

Council meeting 5 & 6 December 2006

PUBLIC BUSINESS

## **The Society's Business Plan and strategic objectives 2007**

### **Purpose**

To receive a copy of the latest draft of the Society's Business Plan for 2007.

### **Recommendation**

Council is asked to note and comment on the Society's business plan for 2007.

### **1. Background**

A Business Plan is a statement of specific business objectives designed to deliver the overall goals established by an organisation's governing body, set in the context of the environment in which the organisation operates. It serves a number of purposes:

- i. It defines, for staff and for stakeholders (internal and external), what it is expected should be achieved within a specific timeframe
- ii. It provides the basis for monitoring organisational performance.
- iii. It is used in the performance management system to ensure that team and personal objectives are related to the overall goals of the organisation.
- iv. It forms the basis for the organisation's budget since it defines the work that needs to be done.

### **2. The 2007 Plan**

This is the third annual Business Plan that fulfils (i) and (ii), the second that will be used consistently to meet (iii) and since it has been developed alongside the budget, the second to contribute to (iv).

This draft of the plan uses the priorities agreed by the Council in March 2006 as the framework within which the business objectives sit in Section 5. This plan will be supported, at Directorate level, by operational plans which, as well as including the key organisational objectives from the main plan, add in the next layer down to enable the Executive team to monitor performance as part of the management process.

The business objectives will be incorporated into the Council update paper presented at each meeting as part of the process for monitoring the performance of the organisation.

Council members will note that the plan does not include any priority related to handling the Foster and Donaldson reports going forward. Since those issues are included in the

December Council agenda, a business priority can be added after Council decisions are made.

We have taken the opportunity with the 2007 plan to strip out much of what might better be described as "business as usual". The objectives included in the 2007 plan describe, with now just one or two exceptions, discrete activities, the achievement of which is measurable, providing a more focused document.

Council will note that a number of the identified priorities are not supported with any specific business objective activity during 2007, while other areas still need to be worked up – there are a number of activities within the 3<sup>rd</sup> strategic priority domain – "Members are engaged with the Society's vision" – which rely on progress following the communications review to scope out specific objectives, for example. As this work is taken forward in 2007, so objectives can be added into the plan, and reported on a regular basis through the update sheets. However, Council may additionally wish to think about using some of its review time early in 2007 to review the overall shape of the plan.

### **3. Risk Implications**

The production of a Business Plan is an integral part of ensuring the efficiency and effectiveness of an organisation. Without one, the organisation risks a lack of co-ordination and the misallocation of funds to priorities, and an inability to monitor performance.

### **4. Resource Implications**

There are no specific resources allocated to the development of this plan, and none are identified for the immediate future. Business planning is part of the management process.

### **5. Recommendation**

Council is asked to note and comment on the Society's business plan for 2007.

Rob Darracott  
Director, Corporate & Strategic Development

**The Royal Pharmaceutical Society**

**Business Plan 2007: draft 3.1**

**27.11.06**

## **1 Introduction**

Those who founded the Society in 1841 were driven by a desire to create an organisation, the membership of which would provide an assurance for the public that suitably qualified professionals provided their medicines. While perceptions of health professionals, and the institutions that govern them, have been at a low ebb, it continues to be in the interest of professionals that the public should have full confidence in those trusted to provide their health care.

The Shipman Inquiry has been the latest in a series of incidents that have fuelled a public perception that, for many years, elements within the health professions have tended to place a duty to their colleagues above their professional duty to patients and to the public. Those breaches are driving the medical profession and, by extension, the health care professions generally towards a more comprehensive and defined system of regulation. During 2005 two reviews – one by the Government’s Chief Medical Officer into the General Medical Council and the other by the then NHS (England) Director of Workforce Andrew Foster into non-medical regulation – were established to consider again how this system might be improved.

Together the 2004 Charter and the new legislative framework should provide a strong foundation on which the Society can meet the future needs of the public, pharmacists and pharmacy technicians, and pharmacy can retain public trust.

However, the publication of the two reviews “Good Doctors, Safer Patients” and “The regulation of non-medical healthcare professionals” and the Government’s initial response to them – a consultation on further change – has provided a new challenge to the Society, and specifically one around the clarification of how its regulatory and professional leadership roles support the public benefit. The Society was working on its response to this latest challenge as this Business Plan was being put together.

### **1.1 Delivering patient safety, public confidence and trust, and professional pride**

Against the background of a trend towards regulation based on prevention and deterrence, the Society continues to invest in developing its capacity to deliver its fitness to practise functions and responsibilities. This investment, with the greater range of powers and sanctions coming through the Section 60 Order to be implemented in 2007, will enable the Society to deal firmly and fairly with those few pharmacists or pharmacy technicians who fail to maintain the high standards of professional conduct and competence expected of them. The Society’s commitment to patient safety and maintaining the confidence of the public in the profession is reflected by the inclusion of these functions in the Charter.

The Society is equally committed to supporting and developing the practice of the vast majority of pharmacists whose performance and conduct is never called into question. Its work in quality improvement and education, together with its continued support for and development of its Branch structure, provide opportunities for the Society to work with pharmacists to develop the important safety culture across the profession. We know from the experience of other industries, that a safety culture will prevent errors and poor practice emerging and provide the sustainable improvements in quality that the public and indeed the profession expect.

The Society also recognises its responsibilities to promote and support the development of the knowledge base that enables pharmacists to deliver high quality patient care. While this objective lies outside most conceptions of modern professionalism the Society, through its Charter objects, remains committed to enhancing the knowledge base that is the life blood of the profession.

In defining its policies and in determining how it should lead the profession, the Society has maintained an appropriate balance between its Charter objects by making the public interest central to its thinking. The public is entitled to be served by competent professionals, but it is also in the long term interests of the profession and the public that

pharmacists continue to develop their practice and that a sustainable culture of quality and safety is maintained across the profession.

between functions should mean we will be able to progress key areas of work more efficiently than as been possible in the previous years.

## **1.2 Professional leadership**

Much has been said and written about the Society's role in leading the profession – leadership carries a weight of expectation but the need for it can often only be identified by its absence.

The Society will continue, through its education and quality improvement programmes, to build a strong and confident profession that innovates and adopts new ways of working with other professions and patients.

Through its public affairs work the Society will continue to champion the work of the profession and to inform and influence the wider political and policy agenda in areas where pharmacists' or pharmacy's knowledge can add value to the health of the population. The role of the Society as an independent and informed voice in debates about genetic testing and the clinical use of cannabis provide a firm foundation for the future.

Against this background the devolved administrations in Scotland and Wales present additional challenges and opportunities, and how the Society positions itself to support pharmacists working within new diverging health agendas will be an important feature of the next few years, and one where the Society's work on devolution, which will result in the establishment of separate national boards for pharmacy in England, Scotland and Wales in 2007 will provide the beginning.

## **1.3 Conclusion**

In 2004 the Society reaffirmed its commitment to leading and developing the profession, while investing to meet its regulatory obligations. This integrated approach is intended to give effect to all the Society's Charter objects. The Foster and Donaldson consultation may re-open aspects of the debate, but the articulation of the tensions

## 2 Our purpose, vision and key functions

### 2.1 Purpose

Our purpose is defined by our Royal Charter and by legislation. In renewing its Charter, the Society reaffirmed its overall aims through the Charter objects, which are, within the context of the public benefit:

- to advance knowledge of, and education in, pharmacy and its application, thereby fostering good science and practice
- to safeguard, maintain the honour, and promote the interests of pharmacists in their exercise of the profession of pharmacy
- to promote and protect the health and well-being of the public through the regulation and professional leadership and development of the pharmacy profession and the regulation of other persons engaged in related activities; and
- to maintain and develop the science and practice of pharmacy in its contribution to the health and well-being of the public.

### 2.2 Vision and mission

In the light of the Society's revised Charter, and with the full knowledge of the key components of the Section 60 Order, the Council reconsidered the Society's vision and mission in 2005.

The Council's vision – its goal – for the Society is “to advance health and wellbeing through promoting excellence within the pharmacy profession”. This statement is consistent with previous vision statements for the profession, which have placed the public interest at the heart of the organisation's ambition.

The Council also confirmed the Society's mission – the essence of what it does – as “to lead, regulate, develop and represent the profession of pharmacy”.

The vision and mission of the Society confirm the purpose of the organisation, which are described in the introduction to the Society's Royal Charter as the reasons for seeking it. These were to:

- lead the strategic development and the policies of the profession of pharmacy,
- support the science and practice of pharmacy,
- to engage in the wider public debate on health related matters and on the role of pharmacy in contributing to the health of the public.

### 2.3 Strategic Objectives

The Council met for the first time with its new constitution including 10 lay members and two pharmacy technicians in June 2005. Over three sessions during the 2005/06 Council year, the Council worked through a strategic planning process to define and set out for the organisation and the members, its strategic priorities for the short and medium term.

The Council recognised the importance, in this time of great opportunity for the profession with positive government policy directions in England, Scotland and Wales, of setting a clear sense of direction for the organisation while finding ways to improve the strategic awareness of the profession at a local level. Against this background, the Society has a lot of strengths: its reputation as a regulator; its construction as a compulsory membership, profession-wide body; the public trust in the profession, and the diversity of the profession. These would be important in meeting the challenges faced by the Society post-Shipman, and as the profession faces workforce shortages at a time when delivery and professional performance, particularly in the community sector through the new contracts, is vital.

After a review of the forces and drivers for change impacting on the profession, and an exploration of potential future scenarios, the Council produced, through an iterative process, a set of strategic priorities for the Society. Beneath these, a series of key objectives expand on the priority statements. As a final part of the process, the work of the organisation – in the shape of its key business objectives – was matched against the Council’s key objectives, so that any gaps between the Council’s aspirations and the Society’s current work programme could be identified, and actioned within future plans.

These priorities and objectives have been used in this document as the framework within which the work of the organisation sits.

The Council’s five strategic priorities, and their immediate underpinning key objectives are:

**SP 1. “Recognised as world influencing and world class”**

- *The Society will develop an evidence base on medication errors and benchmark against international performance*
- *The Society will actively engage with opportunities to develop and influence educational and accreditation models internationally, and recognise the opportunities for international accreditation*
- *The Society will organise conferences of international character/standing*
- *The Society will continue to play a leading role as a research funding body engaged with programmes to further knowledge of the practice and science of pharmacy*
- *The Society will set professional standards for all aspects of services provided by the pharmacy team*

**SP 2: “Influencing the development of pharmacists to play an expanding and more inclusive part in healthcare, public health and social care”**

- *The Society will influence and integrate pharmacy into governments’ wider agenda, including for public health and long term conditions*
- *The Society will oversee the implementation of strategic plans to ensure the competence and fitness for purpose of the pharmacy workforce*
- *The Society will develop professional standards and guidance to reflect the changes to professional working practices and service provision that emerge as a result of the Government’s consultation on skill mix and other initiatives*
- *The Society will facilitate the development of the pharmacy team through the regulation of pharmacy technicians to allow the delivery of an enhanced role in health and wellbeing*

**SP 3: “Members are engaged with the Society’s vision”**

- *The Society will ensure the full engagement of all sectors of the profession in its new 10-year vision for pharmacy – Pharmacy 2020*
- *Council will consult formally with Branches/Regions on key areas of policy development every year*
- *The Society will be more customer-focused, and Improve its “face” with its members, so they would join, even if membership were voluntary*
- *The Society will provide a variety of professional support and advisory services that are relevant, of high quality and meet the identified needs of the membership*

**SP 4: “The public recognise pharmacists as the approachable expert in medicines”**

- *The Society will develop a 12-month rolling programme for dissemination and use of materials promoting the role of the pharmacist to patients and the public, by and in the general media, in particular targeting hard to reach groups*
- *The Society will ensure that patient and public interests are effectively involved in its work at all levels*
- *The Society will maintain and improve rapid response mechanisms to engage the media more effectively within 12 months*
- *The Society will develop transparent processes to enhance public confidence*
- *The Society will prepare and implement new public protection systems and processes for dealing with misconduct and fitness to practise, underpinned by legislation*

**SP 5: “An organisation that consistently demonstrates leadership as a professional body, regulator and publisher”**

- *The Society will ensure that its organisational structure evolves to meet the challenge of change, particularly in relation to the outcome of regulatory review, and the constitutional issues around devolution*
- *The Society will secure public confidence by effectively communicating its policies, being transparent with the public and appropriately representing and leading the profession*
- *The Society will support and develop management capacity across the entire organisation, paying due regard to achieving diversity*
- *The Society will develop a financial strategy that secures financial viability i.e. sound finances sufficient to support activities in the short, medium and long term*

**2.4 Key Functions (Outputs)**

The Council re-examined the functions of the Society in November 2004. The key functions (with the associated strategic priority area) are:

Leading the profession of pharmacy in its development to meet 21<sup>st</sup> century requirements through

- The provision of strategic leadership to the profession (1,2)
- Providing representation of pharmacy and the pharmacy profession, consistent with the public benefit (1,2,4)
- Engaging in public debate on health-related matters and advising governments, other professions and the public (1,2,4)
- Fostering collaboration with other bodies (1,2,4)
- Promoting pharmacy as a career (2)

Ensuring that only appropriately qualified individuals may practise the profession of pharmacy in Great Britain through

- Setting and enforcing educational standards for the profession (1,2,4)
- Accrediting UK degree courses for progression to preregistration training (1,2)
- Controlling preregistration training (2)
- Running the Society's own membership examination scheme (the Registration Examination) and the award of Membership of the Society (1,2)
- Operating the relevant European Directives covering pharmacists and pharmacy technicians (1,2)

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- Requiring all practising pharmacists and registered pharmacy technicians to undertake continuing professional development (2,4)
- Developing proposals for periodic revalidation (4)

Maintaining the statutory registers of pharmacists and retail pharmacy premises and the ancillary registers associated with those registers through

- Developing good practice and processes in registration to ensure that the Society's statutory obligations and the needs of the profession are met (4)
- Maintaining and controlling the processes of admission to, retention on, and removal from the registers (4)
- Regulating the profession of pharmacy in Great Britain and the delivery of pharmacy services through
- Setting and enforcing standards of conduct, practice and performance (4)
- Developing proposals for assessing professional competence (4)
- Promoting good practice (1,2,4)
- Identifying those members of the profession who fail to achieve appropriate professional standards (4)
- Removing from the Register those who do not meet the standards of the profession (4)

Serving the profession through "learned society" activities, including

- Publishing materials promoting the understanding of the science of medicines and the practice of pharmacy (1,2,3)

- Promoting understanding of the history of the profession through the maintenance of a collection of objects and the provision of historical research services (4)
- Providing a resource to the profession in order to promote knowledge and understanding of the science of medicines and the practice of pharmacy through library and advisory services, and through the promotion of conferences and symposia. (1,2,3)
- Through its Benevolent Fund supporting members in need. (3)

### **2.5 Key Functions (Inputs)**

The Society's Corporate & Strategic Development and Finance & Resources Directorates comprise a range of corporate and support services that enable the organisation to function effectively (all strategic priority 5). They include:

- Secretariat and Governance
- Research & Development
- Policy Development Support
- Human Resources
- Finance and Accounting
- Procurement
- Building and House Services
- Information Management and Technology

### **Implementation**

The Society's Executive (management team) implements the Council's policies through its directorates. While each directorate takes lead

responsibility for a group of key functions, it is the responsibility of all directorates to work together to deliver their respective functions.

## **2.6 Values**

The Society has developed a set of internal value statements that reflect the way the staff intend to conduct themselves. These values identify the key behaviours required for effective performance within the Society. This work has continued through 2006 to engage all staff by rolling out statements describing behaviours that represent practical demonstrations of the values.

### ***Integrity***

To undertake my role to the best of my ability and in an honest, open, objective and fair manner.

### ***Commitment***

To understand and demonstrate why and how what I do every day is helping to achieve the Society's objectives.

### ***Confidence of our worth***

To demonstrate that I am confident in my abilities and deserve the trust placed in me.

### ***Respect***

In the way that I treat people, I will listen and aim to understand the viewpoints and feelings of others.

### ***Innovation***

To constantly strive to improve and evolve the things I do and the way I do them.

### ***Achievement***

To focus on achieving my role's objectives and work with others to help them achieve their own.

### **3 Achievements in 2006**

To be completed by year end

### **4 External environment**

Further updating to this section required.

#### ***4.1 Modernising professionally-led regulation in healthcare***

The UK Government is committed to making the regulation of health professionals more transparent and accountable with greater lay involvement. It started by setting out minimum standards for health professional regulators. The Council for Healthcare Regulatory Excellence performs an oversight function for nine healthcare regulators, including the Society, who have a duty to co-operate with it, and has powers to refer decisions it considers to be unduly lenient to the High Court and can require regulators to change their processes or rules in the interests of public protection, subject to Parliamentary approval. Government policy can be seen to reflect societal trends towards a more informed and more demanding public, and changing opinion about the trustworthiness of professionals arising out of high profile cases which have pushed health regulators into the spotlight.

The Health Act of 1999 gave the Government broad powers to create regulatory machinery for the health professions through secondary legislation. It has used these powers extensively already, and the RPSGB is one of the last to be “reformed” using this legislation. Much delayed, the Section 60 Order will, in 2007, provide legislation in respect of undergraduate and preregistration education, registration and the register, mandatory continuing professional development, the registration of pharmacy technicians and the modernisation of the

Society's fitness to practise machinery.

Following the Shipman Inquiry, the Government established a review by its Chief Medical Officer, Professor Sir Liam Donaldson, to look at the General Medical Council and specifically its proposals for revalidation. Alongside that review, the Government announced that the NHS (England) Director of Workforce, Andrew Foster would look at non-medical regulation, with a remit which included the examination of the role, function and number of regulators.

To be completed by year end.

#### ***4.2 Devolution***

While regulation of health professionals remains a reserved power to Westminster, the creation, in 1999, of the Scottish Parliament and the Welsh Assembly, with their different but distinct remits over health matters in Scotland and Wales, means that the environment in which pharmacy is practised is changing, and may well be quite different across the three countries in a few years time.

#### ***4.3 Higher Education Policy***

There has been a steady increase in the numbers of pharmacy undergraduate places in the UK University sector (between 1999 and 2003 there was an increase of 21% in the number of first year students). The upward trend is a consequence of both an increase in the number of places offered in the existing schools, and the opening of new schools, driven primarily by the business needs of the universities. It is not a planned expansion directed at meeting needs of the profession and the NHS, and there has been no parallel planning to develop capacity amongst the academic pharmacist workforce.

This trend is set to continue with a number of universities looking to open new Schools – two admitted students in 2004, one in 2005, and [two – check] in 2006.

#### **4.4 The new community pharmacy contracts**

A new contract for community pharmacists in England and Wales came into effect in April 2005. The development of a new contract for community pharmacy, with more emphasis on pharmaceutical care services was something the profession told the Society it wanted in the "Pharmacy in a New Age" consultation almost ten years ago. It has taken a long time to achieve but the Society has consistently lobbied for a new contract since the "Pharmacy in a New Age" consultation.

The contract was negotiated by the Pharmaceutical Services Negotiating Committee, which represents contractors, and is designed to deliver on a national basis a number of the service developments identified by the profession within PIANA.

In Scotland, the Pharmaceutical General Council's new contract for NHS services agreed with the Scottish Executive will be phased in over the next few years, starting in 2006. As a result of the specific responsibility of the Scottish Parliament for health matters, the Scottish contract is different in a number of ways to the one negotiated within England & Wales, a natural consequence of devolution.

#### **4.5 Agenda for Change**

Agenda for Change – the Government's workforce programme for the NHS – has had a major effect on both hospital and primary care pharmacists. The Society, concerned that the use of medicines was not being adequately covered in the Knowledge and Skills Framework (KSF) that underpins Agenda for Change, facilitated a group to review the medicines aspects of the KSF with the Guild of Healthcare Pharmacists (GHP). This group's recommendations resulted in changes to the KSF to better reflect the extensive use of medicines within the NHS, and therefore better represent the specialist knowledge base of pharmacists.

The impact of AfC continues to be felt across the service, as all jobs have been subject to re-evaluation. This major logistical exercise has not been without its problems, and issues around equity across the system have been more than anecdote, with the appeals process

enshrined within it continuing long after all staff were due to be transferred over to the new AfC scales.

#### **4.6 The Shipman Inquiry**

New systems for monitoring the prescription, supply and disposal of Controlled Drugs were implemented in 2006, with additional roles for the Society's inspectorate, which has been expanded as a result with some additional Government funding.

#### **4.7 European Issues**

The European Union expansion from 15 to 25 countries in 2004, with the addition of predominantly Eastern European countries has provided new sources for the recruitment of pharmacists for the home market. The accession of the former Soviet bloc countries has added a renewed impetus to concerns over the language requirements for registration of EU nationals.

On the legislative front two Directives – on the recognition of professional qualifications and on the cross border provision of services – resulted in lobbying action at the European level through the Society's collaboration with the other health and social care regulators in AURE (the Association of UK Regulators in Europe). The deregulatory aspects of both Directives likely to be detrimental to the public were opposed successfully by AURE, and the Directives modified as a result.

The professional recognition Directive will be implemented in UK law by the required date of October 2007, while health services have been excluded from the scope of the services Directive.

#### **4.8 Prescribing**

While the number of pharmacists becoming supplementary prescribers continued to grow through 2006, the Government announcement of plans to extend full independent prescribing responsibilities to pharmacists and nurses at the end of 2005 gave renewed impetus with

the need for a curriculum to reflect the wider powers. The first pharmacist independent prescribers were likely to appear towards the end of 2006.

Primary Care Organisations continued to develop minor ailment schemes to increase the availability of free medicines through pharmacies. This continues a trend for making more medicines available over the counter that is likely to continue and even accelerate in 2006, along with the POM to P trend.

#### **4.9 Diversity**

In October 2004 the Society became a “Qualifications Body” under Part II of the Disability Discrimination Act 1995. This requires the Society as a training, examining and awarding body not to discriminate against people on its registers and applicants by virtue of their disability and to make appropriate “adjustments” on their behalf. There are a very few occasions when “adjustments” can be made to the Preregistration Year – and the Society does this when appropriate – but the majority of requests for adjustments arise for the Registration Examination. The Board of Examiners implemented a formal scheme of adjustments for the first time at the summer 2005 sitting, informed by advice from consultants, expert bodies and the experience of other regulators.

The Special Educational Needs and Disability Act 2001 (SENDA) stipulates that relevant organisations should eliminate competitive disadvantage and implicit testing of disability rather than skills. As a regulator the Society clearly has a duty to balance the needs of disabled aspirants to the profession and of pharmacists against its overriding duty to the public.

The legal considerations for pharmacists who become disabled are different from those for disabled people aspiring to join the profession. Pharmacists who become disabled can be treated as mature reflective professionals able to make informed judgements about their own condition and appropriate scope of practice. Their disabilities fall under fitness to practise procedures and the Section 60 Order will give the

Society powers to deal more appropriately with health issues than it can at present.

## 5 Objectives

This section contains the objectives for 2007 grouped according to their contribution to the Council's key strategic priorities (*Lead Directorate, Division in brackets*).

### **Strategic Priority 1 “Recognised as world influencing and world class”**

**Key Priority 1A: The Society will develop an evidence base on medication errors and benchmark against international performance**

This business priority will be reviewed during 2007

**Key Priority 1B: The Society will actively engage with opportunities to develop and influence educational and accreditation models internationally, and recognise the opportunities for international accreditation**

This business priority will be reviewed during 2007

**Key Priority 1C: The Society will organise conferences of international character/standing**

We will:

**Business Objective 1C1:** Continue to deliver the British Pharmaceutical Conference and Exhibition within budget and to a high standard, and develop a three-year business plan for BPC 2008-2010. (*Public Affairs & Communications, PR & Membership*)

**Business Objective 1C2:** Organise an international conference on pharmacist prescribing in June 2007

**Business Objective 1C3:** Support the organisation of the European Society of Clinical Pharmacy International Conference, Edinburgh, May 2007. (*Scotland*)

**Key Priority 1D: The Society will continue to play a leading role as a research funding body engaged with programmes to further knowledge of the practice and science of pharmacy**

We will:

**Business Objective 1D1:** Commission the first phase of the Council's second five year research strategy (2007 – 2011) (*Corporate & Strategic Development, Research & Development*)

**Key Priority 1E: The Society will set professional standards for all aspects of services provided by the pharmacy team**

We will:

**Business Objective 1E1: (draft)** Establish co-operative working with stakeholders in prescribing (Royal Colleges, British Society of Clinical Pharmacology) to establish common standards of prescribing practice and education. (*Practice & Quality Improvement, Education & Registration*)

**Business Objective 1E2:** Develop proposals for improving quality of OTC sales, particularly new POM to Ps. (*Practice & Quality Improvement, Quality Improvement*)

**Strategic Priority 2: “Influencing the development of pharmacists to play an expanding and more inclusive part in healthcare, public health and social care”**

**Key Priority 2A: The Society will influence and integrate pharmacy into governments' wider agenda, including for public health and long term conditions**

We will:

**Business Objective 2A1: (draft)** Implement our public affairs strategy across England, Scotland and Wales to make a real impact on public policy. (*Public Affairs & Communications, Scotland, Wales*)

**Key Priority 2B: The Society will oversee the implementation of strategic plans to ensure the competence and fitness for purpose of the pharmacy workforce**

We will:

**Business Objective 2B1:** Continue with the programme to update the Society's education policy with a review of the undergraduate and preregistration standards and assessments (*Education & Registration, with Corporate & Strategic Development*)

**Business Objective 2B2:** Scope future programme to develop preregistration tutor network. (*Education & Registration, Preregistration*)

**Business Objective 2B3:** Begin the process of reviewing pharmacists' CPD records by piloting review systems with up to 1000 volunteer pharmacists. (*Education & Registration, Post Registration*)

**Business Objective 2B4:** Complete the development of systems for the implementation of return to practice requirements (*Education & Registration, Post Registration*)

**Business Objective 2B5:** Scope and test the potential for the risk assessment of pharmacy practice as a basis for regulation of advanced and specialist practice and ultimately revalidation. (*Education & Registration, Post Registration*)

**Key Priority 2C: The Society will develop professional standards and guidance to reflect the changes to professional working practices and service provision that emerge as a result of the Government's consultation on skill mix and other initiatives**

We will:

**Business Objective 2C1:** Work with the Department of Health and other key stakeholders to consider the areas where new legislative requirements are to be introduced and identify what supporting professional standards and guidance will be required. (*Practice & Quality Improvement, Practice*)

**Business Objective 2C2:** Complete a major review of the Codes of Ethics for Pharmacists and Pharmacy Technicians in light of changes within the profession, the healthcare environment and changing public attitudes by mid 2007. (*Practice & Quality Improvement*)

**Key Priority 2D: The Society will facilitate the development of the pharmacy team through the regulation of pharmacy technicians to allow the delivery of an enhanced role in health and wellbeing**

We will:

**Business Objective 2D1:** Enable the transfer of registrants of the voluntary register to the statutory register of pharmacy technicians as soon as the necessary statutory provisions are brought into force (*Education & Registration, Support Staff Regulation*)

**Business Objective 2D2:** Fully implement accreditation procedures for programmes meeting post-transitional registration criteria for pharmacy technicians by mid- 2007. (*Education & Registration, Support Staff Regulation*)

**Strategic Priority 3: "Engaging members with the Society's vision"**

**Key Priority 3A: The Society will ensure the full engagement of all sectors of the profession in its new 10-year vision for pharmacy – Pharmacy 20:20**

We will:

**Business Objective 3A1:** Fully engage with all sectors of the profession during 2007 to develop a new 10-year vision for pharmacy – Pharmacy 2020 (*Practice & Quality Improvement*)

**Key Priority 3B: Council will consult formally with Branches/Regions on key areas of policy development every year**

The business priorities in this area will be established during the year.

**Key Priority 3C: The Society will be more customer-focused, and Improve its “face” with its members, so they would join, even if membership were voluntary**

We will:

**Business Objective 3C1:** Improve user access to the website as a mechanism for the provision of information about Society activities to the membership in England, Scotland and Wales, while maintaining the breadth and depth of content. The content management system will be implemented across all directorates (*Public Affairs & Communications, Scotland, Wales, Website*)

**Key Priority 3D: The Society will provide a variety of professional support and advisory services that are relevant, of high quality and meet the identified needs of the membership**

We will:

**Business Objective 3D1:** Ensure that an effective relationship, including communication and support, is developed between the National Boards and the Branch and Regional network. (*Public Affairs & Communications, PR & Membership, Scotland, Wales*)

**Business Objective 3D2:** Devise a marketing plan, seek resources and market the Leading Across Boundaries programme (*Practice & Quality Improvement, Professional Leadership*)

**Business Objective 3D3:** Sustain the current level of library and information support services and facilities for members and others while exploiting modern technology to improve pharmacists’ access to information as detailed in the strategic review (*Public Affairs & Communications*)

**Business Objective 3D4:** Review the library service provided from the Scottish Office to ensure it meets the identified needs of members in Scotland. (*Scotland*)

**Business Objective 3D5:** Develop recognition of the Museum among new and existing audiences as the approachable expert in the history of

pharmacy as part of the process to maintain the Registered status of the Society’s museum and achieve the new phase of Accreditation by March 2008. (*Public Affairs & Communications, Museum*)

**Business Objective 3D6:** Review the function of the Museum in the Scottish Office and ensure that all retained artefacts are catalogued and stored under appropriate conditions. (*Scotland*)

**Strategic Priority 4: “The public recognise pharmacists as the approachable expert in medicines”**

**Key Priority 4A: The Society will develop a 12-month rolling programme for dissemination and use of materials promoting the role of the pharmacist to patients and the public, by and in the general media, in particular targeting hard to reach groups**

We will:

**Business Objective 4A1:** Continue to promote the work of the Society and the pharmacy profession to the public through a proactive public relations programme, incorporating media relations, corporate publications and a national awareness campaign. A poster and leaflet campaign will be run during 2007 to raise public awareness of the role played by pharmacists in offering expert advice on sexual health. (*Public Affairs & Communications*)

**Key Priority 4B: The Society will ensure that patient and public interests are effectively involved in its work at all levels**

We will:

**Business Objective 4B1:** Implement the Council’s agreed patient and public involvement strategy. (*Corporate & Strategic Development, Policy Development, with /Public Affairs & Communications*)

**Key Priority 4C: The Society will maintain and improve rapid response mechanisms to engage the media more effectively within 12 months**

We will:

**Business Objective 4C1:** Work to find alternative ways of engaging with the pharmacy media in order to free up pr staff time to engage with the national and regional media on pharmacy issues. *Public Affairs & Communications, Public Relations*)

**Key Priority 4D: The Society will develop transparent processes to enhance public confidence**

**Key Priority 4E: Prepare and implement new public protection systems and processes to fulfil its regulatory functions**

We will:

**Business Objective 4DE1:** Establish the Investigating Committee, Disciplinary Committee, Health Committee and Registration Appeals Committee, immediately the Pharmacists and Pharmacy Technicians Order is brought into force. *(Fitness to Practice & Legal Affairs, Education & Registration)*

**Business Objective 4DE2:** Bring into force new rules governing the procedures of these Committees, as soon as the relevant provisions of the Pharmacists and Pharmacy Technicians Order are brought into force. *(Fitness to Practice & Legal Affairs, Education & Registration)*

**Business Objective 4DE3:** Implement a new case management system to assist in the capture of relevant data, provision of case alerts and preparation of timely statistical reports for external stakeholders *(Fitness to Practise & Legal Affairs)*

**Business Objective 4DE4:** Routinely capture information about the employment of any registrant involved in fitness to practise procedures, and inform the employer of the outcome of any investigation into that registrant's fitness to practise. *(Fitness to Practise & Legal Affairs)*

**Business Objective 4DE5:** Establish case management procedures, backed up with a costs sanction to ensure that cases are heard as soon as practicable. *(Fitness to Practise & Legal Affairs)*

**Business Objective 4DE6:** Publish guidance on the new procedures for registrants and committee members. *(Fitness to Practise & Legal Affairs, Education & Registration)*

**Business Objective 4DE7:** Work with the Department of Health and the Department for Education & Skills to draft legislation implementing the professional recognition Directive 2005/36/EC by October 2007. *(Education & Registration, Adjudication, Fitness to Practise & Legal Affairs, Corporate & Strategic Development)*

**Business Objective 4DE8: (draft)** Upon completion of a successful pilot, roll out to all registered internet pharmacies the internet pharmacy logo designed by the Internet Pharmacy Working Group *(Practice & Quality Improvement, Professional Ethics)*

**Strategic Priority 5: “An organisation that consistently demonstrates leadership as a professional body, regulator and publisher”**

**Key Priority 5A: Ensure that the organisational structure evolves to meet the challenge of change, particularly in relation to the outcome of regulatory review, and the constitutional issues around devolution**

**Business Objective 5A1:** Complete the implementation of national Pharmacy Boards in England, Scotland and Wales by election, so the Boards first meetings are held before the end of Q1 2007. *(Corporate & Strategic Development, Scotland, Wales, Practice & Quality Improvement)*

**Business Objective 5A2:** Implement a Welsh language scheme by the end of 2007. *(Corporate & Strategic Development, S&R Office/All Directorates)*

**Business Objective 5A3:** Fulfil the requirements of the Council for Healthcare Regulatory Excellence through completion in a timely and effective fashion the Society's contribution to the 2007 performance review process (*Corporate & Strategic Development*)

**Key Priority 5B: The Society will secure public confidence by effectively communicating its policies, being transparent with the public and appropriately representing and leading the profession**

The business priorities in this area will be established during the year.

**Key Priority 5C: The Society will support and develop management capacity across the entire organisation, paying due regard to achieving diversity**

We will:

**Business Objective 5C1 (28):** Continue the development of the central secretariat function to harmonise the workings of all of the Council's non-statutory committees, and to deliver committee agendas, minutes and outputs to agreed standards. (*Corporate & Strategic Development, Corporate Secretariat*)

**Business Objective 5C2 (29):** Continue the development of an HR Strategy as preparation for the Society to be in a position to achieve Investors in People status in 2009 (*Corporate & Strategic Development, Human Resources*) ***This needs to be more specific for what is going to be achieved in 2007 and 2008..***

**Key Priority 5D: The Society will develop a financial strategy that secures financial viability i.e. sound finances sufficient to support activities in the short, medium and long term**

We will:

**Business Objective 5D1:** Finalise development plans for York Place (*Finance & Resources, Scotland*)

**Business Objective 5D2:** Consolidate and build on the success of the 2006 retention fee collection exercise, to ensure the benefits of online

developments are realised, putting in place cost-effective mechanisms for fee collection in anticipation of the withdrawal of cheque payments and reduced reliance on paper, while ensuring online payment mechanisms enable further deployment of services online. (*Education & Registration, Registration*)