



New South Wales
Therapeutic
Advisory
Group Inc.

annual REPORT

2013



New South Wales Therapeutic Advisory Group

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An initiative of NSW Clinical Pharmacologists and Pharmacists
Funded by the NSW Ministry of Health

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Board Members



Chairman
Prof Chris Liddle



Deputy Chair
Ms Rosemary Burke



Secretary
Prof Andrew McLachlan



Treasurer
Ms Terry Maunsell



Directors
Prof Jo-anne Brien



A/Prof Madlen Gazarian



Ms Terry Melocco

Staff



Co-Executive Officer
Ms Gillian Sharratt



Co-Executive Officer
Dr Sasha Bennett



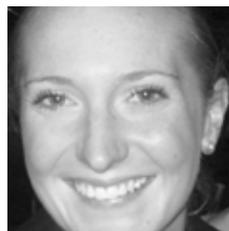
Medication Safety Project Officer
Ms Katie Kerr



QUM Project Officer
Ms Anna Drew



Electronic Medication Management Project Officer
Mr Andrew Hargreaves
(From June 2013)



CATAG National Co-ordinator
Ms Jane Donnelly



CATAG Project Officer
Lisa Pulver



Administrative Officer
Mr David Harris

Our Mission

Quality Use of Medicines in NSW

The New South Wales Therapeutic Advisory Group Inc. (NSW TAG) is an independent, not-for-profit member-based organisation, comprised of clinical pharmacologists, pharmacists, nurses and clinicians committed to promoting quality use of medicines (QUM) in NSW public hospitals and the wider community.

We aim to provide consumers of pharmaceutical health care in NSW with the most appropriate medicines in the most appropriate manner whilst ensuring that the limited resources of the health care budget devoted to medicines use are used according to sound economic principles. In pursuing this goal, we focus on providing information, advice and support to decision-makers in NSW public hospitals, NSW Ministry of Health and other relevant organisations..

Background

This year NSW TAG celebrates 25 years of supporting our members. NSW TAG was formed in 1988 through the vision and commitment of clinical pharmacologists and pharmacists from teaching hospitals in Sydney and Newcastle. The aim of the group was to identify issues of common concern to their Drug and Therapeutics Committees (DTCs), to share their resources and expertise and to jointly address the issues their DTCs faced.

Since then NSW TAG has grown its membership to include representatives from the major metropolitan and teaching hospitals as well as a network of members from regional and remote hospitals (TAGNet). This diverse membership enables TAG to be involved in issues raised at a grass-root level and provides a broad range of practitioner and patient experiences in the various public hospital settings across NSW.

In 1992, in recognition of the value of its work, the Minister for Health in NSW agreed to provide ongoing funding to NSW TAG. In 1994, NSW TAG was incorporated as a not-for-profit association. Under a Memorandum of Understanding, funding from NSW Health was continued to support the secretariat to undertake NSW TAG's activities. Many of these activities have progressed to become national initiatives. Members across NSW have continued to be involved providing a practical frame of reference for the group.

In 2013 a further three year contract has been signed between NSW TAG and the NSW Ministry of Health. Ongoing management of this contract will be by the Clinical Excellence Commission. This will assist NSW TAG in forming a closer relationship with the clinical teams and governance units responsible for implementing medication safety and quality strategies.

NSW TAG has strong links with Therapeutic Advisory Groups (TAGs) in other States through the Council of Australian TAGs (CATAG), formed in 2008, and with other State-based groups and national organisations which share similar goals. NSW TAG has also formed strong collaborative and working relationships with key QUM partners in NSW and Australia, including the NPS MedicineWise (NPS) and the Australian Commission on Safety and Quality in Health Care. Through its extensive membership base, and in partnership with individuals and other organisations, NSW TAG continues to promote QUM in NSW public hospitals and the wider community.

Our Goal

The goal of NSW TAG is to achieve quality use of medicines in NSW, through involvement of all members and affiliated members/groups.

Our Objectives

- To investigate and evaluate new initiatives in therapeutics
- To support Drug and Therapeutics Committees
- To promote safe, rational, high quality, cost-effective use of medicines in public hospitals and the wider community.

Agreed Strategies

- To develop consensus statements for the rational use of specific drugs and drug groups
- To collect and analyse quantitative and qualitative drug usage data
- To develop and utilise strategies to positively influence prescribing and provide objective information to balance industry promotion
- To describe and monitor the activities and decision-making of Drug and Therapeutics Committees to improve equity, to increase transparency and to promote peer review and support
- To assess the impact of new pharmaceuticals on the quality of patient care in the hospital system
- To disseminate information to stakeholders and educate identified target groups
- To provide advice on therapeutic matters to NSW Health
- To undertake projects on behalf of NSW Health according to availability of resources
- To conduct and facilitate research pertinent to quality use of medicines
- To facilitate provision of economic analysis and critical appraisal of pharmacoeconomic studies.

Glossary

ACI	Agency for Clinical Innovation
ACSQHC	Australian Commission on Safety and Quality in Health Care
AMS	Antimicrobial Stewardship
CATAG	Council of Australian Therapeutic Advisory Groups
CEC	Clinical Excellence Commission
CIAP	Clinical Information Access Program
DTC	Drug and Therapeutics Committee
DUE SG	Drug Use Evaluation Support Group
eMM	Electronic medication management
HETI	Health Education and Training Institute
ISMP	Institute for Safe Medicine Practices
LHD	Local Health District
MSSA	Medication Safety Self Assessment
NPS	NPS MedicineWise
PBAC	Pharmaceutical Benefits Advisory Council
QUM	Quality use of medicines
QUM Indicators 2007	Indicators of Quality Use of Medicines in Australian Hospitals 2007
TAG	Therapeutic Advisory Group

From the Chairman



It has been a very proud year for NSW TAG as we celebrate 25 years of supporting our members and NSW public hospitals to achieve Quality Use of Medicines. We are extremely proud of our history and achievements over that period of time and would like to make a special thank you to all of those who have supported and volunteered their time to ensuring the success of NSW TAG activities over the years.

This year we have been watching and working with the NSW Ministry of Health and its pillars in the final stages of their restructure to ensure that the QUM activities performed by NSW TAG continue to complement the services provided by the Ministry, CEC and ACI, and to ensure that our role is to serve the needs of the public hospitals as advised by our members. We are grateful to the continued support of the NSW Ministry of Health in continuing to fund NSW TAG as an independent QUM organisation and look forward to further developing our existing relationships with the CEC as we move closer to their organisation for reporting purposes in the future.

In 2012/13 the Drug and Therapeutics Committees in NSW have been completing their own transitions within their Local Health Districts. As a result we have seen a number of changes to our members and their positions as well as the roles and responsibilities of the various DTCs in relation to QUM and medication safety. It has also been exciting to see the development of new positions in NSW hospitals to support Commonwealth and state funded initiatives such as antimicrobial stewardship and electronic Medication Management (eMM). These are key areas where NSW TAG hopes to provide support and guidance on QUM matters. NSW TAG has employed a full time project officer to work with HealthShare on the statewide eMM program which we anticipate will open the dialogue between CEOs and DTCS regarding eMM implementation and ongoing management. NSW TAG will play a key role in liaising with key stakeholders in the NSW public health system, including safety and quality groups, NSW Health Information and Management Technology and e-Health teams, and on-the-ground practitioners to provide the necessary critical links for successful operation of eMM.

A review and update of the Indicators for Quality Use of Medicines in Australian Hospitals originally developed by NSW TAG and the CEC in 2007 was undertaken in 2011 and 2012. This review was funded by the ACSQHC and has been extended in 2012/13 to the development of new QUM indicators for acute mental health care and provision of accurate and comprehensive medication lists at discharge. Additionally funding has been obtained to develop support materials for the QUM Indicators.

The weekly TAGMail bulletin continues to be a highly valued resource for members and affiliate members in NSW and other Australian states. It is distributed to almost 1000 health professionals across the country. There has also been considerable improvements made to the NSW TAG website as a tool to improve communication and share resources.

NSW TAG has assisted CATAG in the development of two national documents in 2013: National Guiding Principles for Off-Label Use of Medicines and Guiding Principles for the Roles and Responsibilities of Drug and Therapeutic Committees.

Within the secretariat this year there have been a few changes; Mrs Gillian Sharratt and Dr Sasha Bennett have acted as co-Executive Officers. Ms Katie Kerr has provided significant assistance in the development of new QUM indicators and field testing of revised QUM indicators. Ms Anna Drew has led the development of the Intravenous Paracetamol Addendum to the NSW TAG Position Statement on Paracetamol use, along with the update of the NSW TAG website. Mr Andrew Hargreaves has joined us as EMM Project Officer. Ms Jane Donnelly and Mrs Meredith Page (National coordinators), and Ms Lisa Pulver (Project officer) have supported CATAG.

NSW TAGs work would not be possible without the ongoing support of NSW Ministry of Health and the Clinical Excellence Commission. In particular I would like to acknowledge and thank Ms Karen Crawshaw (Deputy Director General – Governance, Workforce and Corporate), the Chief Pharmacist, Ms Judith Mackson, and Professor Cliff Hughes, Dr Peter Kennedy and Mr Daniel Lalor from the Clinical Excellence Commission.

In addition, I would like to thank my fellow members of the Management Committee and the individuals that contribute to the Editorial Committee, High Cost Drug Working Group, the SAFER Medicines Group and the Drug Use Evaluation Support Group. My thanks also goes to the NSW TAG and TAGNet membership and staff of the secretariat. The continued commitment of NSW TAG members and staff, through participation in the working groups, sharing of information and promotion of QUM in the workplace are vital to the success of NSW TAG and are reflected in our ability to celebrate a proud 25 year history.

Professor Chris Liddle, Chairman

Information Sharing Activities

NSW TAG has continued to provide support and advice to institutional and Local Health District DTCs regarding QUM. NSW TAG has been working closely with CATAG to develop guiding principles for the roles and responsibilities of Drug and Therapeutic Committees. There has been a large number of changes to structures and membership of DTCs across NSW over the last three years with the introduction of LHDs. These guiding principles will assist DTCs to identify their key roles and responsibilities and assist in ensuring adequate resource and governance structures are in place to support decision making regarding medicines.

NSW TAG continues to liaise with the NSW Ministry of Health, in particular the Pharmaceutical Services Branch providing advice on issues regarding the safe and effective use of medicines and their inclusion in policy where required. NSW TAG also continues to work closely on QUM related issues with state and national partner organisations including the CEC, HealthShare, HETI, ACI, CATAG, ACSQHC and NPS MedicineWise.

NSW TAG continues to ensure an interdisciplinary and consultative approach to all core activities and initiatives, so as to ensure the continued success of NSW TAG in promoting QUM.

Membership and Liaison

The NSW TAG network represents all hospital-based and Local Health District (LHD) DTCs in NSW through formal membership. In 2013, the secretariat updated its records of all DTCs or relevant QUM sub-committees in NSW public hospitals and LHDs including the names and contact details for chairs and secretaries. This information is kept in the member section on the NSW TAG website. The process identified varying roles and responsibilities of DTCs across NSW. NSW TAG also liaises with QUM partners around Australia, as well as many fee-paying affiliate members from interstate and overseas. Our members and affiliates represent a broad range of decision-makers in both public and private sectors.

During the past year we are thankful to the staff and members who have provided input and advice via representation to:

- NSW Ministry of Health including:
 - Pharmaceutical Services Branch upon request in the development and review of policies directives, guidelines and safety notices
- Clinical Excellence Commission
 - Medication Safety Expert Advisory Committee (MSEAC)
 - Continuity of Medication Management Expert Advisory Group and sub-committees
 - Venous Thromboembolism Prevention Expert Advisory Group
- HealthShare
 - Knowledge Management Reference Group (Including CIAP)
 - Electronic Medication Management Program
- Health Education Training Institute (HETI)
 - Feedback and input to various online training modules
- NSW Pain Interest Group Standardised Medication Chart Working Group.
- NPS MedicineWise Members' Day forum.

In addition NSW TAG has provided written submissions to state and national organisations. These include:

TGA: Rescheduling of benzodiazepines to S8

TGA: International harmonisation of ingredient names

ACSQHC: NSQHC Standards Resources Consultation

NSW TAG continues to liaise and work with similar advisory groups in other Australian States and Territories.

Council of Australian Therapeutic Advisory Groups (CATAG)

CATAG is a consensus-based collaboration of representatives from all Australian State and Territory TAGs or their jurisdictional committee equivalents. CATAG aims to improve the use of medicines in Australian hospital practice and across transitions of care through information sharing, advice and advocacy activities.

CATAG is funded by NPS MedicineWise, an independent organisation funded by the Australian Government Department of Health and Ageing. The contract for this funding is held and managed by NSW TAG.

NSW TAG, on behalf of CATAG, employs a part-time National Coordinator and in 2013 employed a part time project officer. These appointments provide CATAG with the opportunity to progress a number of national QUM-related issues including two projects on the development of two national guiding principles for the roles and responsibilities of Drug and Therapeutics Committees and the off-label use of medicines.

NSW TAG has been an active contributor to the activities of CATAG and is keen to work with the other state-based groups to continue this in the future. In 2012/13 NSW TAG assisted data collection on the off-label use of rituximab resulting in the CATAG publication in the Internal Medical Journal (listed below).

Achievements of CATAG in 2012/2013 include:

Project work:

- Development of Guiding Principles for the quality use of off-label medicines: Rethinking medicines decision-making in Australian Hospitals. A working party and an expert advisory group were formed to write and advise on the development of this document.
- Development of Guiding Principles for Drug and Therapeutics Committees in Australian Public Hospitals: Achieving effective medicines governance. In May 2013 a national survey was undertaken to describe the current roles, responsibilities and membership of DTCs in Australia. Responses were received from 87 of the 149 surveys distributed (54%). The results showed a diverse range of roles, responsibilities and structures. All responding DTCs had terms of reference in place however only 71% of those described the DTC's position within their organisational structure. Most commonly reported activities or functions were medication safety (82%) formulary management (76%) and implementation of policies (76%). Only 26% of DTCs reported that they were able to measure their own effectiveness. A series of qualitative interviews followed to expand on some of the topics raised in the survey. Formation of a working party and an Expert Advisory Group then occurred to inform the development of the guiding principles document and to inform a consultation process.

Stakeholder involvement and representation:

- Representation on three committees for the ACSQHC:
 - Health Services Medication Expert Advisory Group
 - Antimicrobial Stewardship Advisory Committee
 - Medication Reference Group
- Drug Utilisation Sub-Committee of the Pharmaceutical Benefits Advisory Committee (PBAC)
- Formal linkage with the Independent Hospital Pricing Authority as requested

The following guidance document was developed during 2013:

- CATAG Guiding Principles for Information and Data Sharing (June 2013)

The following submissions and consultations were made:

- CATAG Communication survey of members (July 2012)
- TGA Labelling and Packaging Review submission (August 2012)
- PBAC: Drs Bag further advice requested– additional comments provided (November 2012)
- Submission to Medicines Australia requesting changes to the Code of Conduct submitted to the ACCC (November 2012)
- CATAG member survey of the place in clinical practice of ferric carboxymaltose and extent of use (December 2012)
- PBAC: Report and results of the survey of ferric carboxymaltose place in clinical practice and extent of use (January 2013)

Publications:

O'Connor K, Liddle C. Prospective data collection of off-label use of rituximab in Australian public hospitals. Intern Med J 2013; 43: 863-870

Conferences:

37th Society of Hospital Pharmacists of Australia National Conference 2013. The following posters have been accepted for presentation:

Development of National Guiding Principles for off-label use of medicines. Pulver L, Gazarian M, Sharratt G and McLachlan A.

Development of National Guiding Principles for Drug and Therapeutics Committees. Pulver L, Donnelly J, Sharratt G, Bennett S, Hay R, Spiller C, Heeg J and Della Flora E.

Prospective data collection of off-label use of rituximab in Australian public hospitals. O'Connor K, Donnelly J and Liddle C.

Royal Australian College of Medical Administrators Annual Conference 2013. The following poster has been accepted and will not be presented due to an inability to attend:

Are Drug and Therapeutics Committees fit for purpose? The Development of National Guiding Principles for Drug and Therapeutics Committees. Pulver L, Donnelly J, Sharratt G, Bennett S, Hay R, Spiller C, Heeg J and Della Flora E.

CATAGs Organisational Membership

DTCs of Canberra and Calvary Public Hospitals, Australian Capital Territory

New South Wales Therapeutic Advisory Group (NSW TAG)

Northern Territory Drug and Therapeutics Advisory Committee (NTDTAC)

South Australian Medicines Advisory Committee (SAMAC) (Chairman June 2012 to June 2014)

Queensland Health Medicines Advisory Committee/Medication Services (QHMAC)

Tasmanian Statewide Therapeutic Drug Committee (STDC)

Victorian Therapeutic Advisory Group (VicTAG)

Western Australian Therapeutic Advisory Group (WATAG)

Communication Processes

NSW TAG Website

Effective communication processes are key to all NSW TAG activities. The NSW TAG website continues to be the main portal for information sharing with the NSW TAG network and the wider health community (www.nswtag.org.au).

A thorough review of all website material was carried out in 2012 and we expanded the resources available to members and the wider community by adding new pages:

- <http://www.ciap.health.nsw.gov.au/nswtag/pages/high-risk-medicines.html> A repository of protocols and guidelines for High Risk Medicines was established to allow members to share information and assist each other in the development of local resources required to comply with the NSW Ministry of Health Policy Directive on High Risk Medicines Management (PD2012_003).

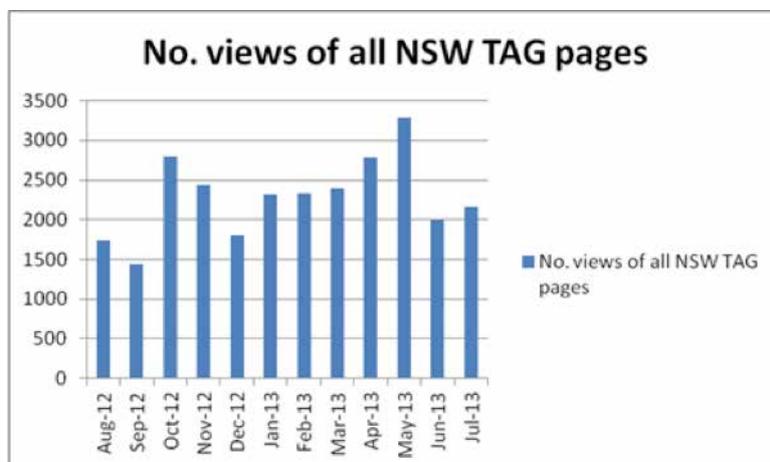
- <http://www.ciap.health.nsw.gov.au/nswtag/pages/look-alike-sound-alike.html> NSW TAG was alerted to a number of look-alike products available on the market, which had the potential to cause medication errors. These examples were shared for the benefit of the wider health community.

- <http://www.ciap.health.nsw.gov.au/nswtag/pages/medicines-access-programs.html> The Western Australian Therapeutics Advisory Group kindly allowed NSW TAG to adapt a set of forms that they had developed to assist hospitals with reporting of Medicines Access Programs for use in NSW. These forms assist hospitals to fulfil recommendations made in the 'Guiding Principles for Medicines Access Programs in Australian Public Hospitals' issued by CATAG in December 2011.

More recently the website's template has been reviewed and updated giving it a fresher look. The website is hosted by NSW Health's Clinical Access Program and is accessible from all NSW public hospitals, facilitating the promotion of activities and distribution of resources. As a government website, standards of accessibility must be met and considerable work has been undertaken to ensure compliance with these standards. We would like to thank CIAP staff, particularly Simon Irvine, who advised on the review and continue to provide assistance and support for the website.

The NSW TAG website consistently features in the top 20 sites accessed via CIAP each month and Figure 1 shows the trend in the number of times our site is viewed by month. NSW TAG resources also continue to be among the most frequently downloaded documents from CIAP. Frequently downloaded NSW TAG documents in 2012/13 include position statements on the use of paracetamol (2008), intravenous paracetamol (2012 addendum), safe use of heparins and oral anticoagulants for venous thromboembolism prophylaxis in adults (2010) and pethidine (2004); discussion papers on the off-label use of medicines (2003) and iron polymaltose (2008); and, pain guidelines (2002).

Figure 1. Number of views of NSW TAG pages (2012/2013)



As well as providing access to resource documents and guidelines (<http://www.ciap.health.nsw.gov.au/nswtag/reviews/index.html>), the NSW TAG website provides links to other QUM groups and external resources. NSW TAG members have access to their own secure section of the web site containing information about meetings, email discussion results, audits and DTC activities and reports.

Email discussions between members about QUM related issues continue to be moderated by the NSW TAG secretariat and these discussions provide an effective and efficient way of gathering and sharing ‘snapshots’ of current practice and policies related to medicines use. In 2013, topics discussed by members included labelling and packaging incidents with dose administration aids, the transition from glass bottles to non-PVC infusion bags, brands of fentanyl injection for epidural administration and a highly informative survey of junior medical officer orientation that will be used as a basis for further development work (<http://www.ciap.health.nsw.gov.au/nswtag/pages/email-discussions.html>). Results of the discussions are posted in the members’ section of the website.

We have continued to share news, QUM publications, updates and other relevant issues via our weekly electronic news bulletin, TAG Mail. TAG Mail is distributed to almost 1000 NSW TAG members, affiliates, strategic partners and others interested in QUM and is available on the NSW TAG website (<http://www.ciap.health.nsw.gov.au/nswtag/pages/tagmail.html>).

The web site can be accessed via the NSW Health Intranet at www.ciap.health.nsw.gov.au (via the ‘Medicines Information’ menu button on the home page of the CIAP web site) as well as via the Internet at www.nswtag.org.au. We are extremely appreciative of the contributions made by the NSW TAG secretariat in managing these important member services.



Meetings

NSW TAG members meet formally every two months with teleconferencing facilities available to those not able to attend in person. The focus of these meetings is to provide a forum in which DTCs can discuss issues of mutual concern and to propose initiatives and strategies to address these. Information is shared regarding medicines management, including but not limited to formulary decisions, guideline and protocol development, high cost drugs, and medication safety.

A separate teleconference meeting is held every two months for TAGNet members. This meeting enables the smaller metropolitan hospitals and regional and rural hospitals an opportunity to discuss the challenges they face with their network peers. TAGNet is an important contributor to the activities and effectiveness of NSW TAG particularly in dealings with state bodies such as the Ministry of Health and HealthShare.

NSW TAG Board meetings are held each quarter to continue the important work of the Management Committee in providing governance, support and direction over NSW TAG's priorities, activities and funding sources. A finance sub-committee also meet quarterly and report directly to the TAG Management board.

NSW TAG would like to once again acknowledge and thank the staff and administration of Concord Repatriation General Hospital for continuing to host NSW TAG meetings.

Data Collection and Exchange

DTC Decisions

Collated DTC reports are tabled for discussion at the two-monthly TAG and TAGNet meetings providing an opportunity for members to discuss recent activities and decisions made by DTCs. The reports are also published in the members' section of the website, updated every two months. The reports are available in two formats, a cumulative list of decisions and activities for the current financial year and a more comprehensive report that includes all DTC activities and decisions reported to NSW TAG from 2003 onwards.

This activity is consistently rated as a priority activity by the membership as it facilitates the sharing of decisions relating to formulary management by DTCs across NSW. The reporting template includes fields to standardise the reporting of core activities of DTCs with prompts to report decisions relating to:

- Formulary
- Medication safety
- Drug use evaluation (DUE) activities
- Policy/guideline ratification
- Individual patient use applications (IPUs)

Reports on Use and Medicine Expenditure

NSW TAG members submit data on financial expenditure of selected medicines for comparison, monitoring and quality improvement targeted activities. The data is presented to the membership in a report both in tabular and graphical format. They are a regular agenda item for discussion at the TAG meetings.

The TAG membership was surveyed in early 2013 to review the medicines included in the high cost drugs report. A subsequent recommendation was made to remove a number of medicines that are well established and managed within the system e.g. bivalirudin, tirofiban, cyclosporin, with a number of suggestions for inclusion of novel and emerging therapies for monitoring. These include sugammadex, bendamustine, pomalidomide and brentuximab.

To date IT managers within the public hospital pharmacy departments have provided support for the review and update of specialised and standardised reports for circulation to the TAG network. However with the state-wide update of iPharmacy in order that a single database 'Hospital Pharmaceutical Products List' may be used and the introduction of a centrally managed server for iPharmacy, the opportunity to centralise the extraction and analysis of drug expenditure data has arisen. NSW TAG is currently working with the Pharmacy Improvement Team at HealthShare on a proof of concept project that TAG hopes will enable a much more streamlined and efficient method of presenting data and subsequent reports for drug usage for 2013/14.

Register of Life-Saving Drugs

NSW TAG continues to collect, collate and share information regarding stock holdings of life-saving drugs (antivenoms, antidotes and related drugs) that are held by NSW public hospitals via the Register of Life-Saving Drugs (LSDR). The annual update of the Register was completed in July 2012, through voluntary reporting from the NSW TAG membership, and is available as a PDF document via the NSW TAG website. The NSW Health 'Snake and Spider bite Clinical Management Guidelines' continues to guide stock levels for antivenoms as part of the drug register, however these guidelines are currently under review. Many hospitals are following recommendations developed by Hunter New England Health Service DTC in 2010.

The Register provides a summary of indicative stock holdings in most major centres in NSW, along with relevant contact details of the centres, and is readily available to all hospital pharmacy departments, emergency departments and the NSW Ministry of Health. In 2012, an Expert Advisory Group comprising clinical pharmacologists and toxicologists attached to the NSW Poisons Information Centre (PIC), pharmacists and an emergency department specialist was convened to advise on the content of the LSDR. Review of other jurisdictions' and international lists was undertaken. VicTAG has recently developed a more interactive LSDR template for their member hospitals and gave permission for NSW TAG to adapt this template if needed. The next survey of stock holdings will incorporate the review findings as well as the recent recommendations for snakebite and spiderbite management. NSW TAG would like to thank members of the Expert Advisory Group that provided input into the review: Dr Naren Gunja (chair), Professor Ian Whyte, Professor Andrew Dawson, Professor Nick Buckley, A/Prof Geoff Isbister, Dr Betty Chan, Ms Lorraine Koller, Ms Susie Welch, and Dr Andrew Finckh. NSW TAG continues to liaise with the NSW PIC regarding content and currency of the Register.

Electronic Medication Management

In 2010 NSW TAG developed a relationship with the HealthShare NSW Electronic Medication Management (EMM) Program to ensure that medication safety and quality use of medicines principles would be embedded within the NSW EMM system as it is developed. Professor Chris Liddle is an active member of the state-wide EMM Clinical Leadership Group, and represents NSW TAG at this forum.

As part of this relationship NSW TAG received funding from HealthShare in 2013 to appoint a full time EMM Project Officer to work closely with the EMM Program in order to provide direct input and to build strong communication links between the NSW TAG membership and the EMM program.

The aims of this position are to:

- To represent the interests of the NSW TAG membership as an active member of the EMM Program team;
- Support the EMM Program to embed QUM and medication safety principles into the EMM system development; and,
- Develop strong communication links between the NSW TAG membership and the EMM program.

The EMM project officer will provide bimonthly updates to the NSW TAG membership and use the NSW TAG network to ensure that key stakeholders from within the membership are engaged and consulted during the different stages of the program as required.

Drug Use Evaluation (DUE) Program Activities

DUE is an important core activity for hospital and Local Health District (LHD) DTCs. NSW TAG is committed to supporting hospitals and building capacity for ongoing programs in NSW.

The Drug Use Evaluation Support Group

The NSW TAG DUE SG continues to be a valuable advisory group and communication network for clinicians working on quality improvement activities, with a particular focus on DUE methodology. The group is expanding each year and now has representation from twenty-six hospitals/LHDs across NSW and the ACT. The group consists of a variety of practitioners: pharmacists, nurses and academics with a depth of experience in running and coordinating DUE and quality improvement programs. The group meets on a bi-monthly basis (face-to-face and via teleconference) to facilitate the exchange of ideas and to plan collaborative projects.

Exchanging information and building a repository of information and tools have been key tasks of the DUE SG. This year sites have had a particular focus on antimicrobial stewardship, paracetamol use and activities related to the ACSQHC's National Safety and Quality Health Service Standards. The enthusiasm amongst DUE SG members for the work being undertaken is reflected through their dedication to attend meetings, the growing number of members and those who make active and continual contributions to group activities. A running table of activities planned, in progress and completed is maintained by the group in order to share initiatives.

Antimicrobial Stewardship (AMS) has become a standing item for discussion at the DUE meetings with many sites undertaking a variety of activities. We would like to thank Ms Evette Buono, AMS Project Officer at the GEC, for attending DUE meetings as she has been able to provide information in relation to state initiatives in this area and also provide national and international perspectives on stewardship activities.

DUE SG Member Hospitals and Local Health Districts:

<i>Bankstown Hospital</i>	<i>South East Sydney LHD</i>
<i>Mona Vale Hospital</i>	<i>Dubbo Base Hospital</i>
<i>Calvary ACT Hospital</i>	<i>St George Hospital</i>
<i>Orange Base Hospital</i>	<i>Fairfield Hospital</i>
<i>Campbelltown Hospital</i>	<i>St Vincent's Hospital</i>
<i>Prince of Wales Hospital</i>	<i>Illawarra Shoalhaven LHD</i>
<i>Canberra Hospital</i>	<i>St Vincent's Private Hospital</i>
<i>Royal North Shore Hospital</i>	<i>John Hunter Hospital</i>
<i>Children's Hospital, Westmead</i>	<i>Sydney Children's Hospital</i>
<i>Royal Prince Alfred Hospital</i>	<i>Maitland Hospital</i>
<i>Clinical Excellence Commission</i>	<i>Sydney and Sydney Eye Hospital</i>
<i>Ryde Hospital</i>	<i>Manly Hospital</i>
<i>Concord Repatriation General Hospital</i>	<i>Westmead Hospital</i>

Conference presentations:

39th Society of Hospital Pharmacists of Australia National Conference 2013. – abstract accepted for Oral presentation: SMART COMMUNICATION: Improvement of discharge summary quality using Junior Medical officer (JMO) targeted education strategies. Gillian Sharratt and Kate Oliver.

NSW TAG would like to thank NPS MedicineWise for their continued support of these activities.

Measuring and Monitoring Quality Use of Medicines

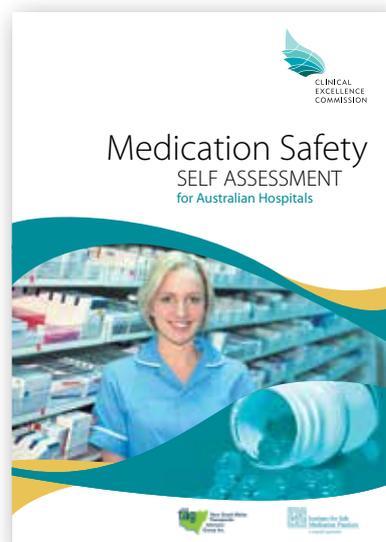
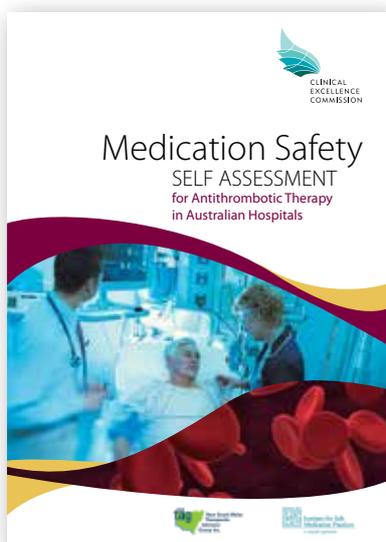
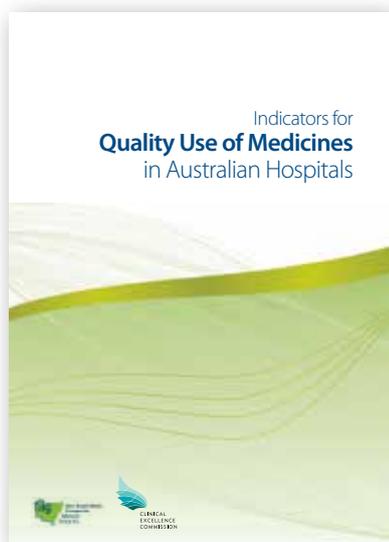
Activities involving the Medication Safety Self-Assessment for Australian Hospitals (MSSA), the Medication Safety Self-Assessment for Antithrombotic Therapy in Australian Hospitals (MSSA-AT) and the Indicators for Quality Use of Medicines in Australian Hospitals (QUM Indicators 2007) continue to be a collaborative effort between NSW TAG and the CEC. The MSSA tools are risk assessment tools specifically designed to help hospitals take an active and system-based approach to medication safety. The tools allow self-assessment of the medication safety practices within a hospital, identification of improvement opportunities and comparison with the aggregate experience of demographically similar hospitals. Moreover their use assists facilities to meet National Safety and Quality Health Service Standards. The MSSA tools continue to be used extensively across all states and territories in Australia as well as in public and private hospitals. The ACSQHC and SA Health strongly support the use of the MSSA. Both the MSSA and the QUM Indicator tools are currently under a review process to ensure their currency. The MSSA revised tool is anticipated in 2014.

Data provided by the CEC show that at end June 2013 participation in the MSSA program continued to grow with 268 health care facilities having completed the self-assessment process and submitting their data. Ninety-nine of these facilities have completed the self-assessment more than once. In this reporting period, 15 facilities contributed data for the first time and 26 completed a repeat assessment. The program now has extensive participation from NSW public hospitals.

In this reporting period, there were 12 new contributors to the MSSA-AT compared with 3 new contributors last year and the total number of facilities who have submitted data to the CEC rose from 24 to 36.

The International Medication Safety Self Assessment for Oncology was released worldwide by the Institute for Safe Medication Practices (ISMP) in April 2012. The tool follows the format and principles of the original MSSA tools, which were developed by ISMP and adapted for Australian use by the CEC and NSW TAG. The tool will enable assessment of the safety of oncology medication systems within a facility. The CEC and the Cancer Institute NSW were major sponsors of the tool's development by an international working party. The closing date for data submission for the first widespread use of this tool was 30 September 2012. This resource represents an exciting opportunity for NSW public hospitals to participate in an international collaborative focused on safety in cancer care.

NSW TAG members continue to report use of the QUM Indicators 2007 by their DTCs, to inform local and area activities to promote the safe and appropriate use of medicines. A field for QUM indicator use is included in the revised DTC decisions reporting template.



Indicators for Quality Use of Medicines in Australian Hospitals: Review

In 2011, NSW TAG was funded by the ACSQHC to review the Indicators for Quality Use of Medicines in Australian Hospitals (QUM Indicators 2007). The original indicator set had been developed in collaboration with the CEC in 2007 and aimed to measure six aspects of care using QUM assessment: antithrombotic therapy, antibiotic therapy, medication ordering, pain management, continuity of care and hospital-wide medication management policies. As part of the 2011 review, a usage survey was undertaken which demonstrated that since publication, the indicators have been utilised extensively by Australian hospitals to identify practice gaps and facilitate quality improvement.

Following the literature review and analysis of data from the user survey, the majority of QUM indicators remained unchanged, albeit with updated references. Recommendations regarding the timing for future review of specific indicators were made. The review identified four indicators that required significant amendment from the original versions, based on new evidence and guidelines. These indicators focussed on the appropriate prescribing of VTE prophylaxis, appropriate use of aminoglycoside antibiotics, discharge prescribing for ACS patients and discharge prescribing for heart failure patients. The review also identified gaps in the 2007 indicator set in the areas of acute mental health care and medication processes at hospital discharge.

The revised indicators were reviewed by an Expert Advisory Committee (EAC) and further consultation regarding proposed modifications took place. The modified indicators were field tested in early 2013 and with minor amendments were finalised and presented to the ACSQHC in June 2013.

For the new indicators the same indicator development process was used as that outlined in the 2007 publication of the Indicators for Quality Use of Medicines in Australia.

For discharge medication reconciliation the EAC reviewed options and proposed 2 indicators, which were field tested. The field testing identified significant variations in medication management processes at discharge. The indicators were further revised and field testing will be repeated. Further options were considered and revised versions will be field tested. Finalised indicators are due to be presented to the ACSQHC in October 2013.

A Mental Health EAC was convened, and identified potential indicators from a review of international indicators and identified gaps in QUM in acute mental health. The ACSQHC agreed that five indicators should be further developed and field-tested. Following field-testing the indicators will be finalised and presented to the ACSQHC in early 2014.

The ACSQHC has an interest in ensuring the currency and availability of indicators measuring quality use of medicines to assist hospitals to meet the National Safety and Quality Health Service Standards. A process of mapping all the indicators against these Standards was therefore also undertaken in 2013. The updated indicators will now provide a reference to the relevant Standards to assist hospitals to identify the Standards met by undertaking indicator measurement. A matrix of QUM indicators and Standards has also been produced which will be published with the 2013 indicator set.

An awareness of the barriers and facilitators to uptake of indicators during the initial review and field-testing of the modified and new indicators resulted in a proposal to the ACSQHC for the development of further resources. In 2013, the ACSQHC funded further work on the QUM Indicators: data collection tool development and a guidance document for sampling methodology to be used in conjunction with the QUM indicators. This work is due for publication in early 2014.

Data collection tools: In 2012 and 2013, data collection tools were developed for the field-testing of the revised and new QUM indicators. In recognition of the great utility of these tools, the ACSQHC commissioned the development of data collection tools for all other QUM indicators.

Sampling methodology: A number of factors may influence how a clinical audit using indicators may be conducted. Recent international work has promoted the regular routine collection of data with timely feedback to inform quality improvement strategies. This methodology contrasts with data collection and analysis that may be less frequent and more resource intensive, often requiring larger sample sizes. In recognition of these sampling methodologies, NSW TAG is developing a guidance document that will assist auditors in their consideration of sampling methodologies.

NSW TAG wishes to thank the hospitals that participated in the field testing, members of the Expert Advisory Committees, individuals and professional organisations consulted regarding specific indicators, particularly Dr Jocelyn Lowinger and Mr James Grant and the ACSQHC, particularly Mr Graham Bedford and Mrs Margaret Duguid for their support and advice.

Conference presentation

39th Society of Hospital Pharmacists of Australia National Conference 2013. Abstract accepted: Getting SMARTER about discharge medication reconciliation processes. Katie Kerr, Gillian Sharratt, Anna Drew and Sasha Bennett

Medication Safety Activities



NSW TAG continued to conduct activities related to medication safety through the SAFER Medicines Group (SAFER) in 2012/13. SAFER is a multidisciplinary expert committee, established to extend NSW TAG support to DTCs in the area of medication safety and reduce duplication of activity through sharing of information. The group aims to identify and address medication safety issues and to facilitate communication of these issues throughout NSW public hospitals and the wider community, and to support local implementation of national and state initiatives.

As part of achieving these goals, SAFER has developed links with the NSW Ministry of Health, the CEC and the ACSQHC and communicates regularly with interstate groups that share a similar medication safety focus. NSW TAG and SAFER also have access to a broad range of experts and opinion-leaders in medication safety, whose expertise informs NSW TAG core activity and funded project activity. We are grateful to those who have so generously shared their expertise and time over the past 12 months.

SAFER has achieved a number of local state and national success over the years and has witnessed the development of state and national bodies with responsibility for medication safety. As a result in 2014 the SAFER Medicines Group will be reformed as a Quality Use of Medicines Group with a new focus and terms of reference. We would like to take this opportunity to thank all the individuals and hospitals who have donated their time energy and resources into SAFER activities and in assisting NSW TAG to raise the profile of medication safety issues.

Activities coordinated by the Safer Medicines Group

Advice to NSW Health

NSW TAG and SAFER has continued to provide advice to the Ministry of Health and the CEC through representation on the Medication Safety Expert Advisory Committee (MSEAC). NSW TAG's involvement in MSEAC provides an opportunity for us to represent the views of hospital practitioners in the development of policy and other strategies to improve medication safety. In 2012/3, NSW TAG and SAFER contributed to the development of the following documents:

NSW Health Policy Directives:

- Medicine Management in NSW Public Hospitals (Draft)

Safety Alerts and Information Bulletins

- Risks associated with Wockhardt® morphine sulfate injection 10mg/mL (preserved) ampoules
- Morphine sulfate injection 10mg/mL ampoules supply changes and toxicity issues.

Packaging and labelling of medicines

NSW TAG encourages its members to share concerns over potential safety issues with the labelling or packaging of medicines, an issue which seems to be increasing as the number of products on the Australian pharmaceutical market increases. NSW TAG shares all reported concerns with members so that action can be taken to minimise any risk to patients via TAGMail and also maintains a repository of look-alike sound-alike medications (with pictures where relevant) that have potential to cause errors. NSW TAG has followed up on a number of serious labelling and packaging concerns with relevant manufacturers, which has, in the main, achieved pleasing results.

High risk medicines information sharing repository

In response to the release of the NSW Ministry of Health Policy Directive on High Risk Medicines Management issued in January 2012, a repository of resources relating to high risk medicines has been set up to assist hospitals and Local Health Districts in the development of local protocols and guidelines relating to high risk medicines. Through a secure area of the NSW TAG website, hospitals and LHDs can access protocols, guidelines and related material submitted by other institutions, review and adapt the material to suit local practice. NSW TAG will monitor the content of the repository for currency and are encouraging members to share new protocols as they are developed.

Other issues of interest

The following issues have been also considered by the Safer Medicines Group throughout the year:

- Medication Charts

The Safer Medicines Group is aware of a number of new charts under development, including a statewide ketamine chart, an insulin chart and statewide adult and paediatric fluid charts. The group has provided advice to relevant groups on medication safety issues relating to these charts.

- Aminoglycosides

A survey of NSW TAG and SMIG members highlighted that aminoglycoside dosing and monitoring represents a key medication safety issue for NSW hospitals. IIMS reports showed a high rate of errors related to dosing and monitoring, particularly in paediatrics. The SAFER Medicines Group has identified inconsistencies with ability to comply with Therapeutic Guidelines' (TGs') recommendations and lack of clear consensus guidance on dosing and monitoring in paediatrics and neonates. Accordingly SAFER wrote to the CEC, ACSQHC, NPS, the AMH Children's Dosing Companion and TGs to identify national/state strategies for guidance and consistency. The antimicrobial chapter of the TGs is currently under review and will consider the issues.

- Intravenous paracetamol

The SAFER Medicines Group assisted in drafting an addendum to the NSW TAG Position Statement written on Paracetamol Use in 2008. SAFER has provided advice on the implementation of the recommendations outlined in the Addendum including a slide presentation and possible DUE project.

- Haloperidol

Concern was raised that confusion between depot and normal injections of haloperidol may occur due to product shortages. The SAFER Group highlighted the potential medication safety issues. The description in the Hospital Pharmaceutical Product List in iPharmacy was changed to reduce the medication safety risk.

- Clonazepam oral solution

A member raised concern about numerous medication incidents concerning the prescribing, dispensing and administration of Clonazepam Oral Drops. A survey of members identified widespread variation in the way oral clonazepam drops are managed. The matter has been raised with various organisations and will continue to be addressed.

- Hypotonic saline in children

The SAFER Group wrote to the Chief Paediatrician highlighting the Medicines and Healthcare products Regulatory Agency (MHRA) alert.

- JMO orientation survey

There has been mounting concern among the membership that increasing constraints to medicines education of junior medical officers (JMOs) with multiple competing demands for JMO time during annual orientation may have an impact on the quality and safe use of medicines within hospitals. Accordingly TAG undertook a survey to describe the extent, scope and format of medicines education conducted in NSW public hospitals during JMO orientation in 2013.

Responses (predominantly from pharmacists) were received from 28 (42%) hospitals: metropolitan 46%, regional/rural 46%, specialist paediatric 7%. All but two hospitals (93%) provided education to JMOs regarding medicines use during JMO orientation week in 2013.

The survey identified wide variation in the format and time available for JMO medicines education. Barriers to effective education included high JMO turnover and short placement times, time limitations, high volume of clinical and non-clinical information delivered during orientation and lack of co-ordination between facilities and LHDs. Suggested improvements included repetition of education throughout the year, use of practical cases, face-to-face follow-up and greater use of undergraduate education. There is potential for greater utilisation of on-line courses, prior to and during hospital employment to overcome time constraints during work hours. Further work is required to provide a consistent base level of education to all JMOs working in the NSW public hospital system and to ensure that the format conforms to effective adult education principles, and that the impact of education is evaluated including linkage with outcomes such as medication errors and adverse outcomes.

Members of the NSW TAG SAFER Medicines Group are:

<i>Rosemary Burke (chair)</i>	<i>Director of Pharmacy Concord Repatriation Hospital</i>
<i>Prof Nick Buckley</i>	<i>Clinical Pharmacologist and Toxicologist Prince of Wales Clinical School</i>
<i>Pauline Dobson</i>	<i>Clinical Nurse Consultant HIV/AIDS John Hunter Hospital</i>
<i>A/Prof Madlen Gazarian</i>	<i>Consultant in Paediatric Clinical Pharmacology & Therapeutics, Pharmacoepidemiology and Pharmacovigilance Honorary Associate Professor, Faculty of Medicine, University of NSW</i>
<i>Dr Catherine Lucas</i>	<i>Clinical Pharmacology Advanced Trainee St Vincent's Hospital</i>
<i>Daniel Lalor</i>	<i>Project Manager, Medication Safety Clinical Excellence Commission</i>
<i>Jennie MacDonald</i>	<i>Director of Pharmacy John Hunter Hospital</i>
<i>Alice McKellar</i>	<i>Chief Pharmacist Goulburn Base Hospital</i>
<i>Dr Bridin Murnion</i>	<i>Staff Specialist, Drug Health Services Royal Prince Alfred and Concord Hospitals</i>
<i>Diane Reeves</i>	<i>Medication Safety/Medicines Management Pharmacist Central Coast LHD</i>
<i>Lindsay Scott</i>	<i>Pharmacy Manager Broken Hill Health Service</i>
<i>Meredith Verge</i>	<i>Education and Training Pharmacist Royal North Shore Hospital</i>
<i>Sally Wilson</i>	<i>Clinical Nurse Consultant, Pain Management Royal Hospital for Women</i>
<i>Correspondence Members</i>	
<i>Prof Richard Day</i>	<i>Director, Clinical Pharmacology St Vincent's Hospital</i>
<i>Susie Welch</i>	<i>Senior Pharmacist, Research St Vincent's Hospital</i>

NSW TAG gratefully acknowledges all members who have provided expert advice on medication safety issues during the year.

Conference presentations:

38th Society of Hospital Pharmacists of Australia National Conference 2012. Oral presentation: Development of a national medication safety online training program – Improving safe medication prACTices for the whole healthcare team. Katie Kerr, Gillian Sharratt and Sasha Bennett co-authored with Heather Petrie and Michelle Koo from NPS.

Leadership and Practice Development in Health Conference 2012: Quality and Safety through Workplace Learning. Oral presentation: Development of a national medication safety online training program – because safety is no accident. Katie Kerr, Gillian Sharratt and Sasha Bennett co-authored an abstract with Heather Petrie and Michelle Koo from NPS

ASCEPT/APSA December 2012 Oral presentation: Development of a national medication safety online training course: because safety is no accident. Katie Kerr, Gillian Sharratt and Sasha Bennett co-authored with Heather Petrie and Michelle Koo from NPS.

39th Society of Hospital Pharmacists of Australia National Conference 2013. Abstract accepted. Getting SMART about Prescribing: What are Junior Medical Doctors Learning During Hospital Orientation? Sasha Bennett, Gillian Sharratt and Rosemary Burke

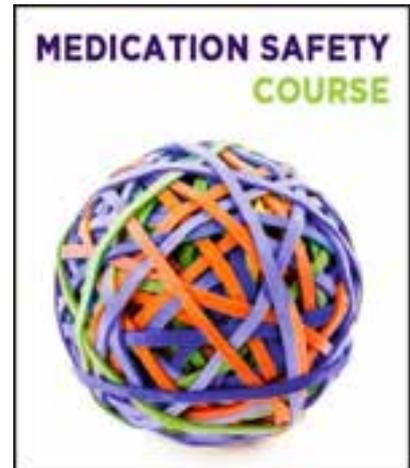
Invited speakers

39th Society of Hospital Pharmacists of Australia National Conference 2013. Oral presentation: Use of online training tools to achieve the National Safety and Quality Health Service Standards. Katie Kerr, Gillian Sharratt and Sasha Bennett

Medication Safety Online Learning

Throughout 2011/2012 NSW TAG worked with NPS on an online learning course for acute care practitioners in the area of medication safety. NSW TAG developed the content of the course, comprising of seven learning modules (introduction to medication safety; types and causes of medication errors; wrong drug errors; wrong route errors; intravenous errors; dosage formulation errors; communicating for safety) and two case studies, which highlight key learning points from the modules. The modules were launched in 2012 and since then NSW TAG has assisted in responding to and interpreting feedback from participants completing the modules as required by NPS.

The interactive course is designed to explore the various causes of medication errors and equip health professionals with the knowledge and skills to help prevent errors from occurring in the workplace. Having an interdisciplinary approach, the learning material emphasises the role each health care practitioner plays in medication use pathway, and the interdependency of the professional groups. The course features various activities to engage the learner and numerous real-life examples, drawn from Australian practice where possible.



Statistics of users of the modules from 1st July 2012 – 30th June 2013 include:

Profession	No who have completed ≥ 1 module
Nursing	5512
Pharmacy	459
Medical	576
Student - nursing	968
Student - pharmacy	170
Student - medical	88
Other	775

Activities Related to Medicines Access

High Cost Drugs Working Group

The High Cost Drugs Working Group considers issues related to access and funding of high cost drugs (high price and high volume drugs) in NSW public hospitals. The Working Group aims to promote consistency in formulary management processes and equity of access to high cost drugs for patients in NSW hospitals. In 2012/13 issues relating to the reporting of High Costs Drugs in NSW Hospitals have been discussed, along with the challenges of funding of medications for patients seen and treated by hospitals outside of their residential LHD. NSW TAG has been liaising with the NSW Ministry of Health on this issue particularly in relation to the associated policy directive; Drugs – Funding arrangements for outpatient use of high cost drugs not funded by the Commonwealth (PD2005_395) and the introduction of activity based funding. This will be an area of continued work in 2013/14.

Members of the High Cost Drugs working group are:

<i>Ms Gabrielle Couch</i>	<i>Southern and Murrumbidgee LHDs</i>
<i>Prof Richard Day</i>	<i>St Vincent's Hospital and University of NSW</i>
<i>Ms Terry Maunsell</i>	<i>Royal Prince Alfred Hospital</i>
<i>Mr Ian Mawbey</i>	<i>Dubbo Base Hospital</i>
<i>Ms Terry Melocco (Chair)</i>	<i>St Vincent's Hospital</i>
<i>Dr Bridin Murnion</i>	<i>Royal Prince Alfred Hospital</i>
<i>Mr Kingsley Ng</i>	<i>Westmead Hospital</i>

NSW TAG acknowledges the ongoing commitment of members of the group whose expert advice has facilitated these important activities.

Position Statements, Guidelines and Other Publications

Editorial Committee

The NSW TAG Editorial Committee was formed in 2006 to oversee and advise on development of guidance statements by NSW TAG. It also provides advice regarding suggestions for new and/or revised resource documents; confirmation of topics for document development as suggested by the TAG network; and, assistance in prioritising writing activities. Committee guidance is provided with advice on the type of most suitable resource document to be developed (e.g. position statement, discussion paper or therapeutic review document), defining the scope of each guidance document, identifying content experts and reviewers, considering possible clinical practice recommendations and implementation strategies, as well as advice regarding suitability for publication in peer-reviewed journals. This year the Committee guided development of the intravenous paracetamol addendum to the paracetamol use position statement, 2008; key messages from this document will be published in the peer-reviewed literature shortly.

NSW TAG makes regular contact with DTCs through NSW TAG and TAGNet members to identify therapeutic areas or drugs of interest and concern that may be informed by the preparation of a position statement or other guidance document. This is a standing agenda item in the bimonthly NSW TAG and TAGNet meetings. Monoclonal antibody (MAB) handling has been a topic of concern but a body of published work that will inform this area is expected soon. Biosimilars continue to generate interest and NSW TAG has been providing comment on a national resource regarding the use of biosimilars facilitated by CATAG.

A project plan is under development to review opioid prescribing guidelines for primary care physicians as an update to the 'General Principles for Rational Use of Opioids in Chronic and Recurrent Pain' written primarily for primary care use and published in 2002.

Resource Documents

Published documents

- Intravenous paracetamol use (Addendum to 2008 document)

Conference presentation

39th Society of Hospital Pharmacists of Australia National Conference 2013. Abstract accepted: Keep SMART & SAFE: Intravenous paracetamol guidance in vulnerable populations. Anna Drew, Sasha Bennett, Gillian Sharratt and Madlen Gazarian.

NHMRC clinical practice guidelines portal – www.clinicalguidelines.gov.au

Two NSW TAG position statements are included on the NHMRC clinical practice guidelines portal. These are:

- Paracetamol use (Position Statement, 2008) with Addendum (2012) [Ref ID 1507]
- Safe prescribing of heparins and oral anticoagulants for venous thromboembolism prophylaxis in adults (Position Statement, 2010) [Ref ID 1354]

A number of members of the NSW TAG Editorial Committee are members of the Australian Guideline Developers Network, supported by the National Institute of Clinical Studies (NICS) and the National Health and Medical Research Council (NHMRC).

Members of the Editorial Committee are:

<i>A/Prof Madlen Gazarian</i>	<i>University of NSW</i>
<i>A/Prof Sarah Hilmer</i>	<i>Royal North Shore Hospital</i>
<i>Mr Russell Levy</i>	<i>Royal North Shore Hospital</i>
<i>Mr Peter Murney</i>	<i>Concord Repatriation General Hospital</i>
<i>Ms Felicity Prior</i>	<i>Hunter Drug Information Service</i>
<i>Prof J Paul Seale (Chair)</i>	<i>University of Sydney</i>
<i>Ms Leone Snowden</i>	<i>NSW Medicines Information Centre</i>
<i>Ms Anne Steffensen</i>	<i>Prince of Wales Hospital</i>

NSW TAG gratefully acknowledges the contribution of Editorial Committee members.

Current Documents

Subject	Format	Date
Addendum to the 2008 Paracetamol Use position statement	Addendum to Position Statement	2012
Safe use of heparins and oral anticoagulants for venous thromboembolism prophylaxis in adults	Position Statement	2010
Paracetamol use	Position Statement	2008
Pharmaceutical industry and hospital staff liaison in public hospitals (Updated)	Position Statement	2008
Rituximab: Off-label use in hospitals	Position Statement	2007
Antivirals for treatment and prophylaxis of influenza in NSW hospitals and residential facilities	Position Statement	2006
Mycophenolate in non transplant disorders	Position Statement	2005
Pethidine for pain management in emergency departments	Position Statement	2004
Intravenous bisphosphonates in osteoporosis	Therapeutic Review Document	2010
Antiplatelet Therapies: Current Issues	Therapeutic Review Document	2009
Adalimumab in inflammatory bowel disorders	Therapeutic Review Document	2008
Drugs for the treatment of secondary hyperparathyroidism and hyperphosphataemia	Therapeutic Review Document	2007
Infliximab in Crohn's Disease	Therapeutic Review Document	2007
Infliximab in Ulcerative Colitis	Therapeutic Review Document	2007
Practical Considerations for Pre-Mixed Parenteral Solutions	Discussion paper	2011
Clopidogrel – Proton pump inhibitor drug interaction	Discussion Paper	2010
Iron polymaltose infusion	Discussion Paper	2009
Contrast-induced nephropathy	Discussion Paper	2008
Off-label use of registered medicines and use of medicines under the personal importation scheme	Discussion Paper	2003

Resource Documents

Subject	Format	Date
Medicines Access Programs: Patient Consent form, Pharmaceutical Company Acknowledgment form, Prescriber Acknowledgment form (adapted from Western Australian TAG)	Resource Documents	2012
Medicines Access Programs: NSW TAG Registration form	Resource document	2012
Decision Algorithm for evaluation of medicines for formulary listing in public hospitals	Resource Document	2008
DTC template for formulary submission (Updated)	Resource Document	2009
IPU Application form (Updated)	Resource Document	2009
Prescribing protocol template for new drugs (Updated)	Resource Document	2009
Alert: analgesic skin patches	Resource Document	2006
Recommendations for terminology, abbreviations and symbols used in prescribing and administration of medicines	Resource Document	2006

Council of Australian Therapeutic Advisory Groups Documents

Subject	Format	Date
Guiding Principles for Medicines Access Programs in Australian Public Hospitals	Resource Document	2011
Use of medicine samples in hospitals	Statement	2010
Guiding principles for the use of complementary and alternative medicines in hospitals (Updated)	Resource Document	2010
Guiding principles for the use of complementary and alternative medicines in hospitals	Resource Document	2009
Product Familiarisation Programs: Guiding principles	Resource Document	2008

Other Reports

Subject	Format	Date
Medicines Education during JMO orientation 2013 survey	Summary report of survey results	2013
Interim Report for Indicators for QUM in Australian Hospitals Review 2012	Interim Report	2012
Final Report of 2011 Survey: QUM Indicator Uptake and Utilisation	Final Report	2012
QUM Indicator 5.3 Multi-site Program	Final Report	2011
National Recommendations for User-applied Labelling of Injectable Medicines, Fluids and Lines	Final Report	2010
Report of the Discharge Management of Acute Coronary Syndromes (DMACS) project (NSW)	Final Report	2010
Medication Safety Activity Resulting from the Medication Safety Self Assessment for Australian Hospitals	Report	2009
Report of the Acute Postoperative Pain (APOP) project (NSW/ACT)	Final Report	2008
Report from the Medication Safety Self Assessment (MSSA) New South Wales Public Hospitals February 2007 – November 2007	Report	2008
Report of the Community-acquired pneumonia: Towards improving outcomes nationally (CAPTION) project (NSW/ACT)	Final Report	2005

Other Publications

Self Assessment Tools

Medication Safety Self Assessment for Australian Hospitals (MSSA), 2007, 64p

PDF file can be downloaded from the CEC website (www.cec.health.nsw.gov.au) or via a link from the NSW TAG web site (www.nswtag.org.au)

Medication Safety Self Assessment for Antithrombotic Therapy in Australian Hospitals (MSSA-AT), 2007, 44p

PDF file can be downloaded from the CEC website (www.cec.health.nsw.gov.au) or via a link from the NSW TAG web site (www.nswtag.org.au)

Indicators

Indicators for Quality Use of Medicines in Australian Hospitals, August 2007, 104p, ISBN 978-0-9586069-5-0
PDF file can be downloaded from the NSW TAG web site (www.nswtag.org.au) or via a link from the CEC web site (www.cec.health.nsw.gov.au). A limited number of hard copies are available through the NSW TAG Office.

Manual of Indicators for Drug Use in Australian Hospitals, April 1998, 90p, (Archived)

PDF file can be downloaded from the NSW TAG web site (www.nswtag.org.au)

Indicators for Drug and Therapeutics Committees, January 1997, 41p (Archived)

PDF file can be downloaded from the NSW TAG web site (www.nswtag.org.au)

Guidelines

Prescribing Guidelines for Primary Care Clinicians: Rational Use of Opioids in Chronic or Recurrent Non-Malignant Pain, December 2002.

Available Titles:

Migraine (plus patient brochure)

Low Back Pain (plus patient brochure)

General Principles (plus patient brochure)

PDF files of these titles can be downloaded from the NSW TAG web site (www.nswtag.org.au). Printed copies are available from Pharmaceutical Services, NSW Ministry of Health (Phone 02 9391 9944).

Financial Statements

Financial Statements

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Committee's Report

For the Year Ended 30 June 2013

Your committee members submit the financial report of the Association for the financial year ended 30 June 2013.

Committee Members

The names of committee members throughout the year and at the date of this report are:

Professor Christopher Liddle	Chairman
Ms Rosemary Burke	Deputy Chair
Professor Andrew McLachlan	Secretary
Ms Terry Maunsell	Treasurer
Professor Jo-anne Brien	
A/Professor Madlen Gazarian	
Ms Terry Melocco	

Principal Activities

The principal activity of the Association during the financial year was to promote quality use of medicines by sharing unbiased evidence-based information about drug therapy.

Significant Changes

No significant change in the nature of these activities occurred during the year.

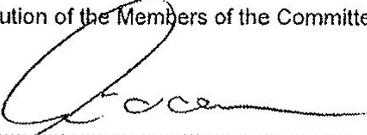
Operating result

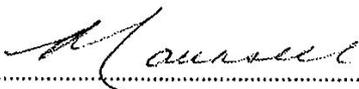
The deficit of the Association for the financial year was \$ (796) (2012: \$ (479)). The Association is exempt from income tax.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

Signed in accordance with a resolution of the Members of the Committee:

Committee member: 
.....
Professor Christopher Liddle

Committee member: 
.....
Ms Terry Maunsell

Dated this *Twenty fourth* day ofSeptember..... 2013

Financial Statements

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Statement of Comprehensive Income

For the Year Ended 30 June 2013

	Note	2013 \$	2012 \$
Income			
Operating grants	2	531,879	440,696
Interest received		17,104	21,924
Membership fees		1,375	1,500
Other income		-	480
		<u>550,358</u>	<u>464,600</u>
Expenditure			
Auditors remuneration		5,500	5,685
Bank charges		316	483
Computer expenses		1,500	2,240
Consultant fees		21,000	27,090
Depreciation		390	1,065
Equipment costs		2,714	3,385
Functions and catering		1,252	1,050
Insurance		6,916	8,201
Interest paid		159	191
Internet/website		1,353	78
Leave pay		14,053	11,289
Long service leave		1,957	(469)
Office expenses		340	150
Postage printing and stationery		5,002	6,363
Recruitment costs		816	515
Reference material		-	170
Rent		32,286	31,158
Salaries		380,051	303,913
Storage costs		808	508
Subscriptions		120	802
Sundry expenses		506	449
Superannuation contributions		35,187	27,352
Teleconferences		7,247	4,205
Telephone and fax		80	410
Training expenses		2,555	6,225
Travelling expenses		26,274	20,013
Workers compensation		2,772	2,558
		<u>551,154</u>	<u>465,079</u>
Total Expenses			
Deficit before income taxes		(796)	(479)
Income tax expense	1(g)	-	-
Deficit for the year		<u>(796)</u>	<u>(479)</u>
Other comprehensive income for the year		-	-
Total comprehensive income for the year		<u>(796)</u>	<u>(479)</u>

The accompanying notes form part of these financial statements.

2

Financial Statements

Financial Statements

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Statement of Financial Position

As At 30 June 2013

	Note	2013 \$	2012 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	411,174	498,502
Trade and other receivables	4	109,803	45,936
Other financial assets	5	45,525	42,915
Prepayments		7,270	7,382
TOTAL CURRENT ASSETS		573,772	594,735
NON-CURRENT ASSETS			
Property, plant and equipment	6	33	423
TOTAL NON-CURRENT ASSETS		33	423
TOTAL ASSETS		573,805	595,158
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	42,760	30,801
Deferred income	8	233,270	267,743
TOTAL CURRENT LIABILITIES		276,030	298,544
NON-CURRENT LIABILITIES			
Long-term provisions	9	3,257	1,300
TOTAL NON-CURRENT LIABILITIES		3,257	1,300
TOTAL LIABILITIES		279,287	299,844
NET ASSETS		294,518	295,314
EQUITY			
Retained surplus		294,518	295,314
TOTAL EQUITY		294,518	295,314

The accompanying notes form part of these financial statements.

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NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Statement of Changes in Equity

For the Year Ended 30 June 2013

2013

	Retained Surplus	Total
	\$	\$
Balance at 1 July 2012	295,314	295,314
Deficit for the year	(796)	(796)
Balance at 30 June 2013	294,518	294,518

2012

	Retained Surplus	Total
	\$	\$
Balance at 1 July 2011	295,793	295,793
Deficit for the year	(479)	(479)
Balance at 30 June 2012	295,314	295,314

The accompanying notes form part of these financial statements.

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Financial Statements

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Statement of Cash Flows

For the Year Ended 30 June 2013

	2013	2012
Note	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from grants and membership	492,733	453,193
Payments to suppliers and employees	(502,174)	(606,186)
Interest received	21,924	21,924
Net cash provided by (used in) operating activities	10 <u>12,483</u>	<u>(131,069)</u>
Net increase (decrease) in cash and cash equivalents held	12,483	(131,069)
Cash and cash equivalents at beginning of year	486,019	-
Cash and cash equivalents at end of financial year	3 <u>498,502</u>	<u>(131,069)</u>

The accompanying notes form part of these financial statements.

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NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2013

1 Summary of Significant Accounting Policies

The financial report covers NSW Therapeutic Advisory Group Inc as an individual entity. NSW Therapeutic Advisory Group Inc is an association incorporated under the Associations Incorporation Act (NSW) 2009, incorporated and domiciled in Australia.

Basis of Preparation

These financial statements are special purpose financial statements prepared in order to satisfy the financial reporting requirements of the Associations Incorporations Act NSW. The committee has determined that the Association is not a reporting entity.

The financial statements have been prepared on an accruals basis and are based on historic costs and do not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period, unless otherwise stated, have been adopted in the preparation of these financial statements.

(a) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less.

(b) Property, Plant and Equipment

Property, plant and equipment are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all property, plant and equipment is depreciated over the useful lives of the assets to the Association commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Furniture, Fixtures and Fittings	10% - 15%
Office Equipment	15%
Computer Equipment	20%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

When an assets is disposed, the gain or loss is calculated by comparing proceeds received with its carrying amount and is taken to profit or loss.

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NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2013

1 Summary of Significant Accounting Policies continued

(c) Impairment of Assets

At the end of each reporting period, the committee reviews the carrying amounts of its assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in the statement of comprehensive statement.

(d) Trade Payable and Other Payables

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(e) Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(f) Deferred Income

The Association receives grants to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the Association to treat grants as unexpended grants in the balance sheet where the entity is contractually obliged to provide the services in a subsequent financial period to when the grants are received or in the case of specific project grants where the projects have not been completed.

(g) Income Tax

No provision for income tax has been raised as the Association is exempt from tax under division 50 of the Income Tax Assessment Act 1997.

(h) Employee Benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting year. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

(i) Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable.

Interest revenue is recognised when received or credited to the accounts.

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2013

1 Summary of Significant Accounting Policies continued

(i) Revenue and Other Income continued

Grant and donation income is recognised when the Association obtains control over the funds.

All revenue is stated net of the amount of goods and services tax (GST)

(j) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

(k) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(l) Economic Dependence

NSW Therapeutic Advisory Group Inc derives a significant portion of its revenue from the NSW Ministry of Health. During the year ended 30 June 2013, approximately 53% (2012: 62%) of the Association's grant revenue were sourced from the NSW Ministry of Health. Committee members have no reason to believe the NSW Ministry of Health will not continue to provide funding to the Association.

(m) Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

2 Revenue

Operating grants

	2013	2012
	\$	\$
NSW Ministry of Health	283,183	271,809
NPS DUE consultancy	1,912	20,298
NPS CATAG	167,277	75,114
ACSQHC Indicators	68,862	42,187
NPS Medsafety Materials	-	28,297
HAC eMM	10,645	2,991
Total operating grant income	531,879	440,696

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Financial Statements

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2013

3 Cash and Cash Equivalents

	2013	2012
	\$	\$
Cash at bank and on hand	411,174	498,502
	<u>411,174</u>	<u>498,502</u>

Reconciliation of Cash

Cash and Cash equivalents reported in the statement of cash flows are reconciled to the equivalent items in the statement of financial position as follows:

	2013	2012
	\$	\$
Cash and cash equivalents	411,174	498,502

4 Trade and Other Receivables

	2013	2012
	\$	\$
CURRENT		
Trade receivables	104,373	42,945
Provision for impairment of receivables	-	-
Total trade receivables	<u>104,373</u>	<u>42,945</u>
Other receivables	5,430	2,991
Total current trade and other receivables	<u>109,803</u>	<u>45,936</u>

5 Other Financial Assets

	2013	2012
	\$	\$
Term deposit	45,525	42,915
Total financial assets	<u>45,525</u>	<u>42,915</u>

6 Property, Plant and Equipment

Furniture, fixture and fittings		
At cost	6,820	6,820
Accumulated depreciation	(6,820)	(6,720)
Total furniture, fixture and fittings	<u>-</u>	<u>100</u>

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2013

6 Property, Plant and Equipment continued

Office equipment		
At cost	5,403	5,403
Accumulated depreciation	(5,370)	(5,080)
Total office equipment	33	323
Computer equipment		
At cost	16,373	16,373
Accumulated depreciation	(16,373)	(16,373)
Total computer equipment	-	-
Total property, plant and equipment	33	423

Movements in carrying amounts of property, plant and equipment

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Furniture, Fixtures and Fittings	Office Equipment	Computer Equipment	Total
	\$	\$	\$	\$
2013				
Balance at the beginning of year	-	33	-	33
Balance at the end of the year	-	33	-	33

	Furniture, Fixtures and Fittings	Office Equipment	Computer Equipment	Total
	\$	\$	\$	\$
2012				
Balance at the beginning of year	281	997	210	1,488
Depreciation expense	(181)	(674)	(210)	(1,065)
Balance at 30 June 2012	100	323	-	423

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NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2013

7 Trade and Other Payables

	2013	2012
	\$	\$
CURRENT		
Unsecured liabilities		
Trade payables	4,372	6,019
Employee entitlements	29,996	16,985
GST payable	600	2,136
PAYG payable	7,439	3,476
Other payable	353	2,185
	<u>42,760</u>	<u>30,801</u>

8 Deferred Income

	2013	2012
	\$	\$
Grants in advance	<u>233,270</u>	<u>267,743</u>
	<u>233,270</u>	<u>267,743</u>

9 Provisions

	2013	2012
	\$	\$
NON-CURRENT		
Employee entitlements	<u>3,257</u>	<u>1,300</u>
	<u>3,257</u>	<u>1,300</u>

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2013

10 Cash Flow Information

Reconciliation of result for the year to cash flows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2013	2012
	\$	\$
Net deficit for the year	(796)	(479)
Cash flows excluded from deficit attributable to operating activities		
Non-cash flows in deficit:		
- depreciation	390	1,065
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(63,867)	(26,536)
- (increase)/decrease in prepayments	112	(1,527)
- (increase)/decrease in other financial assets	(2,610)	(2,152)
- increase/(decrease) in income in advance	(34,473)	33,484
- increase/(decrease) in trade and other payables	11,959	9,097
- increase/(decrease) in provisions	1,957	(469)
Cash flow from operations	<u>(87,328)</u>	<u>12,483</u>

11 Capital and Leasing Commitments

Non-cancellable operating leases contracted for but not capitalised in the financial statements.

Operating Leases

	2013	2012
	\$	\$
Minimum lease payments under non-cancellable operating leases:		
- not later than one year	16,326	15,959
	<u>16,326</u>	<u>15,959</u>

Operating leases for premises at 26 Leichhardt Street Darlinghurst NSW expiring on 31 December 2013.

12 Association Details

The registered office and principal place of business of the Association is:

NSW Therapeutic Advisory Group Inc
26 Leichhardt Street
DARLINGHURST NSW 2010

Financial Statements

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Statement by Members of the Committee

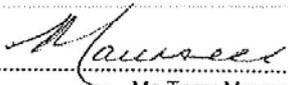
The committee has determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements and the requirements of the Associations Incorporation Act (NSW) 2009.

In the opinion of the committee the financial report as set out on pages 2 to 12:

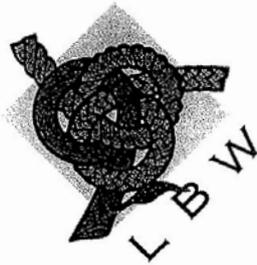
1. Presents fairly the financial position of NSW Therapeutic Advisory Group Inc as at 30 June 2013 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that NSW Therapeutic Advisory Group Inc will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the committee by:


President.....
Professor Christopher Liddle


Treasurer.....
Ms Terry Maunsell

Dated this *Twenty fourth* day of *September*, 2013

**LBW & PARTNERS**

Chartered Accountants & Business Advisers
ABN 80 618 803 443

Level 3, 845 Pacific Highway, Chatswood NSW 2067
Postal Address PO Box 276 Chatswood 2057
Telephone (02) 9411 4866 Fax (02) 9412 1143
Email mail@lbw.com.au
Web www.lbw.com.au

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Independent Audit Report to the members of NSW Therapeutic Advisory Group Inc

Report on the Financial Report

We have audited the accompanying financial report being a special purpose financial report, of NSW Therapeutic Advisory Group Inc, which comprises the statement of financial position as at 30 June 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The officers of NSW Therapeutic Advisory Group Inc are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1, is appropriate to meet the requirements of the Associations Incorporation Act (NSW) 2009 and is appropriate to meet the needs of the members. The officers' responsibility also includes such internal control as the officers determine is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial report.

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

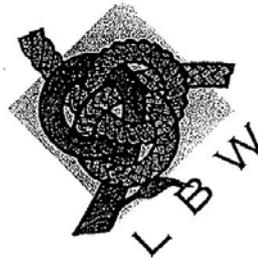
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ANALYSIS
INTERPRETATION
PLANNING



LBW & PARTNERS
Chartered Accountants & Business Advisers
ABN 80 618 803 443

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NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Independent Audit Report to the members of NSW Therapeutic Advisory Group Inc

Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of NSW Therapeutic Advisory Group Inc as at 30 June 2013, and its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and Associations Incorporation Act (NSW) 2009.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report which describes the basis of accounting. The financial report is prepared to assist NSW Therapeutic Advisory Group Inc to comply with the financial reporting provisions of Associations Incorporation Act (NSW) 2009. As a result, the financial report may not be suitable for another purpose.


Rupaninga Dhamasiri
Partner

LBW & Partners
Chartered Accountants
Level 3, 845 Pacific Highway
CHATSWOOD NSW 2067

Dated 30th September 2013

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ANALYSIS
INTERPRETATION
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NSW TAG Membership

A/Prof Beata Bajorek	Pharmacy, UTS Graduate School of Health, University of Technology Sydney (UTS)
Mr Peter Barclay	Pharmacy Services Manager, The Children's Hospital at Westmead
Prof Jo-anne Brien	Professor of Clinical Pharmacy, University of Sydney / St Vincent's Hospital
Ms Rosemary Burke	Director of Pharmacy, Concord Repatriation General Hospital
Ms Jenny Crane	Director of Pharmacy, Royal North Shore Hospital
Prof Richard Day	Professor of Clinical Pharmacology, UNSW and St Vincent's Hospitals
Dr Deo de Wit	Microbiologist, Gosford Hospital
Ms Eugenia Fiakos	Director of Pharmacy, Liverpool Hospital
Mr Tim Garrett	Director of Pharmacy, Central Coast LHD
A/Prof Madlen Gazarian	Honorary Associate Professor, Faculty of Medicine, University of NSW. Consultant in Paediatric Clinical Pharmacology and Therapeutics, Pharmacoepidemiology and Pharmacovigilance
Ms Sue Goh	Director of Pharmacy, Prince of Wales/ Sydney Children's Hospital Randwick and Royal Hospital for Women
Ms Judith Hampson	Director of Pharmacy, Sydney and Sydney Eye Hospital
A/Prof Sarah Hilmer	Clinical Pharmacology and Geriatric Medicine, Royal North Shore Hospital
Ms Rosemary James	Director of Pharmacy, Calvary Mater Newcastle Hospital
Ms Lorraine Koller	Deputy Director of Pharmacy, Westmead Hospital
A/Prof Winston Liauw	Staff Specialist, Medical Oncology, St George Hospital
Ms Margaret Macarthur	Director of Pharmacy, Blacktown and Mt Druitt Hospitals
Ms Jennifer MacDonald	Director of Pharmacy, John Hunter Hospital
Ms Terry Maunsell	Director of Pharmacy, Royal Prince Alfred Hospital
Dr Michael McGlynn	Executive Medical Director, South East Sydney LHD
Prof Andrew McLachlan	Professor of Pharmacy (Aged Care), Faculty of Pharmacy, University of Sydney and Centre for Education and Research on Ageing, Concord Hospital
Ms Terry Melocco	Director of Pharmacy, St Vincent's Hospital
Ms Veronica Murdoch	Director of Pharmacy, Wollongong Hospital
A/Prof David Newby	Acting Discipline Lead in Clinical Pharmacology, University of Newcastle
Mr Kingsley Ng	Director of Pharmacy, Westmead Hospital
Dr Huong Van Nguyen	Geriatrician and Endocrinologist, Bankstown Hospital
Ms Felicity Prior	Director of Hunter Drug Information Service, Calvary Mater Newcastle
Ms Diane Reeves	Medication Safety Pharmacist, Central Coast LHD
Ms Chris Salzmann	Director of Pharmacy, Bankstown/Lidcombe Hospital
Ms Ruby Samson	Director of Pharmacy, Nepean Hospital
Dr David Schell	Director, Intensive Care, Children's Hospital at Westmead
Prof J Paul Seale	Department of Clinical Pharmacology, University of Sydney / Royal Prince Alfred Hospital
Ms Leone Snowden	Manager, NSW Medicines Information Centre
Ms Julie Thompson	Drug and QUM Committee, Pharmacist Coordinator, SESLHD
Ms Johneen Tierney	A/Director of Pharmacy, St George Hospital
Prof Ian Whyte	Department of Clinical Pharmacology, Calvary Mater Newcastle Hospital
Ms Sally Wilson	Clinical Nurse Consultant, Royal Hospital for Women
Chair:	
Prof Chris Liddle	Department of Clinical Pharmacology, Westmead Hospital

TAGNet Membership

Mr Khai Bui	Pharmacist Manager, Ryde Hospital
Ms Wendy Campbell	Scott Memorial Hospital, Scone
Ms Jill Connellan	Clinical Pharmacist, Macksville District Hospital
Ms Gabrielle Couch	District Pharmacist, Southern and Murrumbidgee LHDs
Ms Joanne Davidson	Director of Pharmacy, Armidale and New England Hospitals
Ms Jeannine Delemare	Director of Pharmacy, Wagga Wagga Base Hospital
Mr Thennarasu Dharmalingham	Director of Pharmacy, Bathurst Base Hospital
Ms Sandra Donkers	Chief Pharmacist, Cooma District Hospital
Mr Graeme Drew	Chief Pharmacist, Cowra Hospital
Ms Madeline Eves	Director of Pharmacy, Campbelltown and Camden Hospitals
Mr Max Fitzgerald	Chief Pharmacist, Morisset Hospital
Mr David Gilbert	Director of Pharmacy, Wyong Hospital
Mr Greg Gillespie	Director of Pharmacy, Blue Mountains Hospital
Mr John Glen	Director of Pharmacy, Macquarie Hospital
Ms Julie Hilditch	Director of Pharmacy, Shoalhaven Hospital
Mr Peter Hill	Director of Pharmacy, Lismore Base Hospital
Mr Michael Holloway	Director of Pharmacy, The Tweed/Byron Health Service Group
Ms Rabsima Ibrahim	Deputy Director of Pharmacy, Mt Druitt Hospital
Ms Julie Kawalewski	Senior Clinical Pharmacist, Bowral Hospital
Ms Karen Kennedy	Director of Pharmacy, Grafton Base Hospital
Dr Michael King	Director of Medical Services, Port Macquarie Base Hospital
Ms Melanie Lacey	Chief Pharmacist, Young District Hospital
Ms Wai-Jen Lee	Director of Pharmacy, Auburn Hospital
Ms Jennifer Lister	Singleton andKurri Kurri Hospitals
Ms Margaret Macarthur	Director of Pharmacy, Blacktown and Mt Druitt Hospitals
Mr Noman Masood	Director of Pharmacy, Northern Beaches Health Service
Ms Annette Mathews	Director of Pharmacy, Lithgow Hospital
Dr Zac Matthews	Chief Pharmacist, Canterbury Hospital
Mr Ian Mawbey	Chief Pharmacist, Dubbo Base Hospital
Mr Charles McCloskey	Director of Pharmacy, Manning Rural Referral Hospital
Ms Julia McKay	Clinical Pharmacist, Bloomfield Hospital, Orange
Ms Alice McKellar	Chief Pharmacist, Goulburn Base Hospital
Ms Cindy Mortimer	Director of Pharmacy, Tamworth Regional Referral Hospital
Ms Sue Murtagh	Director of Pharmacy, Belmont Hospital, Hunter New England LHD
Ms Veronica Pellizzer	Clinical Pharmacist, Griffith Base Hospital
Mr Leo Mason	Director of Pharmacy, Albury Base Hospital
Mr Alastair Riddell	Director of Pharmacy, Shellharbour Hospital
Ms Wendy Ridgeon	Senior Clinical Pharmacist, Camden Hospital
Dr Nick Ryan	Director Clinical Training, Tamworth Base Hospital
Ms Lindsay Scott	Pharmacy Manager, Broken Hill Health Service, Far West LHD
Ms Jenny Shaw	Executive Officer, Director of Nursing and Midwifery, Mullumbimby and District War Memorial Hospital
Ms Shivon Singh	Director of Pharmacy, Fairfield Hospital
Mr Graeme Smith	Kempsey District Hospital
Ms Maggie Steventon	Director of Pharmacy, Orange Base Hospital
Ms Margaret Sumpter	Deputy Director of Pharmacy, Manly Hospital
Mr Girish Swaminathan	Director of Pharmacy, Bega & Pambula Hospitals
Ms Margaret Taylor	Director of Pharmacy, Queanbeyan Hospital
Ms Rachel Taylor	Director of Pharmacy, Port Macquarie Base Hospital
Dr Alan Tyson	Specialist Anaesthetist, Grafton Hospital
Ms Jan Willis	Director of Pharmacy, Coffs Harbour Hospital
Ms Rebecca Woodward	Director of Pharmacy, Cessnock District Hospital
Mrs Ann Wormald	Pharmacist, Mudgee Hospital
Mr Mickson Yam	Deputy Director of Pharmacy, Sutherland Hospital
Ms Caroline Zeitoun	Director of Pharmacy, Sutherland Hospital

Chair:

Prof Ian Whyte

Department of Clinical Toxicology and Pharmacology, Calvary Mater Newcastle

Affiliate Members

Ambulance Services of NSW	National Prescribing Service
Auckland Healthcare, NZ	Princess Alexandra Hospital, QLD
Canberra Hospital, ACT	Professor Gillian Shenfield, NSW
Clinical Excellence Commission, NSW	Royal Brisbane and Womens Hospital, QLD
Drug Utilisation Sub-Committee, Pharmaceutical Benefits Advisory Committee, ACT	Royal Children's Hospital, QLD
Mater Hospital, QLD	Sydney Adventist Hospital, NSW
National Institute of Clinical Studies	St Vincent's Private Hospital, NSW
	Toowoomba Base Hospital, QLD

Other State Based QUM groups and individuals

Australian Capital Territory (ACT)	Mr Stuart Margison, Director, Pharmacy Services, The Canberra Hospital Ms Liisa Nurmi, Director of Pharmacy, Calvary Health Care, ACT
Northern Territory (NT)	Ms Bhavini Patel, NT Drug and Therapeutics Committee Ms Joanna Keily, Acting Director of Pharmacy, Royal Darwin Hospital.
Queensland	Dr Charles Denaro, Director of Internal Medicines and Aged Care, Royal Brisbane and Women's Hospital. Associate Professor of Medicine , University of Queensland Ms Ruth Hay, Executive Secretary of QHMAC and Director of Medication Services, Operational Performance and Support, Queensland Health Ms Stephanie Boydell, Pharmacist Manager, Health Services Support Agency, Queensland Health
South Australia (SA)	Emeritus Prof Lloyd Sansom, University of SA Mr Steve Morris, Chief Pharmacist and Executive Director, Pharmaceutical Services and Strategy, SA Health Ms Eliana Della Flora, Executive Officer, SA Medicines Advisory Committee, South Australian Department for Health and Ageing
Tasmania	Ms Anita Thomas, Quality Use of Medicines Pharmacist, Department of Health and Human Resources
Victoria (Vic)	Assoc Prof Mary O'Reilly, Head of Unit, Infectious Diseases and Infection Control, Eastern Health Dr Geoff Matthews, Vascular physician, Southern Health Mr Ian Larmour, Director of Pharmacy, Southern Health Dr Elaine Tan, Professional Officer, VicTAG
Western Australia (WA)	Mr Neil Keen, Chief Pharmacist, WA Department of Health Mr David Lyon, Executive Officer, WATAG, Royal Perth Hospital