

New Zealand Hospital Pharmacists'

Association (Inc)

Te Kāhui Whakarite Rongoā Hōhipera o Aotearoa



Annual Report

2011 - 2012



NEW ZEALAND HOSPITAL PHARMACISTS' ASSOCIATION

Te Kāhui Whakarite Rongoā Hōhipera o Aotearoa

ANNUAL REPORT 2011/2012

PRESIDENT

Lorraine Welman

IMMEDIATE PAST PRESIDENT

William (Billy) Allan

EXECUTIVE MEMBERS

Kim Brackley

Simon Jamieson

Nirasha Parsotam

Dianne Wright

OFFICIAL ARCHIVIST

Euan Galloway

SPECIAL INTEREST GROUP CONVENORS

Pharmacists in Mental Health

Corina Young + Guna Kanniah

Medicines Information and Clinical Pharmacy

Chloe Campbell + Annie Egan

Compounding, Nutrition and Oncology

Paula Ferguson

Technician

Debbie Methers

Hospital Pharmacy Managers' Forum

Chris Jay



President's Annual Report 2012

It is with pleasure that I present the New Zealand Hospital Pharmacists' Association's (NZHPA) 60th Annual Report for the 2011/2012 year.

As the incoming President I have been fortunate to have the unwavering support, guidance and wisdom from the Immediate Past President, Billy Allan. The Association is dependent on the passion and enthusiasm of hospital pharmacists for its existence and continued success. Billy is the epitome of these virtues, and the Association and I have much to thank him for.

The Executive welcomed Kim Brackley into the fold, and have immediately been grateful for the organisational skills and insights she has brought with her. The rest of the Executive remains unchanged - Simon Jamieson (Communications Officer), Dianne Wright (Secretary), and Nirasha Parsotam (SIG Officer).

The Executive has given considerably of their time to the Association over the past year, which has also meant juggling their career and family commitments along side. On behalf of the Association I would like to thank them all for their selflessness, enthusiasm and willingness to give so much voluntarily.

The Executive and I have been most ably supported by our Administrator, Sarah Long, and our Finance Manager, Margaret Pearce. Apart from the obvious roles they play in the Associations' operation, I would like to thank them for their loyalty, patience and humour which has made the year a delight.

Executive Activities

The Executive remains in regular telephone and email contact, and meets face to face at least once a quarter. This has become increasingly necessary with the raised profile of the organisation. The Executive met formally on the following occasions:

09 June 2011	Wellington (offices of PSNZ)
09 September 2011	Wellington (offices of PSNZ)
09 November 2011	Tauranga (pre-conference)
30 March 2012	Palmerston North (post cultural competence workshop)

The Executive and Special Interest Group (SIG) Convenors took part in a Cultural Competence Workshop on 29 March 2012. This was in response to the review of the organisation under the auspices of the Pharmacy Reference Group for the Implementation of the Strategy for Māori Health (PRISM). The workshop was lead by Shane Riwhui, Māori Health Advisor for MidCentral District Health Board.

The workshop was very worthwhile and key elements of this workshop will be available to members at this year's conference, again led by Shane. The NZHPA continues to contribute to PRISM positively and the organisation can be proud of its achievements to date.

Simon Jamieson has refreshed the Newsletter and the changes have been positively received. Thank you, Simon. Communication with members is important, and the Executive agreed to launch the Association onto Facebook. This has been successful, even though many members are unable to access Facebook at work.

The chat groups remain as active as ever, and it is rewarding to see the co-operation and collegiality that exists amongst hospital pharmacists. The NZHPA website is now being ably managed by Pam Buffery and Jocelyn Livesey. Thank you to you both for your dedication and excellent turnaround times. A special thanks to Dave Woods for his many years as our webmaster.

The Association has been asked to comment on a number of consultations and issues which affect hospital pharmacists. In the latter part of 2011 and in 2012 the Association has provided submissions on the following:

- Pharmacy Council of New Zealand – Consultation on Recertification Framework
- IVNZ Infusion Therapy Standards of Practice
- Ministry of Health - Misuse of Drugs Act
- PHARMAC – NZHPA's stance on Supply of Free Medicines
- Position Statement on the Reconstitution and Administration of High Dose Bacillus Calmette-Guérin (BCG) Bladder Instillation in the Ward or Clinic Setting sent to CEOs of all DHBs

The Association has also been represented at the following:

Pharmacy Reference Group for the Implementation of the Strategy for Māori Health (PRISM)	Billy Allan Lorraine Welman
Otago School of Pharmacy - White Coat Ceremony	Kirsten Simonsen
Heads of Schools and Professional Organisations of Pharmacy (HOSPOP)	Billy Allan Lorraine Welman
Pharmacy Industry Training Organisation (PITO)	Olivia Johnson
NZ Pharmacy Education and Research Foundation (NZPERF)	Lorraine Welman
New Zealand Formulary Advisory Board	Chris Jay
Trans-Pacific Partnership (TPP) Negotiations	Olivia Johnson
National eMedicines Programme Interim Steering Group (NeMP)	Billy Allan
Health Benefits Limited	Lorraine Welman
Australian Pharmacy Standards Review	Kim Brackley Joe Monkhouse Di Wright
National Information Clinical Leadership Group (NICGL)	Simon Jamieson
PHARMAC Tender Medical Evaluation Subcommittee of PTAC	Billy Allan Craig MacKenzie Lorraine Welman

To raise the Association's profile NZHPA sponsored the Innovation in Hospital Pharmacy Practice Award at the Annual Pharmacy Awards 2012. It also allowed the Executive to host key stakeholders for the evening, fostering good working relationships.

The Executive is grateful to all the members that represent the Association at a broad range of forums. Without this support the Association and the voice of hospital pharmacists would not be represented.

Awards

Award	Recipient's 2011/2012
Ebewe Award (Joint Award)	Laura Clunie and Anita Frew
Sanofi-Aventis Award	Hesham Al-Sallami
NZHPA Education Awards	Chloe Campbell Bevan Clayton-Smith – withdrew Corina Young Rob Ticehurst Jerome Ng Carina Walters Daniel Wright Rachel Gray Claire McSherry

Awards enable members to further their specific interests in hospital pharmacy, and encourage attendance at seminars and conferences. Reports from recipients of awards are posted on the NZHPA website as they become available, and I would strongly encourage members to take advantage of this and read these reports. Recipients report back on their experiences at NZHPA events, and knowledge and experience is shared for the benefit of all our members.

On behalf of NZHPA I would like to thank our sponsors for their continuing support of our members and in particular Sanofi-Aventis and Novartis. Our gratitude also goes to Roche and Max Health for making new awards possible in 2012/2013.

University Awards	Recipient 2011
NZHPA Award for Aseptic Dispensing (UoA)	Qi Zhang
NZHPA Award for Integrated Pharmacy Studies (UoA)	Kelly Pengelly
NZHPA Award in the Postgraduate Diploma in Pharmacy Practice (UoA)	Not Awarded
NZHPA Syd Little Memorial Prize (UoO) (Highest standard of achievement in Drug Delivery Systems and Drug Disposition and Pharmacokinetics – PHCY 342 and 343)	Shiou Yii Han
Pharmacy Prize in Clinical Pharmacy (UoO) (Best achievement in the 3 Quality Use of Medicines papers – PHCY 345, 471 and 473)	Michelle Whyte

NZHPA also sponsored the following prizes at the NZHPA Conference 2011:

- JS Peel Memorial Award
- Best Poster Overall

NZHPA Workforce Development Working Group

The report from the Workforce Development Working Group was published in the latter half of 2011. The full report is available to members on the NZHPA website. Meetings with key stakeholders have been held, led by Kim Brackley and Chris Jay.

As members are fully aware, we are currently operating in constrained economic times and in an environment where all health professionals are being encouraged to work to the maximum that our scope of practice allows in the interests of providing health care to the New Zealand population. These principles were echoed in the meeting with stakeholders and particular interest was displayed in the development of the hospital pharmacy workforce, pharmacist and pharmacy technicians alike.

The next stage will require leadership from those already engaged in the hospital pharmacy sector to provide a vision for the future. The Executive has decided to fund the next phase of work in this area and will continue to engage with key stakeholders to maintain the momentum achieved to date. This will be a major and important piece of work for Hospital Pharmacy in New Zealand.

Notes on Injectable Drugs (NoIDs)

Planning is underway for the 7th Edition, and the Executive is pleased that the next edition is in the capable hands of Professor Gil Hardy (Project Manager) and Jillian Sutherland (Chief Editor).

Conferences, Seminars and Meetings

The 2011 NZHPA Conference in Tauranga was a wonderful success, and the hospitality of the Tauranga Hospital much enjoyed. Our thanks to Helen Cant, Karen Street and Rachel Gray for organising such an inspiring and informative event and providing two evenings of social activity that will long be remembered.

During the year, members of the Executive have been privileged to attend the following seminars and meetings:

- Critical Care Seminar, 24 and 25 June 2011, Auckland Hospital
- Joint DCP/CNO SIG Meeting, 9 and 10 July 2011, Middlemore Hospital
- Hospital Pharmacy Managers' Forum, 16 March 2012, Wellington
- Pharmacy Technicians SIG, 21 April 2012, Wellington Hospital

A member of the Executive now attends each of the SIG meetings. This is to improve communication with members, assist with questions members may have around governance of the Association and of course participate in the life of the Association. The members of the Executive that have attended the meetings have come away inspired by the depth of talent the Association has, and with particular enjoyment of the events. Congratulations are due to the Convenors and local organisers for their dedication and hard work to bring their members quality practice focused events.

The inaugural Critical Care Seminar was held in Auckland during June 2011. This was most ably organised by Annie Egan and was a tremendous success. Attendees came away inspired clutching a substantial resource handbook and armed with confidence to manage their critical care patients.

Membership

Member Category	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Ordinary	149	72	163	199	214	211	227	286	311
Associate	16	11	36	45	29	30	38	43	59
Corporate	7	3	5	4	4	3	3	3	1
Total*	172	86	204	248	247	244	268	332	371

* Excludes Life and Fellow members

Finances

At present the Association's finances are healthy, especially with the good returns from Conference 2011 and the sale of the NoIDs 6th Edition. The money will be needed to fund the Workforce Development work, which is vital in developing career pathways for Hospital Pharmacists.

The full financial report is presented alongside this document and I would encourage you to read the contents.

Absent Friends

It is with sadness that I report the sudden passing of John Dooley of Christchurch Hospital Pharmacy in May this year. John registered as a Pharmacist in 1973, after undertaking his internship at Christchurch Hospital. He worked as a staff pharmacist until 1977, when he became Charge Pharmacist of the former Sunnyside Hospital. In 1987 he took up the post as Deputy Charge Pharmacist at Christchurch Hospital. From 1991 onwards John was the Pharmacy Computer System Supervisor for Canterbury DHB. John served NZHPA as Secretary for 5 years from 1983-1990. He will be missed.

The Future

The Association has moved forward significantly in its vision:

Supporting innovation in the practice of pharmacy and promoting effective medicines management

The Executive strives to:

- Align with key sector partners to increase the contribution from and the visibility of NZHPA.
- Advocate for and influence healthcare policy decisions for the benefit of patients and NZHPA members.
- Provide leadership and direction for NZHPA members and hospital pharmacy.
- Ensure that NZHPA's philosophy and strategy encompasses the Māori Health Strategy for the Pharmacy profession, recognising Māori well-being as a priority for the Association.
- Use the available expertise and knowledge from the membership to build links with other education providers.

- Address issues of recruitment, retention and continuing professional development, supporting the development of pharmacy staff.
- Capture the passion and enthusiasm of membership to increase NZHPA's visibility.

In my short time as President I have constantly been impressed by the depth of talent, the willingness to share knowledge and the dedication of the members of the Association. I congratulate you all on the positivity and professionalism you display. The year ahead will prove to be challenging, as we are working in a world of constant change and financial constraint. I would encourage you all to participate in the life of the organisation and thereby reap the rewards of collegiality, opportunity and knowledge the Association can offer.

My personal thanks go to the Executive, SIG Convenors and all those that have actively represented the Association this year. Without your considerable efforts, dedication and diligence the Association would not be recognised in the wider health sector.

I wish you all well for the year ahead.

Lorraine Welman
President
June 2012

**NEW ZEALAND HOSPITAL
PHARMACISTS' ASSOCIATION
INCORPORATED**



Financial Statements

For the year ended 31 May 2012

Statement of ■ Financial Performance

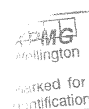
For the year ended 31 May 2012

	Note	2012 (\$)	2011 (\$)
Operating revenue			
Membership subscriptions		36,818	29,099
Members' activities	1	191,497	38,880
Conference	2	179,024	149,491
Grants and awards	3	7,500	11,500
Projects	4	147,535	99,228
Interest		5,020	5,473
Total operating revenue		567,394	333,671
Operating expenditure			
Members' activities	1	85,018	33,966
Conference	2	143,004	120,526
Grants and awards	3	16,127	20,794
Projects	4	163,481	115,560
Administration	5	61,720	55,760
Total operating expenditure		469,350	346,606
Net operating surplus/(deficit) before taxation		98,044	(12,935)
Tax expense		(27,080)	(277)
Net operating surplus/(deficit) for the year		70,964	(13,212)

Statement of ■ Movements In Equity

For the year ended 31 May 2012

	2012 (\$)	2011 (\$)
Net operating surplus/(deficit) for the year	70,964	(13,212)
Total recognised revenues and expenses	70,964	(13,212)
Equity at the beginning of the year	187,211	200,423
Equity at the end of the year	258,175	187,211



Statement of ■ Financial Position

As at 31 May 2012

	Note	2012 (\$)	2011 (\$)
Current assets			
Cash and bank balances		17,920	71,290
Receivables and accrued income	6	36,834	57,638
Inventory		28,681	-
Investments	7	205,000	100,000
Total current assets		288,435	228,928
Non-current assets			
Website		1,764	-
Total non-current assets		1,764	-
Total assets		290,199	228,928
Current liabilities			
Payables and accruals	8	32,024	41,717
Total current liabilities		32,024	41,717
Net assets		258,175	187,211
Equity			
Retained earnings	9	108,650	45,942
Special interest groups	10	104,650	93,637
Special funds	11	44,875	47,632
Total equity		258,175	187,211

On behalf of the Executive Council



L. Welman
President
10 July 2012



W. Allan
Treasurer
10 July 2012



The Statement of Accounting Policies and Notes to the Financial Statements on pages 3 to 9 form part of the financial statements

Statement of ■ Accounting Policies

For the year ended 31 May 2012

Basis of preparation

The New Zealand Hospital Pharmacists' Association Incorporated (the Association) is incorporated under the Incorporated Societies Act 1908 (the Act). These financial statements are prepared in accordance with the Act.

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

Measurement base

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

Specific Accounting Policies

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

Revenue and expenditure recognition

All revenue is recognised when earned on an accruals basis, except for donations which are recognised on a cash basis when payment is received. All expenditure is recognised when billed or an obligation arises on an accruals basis, except for donated services.

Donated services

The work of the Association is dependent on the voluntary services of members and the Pharmaceutical Society of New Zealand (Incorporated). Due to the difficulty in determining the value of the donated services with sufficient reliability, donated services are not recognised in the Statement of Financial Performance.

Taxation

Income tax expense is charged to the Statement of Financial Performance based on the estimated income tax payable in the current year, adjusted for any differences between the estimated and actual income tax payable in prior years.

Intangible assets

Intangible assets that are acquired by the Association or development expenditure are capitalised and measured at cost less accumulated depreciation.

Inventory

Inventory is measured at the lower of cost and net realisable value.

Investments

Investments are stated at the lower of cost or net realisable value on a trade date basis. Debt securities are those securities where there is both the positive intent and ability to hold to maturity.

Equity

Equity is the member's interest in the Association and is measured as the difference between total assets and total liabilities. Equity is disaggregated into components to enable clearer identification of the specified uses. The components of equity are special funds and special interest groups.

Differential reporting

The Association is a qualifying entity by virtue of the fact that it has no public accountability and is small as defined by the Framework for Differential Reporting issued by the New Zealand Institute of Chartered Accountants. All available differential reporting exemptions allowed have been applied.

Comparatives

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

Changes in accounting policies

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



Notes to the ■ Financial Statements

For the year ended 31 May 2012

1 Members' activities

Special interest groups
Notes on injectable drugs
Critical Care seminar
Costs of other conferences
Total members' activities 2012

Income (\$)	Expenditure (\$)	Net result (\$)
36,711	22,607	14,104
141,305	49,735	91,570
13,481	5,214	8,267
-	7,462	(7,462)
191,497	85,018	106,479

Special interest groups
Notes on injectable drugs
Costs of other conferences
Total members' activities 2011

34,588	25,893	8,695
4,292	2,827	1,465
-	5,246	(5,246)
38,880	33,966	4,914

2 Conference

Total conference 2012

179,024	143,004	36,020
----------------	----------------	---------------

Total conference 2011

149,491	120,526	28,965
---------	---------	--------

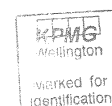
3 Grants and awards

Ebewe Award
Sanofi-Aventis Award
Education assistance grants
Student prizes
Total grants and awards 2012

5,500	5,452	48
2,000	2,000	-
-	7,825	(7,825)
-	850	(850)
7,500	16,127	(8,627)

Baxter Award
Ebewe Award
Sanofi-Aventis Award
Education assistance grants
Student prizes
Total grants and awards 2011

3,000	3,000	-
4,500	3,838	662
4,000	4,000	-
-	9,206	(9,206)
-	750	(750)
11,500	20,794	(9,294)



Notes to the ■ Financial Statements - continued

For the year ended 31 May 2012

4 Projects

Income

Micromedex Consortium

Total project income

Expenses

Cultural competence training

Micromedex Consortium

Maori Health Strategy Organisational Review

National Career Structure for Hospital Pharmacy Staff

Total project expenses

Total net project (expenses)/income

2012 (\$)	2011 (\$)
147,535	99,228
147,535	99,228
3,822	-
147,535	99,228
-	3,128
12,124	13,204
163,481	115,560
(15,946)	(16,332)

5 Administration

Accounting and secretarial services

Depreciation

Executive expenses

Fees paid to the auditors (includes consultancy)

Information technology

Insurance

Other working groups

Printing and stationery

Sundry expenses

Total administration

29,460	28,057
756	1,364
8,735	4,560
8,319	9,243
3,681	5,153
1,623	1,558
4,847	3,867
1,734	560
2,565	1,398
61,720	55,760

6 Receivables and accrued income

Trade receivables

Tax refund

Accrued income

Prepayments

Total receivables and accrued income

3,884	6,065
-	14,318
17,106	80
15,844	37,175
36,834	57,638

7 Investments

Term deposits

Total investments

Total investments comprises:

Investments maturing within 3 months

Investments maturing within 3 to 6 months

Total investments

205,000	100,000
205,000	100,000
150,000	100,000
55,000	-
205,000	100,000



Notes to the ■ Financial Statements - continued

For the year ended 31 May 2012

8 Payables and accruals

Trade creditors
Sundry payables
Total payables
Income in advance
Provision for taxation
Total payables and accruals

2012 (\$)	2011 (\$)
4,078	4,480
7,427	8,890
11,505	13,370
14,592	28,347
5,927	-
32,024	41,717

9 Retained earnings

Retained earnings at the beginning of the year
Net surplus/(deficit) for the year
Transfer (to)/from special interest groups
Transfer from/(to) special funds
Total retained earnings

45,942	67,163
70,964	(13,212)
(11,013)	(8,080)
2,757	71
108,650	45,942



Notes to the

■ Financial Statements - continued

For the year ended 31 May 2012

10 Special interest groups

	Med Info (\$)	Management (\$)	Oncology (\$)	Mental Health (\$)	Technicians (\$)	Total Funds (\$)
Opening balance	19,217	3,219	15,295	51,483	4,423	93,637
Income	10,138	209	9,216	12,900	4,248	36,711
Expenditure	4,651	-	4,562	11,411	1,983	22,607
Gross income for the year	5,487	209	4,654	1,489	2,265	14,104
Less share of administration expenses	803	-	803	795	690	3,091
Net income for the year	4,684	209	3,851	694	1,575	11,013
Closing balance 2012	23,901	3,428	19,146	52,177	5,998	104,650

Opening balance

Income	18,422	3,772	14,940	44,559	3,864	85,557
Expenditure	1,109	222	355	30,216	2,686	34,588
Gross income for the year	314	775	-	23,292	1,512	25,893
Less share of administration expenses	795	(553)	355	6,924	1,174	8,695
Net income for the year	-	-	-	-	615	615
Closing balance 2011	19,217	3,219	15,295	51,483	4,423	93,637

The Association has established special interest groups (SIGs) in the following areas of pharmacy practice:

- Compounding, Nutrition and Oncology
- Management
- Medicines Information and Clinical Pharmacy (formerly Drug Information and Clinical Pharmacy)
- Pharmacy Technicians
- Pharmacists in Mental Health

The aim of each SIG is to promote and provide continuing education, interaction and peer support between its members, with each group encouraged to run an annual meeting or event. Funds derived from the meeting/event and membership fees are attributed to that SIG to further promote other activities, such as developing national guidelines and standards of practice. The Association allocates a portion of its administration expenses to each SIG to more accurately reflect the work involved in running the meetings/events.

Notes to the

■ Financial Statements - continued

For the year ended 31 May 2012

11 Special funds

	Baxter Fund	Ebwe Award	Glaxo Smith Kline Award	Sanofi- Aventis Award	Education Fund	Clinical School	Research School	Total Funds
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
Opening balance	-	2,568	-	1,000	41,112	2,999	(47)	47,632
Income	-	5,500	-	2,000	-	-	-	7,500
Interest	-	-	-	-	5,020	-	-	5,020
Expenditure	-	(5,452)	-	(2,000)	(7,825)	-	-	(15,277)
Net result for the year	-	48	-	-	(2,805)	-	-	(2,757)
Closing balance 2012	-	2,616	-	1,000	38,307	2,999	(47)	44,875
Opening balance	(3,000)	1,906	-	1,000	44,845	2,999	(47)	47,703
Income	3,000	4,500	-	4,000	-	-	-	11,500
Interest	-	-	-	-	5,473	-	-	5,473
Expenditure	(3,000)	(3,838)	-	(4,000)	(9,206)	-	-	(20,044)
Transfer to Retained Earnings	3,000	-	-	-	-	-	-	3,000
Net result for the year	3,000	662	-	-	(3,733)	-	-	(71)
Closing balance 2011	-	2,568	-	1,000	41,112	2,999	(47)	47,632

Notes to the

■ Financial Statements - continued

For the year ended 31 May 2012

11 Special funds – continued

Baxter Development Fund

This fund was used to enable hospital pharmacists to further their knowledge in the pharmacy profession, either clinical, research, or management based, and may include assistance to attend conferences. This fund was disestablished during 2011.

Ebewe Pharma Oncology Pharmacy Grant

The Ebewe Award offers support for a wide range of research and professional development activities in oncology pharmacy, or oncology pharmacy management.

GlaxoSmithKline Merit Award

This in-service award is presented to a member of the Association who in the opinion of fellow members and on endorsement by the Association's Executive is "a member who has provided outstanding service to the Association and New Zealand pharmacy".

Sanofi-Aventis Pharmacy Grant

This grant is designed to offer support for a wide range of research and professional development activities in diabetes and cardiovascular pharmacy.

Education Fund

The Education Fund is used to assist members to attend courses, attend conferences to present papers, or to undertake special projects.

Clinical School

This is a biennial clinical seminar/workshop for pharmacists wishing to update their clinical skills.

Research School

The Research School is a biennial event for pharmacists wanting to learn more about research in the pharmacy profession.

12 Commitments

There are no commitments as at balance date (2011: nil).

13 Contingencies

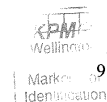
There are no contingencies as at balance date (2011: nil).

14 Events subsequent to balance date

There have been no events subsequent to balance date that would materially affect these accounts.

15 Adoption of International Financial Reporting Standards

In September 2007, the Accounting Standards Review Board announced the delay of the mandatory adoption of NZ IFRS for certain entities. The Association satisfies the deferral criteria and has therefore decided to delay the adoption of the NZ IFRS standards.





Independent auditor's report

To the members of New Zealand Hospital Pharmacists' Association Incorporated

We have audited the accompanying financial statements of New Zealand Hospital Pharmacists' Association Incorporated ("the Association") on pages 1 to 9. The financial statements comprise the statement of financial position as at 31 May 2012, the statements of financial performance and movements in equity for the year then ended, and a summary of significant accounting policies and other explanatory information.

Executive's responsibility for the financial statements

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

Auditor's responsibility

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

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

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

Our firm has also provided other services to the Association in relation to taxation services. This matter has not impaired our independence as auditors of the Association. The firm has no other relationship with, or interest in, the Association.

Opinion

In our opinion the financial statements on pages 1 to 9 present fairly, in all material respects, the financial position of the Association as at 31 May 2012 and its financial performance for the year then ended, in accordance with generally accepted accounting practice in New Zealand.

A handwritten signature of the KPMG firm, written in a stylized, cursive-like font.

10 July 2012
Wellington



Pharmacists in Mental Health SIG Annual Report 2012

Introduction

There has been slow progress on a number of objectives set out in the annual plan in the past year but considerable achievement with other objectives.

Overall, there needs to be a focus on encouraging members to participate on these agreed objectives and consideration given to resetting these in the next annual plan.

Achievements against annual plan

Short term objectives:

- The annual Pharmacists in Mental Health SIG Seminar was held in August 2011 in Dunedin. Professor Chris Alderman was an informative keynote speaker and was well received. Planning is well under way for the 2012 meeting to be held in Palmerston North on 8 and 9 September, with eminent keynote speaker, Carol Paton, who is the Chief Pharmacist at Oxleas NHS Foundation Trust in South-East London.
- There have been no applications for the Mental Health Study Grant in the past financial year. The study grant rules are under review. This work is being led by Corina Young.
- The Terms of Reference were approved after being reviewed and submitted to the NZHPA Executive for ratification.
- The SIG continues to submit regular articles for the College of Mental Health Pharmacy (formerly the UK Psychiatric Pharmacy Group) bulletin.
- The SIG has submitted responses to several Pharmac proposals:
 - Proposed changes to Pharmaceutical Schedule Rules relating to dispensing frequency with special emphasis on SSRI antidepressants.
 - Response to the proposal to list buprenorphine with naloxone on Special Authority. This medicine has been added to the Safety List in the Dispensing Frequency rule, as suggested.
 - Reference pricing for risperidone and quetiapine.
- The Yahoo chat group has 86 members and continues to be a useful means of communicating with colleagues about clinical and supply issues. Nikki Holmes continues to moderate this group.
- We continue to maintain and build links with our Australian colleagues, some of whom have expressed interest in attending our annual seminar and regularly post queries on the Yahoo chat group.
- Review of the mental health component of the EVOLVE programme has now been taken over by Ariel Hubbert, the Mental Health Co-ordinator at Waitemata DHB.
- An education module for GPs and pharmacists for clozapine prescribing by GPs has not been achieved due to financial constraints. This was raised at a local DHB level with Funding and Planning as an initial way forward.

Long term objectives

- Helen Dunn has been obtaining quotes for access to the Choice and Medication

website. She has liaised with colleagues in Queensland who have purchased access to this information. There is a choice of different patient information leaflet formats to choose from. Helen has been liaising with the Royal Australian and New Zealand College of Psychiatrists to investigate whether other parties would be interested in this initiative. The UK College of Mental Health Pharmacists no longer endorses the paper patient information leaflets originally written by them.

- There has been no further progression with the accreditation pathway. Members are encouraged to seek accreditation through the UK College of Mental Health Pharmacists.
- We have not yet incorporated a mental health residential training course into the annual SIG seminar.
- Work needs to be done in future for a more coordinated and efficient approach to undertaking research. The objective to facilitate, participate and support SIG members undertaking research has not been well publicised.

Other achievements

- Guna Kanniah has produced a bulletin summarising recent clinical papers. He has been happy to share this with the wider mental health Yahoo chat group.

Income and Expenditure

Income for the year:	\$12,900.00
Expenditure:	\$12,206.00
Net Surplus	\$694.00

Balance in account: \$52,177.00

Officers and Members

Nikki Holmes stepped down as Co-convenor (June 2010 - August 2011). Guna Kanniah was voted in unopposed as the new Co-convenor (August 2011 – May 2012). Other committee posts remain unchanged.

Co-convenors:	Corina Young and Guna Kanniah
Deputy Convenor:	Vacant
Treasurer:	Vacant
Secretary:	Nicola Rowbottom
Organiser for SIG seminar:	Megan Geertson

Total number of MH members: 44 as at 31 May 2012

Attendance at meetings

Funding has been secured for five meetings for the Upper North Island Mental Health Pharmacists Group this calendar year. We are grateful to Janssen for providing support for these educational meetings. These meetings occur every two months with attendance gradually increasing to about 15 people.

Corina Young
Pharmacists in Mental Health SIG Co-convenor
June 2012



Medicines Information and Clinical Pharmacy SIG Annual Report 2012

Introduction

The Medicines Information (MI) and Clinical Pharmacy (CP) Special Interest Group (SIG) have continued to make progress on its objectives. Please note the name change from 'Drug' to 'Medicines' Information which was agreed at our 2011 AGM. It is envisaged that this name change will help as we work to develop a cohesive 'Medicines Information' service into the future. It also brings our name into alignment with other organisations and documents relating to medicine use in the New Zealand Health & Disability System such as Medicines New Zealand (medicines policy), Medsafe, and the Medicines Act.

The MICP SIG committee has been seeking more Clinical Pharmacy representation over the past couple of years and this has been realised now with several new clinical pharmacy representatives stepping forward. We now have co-convenors so there is drive from both the MI and the CP side of things but we have retained a single committee recognising the crossover between the two areas. The committee is aware that with the restriction on registration in the UK, we can no longer rely on pharmacists coming back from the UK with considerable specialist knowledge and experience. As a committee, we are now focussed on recognising the talent that exists within New Zealand, and encouraging those pharmacists to assist in up-skilling and training pharmacists in specialist areas.

Achievements against annual plan

- The MICP SIG Terms of Reference have been updated to bring it in line with NZHPA guidelines.
- Pam Buffery and Jocelyn Livesey have agreed to be our new webmasters and have been trained. We appreciate them stepping forward and would like to express our gratitude to Dave Woods for his significant contribution to the development and maintenance of the NZHPA website over the years.
- A successful joint MICP/CNO SIG meeting was held at Middlemore Hospital in July 2011.
- A MINZ subgroup review of New Zealand Standards in Medicines Information (1991) is underway.
- The MINZ subgroup reviewed the electronic resource options available to the Hospital Pharmacy Consortium for 2012/2013 to present to the Hospital Pharmacy Managers' Forum.
- The MI Database Aotearoa (Mi.net) update is about to be implemented which incorporates a "quick enquiry" function.
- The MINZ subgroup has continued to provide a "Question of the Month" to the NZHPA email list. These enquiries are archived on the NZHPA website.

Income and expenditure

Income for the year:	\$10,138.00
Expenditure:	\$5,454.00
Net surplus:	\$4,684.00

Balance in account:	\$23,901.00
---------------------	-------------

Officers and Members

Co-convenor:	Annie Egan (Clinical Pharmacy)
Co-convenor:	Chloe Campbell (Medicines Information)
Deputy Convenor:	Joe Monkhouse
Minutes Secretary:	Melissa Young

SIG committee members:

Bob Buckham, Pam Buffery, Jo Tatler, Christopher Lodge and Angela Lambie

Total number of MICP members: 163 as at 31 May 2012

Attendance at meetings

A MICP SIG breakfast meeting was held at the NZHPA Conference in Tauranga on 13 November 2011 with 40 in attendance.

The AGM is to be held at the SIG meeting in Nelson on 10 June 2012.

Chloe Campbell
Medicines Information and Clinical Pharmacy SIG Co-convenor
June 2012



Compounding, Nutrition and Oncology SIG Annual Report 2012

Introduction

Elections for Convenor, Deputy Convenor and Secretary were held at the AGM in July 2011. Convenor Paula Ferguson, Deputy Convenor Anita Frew and Secretary Maxine Handford were all re-elected. In addition, Marinda Van Staden from Waikato Hospital was invited onto the Committee.

Achievements against annual plan

A varied and interesting SIG meeting took place in July at Middlemore Hospital, organised jointly by the MICP and CNO SIG members working at Middlemore Hospital. They did a very good job organising combined sessions and separate sessions for the CNO SIG group with presentations by CNO SIG members and external guests.

In addition, the CNO SIG this year:

- Published a position statement regarding safety recommendations when reconstituting and administering Bacillus Calmette-Guérin (BCG). This received very positive feedback.
- Instigated rules for obtaining grants from the CNO SIG to attend conferences or study CNO related topics.
- A Roche Cancer Care Scholarship is being developed and will be awarded to CNO members to enable attendance at related conferences/study.
- Progress is continuing on the standardising of extemporaneous formulae with David Woods on the 'Formulation in Practise' website.

Income and expenditure

Income for the year:	\$9,216.00
Expenditure:	\$5,365.00
Net surplus:	\$3,851.00

Balance in account:	\$19,146.00
---------------------	-------------

Officers and Members

Convenor:	Paula Ferguson
Deputy Convenor:	Anita Frew
Secretary:	Maxine Handford
Committee member:	Marinda van Staden

Responsibilities:	Oncology lead by Anita Frew
	Extemp compounding lead by Paula Ferguson
	Nutrition lead by Doreen Liow and Gil Hardy
	Aseptic Compounding lead by Derryn Gargiulo

Total number of CNO members: 56 as at 31 May 2012

This is a large increase from previous years (40 members reported 2010/2011)

Attendance at meetings

Compounding, Nutrition and Oncology (CNO) SIG Annual General Meeting, Middlemore Hospital, Auckland, 9 July 2011.

Present: Paula Ferguson, Anita Frew, Jason Gray, Ruth Tramschek, Laura Clunie, Marinda Van Staden, Neil Reynolds, Sarah Wang and Maxine Handford.

A CNO SIG Breakfast Meeting was held at the Annual NZHPA Conference in Tauranga on 13 November 2011. Eight SIG members (apologies from Doreen Liow) arose early to enjoy a sunny CNO SIG breakfast meeting. This time was used as an opportunity for informal discussion amongst delegates and conference keynote speaker Mr Peter Austin, who has a background in nutrition and compounding. One of the topics discussed was that of isolators in aseptic compounding both in hospitals in the UK and New Zealand and in community pharmacy in New Zealand. Peter Austin commented that his workplace, Southampton General Hospital, was going back to laminar airflow cabinets. The level of compounding training in the UK undergraduate programme was another topic discussed briefly.

Paula Ferguson

Compounding, Nutrition and Oncology SIG Convenor

June 2012



Technician SIG Annual Report 2012

Introduction

Our key aim this year was to raise the profile of the Technician SIG and encourage membership and attendance at study days and the Annual Conference. This is a continued aim for the next year.

Following the SIG meeting in Wellington, Debbie Methers and Brenda Edwards were reappointed as Convener and Deputy Convenor for the coming year.

Brenda attended the Cultural Competence Day held by the NZHPA Executive as the Technician SIG representative, which was very helpful.

Achievements against annual plan

- A successful SIG study day was held at Wellington Hospital in April 2012 attended by 46 technicians. There were interesting topics and great support was received from drug companies supplying information for the technicians to take away. Congratulations to Rebecca Christini and her team from Wellington Hospital for planning the day. We have already started planning the next meeting to be held at Middlemore Hospital in Auckland in 2013.
- The SIG are looking into ways of obtaining external funding for setting up a specific SIG grant.

Income and expenditure

Income for the year:	\$4,248.00
Expenditure:	\$2,673.00
Net surplus:	\$1,575.00

Balance in account:	\$5,998.00
---------------------	------------

Officers and Members

Convenor:	Debbie Methers
Deputy Convenor:	Brenda Edwards
Members:	Dianne Gulliver, Prathna Singh and Lornie Hurrell

Debbie Methers
Technician SIG Convenor
June 2012



Hospital Pharmacy Managers' Forum Annual Report 2012

Introduction

The Management SIG was rebranded as a forum towards the end of last year and designed for Hospital Pharmacy Managers only. Non-members are invited to attend meetings or present to the group. The rebranding occurred because nothing had been done for NZHPA Manager Members for a long time, and it was unfair to keep taking subscription fees and not giving anything in return.

Occurrence of meetings

The forum meets quarterly and provides an increased focus to hospital pharmacy management issues. This has also resulted in an increase in the number of people attending each session and a sharing of experiences across the DHBs.

Achievements

- Feedback on Consultation for the proposed Recertification Framework.
- Sharing experiences with medicine management electronic systems and initiatives across all the DHBs.
- Feedback into the Named Patient Pharmaceutical Assessment (NPPA) scheme.

Work in development

- Exploring the options for mentoring for hospital pharmacists.
- Development of a National Clinical Pharmacist Service Framework.
- Support the development of the nationally agreed career and salary structure for hospital pharmacy staff.

Officers

Convener: Chris Jay
Secretary: Nigel Dean

Chris Jay
Hospital Pharmacy Managers' Forum Convenor
June 2012



2012 Report from NZHPA Archivist Euan Galloway

CAPTURING THE PRESENT SO AS TO PRESERVE OUR PAST

In February, when I retired from the Pharmaceutical Society, I had to face the one task I had been dreading for most of my life in pharmacy – that was to clear my office of "stuff" I had accumulated over the past 40 years. While much went into the rubbish bin, I was surprised at the quantity of historical material I unearthed. I found many relics and files of my time in hospital pharmacy.

The archives of NZHPA are a repository of hospital pharmacy information and memorabilia collected over the past 60 years. You can help add to them. As times are always changing, I invite anyone interested to make a video recording of the pharmacy activities of their hospital. After archiving it would be very interesting to watch in 30 or 40 years time to see the changes in hospital pharmacy practice (assuming the electronic medium is kept updated). The Alexander Turnbull Library would also value such a record. We must capture the present so as to preserve our past.

I am pleased to report that Grant McRae of Palmerston North Hospital Pharmacy has agreed to take over the honorary role of archivist of NZHPA. Thank you Grant.

Please help Grant by saving all photographs, reports, records and other memorabilia of hospital pharmacy practice you come across. SIG Convenors and project co-ordinators could assist by sending newsletters and reports so that they can be added to the Association's archives. When cleaning up before handing over to a new convenor, please remember to send on any records you no longer wish to keep. *Please send all material to: Grant McRae, Pharmacy, Palmerston North Hospital, Private Bag 11036, Palmerston North 4442. Phone 06 350-8273*
e-mail: grant.mcrae@midcentraldhb.govt.nz.

This year marks the 60th anniversary of the formation of the New Zealand Hospital Pharmacists' Association. NZHPA was formed on Saturday 26 July 1952 at Wellington Hospital when a group of 30 hospital pharmacists from around New Zealand met to consider, in order of importance as recorded in the NZHPA Minute Book: "conditions of employment, forming an organisation of hospital pharmacists and specialised training". The meeting had been called by the Chief Pharmacist of Napier Hospital, Mr Jo Peel, to improve the pharmaceutical services within our hospitals. The three objectives were but a means to that end. *Conditions*, so that with their improvement a sufficient number of pharmacists and apprentices would be available to adequately staff the hospitals. *Organisation*, so that the Association might have perpetuity by becoming an Incorporated Society and to arrange activities such as conferences. *Training*, to build upon the basic training of pharmacists' instruction in subjects closely related to the practice of hospital pharmacy. The formation of NZHPA, its Special Interest groups and annual conferences led to professional development, recognition and leadership of the pharmacy profession.

That foundation, laid by the pioneers of the 1950s, has steadily been built upon so that now when you look back you see the phenomenal growth that has occurred in

our Association and the many new hospital pharmacy services that have improved the health of our patients.

40 years ago the NZHPA Conference was held in Napier. I would like to say that the highlight of this 1972 conference was the presentation by intern Christine Kemeys (now Mandeno) on hospital formulas and formulations, but it was the social visit to the McWilliams Winery that had the 30 attendees most excited! Christine's presentation described the extemporaneous formulae she had collected from NZ hospital pharmacies and commented on their appropriateness and the confusion caused by so many formulation variants around the country of common titles, such as *mist asthmaticus* or *mist expectorans*. Her preceptor Doug Warr later had a selection of the collection published as the NZ Hospital Formulary, a different type of formulary to that published this year as the New Zealand Formulary.

The most entertaining paper at that conference was given by Doug Warr of Palmerston North titled "Occupational Hazards in Hospital". It described diseases such as *astannosis*, or tin starvation, particularly in engineers and nurses who wanted little tins of varying sizes with screw tops for putting things in – like nails, nuts, bolts, nutmeg, cloves and milk tokens. The hospital pharmacy was a ready source of these. A variant of the disease was *aplasticaemia* – a similar condition but where people cadged plastic containers. Clinicians and medical reps with *Picard's Disease* (named after Prof Picard who descended to great depths in a bathysphere) go deeper and more convoluted than anyone else in describing a simple situation and use jargon which is completely incomprehensible to others. *Oojallum Disease* is named after the bird that flies higher and higher in ever decreasing circles until it finally disappears at a great height – like hospital administrators that are never seen, but must be somewhere in order to collect their inflated salaries. *Ranatiform Egomegaly* refers to the frog (the Greek word is rana) in the fable that puffed itself up until it burst, and usually referred to surgeons full of their own self-importance. *Keyholders Palsy* is a transient condition of the holder of the after-hours pharmacy key who could not hold a pen and therefore unable to record the medicines that had been taken. Doug concluded by describing *Delusional Logorrhoea* that besets people with a compulsive desire to speak at great length to as many inoffensive people as possible in the mistaken belief they are in the slightest bit interested in what the person has to say!

Remember, the NZHPA archivist is always interested in photographs, newsletters, reports, records and other memorabilia of hospital pharmacy practice which members may have squirreled away. If we don't save these treasures now, someone is sure to send them to the tip in a clean-up.

Grant asks you for any records and memorabilia of NZHPA and hospital pharmacy practice that you may have, or happen to find, and which you could give to the archive. Also anything you have that describes the current activities and significant events of your pharmacy.

**Please help save our historical documents
and create a record of our present activities for the future.**

Euan Galloway

95 Allington Road, Wellington 6142

Phone: 04 476 9074

E-mail: eujan.galloway@paradise.net.nz

June 2012