

# annual REPORT



# 2014

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An initiative of NSW Clinical Pharmacologists and Pharmacists  
Funded by 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



**Executive Officer**  
Dr Sasha Bennett



**Executive Officer**  
Ms Gillian Sharratt  
(maternity leave)



**Medication Safety Project Officer**  
Ms Katie Kerr (until August 2014)



**QUM Project Officer**  
Ms Anna Drew



**EMM Project Officer**  
Mr Andrew Hargreaves (From June 2013)



**CATAG National Co-ordinator**  
Ms Jane Donnelly  
(maternity leave)



**CATAG National Co-ordinator**  
David Lyons



**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. NSW TAG's core membership is representatives of the Drug and Therapeutics Committees (DTCs) in NSW public hospitals.

NSW TAG aims to provide consumers of pharmaceutical health care in NSW with the most suitable medicines in the most appropriate manner whilst ensuring that the limited resources of the health care budget devoted to medicines 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

NSW TAG has been supporting its members and providing advice and resources for QUM for over 25 years. 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. Members across NSW have continued to be involved providing a practical frame of reference for the group.

The most recent 3-year funding agreement between the NSW TAG, the NSW Ministry of Health and Clinical Excellence Commission (CEC) was signed in July 2013. The purpose of the funding is to enable NSW TAG to support NSW hospitals with their quality use of medicines activities, specifically by supporting hospital Drug and Therapeutics Committees, promoting rational, high quality, cost-effective use of medicines in public hospitals and the wider community, providing advice to NSW Health regarding medicines policy and investigating and evaluating new initiatives in therapeutics.

In addition to NSW Health funding, funding may be sought to develop other QUM resources for NSW TAG members. This may include funding from other national organisations with a focus on the quality and safe use of medicines such as the Australian Commission on the Safety and Quality of Health Care and NPS MedicineWise (NPS). Many of NSW TAG's initiatives have progressed to become national initiatives with members across NSW providing a practical frame of reference for these initiatives.

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 and the Australian Commission on Safety and Quality in Health Care (ACSQHC). 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, affiliated members and organisations.

# Our Objectives

- To support Drug and Therapeutics Committees
- To investigate and evaluate new initiatives in therapeutics
- 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 therapeutic classes
- To collect and analyse quantitative and qualitative drug use 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 medicines 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 Ministry of Health and related entities
- To undertake projects on behalf of NSW Ministry of Health and related entities according to availability of resources
- To conduct and facilitate research pertinent to quality use of medicines
- To facilitate provision of economic analyses and critical appraisal of pharmacoeconomic studies

# Glossary

<b>ACI</b>	Agency for Clinical Innovation
<b>ACSQHC</b>	Australian Commission on Safety and Quality in Health Care
<b>AMS</b>	Antimicrobial Stewardship
<b>CATAG</b>	Council of Australian Therapeutic Advisory Groups
<b>CEC</b>	Clinical Excellence Commission
<b>CIAP</b>	Clinical Information Access Program
<b>DTC</b>	Drug and Therapeutics Committee
<b>DUE SG</b>	Drug Use Evaluation Support Group
<b>EAG</b>	Expert advisory group
<b>EMM</b>	Electronic medication management
<b>HETI</b>	Health Education and Training Institute
<b>HCD</b>	High cost drugs
<b>LHD</b>	Local Health District
<b>LSDR</b>	Life-saving drugs register
<b>MAP</b>	Medicine access programs
<b>MSSA</b>	Medication Safety Self Assessment
<b>NPS</b>	NPS MedicineWise
<b>PBAC</b>	Pharmaceutical Benefits Advisory Council
<b>PSU</b>	Pharmaceutical Services Unit
<b>QUM</b>	Quality use of medicines
<b>QUM Indicators 2007</b>	Indicators of Quality Use of Medicines in Australian Hospitals 2007
<b>TAG</b>	Therapeutic Advisory Group



# From the Chairman



In 2014, NSW TAG celebrated 25 years of providing support to our members and NSW public hospitals to achieve Quality Use of Medicines (QUM) resulting in improved patient care and outcomes. 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 working with the NSW Ministry of Health and the Clinical Excellence Commission to ensure that the QUM activities performed by NSW TAG continue to complement the services provided by the Ministry, CEC and ACI, and other NSW pillars ensuring that NSW TAG activities service the QUM needs of the public hospitals as advised by our members. We are grateful to the continued support of the NSW Ministry of Health and the Clinical Excellence

Commission in continuing to fund NSW TAG as an independent QUM organisation.

During 2013 and 2014, the Drug and Therapeutics Committees in NSW finalised their roles and responsibilities within the medicines management structure of their hospitals and Local Health Districts. There have been new positions in NSW hospitals to support Commonwealth and State funded initiatives such as antimicrobial stewardship and electronic Medication Management (EMM). NSW TAG employs a full time project officer to work with eHealth on the Statewide EMM program assisting in the incorporation of QUM principles into EMM projects. NSW TAG members and the project officer are playing 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 a successful roll-out of EMM.

A recent major development to drive the implementation of safety and quality systems and improve the quality of health care in Australia has been the publication of the National Safety and Quality Health Service (NSQHS) Standards. In particular, Standards 1 (Governance for Safety and Quality in Health Service Organisations) and 4 (Medication Safety) have high relevance for medicines management and QUM within hospitals: Accreditation to the NSQHS Standards commenced for hospitals across Australia from January 2013. To this end, the 2011-2014 review and update of the Indicators for Quality Use of Medicines in Australian Hospitals by NSW TAG (originally developed by NSW TAG and the CEC in 2007) and funded by the ACSQHC will result in tools that will assist hospitals to measure their performance in key QUM areas.

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

NSW TAG assisted the Council of Australian Therapeutic Advisory Groups (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; Dr Sasha Bennett acted as Executive Officer while Ms Gillian Sharratt was on maternity leave. Ms Katie Kerr has provided significant assistance in the QUM indicator project, Ms Anna Drew has led the development of the guidance for preventing and managing problems with opioid prescribing in chronic non-cancer pain, along with the update of the NSW TAG website and Mr Andrew Hargreaves has been the EMM Project Officer. Ms Jane Donnelly and Mr David Lyon (National coordinators), and Ms Lisa Pulver (Project officer) have supported CATAG. Mr David Harris continues to provide administration support to NSW TAG and CATAG.

NSW TAG's work would not be possible without the ongoing support of the Clinical Excellence Commission and NSW Ministry of Health. In particular I would like to acknowledge and thank Professor Cliff Hughes, Dr Peter Kennedy and Ms Nina Muscillo from the Clinical Excellence Commission and the Chief Pharmacist, Ms Judith Mackson, from NSW Ministry for Health.

In addition, I would like to thank my fellow members of the Management Committee and the individuals that contribute to the Editorial Committee and subject matter expert subcommittees, the High Cost Drug Working Group, and the Drug Use Evaluation Support Group. My thanks also go 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 is vital to the success of NSW TAG and reflected in our ability to celebrate a proud 25 year anniversary.



**Professor Chris Liddle, Chairman**  
**NSW Therapeutics Advisory Group Inc.**

# Supporting Drug and Therapeutics Committees (DTCs)

A major goal of NSW TAG is to support DTCs. NSW TAG does this by facilitating decision-making within DTCs by sharing information with the bi-monthly collation of DTC decisions and via email discussions; by assisting in the development and publication of resource documents for DTCs; assisting DTCs with implementation of policy directives; updating standardised DTC templates; identifying emerging DTC issues; assisting DTCs with high cost drugs management and usage; and liaising and advocating a greater understanding of NSW DTCs' roles and functions across the health care sector.

## DTC advice and function support

NSW TAG continues to collate major teaching hospital and local health district (LHD) DTC decisions on a bi-monthly basis in order to facilitate the sharing of decisions relating to formulary management by DTCs across NSW. The collated reports detail formulary applications and consequent actions; individual patient use approvals; guidelines, policies and protocols; medication safety activities; reports of adverse drug reactions and other DTC-related activities. The bi-monthly reports are accessible to our members on the TAG website and are also discussed at bi-monthly TAG General (large metropolitan and teaching hospitals) and TAGNet (regional and remote hospitals) meetings, as appropriate. Cumulative DTC Committee reports for the current year and the previous three years are accessible on the NSW TAG website. These reports are highly valued by the membership.

In addition, NSW TAG received numerous individual enquiries during 2013/2014 about specific medication issues or activities that NSW or other state DTCs were considering (see Figure 1). These enquiries included DTC approval for palivizumab and associated prescribing requirements; formulary applications for pertuzumab; use of e-cigarettes by inpatients; non-DTC endorsed supply of samples such as liraglutide (Victoza®) in outpatient clinics; DTC consideration of calcitriol oral liquid and intravitreal vascular endothelial growth factor inhibitors for formulary; financial limits for DTCs; oxygen prescribing policies; approval of arsenic trioxide for acute promyelocytic leukaemia; use of plerixafor for haematopoietic stem cell mobilisation for autologous bone marrow transplants; and use of non-PBS human growth hormone (somatropin) therapy.

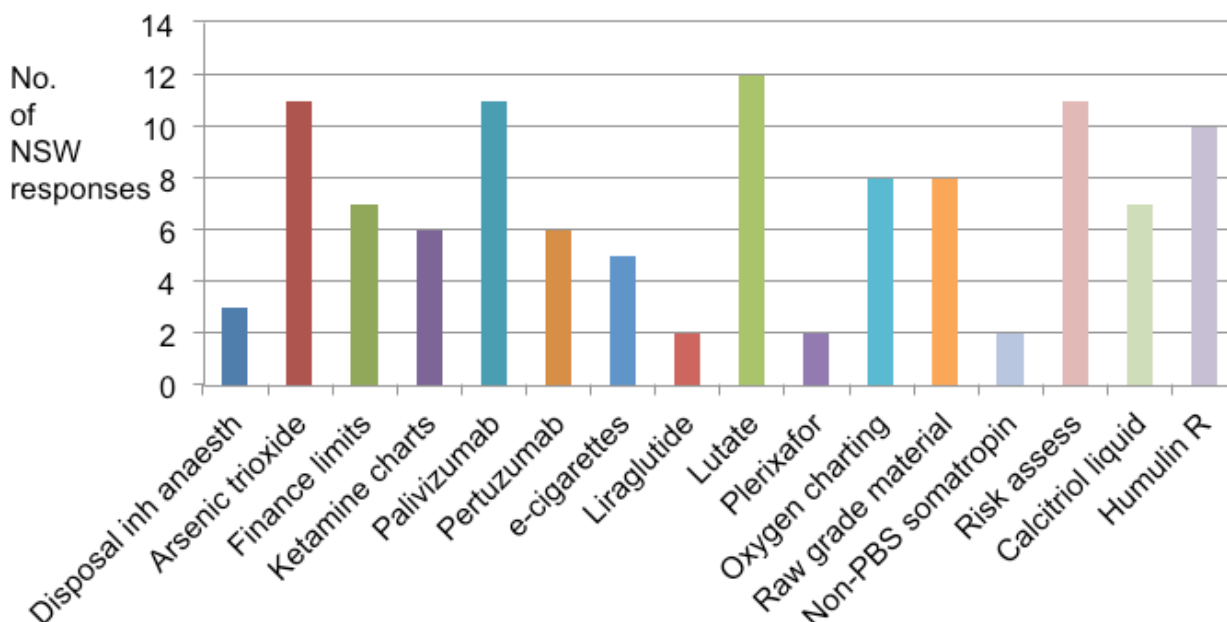


Figure 1: Number of NSW responses to TAG Group Discussions assisting DTC decision making and supporting DTC function, 2013- 2014

## Resource documents to support DTCs needs

### Guiding Principles and Position Statements

NSW TAG continues to collaborate with other TAGs (or equivalents) in the development of Guiding Principles that will assist NSW DTC function. NSW TAG played a key role in the development and finalisation of two important initiatives that will assist DTCs in NSW public facilities:

- *'Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees in Australia public hospitals', and*
- *'Rethinking medicines decision-making in Australian Hospitals: Guiding Principles for the quality use of off-label medicines'.*

These guiding principles were published by the Council of Australian Therapeutic Advisory Groups (CATAG) in November 2013. Many of the principles drew on NSW TAG's work with regard to DTC decision-making project work including algorithm development, and refer to NSW TAG's DTC formulary and IPU templates, NSW TAG's list for medication safety resources, NSW TAG's therapeutic review and position statements, the Indicators for Quality Use of Medicines in Australian Hospitals, and the Medication Safety Self Assessments (MSSA) for Australian Hospitals. The development of these guidelines was undertaken in consultation with the Pharmaceutical Services Unit, the Clinical Excellence Commission (CEC), NSW Kids and Families, Agency of Clinical Innovation (ACI) and Directors of Clinical Governance as well as other Australian states and national organisations.

The principles have been welcomed by NSW DTCs and further work is planned to assist DTCs adopt these recommendations and measure their effectiveness. NSW TAG's templates to assist DTC decision-making, which are available on the NSW TAG website, continue to be used by NSW DTCs.

NSW TAG played a key role in the development of other CATAG resource documents that will support DTC activities: Guiding Principles for Medicines Access Programs (MAP) in Australian Public Hospitals and Guiding Principles for Governance of Biological and Biosimilar Medicines in Australian Hospitals. These are expected to be published in March 2015. Accompanying the MAP work are standardised forms to be used for patient consent, pharmaceutical company acknowledgment, prescriber acknowledgment and registration. Further work is also being undertaken in updating CATAG's Guiding Principles for Complementary and Alternative Medicines, which was first published in 2008 based on previous NSW TAG work.

### Assisting implementation of policy directives

NSW TAG contributed to the extensive review and update of NSW Health Policy Directive PD2013\_043: 'Medication Handling in NSW Public Health Facilities', which was published in December 2013. The DTC Guiding Principles referred to in the above section helped inform the updated Policy Directive. NSW TAG further assisted our members by developing a 7-page resource summarising the Policy Directive's requirements of DTCs, which is available on the TAG website.

### Standardised DTC templates

NSW TAG provides templates and tools to assist hospital DTCs in systematic, evidence-based review and decision-making about applications for new drugs or new indications in accordance with NSW Health Policy Directive PD2008\_037: Evaluation of Medicines for Use in Public Hospitals. Templates for Formulary and Individual Patient Use (IPU) applications are provided on the NSW TAG website. The IPU application template was updated in 2014 so that information about outcome measurements, medicine costs including associated costs, registration status and other DTC approval information can be collected by DTCs to inform their decision-making and assist monitoring of medicines use.

In general, it is recommended that hospitals consider adding medicines which have had more than three IPU applications approved to the formulary. However many of these medicines are expensive and use requires ongoing monitoring to ensure there are no cost blowouts. Some hospitals have developed streamlined IPU forms to facilitate DTC approval processes for these medicines while continuing to ensure that outcomes are monitored and the DTC continues to have oversight of the use of these medicines. NSW TAG provides examples of these streamlined IPU forms on their website for other hospitals' use.

Forms for DTC management of Medicines Access Programs are also found on our website. They were originally developed by the Western Australian Therapeutics Advisory Group who agreed to their adaption as a resource for NSW DTCs. The documents can be used to assist DTCs meet the recommendations detailed in the CATAG 'Guiding Principles for Medicines Access Programs in Australian Public Hospitals' in December 2011.

## Identifying emerging DTC issues

Analysis of DTC reports and horizon scanning of issues likely to confront DTCs is undertaken. NSW TAG provided assistance with issues such as cost sharing arrangements between hospitals, patients and the pharmaceutical industry; clinician training regarding medication handling in hospitals; prescribers' understanding of the role and responsibilities of a DTC; and emerging therapeutic management challenges for hospitals such as the non-vitamin K oral anticoagulants.

NSW TAG is aware that there is not always complete understanding of the role and functions of DTCs in those working in hospitals or the wider community. Hence meetings with other clinical groups including nursing, the ACI and consumers have occurred. Fact sheets and other resources are planned so that a greater understanding across the health care sector and in the community can occur.

## High cost drugs management and usage

In order to create efficiencies in the collection of data by individual hospitals and in the collation and analysis of the data, NSW TAG has liaised with eHealth (previously HealthShare) to facilitate a central data collection process for high cost drugs (HCD) data. This concept is now being facilitated through the Hospital Pharmacy Systems Advisory Group (HPSAG), of which a member of the NSW TAG secretariat has attended since its formation. There is a standing item regarding the establishment of a pharmacy data warehouse which includes the request for the NSW TAG HCD report. The ability to collate this information will also be useful for other activities such as the annual compilation of the Life Saving Drugs Register. Information-sharing about HCDs such as rituximab occurs at bi-monthly TAG General meetings and via email discussions.

During 2013/2014, NSW TAG, in collaboration with CATAG, collected information to identify non-PBS high cost drugs (where annual expenditure is higher than \$26,000 per patient), which are therefore not federally funded but could act as unaccounted cost drivers in public hospitals under the Activity Based Funding (ABF) model. This information will be used to assist the Independent Hospital Pricing Authority to account for these medicines under the ABF model.

### High Cost Drugs Working Group

The High Cost Drugs (HCDs) 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. The provision of HCDs across LHDs remains challenging.

During 2014, the NSW TAG High Costs Drug Committee had discussions with regard to the NSW Health Policy Directive PD2005\_395: Drugs – Funding arrangements for outpatient use of high cost drugs not funded by the Commonwealth. Although the context within which it operates has recently been changing, the policy directive remains useful for NSW public hospitals, particularly in relation to home Total Parenteral Nutrition.

Members of the 2014 High Cost Drugs Working Group were:

Mr Peter Barclay	Children's Hospital Westmead
Ms Gabrielle Couch	Southern and Murrumbidgee LHDs
Ms Sue Goh	Prince of Wales Hospital
Ms Terry Melocco (Chair)	St Vincent's Hospital
Mr Kingsley Ng	Westmead Hospital

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

# Promoting Safe and Quality Use of Medicines (QUM)

NSW TAG has continued to support and advise clinicians, DTCs and hospitals with QUM issues including information sharing regarding new drugs, drug use evaluation (DUE), drug shortages and medication safety issues; consultations with members and other clinical groups regarding guidelines and policies; electronic medicines management; consultations with pharmaceutical network and regulatory groups such as Medicines Australia and the Therapeutics Goods Administration (TGA); and participation in a number of working groups and providing tools and information to help hospitals meet accreditation requirements and National Safety and Quality Health Service Standards.

## Communication Processes

Communication with members is primarily via email, telephone and the NSW TAG website.



Figure 2: NSW Therapeutic Advisory Group Homepage

The website is updated on a weekly basis.

During the first quarter of 2014, NSW TAG’s homepage averaged 350 hits per month. Other popular webpages included the QUM indicators (approximately 200/month); high risk medicines webpage (60/month); guidelines, position statement and email discussions; off label medicines information; and labelling and packaging webpages. Figures 3 and 4 display NSW TAG website statistics during May 2014.

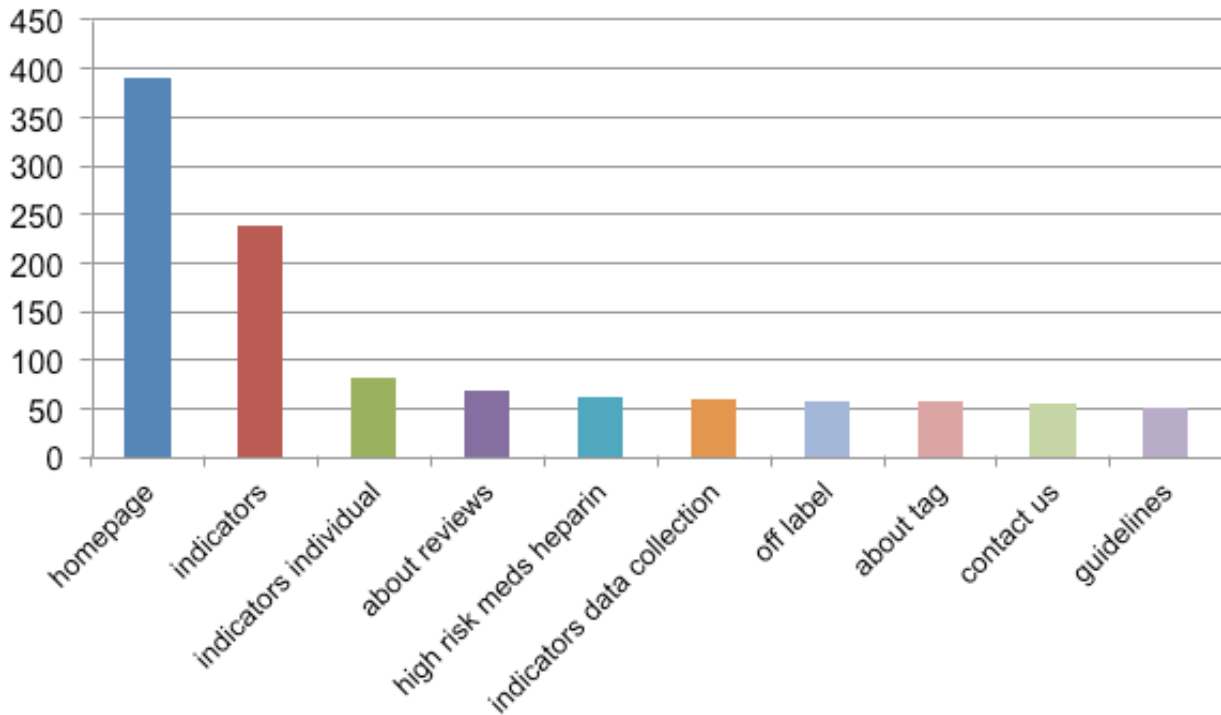


Figure 3: Top 10 NSW TAG webpages visited during May 2014

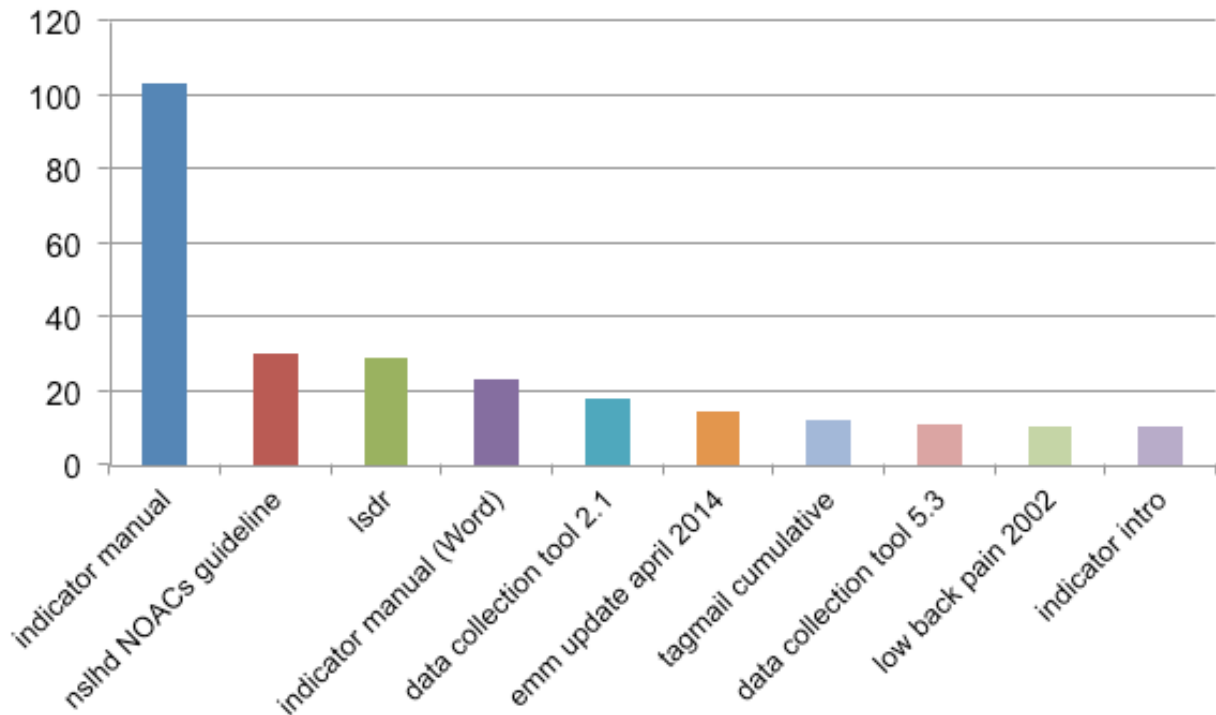


Figure 4: Top 10 downloads from NSW TAG website during May 2014

# Information sharing activities

## TAGMail

NSW TAG produces a weekly news bulletin called TAGMail. This bulletin contains information about upcoming TAG meetings, activities of the TAG secretariat, updates to the TAG website, Australian and international reports and publications, medication safety articles and other papers of interest to the TAG membership, current consultations and upcoming events. It is sent to all NSW DTC Chairs and Secretaries, NSW Directors of Pharmacies, Drug Use and Evaluation Specialist Group members, CATAG members and other clinicians who request it. During 2013/2014, four TAGMails per month were prepared and disseminated. NSW TAG consistently receives extremely positive feedback about TAGMail's value to practicing clinicians. The news bulletins are available on the NSW TAG website and are collated in cumulative lists with up to two years' worth of TAGMails available on the TAG website.

## High-risk medicines repository

NSW TAG keeps a high risk medicines repository to enable information sharing of high risk medicines protocols, guidelines and presentations to support hospitals with their management of these medicines. Of special mention during the 2013/2014 year were the addition of resources supporting safe and effective use of the newer, non-vitamin K oral anticoagulants, guidance documents for the use of low molecular weight heparin, warfarin and warfarin reversal, intravenous heparin policy, and dosing and monitoring guidelines for aminoglycosides.

## Labelling and packaging

A repository for labelling and packaging safety issues is also kept on the NSW TAG website. This lists medicines that have been noted to have caused or be at risk of causing errors due to look-alike packaging or sound-alike names or because of packaging or labelling changes. Examples in 2013/2014 include changes in presentations of Alphapress™ 25mg tablets and Naropin™ 200mL theatre packs and potential for mix-ups between Ferinject™ 100mg and 500mg vials and between ceftazidime and cefepime vials.

## Email discussions

A number of email group discussions have targeted safe and quality use of medicines during 2013/2014. These include transition from glass bottles to non-PVC infusion bags, use of fentanyl injection for epidural administration, noradrenaline product change, hospital use of Humulin R® 500 Units/mL, accuracy of medication cups, stability of compounded eye drops, safety strategies for transdermal administration of medications, botulinum toxin vial sharing, use of phenol 6% aqueous solution, ketamine infusion policies, charting of nutritional supplements, use of analytical grade raw materials for extemporaneous preparation, disposal of inhaled anaesthetic products, shortages of emergency medications, OncoTICE™ and medication supply disruptions in general, phentolamine discontinuation, trastuzumab emtansine formulary considerations, practical issues with changes to S100 arrangements and diversion of propofol and other medicines used in anaesthetics.

## Membership, liaison and submissions

The NSW TAG network represents all hospital-based and Local Health District (LHD) DTCs in NSW through formal membership. An up-to-date record of all DTCs or relevant QUM sub-committees in NSW public hospitals and LHDs is kept in the member section on the NSW TAG website. NSW TAG also liaises with QUM partners around Australia, as well as many fee-paying affiliate members from the private hospital setting and interstate public hospitals. Our members and affiliates represent a broad range of decision-makers in both public and private sectors.

During the past year we are grateful to the staff and members who have provided input and advice via representation or written submissions to:

### Clinical Excellence Commission

- Medication Safety Expert Advisory Committee (MSEAC)

The Chair, Vice Chair and Executive Officer of NSW TAG sit on the CEC's Medication Safety Expert Advisory Group (MSEAC). There is a standing agenda item regarding TAG activities on the MSEAC agenda. NSW TAG is able to provide member feedback to MSEAC regarding quality and safety issues. In the last year this has included feedback regarding the update of NSW Health Policy Directive PD 2012\_003: High-Risk Medicines Management Policy, need for statewide chemotherapy medication charts, bedside warfarin tools and barcode scanning. Issues such as the use of 'IO' for intrasosseous administration, pholcodine cross-sensitivity and labelling of neuromuscular blocking agents have been raised at MSEAC meetings.

- Continuity of Medication Management Expert Advisory Group and sub-committees
- Venous Thromboembolism Prevention Expert Advisory Group
- Anticoagulant Medicines Working Party
- Medication Safety Self Assessment (MSSA) Review Committee

In addition, NSW TAG provided feedback to the CEC regarding the draft Snakebite and Spiderbite Clinical Management Guidelines during 2013.

NSW TAG members also continue to provide feedback to the CEC on the ongoing issues associated with shortages of medications and the impacts on workloads and potential threats to patient safety.

### **NSW eHealth**

- Various Electronic Medication Management Program Working Groups (see page 17)

### **Hospital Pharmacy Systems Advisory Group (HPSAG)**

NSW TAG, as a member of Hospital Pharmacy Systems Advisory Group (HPSAG), has assisted HPSAG with its work including dissemination of information about the work of HPSAG to TAG and TAGNet members. This information includes information about iPharmacy management of drug interactions and associated limitations, HPSAG minutes and the Pharmacy Data Warehouse initiative. NSW TAG has been engaged by eHealth NSW to conduct an external audit of the Hospital Pharmacy Product List according to quality use of medicines principles in 2014/2015.

### **Pharmaceutical Service Unit, NSW Ministry of Health**

- Consultation and input into Medicines Handling in NSW Public Hospitals Policy Directive
- Consultation regarding the IV Quinine- Availability in Public Hospitals Policy Directive

### **Agency for Clinical innovation:**

- Feedback to Acute Severe Ulcerative Colitis Consensus Statements
- Feedback to Heart Failure Clinical Services Framework Consultation
- Membership of the Chronic Cardiovascular Expert Reference Group
- Feedback and advisory representative to Acute Care Taskforce NSW Medical Assessment Unit Model of Care,
- Submission to NSW Model of Care for People with Diabetes Mellitus
- Membership of ACI Cardiac Network's Nurse Administered Thrombolysis Working Group

In collaboration with the ACI, NSW TAG will assist identification of areas within the work elements of the ACI work plan where NSW TAG's expertise may assist. NSW TAG also wrote to the ACI Endocrine network and the manufacturer, Eli Lilly Australia, in June 2014 regarding the safety issues that inpatient use of Humulin® R 500 Unit/mL may present to clinicians unfamiliar with this product and suggested development and implementation of risk mitigation strategies.

### **Health Education Training Institute (HETI)**

- Membership of Subject Matter Expert Groups

NSW TAG continues to assist HETI with the development of various e-Learning modules. These include the development of online modules for pain assessment and management targeting junior medical officers and nurses. NSW TAG has also liaised with HETI in the development of the medication reconciliation and paediatric eLearning modules.

### **NSW State Pain Interest Group**

- Membership of Standardised Medication Chart Working Group

NSW TAG has been a member of the Working Group for the development of standardised NSW State Pain Medication Charts including Patient Controlled Analgesia (PCA), Neuraxial Opioid Single Dose and Ketamine Infusion charts. NSW TAG also provided advice regarding the online modules that accompanied the implementation of these charts in NSW. TAG has also identified a pharmacist subject matter expert for the development of a Paediatric PCA chart by the ACI Pain network.

### **NSW Kids and Families Health**

Feedback has been provided regarding the relevance of various paediatric and neonatal online resources and the requirements of NSW clinicians.

### **The Specialty Service & Technology Evaluation Unit, NSW Ministry of Health**

NSW TAG provided information from NSW DTCs regarding the use of lutate (177Lu-octreotate), an unregistered radiopharmaceutical used to treat neuroendocrine tumours following a request from the Evaluation Unit.



In addition, NSW TAG has attended forums and provided written submissions to the following national organisations:

#### **NPS MedicineWise**

- Members' Day forum

#### **TGA**

Submissions to the following consultations occurred during 2013/2014:

- International harmonisation of ingredient names, July 2013
- Advisory Committee on Medicines Scheduling (ACMS) – rescheduling of over-the-counter medicines
- Review of cardiovascular safety of non-steroidal anti-inflammatory drugs and Safety review of diclofenac
- Medicine labelling

#### **ACSQHC**

NSW TAG has liaised closely with the ACSQHC during 2013/2014. Although much of this has focussed on the development and update of the National ACSQHC Indicators (please see page 21). NSW TAG assists the ACSQHC by providing feedback regarding various ACSQHC initiatives as they are being developed, promoting and facilitating implementation of its medication-related safety initiatives such as the National Safety and Quality Health Service Standards and communicating medication safety-related issues as they arise, such as unsafe abbreviations or high risk medicines.

In particular, feedback regarding the following was provided:

- National Safety and Quality Health Service Standard 4 Consultation
- Acute Coronary Syndromes Clinical Care Standards
- Stroke Clinical Care Standards
- Antimicrobial Stewardship Clinical Care Standards

This feedback highlighted the appropriate National QUM Indicators for the relevant Clinical Care Standard and provided NSW TAG's experience following indicator field testing in order to inform the implementation of the Standards.

#### **Medicines Australia**

- Submission to Code of Conduct Committee regarding the Review of the Medicines Australia Code of Conduct Edition 17 and Transparency Model discussion, September 2013.

#### **RACP**

NSW TAG provided a response to the Ethics Expert Advisory Group of The Royal Australasian College of Physicians' consultation on 'Guidelines for ethical relationships between health professionals and industry' 4th edition in October 2013.

## Life Saving Drug Register (LSDR)

NSW TAG undertook a review of the content of the LSDR in 2012/2013 with the assistance of NSW toxicologists, the NSW Poisons Information Centre and the Victorian TAG's LSDR. A Survey Monkey® was conducted during March to June 2014 to collate information about indicative stock levels of antidotes in NSW public facilities. The register of antidotes was made available on the TAG website in June 2014. The survey also requested information about issues facilities face in managing LSDs. A report will be published in the near future.

The 2014 LSDR for Antidotes includes a number of innovations: Information about the number of antidote vials/ampoules required to treat a 70 kg adult is provided as well as which antidotes are needed to be immediately available or within 4 hours and which are considered second line treatments. iPharmacy ID numbers are provided to assist identification of stock levels. ACT hospitals have been included in the LSDR.

HOSPITAL DETAILS Abbreviations: AH = After Hours; AHC = After Hours cupboard; AHDC = After Hours Drug Cupboard; ED = Emergency Department; ICU = Intensive Care Unit; Ph'cy = Pharmacy					LIFE SAVING DRUGS THAT SHOULD BE IMMEDIATELY AVAILABLE				
Life Saving Drug: Antidote and other					Acetylcysteine INJECTION 2g/10 mL	Acetylcysteine INJECTION 6g/30mL	Artesunate (SAS) INJECTION 60mg	Atropine INJECTION 1.2mg/mL	Benztropine INIEC 2mg/2mL
iPharmacy ID numbers					66 and 67	68	5589 (SAS), 7038 (SAS), 16553 (SAS)	271 and 278	336
Amount required to treat 70kg adult for 24 hours					12 amps	4 amps	9 amps	up to 50 amps	2 amps
Hospital	Town/city	Local Health District or Network	Phone number during business hours	Phone number during after hours	Number of amps Locations	Number of amps Locations	Number of amps Locations	Number of amps Locations	Number of amps Loca
ACT									

Figure 5: Life Saving Drug Register 2014 - Antidote Stock Levels

A Survey Monkey® of antivenom stock levels has been conducted following information obtained from the recent study and the publication of the Snakebite and Spiderbite Clinical Management Guidelines 2013 in March 2014, and will be published on the NSW TAG website in December 2014.

## Education to clinicians

NSW TAG members have raised concerns regarding the increasing constraints to education of junior medical officers (JMOs) regarding medicines management, with multiple competing demands for JMO time during annual orientation, as this may have an impact on the quality and safe use of medicines within hospitals. NSW TAG undertook two surveys during 2012 and 2013. The surveys identified wide variation in the format and time available for JMO medicines 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 an acceptable standard ensuring all JMOs become safe prescribers, 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.

### Conference presentations

SHPA's annual Medicines Management Conference, Cairns, September 2013

- A Bennett, G Sharratt, R Burke. Getting smart about prescribing: What are junior medical doctors learning during hospital orientation? (poster)

ASCEPT Conference, Melbourne, November 2013

- A Bennett, G Sharratt, R Burke. Medicines education for Junior Medical Officers (JMOs) during hospital orientation. (oral presentation)

# Electronic medication management (EMM)

A major initiative in NSW hospitals over the next decade will be the implementation of EMM. Throughout 2013/2014 NSW TAG has continued to develop its relationship with the eHealth NSW EMM program. A NSW TAG EMM project officer (funded by eHealth NSW) was appointed in June 2013 to work closely with the EMM Program in order to ensure strong communication links between the NSW TAG membership and the EMM program and to embed QUM and medication safety principles into the EMM system development. Moreover the inclusion of a number of our TAG committee members in various EMM Committees assists NSW TAG to provide support to its members with regard to the implementation of EMM in NSW using QUM principles. Professor Chris Liddle, NSW TAG Chair, has continued his role on the EMM Steering Committee, and has also been heavily involved in the procurement and evaluation committees for EMM products. Professor Liddle is also the Chair of the EMM Program Clinician Leadership Forum, which meets quarterly to receive updates from lead sites and allow clinical leaders from across the state to contribute to the EMM Program. During 2013/2014, these forums were regularly well attended by NSW TAG members and their delegates. Other members of the NSW TAG Management Committee, including Ms Rosemary Burke (Vice Chair, NSW TAG) and Ms Terry Melocco have also provided their EMM expertise and support to the EMM program. In addition, a large number of NSW TAG members have been regularly involved in EMM program working groups, with remits ranging from the development of EMM Standards, Medication Reconciliation and Antimicrobial Stewardship.

EMM is a standing agenda item at TAG General and TAGNet meetings and bi-monthly updates are provided on the NSW TAG website. The aim of these updates is to provide information on the progress and activity of the eHealth NSW EMM team and to provide the opportunity for clinicians to provide input into the EMM program. NSW TAG has facilitated EMM and electronic medical record program development with the collation of information from TAG networks regarding current practice and associated problems. This has included issues such as the provision of medication lists to patients prior to hospital discharge, the use of error prone abbreviations in EMM systems and the use of a discharge summary as an effective communication tool for a patient's medication information.

Throughout 2013/2014, the EMM project officer has contributed to the EMM Program in the following areas:

1. Liaison with NSW Health IT and eHealth teams
2. Development and facilitation of EMM Program working groups:
  - a. Standardisation and Reuse Working Group
  - b. Safety and Quality Advisory Group
  - c. EMM Clinician Leadership Forum
  - d. Antimicrobial Stewardship EMM Working Group
3. Development of clinical demonstration scenarios used to assist with product demonstration and evaluation
4. Communication and liaison with key safety and quality groups and stakeholders in the NSW Public Health System
  - a. Consultation with TAG General and TAGNet members
  - b. Antimicrobial Stewardship
  - c. Policy and Legislation
5. Information gathering and ensuring lessons learned are utilised in the development of an EMM build.
  - a. Safe On-Screen Display of Medications
  - b. Medication Reconciliation
  - c. Antimicrobial Stewardship
  - d. Standardisation of EMM Design
6. Provision of support to NSW EMM initial sites

## Conference presentation

National Medicines Symposium, Brisbane, May 2014

- A Hargreaves, G Sharratt, A Bennett. Error Prone Abbreviations in Electronic Medication Management Systems: Old problems, new challenges. (oral presentation)

# Council of Australian Therapeutic Advisory Groups (CATAG)

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

## CATAG Publications

Two pivotal CATAG Guiding Principle documents were published in December 2013:

- *Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees in Australian public hospitals;* and
- *Rethinking medicines decision-making in Australian Hospitals: Guiding Principles for the quality use of off-label medicines.*

A Letter to the Editor<sup>1</sup> and citation<sup>2</sup> by the members of the Off Label Guiding Principles Working Party to a Medical Journal of Australia editorial<sup>3</sup> were published in the MJA journal and InSight, respectively during 2014. The Off-label Guiding Principles will be added as a resource in the next reprint of the National Safety and Quality in Health Care: Standard 4, and in the meantime, added as an addendum.

A post-implementation survey of DTCs regarding the impact the Guiding Principles have made to DTC role and function is planned for early 2015.

In addition, during 2014, CATAG has developed Guiding Principles for the Governance of Biological and Biosimilar Medicines in Australian Hospitals based on the South Australian Medicines Advisory Committee Biosimilars Position Statement and updated Guiding Principles for Medicines Access Programs in Australian Public Hospitals.

<sup>1</sup>Gazarian M and Morris S. Off-label prescribing Med J Aust 2014; 200 (11): 637

<sup>2</sup>Colyer S. Off-label guide welcomed. Posted 16 June 2014. <https://www.mja.com.au/insight/2014/21/label-guide-welcomed>

<sup>3</sup>Seale J.P. Off-label prescribing: Prescribing medicines 'off-label' in some settings is appropriate as long as it is evidence based. Med J Aust 2014; 200 (2): 65

## Conference presentations

ASCEPT Conference, Melbourne, November 2013

- Rethinking medicines decision-making in Australian hospitals. Guiding principles for the quality use of off-label medicines. (poster)

Society of Hospital Pharmacists of Australia Conference, Cairns, September 2013

- Smart Processes: Development of National Guiding Principles for Drug and Therapeutics Committees. (poster)
- Smart Decisions: Development of National Guiding Principles for Off-label Use of Medicine. (poster)
- Prospective Data Collection of Off-label Use of Rituximab in Australian Public Hospitals. (poster)

National Medicines Symposium (Ethics and Decision Making session), Brisbane, May 2014

- Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees (DTCs) in Australian public hospitals. (oral presentation)
- Rethinking medicines decision-making in Australian hospitals: Guiding principles for the quality use of off-label medicines. (oral presentation)

## CATAG Submissions

TGA shortages: CATAG was represented at the TGA Medicine Shortages Workshop. The purpose of this consultation was to assist in the development of the TGA's Medicine Shortage Information Service (via a website). The TGA aims to improve the notification and communication about medicine shortages in Australia by providing timely, consistent coordinated information to enable continuity of patient care when prescription medicine supply is disrupted.

## Future CATAG project work

Given the success of the project work conducted in 2013/2014, CATAG has continued to target specific areas for project work. This may include multisite project using the National QUM Indicators or project work building on a previous cross-jurisdictional project which identified the range of indications for which rituximab was being prescribed.

## CATAG 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)

Queensland Health Medicines Advisory Committee/Medication Services (QHMAC)

Tasmanian Statewide Therapeutic Drug Committee (TSTDC)

Victorian Therapeutic Advisory Group (VicTAG)

Western Australian Therapeutic Advisory Group (WATAG)

National Co-ordinators: Ms Jane Donnelly and Mr David Lyon (maternity relief)

Project officer: Ms Lisa Pulver

Current chairperson: Mr Steve Morris, Chief Pharmacist/ Executive Director, SA Pharmacy

Host: NPS MedicineWise

# Quality Improvement Activities

## 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. During 2013/2014, NSW TAG has convened six bi-monthly Drug Utilisation and Evaluation Specialist Group (DUESG) meetings.

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. It meets on a bi-monthly basis (face-to-face and via teleconference) to facilitate the exchange of ideas and to plan collaborative projects. These meetings provide an opportunity for networking, information sharing, problem solving and collaborative project work and promotion of drug utilisation and evaluation (DUE) capability and capacity in NSW Health facilities.

Antimicrobial Stewardship (AMS) pharmacists attend the meeting as well as representation from the CEC's Quality Use of Antimicrobials in Hospitals enabling productive communication pathway and support. The DUESG pharmacists have provided advice to the National QUM Indicator project. Multisite studies have been discussed amongst the Group and plans for their implementation in 2015 have been made.

A collation of current NSW hospital DUE projects is published on the NSW TAG website.

### **DUE SG Member Hospitals and Local Health Districts**

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

# Development of the National QUM Indicators

A major piece of project work for NSW TAG over the last three years has been the update of the Indicators for the Quality Use of Medicines in Australian Public Hospitals, which was first published in collaboration with the CEC in 2007. An additional seven QUM indicators have also been developed focusing on acute mental health care and medication management at discharge. A substantial proportion of the work was funded by the ACSQHC. In addition, the work could not have been undertaken and completed without the input from NSW hospitals and clinicians (who represented the majority of field testing hospitals).

The final manual of 37 indicators, National Indicators for the Quality Use of Medicines in Australian Hospitals (National QUM Indicators) will be published on the NSW TAG and ACSQHC websites in November 2014 (Figure 6). The indicator specifications are accompanied by updated guidance regarding sampling methodology, mapping to the National Safety and Quality Health Service Standards action items and data collection tools for each indicator which provide indicator results and breakdown of results to help identify QUM gaps.

The National QUM Indicators will assist quality improvement projects as well as assist hospitals meet accreditation requirements. Promotion of the National QUM Indicators has occurred or will occur with past and up-coming presentations at the National Medicines Symposium 2014, Society of Hospital Pharmacists of Australia Medicines Management Conferences 2013 and 2014, St Vincent's Hospital Cardiology Grand Rounds, Australian Cardiac Prevention and Rehabilitation annual conference 2014, the Australian Society of Clinical and Experimental Pharmacologists and Toxicologists annual conference 2013 and the Royal Australian and New Zealand College of Psychiatrists' annual conference in 2015.

Fourteen NSW hospitals together with four interstate hospitals were involved in the field testing of the revised and new QUM indicators. This field testing activity provided a means of educating and supporting hospital staff about quality improvement methodology.

NSW TAG plans to promote the National QUM Indicators to ensure utilisation by pharmacy, medical and nursing clinicians. Projects in settings that have not had specific QUM indicators such as acute mental health care previously will be promoted as well as multisite projects. In addition, it remains important that the appropriate methodology be applied to the use of these indicators. Education and support of those undertaking clinical audits will be a key focus of NSW Tag's upcoming work in 2015.

The following Expert Advisory Committees provided advice, support and guidance throughout the project and their contribution is gratefully acknowledged.

- Dr Jen Bichel-Findlay, Manager, Performance and Outcomes Service, The Australian Council on Healthcare Standards
- Ms Rosemary Burke, Director of Pharmacy, Concord Repatriation General Hospital, NSW, and Chair, Society of Hospital Pharmacists Medication Safety Committee of Specialty Practice
- Dr Jed Duff, Clinical Research Fellow, Nursing Research Institute, St Vincent's Hospital, NSW
- Ms Margaret Duguid, Pharmaceutical Advisor, Australian Commission on Safety and Quality in Health Care
- Assoc/Prof Madlen Gazarian, Consultant in Paediatric Clinical Pharmacology & Therapeutics, Pharmacoepidemiology and Pharmacovigilance, and Honorary Associate Professor, Faculty of Medicine, University of NSW
- Ms Belinda Johnston, Director of Pharmacy Services, St Vincent's Private Hospital, NSW
- Mr Daniel Lalor, Project Manager, Medication Safety, Clinical Excellence Commission, NSW
- Ms Jennifer MacDonald, Director of Pharmacy, John Hunter Hospital, NSW
- Prof Ian Whyte, Director, Clinical Toxicology & Pharmacology, Calvary Mater Newcastle Hospital, NSW

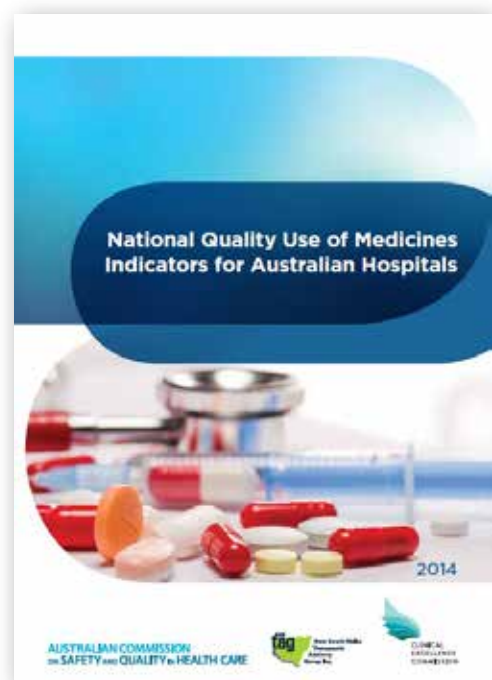


Figure 6: Front cover of the National Quality Use of Medicines Indicators for Australian Hospitals, 2014

#### Acute Mental Health Indicators Expert Advisory Group:

- Prof Gregory Carter, Acting Director, Department of Consultation-Liaison Psychiatry, Calvary Mater Newcastle Hospital, and Conjoint Professor and Principal Researcher, Centre for Translational Neuroscience and Mental Health, University of Newcastle, NSW
- Ms Aoife Davis, Mental Health Pharmacist, Manly Hospital, NSW, formerly Specialist Pharmacist, Justice Health and Forensic Mental Health Network, NSW
- Mr Paul De Carlo, Project Officer – Mental Health, Nursing and Midwifery Office, NSW Health, formerly Nurse Consultant, Mental Health Services, Sydney and South Western Sydney Local Health Districts, NSW
- Assoc/Prof Kim Foster, Associate Professor of Mental Health Nursing, Sydney Nursing School, The University of Sydney, NSW
- Dr Adrian Keller, Clinical Director, The Forensic Hospital and Long Bay Hospital, Justice Health and Forensic Mental Health Network, NSW
- Ms Judy Longworth, Pharmacist, Department of Psychological Medicine, the Children’s Hospital at Westmead, NSW
- Dr Roderick McKay, Acting Director, Specialist Mental Health Services for Older People, Sydney and South Western Sydney Local Health Districts, NSW, and Chair, Faculty of Psychiatry of Old Age, Royal Australian and New Zealand College of Psychiatrists
- Dr Nick O’Connor, Clinical Director, North Shore Ryde Mental Health Services, NSW

#### Conference presentations

SHPA’s annual Medicines Management Conference, Cairns, September 2013

- K Kerr, G Sharratt, A Bennett. Getting smarter about discharge medication reconciliation processes. (poster)

ASCEPT Conference, Melbourne, November 2013

- A Bennett, K Kerr, A Drew, G Sharratt Development of indicators for quality use of medicines (QUM) in acute mental health care. (oral presentation)

National Medicines Symposium, Brisbane, May 2014

- A Bennett, K Kerr, G Sharratt. Strategies supporting the measurement of QUM indicators to facilitate quality improvement initiatives. (oral presentation)
- K Kerr, G Sharratt, A Bennett. Promoting improvement in the quality of medication management processes at discharge: Development of national indicators for hospitals. (oral presentation)
- K Kerr, G Sharratt, A Bennett. Informing quality improvement in acute mental health care: Development of national quality use of medicines (QUM) indicator. (oral presentation)



## 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.

NSW TAG makes regular contact with DTCs through NSW TAG and TAGNet members to identify therapeutic areas or drugs of interest/concern that may be informed by the preparation of a position statement or other guidance document. This is a standing agenda item in the bi-monthly NSW TAG and TAGNet meetings.

NSW TAG gratefully acknowledges the contribution of the following Editorial Committee members:

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

## Publications

Following the December 2012 publication of Intravenous Paracetamol Use, an Addendum to the 2008 Paracetamol Use Position Statement of the NSW Therapeutic Advisory Group, an article was published in the Medicinal Mishap section of the Australian Prescriber<sup>1</sup>. A response from TAG to two Letters to the Editor about this article has been published<sup>2</sup>. These letters were primarily concerned with NSW TAG's recommendation to specify only one route of administration as we believe prescribing 'IV/PO/PR' is inappropriate and unsafe.

The Paracetamol Addendum (2012) listed as Intravenous paracetamol use [Ref ID 2375] is included on the NHMRC clinical practice guidelines portal.

## Conference presentations

SHPA's annual Medicines Management Conference, Cairns, September 2013

- A Drew, A Bennett, G Sharratt, M Gazarian. Keep smart and safe: Intravenous paracetamol guidance in vulnerable populations. (poster)

ASCEPT Conference, Melbourne, November 2013

- M Gazarian, A Drew, G Sharratt, A Bennett. Building bridges across the silos: Developing evidence-based guidance for intravenous paracetamol use in the paediatric population. (poster)

<sup>1</sup> Gazarian M, Drew A, and Bennett A. Intravenous paracetamol in paediatrics: cause for caution. Aust Presc 2014; 37(1):29-30.

<sup>2</sup> Gazarian M, Drew A, and Bennett A. Response, Letters to the Editor: Intravenous paracetamol in paediatrics: cause for concern. Aust Presc 2014;37:152-3

## Management of chronic non-cancer pain

Towards the end of 2013, the Pharmaceutical Services Unit (PSU) commissioned NSW TAG to develop guidance for management of chronic non-cancer pain. This guidance will replace NSW TAG's Guidelines for Chronic and Recurrent Pain for GPs published in December 2002.

An Expert Advisory Group (EAG) was established to recommend the content of the guidance and assist the NSW TAG Editorial Committee on its development. The Pain EAG consisted of pain specialists, addiction specialists, a clinical pharmacologist with geriatric specialisation, general practitioners with a special interest in pain management, a representative from NPS with a special interest in pain management, and representatives from the PSU. The work has led to the development of a single cohesive resource for clinicians and regulatory organisations that will provide user-friendly, practical, best practice guidance for clinicians on opioid use in chronic non-cancer pain.

The resources contain 'real-life' vignettes and problem-solving tools to assist practical management for busy clinicians. Promotion of the guidance has occurred at the National Medicines Symposium in May 2014 and at the SHPA Medicines Management Conference in September 2014. Relevant organisations such as the DTCs, Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine, ACI, Australian and New Zealand College of Anaesthetists-Faculty of Pain Medicine, NPS MedicineWise and CATAG will be advised of its publication on our website. An evaluation of the guidance's effectiveness is planned.

We wish to acknowledge and thank the members of the Expert Advisory Group:

Professor Milton Cohen [Chair], Specialist Pain Medicine Physician and Rheumatologist, St. Vincent's Campus, Sydney

Mr Phillip Bannon, Principal Pharmaceutical Officer, Pharmaceutical Services Unit, Legal and Regulatory Services Branch, NSW Ministry of Health

Dr Alexandra (Sasha) Bennett, Executive Officer, NSW Therapeutic Advisory Group

Ms Anna Drew, Project Officer, NSW Therapeutic Advisory Group

Dr Chris Hayes, Director Hunter Integrated Pain Service; Medical Co-Chair, NSW Agency for Clinical Innovation Pain Management Network

Ms Aine Heaney, Design & Development Manager, NPS MedicineWise

Assoc Prof Sarah Hilmer, Head of Department Clinical Pharmacology and Senior Staff Specialist Aged Care, Royal North Shore Hospital and University of Sydney

Dr Simon Holliday, General Practitioner and Staff Specialist, Drug and Alcohol Clinical Services, Taree

Dr Greg Kelly, Medical Fellow, Pain Medicine and Palliative Care, Children's Hospital Westmead

Ms Judith Mackson, Chief Pharmacist and Associate Director, Pharmaceutical Services Unit, Legal and Regulatory Services Branch, NSW Health

Dr Bridin Murnion, Head of Department, Drug Health Services, Concord Repatriation General Hospital; Staff Specialist, Drug Health Services, Royal Prince Alfred Hospital; Clinical Senior Lecturer, Discipline of Addiction Medicine, Faculty of Medicine, University of Sydney

Dr Hester Wilson, Staff Specialist in Addiction Medicine, The Langton Centre, and General Practitioner in private practice in Metropolitan Sydney

### Conference presentation

National Medicines Symposium, Brisbane, May 2014

- A Drew, M Cohen, A Heaney, A Bennett. User-friendly best-practice guidance for the optimal use of opioids in chronic non-cancer pain. (mini poster presentation)

## Current Documents

Subject	Format	Date
Addendum to the 2008 Paracetamol Use position statement	Addendum to Position Statement	2013
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
Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees in Australia public hospitals	Resource Document	2013
Rethinking medicines decision-making in Australian Hospitals; Guiding Principles for the quality use of off-label medicines	Resource Document	2013
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

## 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

## 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](http://www.cec.health.nsw.gov.au)) or via a link from the NSW TAG web site ([www.nswtag.org.au](http://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](http://www.cec.health.nsw.gov.au)) or via a link from the NSW TAG web site ([www.nswtag.org.au](http://www.nswtag.org.au))

## Indicators

**National Indicators for Quality Use of Medicines in Australian Hospitals, November 2014, 104p, ISBN 978-0-9586069-5-0**

## 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](http://www.nswtag.org.au)). Printed copies are available from Pharmaceutical Services, NSW Ministry of Health (Phone 02 9391 9944).

NSW Therapeutic Advisory Group Inc  
ABN: 82 707 308 091

## Committee's Report For the Year Ended 30 June 2014

Your committee members submit the financial report of the Association for the financial year ended 30 June 2014.

### Committee members

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

Professor Christopher Liddle	Chair
Ms Rosemary Burke	Vice 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.

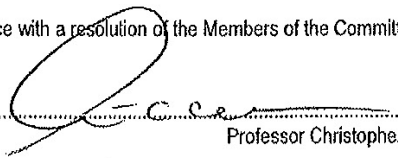
### Significant changes

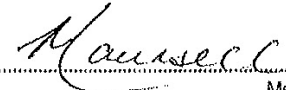
No significant change in the nature of these activities occurred during the year.

### Operating result

The deficit of the Association for the financial year amounted to \$ (16,352)(2013: \$ (796)). The Association is exempt from income tax.

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

Chair:  .....  
Professor Christopher Liddle

Treasurer:  .....  
Ms Terry Maunsell

Dated this *sixteenth* day of *August* 2014

## Financial Statements

NSW Therapeutic Advisory Group Inc  
 ABN: 82 707 308 091

### Statement of Profit or Loss For the Year Ended 30 June 2014

		2014	2013
	Note	\$	\$
<b>Income</b>			
Operating grants	2	656,793	531,879
Interest received		10,759	17,104
Other income		1,375	1,375
		<u>668,927</u>	<u>550,358</u>
<b>Expenditure</b>			
Auditors remuneration		6,100	5,500
Bank charges		292	316
Computer expenses		502	1,500
Consultant fees		37,050	21,000
Depreciation		112	390
Equipment cost		3,363	2,714
Functions and catering		901	1,252
Insurance		7,985	6,916
Interest paid		39	159
Internet/website		1,031	1,353
Leave pay		(2,221)	14,053
Long service leave		2,528	1,957
Office expenses		315	340
Postage printing and stationery		11,785	5,002
Recruitment costs		242	816
Rent		32,653	32,286
Salaries		478,640	380,051
Storage costs		669	808
Subscriptions		1,086	120
Sundry expenses		2,483	506
Superannuation contributions		42,881	35,187
Teleconferences		6,629	7,247
Telephone and fax		233	80
Training expenses		12,637	2,555
Travelling expenses		34,770	26,274
Workers compensation		2,574	2,772
		<u>685,279</u>	<u>551,154</u>
Income tax expense	1(h)	-	-
Deficit for the year		<u>(16,352)</u>	<u>(796)</u>
Retained surplus brought forward		294,518	295,314
<b>Accumulated surplus</b>		<u>278,166</u>	<u>294,518</u>

The accompanying notes form part of these financial statements.

# Financial Statements

NSW Therapeutic Advisory Group Inc  
ABN: 82 707 308 091

## Statement of Assets and Liabilities As At 30 June 2014

		2014	2013
	Note	\$	\$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	328,837	411,174
Trade and other receivables	4	69,726	109,803
Other financial assets	5	100,000	45,525
Prepayments		5,363	7,270
<b>TOTAL CURRENT ASSETS</b>		<u>503,926</u>	<u>573,772</u>
<b>NON-CURRENT ASSETS</b>			
Plant and equipment	6	1,063	33
<b>TOTAL NON-CURRENT ASSETS</b>		<u>1,063</u>	<u>33</u>
<b>TOTAL ASSETS</b>		<u>504,989</u>	<u>573,805</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	7	37,162	12,764
Provisions	9	27,774	29,996
Deferred income	8	156,102	233,270
<b>TOTAL CURRENT LIABILITIES</b>		<u>221,038</u>	<u>276,030</u>
<b>NON-CURRENT LIABILITIES</b>			
Long-term provisions	9	5,785	3,257
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>5,785</u>	<u>3,257</u>
<b>TOTAL LIABILITIES</b>		<u>226,823</u>	<u>279,287</u>
<b>NET ASSETS</b>		<u>278,166</u>	<u>294,518</u>
<b>EQUITY</b>			
Accumulated surplus		278,166	294,518
<b>TOTAL EQUITY</b>		<u>278,166</u>	<u>294,518</u>

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 2014

	2014	2013
Note	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Receipts from grants and membership	621,077	479,894
Payments to suppliers and employees	(658,556)	(581,716)
Interest received	10,759	14,494
Net cash provided by (used in) operating activities	11 <u>(26,720)</u>	<u>(87,328)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of property, plant and equipment	(1,142)	-
Purchase of financial assets	(54,475)	-
Net cash used in investing activities	<u>(55,617)</u>	<u>-</u>
Net increase (decrease) in cash and cash equivalents held	(82,337)	(87,328)
Cash and cash equivalents at beginning of year	411,174	498,502
Cash and cash equivalents at end of financial year	3 <u><u>328,837</u></u>	<u><u>411,174</u></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 2014

### 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

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporations Act (NSW) 2009 and Associations Incorporation Regulation (NSW) 2010. The committee has determined that the not-for-profit Association is not a reporting entity.

The financial report has been prepared on an accruals and is based on historic costs and does 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 this financial report.

#### (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 is 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 asset is disposed, the gain or loss is calculated by comparing proceeds received with its carrying amount and is taken to profit or loss.

#### (c) Financial instruments

##### Financial assets

Financial assets are divided into the following categories which are described in detail below:

- loans and receivables
- held-to-maturity investments.

NSW Therapeutic Advisory Group Inc  
ABN: 82 707 308 091

## Notes to the Financial Statements For the Year Ended 30 June 2014

### 1 Summary of Significant Accounting Policies continued

#### (c) Financial instruments continued

##### Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arrive principally through the invoicing of grants receivable and are initially recognized as income in advance.

The Association's trade and most other receivables fall into this category of financial instruments.

Significant receivables are considered for impairment on an individual asset basis when they are past due at the reporting date or when objective evidence is received that a specific counterparty will default.

The amount of the impairment is the difference between the net carrying amount and the present value of the future expected cash flows associated with the impaired receivable.

##### Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets comprising term deposits with an Australian bank, where the maturity exceeds 90 days. Interest is brought to account progressively over the life of the deposit.

#### (d) 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.

#### (e) 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 period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than twelve months after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Employee benefits are presented as current liabilities in the statement of financial position if the Association does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date regardless of the classification of the liability for measurement purposes under AASB 119.

#### (f) 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.

#### (g) 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.

#### (h) Income Tax

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

NSW Therapeutic Advisory Group Inc  
ABN: 82 707 308 091

## Notes to the Financial Statements For the Year Ended 30 June 2014

### 1 Summary of Significant Accounting Policies continued

#### (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.

Grants received are initially recognised as deferred income when the Association obtains control over the funds. Income is brought to account as revenue as the Association provides services to the specific project funded by the grant.

#### (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.

#### (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. The lease is not recognised in the statement of financial position.

#### (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 2014, approximately 67% (2013: 55%) 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.

## Financial Statements

NSW Therapeutic Advisory Group Inc  
 ABN: 82 707 308 091

### Notes to the Financial Statements For the Year Ended 30 June 2014

#### 2 Revenue

	2014	2013
	\$	\$
<b>Operating grants</b>		
<b>NSW Health Funding</b>		
- Core funding	287,922	283,183
- eMM project funding	154,992	10,645
<b>Total NSW Health Funding</b>	<u>442,914</u>	<u>293,828</u>
- NPS DUE consultancy	1,207	1,912
- NPS CATAG	168,125	167,277
- ACSQHC Indicators	44,547	68,862
<b>Total operating grant income</b>	<u>656,793</u>	<u>531,879</u>
<b>Other Income</b>		
- Interest revenue	10,759	17,104
- Membership fees	1,375	1,375
<b>Total other income</b>	<u>12,134</u>	<u>18,479</u>
<b>Total Revenue</b>	<u>668,927</u>	<u>550,358</u>

#### 3 Cash and cash equivalents

	2014	2013
	\$	\$
Cash at bank and in hand	<u>328,837</u>	<u>411,174</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:

<b>Cash and cash equivalents</b>	<u>328,837</u>	<u>411,174</u>
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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 2014

### 4 Trade and other receivables

	2014	2013
	\$	\$
<b>CURRENT</b>		
Trade receivables	68,234	104,373
Provision for impairment of receivables	-	-
<b>Total trade receivables</b>	<u>68,234</u>	<u>104,373</u>
Other receivables	1,492	5,430
<b>Total current trade and other receivables</b>	<u><u>69,726</u></u>	<u><u>109,803</u></u>

### 5 Other financial assets

	2014	2013
	\$	\$
Term deposit	100,000	45,525
<b>Total financial assets</b>	<u><u>100,000</u></u>	<u><u>45,525</u></u>

### 6 Property, plant and equipment

	2014	2013
	\$	\$
<b>Furniture, fixtures and fittings</b>		
At cost	6,820	6,820
Accumulated depreciation	(6,820)	(6,820)
Total furniture, fixtures and fittings	<u>-</u>	<u>-</u>
<b>Office equipment</b>		
At cost	6,545	5,403
Accumulated depreciation	(5,482)	(5,370)
Total office equipment	<u>1,063</u>	<u>33</u>
<b>Computer equipment</b>		
At cost	16,373	16,373
Accumulated depreciation	(16,373)	(16,373)
Total computer equipment	<u>-</u>	<u>-</u>
<b>Total property, plant and equipment</b>	<u><u>1,063</u></u>	<u><u>33</u></u>

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Financial Statements

## Financial Statements

NSW Therapeutic Advisory Group Inc  
ABN: 82 707 308 091

### Notes to the Financial Statements For the Year Ended 30 June 2014

6 Property, plant and equipment continued

(a) 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
	\$	\$	\$	\$
2014				
Balance at the beginning of year	-	33	-	33
Additions	-	1,142	-	1,142
Depreciation expense	-	(112)	-	(112)
Balance at the end of the year	-	1,063	-	1,063

	Furniture, Fixtures and Fittings	Office Equipment	Computer Equipment	Total
	\$	\$	\$	\$
2013				
Balance at the beginning of year	100	323	-	423
Depreciation expense	(100)	(290)	-	(390)
Balance at 30 June 2013	-	33	-	33

7 Trade and other payables

	2014	2013
	\$	\$
<b>CURRENT</b>		
Unsecured liabilities		
Trade payables	35,015	4,372
GST payable	-	600
PAYG payable	2,147	7,439
Other payable	-	353
	<u>37,162</u>	<u>12,764</u>

# Financial Statements

NSW Therapeutic Advisory Group Inc  
ABN: 82 707 308 091

## Notes to the Financial Statements For the Year Ended 30 June 2014

### 8 Deferred Income

	2014	2013
	\$	\$
Grants in advance	156,102	233,270
	<u>156,102</u>	<u>233,270</u>

### 9 Provisions

	2014	2013
	\$	\$
<b>CURRENT</b>		
Employee entitlements	27,774	29,996
	<u>27,774</u>	<u>29,996</u>
<b>NON-CURRENT</b>		
Employee entitlements	5,785	3,257
	<u>5,785</u>	<u>3,257</u>

### 10 Capital and Leasing Commitments

#### (a) Operating leases

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

	2014	2013
	\$	\$
<b>Minimum lease payments under non-cancellable operating leases:</b>		
- not later than one year	16,326	16,326
	<u>16,326</u>	<u>16,326</u>

Operating leases for premises at 26 Leichhardt Street Darlinghurst NSW expiring on 31 December 2014

NSW Therapeutic Advisory Group Inc  
ABN: 82 707 308 091

**Notes to the Financial Statements**  
For the Year Ended 30 June 2014

**11 Cash Flow Information**

(a) **Reconciliation of result for the year to cashflows from operating activities**

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

	2014	2013
	\$	\$
Net deficit for the year	(16,352)	(796)
Cash flows excluded from deficit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	112	390
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	40,077	(63,867)
- (increase)/decrease in other assets	1,907	112
- (increase)/decrease in other financial assets	-	(2,610)
- increase/(decrease) in income in advance	(77,168)	(34,473)
- increase/(decrease) in trade and other payables	24,398	11,959
- increase/(decrease) in provisions	306	1,957
Cashflow from operations	<u>(26,720)</u>	<u>(87,328)</u>

**12 Association Details**

The registered office and principal place of the Association is:  
NSW Therapeutic Advisory Group Inc  
26 Leichhardt St  
DARLINGHURST NSW 2010



# Financial Statements

NSW Therapeutic Advisory Group Inc  
ABN: 82 707 308 091

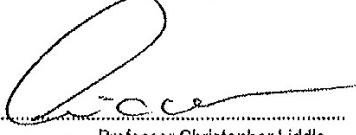
## Statement by Members of the Management Committee

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 of the Associations Incorporation Act (NSW) 2009.

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

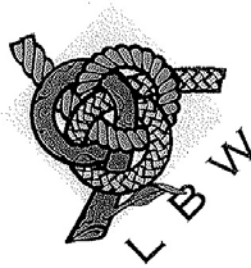
1. Presents fairly the financial position of NSW Therapeutic Advisory Group Inc as at 30 June 2014 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that NSW Therapeutic Advisory Group Inc will be able to pay its debts as and 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:

Chair.....  
Professor Christopher Liddle

Treasurer.....  
Ms Terry Maunsell

Dated this 11<sup>th</sup> day of August 2014



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

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Web www.lbw.com.au

PARTNERS  
George P Rochios  
Mark W Willock  
Rupa Dharmasiri  
Alan M Perrott

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 assets and liabilities as at 30 June 2014, the statement of profit or loss 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 by the committee.

### *Committee Members' Responsibility for the Financial Report*

The committee members 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 committee members' responsibility also includes such internal control as the committee members 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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PARTNERS  
George P Rochios  
Mark W Willock  
Rupa Dharmasiri  
Alan M Perrott

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 2014, 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 Incorporations Act (NSW) 2009. As a result, the financial report may not be suitable for another purpose.

Rupaninga Dharmasiri

Partner

LBW & Partners

Chartered Accountants

Level 3, 845 Pacific Highway

CHATSWOOD NSW 2067

Dated this 14<sup>th</sup> day of August 2014



# NSW TAG Membership

Ms Eleanor Allison	DTC pharmacist, Nepean Blue Mountains LHD
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
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
Ms Rhea McFarland	Director of Pharmacy, Campbelltown and Camden Hospitals
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 Toxicology and Pharmacology, Calvary Mater Hospital, Newcastle
<b>Chair:</b>	
Prof Chris Liddle	Department of Clinical Pharmacology, Westmead Hospital



# Affiliate Members

Canberra Hospital, ACT  
 Mater Hospital, QLD  
 Princess Alexandra Hospital, QLD  
 Royal Brisbane and Womens Hospital, QLD  
 Royal Children's Hospital, QLD  
 Sydney Adventist Hospital, NSW  
 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
	Ms Angela Young, Director of Pharmacy, Alice Springs Hospital
Queensland	Dr Charles Denaro, Director of Internal Medicine 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 Naomi Burgess, Acting Director, Medicines & Technology Policy & Programs Branch, SA Health
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 Greg Weeks, Director of Pharmacy, Barwon Health
	Mr Kent Garrett, Director of Pharmacy, Austin Health
Western Australia (WA)	Ms Lesley Gregory, WATAG Executive Officer, WA Department of Health
	Ms Rebecca Godfrey, Executive Officer, Western Australian Drug Evaluation Panel, WA Department of Health