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shpa federal councillors as at 30 June 2014

shpa executive councillors

**Professor Michael J Dooley**  
Federal President  
Councillor from 2013 (Vic.)  
Director of Pharmacy, Alfred Health  
Professor of Clinical Pharmacy, Monash University

**Dr Ian Coombes**  
Federal Vice-President  
Councillor from 2009 (Qld)  
Director of Pharmacy, The Royal Brisbane & Women’s Hospital  
Adjunct Assoc. Professor, School of Pharmacy, University of Queensland

**Dr Alexandra (Sasha) A Bennett**  
Federal Treasurer  
Councillor from 2011 (NSW)  
Executive Officer, NSW Therapeutic Advisory Group  
Pharmacist, Cardiac Rehabilitation Program, St Vincent’s Hospital, Sydney

**Karen Kaye**  
4th Executive Member  
Councillor from 2007 (NSW)  
Executive Manager, NPS MedicineWise

**Daniel M Guidone**  
Councillor from 2013 (Vic.)  
Lecturer, Clinical Pharmacy and Therapeutics, School of Medical Sciences, RMIT University

**Peter R Fowler**  
Councillor from 2013 (Tas.)  
Manager, Clinical Pharmacy Services, Launceston General Hospital  
Statewide Clinical Lead, Medication Management Projects

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

**Catherine Hughes**  
Councillor from 2011 (SA & NT)  
Manager, Strategic Projects Unit, Southern Adelaide Local Health Network

**Emily Diprose**  
Councillor from 2011 (ACT)  
Acting Director of Pharmacy, Calvary Health Care, Bruce

**Trudy L Teasdale**  
Councillor from 2013 (Qld)  
Pharmacist, Assistant Director, Gold Coast Health

**thanks from SHPA to former councillors**  
SHPA gratefully recognises these councillors, who finished their terms on Council in November 2013

**Anthony Hall**  
Tony served two terms on Federal Council having first been elected in 2004. Tony served two years as Federal Treasurer and has been SHPA’s representative on the board of Allied Health Professions Australia.

**Amber Roberts.**  
Amber Roberts was on Federal Council since 2005. She has served on the Executive of Federal Council as the 4th executive member for one year and five years as Vice-President.

**Suzanne Kirsa**  
Sue was re-elected to Federal Council in 2009, having also served in 2000-2008. This time she served as Treasurer for one year and as President for three. Sue oversaw the period of major transition following Yvonne Allinson’s departure as CEO and recruitment of her replacement, Helen Dowling.

**Megan Zigomanis**  
Megan Zigomanis joined SHPA’s Federal Council in February 2008, filling a casual vacancy. In her time on Council, Megan was on the Executive as the 4th member.
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, Committees of Specialty Practice, Research and Development Grants Advisory Committee, reference groups and the Federal Secretariat. All councillors and branch 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 than SHPA 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

strategic plan

the shpa vision: excellence in medicines management for better health outcomes through leading edge pharmacy practice and research

the shpa mission:
- Supporting the continuing professional development of our members
- Having strong membership across 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

The CORE strategic areas are:
ADVOCATING, LEADING AND PARTNERING to influence excellence in medicines management
To increase understanding of the value of pharmacy services and resultant benefits on patient outcomes, by governments, health care providers and consumers, and forge strategic partnerships that advance the SHPA vision, mission and values

Enabling a CAPABLE AND COMPETENT WORKFORCE
To recognise and respond to the need for a skilled, competent and capable pharmacy workforce that is adaptable and fit for purpose to work with patients and the health care team in delivering excellence in medicines management

Supporting the MEMBERSHIP through education, training, development and research
To provide valued services to SHPA members, so that SHPA is the organisation of choice for pharmacists, irrespective of their pharmacy practice setting

Sustaining the organisation to SUPPORT AND ENHANCE THE PROFESSION
To ensure the organisation maintains a clear vision and strong governance to support the profession to deliver better health outcomes

SHPA recognises the commitment of many volunteers throughout our membership whose efforts help enable the delivery of national and branch level SHPA activities and member services.

We nurture teamwork, conduct ourselves with integrity, respect the needs of consumers, recognise the contribution of our members and other stakeholders, and strive to be innovative in the way we work.
shpa federal secretariat

The SHPA staff members, as at 30 June 2014, 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)

Natalie Collard  
Member Services

Helen Dowling  
Chief Executive Officer

Cassie Fersterer  
Services Manager (part time)

Vikki Gill  
Assistant to Federal Secretariat (part time)

Stacey Hall  
Assistant to Federal Secretariat

John Hand  
Assistant to Federal Secretariat and JPPR

Kylee Hayward  
Professional Development Coordinator (part time)

Natalie Jenkins  
Professional Development Coordinator (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)

Keli Symons  
Publications Pharmacist (part time)

Michael Tsui  
Business Manager (part time)

departing staff

During the year these valuable staff left SHPA. SHPA is grateful to each of them for their respective contributions to the organisation and members.

Benafsha Khariwala (Managing Editor, JPPR) and Marlene Cartlidge (Administrative Assistant to JPPR) both finished at SHPA in early 2014.

Benafsha’s and Marlene’s many years of dedicated hard work brought together each issue of the Journal of Pharmacy Practice and Research. Their contribution to JPPR and SHPA is highly regarded and much appreciated.

Marlene Cartlidge and Benafsha Khariwala

Mary Tredinnick worked as a project pharmacist for a short period, overseeing the Advanced Pharmacy Practice Project.

Sally Wilson worked at SHPA as the Research into Practice pharmacist during the period funded by an unrestricted research grant from Celgene, which ended in May 2014.
from the president

Every year we are all faced with many challenges, professionally and personally, and it is important that we reflect on our achievements. We also must consider how we can continue to contribute to improvement in the health care of Australians into the future. As healthcare professionals we must embrace this responsibility and support each other to achieve this ambition. SHPA, through all our members, keeps this responsibility at the forefront of our thinking, planning and delivery of services.

SHPA has been very busy and productive over the past year; continuing to represent you by advocating on your behalf to policy and decision makers and by planning and implementing new and improved member services.

Your contribution is essential to SHPA achieving its aims; whether you’re involved in a branch committee, COSP, reference group or Federal Council; or you organise or speak at CPD events, contribute to SHPA submissions, or simply provide feedback so we know what you need. The effort of the multitude of volunteers is what sustains SHPA and is invaluable.

Late in 2013 SHPA released the revised SHPA Strategic Plan, which emerged from the Strategic Planning Day conducted earlier in 2013. The core strategic areas of the Strategic Plan guide SHPA’s direction and focus. Our core strategic areas are:

**ADVOCATING, LEADING AND PARTNERING** to influence excellence in medicines management

Enabling a **CAPABLE AND COMPETENT WORKFORCE**

Supporting the **MEMBERSHIP** through education, training, development and research

Sustaining the organisation to **SUPPORT AND ENHANCE THE PROFESSION**

Advocacy activities this year have covered a vast range of issues that are important to pharmacists and the care we provide. SHPA provided more than 50 submissions to various government departments and agencies. All of these were made possible through the expert input from members. Submissions focused on the issues of medication management reviews, changes in funding of medication including dlozapine and chemotherapy as well as input into pharmacy registration standards and guidelines, to name a few.

On the CPD front, SHPA members have embraced webinars to receive CPD. All branches have started broadcasting by webinar and we have also held a number of national webinars which have been eagerly received. We have also responded to requests for CPD that provides skills and knowledge in areas outside traditional therapeutic topics; partnering with the Australian Institute of Management and The Cyber Institute, we now offer online courses in leadership and management topics. We have introduced new online learning modules, CE on Demand, new seminar topics and an e-book library. All of these changes are in response to feedback from you, our members.

SHPA has been actively contributing to the future direction of the profession. Two examples are our involvement in initiatives to improve cognitive services provided by pharmacists including medication reviews and recognition of advanced practice. Convening the Accredited Pharmacists Reference Group demonstrates SHPA’s commitment to members who undertake medication reviews and the importance of cognitive services provided by pharmacists to the future of the profession. Recognition of the advanced practice of pharmacists is progressing and this, along with programs to support advancing practice, are fundamental for the profession. SHPA and many of our members have taken a leadership role in these initiatives. SHPA has been a member of the Advanced Pharmacy Practice Framework Steering Committee which developed the Advanced Pharmacy Practice Framework, and we continue to contribute to these exciting developments.

Another major initiative this year was the decision to engage Wiley Publishing as a publishing partner for the Journal of Pharmacy Practice and Research (JPPR). This will bring many benefits to readers, authors and reviewers of JPPR by streamlining production and enabling access via Wiley’s online publishing platform. The transition to Wiley will be complete by the December 2014 issue – we look forward to seeing the benefits of this partnership come to fruition in 2015.

Medicines Management 2013, the 39th SHPA National Conference in Cairns in September 2013, was a great success. It was the first time that the SHPA conference had been held outside a capital city. The tropical location and the enthralling and comprehensive program attracted delegates from around Australia and beyond. We commend the Conference Committee for their hard work leading up to and during the event. SHPA is fortunate to have so many members who are willing to volunteer to organise events like the Medicines Management conference, branch symposiums, branch CE and so on, that we can all benefit from.

In November 2013, Federal Council welcomed four new councillors, including myself. I have been very impressed with the commitment of all councillors and the expertise, experience and commitment they bring to SHPA. Their collective insight and leadership is invaluable to SHPA. In addition, we have all appreciated the support, hard work and expertise of the Federal Secretariat, which often goes unnoticed, and is invaluable.

I would like to thank the outgoing councillors for their contribution to SHPA; Tony Hall, Amber Roberts, Megan Zigomanis and particularly Sue Kirsa, the immediate past president. SHPA, and you as members, have benefitted greatly from Sue’s leadership, commitment, energy, and expertise during her three years as President. Sue led the organisation through a period of great change and many challenges in the Australian healthcare sector and her legacy is a Society that has the capacity and expertise to support members across the various settings in which they practice.

In closing, it gives me great pleasure to again acknowledge the recipients of SHPA’s major awards for 2014, which were presented at Medicines Management 2014, the 40th SHPA National Conference, Darwin, September 2014. Congratulations to:

- Emeritus Professor Lloyd Sansom, recipient of the Fred J Boyd Award; and
- Kirstie Galbraith, recipient of the SHPA Medal of Merit.

Professor Michael Dooley,
Federal President
In November 2013, SHPA launched its strategic plan which will guide how the organisation will support you over the next five years. SHPA aims to provide valued services to you, as SHPA members, so that SHPA is the organisation of choice for you, irrespective of your pharmacy practice setting. You continue to join and remain members of SHPA; membership numbers are rising and we are becoming a stronger, more respected organisation because of you.

In 2013 SHPA committed to supporting accredited pharmacists by forming the Accredited Pharmacists Reference Group. This group advocates on behalf of all pharmacists who undertake medication reviews. Wanting to reduce the isolation experienced by some accredited pharmacists, the Reference Group set up an online discussion forum for accredited pharmacists that any member can join. The Reference Group was also integral to compiling the new e-book library, a benefit to not only accredited pharmacists but all members.

Online discussion forums are flourishing; there are now seven active discussion forums on the shpaeCPD website. We encourage you to join in their conversations today. The shpaeCPD website is also packed with new CPD, including more in-depth courses such as the Paediatric Pharmacy Learning Package and the interactive simulations in leadership and management are an excellent resource for technicians and pharmacists looking to improve their management skills.

We’ve revamped the careers page on the website, adding more information, including how to get a job in hospital pharmacy and a blog of pharmacist career stories to inspire you. We’ve trialled a new job board on this page too, making it easier for you to find a job across Australia and beyond.

We continue to be active on social media to share pharmacy-related news with you and your colleagues across the globe. You can find and follow us on Facebook, Twitter, LinkedIn and Google+.
advocating, leading and partnering
to influence excellence in medicines management

SHPA's role in influencing policies and decisions that affect members, pharmacy practice and health care is important. 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.

SHPA continued to liaise with organisations such as the Pharmacy Board of Australia; Australian Pharmacy Council; Therapeutic Goods Administration; Community Services and Health Industry Skills Council; the Independent Hospital Pricing Authority and many others, by responding to calls for feedback on discussion papers, drafts and proposals.

SHPA is grateful to all of the members who contributed to SHPA's responses during the year.

During 2013/14 there were some issues that commanded SHPA's attention and commitment of significant resources, including SHPA appearing as a witness at two Senate inquiries. The big issues of the year were changes to the business rules for 5CPA programs that introduced caps on medication review services; chemotherapy funding; out-of-pocket costs in Australian health care; and online claiming for clozapine.

5CPA changes: SHPA was outspoken in its objection to the new business rules that included caps on HMRs and RMMRs. SHPA wrote to the health minister, issued media releases, released position statements and attended meetings to express SHPA's concerns about consumers having reduced access to services that improve medication use and reduce the risk of hospitalisation. SHPA called for a moratorium on the sudden changes to the business rules of 5CPA, which came into effect on 1 March 2014.

SHPA believes that funding of professional pharmacy services, such as medication review services, should be removed from future Community Pharmacy Agreements. The priority should be for sufficient funding and departmental support to be made available for all consumers who need this type of service based on clinical need, to have timely access to a comprehensive review of their medicines and that patients recently discharged from hospital, who are at very high risk of medication misadventure, should be targeted.

SHPA has provided feedback to support our position in the 5CPA audit, and attended a consultation on the Sixth CPA which was convened by the Pharmacy Guild of Australia.

Chemotherapy funding: SHPA worked for more than two years with other stakeholders to argue the case for funding to be assured so that cancer patients will have continued access to their chemotherapy and associated clinical pharmacy services after the combined effects of Accelerated Price Disclosure and Efficient Funding of Chemotherapy threatened the ability of pharmacy services to continue providing chemotherapy. There was a pleasing result in November 2013, when the Federal Government announced additional funding to cover until the end of the current Community Pharmacy Agreement and that claiming through the PBS would be simplified as it moves online.

Clozapine online claiming: In January 2014, public hospitals were required to move to online claiming for clozapine. SHPA expressed its concern in the lead up, because many hospitals had shared-care arrangements with the community sector so that patients could receive their clozapine from a community pharmacy. The move to online claiming required hospital pharmacies to implement workarounds so that this arrangement would be continued and maintain the arrangement that benefitted vulnerable patients.

SHPA conveyed its concern to the Health Minister, a Senior Advisor to the Health Minister, the Pharmacy Guild, and the Pharmaceutical Benefits Advisory Committee.

SHPA is pleased that PBS changes coming into effect in July 2015 mean that community pharmacies will be able to dispense and claim for clozapine and remove the need for workarounds.

Following a submission to the Senate's Community Affairs Reference Committee inquiry into out-of-pocket costs in Australian healthcare, SHPA was invited to appear as a witness to the Committee.

SHPA was also heavily involved in the Health Professionals Prescribing Pathway project, which was undertaken by Health Workforce Australia (HWA) to develop a nationally recognised approach to prescribing. SHPA welcomed the resultant report and is pleased the project will move into the implementation phase. SHPA supports the efficient use of the healthcare workforce. Implementing the HPPP in a structured, safe and controlled manner will help ensure that there is equity in access to medicines for all Australians.

SHPA and the SHPA National Pharmacy Technician Network provided feedback on the Community Services and Health Industry Skills Council draft certificate III and certificate IV in Hospital/Health Services Pharmacy Support qualifications.

SHPA has had significant involvement in the development of advanced pharmacy practice, including providing feedback in a submission to the Australian Pharmacy Council about evaluation and credentialing of advanced practice pharmacists. SHPA produced two publications which help pharmacists advocate for the benefit of clinical pharmacy services. A new fact sheet Clinical pharmacy services—optimising patient health outcomes was added to the Medicines in Focus series, and a position statement Clinical pharmacy services optimise patient health outcomes and care was published.

You can view submissions made by SHPA on the website here: www.shpa.org.au/News/advocacy (login required)
partnerships

SHPA recognises that we have goals in common with many other organisations and collaborating with them is of mutual benefit. SHPA promotes and supports organisations whose work is consistent with SHPA’s mission and vision for the benefit of SHPA members and the patients in their care. SHPA is a member organisation of NPS MedicineWise, Australian Pharmacy Liaison Forum, Allied Health Professions Australia, Consumers Health Forum and a supporter of the Pharmacists’ Support Service. SHPA promotes the resources and work of the Australian Commission on Safety and Quality in Health Care.

research into practice pharmacist

Thanks to an unrestricted research grant from Celgene, SHPA was able to appoint a Research into Practice pharmacist for a three-year period to develop a range of fact sheets for use by hospital pharmacy managers to promote the role of hospital pharmacists. This project ended in early 2014 with the release of the final fact sheet Clinical pharmacy services: optimising patient health outcomes. This position provided the opportunity to develop a set of valuable resources at a time when our membership was in need of tools that would assist them in their workplaces – especially at a time of major national health reform.

In total, seven fact sheets were developed, which have been very well received by pharmacists in hospitals who are negotiating with hospital managers and administrators about the benefit of pharmacy services. Members have reported that the numerous fact sheets, position statements and background papers have been put to good use.

Material developed via this research into practice position has also been utilised to develop other SHPA submissions and background papers. In addition, the research into practice pharmacist’s skills and expertise have assisted Monash Health with collating results and drafting research articles.

enabling a capable and competent workforce

SHPA supports the pharmacy workforce by facilitating career development and progression, ensuring that quality relevant CPD is available, providing a competency assessment tool (shpaclinCAT), providing the evidence for the value of pharmacists and pharmacy services in position statements and fact sheets, and much more.

shpaclinCAT

During 2013/14, SHPA held five seminars for shpaclinCAT evaluator training (NSW, Vic., NT) attended by 63 delegates. In 2013/14, the program for shpaclinCAT seminars was refreshed and structured to offer more online course material including introductory videos and evaluator resources.

A special interest session focusing on feedback skills and workplace implementation for trained shpaclinCAT evaluators was also held at the Medicines Management 2013, the 39th SHPA National Conference.

accredited pharmacists

SHPA is one of two organisations in Australia that can accredit pharmacists to do funded medication management reviews (HMRs and RPMRs). There are currently 44 pharmacists accredited by SHPA. SHPA has three credentialing pathways by which a pharmacist can become accredited: Bachelor of Pharmacy Specialties, Certified Geriatric Pharmacist or National Alliance for Pharmacy Education.

SHPA’s strong position on patient-centred care applies to all pharmacists regardless of their practice setting – including the home. In 2013, SHPA expanded and formalised its support for accredited pharmacists by forming the Accredited Pharmacists Reference Group, setting up a discussion forum and online chat room for accredited pharmacists and developing a new seminar, Medication Review Skills in Primary Care, aimed at pharmacists who provide medication review services.

Debbie Rigby, a highly regarded pharmacist and leaders in this field, is Chair of the Reference Group. The value of the reference group stems from its multidisciplinary nature – with a general practitioner, geriatrician, a representative from the Consumers Health Forum (CHF) as members, in addition to respected pharmacists who work in medication review and related services.

The members of the Accredited Pharmacists Reference Group are: Debbie Rigby (Chair), Dr Peter Tenni, Deirdre Criddle, Dr Manya Angley, Sue Driscoll, Moya Sandow (CHF), Dr Vasi Naganathan (geriatrician), Dr Pradeep Jayasuriya (GP), Sue Kirs, Professor Michael Dooley, Dr Ian Coombes, Dr Sasha Bennett, Helen Dowling.

At their inaugural meeting in December 2013, the Accredited Pharmacists Reference Group clarified its primary purpose as supporting and advocating for pharmacists who provide medication review services in the community setting.

Using PARTNERSHIPS, EDUCATION and RESEARCH, the Reference Group’s core objectives are to develop strategies to facilitate and support

- a sustainable funding model for providing medication reviews
- targeting the service at those who are most at risk.
The newly established online discussion forum for accredited pharmacist members and other members who work or are interested in this and related fields, is moderated by Debbie Rigby and has been enthusiastically received and is helping to foster meaningful and useful exchanges.

SHPA has supported accredited pharmacists during this year of major turmoil and uncertainty. SHPA ensured that accredited pharmacist members remained informed of developments and changes that would affect them.

**accredited CPD**

In April 2014 SHPA was re-accredited by the Australian Pharmacy Council as a Continuing Professional Development Accrediting Organisation until April 2017. Accrediting CPD is an important task which helps pharmacists choose CPD and be assured that it is of a high standard. During 2013/14 SHPA accredited 89 CPD events, 82 delivered by SHPA, 7 delivered by other CPD providers.

**advancing pharmacy practice**

The topic of advancing pharmacy practice is of great interest to many SHPA members; many are keen to start the journey towards becoming advanced practitioners; others are well on their way; and some are already practising at an advanced level. Supporting members on this journey is a high priority for SHPA and is the reason for embarking on the "SHPA Advanced Pharmacy Practice Project", which was launched by then-SHPA President, Sue Kirsia at MM2013.

The aim of the project is to design and implement the support that pharmacists will need on their journey towards advanced practice. Initially this involves developing a suite of tools to guide a pharmacist's personal development plan across their entire career. Australian pharmacists currently have the National Competency Standards Framework for Pharmacists in Australia (2010) and the Advanced Pharmacy Practice Framework (APPF) and SHPA members have access to shpaclinCAT, SHPA Standards of Practice and SHPA CPD offerings to guide their practice development. Through the Advanced Practice Project, SHPA is developing Advanced Practice Frameworks for an initial range of practice areas: cancer services, cardiology, critical care, emergency medicine, infectious diseases, paediatrics and palliative care. The practice-area-specific frameworks will include common competencies and evidence levels, related standards of practice, evidence frameworks to guide practitioner development and customised competency assessment tools, based on an extension to shpaclinCAT (shpACAT). This work builds on the work already undertaken by members and COSPs that have developed or used Advanced Level Frameworks (ALFs) based on the UK framework.

Once the frameworks for this initial range of practice areas are nearly complete, SHPA plans to develop Advanced Practice Frameworks for other practice areas, including those without direct patient care. SHPA appointed Mary Tredinnick as a project pharmacist, under the guidance of Karen O’Leary, SHPA Policy and Projects Manager, to coordinate the SHPA Advanced Pharmacy Practice Project. A steering committee comprising experts with broad experience and expertise was established to lead the project.

The committee consists of: Professor Michael Dooley (Chair), Camille Boland, Christine Carrington, Dr Ian Coombes, Kirstie Galbraith, Neil Keen, Sue Kirsia, Helen Lovitt, Debra Rowett, Sean Turner, Susan Welch with SHPA staff Helen Dowling, Karen O’Leary, Nicki Burridge and Mary Tredinnick.

The Australian Pharmacy Council (APC) has established the Advanced Practice Credentialing Committee as the independent assessment and credentialing body for advanced pharmacy practitioners. This committee is chaired by Dr Ian Coombes, Federal Vice-president of SHPA. The APC credentialing system will be piloted in early 2015 against the APPF with full implementation anticipated soon after.

There is substantial work underway for SHPA to be a ‘readiness provider’ where we will support and assist pharmacists to prepare and submit evidence of their advanced practice to the APC.

**rural network - promoting and supporting rural pharmacy practice**

The SHPA national 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 a network of rural hospital pharmacists. Anne also represents rural hospital pharmacy at appropriate forums, on the Allied Health Professions Australia Rural and Remote and the Rural Pharmacists Australia.

The rural network has representatives from the states/territories. Membership of the network consists of Anne Leversha (Chair), Frank Andinach (WA), Petra Straight (NT), 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.

Branch committees are strengthening links with their rural representatives, and all rural pharmacists are encouraged to provide feedback on rural issues to the branch representative or to the national rural adviser and provide details about how the SHPA Rural Network can work for you.

The network held a very successful meeting at MM2013 in Cairns where numerous rural members showcased their work.

**national pharmacy technician network**

**Members:** Joan Semmler (Chair, Qld), Lorah Hickman (Vic.), Judy Manning (SA & NT), Vanessa Hollingsworth (WA), Bryan Walker (ACT), Melanie Anderson (NSW), Trudy Teasdale (Federal Council representative).

**Activities for 2013/2014:** During 2013/14 the Technician Network representatives have been members of conference
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organising committees – Joan Semmler was a member of the MM2013 organising committee and Judy Manning was a member of the MM2014 conference organising committee.

The Network facilitated the successful technician network breakfast at MM2013 – for the second year an invited speaker was the highlight of the session – Kellie Allen provided a wonderful motivational talk on encouraging effective communication. We continued our involvement in the Community Services and Health Industry Skills Council review of the Health Training Package which includes Certificate III and IV in Hospital/Health Services Pharmacy Support qualifications for pharmacy technicians; and facilitated the first national continuing education session for pharmacy assistants and technicians via webinar, an event we hope to establish as a regular benefit for members.

We were sorry to accept the resignation of Becky Walsh as a member and Chair of the Network. We wish her well in her new career path and thank her sincerely for her outstanding contribution to the foundation and establishment of the Network.

We welcomed three new members in 2013/14 and thank them all for their commitment to the goals of the network - Lorah Hickman (Vic.), Bryan Walker (ACT), Melanie Anderson (NSW). We also welcomed Trudy Teasdale as our new Federal Council representative and thank her for her keen interest in the activities of the Technician Network. Thanks also to Catherine Hughes who previously represented Federal Council.

education, training, development and research
continuing professional development

SHPA has continued to expand the range of Continuing Professional Development (CPD) activities offered to members in 2013/14. The range, quality and delivery of SHPA’s CPD activities continue to be overseen by SHPA’s Education Reference Group which at 30 June 2014 comprised Dr Ian Coombes (Chair), Daniel Guidone (Supporting Councillor), Dr Chris Alderman, Dr Neil Cottrell, Dr Jeff Hughes, Dr Chris Doecke, Rohan Elliott and Dr Rebecca Moles.

shpaeCPD - SHPA’s home of online CPD

shpaeCPD is SHPA's learning management system, made available online to SHPA members.

There has been increased traffic to the shpaeCPD website since the move of all SHPA's online CPD activities to the shpaeCPD platform in 2013. The number of unique member and guest logins to the shpaeCPD system over 2013/14 has increased significantly since 2012/13. The range of CPD activities available online in shpaeCPD (including CE on Demand) has continued to expand. The website has helped SHPA to provide members with better access to recordings of Branch CE events conducted via webinar and selected symposium presentations; as well as externally created content. shpaeCPD is now used routinely for online delivery of CPD associated with SHPA's national events including the MM2013 and seminars.

In 2013/14, SHPA launched several new CPD activities in shpaeCPD including:

- **Skills-based training in leadership and project management** including online simulations made available through an agreement with the Australian Institute of Management and the Cyber Institute (June 2014). The simulations utilise a key area of focus for professional development and involve a unique and interactive delivery mode for CPD. Access to these activities is on a cost recovery basis.

- The **Paediatric Pharmacy Learning Package** (May 2014) developed in collaboration with Sonya Stacey and the SHPA COSP in Paediatric Pharmacy. The package comprises a series of online modules available to members in shpaeCPD. Topics include the fundamentals of children and medicine, child health issues, growth and development, medicines administration in young children and information resources/drug regimen design. The package is specifically designed for Australian pharmacists with an interest in paediatric pharmacy.

- **CE on Demand** includes videos from national webinars, an external training package developed at Peter MacCallum Cancer Centre on dispensing anti-cancer therapy and foundation level modules on medication management (June 2014), laboratory tests (February 2014) and bedside tests (February 2014). The modules are available as standalone activities or can be done in conjunction with SHPA's Foundation Seminar in Clinical Pharmacy Practice.

shpaeCPD also links to EBSCOhost, a powerful online reference system available to all SHPA members. In 2013/14, over 38,000 literature searches were undertaken in the databases accessible through SHPA's EBSCOhost subscription and over 3800 full text articles have been viewed by SHPA members. Many of the online lessons available in shpaeCPD now include links to the Dynamed Point of Care summaries and relevant journal articles accessible through EBSCOhost so that members can study the evidence on a particular topic in greater depth.

In 2013/14, new case studies were added to shpaeCPD in gastroenterology and endocrinology and will continue to be added every six months. Self-assessment questions continue to be developed for JPPR articles, CE on Disk presentations, AJP clinical articles, SHPA branch events and seminars.

Enhancements to the shpaeCPD website in 2013/14 also included customised certificates, to facilitate CPD recording, and badges to help engage members in learning activities.
CE on Disk

In addition to shpaeCPD, SHPA has continued to provide recordings of branch CE lectures on CE on Disk. Disks 17 and 18 were distributed during 2013/14, containing 35 presentations for members to view on their computer in their own time. The 14 presentations from these disks that had associated self-assessment questions were also available to be viewed on shpaeCPD along with their questions and a certificate of completion.

webinars

In order to improve accessibility to branch CE events for all members, SHPA has continued to implement webinars for CE events held nationally and at the branch level. In 2013/14, SHPA held three national webinars and all branches had either broadcast, recorded or tested webinar technology for the delivery of branch CE lectures. The NSW, Victorian and Queensland branches now routinely offer members access to monthly CE lectures via webinar and have agreed to open up selected lectures to other branches. Selected CE lectures recorded using webinar technology Citrix GoToWebinar are later uploaded into shpaeCPD for members to view if “real time” attendance at a webinar was not possible.

seminar program

Twelve seminars were convened by SHPA during 2013/14 and again proved very popular with a combined total of 544 registrants. In 2013/14, SHPA held its first seminar in Early Career Leadership which involved 50 pharmacists from around the country. The Infectious Diseases and Cardiology seminars, which are relatively recent additions to SHPA’s seminar program, continued to attract strong interest. SHPA gratefully acknowledges the support of Pharmaceutical Defence Ltd for their support and sponsorship of the seminars.

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

shpacleCAT seminar (NSW) Sydney, August 2013: Kirstie Galbraith, Tanya Piper, Cathy Martin, Yvonne Allinson

Infectious Diseases Seminar Melbourne, August 2013: Dr David Kong, Dr Jason Roberts, Kelly Cairns, Caroline Chen, Graeme Chesterton, Osbert Cotta, Senthil Lingarathnam, Sharmila Khumra, Evette Buono, Alison Duncan, Natalie Cincotta, Sonia Koning, Yves Lorenzo, Karen Urbanbnc

shpacleCAT seminar (NSW) Sydney, August 2013: Peter Barclay, Cathy Martin, Tanya Piper, Yvonne Allinson

Haematology/Oncology Seminar Melbourne, October 2013: Julie Wilkes, Gail Rowan, Dan Mellor, Scott McGregor, Christine Carrington, Michael Cain, Geoff Grima

shpacleCAT seminar (Vic.) Melbourne, October, 2013: Olivia Rofe, Kirstie Galbraith, Cameron Phillips, Yvonne Allinson

Foundation Seminar in Clinical Pharmacy Practice Adelaide, February 2014: Dr Lisa Pont, Dr Michael Barras, Sharon Goldsworthy, Sally Marotti

Cardiology Seminar Gold Coast, March 2014: Matt Percival, Francine Chuan, Garth Birdsey, Lisa Murfin, Karl Winckel, Tina Ha, Leonie Mok, Serena Rofail, Andrew Munns, Liz Hayward, Martin Canning

Clinical Trials Seminar Melbourne, April 2014: Carol Rice, Michael Ching, Mei Grant, Helen Kopp, Claire Vosk, Jill Davis, Eugenia Hong, Lai Mee Lam, Diana Rainbird

Critical Care Seminar (Foundation) Melbourne, May 2014: Robyn Ingram, Lynn Choo, Di Milne, Melissa Ankravs, Niamh Geraghty, Karlee Johnston, Steve Fowler, Annie Egan, Stephanie Brumby, Bianca Levkovich

Early Career Leadership Seminar Adelaide, May 2014: Catherine Hughes, Bhavini Patel

shpacleCAT (NT) Darwin, May 2014: Cathy Martin, Olivia Rofe, Yvonne Allinson

shpacleCAT (NSW) Sydney, June 2014: Cameron Phillips, Olivia Rofe, Yvonne Allinson

branch symposiums

Ten branch symposiums and a pharmacy managers meeting were held by SHPA branches in 2013/14. The focus of the branch symposiums was largely clinical. End of life care, deprescribing and medicines in the older person were popular subjects. A pharmacoeconomics symposium was a novel offering from the SA & NT Branch in June 2014. In addition to the clinical topics presented, NSW branch held a skills-based seminar in November 2013 on expanding personal influence and negotiation skills. Victoria held its annual pharmacy managers meeting in October 2013.
MM2013 was held in Cairns, 19-22 September 2013. With a theme of Get Smart, Get Personal, Get Inspired the conference attracted 863 delegates, 84 contributed papers and a record number of over 300 posters.

The conference again utilised a smartphone app, containing the entire conference handbook, program and abstracts. Delegates could use the app to Tweet or take notes during the presentations which could later be retrieved by email.

Many thanks go to the hardworking MM2013 Conference Organising Committee. Dr Jason Roberts, Bryson Swan and Arna Lancashire co-chaired the committee of Lee Allam, Fiona Bittlestone, Margie Butnoris, Judith Coombes, Jackie Costello, Sachjuan Grayson, Lynette Loy, Jane Mather, Kelly Mulvogue, Shelley Pember, Joan Semmler, Brooke Myers and Brent Robinson.

The Journal of Pharmacy Practice and Research is a peer-reviewed journal that supports the development of hospital pharmacy practice by providing a forum for the exchange of knowledge, ideas, commentary and professional opinion for stakeholders. With a commitment to science-based articles 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 practice standards and guidelines, letters and book reviews.

In January 2014, SHPA decided to engage Wiley Publishing as its publishing partner for the Journal. The March 2014 issue was the last in-house issue. SHPA retains ownership of JPJR. In this digital age, technology offers so many benefits to publications like JPJR, and going down this path with Wiley Publishing opens the door to a whole range of opportunities that will help modernise JPJR and broaden its audience.

The day-to-day management of manuscripts and production of each issue has been outsourced to Wiley Publishing which meant that there was no longer a need for the managing editor position, a position held for more than 10 years by Benafsha Khariwala. Benafsha’s commitment and loyalty to the JPJR has been outstanding. She worked with a changing team of associate editors and through the changes of several editors-in-chief; she ensured that the four issues per year of JPJR were published. JPJR has consistently rated highly in membership surveys as a premier SHPA member benefit.

In his first year as Editor-in-Chief, Dr Chris Alderman’s team included 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).

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.

Thanks to all those who supported the Journal in 2013/14, especially authors and expert referees who despite being busy professionals, voluntarily gave their time.

The Journal gratefully acknowledges the contributions of Benafsha, former Administrative Assistant to JPJR Marlene Cartlidge, and Dr Manya Angley who finished her term as Associate Editor.
specialty practice

For many years, SHPA's specialty activities have been overseen by the Specialty Practice Reference Group (SPRG). The SPRG comprised the chairs of all Committees of Specialty Practice (COSPs) and a federal councillor and supporting councillor, most recently Helen Lovitt and Trudy Teasdale, respectively. The SPRG helped to establish, oversee and review what is now a thriving group of COSPs. In May 2014 SHPA Federal Council decided that the work of the SPRG could be managed by the Federal Secretariat and Federal Council. Federal Council thanked SPRG members for their contribution.

This work includes:

- Overseeing the development and maintenance of SHPA standards of practice.
- Encouraging the development of a pool of expertise that is available to comment on issues of relevance to hospital pharmacy.
- Encouraging and supporting the development of practice-area-specific educational initiatives.
- Deciding to form or disband COSPs.
- Coordinating the annual pre-conference workshops between COSPs.

SHPA has 15 active COSPs. 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).

Several practice standards are under review by the COSPs as part of the SHPA Advanced Practice Project. These standards include:

- SHPA standards of practice for emergency medicine pharmacy services
- SHPA standards of practice for the provision of clinical oncology pharmacy services
- SHPA standards of practice for the provision of clinical palliative care pharmacy services
- SHPA standards of practice for critical care pharmacy services
- SHPA standards of practice for paediatric pharmacy services
- SHPA standards of practice for cardiology pharmacy services
- SHPA standards for practice for infectious diseases pharmacy services

Other practice standards currently under review or development include:

- 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 distribution of medicines in Australian hospitals
- SHPA standards of practice for pharmacy investigational drug services
- Manufacturing Guidelines for medicines prepared in Australian hospital pharmacy departments
- SHPA standards of practice for the community liaison pharmacist
- SHPA standards of practice for drug use evaluation 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 2013/14.

**Cancer Services**

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

**Activities during 2013/14:** successfully organised and evaluated the second Advanced Clinical Oncology/Haematology Seminar, Sydney, October 2013, which was accredited, and successfully organised and evaluated the 6th Introductory Seminar on Oncology Pharmacy, Sydney, March 2014, including accredited Group 2 CPD.

**Cardiology**

**Members:** Tina Ha (Chair, Qld), Cia Connell (Vic.), Rochelle Gellaty (Vic.), Garth Birdsey (Vic.), Serena Rofail (Qld), Lisa Murfin (Qld), Daniel Scandrett-Smitt (SA), Christine Coorey (NSW), Dr Sasha Bennett (Convenor).

**Activities during 2013/14:** This year saw the restructuring of the COSP in Cardiology, with new members joining the committee and old members retiring. We are streamlining the group into distinct portfolios, with each of the committee members taking on a role. The portfolios include advocacy, research, education/CPD and communication. We are looking to expand ourselves through publications via journals and newsletters. We are looking for ways to better our communication within the Cardiology COSP and to keep up to date with information sharing and continual education for our members. Planning for Cardiology Seminar 2015 is underway. Another big project for the near future will be to complete the Advanced Practice Framework for cardiology. Throughout the year, our members also participated in conferences, presentations and workshops.

**Critical Care**

**Members:** Robyn Ingram (Chair, Vic.), Belinda Badman (Deputy Chair, Qld), Steven Fowler (Secretary, NT), Lynn Choo (NSW), Annette Egan (NZ), Nicole Ferguson (WA), Karlee Johnston (ACT), Bianca Levkovich (Vic.), Dianne Milne (SA), Dr Jason Roberts (Qld), Stephanie Brumby (Vic.), Emily Diprose (Convenor).
Activities during 2013/14: The Critical Care COSP hosted the Critical Care Seminar (Advanced) in Brisbane, May 2013. Seventy delegates attended this three day event, which included a new PICU/NICU stream. The COSP also hosted the Critical Care Seminar (Foundation) in May 2013.

The Critical Care COSP has completed a draft Advanced Pharmacy Practice Framework - Critical Care as part of SHPA’s Advanced Practice Project and has also facilitated research forums and opportunities for collaborative research for critical care pharmacists, including on the topics of dexmedetomidine and stress ulcer prophylaxis.

The Critical Care COSP met for their annual general meeting in May 2013 and held two teleconferences during the year.

Educational Visiting/Academic Detailing

Members: Debra Rowett (Chair, SA), 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), Karen Kaye (Convenor).

Activities during 2013/14: The priority for the COSP is to develop standards of practice for academic detailing and develop a framework for advanced level practitioners using the Advanced Pharmacy Practice Framework. We plan to use a modified delphi process to consolidate the standards of practice for academic detailing and to map the competencies through to advanced level.

Electronic Medication Management Systems

Members: Maryanne Molenaar (Chair, Vic.), 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 Sloboodian (SA), Peter Fowler (Convenor).

Activities during 2013/14: A small group of EMM COSP members met at a non-SHPA conference on electronic medication management for an informal discussion about its aims and direction for 2015. The EMM Discussion Forum on the shpaeCPD website has acquired a large membership. Members reviewed the National e-Health Transition Authority Australian Medicines Terminology (NEHTA AMT) Editorial Rules.

Emergency Medicine

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

Activities during 2013/14:
- Launched discussion forum - email discussions moved from email-based to Moodle-based discussion forum on the shpaeCPD website (125 pharmacists subscribed). Developed a “How to Document”.
- Developed a survey to determine usage of discussion forum and update demographics of EM pharmacists.
- Continued collection of available business cases for EM pharmacist positions.
- Elizabeth Doran has been working on a standard business case for the COSP to distribute when requests are made. This business case could be housed on SHPA website in the future (EM COSP resources page).
- Initiated a multi-centred research project to investigate the “Accuracy of medication histories documented on General Practitioner letters for patients presenting to the Emergency Department” together with results from amended protocol to include effects of electronic GP letters. Accepted for publication in Australian Family Physician (Dr Simone Taylor, Susan Welch, Andrew Harding et al.).
- EM pharmacy publication list on SHPA website - process is in place to facilitate annual update.
- Ongoing liaison with SHPA Research and Development Grants Advisory Committee to set up and offer an EMP grant. – Outcome: first 2014 SHPA Emergency Medicine research grant $10,000 offered.
- Victorian DoH Emergency Care Innovation and Improvement Network (ECIIN) (Dr Simone Taylor).
- Representation on NICS Emergency Care Pain Management Initiative steering committee (Dr Simone Taylor).
- Authorship DrugScan Emergency Medicine in JPPR (L. Abbott, ongoing).
- Representation on SHPA Advanced Pharmacy Practice Project (Susan Welch/Dr Simone Taylor).
- Seminars: held pre-conference seminar MM2013.

Infectious Diseases

Members: COSP Executive – Dr David Kong (Chair, Vic.), Vaughn Eaton (SA), Joseph Whitehouse (SA), Matthew Rawlins (WA), Russell Levy (NSW), Evette Buono (NSW), Dr Jason Roberts (Qld), Sharmila Khumra (Vic.), Sean Unwin (Qld), Karlee Johnston (ACT), Duncan McKenzie (Tas.), Dr Minyon Avent (Qld), Breigh Ridley (WA), Daniel Guidone (Convenor).

There are 260 members of the email discussion group, up from about 200 in 2012/13 and about 170 in 2011/12.

In late 2013, Verna Wallroth (Tas.) stood down from the COSP. The Committee thanks Verna for her contributions and welcomed Dr Minyon Avent (Qld) into the committee in early 2014.

Activities during 2013/14: The COSP held at least eight national teleconferences and face-to-face meetings, including those of its working parties (i.e. Advanced Pharmacy Practice Framework (APPF) working party, pre-conference seminar...
The COSP co-organised two Pharmacy Symposiums at the Australian Society for Antimicrobials' (ASA) 2014 Annual Scientific Meeting. The symposiums attracted 100 attendees, including pharmacists and clinicians. Planning for the pharmacy workshop at the 2015 ASA meeting is underway.

We also organised a pre-conference meeting on Tropical Infectious Diseases and Indigenous Health, led by Sean Unwin, as part of MM2013, the 39th SHPA National Conference.

As members of the Australian Commission on Safety and Quality in Health Care (ACSQHC) Antimicrobial Awareness Week working party Evette Buono and Dr David Kong contributed to the coordination of National Antimicrobial Awareness Week 2013.

We continue to develop an Advanced Pharmacy Practice Framework (APPF) for Infectious Diseases Pharmacists. The working party is co-chaired by Dr Minyon Avent and Dr David Kong with input from the COSP members. Development of an Infectious Diseases APPF has progressed because of the contributions of numerous pharmacists across Australia, and tireless effort of Dr Minyon Avent in coordinating the planned activities. Liaising with SHPA to develop a ‘Competency Development Tool for Advanced Pharmacy Practice in Patient Care’ and a ‘specific competency development tool for Infectious Diseases’.

Various members of the COSP participated as guest speakers at selected conferences (e.g. the 2014 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 both local, national (e.g. Therapeutic Guidelines) and international levels.

We successfully ran the 2-day SHPA seminar for pharmacists viz. Introduction to Infectious Diseases Clinical Seminar in August 2013 and planned the SHPA Introduction to Infectious Diseases Clinical Seminar in Sydney to be held in August 2014.

Various committee members have also been involved in developing and teaching into the infectious diseases module offered by Monash University and its 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.

The COSP supported the establishment of the Victorian Pharmacists’ Infectious Diseases Special Interest Group (VPIDSIG).

Members of the COSP continue to promote infectious diseases pharmacy at various levels such as at the Executive Committee of ASA (Dr Minyon Avent and Dr David Kong), ACSQHC Antimicrobial Stewardship Committee (Dr David Kong), the ACSQHC Antimicrobial Stewardship Jurisdictional Network (Evette Buono, Duncan McKenzie and Dr David Kong), as DrugScan Series Editor for JPJR (Vaughn Eaton), writing three DrugScan for Infectious Diseases section of JPJR (Matthew Rawlins), writing infectious diseases case studies for shpaeCPD (Sharmila Khumra), founding the WA Committee for Antimicrobials to direct AMS activities in WA (Matthew Rawlins) and supporting the WA’s Standard of Stewardship symposium (Matthew Rawlins).

Investigational Drugs

Members: Carol Rice (Chair, Vic.), Kay Hynes (Vic.), Jill Davis (Vic.), Helen Kopp (Vic.), Claire Vosk (Vic.), Eugenie Hong (Vic.), Michael Ching (Vic.), Mei Grant (Vic.), Lai Mee Lam (Vic.), Paula Lee (Vic.), Diana Rainbird (Vic.), Helen Lovitt (Convenor).

Corresponding members: Peter Slobodian (SA), Jilna Bhatt (WA), Brenda Shum (WA), Jasminka Sarunac (NSW), Kelvin Robertson (Qld), Joanne O’Brien (NSW).

Activities during 2013/14: Liaison with TGA & ARCS: COSP members are associate members of ARCS (Association of Regulator & Clinical Scientists).

Clinical Trials Starter Kit: further standard operating procedures have been added to the SHPA website during the year as they have been prepared and confirmed by the committee. The COSP recommended schedule of fees for clinical trials is under review.

Clinical Trials Seminar/Workshop: a one-day seminar involving lectures by COSP members and interactive workshops was held in April 2014.

Email Group: A number of email discussions have occurred around issues brought up 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).

Activities during 2013/14: Contributed to SHPA’s response to AHPRA regarding the proposed new guidelines for pharmacy compounding, in particular the impact that the new guidelines will have on hospital pharmacy. We also established the manufacturing discussion forum on the shpaeCPD website for sharing knowledge.
Medication Safety

**Members:** Rosemary Burke (Chair, NSW), Angela Wai (NSW), Anne McGrath (Vic.), Bhavini Patel (NT), Daniel Llor (NSW), Diane Reeves (NSW), Elizabeth Anderson (NSW), Nicole Fergusson (NSW), Sarah Fotheringham (Vic.), Linda Graudins (Vic.), Helen Lovitt (WA), Toni Howell (Vic.), Jennifer Macdonald (NSW), Dr Julie Stokes (Qld), Kate Turner (Qld), Naomi Burgess (SA), Penny Thornton (NSW), Rachael Worthington (NSW), Melita Van De Vrede (Vic.), Kerry Fitzsimmons (WA), Bonnie Tai (Qld), Ish Patel (Qld), Erin O'Donnell (Qld), Trudy Teasdale (Convenor).

**Activities during 2013/14:** The COSP reviewed documents as requested by the Federal Secretariat, e.g. oral dispensers, and continued work on the Medication Safety Series for JPPR.

Medicines Information

**Members:** Elizabeth Anderson (NSW, Chair), Leone Snowden (NSW, Secretary), Gedal Basman (Vic.), Glen Bayer (Tas.), Ann Berwick (WA), Moira Falkland (ACT), Louise Grannell (Vic.), Catherine Leggett (SA), Judith Longworth (NSW), Julie Lord (Vic.), Christine Plover (Vic.), Helen Treenery (Qld), Rodney Whyte (Vic.), Tricia Warrick (SA), Emily Diprose (Convenor).

**Activities during 2013/14:** The COSP had four meetings; provided support for review of the Australian Medicines Information Training Workbook; considered potential content for competency frameworks for practice in medicines information; considered ways of achieving external peer review quality assurance activities; wrote the Hospital Talk column in AJP about medicines information; updated contact details on SHPA website for Australian Medicine Information Centres; continued revising the SHPA Australian Drug Information Procedure Manual; and provided support for the AustNZ email discussion group – 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 (Vic., Chair), Dr Chris Alderman (SA), Sue Bascombe (WA), Donna Blomgren (NSW), Dr Timothy Chen (NSW), Michelle Hooper (Vic.), Alice Kochman (Vic.), Judith Longworth (NSW), Sue Melbourne (Vic., Secretary), Carole Ramsay (SA), Elsie Peusschers (Qld), Diane Walters (Vic.), Cecilia Bjorksten (NSW, corresponding), Denise McConnell (Qld, co-opted for education expertise), Helen Lovitt (Convenor).

**Activities during 2013/14:**

- had three teleconferences and an informal meeting at MM2013 in Cairns;
- organised the pre-conference seminar at MM2013, with particular thanks to the Queensland Mental Health Pharmacists Special Interest Group;
- networked and engaged with COSP and other MH pharmacists Australia wide;
- continued the email discussion board;
- undertook pre-planning for mental-health specific educational symposium;
- supported research into mental health pharmacy in collaboration with University of Sydney;
- participated in Advanced Pharmacy Practice Framework forum;
- responded to initiatives – Mental Health Workforce Competencies;
- continued development relationships with other professional organisations involved in mental health;
- contributed to JPPR through DrugScan;
- continued involvement in implementation of educational focus of Pharmaceutical Society of Australia Mental Health Strategy;
- set COSP goals for future activities – revision cycle for practice standards, research focus, educational initiatives.

Palliative Care

**Members:** Sandy Scholes (Co-chair, Vic.), Bel Morris (Co-chair, SA), Arti Thakerar (Vic.), Loma Chess-Williams (Qld), Maggie Chau (Vic.), Noeline Karlson (NSW), Pascale Dettwiller (NT), Penelope Tuffin (WA), Peter Gilbar (Qld), Tony Hall (Qld), Trudy Teasdale (Convenor).

**Activities during 2013/14:** The COSP in Palliative Care

- held four meetings by teleconference and a face-to-face meeting at MM2013;
- contributed to discussion and response for NSW Therapeutic Advisory Group on dosing guidance for clonazepam drops;
- submitted Advanced Pharmacy Practice Framework – Palliative Care to SHPA for consolidation with other specialty frameworks and towards endorsement;
- planned and convened Palliative Care COSP information and education meeting at MM2013;
- planned for Australian Survey of Palliative Care Pharmacy Services;
- co-chair Bel Morris attended a meeting at SHPA Federal Secretariat to discuss patient care Advanced Practice Frameworks;
- co-chair Sandy Scholes attended a teleconference in February and a face-to-face meeting in March for the Guideline and Technology Advisory Group which is part of the Specialist Palliative Care and Advanced Care Planning Advisory Services Project – the project is part of a strategic approach to strengthening the interface and building better health connections between the health and aged care systems.
Pharmacist Liaison Services

Members: Sue Driscoll (Chair, NSW), Jenny Blennerhassett (NSW), Horst Thiele (NSW), Cinny Dong (NSW), Elizabeth Anderson (NSW), Dr Gabrielle Cooper (ACT), Lavinia Verduci (Vic.), Chinh Nguyen (SA), Dr Lisa Nissen (Qld), Dean Byrnes (Qld), Dr Sasha Bennett (Convenor). Ex-officio: Robyn Direen (NSW), Linh Thai (NSW). There are an additional 21 pharmacists on the email contact list.

Activities during 2013/14: The COSP in Pharmacist Liaison Services

- had two face-to-face meetings, which some members attended by teleconference;
- provided support and transfer of information for Liaison Pharmacists;
- increased representation of papers and posters at MM2013 on areas of liaison pharmacy;
- participated in Accredited Pharmacists Reference Group;
- started review of SHPA standards of practice for liaison pharmacy;
- reviewed the use of shpaclinCAT as a supervision tool for non-pharmacy department-based pharmacists;
- committee members participated as guest speakers at a wide range of conferences and local meetings;
- had representatives on the NSW Clinical Excellence Committee and Medicare Local Reference Groups.

research and development

The Research and Development Grants Program fosters hospital pharmacy practice by providing financial grants to SHPA members to undertake practice-based research and/or professional development. Professional development is in the form of preceptorships or attendance at national or international conferences.

The Program is administered by the Research and Development Grants Advisory Committee (RDGAC), which is currently based in Queensland. The committee members are Dr Michael Barras (Chair), Dr Ian Coombes, Dr Neil Cottrell, Peter Donovan, Arna Lancashire, Jo Sturtevant, Kelvin Robertson and with administrative support provided by Della Absalom at the SHPA Federal Secretariat. All committee members have extensive experience in research and have spent many hours thoroughly appraising all applications throughout the year. In addition, the committee is developing new methods to provide feedback to applicants and is currently restructuring the marking criteria to assist SHPA members when they apply for grants.

We congratulate all recipients of grants and look forward to many high quality submissions during 2014/15.

<table>
<thead>
<tr>
<th>Grants Offered</th>
<th>Total Value</th>
<th>Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditmaker Clinical Audit Grant 2013</td>
<td>$5,000</td>
<td>Sally Taylor</td>
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<tr>
<td>Celgene Information Technology in Hospital Pharmacy 2013</td>
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<td>Marisa Hodgkinson</td>
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<td>Hospira Pharmacist Award 2013</td>
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<td>Lynn Choo</td>
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<tr>
<td>Merck Sharpe &amp; Dohme Australia Grant for Pharmacotherapeutics in Infectious Diseases 2013</td>
<td>$20,000</td>
<td>Dr Minyon Avent</td>
</tr>
<tr>
<td>Pfizer Pharmacy Grant 2013</td>
<td>$10,000</td>
<td>Scott McGregor, Jonathan Penm, Cristina Roman</td>
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<tr>
<td>PRIME Grant Program 2013 supported by Roche</td>
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<td>Vaughn Eaton, Aaron Fitzpatrick, Duncan McKenzie, Tanya Piper, Anne Steffensen, Jessica Toleman</td>
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<tr>
<td>Roche Research Grant on ‘Safety and Quality’ 2013</td>
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<td>Iouri Banakh</td>
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<td>Fresenius Kabi Cancer Services Pharmacist Grant 2014</td>
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<td>Jessica Toleman, Marliese Alexander</td>
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<td>Hospira “Young Pharmacist” Award 2014</td>
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<td>Richard Marotti, Kelly Cairns</td>
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<tr>
<td>Novartis SHPA Pharmacoeconomics Grant (round 1 – May 2014)</td>
<td>$25,000</td>
<td>Not awarded</td>
</tr>
<tr>
<td>PRIME Grant Program 2014 supported by Roche</td>
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<td>Rosemary Burke, Winifred Greenshields, Richard Marotti, Terry Melocco, Karen Whitfield, Angela Young</td>
</tr>
<tr>
<td>SHPA Emergency Medicine Grant 2014</td>
<td>$10,000</td>
<td>Dr David Kong</td>
</tr>
</tbody>
</table>
publications
producing references to help healthcare providers to use medicines safely

Members of the Publications Reference Group at 30 June 2014 are Emily Diprose (Chair) and Karen Kaye (Supporting Councillor) and SHPA staff Nicki Burridge and Keli Symons.

The 6th edition of the Australian Injectable Drugs Handbook (AIDH) was published in May 2014 with the contributions of many pharmacists and nurses. There were six reprints of the 5th edition and over 6500 copies were sold. 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 the Australian Don’t Rush to Crush Handbook: Therapeutic options for people unable to swallow solid oral medicines was published in December 2011. Over 2500 copies have been sold. An electronic version is available on MIMS Online and is available in a number of states. Work has commenced on the second edition.

The 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.

shpha branches

SHPA’s seven branches deliver SHPA member services at a local level, consistent with the SHPA Strategic Plan. Responding to the needs of their branch members, branch committees advocate for their members, partner with relevant local organisations, provide continuing education events and share information via branch newsletters. SHPA is grateful to all of the members who volunteer their time and energy to their respective branch committees.

Australian Capital Territory

Branch Committee members: Kamini Reddy (Chair), Fallon Grieve (Vice-Chair), Andrew Sobey (Minutes Secretary and CE team), Lorna Wilkinson (Minutes Secretary and CE team), Jennifer Collins (Treasurer), Natalie Tasker (CE Coordinator), Vincent Ng (CE team), Lidia Zec (Communications), Monica Jones (Committee Member), Bryan Walker (Technician Observer).

Advocacy, workforce and membership activities: Natalie Tasker and Kamini Reddy represented SHPA at a Pharmacy Forum at the University of Canberra, where they highlighted member benefits of SHPA and the role of hospital pharmacists to the first year undergraduate pharmacy students.

Lidia Zec and Fallon Grieve attended the University of Canberra Pharmacy Ball as representatives of SHPA. At the ball the annual QUM SHPA research prize of an SHPA membership and a Medicines Information Training Workbook was awarded to Abirami Jathheendran for her poster titled Crushing Problem and the SHPA lucky door prizes were awarded to Haley Gardiner (SHPA membership) and Julie Nguyen (Medicines Information Training Workbook).

The ACT Branch offered financial support to three ACT Branch members who presented at Medicines Management 2013 in Cairns. Liane Ward-Pankhurst (Poster: Accuracy of electronic discharge records – get accurate!), Rupali Sarkar (Poster: Implementing bowel cancer screening in a correctional facility) and Lauren Murray (Presentation: Where did all the glucose go? – an insulin autoimmune syndrome case report). After the conference, the ACT Branch organised a presentation night for all ACT conference presenters to share their papers and posters with those who could not make it to Cairns. This was a great showcase of what our conferences have to offer and hopefully this presentation inspired attendees to consider presenting at future conferences.

Advocacy was continued via liaison with:
- Pharmaceutical Society of Australia
- The University of Canberra

Educational activities: The Branch successfully trialled the webinar at the adrenal disorders lecture in August 2013. This was a fantastic turnout for the evening lecture in October 2013 on New illicit substances that are popular in the ACT – their PK and PD especially in overdose presented by the emergency physician at Calvary Hospital, Dr David Caldicott. The Annual Branch Meeting was held in November 2013 in conjunction with an end of year social event for all SHPA members. In February 2014 Dr James D’Rozario presented on the recent advances in the therapy of ITP and CLL. In April 2014 Dr Wong presented an update on the treatment of rheumatoid arthritis. In May 2014, Jana Stojanova shared her experiences in clinical pharmacy and research that has taken her around the world. Jana recently completed her PhD in Limoges, France which involved the pharmacogenetics of immunosuppressants in kidney transplant. In June 2014 the Branch held the Therapeutic Drug Monitoring (TDM) Symposium which was a great success, with three fantastic speakers and an opportunity for 4.5 hours of accredited group 2 CPD via small group case study discussions.

Special achievements or news: In March 2014, Morna Falkland a long standing member of the ACT Branch and Medicines Information Pharmacist at Canberra Hospital and Health Services announced her retirement. Morna is highly regarded nationally as a medicines information pharmacist, having been a member of the SHPA Medicines Information COSP and organising and participating in many medicines information training sessions and seminars. She also had significant
experience and expertise in providing advice on and managing poisonings. Morna was instrumental in developing the ACT-wide procedures, education and public awareness about the Amanita Phalloides (death cap) mushroom which is prevalent in the ACT. Morna was a long standing member of the Canberra Hospital Drug and Therapeutics Committee, providing invaluable advice on formulary patient requests. Morna was also passionate about adverse drug reaction reporting and established and coordinated the ACT Adverse Drug Reaction Committee which has been very successful in raising the awareness of reporting and recording ADRs. As a result, Canberra Hospital and Health Services has one of the highest reporting rates of ADRs in Australia. The ACT Branch Committee and members wish Morna all the very best for her retirement.

Special thanks to: The ACT Branch would like to acknowledge and thank Natalie Page and Miriam Lawrence for their outstanding contribution to the Branch.

Natalie left the ACT for Queensland in September 2013 to commence her PhD in Electronic Medicines Management. Natalie was an integral member of the ACT Branch Committee for the last 8 years, she served as branch chair, vice-chair and represented the ACT as Federal Councillor.

Miriam stepped down from her position on the committee in December 2013 to spend more time with her two young boys. The ACT Branch would like to acknowledge the contribution that Miriam has made to SHPA during her 9 years as a member of the ACT Branch Committee. During her time on the committee she has capably filled positions including chair and vice chair.

Additionally, the ACT Branch would like to acknowledge the following committee members who contributed their time as a either members or observers of the ACT Branch Committee during 2013/14: Liisa Nurmi, Amy Legg, Megan Arnold, Ariane Stensrund, Julia Hruz and Effy Constantinou.

New South Wales

Branch Committee members: Jonathan Penn (Chair), Peter Barclay (Vice-Chair), Fiona Bournazos (Secretary), Dr Lisa Pont (Treasurer), Zahid Ghou (Education Coordinator), Karim Ibrahim (Minutes Secretary), Rayan Nahas (Newsletter Editor), Russell Levy (Directors of Pharmacy Liaison Officer), Sami Awad (Committee Member), Dr Sasha Bennett (Federal Councillor), Karen Kaye (Federal Councillor), Ian Mawbey (Rural Observer), Anna Barwick (Rural Observer), Kathryn Filipczuk (Intern Observer), Jade Fox (Intern Observer), Yazmin Crossingham (Student Observer), Kate Jennar (Student Observer), Georgia Lloyd (Student Observer), Jessica Pace (Student Observer), Melanie Anderson (Technician Observer), Fawn Birch (Technician Observer).

Advocacy, workforce and membership activities: The NSW Branch has liaised with NSW Ministry of Health to support hospital pharmacy practices. In particular, we have provided advice on their rural health plan and the NSW guide to the role delineation of health services. The Branch also provided advice regarding the review of the NSW Poisons and Therapeutic Goods legislation.

Another focus of the NSW Branch has been to increase the number of student members. Representatives of the Branch and/or SHPA materials have been presented at numerous information sessions at the University of Sydney, Charles Sturt University, the University of Newcastle, the University of Technology, Sydney and the University of New England. These sessions 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 and presented at the University of Sydney Pharmacy Annual Convention and You in Pharmacy event hosted by the Pharmaceutical Society of Australia. These sessions have been very well received, which is evident in the large number of student members that have joined the SHPA.

In addition, the NSW Branch continues to sponsor student prizes at the five pharmacy schools for the best performance in pharmacotherapeutics subjects for final year BPharm and MPharm courses.

Lastly, the Branch newsletter continues to be a rich source of information for members and solid mechanism for communication on important issues.

Advocacy was continued via liaison with:
- NSW Ministry of Health
- Pharmacy Council of NSW
- Pharmaceutical Society of Australia - NSW
- 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
- Sydney University Pharmacy Association
- Pharmers’ Society
- University of Technology, Sydney Pharmacy Students’ Association
- Faculty of Pharmacy Alumni, University of Sydney
- Clinical Excellence Commission
- NSW Pharmacy Educators Group
- NSW Therapeutic Advisory Group

Educational activities: The NSW Branch continued to work hard to provide high quality Continuing Education (CE) to members, convening 10 CE sessions and two symposiums in the past year.

Webinars have successfully been implemented in NSW and have been offered in all our monthly education events to ensure all members can access these talks. There has been a great response from the membership with nearly 160 registrants attending the education event in May 2014 via webinar.

The Branch also conducted a state-wide training needs analysis to guide the monthly CE program. Topics presented included antimicrobial stewardship, arterial blood gases and acid base balance, drug induced cardiotoxicity, pharmacy research projects, drug induced renal complications, deprescribing, obsessive compulsive disorder and serotonin...
syndrome. Attendance at the CE sessions was great with an increasing number of people accessing these sessions online via webinar. On average more than 100 members registered to attend webinars each month from various sites across NSW. To encourage networking and discussions at rural sites, catering was offered to sites where pharmacists gathered to attend the webinar.

Two symposiums were held this year (Leadership and End of Life Care) which were both very well attended and generated positive feedback.

A new Education sub-committee was formed in 2014. The Education sub-committee helped plan the CE calendar for the year and received accreditation for most education events. The Education sub-committee also helped with the organisation of the first rural CE that was webcast to metropolitan sites.

Intern and student observers also provided a great support with the running of the CE and symposiums.

Special achievements or news: The NSW Branch has revised the *SHPA student’s guide to hospital pharmacy internships in NSW*; a great resource for pharmacy students in NSW who want to know more about hospital pharmacy internship.

Special Interest Group: Medicines Information Special Interest Group – chaired by Leone Snowden

Special thanks to: The NSW Branch thanks outgoing committee member Jonathan Perry (past Newsletter Editor) for his hard work and dedication while serving on the Branch; Rita Ayoub (past Intern Observer), Melissa Batger, Lauren Hunt and Sarah Hickey (past Student Observers) for their service and enthusiasm on the NSW Branch.

In particular, the NSW Branch would like to thank Becky Walsh, who served on the NSW Branch Committee as the Technician Observer since 2008. During her time on the Branch Committee, she founded and chaired the SHPA National Pharmacy Technician Network in 2010. Becky has been at the forefront of developing new roles for pharmacy technicians and we acknowledge her work and dedication to achieve recognition for their integral role in the delivery of pharmacy services.

The NSW Branch also wishes to thank the Pharmacy Department, Concord Hospital and particularly Rosemary Burke who facilitated the use and availability of the Concord Hospital Medical Education Centre, with all 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 teleconferencing facilities and NSW Therapeutics Advisory Group (NSWTAG) for their support of the Branch Committee.

**Queensland**

Branch Committee members: Lee Allam (Chair), Arna Lancashire (Vice-Chair), Jackie Costello (Secretary), John Parke (Treasurer), Dr Ian Coombes (Federal Councillor), Trudy Teasdale (Federal Councillor), Elizabeth Currey (CE Coordinator), Jess Lloyd (CE Coordinator), Andy Lo (Technical Innovation), Emma Alder (Newsletter), Benita Suckling (Newsletter, Rural and Remote), Joan Semmler (Observer, Technican Representative), Lynette Loy (Observer, Rural and Remote), Sheryn Wang (Observer, CE Coordinator), Emma Megram (Intern Observer), Jessie Eglington (Intern Observer).

Advocacy, workforce and membership activities: The Queensland Branch Committee participated in Queensland Pharmacy Students’ Australia (QPSA) Industry Awareness Day; attended meeting of Allied Health Professions’ Office of Queensland and participated in discussion of the findings and recommendations of the Ministerial Taskforce on Health Practitioner Expanded Scope of Practice.

The Queensland Branch gave presentations to pharmacy students at Queensland University of Technology, University of Queensland, Griffith University and James Cook University.

Advocacy was continued via liaison with:
- Queensland Infectious Diseases Pharmacist Interest Group (QIDPIG) – for education sessions relating to Infectious Diseases
- Queensland Mental Health Pharmacists’ Group (QMHPG) – for education sessions relating to mental health
- RenPharm – informal “Yahoo” group for renal pharmacists

Educational activities: The Queensland Branch held nine CE events, broadcast via webinar and available for in-person attendance, including broadcasting our first webinar from Rockhampton.

The Branch Symposium in June 2014, titled *Medication management in the older person: An art and a science*, attracted 100 delegates.

Special thanks: The Queensland Branch Committee thanks the following members who were members of the 2014 Branch Symposium Organising Committee: Hament Ahmin, Karl Winkel, Andy Lo, Jackie Costello, Maree Meuwesen, Elizabeth Currey and Kelly Mulvogue, who is also the past Secretary of the Queensland Branch Committee.

**South Australia & Northern Territory**

Branch Committee members: Hayley Vasileff (Chair), Vaughn Eaton (Vice-Chair), Alicia Thomas (Secretary), Rachael Cheh (Secretary), Cher-Rin Chong (Treasurer), Dr Luke Grzeskowiak (CE), Samantha Cole (CE), Courtenay Wilson (CE), Julie Tran (Public Relations), Catherine Hughes (Federal Councillor), Angela Young (NT Advisor), Judy Manning (Technician Observer), Lisa Kitto (Pharmacist Observer), Ashleigh Crago (Pharmacist Intern Observer), Amelia Williams
Advocacy, workforce and membership activities: The SA & NT Branch continued to rotate monthly Branch Committee meetings between metropolitan Adelaide hospitals this year. The attendance and input from the respective directors of Pharmacy at these meetings is greatly valued by the committee.

In collaboration with the South Australian Pharmacy Students Association (SAPSA), the Branch held a ‘Careers in Hospital Pharmacy’ Presentation and Lunch at University of South Australia in November 2013. Approximately 50 students attended the event, which was held to increase student awareness of SHPA and careers in hospital pharmacy. Thank you to the pharmacists who gave their time to present at this event.

The SA & NT Branch has continued to work with SA Pharmacy in 2013/14 to provide feedback on ongoing service reviews and to identify areas where SHPA and SA Pharmacy may collaborate in the future.

Advocacy was continued via liaison with:
- Charles Darwin University
- National Australian Pharmacy Students Association
- Pharmaceutical Society of Australia – SA Branch
- Pharmacy Guild of Australia – SA Branch
- SA Pharmacy
- South Australian Pharmacy Student Association
- University of South Australia

Educational activities: In recent years the SA & NT branch observed a significant reduction in attendance at its monthly CE meetings; albeit SA & NT members had access to high quality CE activities offered at a national level by SHPA. The SA & NT Branch Committee is committed to providing high quality CE opportunities and decided to trial a new CE program for 2014, featuring two free half day symposiums in place of monthly CE meetings.

The first half-day symposium Pharmacoeconomics: From Principles to Practice was held in June at the Flinders Centre for Innovation in Cancer. The program provided an overview of pharmacoeconomics and its relevance to the Pharmaceutical Benefit Scheme and explored the role and impact of pharmacoeconomic decisions within the oncology setting from different perspectives. Fifty people registered for the event, and feedback from participants was very positive. Thank you to our branch CE team Dr Luke Grzeskowiak, Samantha Cole and Courtenay Wilson for organizing this event.

Many members of the SA & NT Branch Committee were involved in the planning for MM2014 in Darwin, co-convened by Bhavini Patel and Jo Keilly.

Special achievements or news: PL Jeffs Early Career Pharmacist Award

In 2013, the SA & NT Branch introduced the new PL Jeffs Early Career Pharmacist Award. The PL Jeffs Early Career Pharmacist Award is an encouragement award intended to recognise an early career young pharmacist who has made a significant contribution to either hospital pharmacy practice, SHPA, or their workplace in South Australia or the Northern Territory. At the SA & NT 2013 Annual Branch Meeting, the SA & NT Branch was pleased to announce Dr Luke Grzeskowiak as the inaugural winner of the PL Jeffs Early Career Pharmacist Award. Luke was recognised in his nomination as a respected clinician, researcher and educator with the potential to become an international leader in the field of women’s health.

SA & NT Branch Student Research and Development Awards

In 2013, the SA & NT Branch launched a new Student Research and Development Award through the University of South Australia (UniSA) and Charles Darwin University to recognise excellence in student research in pharmacy.

In South Australia, two UniSA students, Joy Liew and Rebecca Thompson, presented their research to members at the SA & NT Branch October Continuing Education Meeting. Rebecca Thompson was selected as the South Australian winner of this award for her research into the frequency and nature of drug related problems in the Women’s Health Unit at the Lyell McEwin Hospital. Her award was presented at the 2013 Annual Branch Meeting.

In the Northern Territory, three Charles Darwin University (CDU) Honours Students Aaron Khan, Julia Knobloch and Samuel Keitaanpaa presented to NT members at the Royal Darwin Hospital and to pharmacists from Gove and Alice Springs via videoconference. Aaron was selected as the winner for the NT Student Research Award for his research in establishing a formula for ivermectin suspension for use in hospitals and community pharmacies.

Special thanks: The SA & NT Branch thanks Richard Marotti, Hamed Shahnam and Misha Shahbandi, who retired from the Committee in 2013, for their contributions to the Branch. We would also like to thank Alexandra Greig and Jeremy Tehan, who completed their terms as intern observers in 2013.

Tasmania

Branch Committee members: Duncan McKenzie (Chair), Tom Simpson (Vice-Chair), Camille Boland (Secretary), Jane Frankling (Treasurer), Peter Fowler (Federal Councillor), Sharon Gordon-Croal, Leanne Chalmers (CE Coordinator), Kelly Beswick, Suzette Seaton, Patricia McLarin (Student Observer), Millie Chapman (Student Observer).

Advocacy, workforce and membership activities: In the last 12 months the statewide shpaclinCAT program has been successfully rolled out across the state, with shpaclinCAT assessments now part of routine practice at Tasmania’s public hospitals.
Duncan McKenzie is the Tasmanian representative on the shpaclinCAT Reference Group.

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, Patricia McLarin and Millie Chapman), who liaise with the Tasmanian pharmacy student body (TAPS) about SHPA activities.

**Advocacy was continued via liaison with:**
- University of Tasmania School of Pharmacy
- Pharmaceutical Defence Ltd Local Advisory Committee

**Educational activities:** There were a number of educational activities delivered to Tasmanian members over the past 12 months. The Branch held the traditional Spring Meeting one-day event in Campbell Town in October 2013, with the theme of paediatric pharmacy. Invited speakers included Dr Heinrich Weber, Dr Kingsley Coulthard and Peter Fowler. The meeting included a technician stream and Kirsten Lowe, Senior Clinical Pharmacy Technician from the Alfred Hospital, provided an informative overview of ward-based pharmacy technicians.

In April 2014 a CE event on the topic of pulmonary hypertension presented by Dr Collin Chia was held via videoconference across several sites around the state.

The Tasmanian Branch Annual Symposium was held in May 2014 in Strahan. This is the main local educational event for the year for Tasmanians and provides members with the opportunity to gather face-to-face, network and exchange ideas, as well as attend high quality presentations. This year was no exception, keynote speakers included esteemed geriatrician Professor David Le Couteur and palliative care specialist Dr Thirunavukkarasu Thirukkumaran who provided thought provoking presentations supplemented with stimulating workshops.

**Special thanks:** The Tasmanian Branch thanks members who have had an active role in organising the educational content of the year – Dr Leanne Chalmers, Sharon Gordon-Croal, Oummy Tepkumkun, Jane Frankling and Suzette Seaton.

Special thanks to George Taylor on behalf of the Tasmanian members for his unparalleled contribution to SHPA both at a local and national level. George retired from the Tasmanian Branch Committee in November 2013 after several decades of exemplary service.

Special thanks also to Amber Roberts who completed her tenure as Tasmanian Federal Councillor in November 2013. Amber has worked tirelessly in her role on council and has been a vital contributor to the work of SHPA.

Oummy Tepkumkun recently left Tasmania after providing valuable input to the Branch Committee in her role as CE Coordinator; the Committee thanks her for her efforts over the past two years.

**Victorian Branch Committee members:** Helen Matthews (Chair), Alice Kochman (Vice-Chair), Joanna Edwards (Secretary), Glenn Valoppi (Treasurer), Jennifer Tan (Agenda Secretary), Leith Lilley (Minutes Secretary), Lisa Hui (Newsletter Editor), Sonia Koning (CE Coordinator), Kerryn Griffett (Barned) (CE Coordinator), Gail Price (Membership Coordinator), Daniel Guidone (Federal Councillor), Professor Michael Dooley (Federal Councillor), Lorah Hickman (Technician Observer), Paul Gysslink (Pharmacist Project Officer), Lauren Hunt (Intern Observer), Chris Turner (Victorian rural pharmacists), Jaclyn Baker (Rural Observer).

**Advocacy, workforce and membership activities:** Strong membership growth has continued for pharmacists, interns and technicians in private, public and community sectors. The intern placement program, organised by the newly appointed Victorian Pharmacist Project Officer, Paul Gysslink, places 88 interns annually, commenced with advertising the process in June 2014. The Branch Committee assisted Paul in revising of the logistics of the intern placement process.

The coordination of SHPA summer student placements has moved from a paper-based to electronic system and remains the responsibility of the Victorian Branch Committee. The transition to electronic applications was led by Lisa Hui and Daniel Guidone.

The 2014 Bachelor of Pharmacy third year exhibition, Master of Clinical Pharmacy Prize, Monash University and third year prizes at Latrobe University and RMIT were presented by committee members.

**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
- Latrobe University Pharmacy School
- RMIT University Faculty of Pharmacy
- National Alliance for Pharmacy Education
- Victorian Therapeutic Advisory Group (VicTAG)
- Australian Pharmacy Council
- Victorian Pharmacy Students’ Association
- National Australian Pharmacy Students’ Association
- Bendigo Association of Pharmacy Students
- RMIT Association of Pharmacy Students

**Educational activities:** The Branch CE program, organised by Sonia Koning, was well attended throughout the year with successful use of webinar use.
The annual Victorian Managers Meeting, convened by Colin Hui, was well attended and included several new topics and speakers.

The 2013 Symposium, organised by Michelle Nalder and members of the Renal Special Interest Group, included specialist pharmacists and nephrologists presenting current topics and workshops.

The William Mercer Young Achiever Award (Victorian Branch Excellence Award) was presented to Sonia Koning at the Symposium.

Special news: A Victorian Branch sub-committee has been formed to revise the Victorian Intern Allocation process for all Victorian hospitals who offer training for interns. The plan is for the revised allocation to be determined in 2015 and to commence in 2016.

Special Interest Groups:
- Renal: Michelle Nalder (Chair)
- General Medicine: Sheue-Ching Ooi (Chair)
- Outreach: Lavinia Verduci (Chair)
- Infectious Diseases: Kelly Cairns and Dr David Kong (Chairs)
- Technician: Lorah Hickman (Chair)
- Victorian Oncology Pharmacists (VOPSIG): Melanie Poorun McMillan and Brett Janson (Chairs)

Special thanks: The Victorian Branch thanks Sally Yeung, Victorian Pharmacist Project Officer who resigned in August 2013, who conducted the intern placement process for many years for the Victorian Branch; Kirstie Galbraith, who managed the secretarial demands of the Victorian Branch for several years and resigned from the committee in November 2013; and Jim Siderov, who has stepped down from his role as the chair of VOPSIG after 8 years. Special thanks to Jim for his time and effort working towards a strong oncology pharmacy fraternity in Victoria.

Western Australia

Branch Committee members: Matthew Foster (Chair), Deirdre Cridde (Vice-Chair), Kerry Fitzsimons (Secretary and Membership Coordinator), Brock Delfante (Treasurer and Minute Secretary), Zeyad Ibrahim (Communications Manager), Shannon Mullen (CE Coordinator), Yang Liu (CE Coordinator), Aisling Lim (CE Coordinator/Communication Assistant), Michelle Luca (CE Coordinator), Vanessa Hollingsworth (Technician Representative), Helen Lovitt (Federal Councillor), Morlee Vekaria (Intern Representative), Daniel Rocco (Intern Representative).

Advocacy, workforce and membership activities: The Branch has worked to advocate for and increase awareness of the value of pharmacists within our health system. This year the WA Branch has representatives on the committees for the WA Pharmacy Law and Ethics Special Interest Group, the WA Hospital Pharmacy Research Alliance and the Advisory Committee for the Masters of Pharmacy at UWA.

WA Branch attended and presented at the Curtin Pharmacy Forum and presented a Hospital Pharmacy Education Session at the ‘third year’ placement information day. The WA Branch has also represented SHPA at the University of Western Australia (UWA) Pharmacy Practitioners Presentations and the UWA Graduating students forum.

The WA Branch was consulted to give feedback to the proposed Medicines, Poisons and Therapeutic Goods Bill. With the pending repeal of the WA Poisons Act 1964, the Poisons Regulations will also need to be updated, modernised and improved.

The WA Branch was also approached to respond to the WA Poisons Regulations 1965 discussion paper.

The SHPA National Pharmacy Technician Network has collaborated with and advocated for WA technician members regarding 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 second technician specific CE event.

Advocacy was continued via liaison with:
- Oncology Nurses and Pharmacists Interest Group (ONPIG)
- Health Department of WA
- WA Medication Safety Group
- University of Western Australia
- WA Pharmacy Students Association
- Curtin University
- Pharmaceutical Society of Western Australia
- Chief Pharmacists Forum
- Pharmacy Registration Board of Western Australia
- Community Services, Health and Education Training Council

Educational activities: Six events were held covering these topics: treating atrial fibrillation in 2013; what’s happening in SHPA WA (half day seminar); electronic medication management systems - a global view (AGM, with thanks to Winston); pharmacy but not as you know it: CoNNeCT pharmacy involvement; HPV vaccine and immunisation services in pharmacy (Pharmaceutical Society of Australia joint event); radiation therapy: treatment modalities and managing side effects (ONPIG joint event).

Special thanks to: All Branch Committee members who served during 2013/14 including retired committee members: Peter Smart, Brenda Shum, Dr Stephen Lim and Sarah Mackenzie.
from the treasurer – annual financial report 2013/14  

Table: Summary and Comparison of Financial Results for the financial years 2007/08 to 2013/14

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<tr>
<th>Financial Year</th>
<th>Income</th>
<th>Net Result</th>
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The 2013/14 financial year has been another successful one for SHPA with a positive financial result in addition to enhancing and expanding member services. The table above shows financial results for SHPA since national conferences became an annual event from 2007. Major income streams for 2013/14 included membership, seminars, profits from MM2013, the 39th SHPA National Conference and sales of SHPA publications, especially the 6th edition of the *Australian Injectable Drugs Handbook*. Membership grew from 3169 at 30 June 2013 to 3268 at 30 June 2014. 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).

Major expenses included those associated with members’ services, running of seminars and infrastructure upgrades including installation of new computer hardware and server and a new air-conditioning unit in Suite 3 at the Federal Secretariat.

There has been a positive financial trend over the last six years demonstrated by an increase in retained profits. The net result of $177,513 (shown in the Figure below as profit attributable to members), when added to the 2012/13 retained profits in the graph below, shows SHPA members’ funds have grown and accumulated to a value of just under $5,000,000.

*Figure: Graph of Members’ funds, annual profit and federal and branch results for the financial years 2007/08 to 2013/14.*

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Dr Alexandra Bennett  
Federal Treasurer

A. A. Bennett
directors’ report

Your directors present their report on the company for the financial year ended 30 June 2014.

directors

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<tr>
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<th>Ceased as councillor</th>
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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 included 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:

- 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 and National Medicines Policy;
- Enhance the effectiveness of existing relationships and to develop new key partnerships with consumers and other health professionals involved in medicines management;
- Support the competency and effectiveness of the hospital and related pharmacy workforce and so support better outcomes for consumers;
- Provide valued services to all SHPA members in all membership categories, taking into account the needs of members in rural and remote areas;
- Be the organisation of choice for pharmacists, irrespective of their pharmacy practice setting; and
- 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 across hospitals and all quality use of medicines settings
- partner with key stakeholders
- advocate for and support the safe and effective use of medicines across the continuum of care

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

- Participated in consultations, meetings and provided submissions on key national health initiatives and issues: home medicines reviews; prescribing competencies; pharmacy technician qualifications; advanced pharmacy practice; pharmacist registration standards and guidelines; out-of-pocket costs for healthcare; chemotherapy funding; clozapine claiming; the Community Pharmacy Agreement and numerous similar activities. Deadlines were met for all submissions.
- Developed a new strategic plan, which incorporated the input from members at the Strategic Planning Day held in May 2013. The CORE strategic areas are:
ADVOCATING, LEADING AND PARTNERING to influence excellence in medicines management

To increase understanding of the value of pharmacy services and resultant benefits on patient outcomes, by governments, health care providers and consumers, and forge strategic partnerships that advance the SHPA vision, mission and values.

Enabling a CAPABLE AND COMPETENT WORKFORCE

To recognise and respond to the need for a skilled, competent and capable pharmacy workforce that is adaptable and fit for purpose to work with patients and the health care team in delivering excellence in medicines management.

Supporting the MEMBERSHIP through education, training, development and research

To provide valued services to SHPA members, so that SHPA is the organisation of choice for pharmacists, irrespective of their pharmacy practice setting.

Sustaining the organisation to SUPPORT AND ENHANCE THE PROFESSION

To ensure that the organisation maintains a clear vision and strong governance to support the profession to deliver better health outcomes.

- Continued training pharmacists as shpaclinCAT evaluators able to implement the competency assessment tool into workplaces to enhance the professional development of individual pharmacists. Whilst the prime focus of this training enables individual pharmacists to improve their skills, the benefits flow to managers, the profession and importantly the consumers who use pharmacy services and expect a competent workforce.
- Further broadened the range of education, training and development activities and modalities that are available as core member benefits, to include a range of activities suitable for members in any practice setting. Numerous Group 2 CPD activities for pharmacists are available on the shpaeCPD website as well as making more branch CE lectures available on webinar and additional online CPD.
- Advocated for and developed Advanced Practice Competencies and associated work in order to support the professional development journey of pharmacist members.
- Published the Journal of Pharmacy Practice and Research (JPPR) 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. Engaged Wiley Publishing as a publishing partner for JPPR.
- Communicated with members using a range of methods including weekly e-newsletters, SHPA Bulletin, social media and the SHPA website.

Key performance measures

During 2013/14 SHPA met the expected performance against key result areas within its strategic plan. These included increasing total membership, expanding member services, meeting and responding to members’ needs, ensuring financial viability, delivering required educational services, producing and promoting relevant publications, and advocating for members and the profession by responding to calls for submissions on relevant topics.

<table>
<thead>
<tr>
<th>ADVOCATING, LEADING AND PARTNERING to influence excellence in medicines management</th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>new fact sheets</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>new position statements</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>submissions</td>
<td>&gt;50</td>
<td>&gt;40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enabling a CAPABLE AND COMPETENT WORKFORCE</th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPD activities accredited by SHPA</td>
<td>89</td>
<td>88</td>
</tr>
<tr>
<td>new clinCAT evaluators</td>
<td>66</td>
<td>69</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting the MEMBERSHIP through education, training, development and research</th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>new member benefits</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>member communications – e-news</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>member communications – bulletin</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>seminars</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>CE on disk</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>JPPR</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>new practice standards</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>new discussion forums</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sustaining the organisation to SUPPORT AND ENHANCE THE PROFESSION</th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>membership</td>
<td>3268</td>
<td>3169</td>
</tr>
<tr>
<td>financial viability (yearly profit $)</td>
<td>177,513</td>
<td>450,297</td>
</tr>
<tr>
<td>publications profit ($)</td>
<td>196,925</td>
<td>195,204</td>
</tr>
<tr>
<td>Name</td>
<td>Experience</td>
<td>Special responsibilities (for entire year unless otherwise stated)</td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Alexandra (Sasha) A Bennett</td>
<td>Executive Officer, NSW Therapeutic Advisory Group; Pharmacist, Cardiac Rehabilitation Program, St Vincent’s Hospital, Sydney. Promote and advise application of QUM principles in NSW public hospitals: supporting Drug and Therapeutic Committees, which involves promoting discussions about medicine issues between hospitals (via email discussions, submissions to government and QUM organisations); advising NSW Ministry of Health re safety of medicines; developing indicators for QUM measurement in hospitals; medicines education to hospital health care professionals; trouble shooting QUM issues in public hospitals; promoting DUE studies in hospitals. Educating cardiac rehabilitation patients regarding medicines, both specific types and general messages.</td>
<td>Federal Treasurer; supporting councillor Education Reference Group 1/7/2013-15/11/2013</td>
</tr>
<tr>
<td>Ian D Coombes</td>
<td>Director of Pharmacy, Royal Brisbane and Women’s Hospital; Professional Lead Pharmacy Services Metro North Hospital and Health Service; Adjunct Assoc. Professor, School of Pharmacy, University of Queensland. Director of Pharmacy: managing and leading pharmacy services to large tertiary referral teaching hospital and facilitating pharmacy service optimisation across 2000 beds and 200 pharmacy staff. Supervising research higher degree students, teaching medical staff, students and pharmacy staff, providing limited clinical input to take ward rounds.</td>
<td>Federal Vice-President 15/11/2013-30/6/2014; Chair, Education Reference Group; Federal Council representative Research and Development Grants Advisory Committee 15/11/2013-30/6/2014</td>
</tr>
<tr>
<td>Emily Diprose</td>
<td>Acting Director of Pharmacy, Calvary Health Care ACT GLF assessor, shpaClinCAT trained; Cert IV Training and Assessment; Previous HMR Accreditation (not current). Department Management – Improving/maintaining service efficiency/delivery, introducing new services etc. Providing clinical pharmacy services to various hospital wards including critical care. Committee representation: Medication Safety/Standard 4; DTC; Electronic Medication Management; Clinical Commodities.</td>
<td>Federal Councillor; 4th executive Councillor 1/7/2013-15/11/2013; Chair, publications Reference Group 15/11/2013-30/6/2014</td>
</tr>
<tr>
<td>Michael J Dooley</td>
<td>Director of Pharmacy, Alfred Health; Chair Antimicrobial Stewardship; Chair Medication Safety Committee; Secretary Drug and Therapeutics Committee; member of Alfred Health executive. Professor of Clinical Pharmacy, Monash University. Director of Pharmacy: managing and leading pharmacy services to large tertiary referral teaching hospital network. Supervising research higher degree students, researcher on NHMRC and ARC grants. Member SHPA COSP in Clinical Pharmacy.</td>
<td>Federal President 15/11/2013-30/6/2014 Federal Council representative Accredited Pharmacists Reference Group</td>
</tr>
<tr>
<td>Peter R Fowler</td>
<td>Manager, Clinical Pharmacy Services, Launceston General Hospital; Statewide Clinical Lead, Medication Management Projects. Member Clinical Risk Management Committee (LGH); Member Antimicrobial Stewardship Committee (LGH); Member Electronic Medication Management Systems Owners Group (DHHS Tas.).</td>
<td>Federal Councillor 15/11/2013-30/6/2014</td>
</tr>
<tr>
<td>Daniel M Guidone</td>
<td>Lecturer, Clinical Pharmacy and Therapeutics, RMIT University; Teaching and research into clinical pharmacy and therapeutics to BPharm Students; Member SHPA COSP in Emergency Medicine.</td>
<td>Federal Councillor 15/11/2013-30/6/2014 supporting councillor, Education Reference Group 15/11/2013-30/6/2014</td>
</tr>
<tr>
<td>Anthony D Hall</td>
<td>Senior Lecturer, School of Pharmacy, Griffith University, Gold Coast campus, Qld; Specialist Clinical Pharmacist, Persistent Pain, Gold Coast HSD.</td>
<td>Federal Councillor 1/7/2013-15/11/2013; Federal Council representative on Research and Development Grants Advisory Committee 1/7/2013-15/11/2013</td>
</tr>
<tr>
<td>Name</td>
<td>Experience</td>
<td>Special responsibilities (for entire year unless otherwise stated)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Catherine Hughes</td>
<td>Manager, Strategic Projects Unit, Southern Adelaide Local Health Network. Develop, recommend and promote strategies for the optimisation of services across three major metropolitan hospitals and other Southern Adelaide LHN services in SA. Collaboration with hospital and community service providers to identify opportunities for hospital avoidance strategies. Guide the standardisation of work practices and delivery of models of care from site based to service (regional) based. Identify opportunities for ongoing cost savings and service efficiencies. Manage direct project management staff and indirect line management of allocated operational resources to support the operationalisation of approved strategies.</td>
<td>Federal Councillor; supporting councillor Specialty Practice Reference Group 1/7/2013-15/11/2013; Federal Council representative Rural Network; Federal Council representative National Pharmacy Technician Network 1/7/2013-15/11/2013</td>
</tr>
<tr>
<td>Karen I Kaye</td>
<td>Executive Manager, NPS MedicineWise. Member of the NPS Executive leadership team since March 2008. Role involves strategic planning, operational and financial accountability, clinical and operational risk management, building organisational capability, change management, business development, stakeholder and relationship management, ensuring innovation, quality, clinical integrity and audience relevance for NPS programs and services, and organisational representation in various settings.</td>
<td>4th executive member 15/11/2013-30/6/2014; supporting councillor Publications Reference Group 15/11/2013-30/6/2014; SHPA nominee to APC Examination Committee</td>
</tr>
<tr>
<td>Suzanne W Kirsa</td>
<td>Director of Pharmacy, Peter MacCallum Cancer Centre, Vic.</td>
<td>Federal President 1/7/2013 – 15/11/2013</td>
</tr>
<tr>
<td>Helen A Lovitt-Raison</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 1/7/2013-15/11/2013</td>
</tr>
<tr>
<td>Amber L Roberts</td>
<td>Director, Medication Strategy and Reform, Department of Health and Human Services, Tas.</td>
<td>Federal Vice-President 1/7/2013-15/11/2013</td>
</tr>
<tr>
<td>Trudy L Teasdale</td>
<td>Pharmacist, Assistant Director, Gold Coast Health Operational and clinical services management across GCHHS, including Gold Coast University Hospital, Robina Hospital, Carrara Health Centre. Member of the Queensland Clinical Senate Executive Committee, Member of Queensland Hospitals Medicines Advisory Committee and member of GCHHS Clinical Council.</td>
<td>Federal Councillor 15/11/2013-30/6/2014; supporting councillor Specialty Practice Reference Group 15/11/2013-30/6/2014; Federal Council representative National Pharmacy Technician Network 15/11/2013-30/6/2014</td>
</tr>
<tr>
<td>Megan F Zigomanis</td>
<td>Clinical Transformation Lead at ehCare@Eastern, Eastern Health, Vic.</td>
<td>Federal Councillor 1/7/2013-15/11/2013; Chair, Publications Reference Group 1/7/2013-15/11/2013</td>
</tr>
</tbody>
</table>

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of $20 each towards meeting any outstanding obligations of the entity. At 30 June 2014, the total amount that members of the company are liable to contribute if the company is wound up is $65,360 (2013: $63,380).

Auditor’s Independence Declaration

The lead auditor’s independence declaration for the year ended 30 June 2014 has been received and can be found in the financial report.

Signed in accordance with a resolution of the board of Directors.

Director - Professor Michael Dooley
Director - Dr Alexandra Bennett
Dated 2nd day of October 2014
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 2014 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 2nd day of October 2014

Signed in accordance with a resolution of the Board of Directors 2nd day of October 2014

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>3,379,582</td>
<td>3,586,481</td>
</tr>
<tr>
<td>Changes in inventories of finished goods and work in progress</td>
<td>(52,788)</td>
<td>(35,132)</td>
</tr>
<tr>
<td>Raw materials and consumables used</td>
<td>7,804</td>
<td>43,552</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(1,359,119)</td>
<td>(1,244,417)</td>
</tr>
<tr>
<td>Depreciation and amortisation expenses</td>
<td>(59,599)</td>
<td>(58,122)</td>
</tr>
<tr>
<td>Conference &amp; seminar expenses</td>
<td>(867,801)</td>
<td>(1,053,201)</td>
</tr>
<tr>
<td>Advertising &amp; promotional expenses</td>
<td>(12,661)</td>
<td>(10,757)</td>
</tr>
<tr>
<td>Printing, stationery &amp; postage expenses</td>
<td>(256,274)</td>
<td>(222,927)</td>
</tr>
<tr>
<td>Travelling expenses</td>
<td>(188,171)</td>
<td>(206,112)</td>
</tr>
<tr>
<td>Computer expenses</td>
<td>(79,050)</td>
<td>(77,661)</td>
</tr>
<tr>
<td>Consultancy fees</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Repairs &amp; maintenance expenses</td>
<td>(34,777)</td>
<td>(4,050)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(299,633)</td>
<td>(267,357)</td>
</tr>
<tr>
<td>Current year surplus before income tax</td>
<td>177,513</td>
<td>450,297</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net current year surplus</td>
<td>177,513</td>
<td>450,297</td>
</tr>
</tbody>
</table>

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

Profit for the year | 177,513 | 450,297 |
Total comprehensive income for the year | 177,513 | 450,297 |
Total comprehensive income attributable to members of the entity | 177,513 | 450,297 |

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014

CURRENT ASSETS

<table>
<thead>
<tr>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>5,380,365</td>
<td>4,811,593</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>234,106</td>
<td>163,405</td>
</tr>
<tr>
<td>Inventories</td>
<td>23,707</td>
<td>29,081</td>
</tr>
<tr>
<td>Other current assets</td>
<td>402,433</td>
<td>239,155</td>
</tr>
<tr>
<td>TOTAL CURRENT ASSETS</td>
<td>6,040,611</td>
<td>5,243,234</td>
</tr>
</tbody>
</table>

NON-CURRENT ASSETS

<table>
<thead>
<tr>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property, plant and equipment</td>
<td>1,359,039</td>
<td>1,360,676</td>
</tr>
<tr>
<td>TOTAL NON-CURRENT ASSETS</td>
<td>1,359,039</td>
<td>1,360,676</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>7,399,650</td>
<td>6,603,910</td>
</tr>
</tbody>
</table>

CURRENT LIABILITIES

<table>
<thead>
<tr>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and other payables</td>
<td>2,284,619</td>
<td>1,662,650</td>
</tr>
<tr>
<td>Short-term provisions</td>
<td>140,283</td>
<td>144,025</td>
</tr>
<tr>
<td>TOTAL CURRENT LIABILITIES</td>
<td>2,424,902</td>
<td>1,806,675</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>2,424,902</td>
<td>1,806,675</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>4,974,748</td>
<td>4,797,235</td>
</tr>
</tbody>
</table>

EQUITY

<table>
<thead>
<tr>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained earnings</td>
<td>4,736,884</td>
<td>4,559,371</td>
</tr>
<tr>
<td>Reserves</td>
<td>237,864</td>
<td>237,864</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>4,974,748</td>
<td>4,797,235</td>
</tr>
</tbody>
</table>
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th>Retained Profits</th>
<th>Asset Revaluation Reserve</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance at 1 July 2012</td>
<td>4,109,074</td>
<td>214,577</td>
</tr>
<tr>
<td>Profit attributable to members</td>
<td>450,297</td>
<td>23,287</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 30 June 2013</td>
<td>4,559,371</td>
<td>237,864</td>
</tr>
<tr>
<td>Profit attributable to members</td>
<td>177,513</td>
<td>-</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 30 June 2014</td>
<td>4,736,884</td>
<td>237,864</td>
</tr>
</tbody>
</table>

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

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th>Note</th>
<th>2014</th>
<th>2013</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>4,010,043</td>
<td>3,740,858</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(3,411,544)</td>
<td>(3,439,942)</td>
</tr>
<tr>
<td>Interest received</td>
<td>57,613</td>
<td>192,485</td>
</tr>
<tr>
<td>Net cash generated from operating activities</td>
<td>15</td>
<td>626,112</td>
</tr>
<tr>
<td>493,401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CASH FLOW FROM INVESTING ACTIVITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from sale of property, plant &amp; equipment</td>
<td>(57,340)</td>
<td>(25,271)</td>
</tr>
<tr>
<td>Payments for property, plant and equipment</td>
<td>(57,340)</td>
<td>(25,271)</td>
</tr>
<tr>
<td>Net cash provided by (used in) investing activities</td>
<td>568,772</td>
<td>468,130</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of the financial year</td>
<td>4,811,593</td>
<td>4,343,463</td>
</tr>
<tr>
<td>Cash and cash equivalents at the end of the financial year</td>
<td>4,5,380,365</td>
<td>4,811,593</td>
</tr>
</tbody>
</table>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2014

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 non-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 30th day of September 2014 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 losses. In the event that 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, this is equivalent to the date that the company commits itself to either purchase or sell the asset (ie trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified ‘at fair value through profit or loss’ in which case transaction costs are expensed to profit or loss immediately.

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 exactly discounts 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**

**Short-term employee provisions**

Provision is made for the company’s obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination 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, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

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

**Other long-term employee provisions**

Provision is made for employees’ long service leave and annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss as a part of employee benefits expense.

**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. There was no revaluation for the 2014 financial year.

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 associated Amending Standards (applicable for annual reporting periods commencing on or after 1 January 2017).

  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 10: Consolidated Financial Statements, AASB11: Joint Arrangements, AASB 12: Disclosure of Interests in Other Entities, AASB 127: Separate Financial Statements (August 2011) and AASB 128: Investments in Associates and Joint Ventures (August 2011) (as amended by AASB 2012-10: Amendments to Australian Accounting Standards - Transition Guidance and Other Amendments), and AASB 2011-7: Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards (applicable for annual reporting periods commencing on or after 1 January 2013).

  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.

- **AASB 2012-3: Amendments to Australian Accounting Standards - Offsetting Financial Assets and Financial Liabilities** (applicable for annual reporting periods commencing on or after 1 January 2014).

  This Standard provides clarifying guidance relating to the offsetting of financial instruments and is not expected to significantly impact the company’s financial statements.

- **Intrepretation 21: Levies** (applicable for annual reporting periods commencing on or after 1 January 2014).

  Interpretation 21 clarifies the circumstances under which a liability to pay a levy imposed by a government should be recognised, and whether that liability should be recognised in full at a specific date or progressively over a period of time. This interpretation is not expected to significantly impact the company’s financial statements.

- **AASB 2013-3: Amendments to AASB 136 - Recoverable Amount Disclosures for Non-Financial Assets** (applicable for annual reporting periods commencing on or after 1 January 2014).

  This standard amends the disclosure requirements in AASB 136: Impairment of Assets pertaining to the use of fair value in impairment assessment and is not expected to significantly impact the company’s financial statements.

- **AASB 2013-4: Amendments to Australian Accounting Standards - Novation of Derivatives and Continuation of Hedge Accounting** (applicable for annual reporting periods commencing on or after 1 January 2014).

  AASB 2013-4 makes amendments to AASB 139: Financial Instruments: Recognition and Measurement to permit the continuation of hedge accounting in circumstances where a derivative, which has been designated as a hedging instrument, is novated from one counterparty to a central counterparty as a consequence of laws or regulations. This Standard is not expected to significantly impact the company’s financial statements.

- **AASB 2013-5: Amendments to Australian Accounting Standards - Investment Entities** (applicable for annual reporting periods commencing on or after 1 January 2014).

  AASB 2013-5 amends AASB 10: Consolidated Financial Statements to define an “investment entity” and requires, with limited exceptions, that the subsidiaries of such entities be accounted for at fair value through profit or loss in accordance with AASB 9 and not be consolidated. Additional disclosures are also required. As neither the parent nor its subsidiaries meet the definition of an investment entity, this Standard is not expected to significantly impact the company’s financial statements.

2. **Revenue & Other Income**

<table>
<thead>
<tr>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Sale of goods</td>
<td>241,909</td>
</tr>
<tr>
<td>Advertising income</td>
<td>31,168</td>
</tr>
<tr>
<td>Awards</td>
<td>-</td>
</tr>
<tr>
<td>Grants &amp; support</td>
<td>653,418</td>
</tr>
<tr>
<td>Royalties</td>
<td>168,828</td>
</tr>
<tr>
<td>Interest received</td>
<td>181,030</td>
</tr>
<tr>
<td>Rendering of services</td>
<td>2,050,924</td>
</tr>
<tr>
<td>Rental income &amp; outgoings</td>
<td>10,911</td>
</tr>
<tr>
<td>Recovery of Expenses</td>
<td>6,221</td>
</tr>
<tr>
<td>Other revenue</td>
<td>35,173</td>
</tr>
<tr>
<td>Total revenue</td>
<td>3,379,582</td>
</tr>
</tbody>
</table>

3. **Surplus for the Year**

**Expenses:**

- Cost of sales: 44,984 (8,420)

**Depreciation of non-current assets**

- Depreciation - plant & equipment: 34,335 32,971
- Depreciation - property improvements: 639 526
- Depreciation - buildings: 24,625 24,625
- Total depreciation: 69,699 68,122

**Loss on disposal of non-current assets**

- 1,504 364

**Remuneration of auditor**

- Auditing the accounts: 12,270 11,150
- Other services: 6,800 6,350
- Total remuneration: 19,070 17,500

4. **Cash on Hand**

- Cash on hand: 1,976 1,976
- Term deposits: 4,084,282 3,625,176
- Cash at bank - Federal operating account: 468,371 433,733
- Cash at banks, building societies, credit unions: 825,736 750,708
- Total cash and cash equivalents as stated in the statement of financial position: 5,380,365 4,811,593
- Total cash and cash equivalents as stated in the cash flow statement: 5,380,365 4,811,593
5. Accounts Receivable and Other Debtors

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Trade receivables</td>
<td>234,106</td>
<td>163,405</td>
</tr>
<tr>
<td>Other receivables</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total current trade and other receivables</td>
<td>234,106</td>
<td>163,405</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</th>
<th>With initial trade terms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;30</td>
<td>31-60</td>
<td>61-90</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and term receivables</td>
<td>136,831</td>
<td>62,398</td>
<td>6,173</td>
</tr>
<tr>
<td>Other receivables</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>136,831</td>
<td>62,398</td>
<td>6,173</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and term receivables</td>
<td>53,958</td>
<td>61,444</td>
<td>41,345</td>
</tr>
<tr>
<td>Other receivables</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>53,958</td>
<td>61,444</td>
<td>41,345</td>
</tr>
</tbody>
</table>

6. Inventories on Hand

Current
Stock on hand

6. Inventories on Hand

Current

7. Other Current Assets

Current

8. Property, Plant and Equipment

Land and Buildings
Freehold land at fair value:
65 - 69 Oxford Street Collingwood - Independent valuation (I.V.) in 2013

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>485,662</td>
<td>485,662</td>
</tr>
<tr>
<td>Buildings at cost:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suites 3 &amp; 4, 65 - 69 Oxford Street Collingwood - I.V. In 2013</td>
<td>985,000</td>
<td>985,000</td>
</tr>
<tr>
<td>Less: accumulated depreciation</td>
<td>(218,439)</td>
<td>(193,814)</td>
</tr>
<tr>
<td></td>
<td>766,561</td>
<td>791,186</td>
</tr>
<tr>
<td>Property improvements - at cost</td>
<td>25,770</td>
<td>25,770</td>
</tr>
<tr>
<td>Less: accumulated depreciation</td>
<td>(3,257)</td>
<td>(2,618)</td>
</tr>
<tr>
<td></td>
<td>22,513</td>
<td>23,152</td>
</tr>
<tr>
<td>Total land and buildings</td>
<td>1,274,736</td>
<td>1,300,000</td>
</tr>
</tbody>
</table>

Plant and equipment
Office furniture & equipment - at cost

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>290,042</td>
<td>246,992</td>
</tr>
<tr>
<td>Less: accumulated depreciation</td>
<td>(205,739)</td>
<td>(186,316)</td>
</tr>
<tr>
<td></td>
<td>84,303</td>
<td>60,676</td>
</tr>
<tr>
<td>Total plant and equipment</td>
<td>84,303</td>
<td>60,676</td>
</tr>
</tbody>
</table>

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>Plant Equipment &amp; Property</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Land</td>
<td>Buildings</td>
<td>Improvements</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at the beginning of the year</td>
<td>485,662</td>
<td>791,186</td>
<td>83,828</td>
<td>1,360,676</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
<td>57,340</td>
<td>57,340</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>(1,504)</td>
<td>(1,504)</td>
</tr>
<tr>
<td>Revaluation increment</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</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>485,662</td>
<td>766,561</td>
<td>106,816</td>
<td>1,359,039</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at the beginning of the year</td>
<td>462,375</td>
<td>815,811</td>
<td>92,418</td>
<td>1,370,604</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
<td>25,271</td>
<td>25,271</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>(364)</td>
<td>(364)</td>
</tr>
<tr>
<td>Revaluation increment</td>
<td>23,287</td>
<td>-</td>
<td>-</td>
<td>23,287</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>-</td>
<td>(24,625)</td>
<td>(33,497)</td>
<td>(58,122)</td>
</tr>
<tr>
<td>Carrying amount at the end of the year</td>
<td>485,662</td>
<td>791,186</td>
<td>83,828</td>
<td>1,360,676</td>
</tr>
</tbody>
</table>

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. There was no revaluation for the 2014 financial year.

9. Accounts Payable and Other Payables

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Income in advance</td>
<td>1,794,485</td>
<td>1,283,820</td>
</tr>
<tr>
<td>Other payables &amp; accruals</td>
<td>185,550</td>
<td>137,507</td>
</tr>
<tr>
<td>Awards in trust</td>
<td>157,191</td>
<td>134,470</td>
</tr>
<tr>
<td>GST payable</td>
<td>147,393</td>
<td>106,853</td>
</tr>
<tr>
<td></td>
<td>2,284,619</td>
<td>1,662,650</td>
</tr>
</tbody>
</table>

Financial liabilities at amortised cost classified as trade and other payables

Trade and other payables
- Total current | 2,284,619 | 1,662,650 |

Less income in advance
(1,794,485) | (1,283,820) |

Financial liabilities as trade and other payables | 490,134 | 378,830 |


Current

Provision for employee benefits | 140,283 | 144,025 |

Aggregate employee benefit liability | 140,283 | 144,025 |

 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 | 5,465 | 7,286 |
- Later than 12 months but not later than 5 years | 4,858 |
- Greater than 5 years | - | - |

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.
   
<table>
<thead>
<tr>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>短期利益</td>
<td>256,787</td>
<td>252,554</td>
</tr>
<tr>
<td>养老金和其他长期利益</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>256,787</td>
<td>252,554</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>非现金流量</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>资产变动和负债变动</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>期初余额</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>期末余额</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>本年利润</td>
<td>177,513</td>
<td>450,297</td>
</tr>
<tr>
<td>营业外支出</td>
<td>1,504</td>
<td>364</td>
</tr>
<tr>
<td>折旧</td>
<td>57,473</td>
<td>58,122</td>
</tr>
<tr>
<td>资产减少</td>
<td>5,374</td>
<td>(23,030)</td>
</tr>
<tr>
<td>存货减少</td>
<td>(70,701)</td>
<td>9,638</td>
</tr>
<tr>
<td>流动资产增加</td>
<td>(163,278)</td>
<td>(5,448)</td>
</tr>
<tr>
<td>流动负债减少</td>
<td>621,969</td>
<td>(12,997)</td>
</tr>
<tr>
<td>员工福利增加</td>
<td>(3,742)</td>
<td>15,555</td>
</tr>
<tr>
<td>流动负债增加</td>
<td>626,112</td>
<td>493,401</td>
</tr>
</tbody>
</table>


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></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>现金及现金等价物</td>
<td>5,380,365</td>
<td>4,811,593</td>
</tr>
<tr>
<td>其他应收款</td>
<td>234,106</td>
<td>163,405</td>
</tr>
<tr>
<td>流动资产总额</td>
<td>5,614,471</td>
<td>4,974,998</td>
</tr>
</tbody>
</table>

**Financial Liabilities**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>流动负债总额</td>
<td>490,134</td>
<td>378,830</td>
</tr>
<tr>
<td>其他应付款</td>
<td>490,134</td>
<td>378,830</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></th>
<th>Within 1 Year</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>Financial liabilities due for payment</td>
<td>490,134</td>
<td>378,830</td>
<td>490,134</td>
</tr>
<tr>
<td>Total expected outflows</td>
<td>490,134</td>
<td>378,830</td>
<td>490,134</td>
</tr>
<tr>
<td>Financial Assets — cash flows realisable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>5,380,365</td>
<td>4,811,593</td>
<td>5,380,365</td>
</tr>
<tr>
<td>Trade, term and loans receivables</td>
<td>234,106</td>
<td>163,405</td>
<td>234,106</td>
</tr>
<tr>
<td>Total anticipated inflows</td>
<td>5,614,471</td>
<td>4,974,998</td>
<td>5,614,471</td>
</tr>
<tr>
<td>Net (outflow)/inflow on financial instruments</td>
<td>5,124,337</td>
<td>4,596,168</td>
<td>5,124,337</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 2013</td>
<td>+/- 91511</td>
<td>+/- 91511</td>
</tr>
<tr>
<td>+/-2% in interest rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year ended 30 June 2014</td>
<td>+/- 101880</td>
<td>+/- 101880</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 outstanding obligations of the entity.

At 30 June 2014 the number of members was 3,268.

directors’ declaration
The directors of the company declare that:

1. The financial statements and notes, as set out on pages 33 to 43 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 2014 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:    Director:
Professor Michael Dooley       Dr Alexandra Bennett

Dated this 2nd day of October 2014
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 2014 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 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 2014 and of its performance for the year ended on that date; and

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

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

Dated this 2nd day of October 2014

ROBERT F. CINCOTTA
Partner