Reform.

New staff of the PSI employed since 1st January 2013 are obliged to join the Single Public Service Pension Scheme. This scheme is operated by the Department of Public Expenditure and Reform. Employee and Employer contribution are remitted to the Department monthly.

Cash Management

During 2014, the PSI held deposits with Ulster Bank, Bank of Ireland and AIB Bank as approved by Council. The PSI's current account is held with Ulster Bank. In 2014, the PSI did not require overdraft facilities. Funds were prudently invested to obtain the best interest rate available.

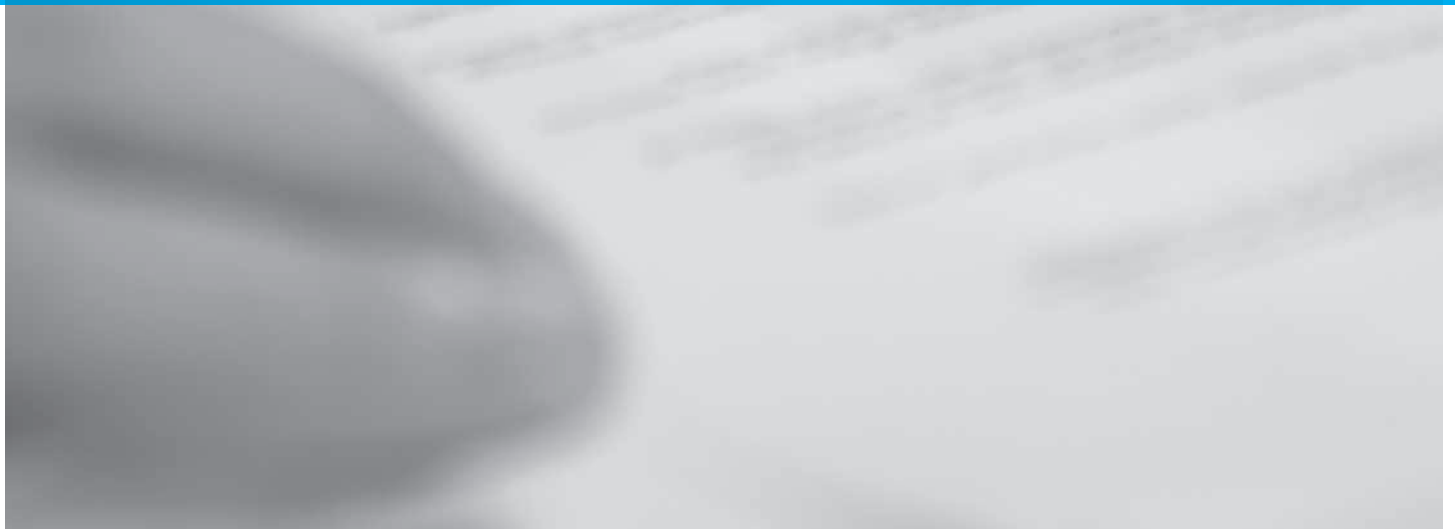
PSI House

The refurbishment of PSI House was completed in 2013. The project to provide the PSI with a modern and fit for purpose headquarters and meeting room facilities was completed on time and within budget.

The retention monies of €138,000 were paid to Townlink Construction in September 2014 upon satisfactory inspection and certification of the works by Fitzgerald Kavanagh Architects.



FINANCIAL STATEMENTS
FOR THE YEAR ENDED
31ST DECEMBER 2014



Contents

Report from the President	48
Statement on the Systems of Internal Financial Control	49
Statement of Council's Responsibilities	51
Independent Auditor's Report to the Council of the PSI for the year ended 31st December 2014	52
Income and Expenditure Account for the year ended 31st December 2014	54
Balance Sheet as at 31st December 2014	55
Cash Flow Statement for the year ended 31st December 2014	56
Notes to the Financial Statements	57

Report from the President

In compliance with the Code of Practice for the Governance of State Bodies, 2009, paragraph 13.1, I would like to confirm that:

- i. There were no commercially significant developments affecting the ongoing operations of the PSI in 2014.
- ii. All appropriate procedures for financial reporting, internal audit, travel, procurement and asset disposals are being carried out.
- iii. A statement on the Systems of Internal Financial Control has been included as part of this Annual Report.
- iv. Codes of Conduct for Council, Advisory Committee members and employees of the PSI have been put in place and adhered to.
- v. Government policy on the pay of Chief Executives and all State body employees is being complied with. The PSI complies with Government guidelines on the payment of Council Members fees and Government policy on the pay of Chief Executives and all employees.
- vi. The Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the Public Sector are being complied with.
- vii. Government travel policy requirements are being complied with in all respects.
- viii. The Code of Practice for the Governance of State Bodies, 2009, is being complied with.
- ix. The Corporate Governance Framework also outlines that the PSI complies with disposal procedures for assets as outlined in the Code of Practice for the Governance of State Bodies. The Pharmacy Act 2007 states that any surplus following disposal of assets can be allocated to the development of education, research or any other public purpose connected with pharmacy.
- x. The PSI has in place appropriate procedures to monitor, report and enforce relevant rules and requirements regarding foreign travel by employees of the PSI or Council members as outlined in the Code of Practice for the Governance of State Bodies.
- xi. The PSI complies with its obligations under tax law.

This report has been formally approved by the PSI Council on 26th March 2015 and signed by the President:



Ms. Leonie Clarke
President

Statement of the Systems of Internal Financial Control for the year ended 31st of December 2014

Responsibility for the system of Internal Financial Control

On behalf of the PSI, we acknowledge our responsibility for the system of internal financial control in the PSI, and for putting in place processes and procedures for the purpose of ensuring that the system is effective.

The system can provide only reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or would be detected in a timely period.

The Council and the Registrar have taken steps to ensure an appropriate control environment is in place by:

- establishing formal procedures through various committee functions to monitor the activities and safeguard the assets of the organisation;
- clearly defining and documenting management responsibilities and powers;
- developing a strong culture of accountability across all levels of the organisation;
- working closely with Government and various agencies and institutions to ensure that there is a clear understanding of the functions of the PSI and support for the PSI's strategies to fulfill its statutory obligations;
- ensuring only salary rates approved by the Minister for Health are paid to employees.

The Council and Registrar have also established processes to identify and evaluate risks to the organisation. This is achieved in a number of ways including:

- identifying the nature, extent and financial implications of risks facing PSI;
- assessing the likelihood of identified risks occurring;
- assessing the PSI's ability to manage and mitigate the risks that do occur;
- carrying out regular reviews of strategic plans and objectives both short and long term and evaluating the risks to bringing those plans to fruition;
- setting annual and longer term targets for each area of the organisation followed by regular reporting on the results achieved.

The system of internal financial control is based on a framework of regular management information, administrative procedures including segregation of duties, and a system of delegation and accountability. In particular it includes:

- a detailed budgeting system with an annual budget which is reviewed and agreed by the Council;
- regular review by the Administration and Finance Committee and Council of quarterly management accounts which indicate performance against agreed forecast and provide explanation of significant deviations from budget;
- setting targets to measure financial and other performances;
- schedule 1, paragraph 16 of the Pharmacy Act 2007 requires the Council to prepare financial statements for each financial year which give a true and fair view of the income and expenditure and assets and liabilities of the PSI;
- the Administration and Finance Committee also have an oversight role of both the financial affairs and the strategic planning of the PSI's finances in line with the Corporate Strategy 2013–2017.

The procedures for monitoring the effectiveness of the internal financial control system are outlined below:

The PSI has an internal audit system which consists of the Internal Auditors and the Audit Committee. The Audit Committee meets on a quarterly basis to review reports prepared by Internal Audit and other relevant issues. The Audit Committee assures Council that the PSI has adequate financial and non-financial control systems in place. The Audit Committee reports on a quarterly basis to the Council in relation to the matters that it has considered.

The PSI operates in accordance with the Code of Practice on the Governance of State Bodies. A rolling three - year Internal Audit Plan is approved by the Audit Committee and revised annually where required. The current work plan takes account of areas of potential risk identified in a risk assessment exercise carried out with management. The Internal Auditor provides the Committee with quarterly reports on assignments carried out. These reports highlight deficiencies or weaknesses, if any, in the system of internal financial control and the recommended corrective measures to be taken where necessary.

We confirm that in the year to 31st December 2014, the Audit Committee reviewed reports from the Internal Auditors on Income, Banking and Finance and a report on the review of previous internal audit report recommendations. The Audit Committee was satisfied that proper processes and procedures were followed.

An interim audit was also carried out by the External Auditors during 2014. The Council's monitoring and review of the effectiveness of the system of internal financial control is informed by the work of the Internal Auditor, the Audit Committee which oversees the work of the Internal Auditor, the External Auditor and the senior managers within the PSI who have responsibility for the development and maintenance of the financial control framework.

This statement has been formally approved by the PSI Council on 26th March 2015 and signed on its behalf by the President and the Registrar:



Ms. Leonie Clarke
President



Ms. Marita Kinsella
Registrar

Statement of the Council's Responsibilities for the year ended 31st of December 2014

The Council are responsible for preparing the Council's report and the financial statements in accordance with Irish law and regulations.

Schedule 1, paragraph 16, of the Pharmacy Act 2007 requires the Council to prepare financial statements giving a true and fair view of the state of affairs of the PSI and of the surplus or deficit of the PSI for each financial year. The Council has elected to prepare the financial statements in accordance with Irish Generally Accepted Accounting Practice (accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland and Irish law).

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

- select suitable accounting policies and then apply them consistently;
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the PSI will continue in business.

The Council is responsible for keeping proper books of account that disclose with reasonable accuracy at any time the financial position of the PSI and enable it to ensure that the financial statements comply with Schedule 1, paragraph 16, of the Pharmacy Act 2007. They are also responsible for safeguarding the assets of the PSI and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

This statement has been formally approved by the PSI Council on 26th March 2015 and signed on its behalf by the President and Vice-President.



Ms. Leonie Clarke
President



Dr. Ann Frankish
Vice-President

Independent Auditors' Report to the Council of the PSI for the year ended 31st December 2014

We have audited the financial statements of The Pharmaceutical Society of Ireland (PSI) for the year ended 31st December 2014, set out on pages 49 to 60. The financial reporting framework that has been applied in their preparation is accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland).

This report is made solely to the company's members, as a body, in accordance with Section 193 of the Companies Act 1990. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an Auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective Responsibilities of Councils and Auditors

As explained more fully in the Council's responsibilities statement, the Council is responsible for the preparation of the Annual Report and the financial statements in accordance with Schedule 1, paragraph 16, of the Pharmacy Act 2007 and the accounting standards issued by the Accounting Standards Board and promulgated by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland). Our responsibility is to audit and express an opinion on the financial statements in accordance with Schedule 1, paragraph 16, of the Pharmacy Act 2007 and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the Audit of the Financial Statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the PSI's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Council; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on Financial Statements

In our opinion the financial statements:

- give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the PSI's affairs as at 31 December 2014 and of its surplus for the year then ended; and
- have been properly prepared in accordance with the requirements of Schedule 1, paragraph 16, of the Pharmacy Act 2007.

Emphasis of Matter

In forming our opinion, which is not qualified, we have considered the adequacy of the disclosures in note 17 to the financial statements concerning the accounting treatment for retirement benefits. The PSI has not been advised on how best to administer the funds of the defined benefit pension scheme as the Department of Public Expenditure and Reform have yet to approve the funding mechanism for the schemes. The pension scheme has been accounted for in the financial statements as if it were a defined contributions scheme. Should the pension scheme have been accounted for under FRS 17 the actuarial gain/loss would be recognised in the Statement of Total Recognised Gains and Loss and the surplus/deficit of the funds' assets over its liabilities would be recognised in the balance sheet as an asset or liability.

Matters on which we are required to report by Schedule 1, Paragraph 16, of the Pharmacy Act 2007

- We have obtained all the information and explanations which we consider necessary for the purposes of our audit.
- In our opinion proper books of account have been kept by the PSI.
- The financial statements are in agreement with the books of account.

We have nothing to report in respect of the provisions in Schedule 1, paragraph 16, of the Pharmacy Act 2007 which require us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by law are not made.



Brian Dignam
for and on behalf of
OSK Audit Limited
Registered Auditors
East Point Plaza
East Point
Dublin 3
26th March 2015

Income and Expenditure Account

for the year ended 31st December 2014

	Note	2014 €	2013 €
Income	2	7,197,202	6,994,971
Operating expenditure		(7,237,397)	(6,398,597)
Operating (deficit)/surplus	3	(40,195)	596,374
Interest receivable		93,513	104,022
Surplus on ordinary activities before taxation		53,318	700,396
Tax on surplus on ordinary activities	6	-	-
Surplus for the financial year	12	53,318	700,396

All amounts relate to continuing operations.

There were no recognised gains or losses for 2014 or 2013 other than those included in the Income and Expenditure account.

The financial statements were approved by the Council on 26th March 2015 and signed on its behalf by:



Ms. Leonie Clarke
President



Dr. Ann Frankish
Vice-President

The notes on pages 57 to 64 form part of these financial statements.

Balance Sheet

as at 31st December 2014

	Note	2014		2013	
		€	€	€	€
Fixed assets					
Tangible assets	7		6,878,580		7,121,276
Current assets					
Debtors	8	127,868		174,077	
Cash at bank and in hand	9	14,571,204		14,039,501	
		14,699,072		14,213,578	
Creditors: amounts falling					
Due within one year	10	(6,736,231)		(7,010,287)	
			7,962,841		7,203,291
Net current assets					
			14,841,421		14,324,567
Total assets less current liabilities					
Creditors: amounts falling due	11		(2,961,332)		(2,497,796)
after More than one year					
			11,880,089		11,826,771
Net assets					
Reserves					
Property surplus reserve	12		438,152		-
Designated legal reserve	12		2,500,000		2,500,000
Income and expenditure account	12		8,941,937		9,326,771
Closing reserves	13		11,880,089		11,826,771

The financial statements were approved by the Council on 26th March 2015 and signed on its behalf by:



Ms. Leonie Clarke
President



Dr. Ann Frankish
Vice-President

The notes on pages 57 to 64 form part of these financial statements.

Cash Flow Statement

for the year ended 31st December 2014

	Note	2014 €	2013 €
Net cash flow from operating activities	14	511,977	2,412,251
Returns on investments and servicing of finance	15	93,513	104,022
Capital expenditure and financial investment	15	(73,787)	(1,211,852)
Increase in cash in the year		531,703	1,304,421
Movement in net funds in the year		531,703	1,304,421
Net funds at 1 January 2014		14,039,501	12,735,080
Net funds at 31 December 2014		14,571,204	14,039,501

The financial statements were approved by the Council on 26th March 2015 and signed on its behalf by:



Ms. Leonie Clarke
President



Dr. Ann Frankish
Vice-President

The notes on pages 57 to 64 form part of these financial statements.

Notes to the Financial Statements

for the year ended 31st December 2014

1. Accounting Policies

1.1 Basis of preparation of financial statements

The financial statements are prepared in accordance with generally accepted accounting principles under the historical cost convention and comply with the Financial Reporting Standards of the Accounting Standards Board, with the exception of the superannuation scheme (as the provisions of Financial Reporting Standard 17, Accounting for Retirement Benefits have not been applied), as promulgated by the Institute of Chartered Accountants in Ireland.

1.2 Income

Income is recognised in the financial statements in the year to which the income relates. To the extent income is received in advance, it is deferred and recognised in the relevant period for which services for these registrations or fees are given.

1.3 Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less accumulated depreciation. Cost includes prime cost and overheads.

The PSI maintains its portraits, medals and badges in a good state of repair. The Council has deemed these assets should not be depreciated owing to the high residual values for which any periodic depreciation charge would be immaterial. The policy is to make provision in the event of any permanent diminution in the value of these assets. Portraits, medals and badges are reviewed annually for evidence of any permanent impairment in value.

Depreciation

Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Freehold property	2% straight line
Premises improvements:	
- Premises	2% straight line
- Electrical	5% straight line
- Mechanical & Lift	5% straight line
- Fixtures	12.5% straight line
- Audio visual	12.5% straight line
Office equipment and fittings	12.5% straight line
Computer equipment and software	33.3% straight line
Portraits, medals and badges	Not depreciated

The carrying values of tangible fixed assets are reviewed annually for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

1.4 Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are converted into euros at rates of exchange ruling at the balance sheet date.

Transactions in foreign currencies are converted into euros at the rate ruling on the date of the transaction.

Exchange gains and losses are recognised in the income and expenditure account.

Notes to the Financial Statements

for the year ended 31st December 2014

1.5 Pensions

The PSI currently operates two statutory schemes for the provision of superannuation benefits to its staff.

PSI Staff Superannuation Scheme and the Spouse's and Children's Contributory Pension Schemes

The PSI Staff Superannuation Scheme and the Spouse's and Children's Contributory Pension Schemes are being operated on an approved 'administrative basis' until formally sanctioned by the Minister for Health with the consent of the Minister for Public

Expenditure and Reform

The PSI's contributions to the scheme are charged to the income and expenditure account in the period to which they relate. A funding mechanism for this scheme has not yet been approved and as such the schemes funds are being collected and held on deposit by the PSI. The provisions of Financial Reporting Standard 17, Accounting for Retirement Benefits have not been applied.

The Single Public Service Pension Scheme

The Single Public Service Pension Scheme came into effect on the 1st January 2013 as provided for in the Public Service Pensions (Single Scheme and other Provisions) Act 2012. The Act provides for a single scheme for new entrants to the public service. The PSI collects and remits contributions for this scheme to the Department of Public Expenditure and Reform. Pension benefits payable under this scheme are payable by the Exchequer.

1.6 Taxation

The Finance Act 2013, Section 35, amends Schedule to the Taxes Consolidation Act 1997 to include the Pharmaceutical Society of Ireland in the list of specified non-commercial State-sponsored bodies that qualify for exemption from certain tax provisions under section 227, of the Taxes Consolidation Act 1997.

1.7 Designated legal reserve

The PSI established a designated reserve within its reserves, which have been set aside by the Council for a specific purpose, namely for the cost of any future legal cases that the PSI may encounter. Expenditure cannot be directly set against designated reserves but is taken through the income and expenditure account. A transfer is then made from designated reserves to the income and expenditure account as appropriate.

1.8 Property surplus reserve

The Property Surplus Reserve consists of the net proceeds from the PSI's recent property transactions. Schedule 1 paragraph 12(2) of the Pharmacy Act stipulates that the Council may spend the surplus, including any surplus following disposal of assets as it sees fit, on the development of education, research or any other public purpose connected with pharmacy. As such, the net proceeds from property transactions are ring fenced until such time as the Council allocates this to appropriate projects. Expenditure cannot be directly set against this reserve but is instead taken through the income and expenditure account. A transfer is then made from designated reserves to the income and expenditure account as appropriate.

Notes to the Financial Statements

for the year ended 31st December 2014

2. Income

The total income of the PSI for the year has been derived from its principal activity wholly undertaken in Ireland.

	2014 €	2013 €
Registration of Pharmacists	2,250,531	2,162,985
Registration of Retail Pharmacy Businesses (RPB)	4,245,311	4,201,762
Administration charges and other registration cost	101,360	99,197
Department of Health funding for Irish Institute of Pharmacy (IloP)	600,000	239,172
FIP sponsorship & exhibition income	-	291,855
	7,197,202	6,994,971

3. Operating (deficit)/surplus

The operating surplus is stated after charging:

	2014 €	2013 €
Depreciation of tangible fixed assets:	314,012	352,828
Auditors' remuneration	12,116	12,116
Loss on foreign exchange	722	112

4. Staff costs

Staff costs were as follows:

	2014 €	2013 €
Wages and salaries	2,299,421	1,932,920
Social welfare costs	194,143	158,986
Other pension costs	410,572	371,349
	2,904,136	2,463,255

The average monthly number of employees during the year was as follows:

	2014 No.	2013 No.
Office and management	37	28

Notes to the Financial Statements

for the year ended 31st December 2014

Included in wages and salaries above is Registrar / Acting Registrar remuneration as follows:

	2014 €	2013 €
Registrar	106,516	20,962
Acting Registrar	-	108,390
	106,516	129,352

5. Council / Committee Members' Remuneration

	2014 €	2013 €
Council / Committee members' remuneration	180,225	177,834
Council / Committee members' expenses	64,195	44,458
	244,420	222,292

6. Taxation

The PSI is exempt from liability to Corporation Tax under Section 227 of the Taxes Consolidation Act 1997.

7. Tangible Fixed Assets	Freehold property €	Premises improvements €	Office equipment & fittings €	Computer equipment & software €	Portraits, medals & badges €	Total €
Cost						
At 1st January 2014	3,687,386	3,311,848	549,692	898,176	10,431	8,457,533
Additions	-	30,076	-	43,711	-	73,787
Disposals	-	-	(319,794)	-	-	(319,794)
At 31 December 2014	3,687,386	3,341,924	229,898	941,887	10,431	8,211,526
Depreciation						
At 1st January 2014	61,457	130,003	351,697	793,100	-	1,336,256
Charge for the year	73,752	144,788	30,689	64,783	-	314,012
On disposals	-	-	(317,323)	-	-	(317,323)
At 31st December 2014	135,209	274,791	65,063	857,883	-	1,332,946
Depreciation						
At 1st January 2014	61,457	130,003	351,697	793,100	-	1,336,257
Charge for the year	73,752	144,788	30,689	64,783	-	314,012
Net book values						
At 31st December 2014	3,552,177	3,067,133	164,835	84,004	10,431	6,878,580
At 31st December 2013	3,625,929	3,181,845	197,995	105,076	10,431	7,121,276

Notes to the Financial Statements

for the year ended 31st December 2014

8. Debtors	2014 €	2013 €
Trade debtors	3,265	3,315
Other debtors	4,936	23,821
Prepayments and accrued income	119,667	146,941
	127,868	174,077
9. Cash	2014 €	2013 €
Cash at hand	125	108
Current accounts	440,540	410,002
Fixed term deposits	11,171,910	11,176,136
Superannuation funds deposit account	2,958,629	2,453,255
Total	14,571,204	14,039,501

Cash held in fixed term deposits contains the designated legal reserve fund of €2,500,000, the property surplus fund of €438,152 and income collected in 2014 but deferred until future periods.

10. Creditors

Amounts falling due within one year

	2014 €	2013 €
Trade creditors	117,822	49,482
Other taxes and social security costs (see below)	133,108	147,834
Deferred income	5,920,059	6,221,731
Other creditors	7,141	28,060
Accruals	558,101	563,180
	6,736,231	7,010,287

Included in other taxes and social security costs are the following:

	2014 €	2013 €
PAYE/PRSI	107,308	86,277
Professional services withholding tax	21,447	60,514
VAT	4,353	1,043
	133,108	147,834

Notes to the Financial Statements

for the year ended 31st December 2014

Amounts falling due after more than one year

	2014 €	2013 €
PSI Superannuation schemes	2,961,332	2,497,796

12. Reserves

	Property surplus reserve €	Designated legal reserve €	Income & expenditure account €
At 1st January 2014		2,500,000	9,326,771
Surplus for the financial year		-	53,318
Transfer from income and expenditure account	438,152		
Transfer to property surplus reserve			(438,152)
At 31st December 2014	438,152	2,500,000	8,941,937

In accordance with the PSI's financial strategy, a designated legal reserve has been established as a reserve to cover any significant costs arising from legal challenges to any part of the Pharmacy Act 2007 and from any of the PSI's rulings. In accordance with the PSI's accounting policy where such funds are no longer required they will be released back to the General Reserve.

An additional property surplus reserve has been set up to ensure the overall surplus on the organisations recent property transactions are ring fenced. Schedule 1 paragraph 12(2) of the Pharmacy Act stipulates that the Council may spend the surplus, including any surplus following disposal of assets as it sees fit, on the development of education, research or any other public purpose connected with pharmacy.

13. Reconciliation of Movement in Reserves

	2014 €	2013 €
Opening reserves	11,826,771	11,126,375
Surplus for the financial year	53,318	700,396
Closing reserves	11,880,089	11,826,771

14. Net cash flow from operating activities

	2014 €	2013 €
Operating (deficit)/surplus	(40,195)	596,374
Depreciation of tangible fixed assets	314,012	352,828
Loss on disposal of tangible fixed assets	2,471	-
Decrease in debtors	46,209	314,359
Increase in creditors	189,480	1,148,690
Net cash inflow from operating activities	511,977	2,412,251

Notes to the Financial Statements

for the year ended 31st December 2014

15. Analysis of Cash Flows for Headings Netted in Cash Flow Statement

	2014 €	2013 €
Returns on investments and servicing of finance		
Interest received	93,513	104,022
Capital expenditure and financial investment		
Purchase of tangible fixed assets	(73,787)	(1, 211,852)

16. Analysis of Changes in Net Funds

	1 January 2014 €	Cash flow €	Other non-cash changes €	31 December 2014 €
Cash at bank and in hand	14,039,501	531,703	-	14,571,204
Net funds	14,039,501	531,703	-	14,571,204

17. Pension Commitments

Under schedule 1 of the Pharmacy Act 2007, the PSI is required to provide a scheme for the granting of superannuation benefits to and in respect of its staff members subject to Ministerial approval.

The PSI Staff Superannuation Scheme and the Spouse's and Children's Contributory Pension Schemes are being operated on an approved 'administrative basis' until formally sanctioned by the Minister for Health with the consent of the Minister for Public Expenditure and Reform. The former scheme provides retirement benefits (lump sum and pension) and death gratuity benefits in respect of death in service. The latter scheme provides pension benefits for surviving spouses and dependent children of deceased members. Both schemes are unfunded defined benefit superannuation schemes.

The Schemes officially commenced on the 22nd May 2007 with collection of contributions commencing on the 1st April 2009. The funding mechanism for the Schemes has not yet been approved by the Department of Public Expenditure and Reform. As such the PSI is currently holding the collected contributions for these Schemes in a designated deposit account until such time as the funding mechanism is formally approved.

Under these circumstances and in view of the above, it is the view of the PSI that the provisions of Financial Reporting Standard 17 (FRS 17), Accounting for Retirement Benefits are currently not appropriate. Accordingly it is accounting for its contributions as if the Scheme was a defined contribution scheme.

The PSI makes an agreed contribution to the Schemes and contributions comprise an employee element together with the agreed employer element.

The contributions are payable by the PSI and accrued in the year they become payable. The Schemes were closed to new entrants to the public sector as of the 31st December 2012.

Notes to the Financial Statements

for the year ended 31st December 2014

The Single Public Service Pension Scheme

The Single Public Service Pension Scheme came into effect on the 1st January 2013 as provided for in the Public Service Pensions (Single Scheme and other Provisions) Act 2012.

The Single Scheme applies to all pensionable first-time entrants to the public service as well as to former public servants returning to the public service after a break of more than 26 weeks. The Scheme is a defined benefits scheme with pension benefits payable under this scheme being paid directly by the Exchequer.

The PSI is responsible for collecting and remitting contributions for this Scheme to the Department of Public Expenditure and Reform. Contributions comprise both an employer and employee element

As superannuation benefits under this Scheme are directly funded by the Exchequer, the PSI considers that its pension arrangements as described above have the same financial effect from the PSI's point of view as a defined contribution scheme.

The PSI is of the view that the provisions of FRS 17, Accounting for Retirement Benefits, which arise under defined benefit schemes are not appropriate in these circumstances.

18. Controlling party

The PSI is controlled by the Council subject to the provisions of the Pharmacy Act 2007.

19. Events after the balance sheet date

There have been no other circumstances or events subsequent to the year end, which require adjustment to, or disclosure in the financial statements or in the notes thereto.

20. Approval of financial statements

The Council approved these financial statements and authorised them for issue on 26th March 2015.

Appendix A

Attendance of Council Members in 2014

Council Member (as at 31st December 2014)	No. of Meetings Attended*
Jim Brophy	9/10
Nicola Cantwell	9/10
Leonie Clarke	9/10
Richard Collis	8/10
John Corr	8/10
Ann Frankish	9/10
Paul Gorecki	9/10
Jean Holohan	9/10
Deirdre Larkin	7/9
Edward Mac Manus	2/2
Chantelle Macnamara	8/10
Shane McCarthy	8/9
Caroline McGrath	2/2
Kieran Murphy	10/10
Ciaran O'Boyle	8/10
Fionán Ó Cuinneagáin	10/10
Pat O'Dowd	9/10
Caitriona O'Driscoll	8/10
Keith O'Hourihane	8/10
Rita Purcell	7/10

Council members who were in office for a period of 2014	
Eoghan Hanly	4/4
Conor Phelan	3/3
Noel Stenson	3/3

* The number of meetings/attendance varies due to varying dates of appointment and completion of terms in office.

Appendix B

Attendance of Committee Members in 2014

Pharmacy Practice Development Committee

Committee Member	No. of meetings attended*
Mr. Keith O’Hourihane (Chair)	4/5
Dr. Ann Frankish	3/3
Mr. John Corr	3/5
Mr. Raymond Anderson	2/5
Dr. Paul Gorecki	3/4
Mr Finbar Lennon	5/5
Dr Tamasine Grimes	4/5
Ms Mary Culliton	3/5
Ms Clare Ward	3/5

Registration and Qualification Recognition Committee

Committee Member	No. of meetings attended*
Dr. Ann Frankish (Chair)	5/5
Prof. Caitriona O’Driscoll	3/5
Dr. Denis Doherty	4/5
Mr. John Lynch	4/5
Dr. Chantelle Macnamara	1/5
Mr. Pat O’Dowd	3/5
Ms. Rita O’Brien	4/4

Inspection and Enforcement Committee

Committee Member	No. of meetings attended
Mr. Richard Collis (Chair)	5/5
Dr. William Boles	4/5
Mr. Tom Collins	4/5
Dr. Mike Morris	4/5
Mr. Martin Higgins	2/5
Dr. Paul Gorecki	3/4
Dr. Jean Holohan	1/2
Ms. Leonie Clarke	2/2
Dr. Ann Frankish	2/2

Appendix B

Attendance of Committee Members in 2014

Professional Development and Learning Committee

Committee Member	No. of meetings attended*
Mr. Fionán Ó Cuinneagáin (Chair)	6/6
Prof. Ciaran O'Boyle	3/6
Prof. Caitriona O'Driscoll	3/6
Ms. Nicola Cantwell	5/6
Mr. Tim Delaney	5/6
Ms. Pauline Kavanagh	5/6
Ms. Meghan Kearney	2/6
Ms. Niamh McMahon	6/6
Ms. Aoife McAuliffe	3/5
Mr. Stephen McMahon	3/6
Mr. Stephen Nolan	3/6
Ms. Yvonne Sheehan	2/6

Administration and Finance Committee

Committee Members	No of Meetings Attended*
Ms. Rita Purcell (Chair)	4/5
Mr. John Corr	4/5
Mr. Jim Brophy	5/5
Ms. Deirdre Larkin	1/3
Mr. Shane McCarthy	0/1
Ms. Leonie Clarke	3/3
Mr. Conor Phelan	2/2

Audit Committee

Committee members	No. of Meetings Attended*
Ms. Eugenie Canavan (Chair)	4/4
Mr. Dermot Magan	3/4
Mr. Pat O'Byrne	4/4
Mr. Martin Higgins	4/4
Mr. Pat O'Dowd	4/4
Ms. Noreen Fahy	4/4

Chairpersons Committee

Committee members	No. of Meetings Attended*
Mr. Fionán Ó Cuinneagáin	3/3
Mr. Richard Collis	2/2
Ms. Leonie Clarke	2/3
Dr. Ann Frankish	1/1
Mr. Eoghan Hanly	1/1
Mr. Keith O'Hourihane	3/3
Mr. Noel Stenson	1/1
Ms. Rita Purcell	3/3

* The number of meetings /attendance varies due to varying dates of appointment or completion of terms in office. Committee members listed include those who served on the Committee for any period during 2014.

Appendix C

Fees and expenses paid to Council Members in 2014

Council Member	Fees Paid in 2014 ¹	Expenses Paid in 2014 ²
	€	€
Council Members who were in office as at 31st December 2014		
Mr. Jim Brophy	7,695	53
Ms. Nicola Cantwell	11,824.28 ³	479
Ms. Leonie Clarke	9,848	0
Mr. Richard Collis	7,695	0
Mr. John Corr	7,695	249
Dr. Ann Frankish	7,695	0
Dr. Paul Gorecki	7,016	0
Dr. Jean Holohan	7,695	2,286
Ms. Deirdre Larkin	6,615	0
Mr. Shane McCarthy	6,152	3,471
Ms. Caroline McGrath	1,475	0
Mr. Edward MacManus	0 ⁴	0
Dr. Chantelle Macnamara	7,695	0
Prof. Kieran Murphy	0	0
Prof. Ciaran O'Boyle	7,695	0
Mr. Fionán Ó Cuinneagáin	7,695	0
Mr. Pat O'Dowd	0	893
Prof. Caitriona O'Driscoll	0	959
Mr. Keith O'Hourihane	7,695	6,397
Ms. Rita Purcell	0	0
Council members who were in office for a period of 2014		
Mr. Eoghan Hanly	4,424	2,867
Mr. Noel Stenson	2,381	4,271
Mr. Conor Phelan	2,444	1,074

¹ Fee payment is in line with the duration of term in office during 2014.
Council Members employed in the public sector were not paid fees in 2014.

² Aggregate expenses paid up to 31.12.2014.

³ Included in fee payment for 2014 is an amount relating to 2013.

⁴ Payment of applicable 2014 fee pending at end of year and paid in January 2015.

Appendix D

Review of energy usage in 2014

PSI personnel occupy 1,920 m² of office space located in Dublin. In 2014, the PSI consumed 560,868 kWh of energy, consisting of:

- 266,700 kWh of electricity;
- 294,168 kWh of fossil fuels;

Actions Undertaken in 2014

January 1st to December 31st 2014 is the first complete year of operation in PSI headquarters on Fenian street in Dublin. Energy usage measurements for that 12 month cycle will provide benchmarks for future readings and analysis.

The energy usage for 2014 has been consistent with the energy usage of 2013. There was an overall 3.5% reduction in energy usage from 581,573 kWh of energy to 560,868 kWh.

The current premises employs a very cost effective and efficient energy management system, including using both natural and mechanical ventilation, the use of motion detection lighting systems and an intelligent building management system which monitors the energy usage and adjusts according to the environmental conditions.

Actions Planned for 2015

The usage of energy in the building will continue to be monitored to achieve further energy savings. PSI staff are aware of energy controls and continue to provide their input for the purposes of maintaining best practice in energy usage throughout the building. Despite staff increases since first occupying the building, and the demands placed on the building's systems, a reduction in energy usage has been noted as a positive outcome.

The energy system will continue to be maintained annually and monitored regularly to maintain efficiencies.

The Pharmaceutical Society of Ireland
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