OUR MISSION is to enable the best decisions about medicines, health technologies and other health choices for better health and economic outcomes.

OUR VISION is to lead innovation and improvement in health care by building trust, implementing change and demonstrating impact.

Verb

1. Being well informed about medicines and medical choices to make better decisions for optimal health outcomes.
OUR MEMBER ORGANISATIONS

Asthma Australia
Australian Association of Consultant Pharmacy (AACP)
Australasian Medical Writers Association (AMWA)
Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists (ASCEPT)
Australian and New Zealand College of Anaesthetists (ANZCA)
Australian College of Nurse Practitioners (ACNP)
Australian College of Nursing (ACN)
Australian College of Rural and Remote Medicine (ACRRM)
Australian Council of Social Service (ACOSS)
Australian Dental Association (ADA)
Australian Government Department of Health
Australian Government Department of Veterans' Affairs
Australian Healthcare & Hospitals Association (AHHA)
Australian Medical Association (AMA)
Australian Nursing and Midwifery Federation (ANMF)
Australian Pensioners & Superannuants’ Federation (APSF)
Australian Primary Health Care Nurses Association (APNA)
Australian Private Hospitals Association (APHA)
Australian Self-Medication Industry (ASMI)
Carers Australia
Chronic Illness Alliance
Consumers Health Forum of Australia (CHF)
Council on the Ageing (COTA) Australia
Diabetes Australia
Federation of Ethnic Communities’ Councils of Australia (FECCA)
Generic and Biosimilar Medicines Industry Association (GBMA)
Health Consumers of Rural and Remote Australia (HCRRA)
Health Education Australia Limited (HEAL)
Lung Foundation Australia
Medical Software Industry Association (MSIA)
Medicines Australia
National Aboriginal Community Controlled Health Organisation (NACCHO)
National Asthma Council Australia
National Heart Foundation of Australia
NSW Therapeutic Advisory Group Inc. (NSW TAG)
Optometry Australia
Palliative Care Australia
Pharmaceutical Society of Australia (PSA)
Pharmacy Guild of Australia
Royal Australasian College of Physicians (RACP)
Royal Australian College of General Practitioners (RACGP)
Royal Australian and New Zealand College of Psychiatrists (RANZCP)
Royal Australian and New Zealand College of Radiologists (RANZCR)
Royal College of Pathologists of Australasia (RCPA)
Rural Doctors Association of Australia (RDAA)
Society of Hospital Pharmacists of Australia (SHPA)
Therapeutic Guidelines

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The foundations for a medicinewise Australia were first laid in 1998. Working with government and other stakeholders towards a shared vision, the organisation known today as NPS MedicineWise was established to promote and advance the quality use of medicines objectives of Australia’s National Medicines Policy.

Building on a track record of successful behaviour change and rigorous evaluation, our work today goes beyond quality use of medicines, to include quality use of medical tests and other health technologies.

We are an independent, not-for-profit and evidence-based organisation, with strong connections and partnerships across the health landscape. We work directly with the primary care sector across the country, and are internationally recognised for driving improvements in how medicines, medical tests and other health technologies are prescribed and used.

As a result of the work we do, better health decisions are made every day.
What We Do

We identify where change needs to happen and where we can make a positive difference, drawing on the knowledge of our passionate and talented people and guided by our expert advisory groups and member organisations.

We enable better health outcomes by providing the most up to date evidence and tools so people are equipped to make better decisions about medicines and other health technologies. We do this independently and free of influence, ensuring that quality use of medicines, medical tests and other health technologies is central in everything we do.

Our work includes:

- designing and implementing therapeutic behaviour change programs informed by evidence, best practice guidelines and clinical context
- providing the latest evidence and independent advice for clinicians through our publications like Australian Prescriber and RADAR
- continuing professional development activities, including online learning, interactive online case studies, Clinical e-Audits and our educational visiting program
- supporting general practice with data driven, tailored quality improvement reports and interventions

OUR FORMULA FOR DELIVERING BETTER HEALTH OUTCOMES

DEVELOP
best practice
evidence-based
knowledge about
quality use of
medicines and
medical tests
through research,
data collection
and analysis.

IDENTIFY
the gap between
actual medicine
and medical test use
and best practice.

DESIGN AND IMPLEMENT
behaviour change
programs which
encompass
communication,
education
and support
for health
professionals and
students, consumers
and communities.

EVALUATE
health programs
and services
and their impact
rigorously using
our comprehensive
evaluation framework.

ADVISE AND CONSULT
to government,
clients and
stakeholders on
health policy and
quality use of
medicines
and medical tests.

COLLABORATE AND CONSULT WITH STAKEHOLDERS THROUGHOUT THE PROCESS

Australian Government Department of Health
International partners

Consumers
Health professionals

Member organisations
Therapeutic Goods Administration

Industry

Partners
Community

- integrated cross-platform consumer awareness campaigns
- decision support tools for health professionals and consumers
- collaborations with leading domestic and international organisations
- advising and consulting with and to government, members and other stakeholders on health policy and quality use of medicines and medical tests
- facilitating and coordinating Choosing Wisely Australia®.
Chair’s Report

MESSAGE FROM MR PETER TURNER CHAIR

In Australia we are fortunate to have access to standard medical services, tests and medicines at no or little cost to the patient. Access to healthcare is a worthwhile benefit that enhances the life and wellbeing of all Australians. Many decades of healthcare innovation have enhanced our choices of treatment and our expectations of intervention.

The National Medicines Policy is the foundation on which the NPS MedicineWise Group seeks to expand the quality use of medicines and medical tests. By working with the Department of Health, member organisations and the healthcare sector, we advance evidence-based programs of therapeutic protocols for improved patient outcomes. A second benefit is the elimination of waste with savings to the Pharmaceutical Benefits Scheme and Medicare in the past six years attributable to our programs of $407m and $56m respectively.

To expand our evidence base we have invested in MedicineInsight, an extensive database of healthcare records of over 2.5 million Australians involving more than 500 primary care practices. In the coming years we look forward to the insights this resource will provide to the healthcare community.

In April this year NPS MedicineWise was proud to facilitate the launch of Choosing Wisely Australia®, working with medical specialists and their professional societies, colleges and associations to promote diagnostic and treatment protocols for improved outcomes. Membership of this initiative continues to grow.

To work with non-government, private and international organisations, the NPS MedicineWise board of directors has established a for-profit subsidiary called VentureWise Pty Ltd. The private sector represents approximately 30% of Australian healthcare and is predicted to increase as population demographics trend to the elderly. The demand for VentureWise services is encouraging, with high potential to meet unmet healthcare needs. VentureWise operates under the same principles and governance standards as NPS MedicineWise.

In January 2015, Dr Janette Randall stepped down as chair of our board of directors after seven years in the role. Many successes were achieved under Janette’s leadership and on behalf of my fellow directors I take this opportunity to recognise her expert and committed contribution. Her contribution continues as a director of VentureWise.

Over time NPS MedicineWise has evolved to meet the challenges of an ever-changing healthcare environment. Finding optimum ways to achieve improved health and economic outcomes is our strategic imperative. We seek to enhance our strong reputation and brand, build our inventory of existing and new products and work with the healthcare community to benefit the health of all Australians. In the 17 years of its existence, NPS MedicineWise under the leadership of Dr Lynn Weekes has grown into a highly skilled team of passionate advocates of improved healthcare for all. The achievements of the past year are a result of their dedication and expertise.

The year ahead provides exciting opportunities to expand on our medicinewise foundation. The board of directors thanks Lynn and her team for their efforts and commitment.

In Australia we are fortunate to have access to standard medical services, tests and medicines at no or little cost to the patient. Access to healthcare is a worthwhile benefit that enhances the life and wellbeing of all Australians. Many decades of healthcare innovation have enhanced our choices of treatment and our expectations of intervention.
MESSAGE FROM DR LYNN WEEKES AM CHIEF EXECUTIVE

Most people join NPS MedicineWise because they want to make a difference, and they say that the best thing about working here is the passionate and talented people. This is a tremendous asset that we are very proud of and it is a significant part of the reason we can demonstrate progress towards our mission.

As new models of healthcare and more sustainable solutions are explored across the sector, our voice in the national conversation about medicines and diagnostics is more relevant than ever. In 2014-15 we shaped conversations by advocating medicinewise policy and practice when presenting to the Senate Select Committee on Health, facilitating the launch of Choosing Wisely Australia®, and continuing collaboration on a National Antimicrobial Resistance Strategy for Australia. Collaborations with the Australian Government Department of Health, our members, health professionals, consumers and the health sector results in programs that create value and contributes to better health outcomes for everyone using the health system.

Promoting and advancing medicinewise behaviour through our therapeutic programs and awareness campaigns remains a focus. This year we designed therapeutic programs on treatment options for blood pressure, chronic pain, and use of proton pump inhibitors in uncomplicated gastro-oesophageal reflux disease – all conditions which affect a significant proportion of the population and where evidence has led to changes in guidelines and/or treatment options. We also continued our public awareness campaign about using antibiotics wisely to reduce the ongoing threat of antibiotic resistance, and took the opportunity to emphasise this message in a significant winter cold and flu campaign, using social media and audience-created films to help spread the word.

Health is precious, and the work we do leads to better health for individuals and our communities, as well as better use of health resources. It is important work and after 17 successful years we are well placed to take the next steps. In 2015, we are on the threshold of a new era for our organisation and the newly expanded MedicineWise Group, with the launch of VentureWise Pty Ltd, a wholly owned subsidiary of NPS MedicineWise. VentureWise will explore commercial opportunities while working consistently with the mission of NPS MedicineWise, to help people make the best decisions about medicines and other health choices. It is a time of change and pressure in the health sector, with continued growth in expenditure, increasing competition, evolving economic and clinical models of care, and recognition that we must better harness data and technology to respond to the challenges ahead.

New eras bring exciting opportunities to see and do things differently. As new players and models of care enter this sector they will need the data, national implementation capability, partnerships, accessibility to health professionals and consumers, as well as local versions of imported tools and evaluation capability that the MedicineWise Group can deliver.

When I look forward three years to 2018, I see a future that retains the core of what has made us successful since 1998; our commitment to making a difference. I also see a confident company, financially sound, integrated with the health sector we service and as always, fully committed to our customers and to our mission.

This last financial year we made big strides in the journey towards achieving our vision thanks to the contributions of many dedicated people. I would like to recognise in particular the expert and dedicated efforts of Dr Janette Randall who completed her third term as the director of the company and as chair since 2007. Her leadership brought a period of innovation, renewal and growth to the organisation and we now are building each day on our medicinewise foundations.

Chief Executive’s Report

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Back to basics for fatigue: a diagnostic approach

Fatigue is a common symptom with around 1.5 million Australians each year seeing their doctor about fatigue. Fatigue can affect anyone, and most adults will experience it at some point in their life.

To help people understand the many possible causes of fatigue and how to manage it appropriately, and to help health professionals understand the limitations and appropriate use of diagnostic tests relating to fatigue, we launched Back to basics for fatigue: a diagnostic approach in September 2014. The program provides useful information and resources for both consumers and health professionals.

Many young to middle-aged adults experience fatigue. Although each case needs to be assessed on an individual basis, fatigue is most often related to the demands of everyday living rather than to an undiagnosed medical condition. Our program is underpinned by Therapeutic Guidelines Limited’s Fatigue: diagnostic approach in primary care and provides a framework for assessment and diagnosis focusing on a comprehensive clinical history, targeted examination and judicious laboratory investigations.

Our information and resources provide suggestions about how to manage fatigue—for example through making healthy lifestyle changes—or to consult a healthcare professional for further individualised guidance. The suite of resources and tools for the program includes:

- educational visits (one-to-one or group meeting)
- Medicinewise News, ‘A diagnostic approach to fatigue’
- interactive online case study and online learning course
- the fatigue management pad, a decision & management tool for discussing possible causes of uncomplicated fatigue in young to middle-aged adults
- a fatigue information prescription builder.

The comprehensive suite of online resources for fatigue can be found at nps.org.au/fatigue
Recognising that cardiovascular disease (CVD) can involve a number of factors, including genetic or environmental factors, the clinical guidelines for primary CVD prevention are moving away from assessing and managing individual risk factors in isolation, such as elevated blood pressure, and instead advocate an absolute risk approach.

In March we launched Blood pressure: what’s changing in how we measure, manage and monitor. This therapeutic program focuses on achieving good practice in blood pressure measurement and management, integrated with the absolute risk approach and consideration of lifestyle issues. It also emphasises careful use of blood pressure lowering medicines to improve cardiovascular health.

Keeping up to date with new blood pressure medications coming on to the market presents a challenge for general practitioners and other health professionals, so this program also helps health professionals navigate this complexity.

The program outlines a systematic approach to blood pressure measurement, management and monitoring and provides information on:

- using an absolute CVD risk approach in adult patients aged 45 years and over and 35 years and over for Aboriginal and Torres Strait Islander adults to guide management
- the role of healthy lifestyle
- commencement and ongoing use of blood pressure lowering medicines—starting with a single active ingredient medication for primary prevention
- recognising the value of out-of-clinic assessment (using either 24-hour ambulatory blood pressure monitoring or home blood pressure monitoring).

Participating in this program helps health professionals consolidate knowledge on blood pressure, current guidelines and practices. The suite of resources and tools for the blood pressure program includes:

- educational visits (one-on-one or small group)
- Blood pressure information prescription builder for use in patient consultations
- Medicinewise News, ‘Blood pressure: measure, manage, monitor’
- Clinical e-Audit, Pharmacy Practice Review, an interactive online case study and an online learning course
- blood pressure video case scenarios featuring expert commentary
- blood pressure risk assessment and management algorithm for adults aged 18 years and over.

Detailed information about blood pressure management can be found at nps.org.au/blood-pressure
Stepping down from proton pump inhibitors

April saw the launch of a new therapeutic program on the use of proton pump inhibitors (PPIs) in the treatment of uncomplicated gastro-oesophageal reflux disease (GORD). The program focuses on optimal use of PPIs and provides practice points and tools to facilitate step-down therapy in patients whose symptoms are well controlled.

PPIs are a mainstay of the management of acid-peptic disorders; they are highly effective at relieving symptoms and generally well tolerated. Their success is reflected in the fact that over the last decade PPIs have been consistently listed in the ten most commonly used PBS-subsidised medicines in Australia (based on defined daily dose, prescription count and cost to the government). Across the 2013-14 financial year there were over 19 million prescriptions for PPIs in Australia. However, while reflux symptoms such as heartburn are common—about 1 in 5 Australian adults experience heartburn at least once a week—not everyone that has heartburn needs to be on prescription medicine, and not everyone that has been prescribed a PPI needs to take it on a regular, long-term basis.

There is growing international concern over the increasing use of PPIs and about reports associating PPI use with serious, though rare, adverse effects. Especially in older people, PPI use has been associated with an increased risk of fractures, enteric infection, pneumonia, and vitamin B12, iron and magnesium deficiencies.

Our program advocates the optimal use of PPIs, and focuses on when and how to review therapy.

The suite of resources and tools for the 2015 PPI program includes:

- Medicinewise News, ‘PPIs – too much of a good thing?’
- Clinical e-Audit and interactive online case study
- an online knowledge hub with information for health professionals and consumers on PPIs and GORD
- Symptomatic Management Pad for GORD.

Access these tools and find further information at nps.org.au/ppi-program

Managing chronic pain

Around one in five Australians experience chronic pain—
a complex medical issue with varied causes, pathology and presentation. Many people with chronic pain also report their pain interferes with daily activities, and that they have difficulty expressing their feelings on the subject.

Managing chronic pain is challenging for both health professionals and patients. Current evidence supports using a combination of different treatment options to allow a more individualised approach.

To encourage an approach that encompasses a variety of treatments, in June we released a suite of learning products as part of our educational visiting program, Chronic pain: opioids and beyond. The program recommends broadening the treatment focus from reducing pain alone to include achieving adequate functional improvement.

Recognising that open communication with patients is key, and that collaborative approaches for managing pain can lead to improved outcomes and adherence, our chronic pain program assists doctors and other healthcare providers to consolidate their knowledge on chronic pain management and facilitate more open conversations about pain. Resources and tools for the program include:

- educational visits on chronic pain (one-on-one or small groups)
- detailed online knowledge hub with information for health professionals and consumers about chronic pain
- Medicinewise News focusing on chronic pain
- Clinical e-Audit, Pharmacy Practice Review and interactive online case study
- My Pain Diary, a booklet for patients to record changes in their activity level and pain to assist their pain management
- The Chronic Pain Communication Tool—a free tool to help people talk about chronic pain with health professionals.

These resources and further information on chronic pain can be found at nps.org.au/chronic-pain
MedicineInsight

To get the most out of Australia’s substantial investment in healthcare and access to medicines, it’s important we understand how medicines are used and prescribed, particularly from a post marketing surveillance perspective. MedicineInsight is a unique program that aims to increase understanding of prescribing behaviour in Australian general practice. Until now it has been difficult to determine how medicines are prescribed, who they are prescribed for, and the conditions and effects of new medicines released into the community. Through MedicineInsight however, we are learning more.

MedicineInsight is a unique longitudinal primary health database and is nationally representative. During the financial year NPS MedicineWise successfully reached its target of 500 participating general practices in the MedicineInsight program, across all Australian states and territories. MedicineInsight practices represent over 2000 general practitioners contributing de-identified data of over 2.5 million patients. MedicineInsight assists general practices to review patient care and prescribing of medicines. It also provides a better understanding of the impact of those medicines on patients and where improvements could occur.

MedicineInsight assists with:
- quality improvement in participating general practices
- reducing complexity in prescribing
- informing future health policy
- supporting a sustainable PBS.

The ultimate goal is to achieve better health outcomes for all Australians.

The data collected is used to provide practices with information across a wide range of clinical indicators. In the last financial year, reports have focused on type 2 diabetes, stroke prevention and antibiotic use. An NPS MedicineWise Clinical Service Specialist guides practice staff through the report at a whole-of-practice meeting. The team then discusses the report results compared with their experience and other similar practices, and together come up with actions for where improvements might be made. Well over 300 MedicineInsight practice visits were conducted in the 2014-15 financial year.

Evaluation of MedicineInsight continues to be very positive with practice staff stating that the program has positively impacted clinical practice, co-ordination and management of care and how they think about their patient care.

MedicineInsight has also provided several post market surveillance reports to the Australian Department of Health over the financial year. The reports provided aggregated and anonymised information on medicine utilisation and uptake patterns, adding to the body of knowledge about how medicines are actually used in practice.
Clinical Services Specialist field force and educational visiting

Our national team of Clinical Services Specialists operate remotely, working and living in the regions they service across the country. Collectively referred to as our field force, our Clinical Services Specialists are highly trained in delivering our educational visiting programs, and generally have a health professional qualification.

Educational visits may be small group workshops, or one-to-one visits (academic detailing). Small group workshops are case based, interactive and include up to 12 health professionals, providing the opportunity to discuss the latest evidence on the program topic with peers. Academic detailing is one-to-one, peer-to-peer, interaction using behaviour change methodologies to provide education and information using an objective, service-based approach that can be directly related to a health professional’s clinical situation. Focused discussions centre on areas of clinical need, change or controversy in which there is a gap between scientific knowledge and clinical practice.

Clinical Service Specialists deliver the educational visiting component of our therapeutic programs, MedicinInsight practice visits, and RedUSe - a contract with the University of Tasmania providing academic detailing to improve antipsychotic and benzodiazepine prescribing behaviour in residential aged care facilities.

Our direct access in primary care is extensive, delivering educational visits to 23,686 GPs nationally against a target of 22,000 and previous year’s (2013-14) total of 18,319.

Apart from October 2014, each month of the financial year saw more GP face to face activities delivered than the same month the previous year. These face to face activities consist both of one-on-one visits and small group case-based meetings. The figures from the last financial year include a 45% increase in January 2015 against January 2014 (January typically being the lowest activity month of the year), and a 2% increase in November 2015 against November 2014 (the highest activity month of the year).

Our Clinical Services Specialists delivered educational visits on the following topics:

- exploring inhaled medicines use and asthma control
- back to basics for fatigue: a diagnostic approach
- blood pressure: measure, manage and monitor
- chronic pain: opioids and beyond
- Reducing the use of sedative medication in aged care facilities (RedUSe)
- MedicinInsight – Stroke Report

Feedback from GPs on educational visits:

“I always find the visits excellent – a refreshing source of evidence based education.”

“Again a great session. We all love the concept and the chance to discuss the issues with the facilitator and each other. We regularly go over time as there is such debate and discussion.”

“Best in-service I have been to for ages!”

“Good small group discussion with opportunity for questions and discussion. Facilitator very skilled at listening to GPs and engaging them to speak of their experiences.”
Clinical e-Audits, Pharmacy Practice Reviews and case studies

Clinical e-Audits, Pharmacy Practice Reviews and case studies are quality improvement and accredited professional development activities for GPs, pharmacists, nurses and students.

Clinical e-Audits help GPs review current prescribing practice for patients with certain conditions, compared with contemporary evidence and best practice guidelines. In the 2014-15 financial year we increased the reach of our Clinical e-Audits to GPs by 21%, and expanded our suite of Clinical e-Audits to support seven therapeutic program areas.

Pharmacy Practice Reviews help pharmacists and intern pharmacists review their current practice for patients with certain conditions and compare with current best practice standards, guidelines and pharmacist competencies. This year we increased our Pharmacy Practice Reviews reach by 25%, and expanded the suite to support six therapeutic program areas.

Case studies are learning activities for GPs, pharmacists, nurses and other health professionals. Each case study presents a clinical scenario with questions to help the practitioner reflect on their clinical decision-making skills and improve patient care.

In 2014-15 financial year we expanded our online case study portfolio to support eight therapeutic topic areas with high interest shown by pharmacists and nurses.

Arya Saab is a 35-year-old sales representative. For the last two months she has been feeling tired and has asked for some tests to determine the cause of her fatigue.

What questions would you ask Arya to help determine possible causes of her fatigue?

What red flags would you look for?

You’ll receive instant feedback in this online case study and be able to compare your approach with your peers. You’ll also have access to expert commentary by Dr Louise Stone, GP and Senior Medical Advisor to General Practice Education and Training Ltd.

50% of people with asthma live with poor control of their condition and consider it to be ‘normal’.

Support your patients with their asthma management by exploring the elements for good control based on the new Australian Asthma Handbook 2014.

In 2014-15 financial year we expanded our online case study portfolio to support eight therapeutic topic areas with high interest shown by pharmacists and nurses.
Online learning

The NPS MedicineWise Learning team are experts in designing and building relevant and dynamic online courses. The majority of our courses contribute toward CPD points and/or the Quality Prescribing Incentive of the Practice Incentives Program (QPI PIP). Our 80,000 registered online learners include health professionals working in public and private hospitals, private practice settings, pharmacies, universities and aged care facilities.

National Prescribing Curriculum

The National Prescribing Curriculum (NPC) is a series of 31 interactive case-based modules that encourage confident and rational prescribing. The modules follow a stepwise approach as outlined in the WHO’s Guide to Good Prescribing. A total of 40,000 health professional students have engaged with NPS MedicineWise through completing the NPC online modules since 2002. During 2014-2015 100% of all medical schools and 83% of all pharmacy schools nationally used the NPC.

Hospital reporting

Throughout 2014-2015 NPS MedicineWise Learning commenced a reporting service for hospitals to track their staff’s completion against courses that align with the National Safety and Quality Health Service (NSQHS) Standards. To date around 16,000 participants in hospitals nationally are captured in these reports that contribute to increased quality and safety.
Australian Prescriber continues to be widely read and respected by health professionals. The number of unique visitors to the Australian Prescriber website each month increased to 230,000 in June 2015. There are over 23,000 ‘opt-in’ subscribers to email alerts about new issues and material published online first. Reflecting the growth in the use of mobile devices, the number of unique visitors to the mobile version of the website has reached nearly 85,000 per month. Despite this growth in the electronic readership, demand from Australian health professionals for the printed journal remains strong. As of June 2015 about 53,000 health professionals had opted to receive the paper copy of Australian Prescriber.

On 1 June 2015 Australian Prescriber launched its first mobile phone app called ‘The Doctor’s Bag’. This was developed from information about anaphylaxis management and the doses of emergency drugs that had previously only been available in print. This application will allow prescribers to access up-to-date emergency dose information on their smartphone wherever they are, even without an internet connection. The app received excellent reviews and there were over 2,500 downloads alone in the first month.

During the year we saw the retirement of Susan Reid after 16 years as the Production Manager of Australian Prescriber. Susan was an exemplar of the commitment of the team to delivering on time and to the highest standards of quality.

NPS Direct is a monthly electronic mail, circulated to over 35,000 subscribers including more than 9,000 GPs. NPS Direct is the portal for NPS MedicineWise rapid response articles providing independent information on issues that are topical in healthcare. This year NPS Direct has tackled the issue of harms from opioid prescribing, association between benzodiazepine use and dementia and the role of paracetamol in managing low back pain amongst others. There were 34 articles published in 2014-15.

Medicinewise News provides health professionals with up-to-date, succinct and independent information on therapeutic topics and related issues. It offers evidence-based advice on quality prescribing and use of medical tests. Medicinewise News is a free publication available in print and online. In the last financial year we produced five issues complementing our therapeutic programs distributed to an average of 70,000 health professionals each issue:

- Fatigue: a diagnostic approach
- Antibiotic resistance and UTIs
- Blood pressure: measure, manage, monitor
- Proton pump inhibitors – too much of a good thing?
- Chronic pain.

RADAR provides health professionals with timely, independent evidence-based information on new drugs and medical tests and changes to listings on the Pharmaceutical Benefits Scheme. It is print-published three times a year, in line with major updates to the Schedule of Pharmaceutical Benefits, so it is available around the time when new medicines can be prescribed or dispensed. RADAR is available in prescribing software as pop-ups for one year following the publication of full reviews providing GPs with accurate, evidence-based information on new medicines at the point of care. Subscribers for the print version grew over the financial year to reach 79,882 in April. RADAR email alerts keep people up to date with new drugs and medical tests as each new issue of RADAR is released.

Medicinewise Living is a free monthly e-newsletter for anyone who wants to better manage their health and get the best from their medicines. In the 2014-15 financial year 57,035 e-newsletters were sent, with subscribers receiving ideas, tips and information to help them make good choices about health.

Medicinewise News reviews key information on therapeutic topics and related issues. In 2014-15 34 articles were published.

ALL PUBLICATIONS ARE AVAILABLE ONLINE
nps.org.au/publications
Improving quality use of medicines in aged care facilities

We continued to collaborate with Webstercare, developing a new in-depth quality use of medicines report in the Webstercare software to assist in the review of antibiotic medicines for urinary tract infections in residential aged care facilities.

The new functionality in the Webstercare Medication Management Software (MMS) allows pharmacists to produce a report on the use of antibiotics medicines in each residential aged care facility for which they supply medicines. This extended collaboration supports our national Reducing Antibiotic Resistance program. The new reporting mechanism will enable pharmacists to provide information to staff working in residential aged care facilities and aid them in understanding, analysing and effectively managing the appropriate use of antibiotic medicines for their residents. The report will be available nationally to pharmacies in September 2015.

"Reflecting on a facility’s current practice of prescribing of antibiotics for UTIs is highly beneficial. For many people treatment of asymptomatic bacteriuria is usually not required. Excessive use of antibiotics may be contributing to the high levels of antibiotic resistance seen in residents of aged care facilities."  
Dr Lynn Wee kes

Reducing the use of sedative medication in aged care facilities (RedUSEe)

The ‘Reducing Use of Sedatives’ (RedUSEe) project, funded by the Australian Government Department of Social Services, aims to promote the quality use of antipsychotic and benzodiazepine medication in residential aged care facilities to address the relatively high rates of sedative prescribing found in many residential aged care facilities.

The RedUSEe project is multi-faceted, including customised IT audits and feedback of sedative use, educational sessions for nursing staff, ‘good practice’ guidelines as well as educational sessions for GPs attending the home. Information about the project is also provided to relatives and residents.

This project is a truly collaborative effort, led by the University of Tasmania and also involving the Pharmaceutical Society of Australia, BUPA, Southern Cross Care, COTA, Aged and Community Services Australia (ACSA) and Leading Age Services Australia (LASA), as well as NPS MedicineWise.

Benzodiazepines and antipsychotics are associated with side effects such as falls, pneumonia, stroke, daytime drowsiness and confusion, and there are alternative non-medicine interventions that can be trialled with residents. A reduction in rates of sedative use should see improvements in mobility and alertness and decreases in fall rates among residents.

Our field force of Clinical Services Specialists have currently delivered over 275 educational sessions to GPs providing an update and evidence based summary on the optimal use of sedative medication among residents of residential aged care facilities.

Starting in early 2014, the project is being delivered in four different waves involving around 150 residential aged care facilities right across the country. It is due for completion in early 2016.
Medicines Use Review
As well as building on our existing products, this year we launched a new Medicines Use Review quality improvement activity for residential aged care facilities to support the Reducing Antibiotic Resistance program for pharmacists and nurses.

Medicines Use Reviews (Aged Care) are free quality improvement activities based on best practice standards and guidelines to help nurses and pharmacists working in residential aged care facilities to review, reflect on and improve current practices within facilities. This quality improvement activity provides a step-by-step guide for conducting an in-depth Medicines Use Review and allows users to generate solutions specific to the identified needs of the facility. Results can be easily shared with GPs, other health professionals and medication advisory committees (MACs).

Therapeutic Goods Administration (TGA)
Working with the Therapeutic Goods Administration (TGA) we developed two online courses: one focusing on medicines and vaccines, the other on medical devices.

These were designed to promote a deeper understanding about post-market safety monitoring and the important role of health professionals in reporting adverse events that occur in the course of clinical practice.

The objective was to improve the quality and quantity of adverse event reporting by health professionals. The courses were designed to engage a range of health professionals in many health settings, including GPs, pharmacists, nurses and specialists. Courses are CPD accredited.

Content includes:
► the need for post-market safety monitoring of medicines, vaccines and medical devices
► the contribution of reports from health professionals to post-market safety monitoring
► the types of adverse event reports sought by the TGA
► how to report an adverse event to the TGA
► how to access reliable information about the safety of therapeutic goods.

Australian Commission on Safety and Quality in Health Care
In collaboration with the Australian Commission on Safety and Quality in Health Care we developed an online course supporting the pilot project for the PBS Hospital Medication Chart.

Content includes recognising how the PBS Hospital Medication Chart will:
► enhance medication safety
► reduce paperwork
► improve record keeping in both public and private hospitals.

Asthma Australia
This financial year we launched an online course in partnership with Asthma Australia to emphasise the importance of checking patients’ asthma inhaler technique to ensure correct usage.

Content includes:
► having the conversation with patients about inhaler technique
► demonstrating the correct technique to patients.

Unlocking asthma inhaler technique online course
Choosing Wisely Australia

In April 2015 Choosing Wisely Australia® launched, kick-starting a national conversation about more appropriate health care.

Choosing Wisely Australia is a groundbreaking initiative that brings the medical community together to improve the quality of healthcare by considering tests, treatments, and procedures where evidence shows they provide no benefit or, in some cases, lead to harm.

Led by Australia’s medical colleges and professional societies and facilitated by NPS MedicineWise, Choosing Wisely Australia challenges the way we think about health care, questioning the notion ‘more is always better’.

Inaugural Choosing Wisely Australia members are the Australasian College for Emergency Medicine, the Australasian Society of Clinical Immunology and Allergy, the Royal Australian College of General Practitioners, the Royal Australian and New Zealand College of Radiologists, the Royal College of Pathologists of Australasia and the Royal Australasian College of Physicians (RACP). For launch, the first five of these national medical societies and colleges identified practices that warranted scrutiny, examining the evidence and drawing on the expert opinion of their members to develop a list of recommendations: ‘5 tests, treatments and procedures to question.’

The launch of Choosing Wisely Australia was highly anticipated across the sector, and attended by leaders and influencers reflecting the interest and support for this exciting initiative. We feel very privileged to facilitate this cross-sectoral, unifying and game-changing initiative to improve the quality of healthcare in Australia and see big things ahead for Choosing Wisely Australia.

Full lists of recommendations can be found at www.choosingwisely.org.au

Reconciliation Action Plan

Recognising the gap in health and opportunities between Indigenous and other Australians and knowing our ability and responsibility to act to improve our knowledge and relationships to reduce this gap, in August 2014 we provided a signed Statement of Commitment to Reconciliation Australia which held us accountable to have our first completed Reconciliation Action Plan (RAP) by the end of the 2014-15 financial year.

A cross unit working group constructed the plan working closely with Reconciliation Australia and, following their endorsement, we now have in place the NPS MedicineWise Innovate RAP.

While we have already done some important pieces of work in the past, there are many more ways for us to use our knowledge, skills and resources to build relationships, demonstrate respect and improve opportunities for Aboriginal and Torres Strait Islander peoples. Our RAP outlines actions, responsibilities, targets and timelines across a range of themes for achieving our vision of reconciliation, offers opportunities for everyone across NPS MedicineWise to get involved and publicly commits us to a timeframe to ensure we are making progress towards our 2017 goals.

Our vision for reconciliation is to improve health, social and economic outcomes for Aboriginal and Torres Strait Islander peoples through driving innovation and cultural awareness across the organisation and our members, creating an environment to build relationships based on mutual trust and respect, leading to meaningful opportunities for Australia’s First Peoples.
International collaborations

In many middle income countries, the promise of universal health care in providing improved access to health services creates expectations that health professionals and consumers will have ready access to an increasing range of medicines and other health technologies. Consequently there is a growing interest in how to best manage this demand and ensure government investments in health technologies delivers optimal health outcomes.

NPS MedicineWise has been seen as an exemplary model in leading a nationally coordinated approach to improve the quality use of medicines and medical tests and demonstrating how this can contribute to sustaining a universal health care system.

In this context NPS MedicineWise has collaborated in Brazil, with the Federal University of Minas Gerais (UFMG) and their Collaborating Center for Technology Assessment and Health Excellence (CCATES), in supporting the 2nd International Symposium on Pharmacoeconomics in SUS (Brazil Unified Health System) as well as developing their academic detailing expertise. In Argentina, in November 2014, we conducted a rational use of medicines workshop funded and hosted by the Inter-American Development Bank (IDB), for the Argentine Ministry of Health Remediar Program. Similarly, in Colombia we held a workshop and meetings hosted by the Inter-American Development Bank with the Colombian Ministry of Health, the Colombian agency of health technology assessment, Instituto de Evaluación Tecnológica en Salud (IETS), as well as representatives of medical societies.

Within the Asia Pacific region we have been working with the World Health Organization, Western Pacific Regional Office, to support antimicrobial stewardship (AMS) in the region. This has included the development of resources and materials to support (1) awareness raising and engagement of hospital management in antimicrobial resistance and AMS; (2) development of competencies of AMS Committees and Teams in implementing AMS programs; and (3) implementation of a regional Antibiotic Awareness Week in November 2015.

Business improvements

In the 2014-15 financial year we made big advances towards futureproofing NPS MedicineWise. Work included:

- developing a new approach for our most recent annual plan, which meant this year’s planning process took a third of the effort of previous years

- creating new product and channel delivery frameworks, the first step to understanding the inputs required to develop our products and begin product level costing

- maintaining corporate reporting mechanisms, ensuring up to date tracking of our progress towards targets

- driving the new operating model across the organisation. Our operating model now demonstrates how decisions are made based on outputs and criteria, how we connect within the organisation, and how we deliver value to our customers.

PBS and MBS sustainability

The sustainability of the Pharmaceutical Benefits Scheme (PBS) and Medicare Benefits Schedule (MBS) is vital in maintaining our public health system, enabling timely, reliable and affordable access to medicines and other health care services.

Ensuring clinicians and consumers have access to quality information to support good decision making to maximise these resources is an integral component of ensuring ongoing sustainability, and the work we do contributes in this way.

Improving decisions about appropriate utilisation of medicines and medical tests not only leads to better health outcomes, but also supports PBS and MBS sustainability. In September 2014, we reported annual PBS savings of $70.44m. More recently, in September 2015 we reported annual PBS savings of $69.24m and, covering a two year reporting period, MBS savings of $33.05m.

Wiser Working
Our fourth annual Be Medicinewise Week was held 13-19 October with the theme ‘Are your medicines helping or hindering?’

The campaign entailed national pharmacy engagement, an online medicinewise challenge, community events, social media outreach, and media engagement. The topics of focus included complementary medicines, inadvertent medicines misuse, pain relievers, and medicines in the home environment.

**Antibiotic Awareness Week**

Antibiotic Awareness Week is a global event endorsed by the World Health Organization, acknowledging the global importance of this growing public health issue.

Australia’s Antibiotic Awareness Week is coordinated by NPS MedicineWise, the Australian Commission on Safety and Quality in Health Care, the Australian Government Department of Health and Department of Agriculture, the Australian Veterinary Association, and state and territory health departments and is supported by a number of professional societies and groups.

The annual campaign week also integrates with our five-year campaign to promote better use of antibiotics to combat the development and spread of antibiotic resistance in the Australian community.

In 2014 we engaged primary care and the community to drive awareness of the critical issue of antibiotic resistance.

‘Antibiotic Resistance Fighter’ packs were delivered to community pharmacies across Australia. To launch our schools engagement program a children’s event was held at our headquarters. A campaign kit was sent to schools nationwide to encourage education on the issue with a call to action to watch our educational video ‘Preserve the Miracle’ in class.

Our community service announcements aired on television across the week with the support of the Prime7 regional network and Southern Cross Television.

Social media highlights included NPS MedicineWise kicking off the global twitter chat held annually on 18 November with the hashtag #AntibioticDay. Across the week our social media reached 760,000 people (1 in 40 Australians).

We also developed an infographic which was a very successful social media tool, attracting 1,200 comments on Facebook, 8,300 likes, 3,000 shares and an audience reach of 390,000.
**Winter Is Coming/Tropfest Collaboration**

Winter is peak cold and flu season and antibiotic prescribing increases this time of year, despite antibiotics having no effect on the viruses which cause colds and flu.

From June to August NPS MedicineWise runs a targeted education and advertising campaign with health professionals and target audiences about appropriate treatment of colds and flu.

As a precursor to this campaign, a public relations campaign —“Winter is Coming” — was created to start broad conversations and raise awareness about antibiotic resistance.

Social media reach was substantial, with the ‘Every Day in May’ facts reaching an average of 6,000 people a day, and the first day of the campaign announcement touching 54,000 people. The hashtag #SaveTheScript reached 370,000 Twitter accounts during ‘Every Day in May’.

Receiving well over 100 highly creative, inspiring and awareness-raising entries, the #SaveTheScript short film competition exceeded all expectations. Global antibiotic resistance organisations have promoted the films via their channels.

The winning film ‘The Pick Up’ will be screened to the 90,000 people in attendance at Tropfest’s flagship event in December 2015.

The campaign has been shortlisted for several awards.

**Phone Line Services**

**Medicines Line**

Medicines Line continues to provide timely, independent, accurate and evidence based medicines information to consumers and to assist consumers in making decisions about their medicines.

Medicines Line completed 8,165 medicines enquiries from 1 July 2014 to 30 June 15. The most common call categories were side effects (21%), drug interactions (18%) questions about dosage and administration (13%), and questions about breastfeeding (7%) and pregnancy (5%).

Now in its fifth year of in-house service delivery, Medicines Line has expanded its services to answering medicine questions on the NPS MedicineWise Facebook page. One hundred and ninety three Facebook medicine questions were answered in 2014-15, providing written information, and often referring clients to medicine information on the NPS MedicineWise website, to assist consumers in making decisions about their medicines. This method of medicine-enquiry-answering assists consumers who are using digital mediums to access medicine information rather than by telephone. If more information is required from consumers they may be directed to call Medicines Line to assist further in answering medicine questions.

**Adverse Medicine Events (AME) Line**

The Adverse Medicine Event Line service provided the TGA with 191 Adverse Drug Reaction (ADR) reports on behalf of consumers between 1 July 2014 and 30 June 2015.

These reports are submitted to the Therapeutic Goods Administration (TGA) for analysis and contribute to national pharmacovigilance. ADR reports submitted to the TGA are now publicly available in a summarised and anonymised version on the TGA website.
NPS MedicineWise online continues to grow as an information hub for health professionals and consumers alike. It houses our health professional and consumer education and awareness campaigns, quality improvement and continuing professional development activities, online versions of all our publications, as well as tools and resources to support health literacy across different health and community settings.

Website traffic increased steadily throughout the 2014-15 financial year, with 5.53 million visits; a 68% increase on the previous financial year. The number of unique visitors almost doubled from 2.46 million to 4.22 million visitors. Our continued increase in traffic results from capitalising on the rebuild of the website to make it more mobile friendly — more than 59% of users access the site from either a tablet or mobile.

Innovations during the year included the launch of the new MyNPS login area that increases self-servicing for our users, the launch of new decision and patient tools in health-specific areas such as fatigue, blood pressure and chronic pain, and continued expansion of our online learning modules. We also continue to build on our strong foundation for the website by enhancing our web analytics software, updating page designs for better usability and undertaking user research to better understand our end users so we can build a customer centric website and experience.

Social media: understanding and building communities

Our social media interactions and engagement has grown over the last year, as we have expanded engagement options to include all main social media platforms. Our activities have resulted in us successfully staking a strong claim in the much sought-after health sector social media presence, achieving a strong following by both consumers and health professionals. We are continuing to expand the use of social media across all areas of the business, particularly through new initiatives such as Choosing Wisely Australia®.

Facebook remains our most popular channel, with 47,000 followers. Our consumer audience is built up of 80% women, with approximately 40% over the age of 45.

The rest of our social media community is a combination of health professionals and other organisations with a vested interest in our work.

Social media highlights:
- 34,000 social media referrals to the website — 12,000 more than last financial year
- nearly 8 million people reached using social media messaging — double from the last financial year
- 10,000 contributions — people commenting on or sharing our social media messages
- first multilingual pharmacist hour in August 2014 — in Arabic and English. We received over 5,000 views and 8 questions, accepting questions and answered in both languages
Our Board

PETER TURNER
BSc, MBA, GAICD
Peter is the former executive director and chief operating officer of CSL Limited, founding president of CSL Behring, a past chairman and board member of the Plasma Protein Therapeutics Association, current non executive director of Virtus Health Limited, non executive chair of Ashley Services Group Limited, and graduate member of the Australian Institute of Company Directors. Peter joined our board in 2012 and was appointed Chair in January 2015. Peter became a member of the Board Governance and Nomination Committee in April 2015.

ANDREW KNIGHT
MBBS, MMedSci, FRACGP, FAICD
Andrew is a general practitioner and conjoint senior lecturer in general practice, University of New South Wales. He is a clinical adviser for the Australian Primary Care Collaborative program and is chair of the Nepean Blue Mountains Primary Health Network. Andrew has been a director since 2010.

JAMES LANGRIDGE
BBus, GradDipTertiaryEd, MEdAdmin, DBA, FAICD
Jim spent 30 years in higher education administration and until early 2009 held the joint appointments of vice principal (international) at the University of Wollongong and CEO/ managing director of the ITC Group of Companies (UOW’s commercial arm). Jim has been a director since 2009.

WINSTON LIAUW
MBBS, MMedSci, FRACP, GAICD, MPol&Policy
Winston is a practising medical oncologist and a clinical pharmacologist. He is director of the Cancer Services Stream South Eastern Sydney Local Health District and Oncology Program Chair at the NSW Health Education and Training Institute (HETI). Winston has been a director since 2010.

KAY PRICE
RN, PhD, GAICD
Kay is an associate professor and research leader in the School of Nursing and Midwifery, University of South Australia, and a member of the National Research Council, Asthma Australia. She is a chief investigator on the North West Adelaide Health (Cohort) Study. Kay has been a director since 2008.

DEBORAH RIGBY
BPharm, GradDipClinPharm, AdvDip NutrPharm, CGP, AACPA, FASCP, FPS, FAICD, FACP
Deborah is a consultant clinical pharmacist, and member of Australian Therapeutic Goods Advisory Council. Deborah is adjunct senior lecturer at the School of Pharmacy, University of Queensland and Visiting Fellow, Queensland University of Technology. Deborah has been a director since 2008.
**CHRISTINE WALKER**
MA, PhD, MAICD
Christine is CEO of Chronic Illness Alliance Inc, as well as being a board member of Epilepsy Australia, and on the advisory group of the UNSW Research Centre for Primary Health Care and Equity. Christine has been a director since 2011.

**ROGER SEXTON**
MBBS, DRrCOG(UK), FRACGP, FACRRM, GAICD, MBA (Adel), Member AMA, RACGP, ACRRM, RDASA, AICD
Roger practised as a procedural rural general practitioner for 30 years and currently works in urban general practice, as a rural locum and as a clinical skills tutor at Adelaide University. Roger is a past member of the PBAC and past presiding member of the Medical Board of SA. He sits on the board of national medical indemnity insurer MIGA. Roger has been a director since 2013.

**DEBRA KAY**
PSM B Ed Grad Dip
Debra is a Guest Research Associate in Consumer Engagement at the International Centre for Allied Health Evidence, University of South Australia. Debra's previous consumer advocacy and engagement roles include being the former CEO of Asthma Australia, and regional program manager, The Smith Family. Debra joined our board in 2013.

**LYNN WEEKES**
AM, GAICD, Phd, MSc, BPharm, Fellow SHPA
Lynn is the inaugural chief executive officer of NPS MedicineWise, a position held since 1998. Lynn sits, by invitation, on various national boards and committees from government, pharmacy and academic sectors. Prior to Lynn's appointment to NPS MedicineWise, she was executive officer of NSW Therapeutic Assessment Group. Lynn was appointed as a NPS MedicineWise director in April 2015.

**JANETTE RANDALL**
MBBS, FRACGP, GAICD
Janette is a general practitioner in Brisbane and has been significantly involved in the divisions of general practice program since 1997, having held various roles with her local division of general practice in Queensland. Janette joined as a director in 2006, was chair of the NPS MedicineWise Board from August 2007 to 1 January 2015 and retired as a director in May 2015.

**GRAEME KILLER**
AO, MSc, MBBS, Dip Av Med, DIH, FAFOEM, FAFPHM, ARACMA
Graeme is principal medical adviser to the Repatriation Commission and Department of Veterans’ Affairs. Graeme is also a member of the Repatriation Pharmaceutical Reference Committee and chair of the Editorial Committee and Consumer Reference Group for the Veterans’ MATES Program. Graeme has been a director since 2006 and retired in May 2015.
The Board Governance and Nomination Committee has a critical role in assisting the board to discharge its responsibilities and duties to NPS MedicineWise members, other stakeholders and at law by ensuring:

- NPS MedicineWise has a values-based board of an effective size and commitment
- The NPS MedicineWise Board has policies and procedures that guarantee effective governance of the board and organisation.

Significant activities undertaken over the past 12 months included:

- Constitutional changes implemented and communicated to provide NPS MedicineWise with greater flexibility and opportunity in identifying and appointing directors with the required skill set to lead the board and organisation.
- Focused activities for the new chair who was appointed 1 January 2015
- Undertaking regular board succession planning discussions on behalf of the board, to ensure the board has a complement of skills to lead the organisation into the future in a way that is consistent with current best practice
- Board evaluation and director professional development sessions were completed to ensure the board aspires to the highest standards of corporate governance.

During 2014-15 the board made three board director appointments; this included the appointment of Dr Lynn Weekes AM, NPS MedicineWise Group Chief Executive to an executive director position. The role of the committee is to regularly review the recruitment and appointment processes for new directors; assessing applicants against the criteria; and for applicants meeting the criteria, interviewing them on behalf of the board. Recommendations for an appointment to the Board are then made by the committee for board consideration. Once appointed, the committee has an important role in ensuring that new board directors receive an appropriate induction to prepare them for their role on the board.

I would like to thank my fellow Board Governance and Nomination Committee members for their essential and meaningful contribution to the work of the committee over the past year.

A/Prof Kay Price
Chair, Board Governance and Nomination Committee

The Audit and Risk Committee is a standing committee charged with the responsibility of assisting the NPS MedicineWise Board to fulfil its fiduciary responsibilities in relation to corporate accounting, reporting practices and risk management.

The Audit and Risk Committee continues to make sound progress on a number of fronts, including financial management reporting, policy development, risk management and financial controls.

There were no changes to the composition of the Audit and Risk Committee during the year.

Highlights for 2014-15 are:

- Overseeing the resolution of identified contractual issues leading to the signing of a three year funding agreement with the Department of Health (1 July 2015 till 31 October 2018)
- Recommending and approving several financial governance and risk management policies
- Receiving an unqualified audit report for the 2014-15 financial year.

I would like to thank my fellow Audit and Risk Committee members for their continued efforts in ensuring NPS MedicineWise remains well placed to implement its vision and goals. To the Executive Team and Finance team of NPS MedicineWise, together with our external auditor, Gaile Pearce of Deloitte, I extend my gratitude for your continued professional support.

Deborah Rigby
Chair, Audit and Risk Committee
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<td>James Langridge</td>
<td>BBus, GradDip TertiaryEd, MEd(Comp), DBA, FAICD</td>
<td>Audit and Risk Committee</td>
<td>Over 30 years’ experience in higher education administration and until early 2009, held the joint appointments of Vice Principal (international) at the University of Wollongong and CEO/Managing Director of the ITC Group of Companies (UOW’s commercial arm). NPS MedicineWise director since 3 December 2009.</td>
</tr>
<tr>
<td>Winston Liaw</td>
<td>MBBS(Syd), MMedSci(UNSW), FRACP, GAICD, MPhil(Policy(Deakin)</td>
<td>Governance and Nomination Committee</td>
<td>Practicing Medical Oncologist and Clinical Pharmacologist. Director of the Cancer Services Stream South Eastern Sydney Local Health District, Oncology Program Chair at the NSW Health Education and Training Institute (HETI). NPS MedicineWise director since 19 June 2010.</td>
</tr>
<tr>
<td>Kay Price</td>
<td>RN, PhD, GAICD</td>
<td>Chair, Governance and Nomination Committee</td>
<td>Professor and former Board member of QLD Division of General Practitioners Board. NPS MedicineWise director from 4 May 2006 to 4 May 2015 and chair from August 2007 to 1 January 2015.</td>
</tr>
<tr>
<td>Robert Rigby</td>
<td>BPharm, GradDipClinPharm, AdvDipNutrPharm, COP, AACPA, FASCP, FAICD, FAPS, FFAICD</td>
<td>Chair, Audit and Risk Committee</td>
<td>Consultant clinical pharmacist, Member of Australian Therapeutic Goods Advisory Council. Lecturer at the University of Queensland and Queensland University of Technology. NPS MedicineWise director since 25 August 2008.</td>
</tr>
<tr>
<td>Roger Sexton</td>
<td>MBBS, DRCOG(UK), FRACP, FACRRM, GAICD, MBA (Adele), Member AMA, RACGP, ACRM, NDASA, AICD</td>
<td>Audit and Risk Committee</td>
<td>Practised as a procedural nurse/ general practitioner for 30 years and currently works in urban general practice and as a rural locum and a clinical skills tutor at Adelaide University. A past member of the PBA Council and past President of the Medical Board of SA, Board member of national medical indemnity Inurer MGA. NPS MedicineWise director since 6 March 2013.</td>
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**DIRECTORS’ REPORT (Continued)**

The Directors present their report together with the annual financial report of National Prescribing Service Limited and its subsidiary (“the Group”) for the financial year ended 30 June 2016.

The Directors in office at any time during or since the end of the year are:

- Debra Kay PSM
- Graeme Killer AO, MBBS, DipAvMed, DIH, FAAEM, FAFPHM, ARACMA
- Andrew Knight MBBS, MMedSci, FRACGP, FFAICD
- Janette Randall (resigned as Chair on 1 January 2015, resigned as Director on 4 March 2015)
- Deborah Rigby
- Peter Turner (appointed as Chair on 1 January 2015)
- Christine Walker
- Lynn Weekes (appointed as Director on 30 April 2015)
- Winston Liaw (resigned as Director on 6 April 2015)
- James Langridge
- Kay Price

Experienced in Consumer Engagement at the International Centre for Allied Health Evidence, University of South Australia. Former CEO of Asthma Australia, Regional Program manager The Smith Family. NPS MedicineWise director since 12 July 2013.

Principal medical advisor to the Repatriation Commission and Department of Veterans' Affairs. Graeme is also a member of the Repatriation Pharmaceutical Reference Committee, Chairman of the Clinical Reference Group in Mental Health and chair of the Editorial Committee and Consumer Reference Group for the Veterans’ MATES Program. NPS MedicineWise director from 5 April 2006 to 6 April 2015.

General practitioner and conjoint senior lecturer in general practice, University of New South Wales. He chairs the Expert Reference Panel on Access for the Australian Primary Care Collaborative program and is chair of the of the Nipecat Blax Mountains Primary Health Network. NPS MedicineWise director since 3 August 2010.
DIRECTORS’ REPORT (Continued)

Particulars of Directors (Continued)

Name of Director and Qualifications | Board committee memberships | Experience
--- | --- | ---
Peter Turner, B.Sc., MBA, GAICD | Former executive director and chief operating officer of CSL Limited, founding president of CSL Behring. Past chairman and board member of the PPTA ( Plasma Protein Therapeutics Association), current non-executive director of VFLug Health Limited, Non-executive Chairman of Ashley Services Group Limited, NPS MedicineWise director since 9 December 2012 and Chair since 1 January 2015. |  
Christine Walker, MA, PhD, MAICD | Executive officer of Chronic Illness Alliance Inc and board member of the Epilepsy Foundation of Victoria, Treasurer of Epilepsy Australia and advisory group member of the UNSW Research Centre for Primary Health Care and Equity. NPS MedicineWise Director since 19 May 2011. |  
Lynn Weekes, GAICD, PhD, MSc, B Pharm, Fellow ShPA | CEO of NPS MedicineWise since 1998 and represents the company on national committees and advisory groups. Non-Executive Director National Return of Unwanted Medicines. Registered pharmacist. |  

Company Secretary
Kerry-Ann Aitken was reappointed as Company Secretary effective from 1 July 2015.

DIRECTORS’ REPORT (Continued)

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:

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<td>Number of meetings attended</td>
<td>Number of meetings attended</td>
<td>Number of meetings attended</td>
<td>Number of meetings attended</td>
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<tr>
<td>Debra Kay</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Graeme Kiler</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>1</td>
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<tr>
<td>Andrew Knight</td>
<td>5</td>
<td>5</td>
<td>5</td>
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</tr>
<tr>
<td>James Langridge</td>
<td>5</td>
<td>5</td>
<td>5</td>
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</tr>
<tr>
<td>Weston Laiouw</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Kay Price</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Janette Randt</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Deborah Rigby</td>
<td>5</td>
<td>5</td>
<td>5</td>
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</tr>
<tr>
<td>Roger Sexton</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Peter Turner</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Christine Walker</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Lynn Weekes</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Principal Activities

NPS MedicineWise is the quality use of medicines (QUM) agency for Australia’s National Medicines Policy. Our work is relevant to decisions about medicine use by or individual or within a community. The term ‘medicine’ includes prescription, non-prescription, and complementary medicines. Our work now extends to improving decisions about the use of diagnostic imaging and pathology testing.

The company’s long term goals are that:

- Quality use of medicines and medical tests is widely understood and implemented.
- Quality use of medicines and medical tests is embedded in health systems.
- Australia has cost-effective health improvements as a result of NPS MedicineWise activities.
- We are a centre of excellence, recognised as the most trusted organisation for improving quality use of medicines.
- We are a successful and responsive organisation.
Directors’ Report (Continued)

Operating Results
The net deficit for the year ended 30 June 2015 was $196,493 (2014: surplus of $369,055).

Performance measures

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Actual</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported PBS Savings</td>
<td>69.28</td>
<td>69.24</td>
</tr>
<tr>
<td>(SM1)</td>
<td>69.28</td>
<td>70.44</td>
</tr>
<tr>
<td>Reported MBS Savings</td>
<td>4.5</td>
<td>33.05</td>
</tr>
<tr>
<td>(SM2)</td>
<td>5.0</td>
<td>NA</td>
</tr>
<tr>
<td>Number unique GP</td>
<td>14,000</td>
<td>14,447</td>
</tr>
<tr>
<td>participants</td>
<td>14,000</td>
<td>13,129</td>
</tr>
<tr>
<td>Number consumer</td>
<td>200,000</td>
<td>1,732,555</td>
</tr>
<tr>
<td>interactions</td>
<td>200,000</td>
<td>942,438</td>
</tr>
</tbody>
</table>

1 The PBS savings reported for a particular year are based on the evaluation report completed during the year, billed on prior year data.
2 The MBS savings reported in 2015 covers savings for both 2014 and 2015.

Review of Operations
NPS MedicineWise continued to build a MedicinesWise Australia during the 2014-15 financial year. Services included Health professional knowledge development, and behaviour change programs, consumer education and awareness campaigns, quality improvement initiatives, health professional and consumer publications and online content, consumer telephone service and tools and resources to support health literacy across different health and community settings.

Our focus continues to be on optimising safe and effective use of medicines and medical tests through delivery of integrated, evidence-based and rigorously evaluated programs. During the year we completed our GP educational waiting period for our Health Checks, Medicines in Older People, Fatigue and Asthma programs, launched our Blood Pressure, Proton Pump Inhibitor and Chronic Pain programs and continued our work on combating antibiotic resistance by raising awareness about inappropriate prescribing and use of antibiotics.

This year’s antibiotic resistance campaign had two stages, the first – Winter is Coming involving an industry-first partnership with Troopfest, encouraging filmmakers to produce a 30 second film that was then shared on social media. The second stage continued throughout winter and combined an innovative advertising campaign complemented by social media. We also successfully facilitated and launched the Choosing Wisely Australia initiative, an industry-led movement to improve the quality of healthcare by eliminating unnecessary and sometimes harmful tests, treatments and procedures.

During the year, Medicine Insight became fully established, enrolling in excess of 500 general practices.

Significant Changes in State of Affairs
In December 2014, NPS MedicineWise established a wholly owned subsidiary, VentureWise to provide services contributing to the long-term strategy of NPS MedicineWise.

Future Developments
In the Federal Budget handed down on 12 May 2015, the Commonwealth Government announced continued funding for our Quality Use of Medicines Programme for a further three years.

Matters Subsequent to Reporting Period
On 3 July 2015, a contract for delivering a Quality Use of Medicines Programme was executed with the Australian Government, Department of Health for the period of 1 July 2015 to 31 October 2018.

Apart from above, no other matters or circumstances have arisen since the end of the financial year which have a 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.

Dividends
Under the terms of NPS MedicineWise’s constitution it is not entitled to pay dividends. No dividends were proposed, declared or paid by VentureWise during or since the financial year.

Members’ guarantee
NPS MedicineWise is a company limited by guarantee without share capital. In the event of the company being wound up, each member undertakes to contribute an amount not exceeding $50 to cover costs, charges and expenses of winding up. As at 30 June 2015, there were 47 members of the company (2014: 47).

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.

Indemnification and Insurance of Directors, Officers and Auditors
Indemnification
Since the end of the previous financial year, the Company has not indemnified or made a relevant agreement for indemnifying against a liability to any person who is or has been a director, officer or auditor of the Company.

Insurance Premiums
During the financial year the Company has paid premiums in respect of directors’ and officers’ liability insurance contracts for the year ended 30 June 2015.

The Company has paid premiums in respect of such insurance contracts for the year ending 30 June 2016.

Such insurance contracts insure against certain liability (subject to specified exclusions) to persons who are or have been directors or executive officers of the Company.

Directors have not included details of the nature of the liabilities covered or the amount of the premiums paid as such disclosure is prohibited under the terms of the insurance contract.

Court Proceedings
No person has applied for leave of the 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.

Auditor’s Independence Declaration
The auditor’s independence declaration is included on page 30 of the annual report.

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

Peter Turner
Chair of National Prescribing Service Limited

Deborah Rigby
Director & Chair of the Audit and Risk Committee

Dated at Sydney:
18/9/2015
Dear Board Members,

National Prescribing Service Limited

In accordance with Subdivision 59-C of the Australian Charities and Not-for-profits Commission Act 2012 (Cth), I am pleased to provide the following declaration of independence to the directors of National Prescribing Service Limited.

As lead audit partner for the audit of the financial statements of National Prescribing Service Limited and its subsidiary for the financial year ended 30 June 2015, I declare that to the best of my knowledge and belief, there have been no contraventions of:

(i) the auditor independence requirements as set out in the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and

(ii) any applicable code of professional conduct in relation to the audit.

Yours sincerely,

DELOITE TOUCHE TOWMATSU

Gail Peacock
Partner
Chartered Accountants

The Consolidated Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the notes to the financial statements.
## Consolidated Statement of Financial Position as at 30 June 2015

<table>
<thead>
<tr>
<th></th>
<th>Group 2015</th>
<th>Company 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>13,681,441</td>
<td>12,270,178</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>323,132</td>
<td>237,301</td>
</tr>
<tr>
<td>Other Assets</td>
<td>533,244</td>
<td>706,236</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>14,557,817</td>
<td>13,213,715</td>
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<tr>
<td><strong>Other Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>681,434</td>
<td>931,783</td>
</tr>
<tr>
<td>Total Non-Current Assets</td>
<td>681,634</td>
<td>931,903</td>
</tr>
<tr>
<td>Total Assets</td>
<td>15,219,457</td>
<td>14,145,708</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and Other Payables</td>
<td>9,968,719</td>
<td>8,921,706</td>
</tr>
<tr>
<td>Provisions</td>
<td>2,113,841</td>
<td>1,840,658</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>12,082,660</td>
<td>10,762,364</td>
</tr>
<tr>
<td>Provisions</td>
<td>849,747</td>
<td>899,807</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>849,747</td>
<td>899,807</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>12,932,407</td>
<td>11,662,171</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>2,287,044</td>
<td>2,483,637</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>2,287,044</td>
<td>2,483,637</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>2,287,044</td>
<td>2,483,637</td>
</tr>
</tbody>
</table>

The Consolidated Statement of Financial Position is to be read in conjunction with the notes to the financial statements.

## Consolidated Statement of Changes in Equity for the Year Ended 30 June 2015

<table>
<thead>
<tr>
<th></th>
<th>Retained Earnings</th>
<th>Total Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance at 30 June 2013</td>
<td>2,127,882</td>
<td>2,127,882</td>
</tr>
<tr>
<td>Total Comprehensive Income for the Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus for the Year</td>
<td>355,655</td>
<td>355,655</td>
</tr>
<tr>
<td>Balance at 30 June 2014</td>
<td>2,483,537</td>
<td>2,483,537</td>
</tr>
<tr>
<td>Total Comprehensive Income for the Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficit for the Year</td>
<td>(196,463)</td>
<td>(196,463)</td>
</tr>
<tr>
<td>Balance at 30 June 2015</td>
<td>2,287,044</td>
<td>2,287,044</td>
</tr>
</tbody>
</table>

The Consolidated Statement of Changes in Equity is to be read in conjunction with the notes to the financial statements.
CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>Group 2015 $</th>
<th>Company 2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from Operating Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipt of DoH funding</td>
<td>48,643,906</td>
<td>49,243,750</td>
</tr>
<tr>
<td>Receipts from customers</td>
<td>810,085</td>
<td>579,534</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>567,926</td>
<td>457,152</td>
</tr>
<tr>
<td>Payments to suppliers &amp; employees</td>
<td>(48,169,932)</td>
<td>(44,997,032)</td>
</tr>
<tr>
<td>Net Cash Generated by Operating Activities</td>
<td>1,852,075</td>
<td>5,283,504</td>
</tr>
<tr>
<td>Cash flows from Investing Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for property, plant and equipment</td>
<td>(440,812)</td>
<td>(292,872)</td>
</tr>
<tr>
<td>Net Cash Used in Investing Activities</td>
<td>(440,812)</td>
<td>(292,872)</td>
</tr>
<tr>
<td>Net Increase in Cash Held</td>
<td>1,411,263</td>
<td>5,020,632</td>
</tr>
<tr>
<td>Cash and Cash Equivalents at the Beginning of the Year</td>
<td>12,270,178</td>
<td>7,249,546</td>
</tr>
<tr>
<td>Cash and Cash Equivalents at the End of the Year</td>
<td>13,681,441</td>
<td>12,270,178</td>
</tr>
</tbody>
</table>

The Consolidated Statement of Cash Flows is to be read in conjunction with the notes to the financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

1 Corporate Information

These financial statements and notes represent those of National Prescribing Service Limited (NPS MedicineWise) for the year ended 30 June 2015 and were prepared as consolidated financial statements and represent those of the Company and controlled entities ("the Group"). The comparatives for the year ended 30 June 2014 are presented as entity's financial statements. The controlled entity was incorporated on 22 December 2014.

The address of the registered office is Level 7, 418A Elizabeth Street, Surry Hills, NSW 2010.

The nature of the operations and principal activities of the Company and subsidiary is to engage in the quality use of medicine agency for Australia's National Medicines Policy.

The financial statements were authorised for issue by the directors on 16 September 2015.

2 Statement of Significant Accounting Policies

a) Basis of Preparation

The financial statements have been prepared on the basis of historical cost and, except for certain assets which are at valuation, does not take into account changing money values or current valuation of non-current assets.

The accounting policies have been consistently applied apart from where there is a change in accounting policy, are consistent with those of the previous period.

All amounts are presented in Australian dollars.

The Company is a not-for-profit entity.

b) Statement of Compliance

These financial statements are general purpose financial statements which have been prepared in accordance with the Australian Charities and Not-for-Profits Commission Act 2012, Accounting Standards and Interpretations, and comply with other requirements of the law.

The financial statements comply with Accounting Standards, which include Australian Accounting Standards. A statement of compliance with IFRS cannot be made due to the application of not-for-profit sector specific requirements contained in the A-IFRS.

c) Going Concern

The financial statements have been prepared on a going concern basis which contemplates the continuity of normal business and the realisation of assets and settlement of liabilities in the ordinary course of business.

d) Basis of consolidation

The consolidated financial statements incorporate the financial statements of the Company and entities (including structured entities) controlled by the Company and its subsidiaries. Control is achieved when the Company:

- has power over the investee;
- is exposed, or has rights, to variable returns from its involvement with the investee; and
- has the ability to use its power to affect its returns.

The Company reassesses whether or not it controls an investee if facts and circumstances indicate that there are changes to one or more of the three elements of control listed above.

When the Company has less than a majority of the voting rights of an investee, it has power over the investee when the voting rights are sufficient to give it the practical ability to direct the relevant activities of the investee unilaterally. The Company considers all relevant facts and circumstances in assessing whether or not the Company's voting rights...
Notes to the Financial Statements for the Year Ended 30 June 2015

2 Statement of Significant Accounting Policies (continued)

(d) Basis of consolidation (continued)

In an investee are sufficient to give it power, including:
- the size of the Company’s holding of voting rights relative to the size and dispersion of holdings of the other vote holders;
- potential voting rights held by the Company, other vote holders or other parties;
- rights arising from other contractual arrangements; and
- any additional facts and circumstances that indicate that the Company has, or does not have, the current ability to direct the relevant activities at the time that decisions need to be made, including voting patterns at previous shareholders’ meetings.

Consolidation of a subsidiary begins when the Company obtains control over the subsidiary and ceases when the Company loses control of the subsidiary. Specifically, income and expenses of a subsidiary acquired or disposed of during the year are included in the consolidated statement of profit or loss and other comprehensive income from the date the Company gains control until the date when the Company ceases to control the subsidiary.

Profit or loss and each component of other comprehensive income are attributed to the owners of the Company and to the non-controlling interests. Total comprehensive income of subsidiaries is attributed to the owners of the Company and to the non-controlling interests even if this results in the non-controlling interests having a deficit balance.

Where necessary, adjustments are made to the financial statements of subsidiaries to bring their accounting policies into line with the Group’s accounting policies.

All intragroup assets and liabilities, equity, income, expenses and cash flows relating to transactions between members of the Group are eliminated in full on consolidation.

e) Revenue Recognition

Revenue is recognised to the extent that it is probable that the accrued benefit will flow to the Company. The following specific recognition criteria also apply before revenue is recognised:

Government Contract

Government contract income is initially recognised as a liability and revenue is recognised where control passes, which normally occurs as services are performed or conditions fulfilled.

Interest revenue is recognised on a proportional basis taking into account the interest rate applicable to the financial assets.

Sale of Non-Current Assets

This gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of disposal and the net proceeds on disposal and is included in revenue at the date control of the asset passes to the buyer, usually when an unconditional contract of sale is signed.

(f) Advertising Expense

Advertising costs are expensed as work performed by the advertising agent is completed.

g) Income Tax

The Company has obtained an income tax ruling and is tax exempt pursuant to Section 50-B of the Income Tax Assessment Act 1997.

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

2 Statement of Significant Accounting Policies (continued)

h) Cash and Cash Equivalents

Cash and short term deposits are carried at face value of the amount deposited or drawn. The carrying amounts of cash and short term deposits approximate their fair value. Interest revenue is accrued at the market or contracted rates. Credit risk is minimised as all cash is held with approved financial institutions in accordance with the Group’s investment policy.

j) Trade and Other Receivables

Debtor’s are generally settled within 30 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 debts approximates fair value.

k) Property, Plant & Equipment

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation and any impairment in value.

The depreciable amount of all fixed assets is depreciated on a straight line basis over their useful lives commencing from the time assets are held ready for use. Leasehold improvements are depreciated over the estimated useful lives of the improvements. Assets costing less than $1,000 are depreciated fully in the year of purchase.

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

<table>
<thead>
<tr>
<th>Class of Fixed Assets</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold improvements</td>
<td>Up to 12.50%</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>25%</td>
</tr>
<tr>
<td>Furniture &amp; Fixtures</td>
<td>Up to 20%</td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>33%</td>
</tr>
<tr>
<td>Computer Software</td>
<td>40%</td>
</tr>
</tbody>
</table>

The estimated useful lives, residual values and depreciation method are reviewed at the year end, with the effect of any changes in estimated accounted for on a prospective basis.

l) Impairment of Financial Assets

A financial asset is assessed at each reporting date to determine whether there is any objective evidence that the asset may be impaired. A financial asset is considered impaired if the evidence indicates one or more events have had a negative effect on the estimated future cash inflows of that asset.

Individually significant financial assets are tested for impairment separately. The remaining financial assets are assessed on a group basis based on credit risk.

An impairment loss on a held-to-maturity investment is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the original effective interest rate. An impairment loss on an available-for-sale financial asset is calculated by reference to its fair value.

Impairment losses are recognised in the Statement of Profit or Loss and Other Comprehensive Income.
I) Impairment of Non-Financial Assets
At each reporting date, the Group assesses whether there is any indication that an asset may be impaired. Where an indication of impairment exists, the Company makes a formal estimate of recoverable amount. Where the carrying amount of an asset exceeds its recoverable amount the asset is considered impaired and is written down to its recoverable amount.

Recoverable amount is the greater of fair value less costs to sell and value in use. It is determined for an individual asset, unless the asset’s value in use cannot be estimated to be close to its fair value less costs to sell and it does not generate cash inflows that are largely independent of those from other assets or groups of assets, in which case, the recoverable amount is determined for the cash-generating unit to which the asset belongs.

In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset.

m) Trade and Other Payables
Liabilities are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Group. Trade accounts payable are normally settled within 30 days. The carrying amounts of accounts payable represent the fair value.

n) Leases
Lease payments for operating leases, where substantially all the risks and benefits remain with the lessee, are charged as expenses in the period they are incurred.

o) Provisions
Provisions are recognised when the Group has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

p) Employee Entitlements
Provision is made for entitlements accruing to employees in relation to wages, salaries, annual leave, long service leave and other benefits when the company has a present obligation to pay resulting from employees’ services provided up to reporting date.

- Wages, salaries, and annual leave
  Liabilities for employee benefits for wages, salaries and annual leave is expected to be settled within 12 months of year-end. The provision has been calculated at current wage and salary rates including related on-costs. Sick leave is expensed as incurred.

- Long Service Leave
  The liability for employee benefits for long service leave represents the present value of the estimated future cash outflows to be made resulting from employees’ services provided up to reporting date. The portion of the long service leave liability not expected to be settled within 12 months is discounted using the rates applicable to national government securities at reporting date, which most closely matches the terms of maturity of the related liability.

- Superannuation
  Superannuation contributions by the Group on a defined basis to an employee superannuation fund are charged as expenses when incurred. The Group has no legal obligation to provide benefits to employees on retirement.

2) Statement of Significant Accounting Policies (continued)

q) Financial Instruments
Non-derivative financial instruments
Non-derivative financial instruments comprise investments in equity and debt securities, trade and other receivables, cash and cash equivalents, loans and borrowings and trade and other payables.

Non-derivative financial instruments (other than those held for trading purposes) are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition non-derivative financial instruments are measured as follows.

- Held-to-maturity investment
  At amortised cost less impairment losses.

- Available-for-sale financial assets
  At fair value and changes other than impairment losses and foreign exchange gains and losses are recognised in a separate component of equity.

- Financial assets (held for trading purposes)
  At fair value through profit or loss.

- Other
  Amortised cost using the effective interest method, less any impairment losses.

Derivative financial instruments
Derivative financial instruments are used by the Group to hedge its interest rate exposures.

r) Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. 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.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables.

Cash flows are included in the cash flow statement on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified within operating cash flows.

s) Adoption of new and revised Accounting Standards
In the current year, the Group has adopted all of the new and revised Standards and Interpretations issued by the Australian Accounting Standards Board (the AASB) that are relevant to their operations and effective for the current annual reporting period. The adoption of these new and revised Standards and Interpretations have no change to the Group’s accounting policies.

t) New Accounting Standards and Interpretaon for Application in Future Periods
At the date of authorisation of the financial statements, the Standards and Interpretations relevant to the Group listed below were in issue but not yet effective.
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

2 Statement of Significant Accounting Policies (continued)

(i) New Accounting Standards and Interpretations for Application in Future Periods (continued)

Standard interpretation

<table>
<thead>
<tr>
<th>Accounting Standard</th>
<th>Effective for annual reporting periods beginning on or after</th>
<th>Expected to be initially applied in the financial year ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASB 9 ‘Financial Instruments’, and the relevant amendments</td>
<td>1 January 2018</td>
<td>30 June 2019</td>
</tr>
<tr>
<td>AASB 15 ‘Revenue from Contracts with Customers’ and AASB 2014-5 ‘Amendments to Australian Accounting Standards arising from AASB 15’</td>
<td>1 January 2017</td>
<td>30 June 2018</td>
</tr>
<tr>
<td>AASB 2014-4 ‘Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation’</td>
<td>1 January 2016</td>
<td>30 June 2017</td>
</tr>
<tr>
<td>AASB 2014-9 ‘Amendments to Australian Accounting Standards – Equity Method in Separate Financial Statements’</td>
<td>1 January 2016</td>
<td>30 June 2017</td>
</tr>
<tr>
<td>AASB 2015-1 ‘Amendments to Australian Accounting Standards – Annual Improvements to Australian Accounting Standards 2012-2014 Cycle’</td>
<td>1 January 2016</td>
<td>30 June 2017</td>
</tr>
<tr>
<td>AASB 2015-3 ‘Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality’</td>
<td>1 July 2015</td>
<td>30 June 2016</td>
</tr>
</tbody>
</table>

There are no other impending changes that will have a material impact on the financial statements of the Group.

u) Critical accounting judgements and key sources of estimation uncertainty

In the application of the Group’s accounting policies, management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

3 Financial Risk Management

Overview

The Group has exposure to the following risks from the use of financial instruments:

- credit risk
- liquidity risk
- market risk

This note presents information about the Group’s exposure to each of the above risks, the Board’s objectives, policies and processes for measuring and managing risk, and the management of capital. Further quantitative disclosures are included throughout the financial statements.

The Board of Directors has overall responsibility for the establishment and oversight of the risk management framework.

The Group manages and monitors its credit risk, liquidity risk and market risk through the use of an investment mandate established by the Board of Directors, which provides limits and targets on investment activities. Regular reports are provided to the Chief Executive Officer and Audit and Risk Committee of the Group on investment activities and liquidity position including where threshold triggers have been activated and remedial actions have been undertaken.

Credit Risk

Credit risk is the risk of financial loss to the Group if a customer or counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the Group’s sundry receivables.

The Group’s exposure to Trade and Other Receivables credit risk is influenced mainly by the individual characteristics of each party.

The Group has no provision to cover potential losses that may arise from impairment of the Trade and Other Receivables balances.

The Group limits its exposure to Investment credit risk by only investing in liquid securities with major financial institutions. Given their high credit ratings management does not expect any counterparty to fail to meet its obligations.

Liquidity Risk

Liquidity risk is the risk that the Group will not be able to meet its financial obligations as they fall due. The Group’s approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Group’s reputation.

Typically, the Group ensures that operational liquidity is maintained, at all times at levels equivalent to normal operating expenditure for three months, so it can meet expected operational expenses, including the servicing of financial obligations. This excludes the potential impact of extreme circumstances that cannot reasonably be predicted, such as natural disasters.

Market Risk

The investment policy aims to minimise exposure to market risk such as fluctuations in interest rates, which will affect the value of the financial instruments. Investments are held until maturity and maintained in the accounts on a historical cost basis.
### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

#### 4 Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Group 2015</th>
<th>Company 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expended Unit funds</td>
<td>45,180,279</td>
<td>44,787,046</td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense recovery</td>
<td>22,622</td>
<td>105,423</td>
</tr>
<tr>
<td>Seminar registration fees</td>
<td></td>
<td>153,258</td>
</tr>
<tr>
<td>Other income</td>
<td>598,151</td>
<td>325,814</td>
</tr>
<tr>
<td></td>
<td>620,773</td>
<td>584,496</td>
</tr>
<tr>
<td>Finance Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest on bank deposits</td>
<td>567,026</td>
<td>457,152</td>
</tr>
<tr>
<td></td>
<td>567,026</td>
<td>457,152</td>
</tr>
</tbody>
</table>

#### 5 (Deficit)/Surplus for the Year

The (deficit)/surplus before income tax expense has been determined after crediting/charging the following items of income and expense.

<table>
<thead>
<tr>
<th>Description</th>
<th>Group 2015</th>
<th>Company 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>875,528</td>
<td>829,510</td>
</tr>
<tr>
<td>Computers</td>
<td>332,261</td>
<td>288,264</td>
</tr>
<tr>
<td>Consumables</td>
<td>80,905</td>
<td>118,049</td>
</tr>
<tr>
<td>Communications</td>
<td>109,644</td>
<td>63,444</td>
</tr>
<tr>
<td>Distribution</td>
<td>709,845</td>
<td>624,474</td>
</tr>
<tr>
<td>Printing and design</td>
<td>1,479,519</td>
<td>1,619,745</td>
</tr>
<tr>
<td>Data processing</td>
<td>318,116</td>
<td>447,472</td>
</tr>
<tr>
<td>Support services</td>
<td>630,470</td>
<td>829,367</td>
</tr>
<tr>
<td>Public affairs management (including major campaigns) - Note 1</td>
<td>2,676,243</td>
<td>811,091</td>
</tr>
<tr>
<td>Contracts (including partners in program delivery) - Note 2</td>
<td>3,783,644</td>
<td>4,789,115</td>
</tr>
<tr>
<td>Grants</td>
<td>20,000</td>
<td></td>
</tr>
<tr>
<td>Fees (consultant fees and sitting fees)</td>
<td>3,931,356</td>
<td>4,086,472</td>
</tr>
<tr>
<td>Total Operational Expenses</td>
<td>14,948,403</td>
<td>14,818,003</td>
</tr>
</tbody>
</table>

**Employee Related Costs**

<table>
<thead>
<tr>
<th>Description</th>
<th>Group 2015</th>
<th>Company 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>23,826,963</td>
<td>23,100,243</td>
</tr>
<tr>
<td>On costs</td>
<td>3,093,548</td>
<td>2,932,131</td>
</tr>
<tr>
<td></td>
<td>26,920,511</td>
<td>26,032,374</td>
</tr>
</tbody>
</table>

**Note 1:** Expenses incurred of $2M included the Antibiotics Resistance marketing and advertising campaign.

**Note 2:** Reduction in contract costs of $1M relates to changes in arrangements with Medicare locals during the financial year, reduction in contracts costs partially offset by increase in employee expenses.
5 (Deficit)/Surplus for the Year (continued)

<table>
<thead>
<tr>
<th></th>
<th>Group 2015 $</th>
<th>Company 2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overheads – Fixed Costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premises</td>
<td>1,563,325</td>
<td>1,574,708</td>
</tr>
<tr>
<td>Administration</td>
<td>438,378</td>
<td>153,002</td>
</tr>
<tr>
<td>Insurances</td>
<td>123,105</td>
<td>155,678</td>
</tr>
<tr>
<td>Depreciation</td>
<td>664,239</td>
<td>659,742</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,499,047</td>
<td>2,543,180</td>
</tr>
</tbody>
</table>

| **Overheads – Variable Costs** |              |                |
| Travel                       | 380,260      | 345,506        |
| Computers                    | 501,932      | 880,362        |
| Consumables                  | 68,887       | 114,703        |
| Communications               | 104,445      | 112,564        |
| Distribution                 | 4,325        | 12,284         |
| Printing and design          | 175,532      | 165,438        |
| Support services             | 90,172       | 64,072         |
| Public Relations & Media     | 1,661        |                |
| Entertainment                | 86,847       | 99,276         |
| Financial charges            | 12,111       | 13,127         |
| Fees (Consultant fees and sitting fees) | 591,175 | 460,574 |
| Fringe benefits tax          | 1,911        | 1,585          |
| **Total**                    | 2,395,512    | 2,269,481      |

Rental Expenses on Operating Leases

**Group 2015** | **Company 2014**
---|---
**1,350,274** | **1,338,782**

6 Auditor’s Remuneration

| Audit Services | 54,450 | 52,000 |

7 Cash and Cash Equivalents Current

| Cheque account | 497,370 | 443,720 |
| Business investment account | 1,182,762 | 1,325,158 |
| Term deposits | 12,000,000 | 10,500,000 |
| Petty cash | 1,300 | 1,300 |

**Total** | 13,681,441 | 12,270,178 |

The effective interest rate on short-term bank deposits was 3.33% (2014: 3.56%). These deposits have an average maturity of 90 days.

8 Trade and Other Receivables Current

| Interest Receivable | 91,848 | 76,966 |
| Accounts Receivable | 231,284 | 169,335 |

No allowance has been made for uncollectible receivables for 2014 and 2015.

9 Other Assets Current

| Prepayments - other | 546,384 | 698,283 |
| Corporate gifts | 6,960 | 7,963 |

**Total** | 553,244 | 706,236 |

Non-Current

| Security deposit - other | 200 | 200 |
## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

### Property, Plant & Equipment Non-current

<table>
<thead>
<tr>
<th></th>
<th>Group 2015</th>
<th>Company 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Furniture &amp; fittings - at cost</td>
<td>642,532</td>
<td>642,532</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(552,673)</td>
<td>(496,179)</td>
</tr>
<tr>
<td></td>
<td>89,859</td>
<td>146,353</td>
</tr>
<tr>
<td>Computer equipment - at cost</td>
<td>821,756</td>
<td>764,899</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(530,473)</td>
<td>(631,172)</td>
</tr>
<tr>
<td></td>
<td>291,283</td>
<td>133,727</td>
</tr>
<tr>
<td>Office equipment - at cost</td>
<td>164,346</td>
<td>166,331</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(147,916)</td>
<td>(122,601)</td>
</tr>
<tr>
<td></td>
<td>16,430</td>
<td>45,730</td>
</tr>
<tr>
<td>Leasehold improvements - at cost</td>
<td>1,243,920</td>
<td>2,624,101</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(1,154,263)</td>
<td>(2,283,596)</td>
</tr>
<tr>
<td></td>
<td>89,668</td>
<td>390,505</td>
</tr>
<tr>
<td>Computer software - at cost</td>
<td>1,406,827</td>
<td>1,483,078</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(1,237,633)</td>
<td>(1,237,800)</td>
</tr>
<tr>
<td></td>
<td>174,194</td>
<td>245,478</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td>681,434</td>
<td>931,793</td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th></th>
<th>Furniture &amp; fittings</th>
<th>Computer Equipment</th>
<th>Office Equipment</th>
<th>Leasehold Improvements</th>
<th>Computer Software</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of year</td>
<td>146,383</td>
<td>133,727</td>
<td>45,730</td>
<td>380,505</td>
<td>246,478</td>
<td>931,793</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>288,115</td>
<td>865</td>
<td>4,380</td>
<td>137,462</td>
<td>440,812</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(46,932)</td>
<td>(46,932)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(56,494)</td>
<td>(140,359)</td>
<td>(30,155)</td>
<td>(275,217)</td>
<td>(161,814)</td>
<td>(884,235)</td>
</tr>
<tr>
<td>Carrying amount at the end of the year</td>
<td>89,859</td>
<td>291,283</td>
<td>16,430</td>
<td>89,668</td>
<td>174,194</td>
<td>661,434</td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

11 Trade and Other Payables Current

<table>
<thead>
<tr>
<th></th>
<th>Group 2015 $</th>
<th>Company 2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creditors</td>
<td>4,763,702</td>
<td>3,662,077</td>
</tr>
<tr>
<td>Accruals</td>
<td>2,033,406</td>
<td>848,279</td>
</tr>
<tr>
<td>Superannuation payable</td>
<td>240,992</td>
<td>239,067</td>
</tr>
<tr>
<td>Net GST liability</td>
<td>263,656</td>
<td>413,121</td>
</tr>
<tr>
<td>Prepaid income</td>
<td>2,643,985</td>
<td>3,668,296</td>
</tr>
<tr>
<td>Other</td>
<td>24,006</td>
<td>60,865</td>
</tr>
<tr>
<td></td>
<td>9,866,718</td>
<td>6,321,703</td>
</tr>
</tbody>
</table>

Prepaid Incomes

<table>
<thead>
<tr>
<th>Prepaid income - committed - Note 1</th>
<th>Group 2015 $</th>
<th>Company 2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepaid income</td>
<td>2,643,985</td>
<td>3,668,296</td>
</tr>
<tr>
<td></td>
<td>2,643,985</td>
<td>3,668,296</td>
</tr>
</tbody>
</table>

Note 1: Income that is committed in terms of expenditure.

The average credit period on purchases of goods is 30 days. No interest is charged on overdue payables. The Group has financial risk management policies in place to ensure that all payables are paid within the credit timeframe.

12 Provisions Current

<table>
<thead>
<tr>
<th></th>
<th>Group 2015 $</th>
<th>Company 2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions for annual leave</td>
<td>1,407,361</td>
<td>1,309,430</td>
</tr>
<tr>
<td>Provisions for long service leave</td>
<td>706,590</td>
<td>531,226</td>
</tr>
<tr>
<td></td>
<td>2,113,941</td>
<td>1,840,656</td>
</tr>
</tbody>
</table>

Non-Current

<table>
<thead>
<tr>
<th></th>
<th>Group 2015 $</th>
<th>Company 2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision for lease restoration costs</td>
<td>392,150</td>
<td>375,745</td>
</tr>
<tr>
<td>Provision for long service leave</td>
<td>457,597</td>
<td>524,062</td>
</tr>
<tr>
<td></td>
<td>849,747</td>
<td>899,807</td>
</tr>
</tbody>
</table>

The provision for lease restoration costs was re-valued using market base estimations of make-good liabilities that may be incurred at termination of lease.

13 Retained Earnings

<table>
<thead>
<tr>
<th></th>
<th>Group 2015 $</th>
<th>Company 2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of the financial year</td>
<td>2,483,537</td>
<td>2,127,882</td>
</tr>
<tr>
<td>(Deficit)/Surplus for the year</td>
<td>(196,403)</td>
<td>355,056</td>
</tr>
<tr>
<td>Balance at the end of the financial year</td>
<td>2,287,044</td>
<td>2,483,537</td>
</tr>
</tbody>
</table>

14 Member Guarantees

The Group is limited by guarantee. In the event of winding-up, the Group Constitution requires each member to contribute a maximum of $50 towards meeting any outstanding obligations of the Group. The number of members as at 30 June 2015 was 47 (2014-17).

15 Cash flow Information

For the purpose of the consolidated Statement of Cash Flows, cash includes cash on hand and in financial institutions.

Reconciliation of net cash provided by operating activities (deficit) / surplus for the year:

<table>
<thead>
<tr>
<th></th>
<th>Group 2015 $</th>
<th>Company 2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Deficit)/Surplus for the year</td>
<td>(196,403)</td>
<td>355,056</td>
</tr>
<tr>
<td>Depreciation</td>
<td>94,239</td>
<td>662,208</td>
</tr>
<tr>
<td>Loss on disposal of property, plant and equipment</td>
<td>49,932</td>
<td>-</td>
</tr>
<tr>
<td>Changes in Working Capital: assets and liabilities</td>
<td>(85,831)</td>
<td>(4,859)</td>
</tr>
<tr>
<td>(Increase) in trade and other receivables</td>
<td>152,992</td>
<td>23,332</td>
</tr>
<tr>
<td>Decrease in other assets</td>
<td>1,047,013</td>
<td>4,074,703</td>
</tr>
<tr>
<td>Increase in trade and other payables</td>
<td>223,223</td>
<td>172,465</td>
</tr>
<tr>
<td>Increase in provisions</td>
<td>1,652,075</td>
<td>5,283,504</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>1,652,075</td>
<td>5,283,504</td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

16  Key management personnel disclosures

The key management personnel of the Group include the directors as disclosed in the Directors' Report. They are responsible for the planning, directing and controlling the Group's activities. The following information relates to the remuneration paid to Directors as Directors' Fees, and otherwise.

<table>
<thead>
<tr>
<th>Group 2015</th>
<th>Company 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Transactions with key management personnel

Key Management Personnel Compensation

Short-term employee benefits 463,975 417,690
Total compensation 463,975 417,695

17  Economic Dependency

The Group's ongoing operations are dependent on continuation of contractual arrangements with the Australian Government Department of Health.

18  Segment Information

The Group's only activity is to operate as a not for profit Group that works in partnership with health professionals, Government, Industry and consumers to promote Quality Use of Medicine that will lead to better health for Australians.

19  Capital and Leasing Commitments

Operating Lease Commitments

Non-cancellable operating leases contracted for but not capitalised in the accounts:

<table>
<thead>
<tr>
<th>Group 2015</th>
<th>Company 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Payable

Not later than one year 2,156,262 1,733,739
Later than one but not later than five years 3,821,960 4,076,971

30 June 2015

<table>
<thead>
<tr>
<th>Carrying amount</th>
<th>6 months or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-derivative financial liabilities 4,709,252</td>
<td></td>
</tr>
<tr>
<td>Trade and other payables 4,709,252</td>
<td></td>
</tr>
<tr>
<td>Total 9,418,504</td>
<td></td>
</tr>
</tbody>
</table>

30 June 2014

<table>
<thead>
<tr>
<th>Carrying amount</th>
<th>6 months or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-derivative financial liabilities 3,610,077</td>
<td></td>
</tr>
<tr>
<td>Trade and other payables 3,610,077</td>
<td></td>
</tr>
<tr>
<td>Total 7,220,154</td>
<td></td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

20 Financial Instruments (continued)

c) Interest Rate Risk

The Group’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 are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Group 2015 $</th>
<th>Company 2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed rate instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial assets</td>
<td>12,000,000</td>
<td>10,600,000</td>
</tr>
<tr>
<td>Variable rate instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial assets</td>
<td>1,680,141</td>
<td>1,788,878</td>
</tr>
</tbody>
</table>

Fair value sensitivity analysis for fixed rate instruments:
An increase of 100 basis points in interest rates at reporting date would have increased the Group’s equity and profit by $120,000 (2014: $105,000).

Fair value sensitivity analysis for variable rate instruments:
An increase of 100 basis points in interest rates would have increased the Group’s equity and profit by $16,801 (2014: $17,868).

21 Related Party Transactions

a) Key management personnel compensation
Details of key management personnel compensation are disclosed in note 18 to the financial statements.

b) Transactions with other related parties
National Prescribing Service Limited is a not-for-profit charity and does not distribute dividends to any members at any time and, on the winding up of the organisation, any remaining assets are required to be transferred to a similar not for profit entity.

No dividends were proposed, declared or paid by Venturewise during or since the financial year.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

22 Group Details

The registered office of the Group is:
Level 7, 418A Elizabeth Street
Surry Hills, NSW 2010

The Group Secretary is:
Ms Kerry Ann Atkin
Oustsourcedlaw
119 Willoughby Road
Crows Nest NSW 2065

The Group’s Auditors are:
Deloitte Touche Tohmatsu
Governor Place, 225 George Street,
Sydney NSW 2000, Australia

The principal places of business of the Group are:

Sydney:
National Prescribing Service Limited (NPS MedicineWise)
Level 7, 418A Elizabeth Street,
Surry Hills NSW 2010

Canberra:
National Prescribing Service Limited (NPS MedicineWise)
8/8 Phillip Close
Deakin ACT 2600

Melbourne:
National Prescribing Service Limited (NPS MedicineWise)
Level 4, 176 Wellington Parade
East Melbourne VIC 3002
23 Parent Entity Information

The following information relates to the parent entity, National Prescribing Limited. The information presented has been prepared using accounting policies that are consistent with those presented in Note 2.

<table>
<thead>
<tr>
<th></th>
<th>Group 2015</th>
<th>Company 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets</td>
<td>14,684,149</td>
<td>13,213,715</td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td>661,634</td>
<td>931,993</td>
</tr>
<tr>
<td>Total Assets</td>
<td>15,345,783</td>
<td>14,145,708</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>12,067,310</td>
<td>10,762,364</td>
</tr>
<tr>
<td>Non-Current Liabilities</td>
<td>849,749</td>
<td>850,907</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>12,917,059</td>
<td>11,612,271</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>2,408,724</td>
<td>2,483,537</td>
</tr>
<tr>
<td>Total Equity</td>
<td>2,408,724</td>
<td>2,483,537</td>
</tr>
<tr>
<td>(Deficit)/Surplus for the Year</td>
<td>(74,813)</td>
<td>355,655</td>
</tr>
<tr>
<td>Other Comprehensive Income for the Year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Comprehensive Income for the Year</td>
<td>(74,813)</td>
<td>355,655</td>
</tr>
</tbody>
</table>

24 Subsequent Events

On 3 July 2015, a contract in delivering of Quality Use of Medicines Programme was executed with the Australian Government, Department of Health for the period of 1 July 2015 to 31 October 2018.
Independent Auditor's Report to the members of the National Prescribing Service Limited

We have audited the accompanying financial report of the National Prescribing Service Limited (the "entity"), which comprises the statement of financial position as at 30 June 2015, the statement of profit or loss and other comprehensive income, the statement of cash flows and the statement of changes in equity for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information, and the directors’ declaration of the consolidated entity, comprising the entity and the entity it controlled at the year’s end or from time to time during the financial year as set out on pages 30 to 42.

Directors Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Act 2013 (Cth) (the ACNC Act) and for such internal control as the directors of the company determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control, relevant to the entity’s preparation of the financial report that gives a true and fair view, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.