



NSW Therapeutic Advisory Group Inc.
Promoting the quality use of medicines in public hospitals

Annual Report 2015



New South Wales Therapeutic Advisory Group Inc

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Board Members



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**Executive Officer
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Officer
Ms Margaret Jordan
(from September 2014)**



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



**QUM Project Officer
Ms Anna Drew**



**EMM Project Officer
Mr Andrew Hargreaves**



**CATAG National Coordinator
Ms Jane Donnelly
(maternity leave)**



**CATAG National Coordinator
Mr David Lyons**



**CATAG Project Officer
Ms Lisa Pulver
(until December 2014)**



**Administrative Officer
Mr David Harris**

Our Mission

Promoting the 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 the quality use of medicines 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 (TAG NET). 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. 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 MedicineWise (NPS) and the Australian Commission on Safety and Quality in Health Care. Through its

extensive membership base, and in partnership with individuals and other organisations, NSW TAG continues to promote QUM in NSW public hospitals and the wider community.

Our Goal

The goal of NSW TAG is to achieve Quality Use of Medicines in NSW, through involvement of all members, 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

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

From the Chairman



For over a quarter of a century NSW TAG has been providing support to our members and NSW public hospitals to achieve Quality Use of Medicines (QUM). We are extremely proud of our history and achievements during that 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 Clinical Excellence Commission (CEC) to ensure that the QUM activities performed by NSW TAG continue to complement the services provided by the CEC, Ministry of Health and Agency for Clinical Innovation, 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 Clinical Excellence Commission and NSW Health in continuing to fund NSW TAG as an independent QUM organisation.

NSW Drug and Therapeutics Committees have continued to demonstrate their critical role and important responsibilities within the medicines management structure of their hospitals and Local Health Districts. There has been further expansion in 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 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 successful operation of eMM.

A major achievement of NSW TAG during 2014/15 was the publication of the National Quality Use of Medicine Indicators for Australian Hospitals. This work was the culmination of work begun in 2011 as a review of the existing indicators that led to the development of new indicators for acute mental health care and discharge medication management processes. The work was funded by the Australian Commission on Safety and Quality in Health Care (ACSQHC) and the indicators can be found on both NSW TAG's and the ACSQHC's websites. Data collection tools for each indicator can be found on the NSW TAG website. The National QUM Indicators are popular and valued tools that assist hospitals to measure their performance in key QUM areas development to drive the implementation of safety and quality systems and improve the quality of health care. They play an important role in providing evidence for hospital accreditation. We wish to thank the very many individuals and organisations that were involved in the indicator development and testing.

Another major piece of work was finalised in July 2015: *Prevention and management of problems with opioid prescribing in chronic non-cancer pain*. An expert advisory group chaired by Professor Milton Cohen has provided a practical guidance for general practitioners in a challenging sometime contentious clinical area. We are very grateful for their expert contribution.

The weekly TAGMail bulletin continues to be a highly valued resource for members and affiliate members in NSW and other Australian states. It is distributed to 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 CATAG in the development of a number of national documents in 2014 including *Managing Medicines Access Programs: Guiding Principles for the governance of Medicines Access Programs In Australian Hospitals* and *Overseeing biosimilar use: Guiding Principles for the governance of biological and biosimilar use in Australian hospitals*. Both documents deal with areas that can be very challenging for DTCs and clinicians.

There have been a few changes within the secretariat this year. Ms Gillian Sharratt, Ms Katie Kerr and Ms Anna Drew have resigned. We are very grateful for their dedication and expertise during their time at NSW TAG and wish them well as they embark on new professional directions. Dr Sasha Bennett has continued as Executive Officer as has Mr Andrew Hargreaves in the role of the EMM Project Officer. Ms Margaret Jordan has joined as Quality Use of Medicines 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 Harvey Lander and Ms Nina Muscillo from the Clinical Excellence Commission, Dr Nigel Lyons from the Agency of Clinical Innovation/Clinical Excellence Commission and the Chief Pharmacist, Ms Judith Mackson.

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. In particular, I would like to thank Ms Terry Maunsell who has resigned from the Management Committee for her impressive contribution to NSW TAG over many years and welcome Professor Sarah Hilmer to the Management Committee. 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 are vital to the success of NSW TAG and are reflected in our ability to celebrate a proud 27 years.

A handwritten signature in black ink, appearing to read 'C. Liddle', written in a cursive style.

**Professor Christopher Liddle, Chairman
NSW Therapeutics Group**

Supporting Drug and Therapeutics Committees (DTCs)

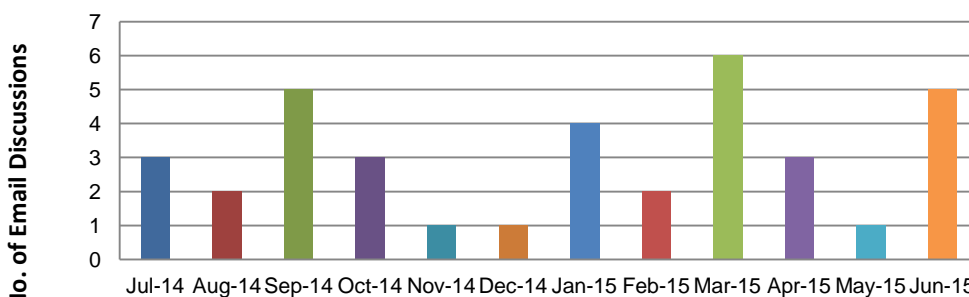
A major goal of NSW TAG is to support DTCs. NSW TAG does this by assisting decision-making within DTCs by sharing information either by the bi-monthly collation of DTC decisions and via email discussions; by assisting in the development and publication of resource documents for DTCs; assisting DTCs with 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 2014/2015 about specific medication issues or activities that NSW or other state DTC committees were considering. Email discussions are a highly valued activity of NSW TAG reducing duplication of activity and supporting DTCs and clinicians working in the NSW Health system. Figure 1 displays the numbers of email discussions produced by NSW TAG each month during July 2014 - June 2015.

Figure 1: Number of NSW TAG Group Email Discussions per month



	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Total No. of Email Discussions	3	2	5	3	1	1	4	2	6	3	1	5

Table 1 displays the group email discussion subjects, the requester of information and the number of responses from TAG/TAGNet members and external consultations (when appropriate). Requests for information from the broad membership are received from a wide range of organisations including other NSW TAG/TAGNet member hospitals, the Clinical Excellence Commission and other NSW Health pillars, Council of Australian Therapeutic Advisory Groups (CATAG) and its members, and the Poisons Information Centre. The finalised email discussions are posted in the members section of the NSW TAG website and also sent to the requester. TAG Mail also provides a weekly alert to email discussions as they are posted on the website.

Table 1: NSW TAG Group Email Discussions during July 2014 to June 2015

Group Email Discussions 2014/2015	Requester	Number of Responses
Botulinum toxin vial sharing	TAG member	8
High Cost Drugs watch list	CATAG	6
Strengths of products on formularies	TAGNet member	10
Intravitreal VEGFI for macular oedema	External	5
Min-I-Jets and pre-filled syringes for resuscitation trolleys	TAG member	8
Phentolamine discontinuation	TAGNet members	10 + 2 external
Trastuzumab emtasine approval	CATAG member	11
Enteral feeds and eMM	eMM program	6
Diversion/misuse of anaesthetics	CATAG	8
Thrombolysis for PE policy	TAGNet member	5
Phenylephrine injection shortage	Clinical Excellence Commission	10
S100 practical difficulties	CATAG	8
OncoTICE supply interruption	TAG member	2 + 3 external
S8 liquid measurements	TAG member	9 + 3 external
Medicine shortages	Clinical Excellence Commission	9
VTE prophylaxis PD implementation	TAG member	5
IV mycophenolate	TAG member	9
Patient-friendly resources for nicotine dependence	TAGNet member	3
Self-medication protocols	TAGNet member	9
Splenectomy patient information	TAG member	10 + 1 external
Dose banding of methotrexate	TAG member	9
Clozapine supply in the community	NSW TAG for DoH* submission	
Ipilimumab-induced colitis	CATAG member	9
Opioid posters	Clinical Excellence Commission	6
Cold chain monitoring	TAGNet member	4 TAGNet + 2 CATAG members
Handling non-cytotoxics	TAG member	6 + external
Intra-articular injections	TAGNet member	5
Noting of supplementary charts on NIMC	Clinical Excellence Commission	10
Mabs for light-threatening uveitis	TAG member	10 + 5 CATAG members
Pre-surgery medication cessation	TAG member	7
Standardised medication-related templates	TAG member	4
Charcoal and bowel irrigation on LSDR	Poisons Information Centre	4
Removal of pethidine from hospital formularies	Affiliate member	11
Standing orders for radiocontrast	TAG member	8
Smart infusion pumps and drug libraries	TAG member	1 + 8 CATAG member hospitals
Potential use of carboprost	eProcurement/NSW Kids & Families	5 CATAG members

* DoH Australian Government Department of Health

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 important CATAG initiatives that will assist DTCs in NSW public facilities:

- *Overseeing biosimilar use: Guiding principles for the governance of biological and biosimilar medicines in Australian hospitals*
- *Managing Medicines Access Programs: Guiding principles for the governance of Medicines Access Programs in Australian Hospitals*
- *Position statement for the use of complementary and alternative medicines*

These were published by the Council of Australian Therapeutic Advisory Groups (CATAG) in May 2015¹. The Guiding Principles for Medicines Access Programs (MAP) refers readers to the NSW TAG MAP forms (patient consent, company registration and prescriber acknowledgment forms) on the NSW TAG website. These and the 2013 CATAG Guiding Principles documents² have been welcomed by NSW DTCs and policymakers. NSW TAG played a key role in developing Editorial and Authorship policy for CATAG.

In addition to the above documents, the CATAG documents published in November 2013

- *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*

have been welcomed and adopted by NSW DTCs. In particular, DTCs have begun using the DTC Guiding Principles checklist to measure DTC effectiveness within their hospitals and LHDs.

The various CATAG publications are being incorporated into policy documents at local, jurisdictional and national levels. They have established a recognised national framework to guide and define a well-functioning DTC and its work, support their ongoing improvement and enable a consistent approach to challenging issues in the management of medicines such as off-label, complementary and biosimilars.

Assisting development and implementation of policy directives

NSW TAG continues to contribute to the extensive review and update of NSW Health Policy Directives relating to medicines use as their review dates become due. During 2014/15, representatives from NSW TAG assisted the development and/or review of the following Policy Directives

- High-Risk Medicines Management Policy
- Nurse Administered Thrombolysis (NAT) Protocol for ST Elevation Myocardial Infarction (STEMI) and
- Prevention of Venous Thromboembolism
- Evaluation of Medicines for Use in Public Hospitals

as well as ongoing involvement in the development of new NSW Health guidelines for the use of non-Vitamin K oral anticoagulants.

¹ <http://www.catag.org.au>

² *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'*.

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 and uses. 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 to the formulary any medicines which have had more than three IPU applications approved. 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 these medicines use. 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 May 2015.

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; multidisciplinary quality improvement methodology; clinicians' understanding of the DTC's role and responsibilities including nurse practitioners and pharmacists; and identification of tools that will assist the work of the DTC; clinician training regarding medication handling in hospitals; 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. 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 drug data. This concept is now being facilitated through the Hospital Pharmacy Systems Advisory Group (HPSAG), 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 (LSDR). Information-sharing about HCDs such as new immunomodulators occurs at bimonthly TAG General meetings and via email discussions. It is envisaged that the centralised data warehouse solution will reduce the significant effort that is required by NSW TAG and its members in the collection of HCD (and LSD) information. Sign-off from LHD Chief Executives will be required to access the data on an on-going basis.

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 Cost Drug Committee had discussions with regard to the NSW Health Policy Directive PD2005_395 Drugs – Funding arrangements for outpatient use of high costs 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 2014/15 High Cost Drugs Working Group were:

Mr Peter Barclay (Chair)	Children's Hospital Westmead
Mr John Carroll	Murrumbidgee LHD
Ms Gabrielle Couch	Southern LHD
Mr Tim Garrett	Central Coast LHD
Ms Sue Goh	Prince of Wales Hospital
Prof Andrew McLachlan	University of Sydney/Concord Repatriation General Hospital
Ms Terry Melocco	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 New South Wales Therapeutic Advisory Group Inc. (NSW TAG) is an independent, not-for-profit member-based organisation, comprised of clinical pharmacologists, pharmacists, nurses and clinicians committed to promoting quality use of medicines (QUM) in NSW public hospitals and the wider community.

We aim to provide consumers of pharmaceutical health care in NSW with the most appropriate medicines in the most appropriate manner whilst ensuring that the limited resources of the health care budget devoted to medicines use are used according to sound economic principles.

In pursuing this goal, we focus on providing information, advice and support to decision-makers in NSW public hospitals, NSW Ministry of Health and other relevant organisations.

What's New

New release
29th July 2015

Our **Preventing and Managing Problems with Opioid Prescribing for Chronic Non-Cancer Pain** guidance document is now available. It can be accessed under 'Reviews' on the top navigation of this page.

Now available
29th July 2015

The following email discussions are now available to members:

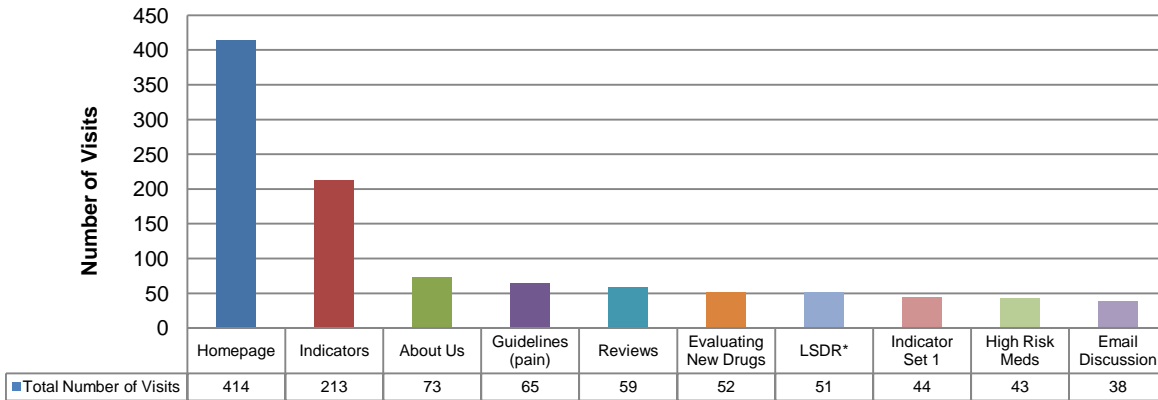
- Amphotericin for treatment of cryptococcal meningitis
- Tapentadol on Formulary
- Contrast Media Prescribing
- Use of CATAG's Guiding Principles for the governance of biological and biosimilar medicines in Australian hospitals

The website is updated on a weekly basis.

During the first half of 2015, the NSW TAG website's homepage averaged 433 hits per month. Other popular webpage's included the QUM indicators (approximately 213/ month); high risk medicines webpage (52/ month); life saving drugs

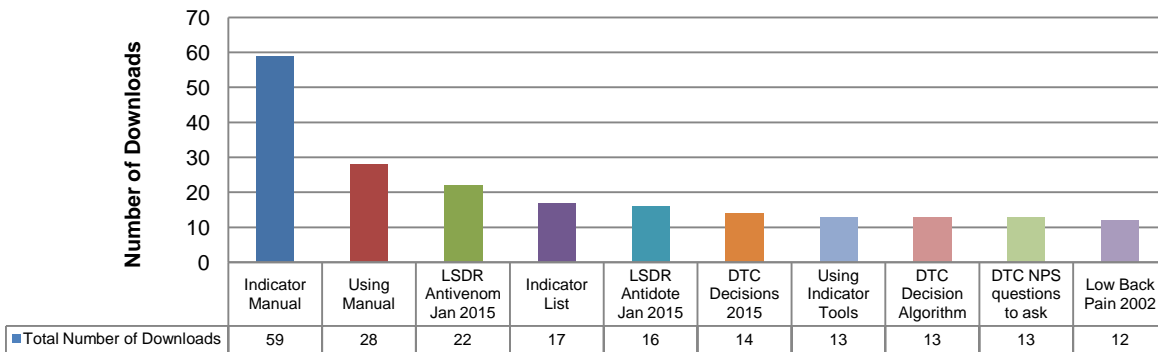
(72/month); reviews (64/month); guidelines, position statement and email discussions; off label medicines information; and labelling and packaging webpage's. Figures 2 and 3 display NSW TAG website statistics during May 2015.

Figure 3: Top 10 NSW TAG webpages visited during May 2015



*LSDR - Life Saving Drug Register

Figure 4: Top 10 downloads from NSW TAG website during May 2015



*LSDR - Life Saving Drug Register

Information sharing activities

TAGMail

NSW TAG produces a weekly news bulletin called TAG Mail. 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 2014/ 2015, four TAG Mails per month were prepared and disseminated. NSW TAG consistently receives extremely positive feedback about TAG Mail'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 TAG Mails 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 2014/15 year was the addition of resources supporting antimicrobial prescription, supply and administration to adult patients at home, clinical guidelines for the use of hydromorphone, low molecular weight heparin, warfarin, novel oral anticoagulants, and general anticoagulation.

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 2014/15 include look alike presentations of DBL® Fentanyl 0100mg/2mL and DBL® Diazepam 10mg/2mL; Bayer Xarelto® 15mg and 20mg capsules.

Email discussions

A number of email group discussions have targeted safe and quality use of medicines during 2014/15. These are listed in Table 1.

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**

NSW TAG has provided representation to a number of the CEC's working groups and expert advisory groups that promote quality improvement during 2014 and 2015.

- 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 past year, topics have included cessation of medicine orders prior to surgery and restarting of these medicines; need for state-wide adult IV fluid guidance, particularly for rural hospitals; how clinicians are alerted to the existence of supplementary

charts; importance of hospitals providing information about antidote stock levels; development of eviQ (Cancer Institute) online training/educational modules for oral neoplastic drugs; dose banding of IM methotrexate where no cytotoxic resources are available; protocols for patient self-administration of medicines; handling of intravenous mycophenolate; errors in reconstitution of Infanrix Hexa IV; conjecture re potential for reactions to IV paracetamol containing povidone; labelling issues e.g. phentolamine; use of insulin 500 Units/mL, incidents with neuromuscular blocking agents; risks associated with pholcodine-containing preparations; error-prone abbreviations INH and TOP; a case of forgery of the Subcutaneous Insulin Chart; and, misuse/diversion of propofol and other anaesthetic agents used in the operating theatre. NSW TAG Members provided posters of opioid preparations for hospitals to use while a new poster is developed.

- Continuity of Medication Management Expert Advisory Group and sub-committees
Dr Sasha Bennett is a member of the CEC's Continuity of Medication Management Expert Advisory Group and TAG has had significant input into the development of resource documentation.
- Venous Thromboembolism Prevention Expert Advisory Group
Ms Jane Ludington and Ms Margaret Jordan are TAG representatives on the working group for the CEC's Venous Thromboembolism Prevention Program.
- Anticoagulant Medicines Working Party
Ms Margaret Jordan is a member of the CEC's Anticoagulant Medicines Working Party and has been providing assistance with the development of a guideline for Non-Vitamin K Anticoagulants.
- Medication Safety Self Assessment (MSSA) Review Committee
Ms Gillian Sharratt and Dr Sasha Bennett were part of the Working Group for the CEC's Medication Safety Self Assessment review. Publication of the new version of the MSSA is planned for the end of 2015.

The NSW Secretariat and its members have also contributed to the extensive review and update of NSW Health High-Risk Medicines Management Policy Directive (PD2012_003), which was published as PD2015_029 in August 2015. NSW TAG has also provided considerable assistance with the review and update of PD2008_037 Evaluation of Medicines for Use in Public Hospitals, which will be titled Approval of Medicines for Use in NSW Public Hospitals when it is released in 2015.

NSW TAG members also continues to disseminate CEC information about management of drug shortages and provide feedback to the CEC on any 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 23)
- Hospital Pharmacy Systems Advisory Group (HPSAG)

NSW TAG is a member of Hospital Pharmacy Systems Advisory Group (HPSAG). NSW TAG 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 warning codes, drug interactions and associated limitations, HPSAG minutes and the Pharmacy Data Warehouse initiative. Member feedback about the impact of TALLMan lettering was provided to HPSAG.

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

Towards the end of 2013, the Pharmaceutical Services Unit (PSU) commissioned NSW TAG to develop guidance for management of chronic non-cancer pain. This would enable replacement of the 2002 NSW TAG publication, *Prescribing Guidelines for Primary Care Clinicians: Rational Use of Opioids in Chronic or Recurrent Non-Malignant Pain*.

A subject matter expert working group, the Pain EAG, was established to guide the content of the guidance and assist the NSW TAG Editorial Committee on its development. The Pain EAG was chaired by A/Professor Milton Cohen, and 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 by busy clinicians. The document, *Preventing and managing problems with opioid prescribing for chronic non-cancer pain*, was published in July 2015 and replaces the guidance published in 2002. While its focus is for primary care practitioners it also has applicability to any clinicians caring for patients suffering acute pain, post-surgical pain, those of increasing age or with other complications.

Figure 5: Picture of front page of the Preventing and managing problems with opioid prescribing for chronic non-cancer pain



Promotion of the guidance occurred at the National Medicines Symposium in May 2014 and at SHPA Medicines Management Conference in September 2014. Relevant organisations such as 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 were advised of its publication on our website. NPS MedicineWise are promoting the guidance as part of their academic detailing to NSW general practitioners.

- **Agency for Clinical innovation**

NSW TAG is able to assist the ACI with quality use of medicines aspects of guidelines and policies that its clinical networks produce. During 2014 and 2015, TAG provided written input and feedback to:

- Acute Severe Ulcerative Colitis Consensus Statements
- ECI Nurse Delegated Standing Orders
- Nurse Administered Thrombolysis guidelines and policy directive and education modules
- Heart Failure Clinical Service Framework

NSW TAG also provided a pharmacist representative for the ACI Cardiac Network’s Nurse Administered Thrombolysis Working Group. NSW TAG has also identified information about DTCs and the National QUM Indicators as areas which should be promoted to ACI networks. A presentation regarding the use of the National QUM Indicators in cardiology patients was delivered to the ACI Chronic Cardiovascular Expert Advisory Group in February 2015.

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

NSW TAG continues to assist HETI with the development of various e-Learning modules. During 2014 and 2015, NSW TAG assisted with the development of online modules for pain assessment and management. The modules target

junior medical officers and nurses and use a scenario of a patient injured in a car accident to illustrate concepts such as multimodal analgesia, non-pharmacological management and discharge prescribing.

- **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. This includes aminoglycoside dosing.

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

- **NPS MedicineWise**

Sasha Bennett attended an informative Members' Day Forum in July 2015 where a range of thought leaders across the health care sector presented their perspectives about the opportunities for innovation including the greater use of big data and opportunities for improving health outcomes.

- **TGA**

NSW TAG provided a response to the Expert Panel Review of Medicines and Medical Devices, specifically areas such as the regulatory framework for new medicines and biosimilars, scheduling and advertising of medicines, post-marketing pharmacovigilance, and access to unapproved medicines via the Special Access Scheme. NSW TAG also took part in stakeholder fora. A submission to the same Panel for complementary medicines was also undertaken. A submission regarding the supply of clozapine in community settings was also made.

Submissions to the TGA regarding medicine labelling, rescheduling of paracetamol compounded with caffeine, naproxen and pantoprazole, and paracetamol compounded with phenylephrine and review of cardiovascular safety of non-steroidal anti-inflammatory drugs and safety review of diclofenac were also made during 2014.

- **ACSQHC**

NSW TAG has liaised closely with the ACSQHC during 2014/15. Although much of this has focussed on the development and update of the National QUM Indicators (please see page 29), NSW TAG assists the ACSQHC in the publicising and implementation of many of its medication-related safety initiatives and provides TAG member feedback to the ACSQHC about its programs. NSW TAG also has representation to ACSQHC via CATAG, which is a member of the ACSQHC's Health System Expert Advisory Group (HSMEAG). NSW TAG member issues regarding ordering of medicines with multiple routes on the NIMC, bar coding, unsafe abbreviations, user-applied labelling of injectable medicines, fluids and lines and the National Safety and Quality Health Service Standards have been communicated.

- **Medicines Australia**

NSW TAG sought clarification from Medicines Australia regarding various Medicines Access Programs (under which programs such as Product Familiarisation Programs fall) and the use of various terminologies to describe these programs e.g. Oncology Access Program and their responsibilities to provide access to medicines under such a program or similar programs while awaiting PBAC approval for listing on the PBS. CATAG and NSW TAG have provided guidance and acknowledgment forms to assist with those with responsibilities for the use management and supply of medicines under these programs. Medicines Australia provided feedback that while Medicines Australia cannot require their member companies to complete and sign the Medicines Access Program (MAP) Acknowledgment Form, as it is a matter for each company to decide whether it is willing to agree to the conditions, including supplying a product free of charge to patients at a particular institution. Nevertheless, the Medicines Australia Code of Conduct (Editions 17 and 18) requires companies to be familiar with and comply with the CATAG Guiding Principles for

Medicine Access Programs in Australian Hospitals and reference the NSW TAG MAP Acknowledgement Form in Edition 18 of the Code.

- **Cancer Institute NSW**

Dr Sasha Bennett was a member of the Clinical Advisory Committee for the eviQ Community Pharmacy Project. This project developed six education modules regarding the supply and use of oral antineoplastic drugs: general principles; handling oral antineoplastic drugs and related waste; oral antineoplastic prescriptions and protocols; adverse effects and supportive therapies; drug interactions; and patient education. While the remit was to provide education and resources for community pharmacists about their role and responsibilities when dispensing and counselling patients taking oral antineoplastic drugs, it was also recognised that these modules would also be of significant value to non-oncology specialist pharmacists who may also care for patients taking these medicines in other settings such as hospital and outpatient settings. A link to the education modules can be found at <https://www.eviq.org.au/>

Electronic medication management (EMM)

NSW TAG provides support to its members with regard to the implementation of eMM in NSW. This has been made possible by the appointment of a NSW TAG eMM project officer (funded by eHealth NSW) and the inclusion in our Management Committee of a number of experts in eMM implementation. The Chair of NSW TAG is a member of (a) the eMM Steering Committee, (b) the eMM Procurement Committee and (c) the eMM Clinical Leadership Group (Chair).

EMM is a standing agenda item at our TAG General and TAGNet meetings. The eMM Project Officer provides a bimonthly written report “*Electronic Medication Management (eMM) NSW Therapeutic Advisory Group Update*” for circulation to members for discussion at these meetings. The aim of these updates is to provide information on the progress and activity of the eHealth NSW eMM team and to provide an opportunity for the TAG and TAGNet members to provide input into the program. The updates are available in the members’ area of the NSW TAG website, www.nswtag.org.au. NSW TAG members have found these updates helpful as a method of clarifying information and assisting hospitals to understand the eHealth activities being undertaken at local, LHD and state levels. They are also used by eMM Lead Sites as communication tools in support of their communication strategies.

The eMM Project Officer has utilised the NSW TAG network to provide feedback on a range of eMM Project initiatives during the reporting period, including the Pharmacy eHealth Workforce Initiative, development of principles of supply of medication in NSW and the development of prescription outputs from the eMM system.

The eMM Project Officer, as co-Chair of the Clinical Secretariat, is responsible for the planning, administration and execution of the quarterly eMM Clinical Leadership Forum meetings. These meetings have enabled information sharing and communication of eMM issues to members of all LHDs, via their nominated clinical representatives.

The project officer sits on a number of eHealth NSW eMM working groups and represents NSW TAG and the eMM Program on the Electronic Record for Intensive Care (eRIC) Pharmacy Subject Matter Expert Reference Group (SMERG) where he helps to identify opportunities to align medication management process design and legislative/regulatory challenges. The eMM Project Officer and NSW TAG Executive Officer (via Medication Safety Expert Advisory Committee) will continue to be engaged in this program to ensure that principles developed for the state wide eMM systems are considered for implementation into the eRIC program.

The eMM Project Officer has also developed lines of communication with the Australian Department of Health and Department of Human Services to develop a mechanism that enables the electronic prescribing of Highly Specialised Drugs in NSW Public Hospitals.

The eMM Project Officer regularly provides advice to the NSW Ministry of Health Pharmaceutical Services Unit (PSU) on medication management and regulatory matters that relate to eHealth, particularly assisting PSU to respond to national consultations.

EMM conference presentations

SHPA’s annual Medicines Management Conference, Darwin, September 2014:

- Hargreaves A, Ritchie A, Kesson S. *Designing optimal Electronic Medication Management tools to support Antimicrobial Stewardship: Going walkabout and finding answers*
- Hargreaves A, Sharratt G, Bennett A. *Error Prone Abbreviations in Electronic Medication Management Systems: Old Problems, New Challenge*

Life Saving Drug Register (LSDR)

NSW TAG conducted a survey using Survey Monkey™ 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. This survey was repeated during May to August 2015. A Survey Monkey™ of antivenom stock levels also occurred in August 2014 following information obtained from the publication of the *Snakebite and Spiderbite Clinical Management Guidelines 2013* in March 2014. Following these surveys analysis of feedback and stock has suggested improvements could be made and NSW TAG will be having discussions with the Poisons Information Centre in the near future.

The 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 required to be immediately available or within 4 hours and which are considered second line treatments. ACT hospitals have been included in the LSDR.

Figure 6: Life Saving Drug Register 2014: Antidote Stock Levels

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 INJECTION 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
ACT										
The Canberra Hospital	Canberra	ACT	02 6244 2121	02 6244 2222	115 40 20	Pharmacy ED acute ED resus	0	16 Pharmacy	0	50 Pha
Calvary Public Hospital Canberra	Canberra	ACT	02 6201 6285	02 6201 1111	40 20 30	ED AHC Pharmacy	0	50 Pharmacy	5 5 15	ED AHC Pha
CENTRAL COAST LHD										
Gosford and Wyong Hospitals	Gosford & Wyong	Central Coast	02 4320 3366	02 4320 2111	170 60 70	Pharmacy ED AH & Wyc	0	0	680 200	GDP GDP

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 receives funding support from 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 2014, employed a part-time project officer. These appointments provide CATAG with the opportunity to progress a number of national QUM-related issues including a project on the impact of the national guiding principles for the roles and responsibilities of Drug and Therapeutics Committees and decision-making around high cost drugs.

CATAG publications

A number of documents were published in 2014/2015:

- *Managing Medicines Access Programs: Guiding Principles For the governance of Medicines Access Programs In Australian hospitals*
- *Overseeing Biosimilar use: Guiding Principles For the governance of biological and biosimilar use in Australian hospitals*
- *Position Statement for the use of complementary and alternative medicines*
- *CATAG Editorial and Authorship Policy*

Working with our members and Drug and Therapeutics Committees, CATAG has continued to progress work to identify and address issues concerning high cost drivers for medicines used in hospitals across jurisdictions. During 2014 and 2015, CATAG worked with the Independent Hospital Pricing Authority (IHPA) to identify high cost jurisdictional medicines use not covered by the Pharmaceutical Benefits System. IHPA has requested that CATAG advise it of new high cost medicines when CATAG is confident the medicines would have a material impact on the public hospital system.

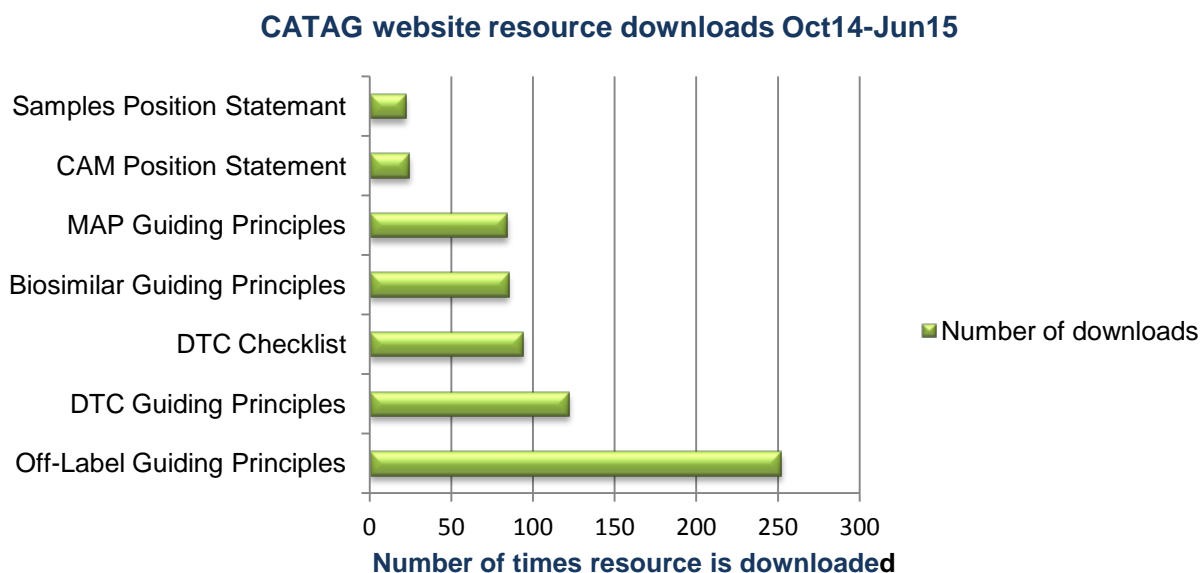
A preliminary project by Medicines & Technology Policy & Programs Branch of SA Health in collaboration with CATAG investigated decision-making processes for access to high cost medicines across jurisdictions was undertaken during 2015. Specifically information about how HCM are considered for approval (how the evidence is assessed) and how outcomes (either clinical or financial) are monitored and evaluated was sought. Responses were received from 25 DTCs with variation in the governance and monitoring of HCM apparent. There is opportunity for greater standardisation and reduced duplication of decision-making processes through national co-ordination for sharing assessments and monitoring outcomes. Development of guidance on the decision-making process for HCMs was advocated.

Progress has been made in quantifying the awareness and impact of the DTC and Off-label Guiding Principles. A post-implementation survey of DTCs of the Guiding Principles was undertaken during 2015. CATAG continues to have an active role in communication and information sharing between jurisdictions, and three face-to-face meetings with representation from all jurisdictions occurred during the 2014/15 reporting period.

The CATAG website was established for the purpose of communication between CATAG members, CATAG and state/territory TAG members and as a portal of information about CATAG. This objective is being successfully achieved with recently improved analytic functionality demonstrating an increase in the information exchanged and number of visitors to the site. The CATAG website receives an average of 577 hits per month. The percentage of new visitors and returning visitors remains fairly consistent, indicating that CATAG is still growing its target audience. Geographically 64% of the website audience was from Australia, indicating there is a reasonable amount of interest generated internationally, most notably from the United States (9.3%).

The most popular resources downloaded from the website from October 2014 to June 2015 are indicated in Figure 7. The most popular resources downloaded to date are the Off-label Guiding Principles, followed by the DTC Guiding Principles and DTC Checklist. It is likely the Biosimilar Guiding Principles will be a key resource, as considerable interest has been generated during the latter half of 2015.

Figure 7: Most popular resources downloaded from the CATAG website October 2014- June 2015



CATAG conference presentations

- **Medicines Management 2014- 40th SHPA National Conference**
 - Turner S, Pulver L, Sharratt G, Gazarian M, McLachlan A, Morris S. The quality use of off-label medicines in Australian public hospitals - Guiding Principles

CATAG journal publications

- **Medical Journal of Australia**
 - Gazarian M., Morris.S. Off-label Prescribing. Med J Aust 2014; 200 (11): 637 (Letter to the Editor)
 - Seale JP. 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 (Response to editorial)
- **Internal Medicine Journal**
 - Denaro, C., Gazarian, M. and Morris, S. (2015), Council of Australian Therapeutic Advisory Groups: supporting the Quality Use of Medicines across the acute-care sector. Internal Medicine Journal, 45: 369–371. doi: 10.1111/imj.12709 (Editorial article)

CATAG submissions

CATAG provided submissions to the following consultations:

- TGA Medicines Labelling- revised draft Therapeutic Goods Order (TGO 79) for labelling of medicines, November 2014
- TGA Orphans Drug Program, April 2015

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 (STDC)
- 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
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 2014/15, NSW TAG convened five 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 and 2016 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	Mona Vale Hospital
Calvary ACT Hospital	Orange Base Hospital
Campbelltown Hospital	Prince of Wales Hospital
Canberra Hospital	Royal North Shore Hospital
Children's Hospital, Westmead	Royal Prince Alfred Hospital
Clinical Excellence Commission	Ryde Hospital
Concord Repatriation General Hospital	South East Sydney LHD
Dubbo Base Hospital	St George Hospital
Fairfield Hospital	St Vincent's Hospital
Illawarra Shoalhaven LHD	St Vincent's Private Hospital
John Hunter Hospital	Sydney Children's Hospital
Maitland Hospital	Sydney and Sydney Eye Hospital
Manly Hospital	Westmead Hospital

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 were first published in collaboration with the CEC in 2007. An additional seven QUM indicators have now 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 Australian hospitals and clinicians.

The final manual of 37 indicators, *National Indicators for the Quality Use of Medicines in Australian Hospitals (National QUM Indicators)* was published on the NSW TAG and ACSQHC websites in November 2014 (Figure 8). 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 with 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 Cardiovascular Health and Rehabilitation Association's annual conference 2014 with subsequent publication in the ACRA newsletter, 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. A slide promoted the publication of the National QUM Indicators between sessions at the 2014 Society of Hospital Pharmacists of Australia Medicines Management Conference.

Figure 8: Front cover of the National Quality Use of Medicines Indicators for Australian Hospitals, 2014



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. Multisite projects using the National QUM Indicators in settings that have not had specific QUM indicators such as acute mental health care previously are planned. A slide and flyer promoting a future multisite study using a National QUM Indicator 7.4: Percentage of patients taking antipsychotic medicines who receive appropriate monitoring for the development of metabolic side effects) to be co-ordinated by NSW TAG was displayed at the 2015 Royal Australian and New Zealand College of Psychiatrists (RANZCP) Annual Conference. Furthermore, it remains important that the

appropriate methodology be applied to the use of these indicators. Education and support of those undertaking clinical audits will continue to be a key focus for NSW TAG.

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
- Acute mental health indicators EAG:
- 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

QUM Conference presentations

Australian Cardiovascular Health and Rehabilitation Association ACRA 24th Annual Scientific Meeting, Sydney, August 2014

- Bennett A, Kerr K, Sharratt G. Promoting quality use of medicines (QUM) for acute coronary syndrome (ACS) and heart failure (HF) patients at discharge: national indicators for hospitals (Awarded Best Clinical Presentation Award)

SHPA's Annual Medicines Management Conference, Darwin, September 2014

- Kerr K, Sharratt G, Bennett A. Measuring the quality use of medicines in acute mental health care

- Bennett A, Kerr K, Sharratt G. Strategies supporting the measurement of Quality Use of medicines (QUM) indicators

Royal Australian and New Zealand College of Psychiatrists (RANZCP) Annual Conference, Brisbane, March 2015

- Bennett A, Kerr K, McKay R, O'Connor N, Carter G. Development of Indicators for the quality use of medicines in acute mental health care.
- Bennett A, Kerr K, McKay R, O'Connor N, Carter G. Measuring the quality use of antipsychotic medicines in acute mental healthcare.

NSW TAG Publications

Editorial Committee

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

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 bimonthly NSW TAG and TAGNet meetings.

Changes in the membership of the Editorial Committee occurred during 2014 and 2015. Professor Paul Seale and Mr Peter Murney resigned after almost 10 years of Editorial Committee work. Professor Seale was the inaugural Chair of the Editorial Committee as well as the Chairman of NSW TAG for a number of years. NSW TAG sincerely thanks Professor Seale and Mr Murney for their dedicated service to NSW TAG activities and wishes them well as they now pursue other interests. The Editorial Committee welcomed Associate Professor Darren Roberts, Staff Specialist Nephrology & Clinical Pharmacology/Toxicology, Canberra Hospital and Associate Professor ANU Medical School in October 2014 and Ms Elizabeth Anderson, Senior Pharmacist, Medicines Information Service, Department of Pharmacy, Westmead Hospital in March 2015. We look forward to working with them.

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

Ms Elizabeth Anderson (from March 2015)	Westmead Hospital
A/Prof Madlen Gazarian	University of NSW
Prof Sarah Hilmer, (Chair from Sept 2014)	Royal North Shore Hospital/ University of Sydney
Mr Russell Levy	Royal North Shore Hospital
Mr Peter Murney (to February 2015)	Concord Repatriation General Hospital
Ms Felicity Prior	Hunter Drug Information Service
A/Prof Darren Roberts (from October 2014)	Canberra Hospital/ Australian National University
Prof J Paul Seale (Chair to Sept 2014)	RPA/ University of Sydney
Ms Leone Snowden	NSW Medicines Information Centre
Ms Anne Steffensen	Prince of Wales Hospital

Publications

Preventing and managing problems with opioid prescribing for 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 new guidance would 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 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 new resource, *Preventing and managing problems with opioid prescribing for chronic, non-cancer pain*, contains 'real-life' vignettes and problem-solving tools to assist practical management for busy clinicians. Promotion of the practical guidance occurred at the National Medicines Symposium in May 2014 and at the SHPA Medicines Management Conference in September 2014. Relevant organisations such as 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 were advised of its publication on our website.

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

SHPA's Annual Medicines Management Conference, Darwin, September 2014

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

NSW TAG Documents

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

CATAG Documents

Subject	Format	Date
Overseeing biosimilar use, update	Resource Document	2015
Overseeing biosimilar use: Guiding principles for the governance of biological and biosimilar medicines in Australian hospitals	Resource Document	2015
Managing Medicines Access Programs: Guiding principles for the governance of medicines Access programs in Australian hospitals	Resource Document	2015
Position Statement for the use of Complementary and Alternative Medicines	Resource Document	2015
Achieving effective medicines governance: Guiding Principles for the roles and responsibilities of Drug and Therapeutics Committees in Australia public hospitals	Resource Document	2013
Appendix 6: Drug and Therapeutics Committees' Checklist (version1)	Resource Document	2013
Rethinking medicines decision-making in Australian Hospitals; Guiding Principles for the quality use of off-label medicines	Resource Document	2013

Other Reports

Subject	Format	Date
Development of the National Quality Use of Medicines Indicators for Australian Hospitals	Final Report	2014
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)***, 2015, 83p

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

- ***Medication Safety Self Assessment for Antithrombotic Therapy in Australian Hospitals (MSSA-AT)***, 2007, 46p

PDF file can be downloaded from the CEC website (http://mssa.cec.health.nsw.gov.au/at2/index_files/MSSA-AT.pdf) or via a link from the NSW TAG web site (www.nswtag.org.au)

Indicators

- ***National Indicators for Quality Use of Medicines in Australian Hospitals***, November 2014, 104p, ISBN 978-0-9586069-5-0
- ***Data collection tool user guide for the National QUM Indicators, 2014***
- ***Data collection tools for the National QUM Indicators, 2014***

Guidelines

- ***Preventing and Managing Problems with Opioid Prescribing for Chronic Non-Cancer Pain***, July 2015, 17p, ISBN: 978-0-9586069-0-5

Other related Titles:

- ***Migraine Guidelines for GPs (plus Patient Brochure)***
- ***Low Back Pain Guidelines for GPs (plus Patient Brochure)***
- ***Patient Information Brochure for Management of Chronic Pain***

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

Financial Statements

**NSW THERAPEUTIC
ADVISORY GROUP INC.**

30 JUNE 2015

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❖ Financial Statements

LBW & PARTNERS

Chartered Accountants & Business Advisers

PO Box 276 Chatswood 2057

Telephone (02) 9411 4866 Fax (02) 9412 1143

Email mail@lbw.com.au

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

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NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Committee's Report

For the Year Ended 30 June 2015

Your committee members submit the financial report of the Association for the financial year ended 30 June 2015.

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 Melocco	Treasurer
Professor Jo-anne Brien	
AI/Professor Madlen Gazarian	
Ms Sarah Hillmer	

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.

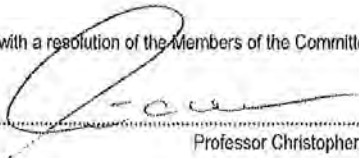
Significant changes

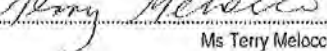
No significant change in the nature of the activity occurred during the year.

Operating result

The surplus/(deficit) of the Association for the financial year amounted to \$ 1,387(2014: \$ (16,352)). 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 Melocco

Dated this 31st day of August 2015

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Statement of Profit or Loss

For the Year Ended 30 June 2015

		2015	2014
	Note	\$	\$
Income			
Operating grants	3	528,628	656,793
Interest received		10,927	10,759
Membership fees		1,500	1,375
		<u>541,055</u>	<u>668,927</u>
Expenditure			
Auditors remuneration		7,004	6,100
Bank charges		82	292
Computer expenses		-	502
Consultant fees		7,200	37,050
Depreciation		96	112
Equipment cost		1,231	3,363
Functions and catering		1,621	901
Insurance		7,416	7,985
Interest paid		-	39
Internet/website		2,505	1,031
Leave pay		(7,937)	(2,221)
Long service leave		250	2,528
Office expenses		272	315
Postage printing and stationery		11,153	11,785
Recruitment costs		810	242
Rent		32,791	32,653
Salaries		403,724	478,640
Storage costs		516	669
Subscriptions		915	1,086
Sundry expenses		465	2,483
Superannuation contributions		37,446	42,881
Teleconferencing costs		3,307	6,862
Training expenses		4,560	12,637
Travelling expenses		21,828	34,770
Workers compensation		2,413	2,574
		<u>539,668</u>	<u>685,279</u>
Income tax expense	2(g)	-	-
Surplus/(Deficit) for the year		<u>1,387</u>	<u>(16,352)</u>
Retained surplus brought forward		<u>278,166</u>	<u>294,518</u>
Accumulated surplus		<u><u>279,553</u></u>	<u><u>278,166</u></u>

The accompanying notes form part of these financial statements.

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Statement of Assets and Liabilities**As At 30 June 2015**

		2015	2014
	Note	\$	\$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	386,061	328,837
Trade and other receivables	5	82,812	69,726
Other financial assets	6	103,714	100,000
Prepayments		5,503	5,363
TOTAL CURRENT ASSETS		<u>578,090</u>	<u>503,926</u>
NON-CURRENT ASSETS			
Plant and equipment	7	967	1,063
TOTAL NON-CURRENT ASSETS		<u>967</u>	<u>1,063</u>
TOTAL ASSETS		<u>579,057</u>	<u>504,989</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	23,981	37,162
Provisions	10	18,523	27,774
Deferred income	9	250,964	156,102
TOTAL CURRENT LIABILITIES		<u>293,468</u>	<u>221,038</u>
NON-CURRENT LIABILITIES			
Long-term provisions	10	6,036	5,785
TOTAL NON-CURRENT LIABILITIES		<u>6,036</u>	<u>5,785</u>
TOTAL LIABILITIES		<u>299,504</u>	<u>226,823</u>
NET ASSETS		<u>279,553</u>	<u>278,166</u>
EQUITY			
Accumulated surplus		279,553	278,166
TOTAL EQUITY		<u>279,553</u>	<u>278,166</u>

The accompanying notes form part of these financial statements.

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Statement of Cash Flows
For the Year Ended 30 June 2015

	2015	2014
Note	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from grants and membership	612,356	621,077
Payments to suppliers and employees	(561,893)	(658,556)
Interest received	10,475	10,759
Net cash provided by (used in) operating activities	12 <u>60,938</u>	<u>(26,720)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	-	(1,142)
Purchase of financial assets	<u>(3,714)</u>	<u>(54,475)</u>
Net cash used in investing activities	<u>(3,714)</u>	<u>(55,617)</u>
Net increase (decrease) in cash and cash equivalents held	57,224	(82,337)
Cash and cash equivalents at beginning of year	328,837	411,174
Cash and cash equivalents at end of financial year	4 <u>386,061</u>	<u>328,837</u>

The accompanying notes form part of these financial statements.

NSW Therapeutic Advisory Group Inc

ABN: 62 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2015

The financial statements cover NSW Therapeutic Advisory Group Inc (the Association) as an individual entity. NSW Therapeutic Advisory Group Inc is a not-for-profit Association incorporated in New South Wales under the *Associations Incorporation Act (NSW) 2009* and *Associations Incorporation Regulation (NSW) 2010*. The Association is registered with the Australian Charities and Not-for-Profit Commission (ACNC) as a charity.

The principal activities of the Association during the year ended 30 June 2015 was to promote quality use of medicines by sharing unbiased evidence-based information about drug therapy.

The functional and presentation currency of NSW Therapeutic Advisory Group Inc is Australian dollars.

The financial report was authorised for issue by the Committee of Management on 31 August 2015.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

In the opinion of the Committee of Management, the Association is not a reporting entity since there are unlikely to exist users of the financial report who are not able to command the preparation of reports tailored so as to satisfy specifically all of their information needs. These special purpose financial statements have been prepared to meet the reporting requirements of the Australian Charities and Not-for-Profit Commission Act 2012.

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

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

2 Summary of Significant Accounting Policies

(a) Property, Plant and Equipment

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

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

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

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

(b) 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.

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 arise principally through the invoicing of grants.

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

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2015

2 Summary of Significant Accounting Policies continued

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 Australian banks, where maturity exceeds 90 days. Interest is brought to account progressively over the life of the deposit.

(c) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

Bank overdrafts also form part of cash equivalents for the purpose of the statement of cash flows and are presented within current liabilities on the statement of financial position.

(d) 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 wholly 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. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

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.

(e) Provisions

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

(f) Deferred Income

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

(g) Income Tax

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

(h) 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.

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements For the Year Ended 30 June 2015

2 Summary of Significant Accounting Policies continued

(i) 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.

(j) 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.

(k) 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 2015, approximately 72% (2014: 67%) of the Association's grant revenue were sourced from the NSW Ministry of Health. Committee members have no reason to believe such support will not continue to provide funding to the Association.

3 Revenue

	2015	2014
	\$	\$
Operating grants		
NSW Health Funding		
- Core funding	232,683	287,922
- eMM project funding	148,924	154,992
Total NSW Health Funding	381,607	442,914
- NPS DUE consultancy	(413)	1,207
- NPS CATAG	145,434	168,125
- ACSQHC Indicators	2,000	44,547
Total operating grant income	528,628	656,793
Other Income		
- Interest revenue	10,927	10,759
- Membership fees	1,500	1,375
Total other income	12,427	12,134
Total Revenue	541,055	668,927

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2015

4 Cash and cash equivalents

	2015	2014
	\$	\$
Cash at bank and in hand	<u>386,061</u>	<u>328,837</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:

Cash and cash equivalents	<u>386,061</u>	<u>328,837</u>
---------------------------	----------------	----------------

5 Trade and other receivables

	2015	2014
	\$	\$
CURRENT		
Trade receivables	82,066	68,234
Provision for impairment of receivables	-	-
Total trade receivables	<u>82,066</u>	<u>68,234</u>
Other receivables	746	1,492
Total current trade and other receivables	<u>82,812</u>	<u>69,726</u>

6 Other financial assets

	2015	2014
	\$	\$
Term deposit	<u>103,714</u>	<u>100,000</u>

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2015

7 Property, plant and equipment

	2015	2014
	\$	\$
Furniture, fixtures and fittings		
At cost	6,820	6,820
Accumulated depreciation	(6,820)	(6,820)
Total furniture, fixtures and fittings	-	-
Office equipment		
At cost	6,545	6,545
Accumulated depreciation	(5,578)	(5,482)
Total office equipment	967	1,063
Computer equipment		
At cost	16,373	16,373
Accumulated depreciation	(16,373)	(16,373)
Total computer equipment	-	-
Total property, plant and equipment	<u>967</u>	<u>1,063</u>

(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:

	Office Equipment \$	Total \$
2015		
Balance at the beginning of year	1,063	1,063
Depreciation expense	(96)	(96)
Balance at the end of the year	<u>967</u>	<u>967</u>
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	<u>1,063</u>	<u>1,063</u>

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 031

Notes to the Financial Statements

For the Year Ended 30 June 2015

8 Trade and other payables

	2015	2014
	\$	\$
CURRENT		
Unsecured liabilities		
Trade payables	16,604	35,015
GST payable	2,874	-
Employee benefits	1,315	-
PAYG payable	3,188	2,147
	<u>23,981</u>	<u>37,162</u>

9 Deferred Income

	2015	2014
	\$	\$
Grants in advance	<u>250,964</u>	<u>156,102</u>

10 Provisions

	2015	2014
	\$	\$
CURRENT		
Employee entitlements	<u>18,523</u>	<u>27,774</u>
NON-CURRENT		
Employee entitlements	<u>6,036</u>	<u>5,785</u>

11 Capital and Leasing Commitments

(a) Operating leases

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

	2015	2014
	\$	\$
Minimum lease payments under non-cancellable operating leases:		
- not later than one year	<u>24,906</u>	<u>57,142</u>
	<u>24,906</u>	<u>57,142</u>

Operating leases for premises at 26 Leichhardt Street Darlinghurst NSW expiring on 31 March 2016

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

Notes to the Financial Statements

For the Year Ended 30 June 2015

12 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:

	2015	2014
	\$	\$
Net surplus/(deficit) for the year	1,387	(16,352)
Cash flows excluded from surplus/(deficit) attributable to operating activities		
Non-cash flows in profit:		
- depreciation	96	112
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(13,086)	40,077
- (increase)/decrease in other assets	(140)	1,907
- increase/(decrease) in income in advance	94,862	(77,168)
- increase/(decrease) in trade and other payables	(13,181)	24,398
- increase/(decrease) in provisions	(9,000)	306
Cashflow from operations	<u>60,938</u>	<u>(26,720)</u>

13 Association Details

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

NSW Therapeutic Advisory Group Inc

ABN: 82 707 308 091

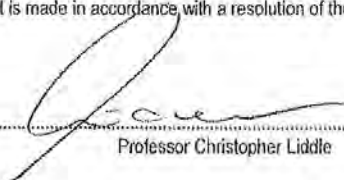
Statement by Members of the Management Committee

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 2 to the financial statements and are in accordance with Division 80 of the Australian Charities and Not-for-profit Commission Act 2012

In the opinion of the committee the financial report as set out on pages 2 to 11:

1. Presents fairly the financial position of NSW Therapeutic Advisory Group Inc as at 30 June 2015 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 Melocco

Dated this 31st day of August 2015



LBW & PARTNERS

Chartered Accountants & Business Advisers
ABN 80 618 803 443

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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

Report on the Financial Report

We have audited the accompanying financial report being a special purpose financial report of NSW Therapeutic Advisory Group Inc, which comprises the statement of financial position as at 30 June 2015, 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 of the management committee.

Committee's Responsibility for the Financial Report

The Committee 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 Australian Charities and Not-for-profit Commission Act 2012 and is appropriate to meet the needs of the members. The Committee's responsibility also includes such internal control as the Committee determines 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.

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 2015, and its financial performance and its cash flows for the year then ended in accordance with Division 60 of the Australian Charities and Not-for-profit Commission Act 2012 including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2015 and of its financial performance and cash flows for the year [period] ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.



Liability limited by a scheme approved
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**ANALYSIS
INTERPRETATION
PLANNING**



LBW & PARTNERS

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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

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 Australian Charities and Not-for-profit Commission Act 2012. As a result, the financial report may not be suitable for another purpose.

Rupaninga Dharmasiri

Partner

LBW & Partners

Level 3, 845 Pacific Highway

CHATSWOOD NSW 2067

Dated this 31st day of August 2015



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CHARTERED ACCOUNTANTS
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Appendices

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
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
Prof Andrew McLachlan	Professor of Pharmacy (Aged Care), Faculty of Pharmacy, University of Sydney and Centre for Education and Research on Ageing, Concord Hospital
Ms Terry Melocco	Director of Pharmacy, St Vincent's Hospital
Ms Veronica Murdoch	Director of Pharmacy, Wollongong Hospital
A/Prof David Newby	Acting Discipline Lead in Clinical Pharmacology, University of Newcastle
Mr Kingsley Ng	Director of Pharmacy, Westmead Hospital
Dr Huong Van Nguyen	Geriatrician and Endocrinologist, Bankstown Hospital
Ms Felicity Prior	Director of Hunter Drug Information Service, Calvary Mater Newcastle
Ms Diane Reeves	Medication Safety Pharmacist, Central Coast LHD
Ms Chris Salzmann	Director of Pharmacy, Bankstown/Lidcombe Hospital
Ms Ruby Samson	Director of Pharmacy, Nepean Hospital
Dr David Schell	Director, Intensive Care, Children's Hospital at Westmead
Prof J Paul Seale	Department of Clinical Pharmacology, University of Sydney / Royal Prince Alfred Hospital
Ms Leone Snowden	Manager, NSW Medicines Information Centre
Ms Julie Thompson	Drug and QUM Committee, Pharmacist Coordinator, SESLHD
Ms Johneen Tierney	A/Director of Pharmacy, St George Hospital
Prof Ian Whyte	Department of Clinical Pharmacology, Calvary Mater Newcastle Hospital
Chair:	

Prof Chris Liddle	Department of Clinical Pharmacology, Westmead Hospital
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NSW TAGNet Membership

Mr Gary Soo	Pharmacist Manager, Ryde Hospital
Ms Wendy Campbell	Scott Memorial Hospital, Scone
Ms John Carroll	District Pharmacist, Murrumbidgee LHD
Ms Jill Connellan	Clinical Pharmacist, Macksville District Hospital
Ms Gabrielle Couch	District Pharmacist, Southern LHD
Ms Joanne Davidson	Director of Pharmacy, Armidale and New England Hospitals
Ms Jeannine Delemare	Director of Pharmacy, Wagga Wagga Base Hospital
Mr Thennarasu Dharmalingham	Director of Pharmacy, Bathurst Base Hospital
Ms Sandra Donkers	Chief Pharmacist, Cooma District Hospital
Mr Graeme Drew	Chief Pharmacist, Cowra Hospital
Mr Max Fitzgerald	Chief Pharmacist, Morisset Hospital
Mr David Gilbert	Director of Pharmacy, Wyong Hospital
Mr Greg Gillespie	Director of Pharmacy, Blue Mountains Hospital
Mr John Glen	Director of Pharmacy, Macquarie Hospital
Ms Julie Hilditch	Director of Pharmacy, Shoalhaven Hospital
Mr Ricky Che	Director of Pharmacy, Lismore Base Hospital
Mr Michael Holloway	Director of Pharmacy, The Tweed/Byron Health Service Group
Ms Rabsima Ibrahim	Deputy Director of Pharmacy, Mt Druitt Hospital
Ms Julie Kawalewski	Senior Clinical Pharmacist, Bowral Hospital
Ms Karen Kennedy	Director of Pharmacy, Grafton Base Hospital
Dr Michael King	Director of Medical Services, Port Macquarie Base Hospital
Ms Melanie Lacey	Chief Pharmacist, Young District Hospital
Ms Wai-Jen Lee	Director of Pharmacy, Auburn Hospital
Ms Jennifer Lister	Singleton and Kurri Kurri Hospitals
Ms Margaret Macarthur	Director of Pharmacy, Blacktown and Mt Druitt Hospitals
Ms Ruth Martin	Pharmacy Manager, Broken Hill Health Service
Mr Noman Masood	Director of Pharmacy, Northern Beaches Health Service
Ms Annette Mathews	Director of Pharmacy, Lithgow Hospital
Ms Jocelyn Ong	Director of Pharmacy, Canterbury Hospital
Mr Ian Mawbey	Director of Pharmacy, Dubbo Base Hospital
Mr Charles McCloskey	Director of Pharmacy, Manning Rural Referral Hospital
Ms Alice McKellar	Chief Pharmacist, Goulburn Base Hospital
Ms Sheridan Briggs	Director of Pharmacy, Tamworth Regional Referral Hospital
Ms Sue Murtagh	Director of Pharmacy, Belmont Hospital
Ms Veronica Pellizzer	Clinical Pharmacist, Griffith Base Hospital
Mr Alastair Riddell	Director of Pharmacy, Shellharbour Hospital
Ms Jenny Shaw	Executive Officer, Director of Nursing and Midwifery, Mullumbimby and District War Memorial Hospital
Ms Shivon Singh	Director of Pharmacy, Fairfield Hospital
Ms Maggie Steventon	Director of Pharmacy, Orange Base Hospital
Ms Margaret Sumpter	Deputy Director of Pharmacy, Manly Hospital
Mr Girish Swaminathan	Director of Pharmacy, Bega & Pambula Hospitals
Ms Margaret Taylor	Director of Pharmacy, Queanbeyan Hospital
Ms Rachel Taylor	Director of Pharmacy, Port Macquarie Base Hospital

Dr Alan Tyson	Specialist Anaesthetist, Grafton Hospital
Ms Jan Willis	Director of Pharmacy, Coffs Harbour Hospital
Ms Kate Woods	Acting Chief Pharmacist, Murrumbidgee LHD
Ms Rebecca Woodward	Director of Pharmacy, Cessnock District Hospital
Mrs Ann Wormald	Pharmacist, Mudgee Hospital
Ms Caroline Zeitoun	Director of Pharmacy, Sutherland Hospital
Chair:	
Prof Ian Whyte	Department of Clinical Toxicology and Pharmacology, Calvary Mater Newcastle

Affiliate Members

- Canberra Hospital, ACT
- Mater Hospital, QLD
- Princess Alexandra Hospital, QLD
- Royal Brisbane and Women's 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 Medicines and Aged Care, Royal Brisbane and Women's Hospital. Associate Professor of Medicine , University of Queensland Ms Ruth Hay, Executive Secretary of QHMAC and Director of Medication Services, Operational Performance and Support, Queensland Health Ms Stephanie Boydell, Pharmacist Manager, Health Services Support Agency, Queensland Health
South Australia (SA)	Emeritus Prof Lloyd Sansom, University of SA Mr Steve Morris, Chief Pharmacist and Executive Director, Pharmaceutical Services and Strategy, SA Health Ms 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 (W A)	Ms Lesley Gregory, WATAG Executive Officer, WA Health Ms Rebecca Godfrey, Executive Officer, Western Australian Drug Evaluation Panel, WA Health Professor Christopher Etherton-Ber, Chairman, WATAG, WA Health