



National Prescribing Service Limited

# Quality use of medicines



Annual Report

04

# our mission

To create an awareness, culture and environment that will support Quality Use of Medicines among all stakeholders.

Quality Use of Medicines means:

- selecting management options wisely
- choosing suitable medicines if a medicine is considered necessary
- using medicines safely and effectively.

## our goal

To improve the health of all Australians through Quality Use of Medicines in partnership with stakeholders, by:

- supporting nationally coordinated approaches to Quality Use of Medicines
- providing independent information about medicines to health professionals and consumers
- delivering messages about medicines to health professionals and consumers using multiple strategies and services to support changes in behaviour
- encouraging and supporting cross-discipline and cross-sector collaborations that promote Quality Use of Medicines
- utilising incentives that support Quality Use of Medicines initiatives
- undertaking ongoing evaluation.

### NPS annual report 2003–2004

The National Prescribing Service Ltd (NPS) began in March 1998. We are an independent, non-profit company limited by guarantee. We have a membership of 37 peak health and consumer organisations, and an independent board that sets strategic direction in consultation with members. We are funded by the Australian Government Department of Health and Ageing.

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# our vision

To be the most trusted source of independent  
information about medicines for Australians

# our partners

NPS works in partnership with its member organisations and other stakeholders.

## What our stakeholders said

NPS has strongly contributed to the increased awareness and importance that is attached to Quality Use of Medicines principles throughout the health sector.

Overall, NPS activities are highly valued, especially educational activities and unbiased information resources that assist prescribers in their day to day tasks; these activities are influencing prescribing behaviour.

Just as highly valued are NPS's professional development programs, at both student and continuing accreditation levels.

Mass communication campaigns such as *common colds need common sense* are valued when they provide a clear message and are coordinated with activities for health professionals.

NPS fosters respectful, productive relationships with member organisations and other stakeholders, characterised by both high levels of professionalism and approachability.

Source: Stakeholder analysis, including interviews with member organisations, GPs and pharmacists, conducted on behalf of NPS by TNS Consulting, June 2004. Full report available on request.

## Member organisations

Australasian College of Dermatologists

Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists

Australian and New Zealand College of Anaesthetists

Australian College of Rural and Remote Medicine

Australian Council of Social Service

Australian Dental Association

Australian Divisions of General Practice

Australian Government Department of Health and Ageing

Australian Government Department of Veterans' Affairs

Australian Healthcare Association

The Australian Lung Foundation

Australian Medical Association

Australian Nursing Federation

Australian Pensioners' and Superannuants' Federation

Australian Postgraduate Federation in Medicine

Australian Private Hospitals Association

Australian Self-Medication Industry

Carers Australia

Consumers' Health Forum of Australia

COTA National Seniors

Diabetes Australia

Generic Medicines Industry Association

Health Consumers of Rural and Remote Australia Inc

Medicines Australia

National Aboriginal Community Controlled Health Organisation

National Asthma Council Australia

National Heart Foundation of Australia

NSW Therapeutic Advisory Group Inc

The Pharmaceutical Society of Australia

The Pharmacy Guild of Australia

The Royal Australasian College of Physicians

The Royal Australian College of General Practitioners

The Royal Australian and New Zealand College of Psychiatrists

Royal College of Nursing, Australia

Rural Doctors Association of Australia

The Society of Hospital Pharmacists of Australia

Victorian Medical Postgraduate Foundation Inc

# our programs

- Focus on Quality Use of Medicines
- Are based on evidence of best practice
- Respond to the needs of the relevant audience
- Are supported by rigorous evaluation
- Are developed in consultation with members, partners, stakeholders and clients
- Are guided by independent expertise provided by working groups and expert reviewers

## Quality Use of Medicines Services

### Programs for Health Professionals

- Education and quality assurance
- Curriculum and training
- Pharmaceutical decision support
- Australian Prescriber
- New drugs

### Program for Consumers

- Community Quality Use of Medicines

## Innovation and Learning

- Evaluation
- Research and development

### Corporate services

Programs are supported by:

Corporate public affairs and marketing

Publishing

Administration

Finance



# our strategies

Our strategies aim to give health professionals and consumers access to the information and support they need to make decisions about prescribing and medicines use that will optimise treatment and be cost-effective. We do this by working in partnership with health professionals, consumers and others involved in medicines use. For example:

- through our partnerships with divisions of general practice, a range of activities are offered to general practitioners and other health professionals involved in primary care
- new partnerships formed in the past 12 months with community-based organisations will ensure that consumer-based programs are relevant to and accessible by consumers.

## Core strategies

We work closely with our partners and clients to develop and refine strategies that will lead to improved prescribing and use of medicines.

Strategies include:

- education, interventions and tools
  - to guide health professionals in prescribing/dispensing/administering medicines
  - to inform and raise awareness of consumers about Quality Use of Medicines issues, leading to behaviour change
- activities and advice that inform and influence national policy and advocacy about medicines
- products that distil and communicate accurate, unbiased information about medicines
- capacity building in all sectors to assist stakeholders take a more active part in Quality Use of Medicines initiatives
- evaluation of NPS strategies and development of methodologies for broader Quality Use of Medicines evaluation.

## Factors for success

- Independence, balance and accuracy of information
- Operational independence
- Engagement with stakeholders, broad partnership approach
- Adequate funding
- Trust and perception of value by stakeholders
- Ability to communicate complex messages to various audiences
- Focus on service
- Understanding the changing environment in which medicines use occurs
- Understanding, influencing and positioning within the political environment
- Blend of national and local operations
- Highly skilled staff, who are valued and ascribe to excellence
- Creativity, innovation and proactive commitment to finding solutions
- Management of expectations
- Evaluation to inform future development



# the essence of what we do

The strength of our approach is that we:

- implement strategies based on sound theory and evidence of effectiveness from a range of disciplines
- select interventions based on knowledge of barriers and facilitators to change
- use multifaceted interventions as this approach is generally considered more effective than single interventions
- place the consumer at the centre of all that we do, in keeping with QUM.

## The framework

The Quality Use of Medicines framework developed by the Pharmaceutical Health and Rational use of Medicines Committee (PHARM) and implemented by NPS and others involves:

providing all groups of people with the tools of increased awareness, knowledge and information as well as skills, resources and motivation to take actions that are successful and satisfying

creating an environment conducive to people making decisions and taking actions that optimise the Quality Use of Medicines.

This framework embraces the principles of education, behaviour change, community empowerment, social influence, social advocacy, diffusion and evidence-based medicine.

It supports the concept that there is a continuum of attitudes, beliefs, knowledge, skills, motivation, information and resources

needed, varying in emphasis, for individuals to move from one stage of change to another.

It recognises that the environment in which the individual or group operates has a significant impact on their desire and ability to change.

Conversely, change at a personal level that is not reinforced or supported at other levels is difficult to sustain. Therefore, strategies to change behaviour in this framework are aimed at several levels simultaneously to maximise the chance of success: the personal, the interpersonal (e.g. between consumers and health professionals) and the community, practice or organisational level.

Complementing these and of equal importance are the environmental, public health, legislative, structural and policy changes that might be needed and which in the Australian context are influenced by PHARM and the Australian Pharmaceutical Advisory Council.

## Theoretical base

Sitting behind these approaches are theories from different disciplines that provide insight into why a mix of approaches is likely to be more effective.

**Cognitive theories** suggest that the major barrier to change is the person's poor knowledge about the results of not following the guideline or recommended change and that better information about the evidence base might promote better compliance.

**Adult-learning theory** considers that people need to experience a problem first-hand before they are motivated to change. They need to reflect on solutions themselves and discuss difficulties with colleagues.

**Behavioural theories** suggest that performance is mainly influenced by external stimuli and can be changed by feedback, incentives, modeling and external reinforcement.

**Social influence theories** focus on social norms promoting change and leadership to promote the change. Proponents of these theories use group interactive educational sessions, local consensus and opinion leaders.

**Marketing theories** emphasise the importance of a clear and attractive message adapted to the target audience.

**Organisational theories** suggest that change is not achieved at the individual level but through system changes that support quality care processes and a culture of collaboration and improvement of care.



# from the Chair and CEO



Dr Stephen Phillips

## Report from the Chair and Chief Executive Officer

Since the early 1990s, Australia has adopted a more integrated approach to medicines use than is evident probably anywhere in the world. NPS is proud to have significantly contributed to this approach by promoting and implementing Quality Use of Medicines within the context of the Australian National Medicines Policy.

The Australian Government also has good cause to be proud of its record of support for this critical area of public health policy. The core funding provided to NPS through service contracts with the Australian Government, Department of Health and Ageing is an example of the commitment of successive Governments to Quality Use of Medicines, and deserves recognition in this Annual Report.

### Governance model proves successful

As with most public health activity, funding for NPS operations and programs is underwritten by the Government, however NPS operates at 'arms-length' from Government, an independent corporate operational model that has borne fruit.

The great strength of this governance model lies in the dual demands of a broad company membership and a contractual commitment to the Australian Government. The membership, along with our national field force and other allied Quality Use of Medicines operatives, provide feedback about current issues at organisational and 'grass-roots' levels, keeping us apprised of the priorities for health professionals and the community.

The agreement with Government places us within the National Medicines and Health Policy frameworks and helps ensure collaboration with other groups such as the Department of Health and Ageing and its committees, particularly the Pharmaceutical Health and Rational use of Medicines Committee (PHARM), the Australian Pharmaceutical Advisory Council (APAC) and the Pharmaceutical Benefits Advisory Committee (PBAC). This relationship is the nexus for our national facilitation and coordination role.

Operating in this way has allowed us to stay abreast of current policy and developments but maintain the independent stance required for developing and delivering truly impartial information about medicines, thus assuring our credibility with medical and pharmacy professions, as well as health consumers. It has meant that NPS can support evidence-based policy on its merits. An example of this has been the launch this year of our new drugs product, *RADAR*, that conveys decisions made by PBAC to health professionals and consumers.

### Results speak for themselves

The evolving sophistication of our evaluation processes enables us now to assert confidently that:

#### **NPS programs work**

We have been able to positively influence a more rational and thoughtful approach to the way medicines are prescribed and reduce the costs associated with inappropriate prescribing of PBS items (see page 20). Our programs have led to changes in prescribing practice. In managing chronic diseases such as diabetes and in acute treatment of infection, we can demonstrate improvements in the way medicines are used.

**NPS builds capacity**

We have developed infrastructure and networks that effectively deliver national and local programs to large numbers of doctors, pharmacists and consumers in a manner they have found acceptable and influential.

**NPS works in partnership**

We have developed successful collaborations with divisions of general practice, consumer organisations, pharmacy and medical organisations, Government and the pharmaceutical industry.

**NPS responds to users' needs**

Our model retains flexibility for responding to grass-roots' need while ensuring a national focus and the delivery of high quality evidence-based products.

**NPS only works on QUM**

We keep our focus on prescribing issues when more diverse organisations need to be involved in broader health matters. It is this focus that allows us to nationally facilitate and coordinate information and support for prescribers and users of medicines. It is this focus that gets results.

**NPS has passionate and committed people**

Our members and staff are the organisation's greatest strengths. Their involvement and contribution has added to the expertise, credibility and understanding of the organisation.

**The primary goal: improved health outcomes**

To date, we have monitored our activities predominantly in terms of participation rates and the value-perceptions of our constituents as they relate to our programs and services. These are important measures of effectiveness but we now have sufficient data to measure the impact of NPS interventions on drug utilisation; some of these results are shown in this Annual Report.

Importantly, improved evaluation methodology will allow us in future to make connections to health outcomes. This is critical as we go forward – improving health outcomes for all Australians through better use of medicines is our primary goal. In some instances this will mean an increase in medicines use; in others, the evidence will show us that older, cheaper alternatives are still the drugs of choice and that 'newer' is not necessarily 'better'; and in other cases, lifestyle changes, physical therapy or other symptom relievers will be promoted over the use of medicines at all. At times, the more expensive medicine may be the more appropriate prescription choice from a health outcome perspective.

Our programs and products have done and will continue to offer health professionals and consumers access to the evidence and information related to medicine use that will lead to improved health outcomes for people in the community.

**Into the future**

As we move into the future, we will remain committed to the principles of Quality Use of Medicines, service provision, support of health professionals and consumers to engage more actively in Quality Use of Medicines and an appreciation of the systemic barriers to this engagement. We will continue to undertake our work in collaboration with others and to facilitate national consistency of initiatives to support Quality Use of Medicines.

Our goals are long-term ones and can only be achieved by sustained activity over an extended period. To date we have been heavily GP focussed but the true impact and effect of evidence-based Quality Use of Medicines programs cannot be measured until we have been given the time and opportunity to target all doctors and other prescribers as well as consumers in their roles as both self prescribers and users of prescription medicines.

We are committed to working strategically and innovatively to meet the expectations of the community into the next decade.



Dr Lynn Weekes

# programs

## Community Quality Use of Medicines Program

Aim: To promote better health by building awareness, knowledge and skills in the community that will lead to Quality Use of Medicines.

As this program only commenced in 2003, results to date have been modest but an infrastructure that will sustain change has been developed and promising trends are emerging.

This program is run in collaboration with Consumers' Health Forum of Australia.

### National activities

#### For medicines without the mix-ups

In January 2003, a national campaign was launched using television and print advertising to raise community awareness about the need for people to understand and obtain credible information about their medicines. This was supported by a brochure, *Medimate*. The television commercial will be repeated in October 2004.

#### Prompted recall of television commercial

pre-campaign 5%    post-campaign 57%

#### Prompted awareness of *Medimate*

pre-campaign 5%    post-campaign 11%

#### Distribution of *Medimate*

1.2 million copies distributed, Jan – June 2004

More than 1,000 downloads of *Medimate* from the NPS website each month

#### common colds need common sense

This campaign has run every winter since 2001, and aims to improve treatment of cold and flu-like symptoms by improving knowledge and changing attitudes and behaviours to symptomatic management. Target groups this year were parents and carers of children 2–12 years and men aged 25–45 years in the workforce.

Television, billboards, radio and newspapers were used to convey key messages; 53 community grants were provided to support activities targeted to parents of preschoolers in NSW, Victoria and south-west WA; child-care specific material was distributed nationally through Family and Community Services (Australian Government).

#### Key results

% of community who believe antibiotics confer an advantage or disadvantage when treating cold and flu

	Advantage	Disadvantage
1999:	13%	48%
2001:	10%	54%
2004:	11%	57%

% of community who report taking antibiotics the last time they suffered a cold or flu:

1999: 11%	2001: 10%	2004: 7%
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#### Medicines Line: 1300 888 763

– the information line where consumers can get answers to their questions about medicines from pharmacists.

The service has been operating since 2002 but use has increased in line with the key message being disseminated about seeking reliable information.

The majority of callers (72.4%) rang with a question related to their own medicines.

Almost half of all callers (43.7%) rang because they had 'inadequate information'; 19.1% rang because they had a 'worrying symptom'. The most frequent questions asked about drug classes related to antidepressants (19.7%) and antihypertensives (8.5%), while sertraline (3%), paracetamol (2.9%) and warfarin (2.9%) were the most frequently asked about individual medicines.

#### Telephone calls received by Medicines Line

2002 – 2003:	14,785
2003 – 2004:	17,926

#### Medicines Talk

– a quarterly publication written by consumers that aims to inform consumer groups about Quality Use of Medicines policy and programs, and to encourage groups to become involved in Quality Use of Medicines activities.

We provide support and infrastructure for the publication while most of the writing and editorial work is undertaken by informed consumers. To date 1,869 copies are distributed quarterly, and more than 200 people access online each month.



## Population-based strategies

### Seniors

In association with COTA National Seniors, peer educators are being trained to run 1,500 medicines information sessions that will involve 50,000 senior participants around the country.

The aim of these meetings is for seniors to explore their medicines problems and take a more active role in their own medicine use. This will be reflected in people asking their doctor or pharmacist more questions about their medicines.

We are on target for the full number to be completed by December 2005; to date:

- 80 seniors have been trained
- 116 meetings held
- 2,585 people have attended the sessions.

Combined Pensioners and Superannuants of NSW will run an additional 50 interactive peer education sessions by June 2005 with Cantonese, Mandarin, Vietnamese, Greek and Italian speaking people in the greater Sydney metropolitan region, with the aim of establishing the acceptability and feasibility of this strategy with seniors from these communities. To date, 53 peer educators have been trained.

### Culturally and linguistically diverse communities (CALD)

The Federation of Ethnic Communities' Councils of Australia Inc (FECCA) is working with us to develop and implement the CALD program which will initially focus on Vietnamese, Chinese (Mandarin and Cantonese speaking), Italian and Greek communities.

The cultural and social influences underpinning the use of medicines are being taken into account when developing strategies to improve Quality Use of Medicines. Developmental research has now been completed that comprised 52 one-on-one in-depth interviews with key informants (GPs, pharmacists, community leaders and multicultural organisations) and 16 focus groups with consumers. (A full report is available upon request.)

The research is informing both selection and design of intervention strategies and resources.

To help us reach a broader range of people from CALD communities, we are also working with the Adult Multicultural Education Service (AMES) to include Quality Use of Medicines issues/ scenarios in a 'learn-to-read-English' resource.

### Aboriginal peoples and Torres Strait Islanders

NPS and the National Aboriginal Community Controlled Health Organisation (NACCHO) are exploring an appropriate program with national and community level activities.

Three areas have been selected which incorporate metropolitan, rural and remote areas thereby giving a cross section of Aboriginal Medical Services and communities. These are: the Kimberley Aboriginal Medical Service, Victorian Aboriginal Medical Service in Melbourne and Port Lincoln Aboriginal Medical Service in South Australia.

Thirteen Community Controlled Aboriginal Medical Services in these regions will be involved directly in pilot testing initiatives over the next 12 months.

### Rural communities

We are working with the National Rural Health Alliance (NRHA) and Health Consumers of Rural and Remote Australia Inc (HCRRA) to develop strategies to reach consumers in rural Australia.

A resource kit has been developed that provides consumer groups with a range of tools to run Quality Use of Medicines sessions in rural areas; 15 consumer-based organisations have been funded to develop and implement Quality Use of Medicines community projects between now and June 2005; and a communication strategy is in place that includes using rural media, from commercial newspapers to community newsletters, to promote Quality Use of Medicines messages and activities.

#### Priority areas for Quality Use of Medicines for consumers

- Access to and interpretation of information about medicines
- Effective communication between consumers and health care providers about medicines
- The safe use of multiple medicines
- Management of common ailments: reducing over-use of antibiotics for upper respiratory tract infections

## Quality Use of Medicines Programs for Health Professionals

### Education and quality assurance

**Aim:** To improve the quality of prescribing in target therapeutic areas where there are known problems with prescribing and/or medicine use likely to result in sub-optimal health outcomes and/or increased costs.

Through this program, general practitioners, pharmacists, and other specialist medical practitioners and health professionals are provided with independent therapeutic information as well as opportunities to participate in education and quality assurance activities.

The program incorporates adult education, social marketing and behaviour change strategies and operates nationally and locally, providing evidence-based information and using evidence-based strategies where possible.

Up to five therapeutic topics are covered each year, using a wide range of interventions such as

- written information
- directly mailed prescribing feedback to general practitioners
- clinical audit for general practitioners
- self audit for pharmacists
- educational visiting
- peer group discussions
- written case studies
- decision support materials such as guides for desktop prescribing review.

### Topics this year\*

Management of hypertension – Aug 03  
 Antithrombotics – Oct 03  
 New drugs – Dec 03  
 Hormone replacement therapy – Feb 04  
 Optimising use of PPIs – Apr 04  
 Drugs in the elderly – Jun 04

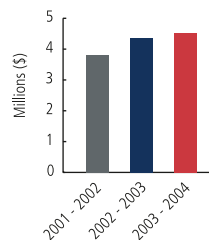
\*See page 17 for full details of topics.

### Locally coordinated activities

Close alliances have been formed with 116 divisions of general practice, representing the majority of divisions in Australia; NPS provides each division with funding to implement a program that will be relevant to and owned by local general practitioners.

Facilitators (usually pharmacists or nurses) are employed by the divisions to carry out the local implementation. Through the Field Support and Training Program, NPS provides substantial training, skills development, day-to-day program support and quality assurance to the facilitators to ensure that this field force is effective and offers general practitioners the highest quality service.

Contract payments to divisions of general practice to support local programs



### New this year

#### Multicentre DUE project

We are funding and supporting a multicentre drug use evaluation (DUE) project, CAPTION, to improve patient outcomes through implementing national guidelines for managing community acquired pneumonia in hospital emergency departments.

The project engages the expertise of State groups from Victoria, New South Wales, Tasmania, South Australia and Queensland that directly work with hospitals.

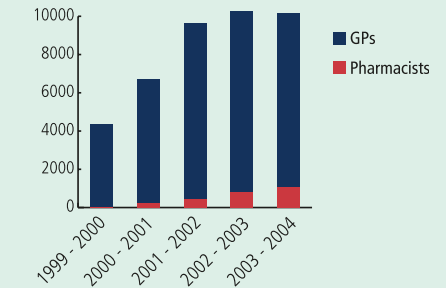
To date, hospital project teams have been formed in most participating hospitals; data collection tools have been developed and data collection has commenced in some hospitals; and academic detailing skills training has been completed. Resources required during the 'intervention' phase of the project are currently being developed.

#### Program for nurses

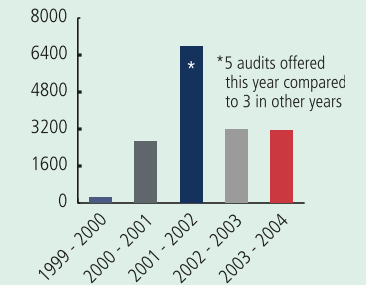
Nurses are now being provided with selected NPS programs that will assist them to implement Quality Use of Medicines principles in their areas of practice. This year, nurses in residential aged care facilities were provided with information about our *Drugs in the Elderly* program, and sent copies of *NPS News* and *Prescribing Practice Review* on that topic, as well as a relevant case study. Future programs will be made available to the nursing groups that will gain the most benefit from the information and activities.

### Participation rates

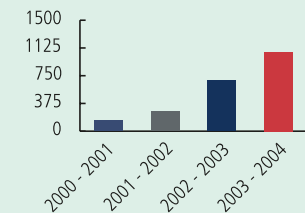
Unique health professionals participating in NPS activities



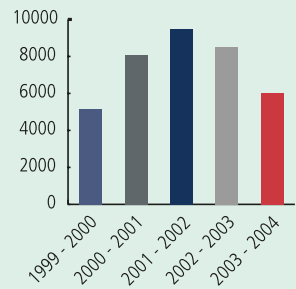
Total no. of GPs completing NPS clinical audits



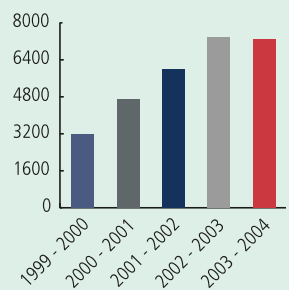
Total no. of pharmacists completing NPS self audits



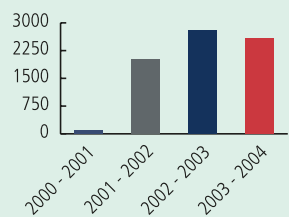
No. of NPS case studies completed



No. of NPS educational visits made to GPs



No. of health professionals attending case-based meetings



## Curriculum and training

A nationally accepted prescribing curriculum for senior medical students has been developed in collaboration with all Australian medical schools and the Australian Society of Clinical and Experimental Pharmacologists and Toxicologists.

The web-based interactive curriculum addresses both cognitive and behavioural issues relevant to prescribing and is now routinely used by nine medical schools. A CD-Rom version has been developed as a separate project at the request of the World Health Organisation because of the broad value of the product internationally.

In conjunction with Confederation of Postgraduate Medical Education Councils and state based Postgraduate Medical Councils a web-enabled, interactive curriculum for postgraduate medical students is in development. We are also working with pharmacy and nursing educators to ensure that our materials are useful resources for undergraduate students and to advocate for inclusion of Quality Use of Medicines in their curricula.

Training products have been developed for consumer peer educators and NPS facilitators. A generic Quality Use of Medicines training module has been developed in collaboration with PHARM, and it has been used with Home Medicines Review pharmacists, pharmaceutical companies, NPS facilitators and staff and consumer representatives.

## Medical students benefit from NPS prescribing curriculum

In recent interviews with medical students it was found that:

97% had used the curriculum as part of their study

86% of these students felt better equipped to prescribe as a result of the curriculum

53% had developed their own personal formulary, the key objective of the curriculum

93% of these students reported that the curriculum was of great assistance in developing their personal formulary

## Pharmaceutical decision support

As part of this program, health professionals are provided with reliable information and prompts at the point of decision-making.

Methods for extracting prescribing data are provided to general practitioners for quality assurance purposes such as practice-based drug use evaluations, peer group discussions and clinical audit.

Software guides have been developed that promote the use of NPS patient materials or raise general practitioners' awareness of the functionality of their software to support Quality Use of Medicines in the electronic prescribing environment.

We have worked with software providers on a timely interface for *RADAR* so that when a new drug is prescribed the prescriber is given pertinent information.

The decision support team also contributes to deliberations of national working groups such as HealthConnect, GP Computing Group, National Electronic Decision Support Task Force and Medicines Coding Council of Australia.

An information model of prescribing practice to guide the development of integrated and evidence-based decision support systems is currently the subject of a major collaborative project between the NPS, the General Practice Computing Group and the University of Melbourne.

# programs

## Australian Prescriber

- The national journal of drugs and therapeutics
- Published for 30 years
- Six issues a year distributed to 55,000 health professionals in Australia
- 700,000 hits per month on the website; more than 100,000 visitors to the home page each month

*Australian Prescriber* contains information and reviews on a variety of therapeutic topics which will assist health professionals in their work. Whenever possible information about new drugs is published in the first issue following the release of a new chemical entity onto the Australian market. This ensures that health professionals receive an independent assessment of a new product as soon as possible.

Efforts are made to ensure the content of *Australian Prescriber* is compatible with information published by NPS and other providers of independent information such as the Australian Medicines Handbook and Therapeutic Guidelines. Managed by NPS since 2002, *Australian Prescriber* provides a firm foundation for NPS publications such as *NPS News*.

*Australian Prescriber* is highly regarded among groups such as hospital doctors, general practitioners, pharmacists and other opinion leaders. It also facilitates debate of complex, controversial or uncertain therapeutic areas.

*Australian Prescriber* articles are used in teaching materials and reprinted. They are often translated for use overseas.

*Australian Prescriber* has had a successful joint publishing venture. The booklet *Abnormal Laboratory Results* has been popular and is likely to be reprinted, while *Pharmacokinetics Made Easy* is becoming a standard textbook and is now in its second edition.

## New Drugs

### Rational Assessment of Drugs and Research

Through this program, health professionals are provided with evidence-based information on drugs newly registered by the Therapeutic Goods Administration or new and revised listings to the Pharmaceutical Benefits Scheme (PBS) that impact on primary care. Newly published research relevant to primary care is also a focus of this program.

Information is provided in our publication *RADAR* that is available through free on-line subscription; 10,242 health professionals subscribed this year. *RADAR* is also available in prescribing software.

Each *RADAR* issue coincides with release of the 'yellow book', the *Schedule of Pharmaceutical Benefits*.

### **RADAR reviews published this year:**

Adrenaline (EpiPen) auto-injector for acute allergic anaphylaxis  
 Aripiprazole (Abilify) for schizophrenia  
 Deferiprone (Ferriprox) for thalassaemia major  
 Escitalopram (Lexapro) for major depressive disorders  
 Medicines used in palliative care  
 Metoprolol succinate controlled-release (Toprol-XL) for heart failure  
 Moxifloxacin (Avelox) for community-acquired pneumonia  
 Oral inactivated cholera vaccine (Dukoral)  
 Pioglitazone (Actos) for type 2 diabetes mellitus  
 Ramipril titration pack (Tritace)  
 Rosiglitazone (Avandia) for type 2 diabetes mellitus  
 Triptans for migraine

### New Drugs Seminars

Information about new drugs is also provided at seminars for health professionals held during the year.

Three New Drugs Seminars were conducted this year, in Perth, Townsville and Adelaide, attended by 215 GPs, pharmacists and others.

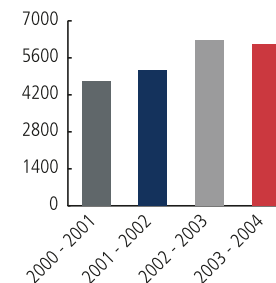
## TAIS: 1300 138 677

The Therapeutic Advice and Information Service (TAIS) is a national telephone-based information service that provides independent information on medicines to health professionals for patient-specific questions. A consortium of six expert drug information centres operates the service on our behalf.

Most calls are from community pharmacists followed by GPs. The most frequently asked questions relate to drug interactions and adverse drug reactions, followed by enquiries related to treatment of choice for a specified indication or justification for a treatment choice.

Drugs affecting the nervous system (including psychiatric problems) are frequent topics of calls followed by cardiovascular, anti-infective and herbal/complementary medicines.

Telephone calls to TAIS:



## Innovation and Learning

### Evaluation

Program evaluation is a core part of our infrastructure and provides information to internal and external decision makers, information users and stakeholders that is used to:

- describe processes/content of programs as well as how they are perceived by end users and stakeholders
- inform program improvement and decision-making during program implementation
- measure program effectiveness (impact)
- measure program consequences (outcomes)
- determine program sustainability.

A focus this year has been to increase the sophistication of drug utilisation analyses being used to measure the impact of our programs. Methodologies include harmonic and linear regression using non-parametric seasonal decomposition of time series data. See p.19 for details.

### Research and development

Our aim for service excellence and innovation has led to the start of a new NPS Research and Development Program.

The program focuses on enhancing our understanding of strategies that lead to better use of medicines. It aims to identify barriers to change and gaps in current evidence, and define innovative methods of delivering NPS services.

Recognising the positive contribution and support of our partners, we will continue to work in collaboration with our member organisations, tertiary institutions and others interested in Quality Use of Medicines.

A program plan is currently being developed for implementation in 2004–2005.



“Drugs are cultural entities as well as chemical compounds. Our knowledge, attitudes and behaviours towards them are powerfully influenced by the conceptions we hold about them.”

Montagne M. The Pharmakon Phenomenon: Cultural Perceptions of Drugs and Drug Use. Contested Ground: Public Purpose and Private Interest in the Regulation of Prescription Drugs. Davis P. Oxford: Oxford University Press; 1996.

# national medicines symposium 2004

## Quality Use of Medicines – Time for total integration

### Brisbane Convention and Exhibition Centre

The third National Medicines Symposium (NMS) was hosted by NPS and PHARM. It provided a forum to showcase national activities in the Quality Use of Medicines arena and an opportunity to share experiences with international colleagues.

NMS 2004 was attended by over 470 delegates from Australia and overseas; including New Zealand, Fiji, Indonesia, Lao, Thailand, Canada, United Kingdom and Sweden. Highlights included presentations from international speakers Professor Tom MacDonald from Dundee University, Scotland; Professor Stephen Chapman from Keele University, England and Dr Sri Suryawati from Gadjah Mada University, Indonesia as well as insightful presentations on the theme 'Time for total integration' from local speakers Professor Sue Tett and Mr Tony Wade, PHARM Committee, Queensland Health and A/Professor Andrea Mant, Drug Utilisation Subcommittee of the Pharmaceutical Benefits Advisory Committee.

As a part of NMS 2004, two exciting Quality Use of Medicines initiatives were introduced.

## National Medicines Symposium International Scholarship

A sponsorship opportunity to attend NMS 2004 was created for a colleague with a keen interest in rational use of medicines from the South East Asian region. The inaugural scholarship was awarded to Dr Bouathong Sisounthone from the Department of Curative Medicine, Ministry of Health in Lao.

## National QUM Awards

The National QUM Awards celebrate the contribution made by health professionals, the community, pharmaceutical companies and the media to achieve better health outcomes for all Australians through activities that promulgate and promote Quality Use of Medicines. The NMS 2004 Scientific Program Committee judged the inaugural awards and presentations were made at the Symposium dinner by Professor Tony Smith and Ms Mary Murray.

## Health Professional QUM Award

**Winner:** The QUM Coast Project, South Australian Department of Health

**Highly Commended:** Individual Medication Effectiveness Tests (IMET), School of Population Health, University of Queensland

## Community QUM Award

**Winner:** Medicine Information Persons (MIPs) Project, Combined Pensioners and Superannuants Association of NSW

**Highly Commended:** Wrap Around Kids™, Fostering Partnerships in Health and Education Ltd

## Media QUM Award

**Winner:** CPD, Australian Pharmacist

**Highly Commended:** 'Stick to the Script', GoodMedicine

## Pharmaceutical Industry QUM Award

**Winner:** Panadol Labelling, GlaxoSmithKline Consumer Healthcare

**Highly Commended:** Labelling Code of Practice and Guidelines, Australian Self-Medication Industry (ASMI)

## QUM Poster Award

**Winner:** Implementing Health Policy Along the Continuum of Care: Medication Management Service in a Transitional Care Unit

**Highly Commended:** Aboriginal Health Worker Training – An Important Role for Pharmacists to Improve Quality Use of Medicine in Indigenous Communities.

## NPS media activity

The emphasis on proactive media communication increased significantly during the 2003–2004 financial year. This resulted in an increase in media exposure of more than 50% compared to the previous year.

Major peaks of media exposure occurred in – July/August 2003 about the *common colds need common sense* campaign; October 2003 about the current issue of *Australian Prescriber*; January/February 2003 about the new NPS Community QUM Program; April 2004 about the launch of *RADAR* and in June 2004 about the *common colds need common sense* campaign.

pictures clockwise from top left:

Dr Lynn Weekes Chief Executive Officer NPS, with Health Professional QUM Award Winner Mr Bill Dollman  
Professor Stephen Chapman, Keele University England  
Richard Neville, Professional Futurist  
Dr Sri Suryawati, Gadjah Mada University Indonesia



## Criteria used for selecting therapeutic topics

Each year we target therapeutic topics that meet the following criteria:

- the therapeutic area is a priority for GPs or other target group(s)
- the information will assist in providing best patient care (ability to make an impact, ability to affect patient outcomes)
- new information is available
- systems issues will impact on patient care
- there is evidence of therapeutic problems, variation in prescribing, adverse outcomes
- potential impact on PBS expenditure
- data are available to support delivery of the message
- evidence exists to guide better practice
- a new drug has become available
- it can be linked with parallel programs
- the presence of therapeutic uncertainty or controversy.

## Managing hypertension

Commenced August 2003

### Key messages

Try low-dose thiazides as first-line therapy; they have the most clinical outcome evidence

When selecting an antihypertensive drug, consider potential favourable effects on co-existing conditions

Assess cardiovascular risk and manage hypertension along with other risk factors

Make the strongest efforts to reduce blood pressure in patients at highest cardiovascular risk

Fixed-dose combination products should not be used for initiation of therapy

### Strategies

PPR 23 with prescribing feedback to 18,240 GPs

PPR 23 to  
16,326 pharmacists and 7,408 other medical specialists

NPS News 29 to  
GPs, specialists, pharmacists, other health professionals, students

Case study 28  
1,358 health professionals and students participated

Clinical audit  
1,130 GPs participated  
Re-audit phase still open at time of publication

Educational visits  
1,148 educational visits to GPs

Divisional case study group discussions  
521 health professionals participated

## Using antithrombotics: maximising benefits, minimising risks

Commenced October 2003

### Key messages

Consider warfarin in all patients with atrial fibrillation at moderate-to-high risk of thromboembolism

Regularly monitor INR and review risk factors for bleeding—these are key to enhancing safe warfarin use

Low-dose aspirin remains the drug of first choice over other antiplatelet agents for cardiovascular prophylaxis

Where the absolute risk of coronary heart disease events is low, the benefit of low-dose aspirin is no greater than the risk of bleeding

### Strategies

PPR 24 with prescribing feedback to 18,793 GPs

PPR 24 to  
16,204 pharmacists and 7,456 other medical specialists

NPS News 30 to  
GPs, specialists, pharmacists, other health professionals, students

Case study 29  
1,149 health professionals participated

Case study PH8  
133 pharmacists participated

Educational visits  
To commence late 2004

Divisional case study group discussions  
To commence late 2004

## New drugs

Commenced December 2003

### Key messages

NPS RADAR offers timely access to information

Cost-effectiveness for PBS listing explained

Questions to ask when evaluating a new drug

Evidence-based medicine and pharmacoeconomic terms explained

Report suspected adverse reactions, provide CMI with samples, be aware of good conduct re promotion

### Strategies

NPS News 31 to  
GPs, specialists, pharmacists, other health professionals, students

## Hormone replacement therapy

Commenced February 2004

### Key messages

Establish/clarify the goal of HRT for each patient

Discuss potential benefits and harms

Menopausal symptom relief: short-term use an option

When stopping reduce slowly over several months

### Strategies

NPS News 32, including patient material, 'Did you hear the news about HRT?'  
To GPs, specialists, pharmacists, other health professionals, students

Case study 30  
1,306 health professionals participated

## Optimising use of proton pump inhibitors

Commenced April 2004

### Key messages

Establish whether ongoing proton pump inhibitor (PPI) therapy is necessary in each patient

Decrease PPI use to low doses of intermittent, symptom-driven therapy once symptoms of gastro-oesophageal reflux disease (GORD) are controlled

All PPIs are very effective in controlling GORD symptoms and are clinically equivalent in most patients

Consider testing for and treating *Helicobacter pylori* (*H. pylori*) in people with uninvestigated dyspepsia or who are using PPIs long term

### Strategies

**PPR 25 with prescribing feedback to 18,757 GPs**

**PPR 25 to**  
16,476 pharmacists, 5,133 other medical specialists and (for the first time) 557 GP trainees

**NPS News 33 to**  
GPs, specialists, pharmacists, other health professionals, students

**Case study 31**  
1,153 health professionals participated

**Clinical audit**  
1,517 GPs participated to date (audit still open)  
Re-audit will also be offered

**Educational visits**  
Commenced later 2004

**Divisional case study group discussions**  
Commenced later 2004

## Key messages for Pharmacy program

Gastro-oesophageal reflux disease is the only cause of dyspepsia that can be reliably diagnosed by symptoms alone

All people with dyspepsia symptoms should be screened for alarm symptoms, and referred immediately to their general practitioner if indicated

People with frequent, severe, non-resolving or frequently recurring dyspepsia symptoms should be referred to their general practitioner

Mild, intermittent or occasional GORD symptoms should be managed with lifestyle modifications and antacids or H<sub>2</sub> antagonists

## Strategies for Pharmacy program

**Pharmacy Letter 7 to**  
16,500 pharmacists

**Self-audit for pharmacists**  
206 pharmacists participated

## Drug use in the elderly

Commenced June 2004

### Key messages

Keep an up-to-date list of all medicines your patient is using—prescription, over-the-counter and complementary

Formal medication review can help to avoid medicine-related problems in older people

Non-drug measures should always be first-line for managing sleep problems

Using antipsychotics to control difficult behaviour is of questionable efficacy but is definitely associated with adverse effects

### Strategies

**PPR 26 to**  
19,207 GPs, 558 GP registrars, 16,277 pharmacists and 5,154 other medical specialists

**NPS News 34 to**  
GPs, specialists, pharmacists, other health professionals, students

**Case study 32**  
611 health professionals participated to end June (still open)

## Other activities during the year

### Patient materials

Symptomatic management pad: Acute URTIs and acute bronchitis

Available in Arabic, Chinese, English, Greek, Italian, Vietnamese

2,519 pads distributed to GPs and pharmacists this year

### Clinical audit: antibiotics

August 2003

1,553 GPs participated

### Pharmacy self-audit: Over-the-counter nonsteroidal anti-inflammatory drugs

April 2004

865 pharmacists participated, of whom 508 were pre-registration pharmacists

Our 6th Evaluation Report was published this year. Full reports are available on our website [www.nps.org.au](http://www.nps.org.au)

Examples of some of the results gathered from evaluation of our programs are shown here.

## GPs and pharmacists value NPS

84% of GPs surveyed in 2004 endorsed NPS as being of value to them.

Many GPs value the independent information now available to them through NPS, as these comments show:

“Very important role in countering drug company misinformation.”

“I find it very valuable.”

“It tends to confirm what I read in the journals.”

97% of pharmacists surveyed in 2004 rated NPS to be either of great or moderate value to them.

80% of pharmacists surveyed in 2004 believe that NPS information is independent, evidence-based and appropriate to their needs

Overall, 86% of pharmacists surveyed in 2004 believed NPS activities support Quality Use of Medicines and help improve over-the-counter prescribing (89%).

## Changes in knowledge and attitudes

### GPs

Based on national surveys of GPs conducted by NPS in 1999, 2000, 2002, 2004 and linked to NPS programs running during the years shown.

#### **Antibiotics for respiratory infections**

NPS program: 1999 – 2003

GPs correctly choosing amoxicillin for acute sinusitis:	2000: 33%
	2003: 59%
	2004: 70%

#### **Hormone replacement therapy**

NPS program: 2000, 2004

GPs correctly answering that HRT increases the early risk of cardiac events in women with pre-existing cardiac disease:	2002: 36%	2004: 60%
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### Pharmacists

Based on national surveys of pharmacists conducted by NPS in 2002 and 2004 and linked to an NPS program.

#### **Allergic rhinitis**

NPS program: 2001

Pharmacists correctly answering that intra-nasal corticosteroid, or intra-nasal corticosteroid and oral antihistamine are the most appropriate first-line therapy to recommend for allergic rhinitis

2002: 58%	2004: 63%
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84% of GPs and 97% of pharmacists rated NPS as being of value to them

## Changes in prescribing behaviour for better use of medicines

Drug utilisation analyses have been undertaken at the individual prescriber level to measure the effects of the major NPS prescribing intervention modules.

Overall the analyses were looking for a change in the rate of growth of prescribing for a particular drug or a change in the mix of prescribing so that selection of medicines was more aligned with best-practice guidelines. Some results are shown here.

### PBS savings

PBS savings have been calculated each financial year based on PBS projections, time-series analysis and economic modelling. Using these methods we have been able to demonstrate that PBS savings of at least \$106.4 million are attributable to NPS programs for the first two year period of the current contract 2001–03.

Attribution of savings is a major challenge when additional savings measures are being conducted simultaneously by the Australian Government Department of Health and Ageing and the Health Insurance Commission. However, it is also clear from our evaluation that while the savings generated from the NPS programs are at least \$169.8 million since 1997–98 and \$106.4 million since 2000–01, they may have been as high as \$192.7 million and \$129.4 million, respectively.

### Antibiotics

Antibiotic prescribing rates continue to fall, especially for the antibiotics targeted in the NPS programs. This sustained reduction in prescribing is remarkable in international terms for its longevity.

The NPS messages to use first-line antibiotics preferentially for upper respiratory tract infections (URTIs) also appear to have been successful with a higher proportion of amoxicillin being prescribed, and declining proportions of cefaclor and roxithromycin.

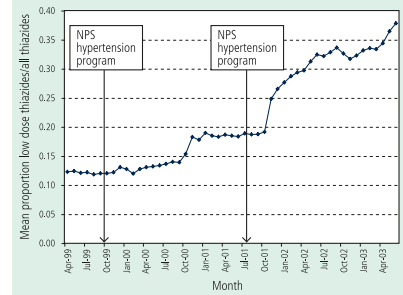
The consequence of this change in the mix and volume of antibiotic prescriptions is to reduce the pressures that lead to antibiotic-resistant bacteria. An important secondary consequence is a modest but consistent reduction in PBS costs since 1999.

The number of prescriptions for the subgroup of antibiotics of interest most commonly used in URTI has fallen as shown:

1998–1999: 23.08 million  
2001–2002: 21.44 million

### Hypertension

Mean proportion of low-dose thiazide diuretics as a proportion of all thiazides (per GP per month)

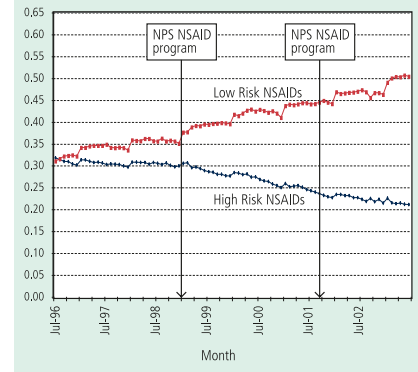


Medication for hypertension and lipid management is a major expense for the PBS, reflecting an ageing population with a high level of cardiovascular risk factors. Quality use of these medicines would result in more treatment for some people, fewer medicines being prescribed for others, better use of lifestyle interventions such as diet and exercise and a change in the selection of agents to reflect best-practice guidelines, including more use of older and cheaper agents such as thiazide diuretics.

An objective of this program has been to increase use of low-dose thiazide diuretics. Calculations based on data from the PBS covering seven years from 1 July 1996 to 30 June 2003 show that, by the end of June 2003, the proportion of low-dose thiazide diuretics prescribed by GPs had more than doubled in comparison to pre-NPS programs.

### Nonsteroidal anti-inflammatory agents (NSAIDs)

Mean proportion of high and low risk NSAIDs as a proportion of all NSAIDs (per GP per month)



An objective of this intervention was to decrease use of 'high risk' NSAIDs that are more likely to cause serious upper gastrointestinal complications and to increase prescribing of 'low risk' agents.

Calculations based on data from the PBS covering seven years from 1 July 1996 to 30 June 2003 show that, by the end of June 2003, the proportion of high-risk NSAIDs prescribed by GPs had fallen by approximately one-third in comparison to pre-NPS programs. Over the same time period, the proportion of low-risk agents increased by approximately 40%.

Corporate governance is the system by which companies are directed and managed. It influences how the objectives of the company are set and achieved, how risk is monitored and assessed, and how performance is optimised.

Good corporate governance structures encourage companies to create value (through entrepreneurship, innovation, development and exploration) and provide accountability and control systems commensurate with the risks involved.<sup>†</sup>

### Role of the board

In keeping with the board's role, a critical focus remains the determination of the organisation's strategic goals and preparation of the strategic plan, which is regularly reviewed and updated, plus annual plans and budgets. With the support of management, members and other stakeholders, the board has continued to promote achievement of major strategic objectives with further growth this year in the scale and range of Quality Use of Medicines programs delivered, notably the Community QUM and New Drugs programs, along with evaluation of achievements to date.

To assist in the assessment of achievement and setting of strategic direction, a very useful process of independent stakeholder consultation was undertaken to inform the board of members' and other stakeholders' views on a broad range of issues.

### Board meetings

The board meets regularly throughout the year, joined by senior staff and working group chairs. There is generally a high level of attendance and each director's record of attendance is noted in the Directors' Report which is provided

later in this Annual Report with the financial statements, as are details of directors' remuneration. Member organisations are promptly informed of key outcomes following each board meeting.

### Board composition

The Annual Report lists all directors and alternates, giving a brief profile of board members. Although there have been several new directors join the board over recent years, some were appointed to the organisation at or near its inception and have now entered their final three-year term. As part of its review of best-practice governance procedures, the board has recently considered the current constitutional provisions for nominations and board appointments. It is expecting to put to members proposals for amended arrangements with nomination and selection criteria based on the needs of the organisation, while maintaining a pivotal role for member organisations in this process.

### Board performance

The board has conducted self-assessment of its performance for several years. This year's assessment again confirmed generally high levels

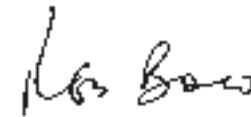
of satisfaction, though there were a number of matters discussed at length by the board, with the aim of further improving the effectiveness of the board and the whole organisation. The evaluation process is to be further enhanced in the coming year. In addition, board members have benefited from occasional presentations on corporate governance and corporate performance management.

### Board committees

The Audit Committee, the only formal committee of the board, continues to meet regularly and make recommendations to the board on a range of matters including the monitoring and reporting of financial performance, management performance reviews and remuneration, recommendations to the board on budgets, contracts, insurance and other risk management issues, plus policies dealing with these matters.

The success of the organisation is largely based on the effective operation of a number of working groups (see page 26), which bring tremendous expertise to advise management on the major programs. Although these are not board committees, most working groups

include a director and the chairs of the working groups are invited to attend board meetings, where regular reports are received on the programs and the activities of the working groups. A significant review of working group structures, terms of reference and composition is currently in progress, with the aim of ensuring they best meet the needs of the organisation in the years ahead.



Dr Roger Boyd  
Chairman  
Audit Committee

<sup>†</sup> ASX Corporate Governance Council. Principles of Good Corporate Governance and Best Practice Recommendations. Australian Stock Exchange, March 2003.

To 30 June 2004

### Chairman

#### Dr Stephen Phillips

Stephen is a GP from Maroochydore. He has a strong commitment to quality healthcare and the pivotal role of the GP in providing that care. Stephen was a member of the advisory group that led to the formation of the NPS, is a member of the Australian Pharmaceutical Advisory Council and Pharmaceutical Benefits Advisory Committee and a former member of the Therapeutic Goods Committee.

### Directors

#### Dr Richard Abbott

Richard is a rural procedural GP from Scone in the Upper Hunter, NSW. He has been involved in rural medicopolitics and was a member of the NPS advisory group. He has a strong commitment to rural education and to best practice in medicine. Grass-roots experience in the delivery of NPS messages has been gained through involvement in divisional programs.

#### Ms Jenny Bergin

Jenny is the Pharmacy Class Director on the board. She is the Pharmacist Consultant with the Pharmacy Guild of Australia and holds qualifications in pharmacy and business administration. Jenny has been a pharmacist in community, hospital and regulatory settings, was a member of the Pharmacy Board of Tasmania and has managed community health services including medical, dental, nursing and palliative care. She has a keen interest in the continuous quality improvement approach to the management of health services and Quality Use of Medicines.

(alternate Director: Mr Jay Hooper)

#### Mr Paul Bolt

Paul worked in the pharmaceutical industry for many years and held senior management positions on four continents. He is now a consultant in healthcare for local and overseas organisations. He has been a partner in a variety of Quality Use of Medicines initiatives and has long been an active supporter of Consumer Medicine Information.

#### Dr Roger Boyd

Roger is a Sydney-based medical administrator committed to a balanced, efficient and effective healthcare system. He brings to the board considerable senior management and business experience in a number of public and private hospitals. He is currently Honorary Secretary of the Royal Australasian College of Medical Administrators and, through his own practice, provides consulting services in healthcare management, policy and planning to a number of public and private providers.

#### Associate Professor Shane Carney

Shane is a nephrologist at John Hunter Hospital and an Associate Professor in the Faculty of Medicine and Health Sciences, University of Newcastle. Apart from an interest in continuing medical education with the Hunter Postgraduate Medical Institute, he is committed to Quality Use of Medicines, being a member of the Australian Pharmaceutical Advisory Council and the Therapeutics Advisory Committee of the Royal Australasian College of Physicians.

#### Ms Janette Donovan

Jan is the Consumer Class Director on the board. She works with consumer organisations as a representative and advocate for consumers and is committed to furthering community access to information and education about medicines. Jan's background is in education and public policy and she works as a consumer consultant in medicines education and training, health policy and research. She currently represents COTA National Seniors on the Australian Pharmaceutical Advisory Council and is the Consumers' Health Forum of Australia nominee to the Medicines Evaluation Committee of the Therapeutic Goods Administration. She is also a member of the Research Advisory Board of the Australian Primary Health Care Research Institute at the ANU, and represented NPS on the Medicconnect Development Group.

(alternate Director: Ms Sue Pluck)

**Ms Susan Hunt**

Susan was nominated to the board by the Royal College of Nursing Australia and the Australian Nursing Federation. She is well acquainted with Quality Use of Medicines, having been involved in the first Be Wise With Medicines campaigns in the early 1990s. Susan has been a member of the Pharmaceutical Health and Rational use of Medicines committee, and a member of the Australian Pharmaceutical Advisory Council. As a clinical nurse consultant and educator, she specialised in care for older people in both residential and community settings.

**Mr Allan Rennie**

Allan heads the Pharmaceutical Access and Quality Branch of the Australian Government Department of Health and Ageing. He has an extensive background in healthcare financing policy, having worked on policy associated with the Medicare Benefits program, the Pharmaceutical Benefits Scheme and the National Medicines Policy. He has a keen interest in the enhancement of the collaborative approach to healthcare delivery between doctors, pharmacists and consumers. (alternate Director: Mr Michael Bolt, Australian Government Department of Health and Ageing)

**Dr Peter Roush**

Peter is a Brisbane GP, with a special interest in Quality Use of Medicines. Peter chairs the NPS New Drugs Working Group that produces *RADAR*. He has been extensively involved in continuing education for GPs and pharmacists, and is currently involved in several Quality Use of Medicines research projects. He is a strong proponent of the divisional system; has been a long-standing board member of Brisbane North Division of General Practice and represents the Australian Divisions of General Practice on several groups. He also has a specific interest in corporate governance.

Dr Stephen Phillips



Dr Richard Abbott



Ms Jenny Bergin



Mr Paul Bolt



Dr Roger Boyd

Associate Professor  
Shane Carney

Ms Janette Donovan



Ms Susan Hunt



Mr Allan Rennie



Dr Peter Roush

Made by NPS board and staff 2003 – 2004, including conference, workshop and poster presentations.

**Educating for Quality Healthcare. Delivering Outcomes and Measuring Value**

28–30 July 2003, Brisbane  
The Development of an Internet Website for a National Prescribing Curriculum for Senior Medical Undergraduates in Australian Medical Schools  
A Smith, T Tasioulas, G Misan, G Walker

**Royal Australasian College of Medical Administrators**

August 2003  
S Phillips

**Worth Expert Committee on Complementary Medicines**

August 2003  
Questions About Complementary Medicines to TAIS and Medicines Line  
C Patterson

**The 12th World Conference on Tobacco or Health**

3–8 August 2003, Helsinki Finland  
Recent Australian Experiences in Smoking Cessation  
J Bergin

**Clinical Decisions, Ethical Challenges – ARCHI**

21–22 August 2003, Noosaville  
M Fitzgerald, J Mackson

**NDDP Divisions Diabetes and CVD Quality Improvement Project: Action on Quality**

10–11 November 2003, Sydney  
Workshop: A Program For QUM in Type 2 Diabetes  
J Mackson, K Ng

**SHPA Annual Conference**

13–16 November 2003, Canberra  
Inhaled Corticosteroids:  
What doses are GPs prescribing?  
G Higgins, K Easton, Y Fridgant, J Mackson, L Weekes

Contributing to Quality  
L Weekes

RADAR  
C Patterson

**ASCEPT**

30 November–3 December 2003, Sydney  
NPS Prescribing Curriculum  
S Kerr, T Tasioulas and J Mackson

Uptake of New Drugs: Monitoring and influencing prescribing  
J Mackson, C Patterson

**APSA: Integrating Research into Practice**

3–5 December 2003, Bondi Beach  
An Integrated Approach to Achieving QUM:  
The NPS Pharmacy Program  
G Higgins, L Kenyon, J Mackson, L Weekes

**NSW TAG DUE Meeting**

December 2003  
Effective Ways to Improve Clinical Practice  
J Mackson

**2004 Australian Asthma Conference**

23–25 February 2004, Melbourne  
Overcoming Barriers to Best Practice Prescribing in Asthma: Issues identified from the NPS program  
G Higgins

**ASA Annual Scientific Meeting: Antimicrobials 2004**

26–28 February 2004, Sydney  
Implementation and Outcomes of a 5-year Intervention to Improve Use of Antibiotics in Respiratory Tract Infection in Primary Care  
J Mackson, L Pont, J Mandryk, S Wutzke, M Fletcher, L Weekes

**AGPAL: 'Quality and all that Jazz'**

26–29 February 2004, Gold Coast  
L Pont, J Mackson, L Weekes, A Salmon

**SADI QUM Forum**

Adelaide  
New Program Areas for NPS  
K Easton

**Pain in the Post Modern era**

7–11 March 2004, Canberra  
K Easton

**Central Australian Rural Practitioners Association (CARPA) 40th Bi-annual conference – Quality Use of Medicines**

19–20 March 2004, Alice Springs  
The National Medicines Policy and QUM  
R Abbott

**ICIUM: Second International Conference on Improving Use of Medicines**

30 March–2 April 2004, Chang Mai Thailand  
Implementation and Outcomes of a 5-year Intervention to Improve Use of Antibiotics in Respiratory Tract Infection in Primary Care  
J Mackson, L Pont, J Mandryk, S Wutzke, L Weekes

A Prescribing Curriculum for Australian Medical Students

A Smith, S Hill, T Tasioulas, N Cockayne

**World Conference on Health Promotion and Health Education**

26–30 April 2004, Melbourne  
Medicines Without the Mix-Ups: An Innovative, National, Consumer Lead Approach – Work In Progress

A Bray, S Davis, J Skinner on behalf of the Community Quality Use of Medicines Management Committee

**Australian Medical Association Therapeutics Committee**

April 2004  
S Phillips

**Partnerships in General Practice: Alliance of NSW Divisions Conference**

27–29 May 2004, Sydney  
Workshop: NPS and Divisions of General Practice in Partnership  
A Salmon, C Bottomley, J Mackson

**Medicines Australia Board**

June 2004  
S Phillips

**NICS Heart Failure Forum 2004: Improving Outcomes in Chronic Care**

7–8 June 2004, Canberra  
NPS, NHFA and NICS Joint Heart Failure Program for General Practice, 2004–2005  
J Mackson

**Public Relations Industry Summit (PRISM)**

21–24 June 2004, Sydney  
F Hagon (Chair)

**National Medicines Symposium 2004**

28–30 July 2004, Brisbane  
Seniors QUM Peer Education Program: Putting theory into practice  
K Coppa, S Davis, T Tasioulas, A Biro

Changing Antibiotic Prescribing Patterns: Implementation and outcomes of a five-year intervention program to improve use of antibiotics in respiratory tract infection in primary care  
J Mackson

Development and Implementation of a National Quality Use of Medicines Training Module  
T Tasioulas, N Cockayne

Integrating Best Practice Information with Clinical Systems Through Information Technology  
B Lewis

Informing NPS Prescribing Interventions: Qualitative research using a GP key informant network  
A Salmon

Community Pharmacy Self-Audit: Where to from here?  
K Ng, L Kenyon, G Higgins, J Mackson

Common Colds Need Common Sense: A national community health campaign  
M Fletcher, S Wutzke, J Mackson

A National QUM Program for Health Professionals: Informing service development through multi-faceted evaluation  
S Wutzke, J Mandryk, N Cockayne, F Horn

The Medicines use of Chinese, Vietnamese, Italian and Greek Populations in Australia: Exploring QUM issues  
J Davis, L Kehoe, A Bray, S Wutzke

Optimising Safe and Effective Use of Analgesics in Musculoskeletal Pain: A national intervention program  
K Easton, C Kelly, K Mulligan, J Mackson

A National QUM Program for Consumers: A broad range of evaluation methods for a multi-strategic program  
L Kehoe, S Wutzke, A Bray, S Davis

Use of Low-Dose Inhaled Corticosteroids for Asthma: How was the message accepted by GPs?  
G Higgins, K Easton, Y Fridgant, J Mackson

Barriers and Strategies When Promoting QUM Through the use of Pharmaceutical Data: The EDQUM experience  
C Bottomley, L Pont, J Mackson

The National Prescribing Curriculum for Australian Medical Students  
N Cockayne, A Smith, T Tasioulas

Developing an Online Publication for New Drugs Information RADAR  
A Bhasale, E Kay, B O'Reilly

Evolving Partnerships – National Prescribing Service and Divisions of General Practice  
A Wai, G Higgins, K Easton, C Bottomley, J Mackson

A Strategic Approach to Strengthening QUM in Nursing Education  
T Tasioulas, S Hunt, B Horner, P Gallagher

Ensuring the Focus for NPS Reflects National QUM Priorities: Consultation with stakeholders, member organisations and end-users  
S Wutzke, E Huthnance, L Weekes

A Data Mining Activity to Determine Future QUM Priorities  
N Cockayne, S Wutzke

The New Look *Australian Prescriber*: Evaluation in action  
J Dowden, S Reid

QUM in the Management of Hypertension in General Practice  
S O'Riordan, J Mackson, M Fitzgerald

Consumer Medicine Information Community Grants Project  
E Huthnance, N Cockayne, L Weekes

NPS Medicines Line: Emerging trends  
T McGuire, G Kyle

QUM and Data: How they can enhance the message  
M Collins, C Bottomley

Supporting Pharmacists in the Community Setting with National QUM Strategies  
G Higgins, L Kenyon, K Ng, J Mackson

# working groups

Working groups are responsible for providing expert advice to the major NPS programs. Groups meet regularly during the year and participate in planning days. Working group members come from around Australia and represent a wide range of interests, expertise and specialities. They are invited to participate based on their individual expertise.

## **Australian Prescriber Editorial Executive Committee**

**Professor Robert Moulds (Chair)**  
Fiji School of Medicine  
Suva

Dr John Dowden  
Editor, Australian Prescriber  
NPS

Dr Shanthi Kanagarajah  
Geriatrician Melbourne

Dr Julia Lowe  
Hunter Area Diabetes Service  
Royal Newcastle Hospital

Professor John Marley  
Pro Vice-Chancellor  
Faculty of Health  
University of Newcastle

Professor John Tiller  
School of Psychiatry  
University of Melbourne

Dr Lynn Weekes  
Chief Executive Officer  
NPS

## **Communications Working Group**

**Ms Jan Donovan (Chair)**  
Director NPS

Dr James Best  
General practitioner Sydney

A/Professor Nick Buckley  
Clinical Pharmacology and Toxicology  
The Canberra Hospital

Dr John Dowden  
Editor, Australian Prescriber  
NPS

Professor John Murtagh  
Department General Practice  
Monash University

Ms Susan Parker  
Australian Self-Medication Industry

Ms Simone Rossi  
Australian Medicines Handbook

## **Community QUM Management Committee**

**Ms Judy Skinner (Chair) (resigned)**  
COTA National Seniors (Qld)

Mr Michael Bolt  
Australian Government  
Department of Health and Ageing

Ms Jan Donovan  
Director  
NPS

Mr Abd Elmasih-Malak  
Federation of Ethnic Communities'  
Council of Australia (FECCA)  
Alternate: Mr Conrad Gershevitch

Dr Mukesh Haikerwal  
General practitioner Melbourne

Mr Matthew Hunt  
Health Consumers' Council of Western Australia

Ms Judith Mackson  
Manager  
Education and Quality Assurance Program  
NPS

Ms Alison Marcus  
Jewish Community Services  
South Australia

Mr John Morgan  
Pharmacist Victoria

Dr Lynne Parkinson  
Centre for Research and Education in Ageing  
University of Newcastle

Ms Sue Pluck  
Consumer Representatives Network  
South Australia

Dr Susan Quine  
Associate Professor in Preventive and Social Medicine  
Faculty of Medicine  
University of Sydney

Dr Janette Randall  
General practitioner Queensland

Ms Sheila Rimmer  
COTA National Seniors (NSW)

Mr Tony Wade  
PHARM

Dr Christine Walker  
Chronic Illness Alliance of Victoria

## **Curriculum and Training Working Group**

**Emeritus Professor Tony Smith (Chair)**  
Department of Clinical Pharmacology  
University of Newcastle

A/Professor Nick Buckley  
Clinical Pharmacology and Toxicology  
The Canberra Hospital

Ms Rebecca Coghlan  
Consumers' Health Forum of Australia

Dr Eleanor Flynn  
Postgraduate Medical Education  
University of Melbourne

Ms Barbara Horner  
Centre for Research into Aged Care Services  
Curtin University of Technology

Ms Susan Hunt  
Director NPS

Dr Dennis Pashen  
Rural and Remote Medicine  
Australian College of Rural and Remote Medicine  
(ACRRM)

Professor Gregory Peterson  
(replacing Prof Tett while on sabbatical)  
Pharmacy  
University of Tasmania

Dr Sepehr Shakib  
Department of Clinical Pharmacology  
Royal Adelaide Hospital

Professor Sue Tett  
(on sabbatical from May 2004)  
Pharmacy  
University of Queensland

Dr Jenny Thomson (resigned)  
General Practice Education and Training

**Nurse Advisory Group  
(reports to Curriculum and Training  
Working Group)**

**Ms Barbara Horner (Chair)  
NPS Curriculum and Training Working Group**

Dr Jill Beattie  
PHARM

Dr Patricia Dunning  
Royal College of Nursing Australia

Professor Ruth Endacott  
Australian Council of Deans of Nursing

Ms Ann Douglas  
Australian Nursing Federation (resigned)

Ms Victoria Gilmore  
Australian Nursing Federation

Ms Susan Hunt  
Director NPS

Ms Margaret Watson  
Australian Nursing Council

**Evaluation Working Group**

**Dr Justin Beilby (Chair) (resigned)  
Department of General Practice  
University of Adelaide**

**Dr Roger Boyd (Interim Chair)  
Director NPS**

Mr Neil Day  
Centre for Program Evaluation  
Melbourne University

Ms Jan Donovan  
Director NPS

Dr Tim Driscoll  
Independent Consultant  
Occupational Health and Public Health Epidemiology  
and Research

Ms Judith Mackson  
Manager  
Education and Quality Assurance Program  
NPS

Dr Brita Pekarsky (resigned)  
Centre for Health Informatics and  
Department of General Practice  
University of Adelaide

Dr Stephen Phillips  
Director NPS

A/Professor Jan Ritchie  
School of Public Health  
and Community Medicine  
University of New South Wales

Dr Elizabeth Roughead  
School of Pharmacy and Medical Sciences  
University of South Australia

Professor Stephanie Short  
School of Public Health  
Griffith University

Ms Lynn Weekes  
Chief Executive Officer  
NPS

**New Drugs Working Group (RADAR)**

**Dr Peter Roush (Chair)  
Director NPS**

Mr Matthew Blackmore (resigned)  
Consumer

Ms Melanie Cantwell  
Consumers' Health Forum of Australia

Dr Michael Crampton  
General practitioner Sydney

Dr John Dowden  
Editor, Australian Prescriber  
NPS

Ms Mary Hemming  
Therapeutic Guidelines Ltd

Ms Karen Kaye  
NSW Therapeutic Advisory Group

Dr Michael Kennedy  
Internal Medicine Society of Australia  
and New Zealand

Ms Andrea Kunca  
Australian Government  
Department of Health and Ageing

Ms Deborah Monk  
Medicines Australia

Ms Simone Rossi  
Australian Medicines Handbook

Professor Gillian Shenfield  
Department of Clinical Pharmacology  
Royal North Shore Hospital

Dr Sepehr Shakib  
Department of Clinical Pharmacology  
Royal Adelaide Hospital

Mr Graeme Vernon  
Austin Health  
TAIS

**Pharmaceutical Industry  
Project Group**

**Mr Paul Bolt (Chair)  
Director NPS**

Ms Di Ford  
Generic Medicines Industry Association

Ms Mary Emanuel  
Australian Self-Medication Industry

Mr David Grainger  
Eli Lilly

Ms Deborah Monk  
Medicines Australia

Mr Charlie O'Sullivan  
Mayne

Ms Susan Parker  
Australian Self-Medication Industry

Dr Greg Pearce  
Alphapharm Pty Ltd

Ms Robyn Ronai  
Alphapharm Pty Ltd

Ms Jude Tasker  
Merck Sharp & Dohme (Aust) Pty Ltd

**Pharmaceutical Decision Support  
Working Group**

**Professor Siaw-Teng Liaw (Chair)  
Department of General Practice  
University of Melbourne**

Mr Brooke Alexander  
General Practice Access Branch  
Australian Government  
Department of Health and Ageing

Mr Bill Arnold  
Consultant Pharmacist

Mr Ross Davey  
Collaborative Centre for eHealth  
University of Ballarat

Associate Professor Evelyn Hovenga  
Faculty of Informatics and Communication  
Central Queensland University

Ms Irene Krauss  
NHIMAC

Dr Stephen Phillips  
Director NPS

Ms Sue Pluck  
Consumer Adelaide

Dr Sepehr Shakib  
Department of Clinical Pharmacology  
Royal Adelaide Hospital

# working groups

## Prescribing Intervention Working Group

Associate Prof Andrea Mant (Chair)  
South-East Health NSW

Associate Prof Shane Carney  
Director NPS

Ms Meredith Freeman  
Australian Government  
Department of Veterans' Affairs

Dr David Gleave  
General practitioner Perth

Ms Karalyn Huxhagen  
Community pharmacist Mackay

Mr Frank May  
Drug and Therapeutics Information Service (DATIS)

Ms Nancy Pierce  
Consumer Perth

Ms Jennifer Roberts  
Health Insurance Commission

Dr Jane Robertson  
Discipline of Clinical Pharmacology  
University of Newcastle

Ms Maxine Robinson  
Drug Utilisation Sub-Committee  
Australian Government  
Department of Health and Ageing

Dr Peter Roush  
Director NPS

Professor Gillian Shenfield  
Department of Clinical Pharmacology  
Royal North Shore Hospital

Dr Mary Surveyor (to December 2003)  
General practitioner Perth

Dr Guan Yeo  
Clinical Education Consultant  
General practitioner Berowra

## Pharmacy Sub-Group

**Dr Jane Robertson (chair)**  
Discipline of Clinical Pharmacology  
University of Newcastle

Ms Jenny Bergin  
Director NPS

Mr Jason Campbell  
Community pharmacist Glenbrook

Ms Paula Doherty (resigned)  
Pharmacist  
John Hunter Hospital

Professor Andrew Gilbert  
School of Pharmacy and Medical Sciences  
University of South Australia

Ms Karalyn Huxhagen  
Community pharmacist Mackay

Ms Michelle Jenkins  
Pharmacist  
John Hunter Hospital

Mr Frank May  
Drug and Therapeutics Information Service (DATIS)

Mr Robert Peck  
Australian Government  
Department of Veterans' Affairs

Ms Nancy Pierce  
Consumer Perth

Dr Guan Yeo  
Clinical education consultant  
General practitioner Berowra

## Research & Development Working Group

**Professor Wayne Hall (Chair)**  
Institute for Molecular Bioscience  
University of Queensland

Professor Don Campbell  
Monash Institute of Health Services Research

Professor Shane Carney  
Director NPS

Dr Timothy Chen  
Faculty of Pharmacy  
University of Sydney

Professor Ric Day  
Department of Physiology and Pharmacology  
University of New South Wales

Ms Kathy Mott  
Consumer representative

Professor Simon Stewart  
Cardiovascular Nursing  
University of South Australia

Professor Jeannette Ward  
South Western Sydney Area Health Services

Professor Nick Zwar  
School of Public Health and Community Medicine  
University of New South Wales

## In memoriam

### Dr Mary Surveyor

**19 October 1934 – 10 February 2004**

Mary Surveyor was a pioneer of Quality Use of Medicines in Australia, a founding voice at NPS, and a leader of Quality Use of Medicines in Divisions of General Practice.

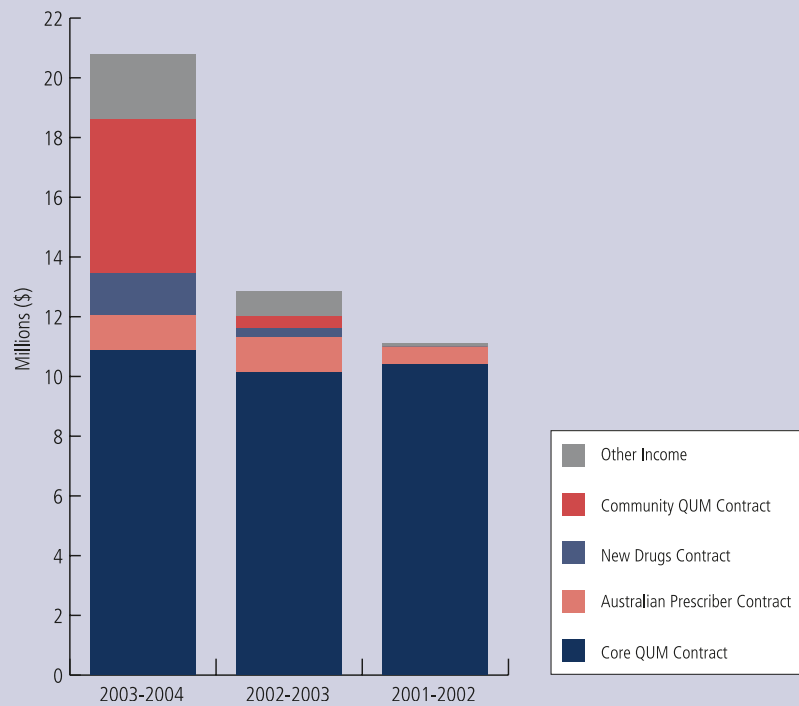
Mary's involvement with NPS began with the inception of the organisation in 1998 and the convening of the Prescribing Intervention Working Group. She brought to NPS a strong and highly informed commitment to Quality Use of Medicines deriving from her involvement in the innovative Divisional project, DINQUMGP, which promoted the concept of structured medication review by GPs. Her clear advice on the practical issues facing GPs in day-to-day prescribing contributed enormously to our understanding of what the principles of Quality Use of Medicines mean to GPs, and how GPs could be practically assisted.

Mary was clear thinking, practical and direct. The enthusiasm, time, wisdom and commitment she gave to Quality Use of Medicines and general practice, and to the work of NPS, seemed inexhaustible. Her passing is a huge loss. In the words of one who knew her well, and which all of us at NPS share: 'Mary was one of life's treasures and an enormously supportive colleague.'

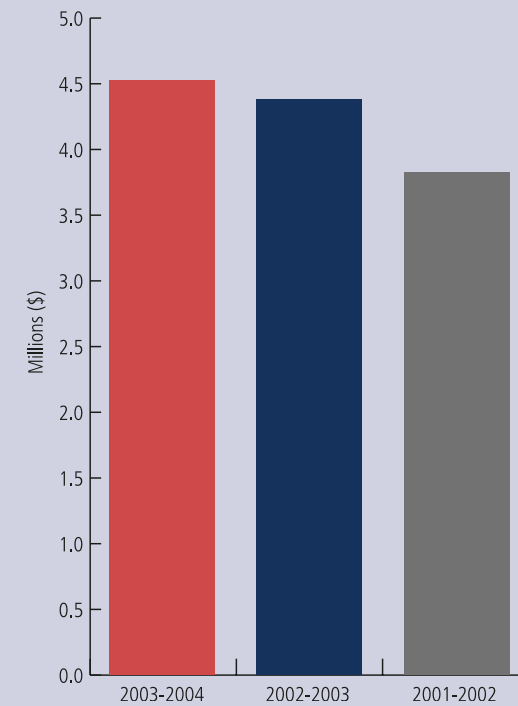


## financial statements

Revenue Sources



Contract Payments to Divisions of General Practice





# directors' report

The directors present their report on the results of National Prescribing Service Limited (the Company) for the financial year ended 30 June 2004.

## Particulars of directors

Name of director	Qualifications, experience and special responsibilities	Interests in shares	Interests in contracts
Stephen Phillips	General Practitioner, NPS Chair, Audit Committee Member, Evaluation Working Group Member, Pharmaceutical Decision Support Working Group Member	Nil	Nil
Janette Donovan	Consumer Consultant, NPS Director, Communications Working Group Chair, Evaluation Working Group Member, Community QUM Management Committee Member, Medicines Line Management Committee Member	Nil	Nil
Paul Bolt	Pharmaceutical Industry Consultant, NPS Director, Audit Committee Member, Pharmaceutical Industry Project Group Chair	Nil	Nil
Roger Boyd	Medical Administrator, NPS Director, Audit Committee Chair, Evaluation Working Group Interim Chair	Nil	Nil
Richard Abbott	General Practitioner, NPS Director	Nil	Nil
Shane Carney	Renal Physician, NPS Director, Prescribing Intervention Working Group Member, Research and Development Working Group Member.	Nil	Nil
Jennifer Bergin	Pharmacist, NPS Director, Pharmacy Program Working Group Sub Committee Member	Nil	Nil
Susan Hunt	Registered Nurse, NPS Director, Curriculum and Training Working Group Member, QUM Nurse Advisory Group Member	Nil	Nil
Allan Rennie	Australian Government Department of Health & Ageing, NPS Director	Nil	Nil

Other details of directors are shown elsewhere in this report.

## Directors

The directors in office at the date of the report are:

Stephen Phillips (alternate – Janette Randall)

Janette Donovan (alternate – Sue Pluck)

Paul Bolt

Roger Boyd

Richard Abbott

Shane Carney

Jennifer Bergin (alternate – Jay Hooper)

Susan Hunt

Allan Rennie (alternate – Michael Bolt)

Shiong Tan

## Meetings of directors

The number of directors' meetings (including meetings of committees of directors) and number of meetings attended by each of the directors of the Company during the financial year are:

Name of director	Meetings of directors		Audit Committee meetings	
	Number eligible to attend	Number of meetings attended	Number eligible to attend	Number of meetings attended
Stephen Phillips	7	7	5	5
Janette Donovan	7	7	-	-
Peter Roush	7	7	-	-
Paul Bolt	7	7	5	5
Roger Boyd	7	6	5	5
Richard Abbott	7	6	-	-
Shane Carney	7	7	-	-
Jennifer Bergin	7	7	-	-
Susan Hunt	7	7	-	-
Allan Rennie	7	6	-	-
<i>Alternates</i>				
Sue Pluck (Alternate for Janette Donovan)	-	-	-	-
Jay Hooper (Alternate for Jennifer Bergin)	-	-	-	-
Michael Bolt (Alternate for Allan Rennie)	1	1	-	-

### Principal activities

National Prescribing Service Limited (NPS) is a not for profit Company operationally independent of Government and the pharmaceutical industry.

NPS works in partnership with health professionals, Government, industry and consumers to promote Quality Use of Medicines (QUM) that will lead to better health for Australians.

### Operating results

The net amount of the surplus for the period to 30 June 2004 was \$17,550.

### Review of operations

There has been increased activity in this financial year with implementation of new programs: the Community Quality Use of Medicines Program and the New Drugs Program. Funding revenue from the Australian Government Department of Health and Ageing has been provided for both programs. A substantial sum is held as Prepaid Committed Income that will fund already planned increased activity across most programs in the year ahead.

### Significant changes in state of affairs

No significant changes in the Company's state of affairs occurred during the financial year.

### Future developments

Three of the Company's funding agreements with the Australian Government Department of Health and Ageing are due to expire in June 2005: Core Quality Use of Medicines contract; the Australian Prescriber contract; and, the Community Quality Use of Medicines contract. Negotiations are underway to extend the period of all three contracts for a further four years to June 2009.

### Environmental issues

The Company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

### Indemnifying officers or auditor

The Company has paid premiums to insure each of the directors against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct while acting in the capacity of director of the Company, other than conduct involving a wilful breach of duty in relation to the Company. The amount of premium was \$9,985 for all the directors.

### Events subsequent to balance date

No matters or circumstances have arisen since the end of the financial year which have significant effect on the operations of the Company, the results of those operations, or the state of affairs of the Company in future financial years.

### Court proceedings

No person has applied for leave of Court to bring proceedings on behalf of the Company or intervened in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or any part of those proceedings.

The Company was not a party to any such proceedings during the year.

Signed in accordance with a resolution of directors.



Dr S Phillips  
Chairman NPS



Dr R Boyd  
Director & Chairman of the Audit Committee

# directors' declaration

The directors of the Company declare that:

1. the financial statements and notes, as set out on the attached pages are in accordance with the Corporations Act 2001:
  - a. comply with Accounting Standards and the Corporations Regulations 2001; and
  - b. give a true and fair view of the financial position as at 30 June 2004 and of the performance for the year ended on that date of the Company;
2. in the directors' opinion there are reasonable grounds to believe that the Company 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.



Dr S Phillips  
Chairman NPS



Dr R Boyd  
Director & Chairman of the Audit Committee

Dated this Fourteenth day of September 2004

## financial statements

## STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2004

	Note	2004 \$	2003 \$		2004 \$	2003 \$
Funding revenue	2	18,709,863	12,522,423	<b>Other Income</b>		
Program expenses		(13,371,518)	(8,803,943)	Interest	730,477	279,267
Gross surplus		<u>5,338,345</u>	<u>3,718,480</u>	Expense recovery	19,875	33,588
Other revenue	2	857,323	340,577	Other income	106,971	27,722
					<u>857,323</u>	<u>340,577</u>
Employee related costs		4,261,818	2,888,725	<b>Program Expenses</b>		
Overheads – fixed costs		957,921	446,584	Travel	620,989	327,846
Overheads – variable costs		958,379	669,769	Computers	76,976	88,633
				Consumables	6,733	4,079
Net operating surplus before income tax	3	<u>17,550</u>	<u>53,979</u>	Communications	39,310	40,762
Income tax attributable to operating surplus		<u>0</u>	<u>0</u>	Distribution	744,070	491,153
Operating surplus after income tax		<u>17,550</u>	<u>53,979</u>	Printing and design	1,343,178	729,930
Retained surplus at beginning of financial year		<u>108,517</u>	<u>54,538</u>	Data processing	232,369	151,167
Retained surplus at end of financial year		<u>126,067</u>	<u>108,517</u>	Support services	174,292	224,158
				Public affairs management (including common colds campaign)	1,941,950	217,964
<b>Funding Revenue</b>				Contracts	7,086,684	5,922,225
Australian Government funding		33,085,813	24,602,173	Grants	14,802	113,192
Less prepaid committed revenue		(14,375,950)	(12,079,750)	Fees	1,090,165	492,834
Expended grant funds		<u>18,709,863</u>	<u>12,522,423</u>		<u>13,371,518</u>	<u>8,803,943</u>

The accompanying notes form part of these financial statements.

# financial statements

## STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2004

	2004 \$	2003 \$
<b>Employee Related Costs</b>		
Wages	3,806,345	2,600,692
On costs	455,473	288,033
	<u>4,261,818</u>	<u>2,888,725</u>
<b>Overheads – Fixed Costs</b>		
Premises	420,410	253,560
Administration	69,959	49,383
Insurances	111,315	69,328
Depreciation	356,237	74,313
	<u>957,921</u>	<u>446,584</u>
<b>Overheads – Variable Costs</b>		
Travel	183,825	149,327
Computers	133,766	125,684
Consumables	71,416	54,759
Communications	48,474	29,371
Distribution	25,900	51,185
Printing and design	113,157	34,473
Support services	76,361	58,797
Public affairs management	250	1,991
Entertainment	26,824	21,962
Financial charges and interest	10,305	7,205
Fees	115,239	86,955
Fringe Benefits Tax	12,018	14,631
Asset write-down expenses	140,844	33,429
	<u>958,379</u>	<u>669,769</u>

The accompanying notes form part of these financial statements.

## STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED 30 JUNE 2004

	Note	2004 \$	2003 \$
<b>Current Assets</b>			
Cash assets	6	15,824,731	13,418,530
Receivables	7	357,915	308,418
Guarantee security deposit	8	93,317	143,273
Other	9	47,007	166,418
Total current assets		<u>16,322,970</u>	<u>14,036,639</u>
<b>Non-Current Assets</b>			
Property, plant & equipment	10	542,431	272,355
Total non-current assets		<u>542,431</u>	<u>272,355</u>
Total assets		<u>16,865,401</u>	<u>14,308,994</u>
<b>Current Liabilities</b>			
Payables	11	2,171,988	1,991,547
Provisions	12	14,531,685	12,188,691
Total current liabilities		<u>16,703,673</u>	<u>14,180,238</u>
<b>Non-Current Liabilities</b>			
Provisions	12	35,661	20,239
Total non-current liabilities		<u>35,661</u>	<u>20,239</u>
Total liabilities		<u>16,739,334</u>	<u>14,200,477</u>
<b>Net Assets</b>		<u>126,067</u>	<u>108,517</u>
<b>Fund Balance</b>			
Retained surplus		108,517	54,538
Current surplus		17,550	53,979
Accumulated unappropriated surplus		<u>126,067</u>	<u>108,517</u>

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2004

	Note	2004 \$	2003 \$
<b>Cash Flows from Operating Activities</b>			
Australian Government funding		33,085,813	24,602,173
Receipts from customers		106,971	187,805
Interest received		632,666	276,990
Payments to suppliers		(30,652,092)	(14,947,563)
Net cash flow from operating activities	13	<u>3,173,358</u>	<u>10,119,405</u>
<b>Investing Activities</b>			
Payments for plant, equipment and leasehold improvement		(767,157)	(144,258)
Proceeds from sale of fixed assets			
Net cash flow from investing activities		<u>(767,157)</u>	<u>(144,258)</u>
<b>Net Increase in Cash Held</b>			
Add opening cash brought forward		13,418,530	3,443,383
Closing cash carried forward	1d	<u>15,824,731</u>	<u>13,418,530</u>

The accompanying notes form part of these financial statements.

## Notes to and forming part of the financial statements for the year ended 30 June 2004

## Note 1: Statement of significant accounting policies

The significant accounting policies which have been adopted in the preparation of this report are as follows:

## (a) Basis of preparation

The financial report is a general purpose report which has been prepared in accordance with Accounting Standards, Urgent Issues Group Consensus Views, other authoritative pronouncements of the Australian Accounting Standard Board and the Corporations Act 2001. The financial report has been prepared on an accrual basis and is based on historical costs and except where stated, does not take into account changing money values or current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The following is a summary of the material accounting policies adopted in the preparation of the financial report. The accounting policies have been consistently applied unless otherwise stated.

## (b) Non-current assets

The carrying amounts of all non-current assets are reviewed to determine whether they are in excess of their recoverable amount at balance date. If the carrying amount of a non-current asset exceeds the recoverable amount, the asset is written down to the lower amount. In assessing recoverable amounts the relevant cash flows have not been discounted to their present value.

## (c) Receivables

Debtors are generally settled within 60 days and are carried at amounts due. The collectability of debts is assessed at year end and specific provision is made for any doubtful accounts. The carrying amount of debtors approximates fair value.

**Note 1: Statement of significant accounting policies (continued)****(d) Cash, short term deposits and bank overdrafts**

Cash, short term deposits and bank overdrafts are carried at face value of the amounts deposited or drawn. The carrying amounts of cash, short term deposits and bank overdrafts approximate net fair value. Interest revenue is accrued at the market or contracted rates. Credit risk is minimised as all cash is held with a large bank which has an acceptable credit rating determined by a recognised rating agency.

**(e) Accounts payable**

Liabilities are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Company. Trade accounts payable are normally settled within 60 days. The carrying amounts of accounts payable represents net fair value.

**(f) Taxation**

The Company has obtained an income tax ruling and is tax exempt pursuant to Section 50-5 of the Income Tax Assessment Act 1997. Such eligibility is reviewed by the Australian Taxation Office from time to time.

**(g) Revenue recognition****Government contracts**

Government contract income is recognised when the money is due.

**Interest income**

Interest income is recognised as it accrues.

**(h) Plant and equipment****Acquisition**

Items of plant and equipment are initially recorded at a cost representative of the assets' net realisable value and depreciated as outlined below.

**Depreciation**

Items of plant and equipment are depreciated over their estimated useful lives using the diminishing value method of calculation. Assets are depreciated from the date of acquisition. The office fit-out cost has been depreciated over the term of the original lease on the premises at Level 7, 418A Elizabeth Street, Surry Hills.

**(i) Company limited by guarantee**

The Company does not have share capital and in the event of winding up, the liability of members is limited to \$50.

**(j) Employee benefits**

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with entitlements arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Other employee benefits payable later than one year have been measured at the present value of the estimated further cash outflows to be made for those benefits.

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

**(k) Goods and Service Tax**

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. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

**(l) Adoption of Australian equivalents to International Accounting Standards**

Australia is currently preparing for the introduction of International Financial Reporting Standards (IFRS) effective for financial years commencing from 1 January 2005. This requires the production of accounting data for future comparative purposes at the beginning of the next financial year.

The Company, along with its auditors, is assessing the significance of these changes and preparing for their implementation. The Company will seek to keep stakeholders informed as to the impact of these new standards as they are finalised.

The directors are of the opinion that there would be no difference in the Company's accounting policies which will arise from the adoption of IFRS.

## Notes to and forming part of the financial statements for the year ended 30 June 2004

	2004 \$	2003 \$
<b>Note 2: Revenue</b>		
<b>Operating Activities</b>		
- Australian Government funding	33,085,813	24,602,173
Less prepaid committed revenue	(14,375,950)	(12,079,750)
- Expended grant funds	<u>18,709,863</u>	<u>12,522,423</u>
<b>Non-Operating Activities</b>		
- Interest	730,477	279,267
- Expense recovery	19,875	33,588
- Other income	106,971	27,722
	<u>857,323</u>	<u>340,577</u>
<b>Note 3: Surplus from ordinary activities</b>		
Surplus from ordinary activities before income tax expense has been determined after:-		
<b>Expenses:</b>		
<b>Borrowing Costs</b>		
- Credit card fees	551	383
- FID & bank charges	1,983	1,345
- Interest	0	2,277
<b>Total Borrowing Costs</b>	<u>2,534</u>	<u>4,005</u>
<b>Depreciation of Non-Current Assets</b>		
- Furniture & fittings	23,303	11,131
- Office equipment	24,616	11,025
- Leasehold improvement	247,832	11,956
- Computer equipment	45,632	37,454
- Computer software	14,854	2,746
<b>Total Depreciation</b>	<u>356,237</u>	<u>74,312</u>

	Note	2004 \$	2003 \$
<b>Note 4: Remuneration and retirement benefits</b>			
<b>Directors' Remuneration</b>			
Income paid or payable, or otherwise made available directly to Directors of National Prescribing Service Limited			
	14	220,000	193,477
The number of directors whose income bands (including superannuation contributions) falls within the following bands:			
		No.	No.
\$0 - \$9,999		1	1
\$10,000 - \$19,999		0	2
\$20,000 - \$29,999		8	6
\$30,000 - \$39,999		0	0
\$40,000 - \$49,999		1	1
<b>Retirement and superannuation payments</b>			
Amounts of a prescribed benefit given during the year by the Company or a related party to a director or a prescribed superannuation fund in connection with the retirement from office:			
		19,800	17,369
All superannuation payments are made at rate of 9% salary per annum. Full particulars are not provided as the directors believe this would be unreasonable.			
<b>Note 5: Auditor's remuneration</b>			
<b>Remuneration of auditor</b>			
- Auditing or reviewing the financial report		13,000	10,300
- Other services		3,200	4,700
		<u>16,200</u>	<u>15,000</u>

# financial statements

## Notes to and forming part of the financial statements for the year ended 30 June 2004

	2004 \$	2003 \$
<b>Note 6: Cash assets</b>		
Cheque account	357,172	560,423
Business investment account	223,884	678,285
Term deposits	15,243,388	12,179,636
Petty cash	287	186
	<u>15,824,731</u>	<u>13,418,530</u>

### Reconciliation of cash

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

Cash	15,824,731	13,418,530
	<u>15,824,731</u>	<u>13,418,530</u>

### Note 7: Receivables

Interest accrued	97,810	39,472
Sundry debtors	260,105	268,946
	<u>357,915</u>	<u>308,418</u>

### Note 8: Guarantee security deposits

Security deposit – other	200	200
Security deposit – lease Canberra	9,555	9,555
Security deposit – lease Sydney	83,563	133,518
	<u>93,318</u>	<u>143,273</u>

### Note 9: Other current assets

Prepayments	46,107	165,318
Gift tokens	900	1,100
	<u>47,007</u>	<u>166,418</u>

	2004 \$	2003 \$
<b>Note 10: Property, plant &amp; equipment</b>		
Furniture & fittings – at cost	60,466	133,839
Accumulated depreciation	(16,107)	(35,924)
	<u>44,359</u>	<u>97,915</u>
Computer equipment – at cost	98,187	246,566
Accumulated depreciation	(35,201)	(132,157)
	<u>62,986</u>	<u>114,409</u>
Office equipment – at cost	63,495	58,651
Accumulated depreciation	(18,420)	(35,561)
	<u>45,075</u>	<u>23,090</u>
Leasehold improvements	606,641	10,000
Accumulated depreciation	(246,575)	-
	<u>360,066</u>	<u>10,000</u>
Computer software – at cost	47,546	29,687
Less accumulated depreciation	(17,601)	(2,746)
	<u>29,945</u>	<u>26,941</u>
Total property, plant and equipment	<u>542,431</u>	<u>272,355</u>

## Notes to and forming part of the financial statements for the year ended 30 June 2004

### Movements in carrying amounts

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

	Furniture & Fittings	Computer Equipment	Office Equipment	Leasehold Improvements	Computer Software	Total
	\$	\$	\$	\$	\$	\$
Balance at the beginning of year	97,915	114,409	23,090	10,000	26,941	272,355
Additions	40,307	39,538	62,812	606,641	17,859	767,157
Disposals	(70,560)	(45,329)	(16,211)	(8,743)	(1)	(140,844)
Depreciation expense	(23,303)	(45,632)	(24,616)	(247,832)	(14,854)	(356,237)
Carrying amount at the end of year	<u>44,359</u>	<u>62,986</u>	<u>45,075</u>	<u>360,066</u>	<u>29,945</u>	<u>542,431</u>

### Note 11: Payables

	2004 \$	2003 \$
Creditors	607,037	524,481
Accruals	772,761	738,513
PAYG payable	111,504	62,834
Superannuation payable	51,963	0
Net GST liability	595,723	642,919
FBT payable	33,000	22,800
	<u>2,171,988</u>	<u>1,991,547</u>

### Note 12: Provisions

#### Current

	2004 \$	2003 \$
Employee benefits	155,735	108,941
Prepaid committed revenue	14,375,950	12,079,750
Total current provisions	<u>14,531,685</u>	<u>12,188,691</u>

#### Non-Current

Employee benefits	35,661	20,239
	<u>35,661</u>	<u>20,239</u>

#### Prepaid Committed Income

Prepaid committed revenue consists of:

QUM contracts	2,686,200	3,167,000
Medicines Symposium	161,000	95,000
EDQUM contracts	176,750	139,750
CQUM contracts	2,483,000	3,427,000
New Drugs contract	8,847,000	5,251,000
Australian Prescriber	22,000	0
	<u>14,375,950</u>	<u>12,079,750</u>

Prepaid Committed Income represents funding from the Australian Government Department of Health and Ageing in respect of contractual commitments that span a number of years.

## Notes to and forming part of the financial statements for the year ended 30 June 2004

	2004 \$	2003 \$
<b>Note 13: Statement of cash flows</b>		
For the purpose of the statement of cashflows, cash includes cash on hand and in banks.		
<b>Reconciliation of the operating surplus</b>		
After tax to net cash from operations:		
Operating surplus	17,550	53,979
Depreciation	356,237	107,741
Disposal of fixed assets	140,844	0
Changes in assets and liabilities:		
Increase in trade and other creditors	180,441	1,222,912
Decrease in receivables & other debtors	119,870	(7,933)
Increase in prepaid committed income	2,296,200	8,714,554
Increase provision for holiday pay	62,216	28,152
Net cash flow from or used in operations	<u>3,173,358</u>	<u>10,119,405</u>

**Note 14: Related party disclosures**

The Directors of National Prescribing Service Limited during the year were:

**Stephen R. Phillips** (appointed 8 August 2001)

**Janette A. Donovan** (appointed 19 March 1998)

**Peter Roush** (ceased 27 July 2004)

**Paul Bolt** (appointed 11 September 1998)

**Roger Boyd** (appointed 16 October 1998)

**Richard Abbott** (appointed 21 June 2004)

**Shane Carney** (appointed 18 June 2001)

**Jennifer Bergin** (appointed 24 August 2002)

**Susan Hunt** (appointed 24 October 2002)

**Allan Rennie** (appointed 8 August 2001)

**Sue Pluck** (alternate for Janette Donovan appointed 12 April 2004)

**Jay Hooper** (alternate for Jennifer Bergin appointed 24 August 2002)

**Rebecca Coghlan** (alternate for Janette Donovan ceased 5 April 2004)

**Michael Bolt** (alternate for Allan Rennie appointed 19 May 2003)

Some directors are members of NPS working groups and are paid sitting fees on the same basis as other members of those working groups.

**Note 15: Economic dependency**

The Company's ongoing operations are dependent on continued funding by the Australian Government. The Company has a funding agreement with the Australian Government Department of Health and Ageing that will expire in June 2005. Negotiations are underway to extend the period of funding for the core Quality Use of Medicines Contract for a further four years to June 2009.

**Note 16: Segment information**

The Company's only activity is to operate as a not for profit Company independent of Government and the pharmaceutical industry but in partnership with health professionals, Government, industry and consumers to promote QUM that will lead to better health for Australians. With the exception of two small contracts with the World Health Organisation, this activity is performed in Australia.

**Note 17: Capital and leasing commitments**

<b>Operating Lease Commitments</b>	2004 \$	2003 \$
Non-cancellable operating leases contracted for but not capitalised in the accounts:		
Payable		
- not later than one year	343,867	358,696
- later than one but not later than five years	319,725	624,225
	<u>663,592</u>	<u>982,921</u>

## Notes to and forming part of the financial statements for the year ended 30 June 2004

### Note 18: Financial instruments

	Weighted Average Effective Interest Rate		Floating Interest Rate		Fixed Interest Rate Maturing			
	2004	2003	2004	2003	Within 1 Year		1 to 5 Years	
	%	%	\$	\$	2004	2003	2004	2003
Financial assets								
Cash	4.00	4.02	581,343	1,238,708	-	-	-	-
Term deposits	5.22	4.50	-	-	15,243,388	12,179,636	-	-
Total financial assets			581,343	1,238,708	15,243,388	12,179,636	-	-
Financial liabilities	%	%	\$	\$	\$	\$	\$	\$
Total financial liabilities	-	-	-	-	-	-	-	-

#### (a) Interest rate risk

The organisation's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on those financial assets and financial liabilities, is as follows:

#### (b) Credit risk

The maximum exposure to credit risk, excluding the value of any collateral or other security at balance date to recognised financial assets is the carrying amount of those assets, net of any provisions for doubtful debts, as disclosed in the balance sheet and notes to the financial report.

The organisation does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the organisation.

#### (c) Net fair values

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to and forming part of the financial statements.

### Note 19: Company details

The registered office of the Company is:

C/- Australian Company Secretaries Pty Ltd  
Level 5, National Australia Bank House  
255 George Street  
Sydney NSW 2000

The Company Secretary is:

Mr N Geddes  
Australian Company Secretaries Pty Ltd  
Level 5, National Australia Bank House  
255 George Street  
Sydney NSW 2000

The Company's Auditors are:

Grosvenor Schiliro  
Chartered Accountants  
Level 2, 333 George Street  
Sydney NSW 2000

The principal places of business of the Company are:

#### Sydney:

National Prescribing Service Limited  
Level 7, 418A Elizabeth Street,  
Surry Hills NSW 2010

#### Canberra:

National Prescribing Service Limited  
Suite 3, 2 Phipps Close  
Deakin ACT 2601

**Independent Audit Report to the Members of  
National Prescribing Service Limited**

**Scope**

***The financial report and directors' responsibility***

The financial report comprises the statement of financial position, statement of financial performance, statement of cash flows, accompanying notes to the financial statements and the directors' declaration for the year ended 30 June 2004.

The directors of the Company are responsible for the preparation and true and fair presentation of the financial report in accordance with the Corporations Act 2001. This includes the responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

***Audit approach***

We conducted an independent audit in order to express an opinion to the members of the Company. Our audit was conducted in accordance with Australian Auditing Standards in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Corporations Act 2001, Australian Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the Company's financial position, and of their performance as represented by the results by their operations and cash flows.

We formed our opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report; and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the directors.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

***Independence***

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements and the *Corporations Act 2001*.

***Audit opinion***

In our opinion, the financial report of National Prescribing Service Limited is in accordance with:

- (a) the Corporations Act 2001, including:
  - (i) giving a true and fair view of the company's financial position as at 30 June 2004 and of their performance for the year ended on that date; and
  - (ii) complying with Accounting Standards in Australia and the Corporations Regulations 2001; and
- (b) other mandatory professional reporting requirements in Australia.

**GROSVENOR SCHILRO  
CHARTERED ACCOUNTANTS**



Rod Grosvenor  
Partner

Dated this Fourteenth day of September, 2004 at Sydney.

Secretariat:  
Level 7/418A Elizabeth Street  
Surry Hills NSW 2010  
Tel: 02 8217 8700  
Fax: 02 9211 7578  
Email: [info@nps.org.au](mailto:info@nps.org.au)  
Web: [www.nps.org.au](http://www.nps.org.au)

Australian Prescriber:  
Suite 3, 2 Phipps Close  
Deakin ACT 2600  
Tel: 02 6282 6755  
Fax: 02 6282 6855  
Email: [info@australianprescriber.com](mailto:info@australianprescriber.com)  
Web: [www.australianprescriber.com](http://www.australianprescriber.com)

ABN 61 082 034 393  
ACN 61 082 034 393

National Prescribing Service Limited ABN 082 034 393  
An independent, Australian organisation for Quality Use of Medicines  
Level 7 / 418A Elizabeth Street Surry Hills NSW 2010  
Phone: 02 8217 8700 | Fax: 02 9211 7578 | email: [info@nps.org.au](mailto:info@nps.org.au) | web: [www.nps.org.au](http://www.nps.org.au)