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**introduction to shpa**

SHPA is the national professional organisation for over 3,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia’s health system. SHPA is the only professional pharmacy organisation with a strong base of members practising in public and private hospitals and other health service facilities.

SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. SHPA supports pharmacists to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for Australians as individuals, for the community as a whole and for healthcare facilities within our systems of health care.

SHPA was established in 1941 following the pioneering efforts of 25 public hospital pharmacists from Victoria. From 1947 to 1964 other branches were developed. The inaugural meeting of the national council and first national conference were held in Adelaide in 1961. SHPA is governed by a Federal Council which is supported by Branches and Committees of Specialty Practice. All councillors and committee members are volunteers and are elected by the members.

With a core base of members practising in public and private hospitals and other health service facilities, no professional organisation is better equipped to support pharmacists to serve Australian consumers who are receiving acute or complex health care.

SHPA adds its voice on behalf of its members to advocate for pharmacist and medicines management services across all practice settings. SHPA speaks up to:

- explain to government and others the consumer benefit and value of pharmacy / medicines services
- work with all stakeholders on policies for medicines and pharmacy across the continuum of care

**the shpa vision:**

excellence in medicines management through leading edge pharmacy practice and research

**the shpa mission:**

- supporting the continuing professional development of our members
- having strong membership within hospitals and all other quality use of medicines settings
- partnering with key medicines stakeholders
- advocating for the safe and effective use of medicines across the continuum of care

**the shpa values:**

- Teamwork
- Integrity
- Recognition
- Respect
- Innovation
shpa federal councillors
as at 30 June 2013

shpa executive councillors

Suzanne W Kirsa
Federal President
Councillor from 2009 (Vic.)
Director of Pharmacy
Peter MacCallum Cancer Centre

Amber Roberts
Federal Vice-President
Councillor from 2006 (Tas.)
Director, Medication Strategy and Reform, Dept. Health and Human Services, Tas.

Alexandra (Sasha) A Bennett
Federal Treasurer
Councillor from 2011 (NSW)
Co-Executive Officer
NSW Therapeutic Advisory Group
Pharmacist, St Vincent’s Hospital, Sydney

Emily Diprose
4th Executive Member
Councillor from 2011 (ACT)
Lead Pharmacist
Calvary Health Care ACT

Shpa councillors

Ian Coombes
Councillor from 2009 (Qld)
Director of Pharmacy
The Royal Brisbane and Women’s Hospital
Adjunct Assoc. Professor, School of Pharmacy, University of Queensland

Anthony D Hall
Councillor from 2004 (Qld)
Senior Lecturer, School of Pharmacy
Griffith University
Gold Coast Campus

Catherine Hughes
Councillor from 2011 (SA & NT)
Principal Programme Manager – Outpatient Reform
Southern Adelaide Local Health Network

Karen I Kaye
Councillor from 2007 (NSW)
Deputy CEO and Executive Manager, Planning and Design,
NPS MedicineWise

Helen A Lovitt-Raison
Councillor from 2007 (WA)
Senior Pharmacist
Fremantle Hospital and Health Service

Megan F Zigomanis
Councillor from February 2008 (Vic.)
Clinical Transformation Lead at eHealth@Eastern, Eastern Health
shpa federal secretariat

The SHPA staff members, as at 30 June 2013, play a critical role in providing member services and supporting SHPA activities from the national headquarters.

**Della Absalom**
Assistant to Federal Secretariat (part time)

**Yvonne Allinson**
Senior Adviser (part time)

**Anna Borg**
Administrative Coordinator

**Nicki Burridge**
Publications Coordinator (part time)

**Marlene Cartlidge**
Assistant to Managing Editor, JPPR (part time)

**Natalie Collard**
Publications Pharmacist/Services Manager

**Helen Dowling**
Chief Executive Officer

**Cassie Fersterer**
Services Manager (maternity leave)

**Vikki Gill**
Assistant to Federal Secretariat (part time)

**Stacey Hall**
Assistant to Federal Secretariat

**Kylee Hayward**
Professional Development Coordinator (part time)

**Natalie Jenkins**
Professional Development Coordinator (part time)

**Benafsha Khariwala**
Managing Editor, JPPR (part time)

**Vishal Naidu**
Assistant Accountant / Finance Officer

**Suzanne Newman**
Communications Coordinator (part time)

**Karen O'Leary**
Policy and Projects Manager (part time)

**Sally Ridgers**
Sponsorship and Conference Manager (part time)

**Ffern Symington**
Assistant to Federal Secretariat

**Keli Symons**
Publications Pharmacist (part time)

**Michael Tsui**
Business Manager (part time)

**Sally Wilson**
Research into Practice Pharmacist (part time)
from the president

In last year’s Annual Report I wrote of SHPA's year of major change with the departure of Yvonne Allinson after more than 11 years as CEO and the search for her replacement. SHPA was very fortunate to be able to appoint Helen Dowling to this position in what has been an almost seamless transition. As anticipated, SHPA has benefited enormously from Helen’s experience, leadership, vision and commitment.

Helen has come to SHPA at a very busy time. In the past year SHPA has been actively engaged in some very major issues that affect pharmacists, patients and the healthcare system in general; in particular medication/patient safety, home medicines reviews and chemotherapy funding. SHPA has appeared as witnesses at a Senate Inquiry; appointed a new Editor of the Journal of Pharmacy Practice and Research; published the revised SHPA standards of practice for clinical pharmacy services and the new SHPA standards of practice for medication safety; and modernised the SHPA constitution.

SHPA wrote more than 40 submissions on issues relevant to SHPA, the pharmacy profession and you as members – a drastic increase on the 14 submissions of the year earlier and would not be possible without the informed and considered contribution of members.

Three major topics that have been a particular focus of our advocacy efforts are chemotherapy funding, medication safety and changes to home medicines reviews (HMR). SHPA believes that the issues surrounding chemotherapy funding and HMRs illustrate the deficiencies of the Community Pharmacy Agreement – a pharmacy funding agreement that is negotiated with little or no transparency between the Government and a single pharmacy organisation. It is SHPA’s view that broader representation and input of the pharmacy profession, as well as other stakeholders, is required to improve transparency and consistency of the provision of pharmacy services to consumers across the continuum. SHPA was pleased to provide a submission to the audit by the Australian National Audit Office of the 5CPA. The audit will be tabled in 2014.

In light of the Mid Staffordshire NHS Foundation Trust Public Inquiry in the UK (also known as the Francis Report), SHPA has gone to great lengths to ensure that decision makers and funders of Australia’s health system understand the implications of that report in the Australian healthcare context and how hospital pharmacy services in particular contribute to patient safety. Medication safety is an essential component of any patient safety system – a clear expectation of the new National Safety and Quality Health Service Standards, especially Standard 4: Medication Safety. During this year SHPA has bolstered its resources on medication safety so that members have the information and tools they need to make the case for pharmacists and their importance to the success of medication safety strategies.

The new SHPA standards of practice for clinical pharmacy services were published in June this year. This piece of work is a major achievement for the Committee of Specialty Practice (COSP) in Clinical Pharmacy. I congratulate George Taylor, Chair of the COSP and all of those who worked on these revised Standards of practice which reflect contemporary pharmacy practice in all settings. The SHPA Federal Council is very pleased with the result of their hard work and encourages every pharmacist, wherever they are working, to utilise these Standards of practice in guiding the development and delivery of their services.

Following the decision of Professor Jo-anne Brien not to continue as the Editor of JPPR, SHPA was pleased to appoint Dr Chris Alderman to this position. Chris brings the right skill set, enthusiasm and experience to take the Journal forward.

SHPA is a member of the Advanced Pharmacy Practice Framework Steering Committee and has been actively involved in the development of the Advanced Pharmacy Practice Framework, which was released in October 2012. This is an exciting step for the pharmacy profession in Australia as it provides a framework to guide pharmacists’ development to be the very best they can be and ultimately to recognise pharmacists who are practising at an advanced level.

SHPA continues to develop and strengthen ties with other organisations. This year saw SHPA formalise its relationship with NAPSA, the organisation that represents pharmacy students in Australia; SHPA has also formed a partnership with the National Alliance for Pharmacy Education (NAPE) to offer a new pathway for pharmacists to be accredited to perform medicines management reviews.

Medicines Management 2012, the 36th SHPA National Conference was held in Canberra and was a great success. I thank the conference committee for their hard work which starts nearly two years before the event. Conference organising committee members dedicate an enormous amount of time to the national conferences and it is so pleasing to see them get rewards for their efforts.

In May this year, SHPA held a planning day which was attended by more than 60 invited active members and leaders of our organisation. The purpose of the planning day was to tease out the issues, services and direction that are important to the profession, to SHPA and to members as indicated in the members’ survey and use this information to inform SHPA’s next strategic plan, which will be launched later in 2013.

I also would like to thank all of the members who volunteer their time and effort to SHPA as members of branch committees, COSPs, special interest groups, organising committees for branch symposiums, contributors to SHPA submissions, and all of the ways the members make SHPA strong.

In closing, it gives me great pleasure to again acknowledge the recipients of SHPA’s major awards for 2013, which were presented at Medicines Management 2013, the 39th SHPA National Conference in Cairns, September 2013. Congratulations to

- Yvonne Allinson, recipient of the Fred J Boyd Award;
- Dr David Kong, recipient of the GlaxoSmithKline Medal of Merit; and
- Dr Sasha Bennet, recipient of the Australian Clinical Pharmacy Award.

SUE KIRSA
Federal President

Sue Kirsa
In 2012 SHPA modernised the constitution and we also asked you whether SHPA should change its name to reflect the changes in pharmacists’ roles. Half of those who undertook the name-change survey did not want to change the name of the Society, the other half were divided about which of the suggested alternative names they preferred. As a result no change was made to our name.

The membership survey and strategic planning day were held in May 2013 to guide the direction that the organisation will take to best support its members. The membership survey had the biggest response yet, with 23% of you telling SHPA what they want from the organisation. Member services that have been introduced since the member survey are:

- EBSCOhost which includes access to full-text journals online and DynaMed, Medline Complete, CINAHL Complete, Health Business Elite and Health Policy Reference Centre
- rolling out webinars across the country to give you better access to CPD
- a dedicated CPD e-news that compiles all the current CPD to make it easier for you to find
- access to the CPD questions for the Repatriation General Hospital e-bulletin through AusPharmList.

SHPA continues to support you by

- Producing more SHPA Medicines in Focus fact sheets, now adding medication reconciliation and medication safety. These fact sheets are targeted at hospital and Medicare Local CEOs and promote the important work that pharmacists do.
- Submitting responses to important documents on your behalf. This year SHPA has provided submissions regarding important issues that affect you including HMR funding, chemotherapy funding, prescribing pathways, rescheduling of benzodiazepines, pharmacists on the skilled occupations list and more that you can find at www.shpa.org.au/News/Advocacy-and-Submissions.
- Keeping you up to date with what is happening in the profession via the SHPA e-news.
- Releasing SHPA Position Statements explaining SHPA’s stance on important topics related to the pharmacy profession. This year we have commented on the national competencies for the prescribing of medicines, manufacturing of medicines and medication safety.
- Continuing to develop quality CPD to support your career journey.

Many issues that were raised in the member survey were also supported by suggestions at the strategic planning day in May 2013. SHPA’s strategic plan for the next five years will be launched later in 2013.
education and professional development
developing and maintaining the skills and competence of pharmacists

CPD has continued to grow for SHPA in 2012/13. The Pharmacy Board of Australia’s mandatory CPD requirements have provided ongoing impetus for members to take part in CPD activities, and this is reflected in a high level of participation by members in all aspects of the shpaCPD program.

The range and delivery of activities offered by SHPA as part of its educational program continues to be overseen by SHPA’s Education Reference Group: Councillor Ian Coombes (Chair), Sasha Bennett (Supporting Councillor), Chris Alderman, Chris Doecke, Jeff Hughes, Neil Cottrell, Rohan Elliott and Rebekah Moles.

shpaCPD

All of SHPA’s online CPD offerings are now housed in the shpaCPD website on the Moodle platform. This website has been improved in 2012/13 to enable better access from mobile devices (i.e., smart phones and tablets). In 2012/13 a range of new educational activities has been added to the site including a clinical toolkit for medication safety and CPD activities related to professional standards, policies and guidelines. In 2013, SHPA increased the range of interactive course material available to members on the shpaCPD platform. New case studies on cardiology and neurology in lesson format, medication safety and critical care topics were added. Self-assessment questions continue to be developed for JPPR articles, CE on disk presentations, AJP clinical articles, SHPA branch events and SHPA seminars.

In addition, 2012/13 saw an increase in the number of activities offered to members in social format (e.g., discussion forums, wikis) which have facilitated networking among SHPA’s special interest groups (including COSPs). Improved access to CPD materials was also enabled by the use of the shpaCPD platform. Migration of SHPA seminar course materials to shpaCPD commenced January 2013, providing participants with an opportunity to access reading materials electronically prior to attending. EBSCOhost (an online reference system) was launched in the shpaCPD platform at the end of April 2013, providing SHPA members access to DynaMed (a comprehensive point of care tool) and over 3000 full-text biomedical and health journals. Improved access to CPD is critical for members who work in small hospitals, in community pharmacy, rural and remote areas or who work independently.

CE on Disk

CE on Disk continues to be produced twice a year and distributed with the JPPR. Disks 15 and 16 were released during 2012/13 containing 44 presentations for members to view on their computer in their own time. The 22 presentations from these disks that had associated self-assessment questions were also available to be viewed on the shpaCPD website along with their questions and a certificate of completion.

webinars

In order to improve accessibility to branch CPD events for rural and remote members, SHPA commenced a national roll out of webinar technology. Webinars allow members to register for a CPD presentation, watch it live via their computer and participate in asking questions. CPD presentations are recorded and later uploaded into shpaCPD or added to CE on disk if “live time” doesn’t suit them. The Queensland branch has successfully used this technology for their CE presentations since 2012. In 2012/13, NSW commenced webinar delivery of their CPD and webinars are now being implemented in a staged fashion by the other branches.

shpaclinCAT

During 2012/13, SHPA held four seminars for shpaclinCAT evaluator training across three states (SA, Tas., WA), which were attended by 46 delegates. One ‘conversion’ workshop was held in Queensland for 22 GLF trained pharmacists. In 2012/13 SHPA continued to support the ongoing needs of shpaclinCAT evaluators by undertaking a CPD needs assessment survey and launching two training modules in shpaCPD.

shpaclinCAT was also updated to align with the SHPA standards of practice for clinical pharmacy services 2013 and shpaclinCAT version 2 was published in the June supplement to the Journal of Pharmacy Practice and Research.

seminar program

Nineteen seminars were convened by SHPA during 2012/2013 and again proved very popular with a total of more than 890 registrants. SHPA gratefully acknowledges PDL for their support and sponsorship of the clinical seminars.

Many thanks to the teams who conducted or supported these seminars:

Haematology/Oncology (Intermediate) Seminar; Sydney, July 2012: Julie Wilkes, Tien Yen Yee, Melanie Poorun, Geeta Sandhu, Dan Mellor, Jim Siderov

Aged Care Seminar; Adelaide, July 2012: Lisa Pont, Stefan Kowalski, Joyce Cooper, Arti Thakerar

Infectious Diseases Seminar; Brisbane, August 2012: Minyon Avent, Andrew Bourke, Lee Foram, Karlee Johnston, Sharmila Khumra, David Kong, David McDougall, Wendy Munckhof, Geoffrey Playford, Matthew Rawlins, Jason Roberts, Ben Rogers, Naomi Runnegar, Alexandra Ryann, Sybill Todd, Sean Unwin
Introductory Seminar; Clinical Pharmacy Practice; Sydney, August 2012: Lisa Pont, Rebekah Moles, Michael Barras, Sharon Goldsworthy, Sally Marotti

Emergency Medicine Seminar (Introductory/Advanced); Brisbane, September 2012: Susie Welch, Elizabeth Currey, Elizabeth Doran, Caroline Airey, Sean Unwin, Chris Weeks, Simone Taylor, Claire Fitzgerald, Sonya Stacey, Andrew Harding, Leonie Abbott

Paediatric Seminar; Brisbane, September 2012: Sonya Stacey, Sean Turner, Rachael Worthington, Leith Lilley, Mary Tredinnick, Heidi Wong, Nicolette Graham, Bruce Chio

Cardiology Seminar – Introductory and Advanced; Gold Coast, October 2012: Matthew Percival, Tina Chang, Catherine Zhang, Nimali Peters, Garth Birdsey, Karl Winckel, Lisa Murlin, Leonie Mok, Suzanne Lee, Andrew Munns, Jaclyn Gan, Neil Cottrell

Clinical Trials Seminar; Melbourne, October 2012: Carol Rice, Michael Ching, Mei Ho, Lai Mee Lam, Julie Long, Diana Rainbird, Paula Lee, Helen Kopp, Claire Vosk, Anne Mak, Jill Davis, Eugenia Hong, Kay Hynes

Laboratory Tests Seminar; Melbourne, October 2012: Prof Jeff Hughes, Bhavini Patel, Neil Cottrell

Introductory Seminar – Clinical Pharmacy Practice; Melbourne, February 2013 and Perth, June 2013: Lisa Pont, Michael Barras, Sharon Goldsworthy, Sally Marotti

Oncology Introductory Seminar; Adelaide, March 2013: Julie Wilkes, Melanie Poorun, Scott McGregor, Geoffrey Grima, Gail Rowan, Wendy Ho, Julie Sanders

Evidence Based Practice Seminar; Sydney, March 2013: Jeff Hughes, Neil Cottrell, Natalie Soulsby

Critical Care Advanced Seminar; Brisbane, May 2013: Robyn Ingram, Lynn Choo, Di Milne, Belinda Badman, Dr Jason Roberts, Michele Cree, Peter Fowler, Stephanie Brumby, Bianca Levkovich, Annie Egan

Laboratory Tests Seminar; Darwin, May 2013: Jeff Hughes, Dr Neil Cottrell, Bhavini Patel

shpaclinCAT Seminar; Adelaide, February 2013: Debra Rowett, Cathy Martin, Olivia Rofe, Yvonne Allinson, Sonia Thomas

shpaclinCAT Seminar; Launceston, March 2013: Kirstie Galbraith, Cathy Martin, Olivia Rofe, Yvonne Allinson, Sonia Thomas

shpaclinCAT Seminar; Adelaide, April 2013: Debra Rowett, Cathy Martin, Olivia Rofe, Yvonne Allinson, Sonia Thomas

shpaclinCAT Seminar; Perth, May 2013: Neil Keen, Cathy Martin, Cameron Phillips, Yvonne Allinson, Sonia Thomas

Branch symposiums

Nine branch symposiums and a pharmacy managers meeting were held by SHPA branches in 2012/2013 with a total of 999 attendees. The topics covered were immunosuppression, cardiology, renal medicine, toxicology and mental health. An increasing number of these symposiums offer self-assessment questions which are uploaded onto the shpaeCPD website.

Medicines Management 2012, the 38th SHPA National Conference

With a theme of ACTion and Influence, MM2012 was held in Canberra in November 2012. The conference attracted more than 900 delegates, 80 contributed papers and about 200 posters.

Before the main program at SHPA’s Medicines Management Conferences, a day is set aside to provide an opportunity for Committees of Specialty Practice (COSPs) and other groups to host workshops, meetings or seminars. At MM2012 these SHPA groups hosted events: Medication Safety COSP, Mental Health COSP, Medicines Information COSP, Cancer Services COSP, Critical Care COSP and the Rural Network.

The conference themes included chronic disease, advanced pharmacy practice and a technician stream. There was an shpaclinCAT workshop and panel discussion, and plenary sessions on chronic disease and health reform. The scientific program concluded with a light-hearted but informative Q&A session on chronic disease featuring comedian Em O’loughlin and hosted by Julie McCrossin. The fourth day, after the main program is completed, is only open to SHPA members. At MM2012 the management day was a great session on Lean Thinking.
The highlight of the social program was the Gala Dinner in the Great Hall at Parliament House, followed by dancing at the National Gallery of Australia.

Many thanks go to the hardworking MM2012 Conference Organising Committee co-chaired by Emily Diprose and Natalie Page.

**advocacy**

**supporting the role of pharmacists in improving health outcomes**

SHPA's role in influencing policies and decisions that affect members, pharmacy practice and health care is highly valued. To this end, SHPA invests considerable resources in offering opinions and expertise by having representatives on reference groups and committees and at face-to-face meetings and submitting written responses to reviews and consultation papers.

During 2012/13 there were many issues about which SHPA made submissions. There were also some controversial problems that prompted SHPA to speak out, such as the impact of changes to chemotherapy funding and the proposed moratorium and subsequent changes to the business rules for HMRs. SHPA has been dealing with these issues at the highest levels. SHPA invested a substantial amount of time on these matters as they are very important to SHPA members, to consumers and to the healthcare system as a whole.

SHPA went to great lengths to explain the need for chemotherapy to be funded sufficiently so that patients could continue to receive their treatment safely, conveniently and with the support of the required clinical services. SHPA was also outspoken about the benefit that HMRs can bring to patients and to the healthcare system and the need for them to be adequately funded and expanded, in particular the need for hospital initiated post-discharge HMRs and for the business rules not to disadvantage any consumers or providers.

SHPA is a member organisation of the Advanced Pharmacy Practice Framework Steering Committee which published the Advanced Pharmacy Practice Framework for Australia in October 2012. This framework provides an important step for pharmacists wishing to become advanced practitioners. SHPA also continues to work with various specialty groups that are in the process of developing advanced practice frameworks for their specific practice area.

SHPA also contributed to reviews, discussions, forums and decisions about drug shortages, health professionals prescribing pathway, scheduling decisions, pharmacy degree program accreditation, NSQHS standards, activity-based funding for hospitals and many more topics. In the wake of the meningitis outbreak in the USA which resulted from contaminated pharmaceuticals, SHPA has been vocal about the need for assurance that compounded or manufactured pharmaceuticals have been prepared according to appropriate standards. Nicki Burridge represented SHPA on the Pharmacy Board of Australia’s Compounding Working Party.

**partnerships**

SHPA fosters relationships with organisations where common goals are identified. A united front is an effective way to present a point of view. SHPA is a member organisation of the Australian Pharmacy Liaison Forum – a group which represents the pharmacy profession as a whole; Allied Health Professions Australia; Consumer Health Forum; and the Pharmacists’ Support Service. SHPA has also formalised an existing relationship with the national pharmacy student body – NAPSA.

**workforce**

While the workforce situation has improved in recent years with the increase in pharmacy graduates, the larger number of pharmacists has not helped resolve some continuing workforce challenges. Hospitals in rural and remote Australia continue to have more difficulty in attracting pharmacists, and pharmacists with specific skills and experience continue to be hard to find.

To help bridge the deficit of pharmacists with significant experience, SHPA continues its commitment to developing the skills of pharmacists who deliver clinical pharmacy services by providing clinical seminars and shpaclinCAT. shpaclinCAT will help pharmacists identify their skill development needs in clinical pharmacy practice in particular.

SHPA also provides tools to support pharmacists in many aspects of their day-to-day practice, such as the Clinical Pharmacy Quick Guides and Medicines in Focus Fact Sheets and SHPA standards of practice.

**accredited pharmacists**

SHPA is one of two organisations in Australia that is authorised to accredit pharmacists to perform medication management reviews (RMMRs or HMRs). SHPA accredits pharmacists who have been certified by the Board of Pharmacy Specialties (BPS) or the Commission for the Certification in Geriatric Pharmacy (CCGP) and this year introduced a new pathway for accreditation in a partnership with the National Alliance for Pharmacy Education (NAPE). Pharmacists who have been credentialed by NAPE and have satisfied eligibility criteria will also be eligible to be accredited.

Thirty-seven pharmacists are currently accredited by SHPA; five with Bachelor of Pharmacy Specialties (BPS) certification and 32 as Certified Geriatric Pharmacists (CGP).
accredited CPD

Another way that SHPA supports the pharmacy workforce is to ensure that pharmacists have access to quality professional development activities so that they remain competent and are able to satisfy the Pharmacy Board of Australia’s CPD requirements for registration. SHPA is authorised by the Australian Pharmacy Council to accredit CPD activities on its behalf. During 2012/13 SHPA accredited 76 CPD activities.

advanced pharmacy practice

SHPA supports pharmacists who seek to practise, or are already practising at an advanced level, and has been an active member of the Advanced Pharmacy Practice Framework Steering Committee (APPFSC). SHPA is represented by Sue Kirsa on the APPFSC.

In October 2012 the committee released the Advanced Pharmacy Practice Framework on behalf of the profession.

The Committee determined that Advanced Pharmacy Practice is practice that is so significantly different from that achieved at initial registration that it warrants recognition by professional peers and the public of the expertise of the practitioner and the education, training and experience from which that capability was derived.

SHPA believes that all pharmacists are somewhere on the continuum to advanced practice and as such provides professional development activities to address the needs of pharmacists at various points on the continuum. This is the SHPA Professional Development Framework for Pharmacists as published in the December 2012 edition of the JPPR.

research into practice pharmacist

SHPA has developed a range of fact sheets that can be used by hospital pharmacy managers to promote the role of hospital pharmacists. Each fact sheet has been prepared as a standalone document and is designed to support pharmacy managers in discussions with CEOs, hospital managers and department heads to highlight the valuable contribution pharmacists make within healthcare organisations. They can also be used when lobbying for funding for new positions and the inclusion of pharmacists as part of the healthcare team within the various clinical units and departments in your hospitals.

SHPA acknowledges the unrestricted research grant provided by Celgene which has supported this initiative through the ‘Research into Practice’ pharmacist role.

During 2012/13 these fact sheets were released:
- Medication reconciliation - how do pharmacists add value?
- Organisational medication safety: managing risk - how pharmacists help
specialty practice

The Specialty Practice Reference Group reviews the operations and performance of SHPA Committees of Specialty Practice (COSPs); oversees the development and maintenance of SHPA standards of practice; oversees production of statements by COSPs; encourages the development of a pool of expertise that is available to comment on issues of relevance to hospital pharmacy; encourages and supports the development of specialist educational initiatives by the COSPs; provides advice to Federal Council on formation of or disbanding of COSPs and coordinates (and rotates) the annual pre-conference workshops between COSPs. The development and maintenance of standards of practice is integral to the achievement of the SHPA vision of ‘excellence in medicines management through leading-edge pharmacy practice and research.’

With the addition of a new COSP in electronic medication management systems, SHPA now has 16 active COSPs.

**Specialty Practice Reference Group**: Councillor Helen Lovitt (Chair), Catherine Hughes (supporting councillor), chairs of all COSPs and SHPA CEO Helen Dowling and staff Nicki Burridge and Anna Borg.

New or revised standards of practice published this year include:

- SHPA standards of practice for clinical pharmacy services, which now include the standards of practice for the provision of medication reconciliation. The Quick Guides associated with these Practice Standards were also updated.
- SHPA standards of practice for medication safety
- SHPA standards of practice for medicines information

Standards of practice are published in SHPA's *Journal of Pharmacy Practice and Research* and are also available on the SHPA website at [www.shpa.org.au/Practice-Standards](http://www.shpa.org.au/Practice-Standards).

The standards currently under review or development by the COSPs include:

- SHPA standards of practice for emergency medicine pharmacy
- SHPA definitions for hospital pharmacy services
- SHPA standards of practice for the provision of clinical oncology pharmacy services
- Guidelines for the safe handling of cytotoxic drugs in pharmacy departments
- SHPA standards of practice for the transportation of cytotoxic drugs from pharmacy departments
- SHPA standards of practice for the community liaison pharmacist
- SHPA standards of practice for the provision of clinical palliative care pharmacy services
- SHPA standards of practice for drug use evaluation in Australian hospitals
- SHPA standards of practice for the distribution of medicines in Australian hospitals

SHPA recognises the achievements of the COSPs, as detailed below, and sincerely appreciates the contribution of all COSP members to core SHPA activities during 2012/13.

**Cancer Services**

**Members**: Julie Wilkes (Chair), Sue Kirsa (Convenor), Michael Cain (WA), Tandy-Sue Copeland (WA), Scott McGregor (WA), Philip Roberts (WA), Melanie Poorun (WA). Ex-officio – Tien Yen Yee (WA), Debbie Bajrovic (WA), Nikki Briegel (WA).

**Outcomes for 2012/13:**

- Successfully organised and evaluated the 5th Introductory Seminar on Oncology Pharmacy held in Adelaide in April 2013, and provided self-assessment questions
- Successfully organised and obtained accreditation for the second Advanced Clinical Oncology/Haematology Seminar to be held in October 2013, in Sydney
- Developed and organised the SHPA pre-conference study day prior to MM2012, the 38th SHPA National Conference with COSA Cancer Pharmacists Group
- Continued to review the SHPA standards of practice in oncology.

**Cardiology**

**Members**: Tina Ha (Chair, Qld), Sasha Bennett (Convenor), Francine Chuan (Qld), Garth Birdsey (Vic.), Suzanne Lee (Qld), Leonie Mok (Qld), Neil Cottrell (Qld), Matt Percival (Qld), Serena Rofail (Qld), Daniel Scandrett-Smott (SA), Karl Winckel (Qld), Lisa Murfin (Qld).

**Outcomes for 2012/13**: The first activity as a newly formed COSP was to organise the Cardiology Seminar in 2012. Planning for the next seminar in 2014 has commenced. Quarterly educational sessions were held by videoconference for pharmacists who work in cardiology. Email discussions continued throughout the year within the email discussion group.
Clinical Pharmacy

Members: George Taylor (Chair, Tas.), Amber Roberts (Convenor), Camille Boland (Tas.), Duncan McKenzie (Tas.), Sally Marotti (SA), Sharon Gordon-Croal (Tas.), Chris Archer (Tas.), Amy McKenzie (Tas.), Jay Fitch (Tas.), Suzette Seaton (Tas.), Peter Fowler (Tas.), Cameron Randall (Tas.), Michael Dooley (Vic.), Anne Leversha (SHPA Rural Adviser).

Outcomes for 2012/13: In July 2012, a supplement to the 2005 guidelines relating to staffing levels for clinical pharmacy services was published, and made available through the website. This information was included in the revised *SHPA standards of practice for clinical pharmacy services* which was the major focus of the Clinical Pharmacy COSP during the year. The *Standards of practice* were finalised and approved by Federal Council in May and published in the *JPPR* in June 2013.

The COSP also facilitated the development of an e-book for the Quick Guides so they would be more accessible on mobile devices.

In the coming year the Clinical Pharmacy COSP hopes to develop a new focus, e.g. discussion forum, educational activities.

Critical Care

Members: Robyn Ingram (Chair, Vic.), Tony Hall (Convenor), Stephanie Brumby (Vic.), Lynn Choo (NSW), Belinda Corfield (Qld), Annie Egan (NZ), Stephen Fowler (NT), Dennis Leung (NSW), Bianca Levkovich (Vic.), Niann (Ren) Lau (Qld), Julie McMorrow (WA), Di Milne (SA), Jason Roberts (Qld).

Outcomes for 2012/13:
- Critical Care Seminar (Introductory) was held in Sydney and attended by over 80 delegates
- the COSP hosted a breakfast session at Medicines Management 2012, the 38th SHPA National Conference. Guest speaker Mark Tomlin presented to more than 50 attendees about the importance of General and Advanced Level Frameworks and his experience with implementing them in the UK.
- the COSP has prioritised the development of an advanced pharmacy practice tool for ICU pharmacists and has a guideline in progress
- the COSP has also supported pharmacist-led research in critical care by assisting with the distribution of research projects and encouraging pharmacists around Australia to participate
- an audit tool for the dexmedetomidine usage audit was completed and distributed via the COSP email group.

Educational Visiting

Members: Debra Rowett (Chair, SA), Karen Kaye (Convenor), Judy Burrows (Qld), Joy Gailer (SA), Gwen Higgins (NSW), Margaret Jordan (NSW), Karen Luetsch (Qld), Frank May (SA), Jenny Pink (SA), Lisa Pulver (Qld), Cathy Prest (Qld).

Outcomes for 2012/13: The priority for the COSP continues to be the development of standards of practice for academic detailing services and the development of a framework for advanced level practitioners using the Advanced Pharmacy Practice Framework (endorsed in October 2012). Although the generic framework has been finalised the COSP has been awaiting the outcomes from the consultation and consolidation of work relating to assessment and credentialing. The priority for the next 12 months is to develop competencies and piloting of assessment methods that map to the competencies.

Electronic Medication Management Systems

Members: Maryanne Molenaar (Chair, Vic.), Megan Zigomanis (Convenor), Leonie Abbott (Vic.), Sue Bascombe (WA), Rosemary Burke (NSW), Ben Chalmers (Tas.), Holly Dharmawardana (SA), Shannon Ferguson (Vic.), James Grant (Qld), Connie Lo (NSW), Jennie O’Hare (Qld), Amy Page (WA), Kate Richardson (NSW), Peter Slobodian (SA).

Outcomes for 2012/13: The Electronic Medication Management Systems (EMMS) COSP was formed in early 2013 in response to the identification of a need for members to be able to share information and consult other members working in the field of electronic medication management. Most of the COSP members were able to meet up in March for an initial face to face at a non-SHPA conference on electronic medication management, so did not hold a pre-conference meeting in 2013.

All SHPA members who showed an interest in joining the EMMS COSP were invited to join the discussion forum on the SHPA Moodle website, which has been up and running since early 2013.

Emergency Medicine

Members: Susan Welch (NSW, Chair), Simone Taylor (Vic.), Linda Graudins (Vic.), Christina Roman (Vic.), Andrew Harding (Vic.), Claire Fitzgerald (NSW), Dona Buchan (NSW), Elizabeth Donegan (Qld), Elizabeth Doran (Qld), Leonie Abbott (Vic.), Melanie Morrow (NT), Sarah Heward (WA), Daniel Guidone (Vic.), Lorna Wilkinson (ACT).

Outcomes for 2012/13: During 2012/13 the COSP has
- continued updating the *SHPA standards of practice in emergency medicine pharmacy practice*
- organised an Emergency Medicine Seminar in Brisbane, September 2012
- worked with SHPA to update Emergency Medicine COSP and seminar information on SHPA website
- had the emergency pharmacist survey accepted for JPPR publication
- continued email discussion forum and received requests from new emergency pharmacists to join
- worked on setting up email discussions to be held via the SHPA website
continued to collect business cases for emergency pharmacist positions. One of the COSP members, Elizabeth Doran, is developing a standard business case for an emergency pharmacist that can be made available when requested.

- initiated multi-centred research project to investigate ‘Accuracy of medication histories documented on General Practitioner letters for patients presenting to the Emergency Department’, which is to be submitted for publication.
- updated Emergency Medicine pharmacy publication list on SHPA website.
- liaised with SHPA Research and Development Grants Advisory Committee to set up and offer an emergency pharmacist grant.
- worked with Queensland to finalise an advanced pharmacy practice tool for emergency medicine pharmacists.
- been represented on the
  - Victorian DoH Emergency Care Innovation and Improvement Network (ECIIN)
  - NICS Emergency Care Pain Management Initiative Steering Committee

- written DrugScan articles on emergency medicine for JPPE.

### Infectious Diseases

**Members:** David Kong (Chair, Vic.), Catherine Hughes (Convenor), Vaughn Eaton (SA/NT), Joseph Whitehouse (SA), Matthew Rawlins (WA), Russell Levy (NSW), Evette Buono (NSW), Jason Roberts (Qld), Sharmila Khumra (Vic.), Sean Unwin (Qld), Karlee Johnston (ACT), Duncan McKenzie (Tas.), Verna Wallroth (Tas.), Breigh Ridley (WA).

Note: In early 2013, Carol Smith (SA/NT) stepped down as the SA/NT representative on the Executive team and was replaced by Joseph Whitehouse. The Executive Committee expressed its thanks to Carol for her contributions and welcomes Joseph into the committee.

Membership: 200 members in the email discussion group in 2013, compared to approximately 170 in 2011/12.

**Outcomes for 2012/13:**

- the Executive Committee members have continued to proactively strengthen existing relationship with many external organisations, government bodies and entities within SHPA. David Kong continues as an Executive Member of the Australian Society for Antimicrobials (ASA) and a member of the Australian Commission on Safety and Quality in Health Care (ACSQHC) Antimicrobial Stewardship Committee. The COSP has representation in the ACSQHC Antimicrobial Stewardship Jurisdictional Network via Duncan MacKenzie, Evette Buono and David Kong. Duncan McKenzie is the chair of the SHPA Tasmania branch committee whilst Russell Levy is a member of NSW SHPA state Branch Committee. Jason Roberts is also an Associate Editor of JPPE. Vaughn Eaton is the DrugScan Editor for JPPE with Matthew Rawlins contributing to the infectious diseases section of DrugScan. Minyon Avent is working with the COSP to co-chair the working party with David Kong with input from the Infectious Diseases COSP Executive committee members. Development of an advanced pharmacy practice tool for infectious diseases pharmacists has progressed because of the contributions of numerous pharmacists across Australia, and tireless effort of Dr Avent in coordinating the planned activities.

- the CEC’s antimicrobial stewardship activities in NSW. She has been actively engaging pharmacists in NSW and also members of the NSW TAG DUE support group to raise the profile of infectious diseases pharmacy and that of the Infectious Diseases COSP. Likewise, Karlee Johnston, Joseph Whitehouse and Breigh Ridley continue to promote and support infectious diseases pharmacy initiatives in ACT, South Australia and Western Australia, respectively. Sharmila Khumra’s pivotal role as the coordinator for Monash University’s ‘Infectious Diseases Pharmacotherapy’ module will ensure that the COSP continues to contribute significantly to university accredited infectious diseases courses in Australia. Indeed, Sean Unwin’s leadership in the pre-conference meeting continues to ensure that the Infectious Diseases COSP actively supports SHPA’s National conferences.

- COSP views on the role of pharmacy services in infectious diseases continues to be endorsed by the ACSQHC. Members of the COSP continue to actively be involved in educating pharmacists on matters related to infectious diseases. The COSP has worked with pharmacists in Victoria to establish the Victorian Pharmacists’ Infectious Diseases Special Interest Group (VPDISG) to further strengthen the roles of pharmacy in infectious diseases and support activities of the Infectious Diseases COSP. Work is in-progress to establish a support network for infectious diseases pharmacists in NSW.

- successfully co-organised the Pharmacy Workshop at the February 2013 Australian Society for Antimicrobials Annual Scientific Meeting in Sydney. Attendance at the workshop was ~100, including pharmacists and clinicians.

- have held teleconference and email discussions to plan activities for the next 12 months.

- represented SHPA at the ACSQHC Antimicrobial Stewardship Committee and the ACSQHC Antimicrobial Stewardship Jurisdictional Network.

- assembled a working party and commenced development of an advanced pharmacy practice tool for infectious diseases pharmacists. Minyon Avent is working with the COSP to chair the working party with David Kong with input from the Infectious Diseases COSP Executive committee members. Development of an advanced pharmacy practice tool for infectious diseases pharmacists has progressed because of the contributions of numerous pharmacists across Australia, and tireless effort of Dr Avent in coordinating the planned activities.

- various committee members of the COSP participated as guest speakers at conferences (e.g. the 2013 ASA Annual Scientific Meeting) and local meetings, including teaching undergraduate and postgraduate pharmacy students, and providing expert input into the development of guidelines associated with antimicrobial use at local, national and international levels.

- successfully ran the inaugural two-day seminar for pharmacists ‘Introduction to Infectious Diseases Clinical Seminar’ in Brisbane in August 2012. Planning for this seminar in August 2013 (in Melbourne) is well underway.

- various committee members have also been involved in developing and teaching the infectious diseases module offered by Monash University and its National Alliance for Pharmacy Education (NAPE) partners.
Sharmila Khumra has been appointed by Monash University to coordinate this unit viz. ‘Infectious Diseases Pharmacotherapy’. This unit remains a unique formal educational module for infectious diseases of its kind in Australian setting.

- organised a pre-conference meeting, ‘Tropical Infectious Diseases and Indigenous Health’ to be held as part of MM2013, the 39th SHPA National Conference. This meeting is to be led by Sean Unwin.

### Investigational Drugs

**Members:** Carol Rice (Chair, Vic.), Helen Lovitt (Convenor), Kay Hynes (Vic.), Jill Davis (Vic.), Helen Kopp (Vic.), Claire Vosk (Vic.), Eugenie Hong (Vic.), Anne Mak (Vic.), Michael Ching (Vic.), Mei Grant (Vic.), Lai Mee Lam (Vic.), Paula Lee (Vic.). Diana Rainbird (Vic.), Peter Slobodian (SA, corresponding member), Polly Pui (WA, corresponding member), Brenda Shum (WA, corresponding member), Jasminka Sarunac (NSW, corresponding member), Kelvin Robertson (Qld, corresponding member).

**Outcomes for 2012/13:**
- liaised with Therapeutic Goods Administration (TGA) and Association of Regulatory & Clinical Scientists (ARCS) – COSP members are associate members of ARCS
- updated the web-based Clinical Trials Starter Kit with more standard operating procedures
- convened a one-day Clinical Trials Seminar involving lectures by COSP members and interactive workshops in October 2012
- liaised with Medications Management Advisory Group (MMAG) about electronic prescribing and clinical trials
- reviewed and updated the schedule of fees for clinical trials, available as part of the Clinical Trials Starter Kit
- a number of email discussions have occurred about matters raised by members or other clinical trial pharmacists who have joined the email list.

### Manufacturing

**Members:** Jane Gillard (Chair, NSW), Mel Davis (NSW), Graham Cook (Qld), Siobahn Andrews (Vic.) Andrew Sluggett (SA), Jackie Abercrombie (Vic.), Declan Gibney (NSW).

**Outcomes for 2012/13:**
- contributed to SHPA’s response to the TGA regarding the proposed options for reform of the regulatory framework for pharmacy compounding
- continued work on an easy-to-use, quality-assurance audit tool for hospital manufacturing units, to identify areas for improvement and ensure high standards are maintained.

### Medication Safety

**Members:** Rosemary Burke (Chair, NSW), Tony Hall (Convenor), Angela Wai (NSW), Anne McGrath (Vic.), Bhavini Patel (NT), Daniel Lalar (NSW), Diane Reeves (NSW), Elizabeth Anderson (NSW), Nicole Ferguson (WA), Sarah Fotheringham (Vic.), Linda Graudins (Vic.), Helen Lovitt (WA), Tony Howell (Vic.), Jennifer MacDonald (NSW), Julie Stokes (Qld), Kate Turner (Qld), Naomi Burgess (SA), Penny Thornton (NSW), Rachael Worthington (NSW), Melita Van De Vreede (Vic.).

**Outcomes for 2012/13:**
- developed and finalised SHPA standards of practice for medication safety and finalised the medication safety toolkit, which is on the shpaCPD website
- developed and held a medication safety one-day seminar with a mixture of Group 1 and 2 CPD activities.

### Medicines Information

**Members:** Julie Lord (Chair, Vic.), Megan Zigomanis (Convenor), Graeme Vernon, (Secretary, Acting Chair from 29 March 2012, Vic.), Elizabeth Anderson (Acting Chair from 17 April 2013, Vic.), Leone Snowden (Secretary from 17 April 2013, NSW), Gedal Basman (Vic.), Glen Bayer (Tas.), Ann Berwick (WA), Cheng Choo (until 16 July 2012, Vic.), Morna Falkland (ACT), Louise Grannell (Vic.), Catherine Leggett (SA), Judith Longworth (NSW), Christine Plover (Vic.), Helen Trenerry (Qld), Rodney Whyte (Vic.), Ruth Wilton (SA).

**Outcomes for 2012/13:**
- provided support for review of the Australian medicines information training workbook
- revised the SHPA standards of practice for medicines information
- considered potential content for competency frameworks for practice in medicines information
- commented on SHPA standards of practice for clinical pharmacy services
- commented on SHPA standards of practice for medication safety
- conducted pre-conference meeting at MM2012, the 38th SHPA National Conference in Canberra, November 2012, with 33 registrants, and one non-COSP invited speaker. Six COSP members presented or chaired sessions. The pre-conference meeting was entitled ‘Chemistry and the clinician: compatibility and stability issues with parenteral drugs’.
- ongoing revision of SHPA Australian drug information procedure manual 2nd ed.
- provided support for the AustNZ email discussion group. This is a controlled email list using Yahoo facilities which provides assistance and information sharing for medicines information pharmacists in Australia and New Zealand.
Mental Health

Members: Christine Culhane (Chair, Vic.), Megan Zigomanis (Convenor), Christopher Alderman (SA), Sue Bascombe (WA), Virginia Bear (NSW, resigned 2013), Donna Blomgren (NSW), Timothy Chen (NSW), Michelle Hooper (Vic.), Alice Kochman (Vic.), Judith Longworth (NSW), Denise McConnell (Qld), Sue Melbourne (Vic., secretary), Carole Ramsay (SA), Diane Walters (Vic.), Elsie Peusschers (Qld), Cecilia Bjorksten (NSW, corresponding).

Outcomes for 2012/13:
- organised pre-conference seminar at MM2012, the 38th SHPA National Conference in Canberra with international speaker, Stephen Bazire
- networked and engaged COSP and other mental health pharmacists Australia wide
- continued email discussion on mental health topics
- planned mental health educational symposium
- collaborated with University of Sydney to support research into mental health pharmacy
- participated in Advanced Pharmacy Practice Framework forum
- responded to initiatives – dementia and medication, mental health and mortality
- continued development relationships with other professional organisations involved in mental health
- ongoing contribution to JPPI through DrugScan
- continued involvement in implementation of educational focus of PSA Mental Health Strategy
- set COSP goals for future activities including the revision cycle for practice standards, research focus and educational initiatives.

Paediatrics

Members: Sean Turner (Chair, SA), Ian Coombes (Convenor), Sonya Stacey (Qld), Rachel Worthington (NSW), Leith Lilley (Vic.), Antun Bogovic (Vic.), Lewis Bint (WA), Amy McKenzie (Tas.).

Outcomes for 2012/13:
- continued to provide an avenue for communication via PaedPharm – paediatric email group
- under the leadership of Sonya Stacey the COSP have continued to have input into the development of an advanced pharmacy practice competency framework for pediatrics
- planned for advanced paediatric pharmacy workshop prior to MM2013, the 39th SHPA National Conference in Cairns.

Palliative Care

Members: Belinda Morris (Co-Chair, SA), Sandy Scholes (Co-Chair, Vic.), Tony Hall (Convenor), Arti Thakerar (Vic.), Lauren Cortis (SA), Lorna Chess-Williams (Qld), Maggie Chau (Vic.), Pascale Dettwiller (NT), Penny Tuffin (WA), Peter Gilbar (Qld).

Outcomes for 2012/13:
- convened the new Palliative Care COSP in October 2012
- prepared a formal response to draft guideline ‘Cancer pain management in adults’ from Cancer Council Australia
- currently reviewing and updating the SHPA standards of practice for the provision of clinical palliative care pharmacy services
- currently organising a COSP meeting to be held prior to MM2013, the 39th SHPA National Conference in Cairns.

Pharmacist Liaison Services

Members: Sue Driscoll (Chair, NSW), Sasha Bennett (Convenor), Jenny Blennerhassett (NSW), Stephanie Neylon (Qld), Gabrielle Cooper (ACT), Elizabeth Anderson (NSW), Lavinia Verduci (Vic.), Chinh Nguyen (SA), Mohamed Nasr (NSW), Lisa Nissen (Qld), Helen Croft (NSW), Jane Luddington (NSW). Ex-officio: Robyn Direen (Discharge Liaison NSW), Linh Thai (Discharge Liaison NSW), Horst Thiele (APAC NSW). There are 17 other pharmacists on the email contact list.

Outcomes for 2012/13:
- establishment of this newly formed COSP
- set up a network for transition care pharmacists
- email contact to provide support and transfer of information and tools for Liaison Pharmacists
- continue to add to our email contacts in Australia and New Zealand
- committee members participated as guest speakers at selected conferences and local meetings
- represented on the NSW Clinical Excellence Committee (CEC).

Rural Network

Promoting and supporting rural pharmacy practice

The SHPA Rural Adviser is Anne Leversha. Her role is to provide Federal Council with advice on rural issues that affect hospital pharmacy, to promote rural hospital pharmacy and convene a network of rural hospital pharmacists. Anne also represents rural hospital pharmacy at appropriate forums, and on Allied Health Professions Australia Rural and Remote.

The rural network has representatives from the states/territories. Membership of the network consists of Anne Leversha (Chair), Frank Andinach (WA), Petra Straight (NT), Hannah Nugent (Qld), Ian Mawbey (NSW), Chris Turner (Vic.), Suzette
Seaton (Tas.) and Philip Selby (SA). All members also have proxy representatives to ensure continuing representation for their sector. Contact your representative with ideas on how your Rural Network can work for you!

The group meets three times a year by teleconference, and all SHPA members can keep up to date by reading the minutes which are posted on the SHPA website (www.shpa.org.au/Rural-Practice).

Branch committees are strengthening links with their rural representatives, and all rural pharmacists are encouraged to provide feedback on rural issues to their branch representative, or to the SHPA Rural Adviser.

The network held a successful meeting at MM2012, the 38th SHPA National Conference in Canberra.

**research and development**

The Research and Development Grants Program fosters pharmacy practice by providing financial grants to SHPA members to undertake research and/or professional development. The Program is administered by the Research and Development Grants Advisory Committee (RDGAC) which is now based in Queensland. Members include Michael Barras (Chair), Tony Hall (Convenor), Neil Cottrell, Peter Donovan, Arma Lancashire, Jason Roberts, Jo Sturtevant, and Joy Gailer (SA/NT Outgoing Chair). The committee is grateful for the administrative support provided by Della Absalom at the SHPA national office.

We congratulate all recipients of grants and look forward to many high quality submissions during 2013/14.

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<thead>
<tr>
<th>Grants Awarded</th>
<th>Total Value</th>
<th>Recipients</th>
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<tbody>
<tr>
<td>Celgene Information Technology in Hospital Pharmacy 2012</td>
<td>$10,000</td>
<td>Not awarded</td>
</tr>
<tr>
<td>Fresenius Kabi Cancer Services Pharmacist Grant 2012</td>
<td>$10,000</td>
<td>Genevieve Daly, Senthil Lingaratnam</td>
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<tr>
<td>Merck Sharp &amp; Dohme Pharmacy Postgraduate Study Grant 2012</td>
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<td>Nicola Hood, Hanna Morrissey, Romana Cecchele</td>
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<tr>
<td>Pfizer Pharmacy Grant 2012</td>
<td>$10,000</td>
<td>Eugenia Hong, Linda Graudins</td>
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<tr>
<td>Roche Research Grant on 'Quality and Safety' 2012</td>
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<td>David Ellis</td>
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<tr>
<td>Sanofi Pamela Nieman Continuum of Care Research Grant 2012</td>
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<td>Fresenius Kabi Cancer Services Pharmacist Grant 2013</td>
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<td>Julian Lindsay, Matthew Foster</td>
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<tr>
<td>Hospira DBL 'Young Pharmacist' Award 2013</td>
<td>$10,000</td>
<td>Luke Grzeskowiak, Namita Warrior</td>
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**publications**

producing references to support healthcare providers to use medicines safely

Members of the Publications Reference Group at 30 June 2013 are Megan Zigomanis (Chair), Helen Lovitt (Supporting Councillor) and SHPA staff Nicki Burridge and Natalie Collard.

The 5th edition of the *Australian injectable drugs handbook* (AIDH) was published in July 2011 and there have been five reprints since then. Over 6500 copies have been sold. The 5th edition of the AIDH is also available as an electronic version marketed through Health Communications Network Ltd to health departments and other interested healthcare organisations. It is available via health department information sites in every state except Victoria and has been sold to many universities for nursing education and also some private hospital networks.

Amended and new monographs are able to be downloaded from the SHPA website and are available in the online version.

The 1st edition of *Australian don’t rush to crush handbook: therapeutic options for people unable to swallow solid oral medicines* was published in December 2011. Over 1000 copies have been sold. An electronic version is available on MIMS online and will be available with eMIMS in 2014.

The SHPA NSW Medicines Information Special Interest Group has developed the *Australian medicines information training workbook*. The first edition of the workbook was published in August 2011 and an online version is available for SHPA members from the shpaeCPD website.
The Journal of Pharmacy Practice and Research supports the development of hospital pharmacy practice by providing a forum for the exchange of knowledge, ideas, commentary and professional opinion for stakeholders. The Journal is a source of CPD material and features editorials by Australian and international opinion makers, articles on research and contemporary pharmacy practice, case reports, review articles on topics relevant to geriatric therapeutics, SHPA standards of practice and guidelines, letters and book reviews.

Managing Editor, Benafsha Khariwala coordinates production of the Journal with input from the Associate Editors, Dr Manya Angley, Dr Rhonda Clifford, Professor Andrew Mclachlan and Dr Jason Roberts; Section Editors, Vaughn Eaton (DrugScan), Penny Thornton (Medication Safety) and Associate Professor Michael Woodward (Geriatric Therapeutics); Editor in Chief, Professor Jo-anne Brien; and Administrative Assistant, Marlene Cartlidge.

The Geriatric Therapeutics review articles would not be possible without the commitment of the Geriatric Therapeutics Editorial Committee comprising Associate Professor Michael Woodward (Chairman), Dr Mary Britton (geriatrician) and pharmacists Rohan Elliott, Robyn Saunders and Graeme Vernon.

Professor Jo-anne Brien, our Editor in Chief of 6 years, decided to step down at the end of her second term in December 2012. Professor Brien felt that it was a good time to recruit new leadership who can carry the Journal into its next phase with fresh enthusiasm. We thank Jo-anne for her hard work and commitment to achieving excellence and wish her well for the future.

Dr Chris Alderman was appointed as the new Editor in Chief in April 2013. Chris is the Director of Pharmacy at the Repatriation General Hospital in South Australia, where he also provides clinical pharmacy services to the Psychiatric Unit, and is Associate Professor (Pharmacy Practice), School of Pharmacy and Medical Sciences, University of South Australia. Chris comes to the Journal with valuable experience in a broad range of disciplines relevant to contemporary pharmacy practice as well as extensive involvement in pharmacy and medical education.

Thanks to all those who supported the Journal in 2012/13, especially authors and expert referees who despite being busy professionals, voluntarily gave their time.

National Pharmacy Technician Network

Members: Becky Walsh (Chair, NSW), Cathy Ingram (Vic.), Joan Semmler (Qld), Judy Manning (SA/NT), Vanessa Hollingsworth (WA), Rosemarie Oblimar (ACT).

Activities for 2012/2013:
- participated in the MM2012 Canberra Organising Committee (Rosemarie Oblimar)
- facilitated the highly successful technician breakfast at MM2012. The MM2012 breakfast saw the introduction of an invited speaker at the breakfast which provided an additional dimension to the attendees’ experience as well as the traditional opportunity to network
- continued involvement with the Community Services and Health Industry Skills Council Industry Reference Group Streamlining Review of the Health Training Package which includes Certificate III and IV in Hospital/Health Services Pharmacy Support qualifications for pharmacy technicians
- participated in the MM2013 Queensland Organising Committee (Joan Semmler)
- participated in the MM2014 Organising Committee (Judy Manning)
- there has also been some turnover in the Network’s membership. We sadly farewelled Paula Caird (WA), Jackie Abercrombie (Vic.) and Rosemarie Oblimar (ACT) from the network. Thanks to each of them for their significant contribution to the network and their participation in network activities.
- during the year the Network welcomed two new members Vanessa Hollingsworth (WA) and Cathy Ingram (Vic.). We look forward to the next phase of the Network’s partnership with SHPA and the new ideas our new members can bring to the network.

Shpha Branches

Australian Capital Territory

ACT Branch committee members: Natalie Page nee Bula (Chair), Miriam Lawrence (Vice-Chair), Jennifer Collins (Treasurer), Kamini Reddy (Secretary), Liisa Nurmi (Communications), Fallon Grieve (CE Coordinator), Amy Legg (CE team), Megan Arnold (CE team), Lorna Wilkinson (general member), Ariane Stensrud (technician observer), Julia Hruz (intern observer), Effy Constantinou (student observer – CaSPA representative), Emily Diprose (Federal Councillor).

Advocacy, workforce and membership activities: ACT Branch members represent both major hospitals in Canberra. A high percentage of ACT hospital pharmacists and those working in related fields (including government) are SHPA members. This demonstrates the high regard for SHPA membership within the ACT, as does the willingness of local
members to contribute to SHPA’s objectives through their work on Federal Council, branch committees, COSPs, and special interest groups.

The Branch continued its strong relationship with University of Canberra Pharmacy School in 2012/13, through its association with staff and with students via the CaSPA representative on the committee. The annual QUM research prize was awarded to UC student Freya Waddington for her project entitled Physiotherapy students understanding of the risks and benefits of NSAIDS: Does year level matter? The ACT Branch additionally provided sponsorship prizes for the UC Pharmacy School Annual Ball, donating one MI Training Workbook and one SHPA student membership.

The ACT Branch is committed to supporting hospital pharmacy technicians in the ACT in their ongoing professional development. Activities undertaken to provide meaningful services to existing technician members and attract new technician members included a technician survey, focus groups, and dedicated technician CPD.

Educational activities: The biggest activity for the ACT Branch in 2012 was convening ACTion and Influence, Medicines Management 2012, the 38th SHPA National Conference. The conference was highly successful with 352 abstracts received, 909 delegates, and the largest ever exhibition with 56 booths. The conference app was also well received, with over 27,500 views from 677 visitors.

In response to member survey results, a variety of CPD offerings were provided in 2012/13, including evening, half-day and full-day weekend events. Successful CPD topics included communicable disease, palliative care, poisonings/toxicology, and mental health.

Special thanks: Two significant Branch Committee members resigned this year after many years of service: Liisa Nurmi and Karlee Johnston, were essential to the Branch, particularly in their capacities as Treasurer and CE coordinator (respectively) for the previous two years. Both were outstanding committee members who made significant contributions to the Branch, and will be sorely missed.

We would also like to acknowledge the time, effort, and commitment shown by the MM2012 Organising Committee Sue Alexander, Fallon Grieve, Karlee Johnston, Miriam Lawrence, Rosemary Oblimar, Prisca Smith, Sarah Smith, Joanne Wilson, and our convenors Natalie Page and Emily Diprose.

New South Wales

NSW Branch committee members: Jonathan Penn (Chair), Peter Barclay (Vice-Chair and Directors of Pharmacy Liaison Office), Fiona Bournazos (Secretary), Lisa Pont (Treasurer), Zahid Ghous (Education Committee Coordinator), Natalie Tasker (Minutes Secretary), Jonathan Perry (Newsletter Editor), Sami Awad, Russell Levy, Karim Ibrahim, Karen Kaye (Federal Councillor), Sasha Bennett (Federal Councillor), Ian Mawbey (rural observer), Becky Walsh (technician observer), Christine Wasef (pharmacy intern observer, 2012), Kelvin Cao (pharmacy intern observer, 2012), Rita Ayoub (pharmacy intern observer, 2013), Rayan Nahas (pharmacy intern observer, 2013), Chris Loupos (student observer, 2012), Mark Sheppard (student observer, 2012), Mellissa Batger (student observer, 2013), Sarah Hickey (student observer, 2013), Lauren Hunt (student observer, 2013).

Advocacy, workforce and membership activities: a major focus of the NSW Branch during 2012/13 has been to increase the number of student members of the NSW Branch. Representatives of the Branch and SHPA materials have been presented at numerous information sessions at the University of Sydney, Charles Sturt University, the University of Newcastle and the University of Technology, Sydney. These sessions have included information about what it means to be a hospital pharmacist as well as practical sessions on how to approach applying for intern positions. The Branch also ran a stall at the University of Sydney Pharmacy Trade Hall and plans to be more involved in future exhibitions. These sessions have been very well received which is evident in the large number of student members that have joined the Branch.

In addition, the NSW Branch continues to sponsors the student prizes for 2012/13 at the University of Sydney, the University of Newcastle and Charles Sturt University for the best performance in pharmacotherapeutics subjects for BPpharm and MPharm courses. With the University of Technology, Sydney and the University of New England having their first cohort of students graduating at the end of this year, both of these universities have also been offered similar sponsorship arrangements for student prizes.

The NSW Branch has also been involved in promoting the role of Australian hospital pharmacists in glaucoma management by partnering with Glaucoma Australia to celebrate their 25th anniversary. Furthermore, the NSW Branch promoted the work of SHPA and Australian hospital pharmacists to a group of Dutch hospital pharmacists visiting Australia.

Continuing on from her previous year’s work, Becky Walsh, the Branch Technician Observer, has continued SHPA’s involvement with the Community Services and Health Industry Skills Council this time in their Streamlining Review of the Health Training Package which includes Certificate III and IV in Hospital/Health Services Pharmacy Support qualifications for pharmacy technicians. Becky has also continued as Chair of the SHPA National Pharmacy Technician Network, working closely with SHPA and technician members from other states to address technician issues at a national level.

Lastly, the Branch newsletter continues to be a rich source of information for members and solid mechanism for communication on important issues. In addition, a number of new segments to inform members of a range of topics and activities have been included with positive responses. These articles have included a clinical pearls section, rural news and a snapshot of specialty practice.
Advocacy was continued via liaison with the following bodies:

- Directors of Pharmacy of NSW Teaching Hospitals
- The University of Sydney
- The University of Newcastle
- Charles Sturt University
- University of Technology, Sydney
- The University of New England
- Faculty of Pharmacy Alumni, University of Sydney
- Consumer Health Forum of Australia
- NSW Pharmacy Educators Group
- Clinical Excellence Commission
- Glaucoma Australia

**Educational activities:** The NSW Branch continued to provide monthly continuing education opportunities for members. Monthly meetings held at Concord Hospital were well attended and covered topics including cardiovascular disease in chronic renal disease, HIV for the pharmacist, the pharmacist and the law, CHAMP Study and medicine use, osteoporosis, liver function, glaucoma, and hormone replacement therapy.

In April 2013, the NSW Branch was able to host its first successful webinar of our monthly CE to our rural members. This is the beginning of a large roll out to offer monthly CE to our members who are unable to attend and we are excited to offer this service.

The monthly CE meetings continue to be a great opportunity for networking and fostering ideas as well as learning about the cutting edge in pharmacotherapeutics and ways in which hospital pharmacists may address day-to-day work issues.

This regular program was supplemented by the annual clinical symposium held at the University of Sydney. The symposium focussed on immunology in 2012 and on cardiology in 2013. These symposiums were very well attended, with 183 registrants in 2012 and 214 in 2013. SHPA NSW members have commented on the high-calibre speakers and exceptional value the event provides for them and has made this event a valuable CPD activity on the NSW Branch calendar. In 2013, the symposium was timed to occur before the Medicines Management 2013 conference abstract submission deadline in response to member feedback. We believe that this was a contributing factor to our increased numbers of both attendees and submitted abstracts.

**Special thanks:** We thank outgoing committee members Kate Oliver (past Chair), Daniel Lalor (past Secretary), Kerry Davison (past Treasurer) and Natalie Tasker (Minutes Secretary) for their hard work and dedication while serving on the Branch. Christine Wasef, Kelvin Cao (past intern observer), Chris Loupos and Mark Sheppard (past student observers) for their service and enthusiasm on the NSW Branch.

The NSW Branch also wishes to thank the Pharmacy Department, Concord Hospital and particularly Rosemary Burke who have facilitated the use and availability of the Concord Hospital Clinical School Lecture Theatre and the new Medical Education Centre, with the amenities to support webinars.

We also wish to thank the Faculty of Pharmacy, University of Sydney for providing a venue for monthly Branch Committee meetings along with access to teleconferencing facilities and the NSW Therapeutic Advisory Group (NSWTAG) for their support of the Branch Committee.

**Queensland**

**Queensland Branch committee members:** Lee Allam (Chair), Arna Lancashire (Vice-Chair), Kelly Mulvogue (Secretary), John Parke (Treasurer), Sheryn Wang (Minutes Secretary Observer), Elizabeth Currey (CE), Jess Lloyd (CE), Jackie Costello (Newsletter), Andy Lo (Newsletter), Emma Alder (Newsletter), Tony Hall (Federal Councillor), Ian Coombes (Federal Councillor), Lynette Loy (rural and remote observer), Joan Semmler (technician observer), Benita Suckling (intern observer), Tina Ha (observer), Margaux Tuqiri (observer).

**Advocacy, workforce and membership activities:** Hospital Pharmacy & SHPA presentation to 4th year QUT students, SHPA stand at UQ QPSA Pharmacy Awareness Day

**Advocacy was continued via liaison with the following bodies:**

Queensland Branch of the Pharmaceutical Society of Australia

Pharmacy Guild of Australia;

SHPA Queensland Branch members continue to represent SHPA in a number of areas, including the University of Queensland Postgraduate Clinical Pharmacy Management Committee, representation on relevant Board of Studies Committees at Queensland Universities and by sponsoring awards to students that demonstrate outstanding clinical pharmacy skills at all the Queensland schools of pharmacy.

**Educational activities:** Elizabeth Currey and Jess Lloyd have organised a quality monthly program of CE events, delivered live to around 30 attendees and by webinar to the whole of Queensland (up to an additional 80 participants).

The Queensland Branch Committee would like to acknowledge the presenters who give up their valuable time to help our members, providing high quality presentations.

Jess Lloyd and Sheryn Wang, with the help of many others, also organised an excellent Renal and Transplant symposium in June 2013 for 130 attendees.
**Special thanks:** We thank SHPA Federal Councillors who continue to volunteer their time and attend the Queensland Branch meetings. Tony Hall and Ian Coombes perform a wonderful role of advocating for pharmacists and technicians on the Federal Council and ensuring that Queensland receives updates of the themes of Council activities.

We would also like to acknowledge the support of the Princess Alexandra Hospital, Royal Brisbane and Women’s Hospital and University of Queensland Pharmacy Australia Centre of Excellence for the use of their facilities for our educational events and meetings.

Finally we would like to thank Jason Roberts, who stood down from the committee this after many years of service (including in the positions of Secretary and Chair) to be a co-convenor of the MM2013, the 39th SHPA National Conference.

**South Australia & Northern Territory**

**SA & NT Branch committee members:** Hayley Vasileff (Chair), Vaughn Eaton (Vice-Chair), Richard Marotti (Continuing Education), Alicia Thomas (Secretary), Rachael Cheh (Secretary), Hamed Shahnam (Treasurer), Luke Grzeskowiak (Continuing Education), Cher-Rin Chong (Continuing Education), Misha Shahbandi (Public Liaison), Catherine Hughes (Federal Councillor), Angela Young (NT Advisor), Petra Straight (NT Advisor), Judy Manning (technician observer), Jeremy Tehan (intern observer), Lisa Kitto (intern observer), Alexandra Greig (intern observer).

**Advocacy, workforce and membership activities:** The SA & NT Branch has continued to rotate monthly branch meetings between metropolitan Adelaide hospitals this year. The attendance and input from the respective Directors of Pharmacy at these meetings is highly valued by the committee.

The SHPA SA & NT Branch participated in the SAPSA Biennial Pharmacy Profession Awareness Day in October 2012, hosting a stall promoting careers in hospital pharmacy and the SHPA organisation. It was very successful, with many students attending and 60 students participating in a quiz to win student membership. The SHPA SA & NT Branch was also represented at the UniSA careers night in August 2012.

The Branch has also continued to work closely with SA Health and SA Pharmacy, advocating for hospital pharmacists and identifying areas for future collaboration.

**Advocacy was continued via liaison with:**

- SA Pharmacy
- Pharmacy Guild of Australia (SA)
- SHPA Rural Network
- Pharmaceutical Society of Australia (SA)

- Charles Darwin University
- University of South Australia
- Allied Health Professionals of South Australia (AHPSA)
- National Australian Pharmacy Students Association (NAPSA)

**Educational activities:** Continuing education events have continued to be a priority for the SA & NT Branch. Our monthly accredited continuing education presentations continue to be of high quality and feedback from these sessions is extremely positive. Videoconferencing of presentations to Alice Springs and rural South Australia have continued and we hope to expand access for Northern Territory and rural members as the SHPA webinar platform is rolled out across the states.

The SHPA SA & NT 2013 Autumn Symposium was held in May 2013 at University of South Australia City East Campus. The symposium was very successful, with 94 participants attending the group 2 accredited one-day symposium and twilight networking event. The symposium covered a range of clinical topics including drug dosing in the obese, antibiotic allergies, mental health in the Northern Territory, management of acute pain in opioid-tolerant patients and drug interactions.

The contributed short case presentations continue to be a highlight of the symposium. Congratulations to Samantha Cole from the Repatriation General Hospital who was awarded both the Expert Panel and People’s Choice Awards.

Feedback received from the participants indicates the symposium was a success. Participants have commented positively on the topics, venue and speakers. The inclusion of contributed clinical case presentations and use of audience response devices (i.e. clickers) continue to receive overwhelmingly positive feedback. Thank you to co-convenors Alicia Thomas and Luke Grzeskowiak and the organising committee for putting on this excellent event.

**Special achievements or news:** The SA & NT branch is pleased to announce the establishment of two new awards in 2012/13. These are the new ‘PL Jeffs Early Career Pharmacist Award’ and the ‘SHPA SA Student Research and Development Award’. These will be awarded later in 2013. The committee plans to look at opportunities for a similar pharmacy student award for Northern Territory students in 2013/14.

The SHPA Research and Development Grant Advisory Committee (RDGAC) has now relocated to Queensland after being hosted in Adelaide since 2008. The SA & NT Branch would like to thank and acknowledge Anna McClure, Manya Angley and Joy Gailer, who have chaired the committee over this time, and the rest of the committee members, for their outstanding work over this time.

**Special thanks:** The SA & NT Branch thanks Sean Turner and Albert Michail who retired from the committee in 2012 for their contributions to the Branch. We would also like to thank Petra Straight (NT Advisor), Matthew Schnabl and Julie Tran (intern observers) and Sheree Wynne (student observer) who have completed their terms as observers and advisors in the last 12 months.
Advocacy, workforce and membership activities: Members of the Tasmanian Branch have been particularly active in the Clinical Pharmacy COSP chaired by George Taylor. The COSP has just completed the mammoth task of updating the SHPA standards of practice for clinical pharmacy services, with valued input from pharmacists from other states, as well as the support and input from SHPA Federal Office.

Duncan McKenzie is the Tasmanian representative on the shaclinCAT Reference Group. In March 2013 several Tasmanian pharmacists attended the shaclinCAT evaluator training, and a statewide shaclinCAT program is now in the process of being rolled out across the public hospitals. Michael Connolly has been instrumental in driving and assisting this valuable and exciting development in hospital pharmacy in Tasmania.

Duncan McKenzie and Verna Wallroth are also members of the Infectious Diseases COSP. The Branch has also kept close links with the University of Tasmania School of Pharmacy, including the tradition of visiting undergraduate students at the school to showcase hospital pharmacy. The Branch also provides support for the 3rd and 4th year Clinical Pharmacy prizes and has two student observer members on the branch committee (most recently Stewart Mearns and Patricia McLarin), who liaise with the Tasmanian Pharmacy student body (TAPS) with regard to SHPA activities.

Advocacy was continued via liaison with:

- University of Tasmania School of Pharmacy
- shaclinCAT Reference Group
- PDL Local Advisory Committee
- SHPA Rural Network

Educational activities: There was a number of educational activities delivered to Tasmanian members over the past 12 months. In August 2012 the Branch delivered its first CE activity via videoconference across several Tasmanian sites. Professor Matthew Jose delivered a presentation on ‘Medication Management in Chronic Kidney Disease’. This was followed by a second videoconference in April 2013 which was organised in collaboration with Glaucoma Australia, and presented by eminent ophthalmologist Dr Nitin Verma. Feedback from members regarding these two events has been overwhelmingly positive and, as a result, the Branch is working toward videoconferencing CE events a regular item on our CE calendar.

In addition, the Branch held the traditional Spring Meeting one-day event in Campbell Town in October 2012, with visiting speakers Dr Louise Owen and Mr. Russell Levy providing an informative update on HIV medicine, plus local presented papers on an infectious diseases theme. The Tasmanian Branch Annual Symposium was held in May 2013 in Hobart. This is the main local educational event for the year for Tasmanians and provides members of our small state with the opportunity to gather face-to-face, network and exchange ideas, as well as attending high quality presentations. This year was no exception, our keynote speakers were cardiologist Dr. Brian Herman with the topic of ‘Antiplaletet Agents: What to Choose’, haematologist Dr Ritam Prasad ‘Newer Anticoagulants and Their Role in Clinical Practice’, Mr. Angus Thompson ‘Emerging Evidence to Inform QUM in Cardiovascular Disease’ and Professor Greg Peterson ‘Newer Drugs in Older People: Better the Devil You Know?’

Special thanks go to members who have had an active role in organising the educational content of the year – Leanne Chalmers, Sharon Gordon-Croal, Oummy Tepkumkun and Suzette Seaton.

Special thanks: The Branch thanks Michael Connolly for his leadership and support for the shaclinCAT program in Tasmania

**Victoria**

Vic. Branch committee members: Helen Matthews (Chair), Alice Kochman (Vice-Chair), Kirstie Galbraith (Secretary), Jo Edwards (Agenda Secretary), Leith Lilley (Minutes Secretary), Daniel Guidone (Associate Minutes Secretary), Glenn Valoppi (Treasurer), Patrick Lam (Newsletter Editor), Sonia Koning (CE Coordinator), Kerryn Barned (Membership), Cathy Ingram (Technician Observer), Megan Zigomanis (Federal Councillor), Sue Kirsia (Federal Councillor), Sally Yeung (Pharmacist Project Officer), Lisa Hui (Intern Observer), Chris Turner (Victorian Rural pharmacists), Jaclyn Baker (Rural Observer).

Advocacy, workforce and membership activities: Membership growth has been sustained again for pharmacists, interns and technicians in private, public and community sectors. The intern and student placement program for 2014, organised by Sally Yeung, which places 86 interns annually, commenced in April 2013 with advertising of the process. The 2013 Bachelor of Pharmacy third year exhibition, Master of Clinical Pharmacy Prize, Monash University, and third year prizes at La Trobe University were presented.

Advocacy was continued via liaison with:

- Victorian Department of Health and the Victorian Chief Allied Health Advisor
- Australian Health Practitioner Regulation Agency
- Pharmaceutical Society of Australia Victorian Branch
- Monash University Faculty of Pharmacy and Pharmaceutical Sciences
- La Trobe University Pharmacy School
- RMIT University Faculty of Pharmacy
- National Alliance for Pharmacy Education
- VicTAG
- Australian Pharmacy Council
Educational activities: The Victorian CE program, organised by Sonia Koning was well attended throughout the year. The annual Victorian Managers Meeting, convened by Kent MacMillan and Greg Weeks, was also well attended. The Victorian Symposium 2012, organised by Sheue-Ching Ooi and the Special Interest Group – General Medicine committee members; Erica Tong, Shin Choo, Olivia Rofe and Elizabeth Georgeson; showcased general medicine topics by specialist pharmacists and physicians. The William Mercer Young Achiever Award (Victorian Branch Excellence Award) was presented to Dan Mellor at the Symposium.

Special thanks: The Victorian Branch thanks Gilly Swinnerton for her leadership and active role on the Branch over a number of years, and the many Branch Committee members who compiled and revised the Victorian Procedure Manual – this was certainly a special achievement.

Western Australia

WA Branch committee members: Matthew Foster (Chair), Stephen Lim (Vice-Chair), Peter Smart (Secretary), Brenda Shum (Treasurer), Zeyad Ibrahim (Communications Manager), Shannon Mullen (CE Coordinator), Deirdre Cridde (CE Coordinator), Yang Liu (CE Coordinator), Michelle Luca (Membership Coordinator, Minute Secretary), Vanessa Hollingsworth (technical representative), Helen Lovitt (Federal Councillor), Brock Delfante (intern representative), Sarah Mackenzie (intern representative), Aisling Lim (intern representative).

Advocacy, workforce and membership activities: The WA Branch has worked to advocate and increase awareness of the value of pharmacists within our health system. The work of the Branch Committee has been outstanding. This year the WA Branch of SHPA has been represented by integrating members to sit on the committees for the WA Pharmacy Law and Ethics Special Interest Group, the WA Hospital Pharmacy Research Alliance and the Advisory Committee for MPharm UWA.

Activity within the National Technician Network have seen collaboration and representation of our technician members with results in changes to the Certificate 4 Pharmacy Technicians Course allowing greater ease of access to certification. Further developments within the technician population have seen huge developments with our first technician specific continuous education event and promotion of in-house events in individual pharmacy departments.

Advocacy was continued via liaison with:

- Oncology Nurses and Pharmacists Interest Group
- WA Pharmacy Students Association
- Health Department of WA
- Curtin University
- WA Medication Safety Group
- Pharmaceutical Society of Western Australia
- University of Western Australia
- Chief Pharmacists Forum

Educational activities: Our CE Coordinators have organised an array of CE events with a broad range of topics which are relevant and current. Our CE timetable has included topics such as glaucoma, hepatitis/hepatology and a postgraduate research forum.

The shpaclinCAT seminar was held in Perth to facilitate the introduction of the shpaclinCAT into both public and private hospitals across WA. This has set the scene for shpaclinCAT evaluators to be trained and to allow SHPA guidelines to be implemented into all clinical services in WA.

The Introductory Clinical Pharmacy Seminar was held in WA with more than fifty attendees from both WA and interstate. The seminar was well attended and feedback was very positive.

Special thanks: Thanks go to all Branch Committee members who served during 2012, including Cameron Wright, Kerry Buchan, Paula Caird, Flavia Nguyen, Stacey Gough.
Summary and Comparison of Financial Results

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Income</th>
<th>Net Result</th>
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<tbody>
<tr>
<td>1993/94*</td>
<td>$1,467,380</td>
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<tr>
<td>1994/95</td>
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<td>2012/13*</td>
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The 2012/13 financial year has been another successful one for SHPA with a positive financial result in addition to enhancing and expanding member services.

Major income streams include additional membership, extra seminars, and higher profits from MM2012, the 38th SHPA National Conference in Canberra.

Major expenses include the extra expenses associated with more members and seminars.

Revenue has grown with membership increasing from 3048 at 30 June 2012 to 3169 at 30 June 2013. SHPA has been fortunate to receive support for the shpaCPD program from our education partners Celgene and Roche, and support for the SHPA seminar program as a whole from Pharmaceutical Defence Limited (PDL).

The favourable financial result for this year is mainly due to membership growth and large attendance at MM2012. Sales of SHPA publications were on target but without much extra revenue due to the initial slow uptake of DRTC.
directors’ report

Your directors present their report on the company for the financial year ended 30 June 2013.

directors

<table>
<thead>
<tr>
<th>Commenced as councillor</th>
<th>Ceased as councillor</th>
<th>Number of meetings</th>
<th>Eligible to attend</th>
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</thead>
<tbody>
<tr>
<td>Alexandra (Sasha) A Bennett</td>
<td>2011</td>
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<tr>
<td>Ian D Coombes</td>
<td>2009</td>
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</tr>
<tr>
<td>Emily Diprose</td>
<td>2011</td>
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<tr>
<td>Anthony D Hall</td>
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</tr>
<tr>
<td>Catherine Hughes</td>
<td>2011</td>
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<td>7</td>
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<tr>
<td>Karen I Kaye</td>
<td>2007</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Suzanne W Kirs</td>
<td>2009</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Helen A Lovitt-Raison</td>
<td>2007</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Amber L Roberts</td>
<td>2005</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Megan F Zigomanis</td>
<td>2008</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

principal activities

The principal activity of SHPA during the financial year was to provide services for members to enhance their ability to improve health outcomes for individuals and the community. This includes a broad range of activities from continuing professional development (CPD) for members to working with governments to support the safe and effective use of medicines by individuals, the community and other health professionals.

SHPA’s short-term objectives are to:

- To improve the understanding of the pharmacist’s input to the safe and effective use of medicines in particular through: the national safety and quality agenda, National Medicines Policy, national e-health activities, National Health and Hospital Reform;
- To enhance the effectiveness of existing relationships and to develop new key partnerships with consumers and other health professionals involved in medicines management;
- To support the competency and effectiveness of the hospital pharmacy workforce and so support better outcomes for consumers;
- To provide valued services to all SHPA members in all membership categories, taking account of the needs of members in rural and remote areas and to be the organisation of choice for pharmacists, irrespective of their pharmacy practice setting; and
- To increase understanding of CPD within SHPA membership and provide a range of educational and development activities and products to support the needs of all SHPA members.

SHPA’s long-term objectives are to:

- Support the continuing professional development of our members;
- Have strong membership within hospitals and all other quality use of medicines settings;
- Partner with key medicines stakeholders; and
- Advocate for the safe and effective use of medicines across the continuum of care to improve health outcomes for consumers.

To achieve these objectives, SHPA has adopted the following strategies during the year:

- Participated in consultations, meetings and provided submissions on key National Health and Hospital Reform initiatives, prescribing competencies, advanced pharmacy practice, hospital funding, national e-health, home medicines reviews, accreditation of pharmacy schools, chemotherapy funding, the Community Pharmacy Agreement and numerous similar activities. Deadlines were met for all submissions.
- Changes to the SHPA Constitution were accepted at the 2012 Annual General Meeting. The changes were made to modernise the SHPA Constitution to better align with contemporary pharmacy practice and reflect that ‘Safe and effective use of medicines’ encompasses all activities undertaken to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for Australians, as individuals, for the community as a whole and for healthcare facilities within our systems of healthcare. This term includes selecting management options wisely, choosing suitable medicines if a medicine is considered necessary and using medicines safely and effectively.
- To ‘Pharmacist’ means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. Practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills
- The SHPA objects are about care of individuals and the wider community.
- The diversity of healthcare settings and delivery modalities are not limited by ‘hospital’ as care evolves.
- Continued training pharmacists as shpacinCAT evaluators who could then implement the competency assessment tool into workplaces to enhance the professional development of individual pharmacists. This prime focus was for pharmacists to improve their skills, but benefits flow to managers, the profession and importantly the consumers who use our services and expect a competent workforce.
- Further broadened the choice of CPD activities and modalities that are available as core member benefits,
being mindful to include a range of activities so there is something suitable for pharmacists in any practice setting. This has provided many Group 2 CPD activities for members via CD, JPPR, online case studies and e-learning modules on the shpaeCPD website.

- Published the planned four quarterly Journal of Pharmacy Practice and Research to continue to enable and encourage the publication of research and other papers from pharmacists to enhance the evidence base on which our services are provided.
- Communicated with members using a range of methods including weekly e-newsletters, quarterly SHPA Bulletin, social media and the SHPA website.
- Convened the strategic planning day in May 2013 to guide SHPA's next strategic plan and to set priorities.

**key performance measures**

During 2012/13 SHPA met the expected performance against key result areas within its strategic plan and relating to increasing the total membership, expanding member services, meeting and responding to members’ needs, ensuring financial viability, delivering required educational services, producing and promoting relevant publications, publishing four issues of the JPPR, and advocating for members and the profession by responding to calls for submissions on relevant topics.

**information on directors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualifications</th>
<th>Experience</th>
<th>Special Responsibilities (appointments for entire year unless otherwise stated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suzanne W Kirsa</td>
<td>BPharm, GradDipHospPharm, FSHP</td>
<td>Director of Pharmacy, Peter MacCallum Cancer Centre, Vic.</td>
<td>Federal President</td>
</tr>
<tr>
<td>Amber L Roberts</td>
<td>BPharm, MBA</td>
<td>Director, Medication Strategy and Reform, Department of Health and Human Services, Tas.</td>
<td>Vice-President; supporting councillor, Publications Reference Group 1/7/2012-18/11/2012</td>
</tr>
<tr>
<td>Alexandra (Sasha) A Bennett</td>
<td>BPharm, DipHospPharm, GradCertClinPharm, PhD, FSHP, AACPA</td>
<td>Co-Executive Officer NSW Therapeutic Advisory Group Pharmacist, St Vincent's Hospital, Sydney</td>
<td>Federal Treasurer 18/11/2012-30/6/2013; supporting councillor Education Reference Group 1/7/2012-18/11/2012</td>
</tr>
<tr>
<td>Emily Diprose</td>
<td>BPharm (Hons)</td>
<td>Lead Pharmacist, Calvary Health Care ACT</td>
<td>4th executive Councillor 18/11/2012-30/6/2013; Federal Council representative National Pharmacy Technician Network 1/7/2012-18/11/2012</td>
</tr>
<tr>
<td>Ian D Coombes</td>
<td>BPharm, PhD, MSc</td>
<td>Director of Pharmacy, Royal Brisbane and Women’s Hospital Adjunct Assoc. Professor, School of Pharmacy, University of Queensland</td>
<td>Federal Councillor; Chair, Education Reference Group; supporting councillor Specialty Practice Reference Group 18/11/2012-30/6/2013</td>
</tr>
<tr>
<td>Anthony D Hall</td>
<td>BPharm (Hons), AdvDipClinPharmTeach, DipMedSci (PallCare), FSHP</td>
<td>Senior Lecturer, School of Pharmacy, Griffith University, Gold Coast campus, Qld; Specialist Clinical Pharmacist, Persistent Pain, Gold Coast HSD; Director Allied Health Professions Australia</td>
<td>Federal Treasurer 1/7/2012-18/11/2012; Federal Council representative on Research and Development Grants Advisory Committee</td>
</tr>
<tr>
<td>Catherine Hughes</td>
<td>BPharm</td>
<td>Principal Programme Manager, Outpatient Reform, Southern Adelaide Local Health Network</td>
<td>Federal Councillor; supporting councillor, Specialty Practice Reference Group 1/7/2012-18/11/2012; Federal Council Representative Rural Network; Federal Council Representative National Pharmacy Technician Network 18/11/2012-30/6/2013</td>
</tr>
<tr>
<td>Karen I Kaye</td>
<td>BPharm, DipHospPharm, GradCertPharmacoeconomics, FSHP</td>
<td>Executive Manager, Programs and Services, NPS; Better choices, Better health (NPS MedicineWise), NSW</td>
<td>Federal Councillor; supporting councillor Education Reference Group 18/11/2012-30/6/2013</td>
</tr>
<tr>
<td>Helen A Lovitt-Raison</td>
<td>BPharm, GradDipPharm, FPS (WA)</td>
<td>Senior Pharmacist, Pharmacy Department, Fremantle Hospital and Health Service, WA</td>
<td>Federal Councillor; Chair, Specialty Practice Reference Group; supporting councillor Publications Reference Group 18/11/2012-30/6/2013</td>
</tr>
<tr>
<td>Megan F Zigomanis</td>
<td>BPharm (Hons), GradCertHSM</td>
<td>Clinical Transformation Lead at ehCare@Eastern, Eastern Health, Vic.</td>
<td>Federal Councillor; Chair, Publications Reference Group</td>
</tr>
</tbody>
</table>

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**Published the planned four quarterly Journal of Pharmacy Practice and Research to continue to enable and encourage the publication of research and other papers from pharmacists to enhance the evidence base on which our services are provided.**

**Communicated with members using a range of methods including weekly e-newsletters, quarterly SHPA Bulletin, social media and the SHPA website.**

**Convened the strategic planning day in May 2013 to guide SHPA’s next strategic plan and to set priorities.**

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During 2012/13 SHPA met the expected performance against key result areas within its strategic plan and relating to increasing the total membership, expanding member services, meeting and responding to members’ needs, ensuring financial viability, delivering required educational services, producing and promoting relevant publications, publishing four issues of the JPPR, and advocating for members and the profession by responding to calls for submissions on relevant topics.
auditor’s independence declaration
under S 307C of the Corporations Act 2001 to the directors of The Society of Hospital Pharmacists of Australia

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2013 there have been:

(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

ANDERSON AUDITORS
Chartered Accountants
Level 6, 484 St Kilda Road, Melbourne VIC 3004
Dated this 13th day of September 2013

Signed in accordance with a resolution of the Board of Directors 2nd day of October 2013

Director – Suzanne W Kirsa     Director – Sasha Bennett  2nd day of October 2013

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2013

<table>
<thead>
<tr>
<th>Note</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue</td>
<td>2,358,481</td>
<td>2,300,949</td>
</tr>
<tr>
<td>Changes in inventories of finished goods and work in progress</td>
<td>(35,132)</td>
<td>(6,491)</td>
</tr>
<tr>
<td>Raw materials and consumables used</td>
<td>43,552</td>
<td>138,013</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(1,244,417)</td>
<td>(1,125,232)</td>
</tr>
<tr>
<td>Depreciation and amortisation expenses</td>
<td>(58,122)</td>
<td>(74,523)</td>
</tr>
<tr>
<td>Conference &amp; seminar expenses</td>
<td>(1,053,201)</td>
<td>(846,309)</td>
</tr>
<tr>
<td>Advertising &amp; promotional expenses</td>
<td>(10,757)</td>
<td>(20,544)</td>
</tr>
<tr>
<td>Printing, stationery &amp; postage expenses</td>
<td>(222,927)</td>
<td>(218,263)</td>
</tr>
<tr>
<td>Travelling expenses</td>
<td>(206,112)</td>
<td>(131,972)</td>
</tr>
<tr>
<td>Computer expenses</td>
<td>(77,661)</td>
<td>(78,812)</td>
</tr>
<tr>
<td>Consultancy fees</td>
<td>-</td>
<td>(10,515)</td>
</tr>
<tr>
<td>Repairs &amp; maintenance expenses</td>
<td>(4,050)</td>
<td>(3,412)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(267,357)</td>
<td>(209,519)</td>
</tr>
<tr>
<td>Current year surplus before income tax</td>
<td>450,297</td>
<td>437,344</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net current year surplus</td>
<td>450,297</td>
<td>437,344</td>
</tr>
</tbody>
</table>

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Profit for the year</td>
<td>450,297</td>
<td>437,344</td>
</tr>
</tbody>
</table>

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2013

CURRENT ASSETS

<table>
<thead>
<tr>
<th>Note</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4,811,593</td>
<td>4,343,463</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>163,405</td>
<td>173,043</td>
</tr>
<tr>
<td>Inventories</td>
<td>29,081</td>
<td>6,051</td>
</tr>
<tr>
<td>Other current assets</td>
<td>239,155</td>
<td>233,707</td>
</tr>
<tr>
<td>TOTAL CURRENT ASSETS</td>
<td>5,243,234</td>
<td>4,756,264</td>
</tr>
</tbody>
</table>

NON-CURRENT ASSETS

<table>
<thead>
<tr>
<th>Note</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>1,360,676</td>
<td>1,370,604</td>
</tr>
<tr>
<td>TOTAL NON-CURRENT ASSETS</td>
<td>1,360,676</td>
<td>1,370,604</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>6,603,910</td>
<td>6,126,868</td>
</tr>
</tbody>
</table>

CURRENT LIABILITIES

<table>
<thead>
<tr>
<th>Note</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>1,662,650</td>
<td>1,674,747</td>
</tr>
<tr>
<td>Short-term provisions</td>
<td>144,025</td>
<td>128,470</td>
</tr>
<tr>
<td>TOTAL CURRENT LIABILITIES</td>
<td>1,806,675</td>
<td>1,803,217</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>1,806,675</td>
<td>1,803,217</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>4,797,235</td>
<td>4,323,851</td>
</tr>
</tbody>
</table>

EQUITY

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>4,559,371</td>
<td>4,109,074</td>
</tr>
<tr>
<td>Reserves</td>
<td>237,864</td>
<td>214,577</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>4,797,235</td>
<td>4,323,851</td>
</tr>
</tbody>
</table>
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2013

<table>
<thead>
<tr>
<th>Asset</th>
<th>Retained Profits</th>
<th>Revaluation Reserve</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2011</td>
<td>3,671,730</td>
<td>214,577</td>
<td>3,886,307</td>
</tr>
<tr>
<td>Profit attributable to members</td>
<td>437,344</td>
<td>-</td>
<td>437,344</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 30 June 2012</td>
<td>4,109,074</td>
<td>214,577</td>
<td>4,323,651</td>
</tr>
<tr>
<td>Profit attributable to members</td>
<td>450,297</td>
<td>23,287</td>
<td>473,584</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 30 June 2013</td>
<td>4,559,371</td>
<td>237,864</td>
<td>4,797,235</td>
</tr>
</tbody>
</table>

For a description of each reserve, refer to Note 18.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2013

<table>
<thead>
<tr>
<th>Note</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>CASH FLOW FROM OPERATING ACTIVITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from customers &amp; grants</td>
<td>3,740,858</td>
<td>3,930,271</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(3,439,942)</td>
<td>(3,453,131)</td>
</tr>
<tr>
<td>Interest received</td>
<td>192,485</td>
<td>217,047</td>
</tr>
<tr>
<td>Net cash generated from operating activities</td>
<td>493,401</td>
<td>694,187</td>
</tr>
</tbody>
</table>

CASH FLOW FROM INVESTING ACTIVITIES

| Proceeds from sale of property, plant & equipment | -     | 730   |
| Payments for property, plant and equipment       | (25,271) | (44,587) |
| Net cash provided by (used in) investing activities | (25,271) | (43,857) |

Net increase (decrease) in cash held | 468,130 | 650,330 |

Cash and cash equivalents at beginning of the financial year | 4,343,463 | 3,693,133 |

Cash and cash equivalents at the end of the financial year | 4,811,593 | 4,343,463 |

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

The financial statements cover The Society of Hospital Pharmacists of Australia Ltd as an individual entity, incorporated and domiciled in Australia. The Society of Hospital Pharmacists of Australia Ltd is a company limited by guarantee.

1. Summary of Significant Accounting Policies

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the Corporations Act 2001. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on the 13th day of September 2013 by the directors of the company.

Accounting Policies

Revenue
Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor; otherwise the grant is recognised as income on receipt.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

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

Inventories
Inventories are measured at the lower of cost and current replacement cost.

Property, Plant and Equipment
Each class of property, plant and equipment is carried at cost or fair values as indicated, less, where applicable, accumulated depreciation and impairment losses.
Property
Freehold land and buildings are shown at their fair value based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.

In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors’ valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Plant and Equipment
Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount. A formal assessment of recoverable amount is made when impairment indicators are present.

Depreciation
The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated over the asset’s useful life to the entity commencing from the time the asset is available for use.

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

<table>
<thead>
<tr>
<th>Class of Fixed Asset</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>0%</td>
</tr>
<tr>
<td>Buildings</td>
<td>2.50%</td>
</tr>
<tr>
<td>Property Improvements</td>
<td>2.50%</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>7.5% - 100%</td>
</tr>
</tbody>
</table>

The assets’ residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

Financial Instruments
Initial recognition and measurement
Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets which are recognised at amortised cost, the effective interest method is used and the effective interest rate is applied to amortise the cost of the financial asset. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

Classification and subsequent measurement
Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that discounting estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense item in profit or loss.

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm’s length transactions, reference to similar instruments and option pricing models.

(i) Financial assets at fair value through profit or loss
Financial assets are classified at ‘fair value through profit or loss’ when they are held for trading for the purpose of short-term profit taking, or where they are derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(ii) Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iii) Held-to-maturity investments
Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the entity’s intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.
(iv) Available-for-sale financial assets
Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

(v) Financial liabilities
Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment
At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset or a group of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

Derecognition
Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

Impairment of Assets
At the end of each reporting period, the entity reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is recognised in profit or loss.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an assets class, the entity estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

Where an impairment loss on a revalued asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

Employee Provisions
Provision is made for the company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year 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 not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

Contributions are made by the entity to an employee superannuation fund and are charged as expenses when incurred.

Cash on Hand
Cash on hand include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

Accounts Receivable and Other Debtors
Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest rate method, less any provision for impairment.

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 Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.
Income Tax
No provision for income tax has been raised as the entity is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997 based on its status as a Health Promotion Charity.

Provisions
Provisions are recognised when the entity 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 recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

Comparative Figures
Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

When an entity applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period must be disclosed.

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

Critical Accounting Estimates and Judgments
The directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key Estimates
Impairment
The freehold land and buildings were independently valued at 30 June 2013. The valuation was based on the fair value less cost to sell. The critical assumptions adopted in determining the valuation included the location of the land and buildings, the current strong demand for land and buildings in the area and recent sales data for similar properties. The valuation resulted in a revaluation increment of $23,287 being recognised for the year ended 30 June 2013.

New Accounting Standards for Application in Future Periods
The Australian Accounting Standards Board has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods and which the company has decided not to early adopt. A discussion of those future requirements and their impact on the company is as follows:

- AASB 9: Financial Instruments (December 2010) and AASB 2010–7: Amendments to Australian Accounting Standards arising from AASB 9 (December 2010).
  
  These Standards are applicable retrospectively and include revised requirements for the classification and measurement of financial instruments, as well as recognition and derecognition requirements for financial instruments.

  The key changes made to accounting requirements include:
  - simplifying the classifications of financial assets into those carried at amortised cost and those carried at fair value; and
  - allowing an irrevocable election on initial recognition to present gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. Dividends in respect of these investments that are a return on investment can be recognised in profit or loss and there is no impairment or recycling on disposal of the instrument;

- AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010–2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements (applicable for annual reporting periods commencing on or after 1 July 2013).

AASB 1053 establishes a revised differential financial reporting framework consisting of two tiers of financial reporting requirements for those entities preparing general purpose financial statements:
- Tier 1: Australian Accounting Standards; and
- Tier 2: Australian Accounting Standards - Reduced Disclosure Requirements.

Tier 2 of the framework comprises the recognition, measurement and presentation requirements of Tier 1, but contains significantly fewer disclosure requirements.

Since the company is a not-for-profit private sector entity, it qualifies for the reduced disclosure requirements for Tier 2 entities. It is anticipated that the company will take advantage of Tier 2 reporting at a later date.


AASB 10 replaces parts of AASB 127: Consolidated and Separate Financial Statements (March 2008, as amended) and Interpretation 112: Consolidation – Special Purpose Entities. AASB 10 provides a revised definition of control and additional application guidance so that a single control model will apply to all investees. This Standard is not expected to significantly impact the company’s financial statements.

AASB 11 replaces AASB 131: Interests in Joint Ventures (July 2004, as amended). AASB 11 requires joint arrangements to be classified as either “joint operations” (where the parties that have joint control of the arrangement have rights to the assets and obligations for the liabilities) or “joint ventures” (where the parties that have joint control of the arrangement have rights to the net assets of the arrangement). Joint ventures are required to adopt the equity method of accounting (proportionate consolidation is no longer allowed). This Standard is not expected to significantly impact the company’s financial statements.
AASB 12 contains the disclosure requirements applicable to entities that hold an interest in a subsidiary, joint venture, joint operation or associate. AASB 12 also introduces the concept of a “structured entity”, replacing the “special purpose entity” concept currently used in Interpretation 112, and requires specific disclosures in respect of any investments in unconsolidated structured entities. This Standard will affect disclosures only but is not expected to significantly impact the company’s financial statements.

To facilitate the application of AASBs 10, 11 and 12, revised versions of AASB 127 and AASB 128 have also been issued. These Standards are not expected to significantly impact the company’s financial statements.

- **AASB 13: Fair Value Measurement and AASB 2011–8: Amendments to Australian Accounting Standards arising from AASB 13** (applicable for annual reporting periods commencing on or after 1 January 2013).

  AASB 13 defines fair value, sets out in a single Standard a framework for measuring fair value, and requires disclosures about fair value measurement.

  AASB 13 requires:
  - inputs to all fair value measurements to be categorised in accordance with a fair value hierarchy; and
  - enhanced disclosures regarding all assets and liabilities (including, but not limited to, financial assets and financial liabilities) to be measured at fair value.

  These Standards are expected to result in more detailed fair value disclosures, but are not expected to significantly impact the amounts recognised in the company’s financial statements.

- **AASB 119: Employee Benefits (September 2011) and AASB 2011–10: Amendments to Australian Accounting Standards arising from AASB 119 (September 2011)** (applicable for annual reporting periods commencing on or after 1 January 2013).

  These Standards introduce a number of changes to accounting and presentation of defined benefit plans. The company does not have any defined benefit plans and so is not impacted by the amendment.

  AASB 119 (September 2011) also includes changes to:
  - require only those benefits that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service to be classified as short-term employee benefits. All other employee benefits are to be classified as other long-term employee benefits, post-employment benefits or termination benefits, as appropriate; and
  - the accounting for termination benefits that require an entity to recognise an obligation for such benefits at the earlier of:
    - (i) for an offer that may be withdrawn - when the employee accepts;
    - (ii) for an offer that cannot be withdrawn - when the offer is communicated to affected employees; and
    - (iii) where the termination is associated with a restructuring of activities under AASB 137: Provisions, Contingent Liabilities and Contingent Assets and if earlier than the first two conditions when the related restructuring costs are recognised.

  These Standards are not expected to significantly impact the company’s financial statements.


  AASB 2012–2 principally amends AASB 7: Financial Instruments: Disclosures to require entities to include information that will enable users of their financial statements to evaluate the effect or potential effect of netting arrangements, including rights of set-off associated with the entity’s recognised financial assets and recognised financial liabilities, on the entity’s financial position.

  This standard is not expected to significantly impact the company’s financial statements.


  This Standard adds application guidance to AASB 132: Financial Instruments: Presentation to address potential inconsistencies identified in applying some of the offsetting criteria of AASB 132, including clarifying the meaning of “currently has a legally enforceable right of set-off” and that some gross settlement systems may be considered equivalent to net settlement.

  This standard is not expected to significantly impact the company’s financial statements.

- **AASB 2012–5: Amendments to Australian Accounting Standards arising from Annual Improvements 2009–2011 Cycle** (applicable for annual reporting periods commencing on or after 1 January 2013). This Standard amends a number of Australian Accounting Standards as a consequence of the issuance of Annual Improvements to IFRSs 2009–2011 Cycle by the International Accounting Standards Board, including:

  - AASB 1: First-time Adoption of Australian Accounting Standards to clarify the requirements in respect of the application of AASB 1 when an entity discontinues and then resumes applying Australian Accounting Standards;
  - AASB 101: Presentation of Financial Statements and AASB 134: Interim Financial Reporting to clarify the requirements for presenting comparative information;
  - AASB 116: Property, Plant and Equipment to clarify the accounting treatment of spare parts, stand-by equipment and servicing equipment;
  - AASB 132 and Interpretation 2: Members’ Shares in Co-operative Entities and Similar Instruments to clarify the accounting treatment of any tax effect of a distribution to holders of equity instruments; and
  - AASB 134 to facilitate consistency between the measures of total assets and liabilities an entity reports for its segments in its interim and annual financial statements.

  This standard is not expected to significantly impact the company’s financial statements.
## 2. Revenue & Other Income

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sale of goods</td>
<td>263,078</td>
<td>451,422</td>
</tr>
<tr>
<td>Advertising income</td>
<td>62,165</td>
<td>79,887</td>
</tr>
<tr>
<td>Awards</td>
<td>3,086</td>
<td>-</td>
</tr>
<tr>
<td>Grants &amp; support</td>
<td>683,185</td>
<td>535,566</td>
</tr>
<tr>
<td>Royalties</td>
<td>118,303</td>
<td>110,275</td>
</tr>
<tr>
<td>Interest received</td>
<td>161,696</td>
<td>198,810</td>
</tr>
<tr>
<td>Rendering of services</td>
<td>2,197,745</td>
<td>1,847,899</td>
</tr>
<tr>
<td>Rental income &amp; outgoings</td>
<td>10,492</td>
<td>11,367</td>
</tr>
<tr>
<td>Recovery of Expenses</td>
<td>70,889</td>
<td>56,524</td>
</tr>
<tr>
<td>Other revenue</td>
<td>15,842</td>
<td>9,199</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>3,586,481</strong></td>
<td><strong>3,300,949</strong></td>
</tr>
</tbody>
</table>

## 3. Surplus for the Year

### Expenses:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of sales</td>
<td>(8,420)</td>
<td>144,504</td>
</tr>
<tr>
<td>Depreciation of non-current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation - plant &amp; equipment</td>
<td>32,971</td>
<td>49,472</td>
</tr>
<tr>
<td>Depreciation - property improvements</td>
<td>526</td>
<td>426</td>
</tr>
<tr>
<td>Depreciation - buildings</td>
<td>24,625</td>
<td>24,625</td>
</tr>
<tr>
<td><strong>Total depreciation</strong></td>
<td><strong>58,122</strong></td>
<td><strong>74,523</strong></td>
</tr>
<tr>
<td>Loss on disposal of non-current assets</td>
<td>364</td>
<td>481</td>
</tr>
<tr>
<td>Remuneration of auditor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditing the accounts</td>
<td>11,150</td>
<td>11,150</td>
</tr>
<tr>
<td>Other services</td>
<td>6,350</td>
<td>6,350</td>
</tr>
<tr>
<td><strong>17,500</strong></td>
<td><strong>17,500</strong></td>
<td></td>
</tr>
</tbody>
</table>

## 4. Cash on Hand

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>1,976</td>
<td>1,976</td>
</tr>
<tr>
<td>Term deposits</td>
<td>3,625,176</td>
<td>3,063,191</td>
</tr>
<tr>
<td>Cash at bank - Federal operating account</td>
<td>433,733</td>
<td>238,001</td>
</tr>
<tr>
<td>Cash at banks, building societies, credit unions</td>
<td>750,708</td>
<td>1,040,295</td>
</tr>
<tr>
<td><strong>Total cash and cash equivalents as stated in the statement of financial position</strong></td>
<td><strong>4,811,593</strong></td>
<td><strong>4,343,463</strong></td>
</tr>
<tr>
<td><strong>Total cash and cash equivalents as stated in the cash flow statement</strong></td>
<td><strong>4,811,593</strong></td>
<td><strong>4,343,463</strong></td>
</tr>
</tbody>
</table>

## 5. Accounts Receivable and Other Debtors

### Current

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>172,313</td>
<td>172,313</td>
</tr>
<tr>
<td>Other receivables</td>
<td>730</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>173,043</strong></td>
<td><strong>172,313</strong></td>
</tr>
</tbody>
</table>

### (i) Credit Risk — Trade and Other Receivables

The company does not have any material credit risk exposure to any single receivable or group of receivables.

The following table details the company’s trade and other receivables exposed to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as “past due” when the debt has not been settled within the terms and conditions agreed between the company and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to the company.

The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

<table>
<thead>
<tr>
<th></th>
<th>Past due and impaired</th>
<th>Past due but not impaired (days overdue)</th>
<th>With initial trade terms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2012</td>
<td>Gross amount</td>
<td>&lt;30</td>
<td>31-60</td>
</tr>
<tr>
<td>Trade and term receivables</td>
<td>172,313</td>
<td>-</td>
<td>16,902</td>
</tr>
<tr>
<td>Other receivables</td>
<td>730</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>173,043</td>
<td>-</td>
<td>16,902</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2013</th>
<th>Past due and impaired</th>
<th>Past due but not impaired (days overdue)</th>
<th>With initial trade terms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Trade and term receivable</td>
<td>163,405</td>
<td>-</td>
<td>53,958</td>
</tr>
<tr>
<td>Other receivables</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>163,405</td>
<td>-</td>
<td>53,958</td>
</tr>
</tbody>
</table>

## 6. Inventories on Hand

### Current

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>At cost:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock on hand</td>
<td>29,081</td>
<td>6,051</td>
</tr>
</tbody>
</table>
7. Other Current Assets

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued income</td>
<td>$31,011</td>
<td>$61,800</td>
</tr>
<tr>
<td>Prepayments</td>
<td>$208,144</td>
<td>$171,907</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$239,155</td>
<td>$233,707</td>
</tr>
</tbody>
</table>

8. Property, Plant and Equipment

**Land and Buildings**
Freehold land at fair value:
- Less: accumulated depreciation: $(193,814)
- Property improvements - at cost: $25,770

**Total land and buildings**: $1,300,000

**Plant and equipment**
- Office furniture & equipment - at cost: $246,992
- Less: accumulated depreciation: $(186,316)

**Total plant and equipment**: $60,676

**Total property, plant and equipment**: $1,360,676

**Movements in Carrying Amounts**
Movements in carrying amount for each class of property, plant and equipment between the beginning and the end of the current financial year.

<table>
<thead>
<tr>
<th></th>
<th>Land $</th>
<th>Buildings $</th>
<th>Improvements $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>462,375</td>
<td>840,436</td>
<td>98,940</td>
<td>1,401,751</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
<td>44,587</td>
<td>44,587</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>(1,211)</td>
<td>(1,211)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying amount at the end of the year</td>
<td>-</td>
<td>(24,625)</td>
<td>(49,898)</td>
<td>(74,523)</td>
</tr>
</tbody>
</table>

**2013**
- Balance at the beginning of the year: 462,375
- Additions: 462,375
- Disposals: -
- Revaluation increment: 23,287
- Depreciation expense: -
- Carrying amount at the end of the year: 485,662

**Asset revaluations**
The freehold land and buildings were independently valued at 30 June 2013. The valuation was based on the fair value less cost to sell. The critical assumptions adopted in determining the valuation included the location of the land and buildings, the current strong demand for land and buildings in the area and recent sales data for similar properties. The valuation resulted in a revaluation increment of $23,287 being recognised in the Revaluation Surplus for the year ended 30 June 2013.

9. Accounts Payable and Other Payables

**Current**
- Income in advance: $1,283,820
- Other payables & accruals: $137,507
- Awards in trust: $134,470
- GST payable: $106,853

**Total**: $1,662,650
Financial liabilities at amortised cost classified as trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and other payables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Total current</td>
<td>1,662,650</td>
<td>1,674,747</td>
</tr>
<tr>
<td>Less income in advance</td>
<td>(1,283,820)</td>
<td>(1,316,674)</td>
</tr>
<tr>
<td>Financial liabilities as trade and other payables</td>
<td>378,830</td>
<td>358,073</td>
</tr>
</tbody>
</table>


Current
- Provision for employee benefits | 144,025  | 128,470  |

Aggregate employee benefit liability | 144,025  | 128,470  |

Provision for Long-term Employee Benefits
A provision has been recognised for employee entitlements relating to long service leave. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based on historical data. The measurement and recognition criteria relating to employee benefits have been included in Note 1 to these financial statements.

11. Capital and Leasing Commitments

Operating Lease Commitments
Non-cancellable operating leases contracted for but not recognised in the financial statements.

Payable - minimum lease payments
- not later than 12 months | 7,286    | 6,264    |
- Later than 12 months but not later than 5 years | 4,858    | 10,440   |
- Greater than 5 years | -        | -        |
Total | 12,144   | 16,704   |

The photocopier lease commitment is a non-cancellable operating lease contracted for but not recognised in the financial statements with a five-year term.

12. Contingent Liabilities and Assets
There are no material contingent liabilities and assets which are required to be disclosed in the financial statements at reporting date.

13. Events After the Reporting Period
There are no significant events after the reporting date which are required to be disclosed in the financial statements.

14. Related Party Transactions

a. Key Management Personnel
Any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel.

- short-term benefits 252,554 220,085
- post-employment benefits - -
- other long-term benefits - -
Total 252,554 220,085

b. Other Related Parties
Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

There were no transactions with related parties during the year.

15. Cash Flow Information
Reconciliation of Cashflow from Operations with Profit after Income Tax
Profit after income tax | 450,297 | 437,344 |

Non-cash flows
Loss on sale of non-current assets | 364  | 481  |
Depreciation | 58,122 | 74,523 |

Changes in assets and liabilities
(Increase) Decrease in inventories | (23,030) | (5,611) |
(Increase) Decrease in trade and other receivables | 9,638  | 116,531 |
(Increase) Decrease in other current assets | (5,448) | (79,107) |
Increase (Decrease) in trade and other payables | (12,097) | 138,316 |
Increase (Decrease) in employee provisions | 15,555  | 11,710  |
Total | 493,401 | 694,187 |

The company’s financial instruments consist mainly of deposits with banks, local money market instruments, short-term and long-term investments, accounts receivable and payable and leases.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:
Financial Assets

<table>
<thead>
<tr>
<th>Note</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4,811,593</td>
<td>4,343,463</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>163,405</td>
<td>173,043</td>
</tr>
<tr>
<td>Financial Liabilities</td>
<td>4,974,998</td>
<td>4,516,506</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>378,830</td>
<td>358,073</td>
</tr>
</tbody>
</table>

(i) Financial Risk Management Policies

The finance committee consists of senior committee members, and the committee’s overall risk management strategy is to assist the company in meeting its financial targets whilst minimising potential adverse effects on financial performance. Risk management policies are approved and reviewed by the finance committee on a regular basis. These include credit risk policies and future cash flow requirements.

(ii) Specific Financial Risk Exposures and Management

The main risks the company is exposed to through its financial instruments are credit risk, liquidity risk and market risk relating to interest rate risk and equity price risk.

There have been no substantive changes in the types of risks the company is exposed to, how these risks arise, or the board’s objectives, policies and processes for managing or measuring the risks from the previous period.

a. Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss for the company.

Credit risk is managed through the maintenance of procedures (such procedures include the utilisation of systems for the approval, granting and removal of credit limits, regular monitoring of exposures against such limits and monitoring of the financial stability of significant customers and counter parties), ensuring to the extent possible, that customers and counter parties to transactions are of sound credit worthiness. Such monitoring is used in assessing receivables for impairment.

Credit Risk Exposure

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

Trade and other receivables that are neither past due or impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed at Note 5.

The company has no significant concentrations of credit risk exposure to any single counterparty or group of counterparties. Details with respect to credit risk of Trade and Other Receivables are provided in Note 5.

b. Liquidity risk

Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations in relation to financial liabilities. The company manages this risk through the following mechanisms:

- preparing forward looking cash flow analysis in relation to its operational, investing and financing activities;
- maintaining a reputable credit profile;
- managing credit risk related to financial assets;
- only investing surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

Cash flows realised from financial assets reflect management’s expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed. The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates.

Financial liability and financial asset maturity analysis

<table>
<thead>
<tr>
<th>Financial liabilities due for payment</th>
<th>Within 1 Year</th>
<th>2013</th>
<th>2012</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and other payables (excluding estimated annual leave and deferred income)</td>
<td>378,830</td>
<td>358,073</td>
<td>378,830</td>
<td>358,073</td>
<td></td>
</tr>
<tr>
<td>Total expected outflows</td>
<td>378,830</td>
<td>358,073</td>
<td>378,830</td>
<td>358,073</td>
<td></td>
</tr>
</tbody>
</table>

Financial Assets — cash flows realisable

<table>
<thead>
<tr>
<th>Financial Assets — cash flows realisable</th>
<th>Within 1 Year</th>
<th>2013</th>
<th>2012</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>4,811,593</td>
<td>4,343,463</td>
<td>4,811,593</td>
<td>4,343,463</td>
<td></td>
</tr>
<tr>
<td>Trade, term and loans receivables</td>
<td>163,405</td>
<td>173,043</td>
<td>163,405</td>
<td>173,043</td>
<td></td>
</tr>
<tr>
<td>Total anticipated inflows</td>
<td>4,974,998</td>
<td>4,516,506</td>
<td>4,974,998</td>
<td>4,516,506</td>
<td></td>
</tr>
<tr>
<td>Net (outflow)/inflow on financial instruments</td>
<td>4,596,168</td>
<td>4,158,433</td>
<td>4,596,168</td>
<td>4,158,433</td>
<td></td>
</tr>
</tbody>
</table>

c. Market risk

i. Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments. The company is also exposed to earnings volatility on floating rate instruments.

The company did not have any loans with financial institutions during the year.
ii. Price risk
Price risk relates to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices of securities held.

The company was not significantly exposed to price risk during the year.

(iii) Sensitivity Analysis
The following table illustrates sensitivities to the company’s exposures to changes in interest rates and equity prices. The table indicates the impact on how profit and equity values reported at the end of the reporting period would have been affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

<table>
<thead>
<tr>
<th></th>
<th>Profit</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year ended 30 June 2012</td>
<td>+/- 80326</td>
<td>+/- 80326</td>
</tr>
<tr>
<td>+/-2% in interest rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year ended 30 June 2013</td>
<td>+/- 91511</td>
<td>+/- 91511</td>
</tr>
<tr>
<td>+/-2% in interest rates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No sensitivity analysis has been performed on foreign exchange risk as the company is not exposed to foreign currency fluctuations.

(iv) Net Fair Values
The fair values of financial assets and financial liabilities can be compared to their carrying values as presented in the statement of financial position. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm’s length transaction.

Monetary financial assets and liabilities not readily traded in an organised financial market are determined by valuing them at the present value of contractual future cash flows on amounts due from customers (reduced except for credit losses) or due to suppliers. Cash flow are discounted using standard valuation techniques at the applicable market yield having regard to the timing of the cash flows.

The net fair value of assets and liabilities approximates their carrying value at reporting date.

17. Capital Management
Management controls the capital of the entity to ensure that adequate cash flows are generated to fund its mentoring programs and that returns from investments are maximised within tolerable risk parameters. The finance committee ensures that the overall risk management strategy is in line with this objective.

The finance committee operates under policies approved by the Board of Directors. Risk management policies are approved and reviewed by the Board on a regular basis. These include credit risk policies and future cash flow requirements.

The entity’s capital consists of financial liabilities, supported by financial assets.

Management effectively manages the entity’s capital by assessing the entity’s financial risks and responding to changes in these risks and in the market. These responses may include the consideration of debt levels.

There have been no changes to the strategy adopted by management to control the capital of the entity since the previous year.

18. Reserves
Revaluation Surplus
The revaluation surplus records the revaluations of non-current assets.

19. Entity Details
The registered office and principal place of business is at:
Suite 3, 65 Oxford Street
Collingwood VIC 3066

20. Member’s Guarantee
The entity is incorporated under the Corporations Act 2001 and is an entity limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of $20 each towards meeting any outstandings and obligations of the entity. At 30 June 2013 the number of members was 3,169.

directors’ declaration
The directors of the company declare that:

1. The financial statements and notes, as set out on pages 28 to 38, are in accordance with the Corporations Act 2001:
   (a) comply with Australian Accounting Standards; and
   (b) give a true and fair view of the financial position as at 30 June 2013 and of the performance for the year ended on that date of the entity.

2. In the directors’ opinion there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director: Suzanne Kirsia

Director: Alexandra Bennett

Dated this 2nd day of October 2013
independent auditor’s report to the members of the Society of Hospital Pharmacists of Australia

We have audited the accompanying financial statements of The Society Of Hospital Pharmacists Of Australia Ltd (the company), which comprises the statement of financial position as at 30 June 2013 and the income statement, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors’ declaration.

The Responsibility of the Directors for the Financial Statements

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the 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 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 judgment, 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 of the financial report that gives a true and fair view 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 the directors, 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.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Auditor’s Opinion

In our opinion, the financial report of The Society of Hospital Pharmacists Of Australia Ltd Limited is in accordance with the Corporations Act 2001, including:

(i) giving a true and fair view of the company’s financial position as at 30 June 2013 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards and the Corporations Regulations 2001.

Emphasis of Matter

The financial report is prepared for a general purpose by management of the entity under the Corporations Act 2001. The entity is a not for profit entity as noted in Note 1 to the Financial Statements. Our opinion is not modified in respect of this matter.

ANDERSON AUDITORS
Chartered Accountants
Level 6, 484 St Kilda Road, Melbourne VIC 3004

Dated this 2nd day of October 2013

ROBERT F. CINCOTTA
Partner