

ANNUAL REPORT

2016–17

PHARMACEUTICAL SOCIETY OF AUSTRALIA | ANNUAL REPORT 2016–17



PHARMACEUTICAL SOCIETY OF AUSTRALIA LTD.

ABN 49 008 532 072

NATIONAL OFFICE

Level 1, 25 Geils Court
Deakin ACT 2600

PO Box 42
Deakin West ACT 2600

P: 02 6283 4777
F: 02 6285 2869
E: psa.nat@psa.org.au

BRANCH CONTACT DETAILS

P: 1300 369 772
F: 1300 369 771

AUSTRALIAN

CAPITAL TERRITORY

Level 1, 25 Geils Court
Deakin ACT 2600

PO Box 42
Deakin West ACT 2600
E: act.branch@psa.org.au

NEW SOUTH WALES

Level 1, 134 Willoughby Road
Crows Nest NSW 2065

PO Box 162
St Leonards NSW 1590
E: nsw.branch@psa.org.au

QUEENSLAND

PACE Building
Lower Entrance
20 Cornwall Street
Woolloongabba QLD 4102

PO Box 6120
Woolloongabba QLD 4102
E: qld.branch@psa.org.au

SOUTH AUSTRALIA

Suite 7/102
Greenhill Road
Unley SA 5061
E: sa.branch@psa.org.au

TASMANIA

161 Campbell Street
Hobart TAS 7000
E: tas.branch@psa.org.au

VICTORIA

Level 1, 381 Royal Parade
Parkville VIC 3052
E: vic.branch@psa.org.au

WESTERN AUSTRALIA

21 Hamilton Street
Subiaco WA 6008
E: wa.branch@psa.org.au

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VISION

IMPROVING OUR NATION'S HEALTH
THROUGH EXCELLENCE IN THE
PRACTICE OF PHARMACY



Empowering our members to be healthcare leaders by:

- » Building capability through practice support and professional development
- » Positioning pharmacy for the future through innovative and sustainable models of practice
- » Creating optimum conditions for excellence through advocacy
- » Ensuring organisational effectiveness and sustainability.

EXPANDING ROLES OF PHARMACISTS IN AUSTRALIA



I am delighted as National President to report it's been another successful year where PSA and the profession have enjoyed many important achievements and milestones.

PSA once again strongly represented all pharmacists across Australia by providing a wide range of policies, education and value-adding member services and benefits to ensure the future viability and sustainability of the profession.



I am pleased to report that through proactive advocacy and leadership, PSA continued to expand the roles of pharmacists across Australia to improve public health outcomes. A prime example of this was the expansion of pharmacist-delivered vaccinations in several States.

Following PSA's collaborative advocacy and lobbying efforts to achieve vaccination for influenza in all States and Territories, pharmacists can now also immunise for whooping cough in Victoria. Pharmacists can also vaccinate for whooping cough, measles, mumps, rubella, diphtheria and tetanus in Queensland and Northern Territory. In South Australia, pharmacists can also vaccinate for whooping cough, measles, mumps, rubella, diphtheria and tetanus as well as polio.

It's an outstanding achievement that PSA successfully worked with State and Territory Governments and key health stakeholders to expand immunisation services beyond influenza vaccination. Tens of thousands of Australians have been immunised across the nation by pharmacists over recent years – many for the first time!

Importantly, PSA continued its support for Australia's community pharmacy network as the biggest single employer of pharmacists. This support of community pharmacies was largely delivered through the international Award-winning Health Destination Pharmacy program, enabling pharmacy owners and pharmacists to embrace a model of practice that provides health solutions to meet local needs.

The innovative, evidence-based program is successfully repositioning pharmacists as local healthcare providers and empowered pharmacies to provide high-quality consumer healthcare in their communities.

At the highest levels of Government, PSA strongly advocated for new models of practice where there is strong international and local evidence for positive health outcomes and cost savings to Australia's health system. These innovative models included a continued push for development and implementation of the General Practice Pharmacist model and the integration of pharmacists in Aboriginal Health Services.

On several occasions, I and other PSA leaders met with senior parliamentarians including successive Federal Health Ministers Sussan Ley and Greg Hunt and Shadow Health Minister Catherine King to ensure these new roles are fully realised and supported through robust, evidence-based advocacy and appropriate funding mechanisms. We also met with Australian Greens leader Senator Richard Di Natale as well as senior staffers from all sides of politics.

Another highlight was the 2017 PSA national roadshow of 19 city and regional locations, engaging with hundreds of pharmacists around the country. The focus of the roadshow was on the Review of Pharmacy Remuneration and Regulation and there was also a forum for Early Career Pharmacists who discussed key issues.

We continued to raise awareness of the low remuneration paid to pharmacists and will continue to advocate on your behalf for pharmacists to be appropriately remunerated and recognised for the clinical input and value they add to the health system.

I'm pleased to report in 2016–17, PSA delivered 23 new online learning modules to complement PSA's core education with 5,521 enrolments in these activities. Eleven webinars were broadcast live with 4,327 enrolments.

I would like to sincerely thank PSA's Board, Executive Management Team, staff and stakeholders for their support, guidance and enthusiasm over the past financial year – and for helping me to deliver PSA's vision.

Most importantly, I thank all of PSA's members for their ongoing and unwavering support of their professional organisation.

Now, more than ever, is the time for pharmacists to unite to enable the profession to deliver to its full scope and be much better recognised in Australia's health system.

PSA will continue to work on your behalf to achieve this.

A handwritten signature in dark ink, reading 'Joe Demarte'.

Joe Demarte
PSA National President

ADVOCACY A HIGHLIGHT FOR PEAK PHARMACISTS' BODY

There were many highlights and major milestones for PSA in 2016–17, resulting from positive advocacy, member engagement as well as effective representation of pharmacists to Government and other stakeholders.

This was exemplified by the Federal Government funding PSA as the peak national body for pharmacists – a true testament to PSA's independent and evidence-based advisory role, policy formulation, quality education and professional development for pharmacists.

One of the memorable achievements in 2016–17 was PSA's evidence-based Health Destination Pharmacy program winning the International Pharmaceutical Federation's (FIP) inaugural Pharmacy Practice Improvement Programme Award.

I was delighted to attend the Awards ceremony in Argentina in August 2016, along with National President Joe Demarte and Executive Director of Policy, Advocacy and Innovation Dr Alison Roberts.

In line with our esteemed role as custodians of Australia's standards and guidelines, PSA released the revised Code of Ethics for Pharmacists, a key document underpinning the professional practice of all pharmacists in Australia. In June, we updated the Professional Practice Standards (PPS) which is a fundamental tool for all pharmacists and the pharmacy profession. PSA also played a key role to update the National Competency Standards framework for pharmacists. We thank the Federal Department of Health for providing funding for this important work.

In terms of advocacy, PSA prepared and submitted a range of submissions and papers on a number of key issues affecting the profession, including the long-awaited Review of Pharmacy Remuneration and Regulation. PSA's comprehensive submission involved consultation with members and stakeholders and provided a response to all 140 questions in the Discussion Paper.

Another important outcome for PSA was proactively boosting pharmacists' and PSA's public profile through mainstream media. An independent research survey undertaken with consumers in 2016 showed PSA's name recognition increased

by around 3.5 per cent and the recognition of PSA's role jumped by almost 4 per cent. Most importantly, this profile boost was driven by positive media stories about the critical role of pharmacists and pharmacies in Australia's healthcare system. PSA also revamped its member communications to achieve higher member engagement metrics and email click-throughs.

Construction of PSA's state-of-the-art Pharmacy House was also launched by Federal Assistant Health Minister Dr David Gillespie in May this year. With building well underway, the purpose-built new Pharmacy House, located close to Parliament House and Government Departments, will empower PSA to pursue its vision of helping members improve the health of Australians through excellence in pharmacist care. We are very grateful to members who have already donated to the new building fund and hope more members will continue to support their new national headquarters.

Another highlight was PSA's 2017 Branch Committee elections, which attracted an unprecedented number of nominations, including from a record number of female and Early Career Pharmacists (ECPs). This was a fantastic result for helping to shape the future of the profession and showed PSA's new diversity platform and focus on supporting ECPs, including from a range of cultural backgrounds, is working.

I was pleased to deliver a healthy surplus for PSA for the third year in a row, highlighting the financial stability of the organisation and enabling us to invest in the future of our members.

Of course, all of this would not have been possible without the hard-working, dedicated and talented PSA staff, including my Executive Management Team – thank you all. This year, we spent a lot of time on aligning internal culture, particularly on our core values and principles with a focus on integrity, learning and equity. I'm delighted to say this OnePSA culture has been embraced by staff and elected officials – and has helped to ensure PSA delivers better outcomes for members.



I thank Joe Demarte for his leadership during his second term as National President, as well as the many brilliant PSA Board members and elected officials in the States who have contributed their time, competence and passion to PSA, our members and the profession over the year. Finally, thanks to all PSA members for their ongoing support for their peak national professional body.

Dr Lance Emerson
Chief Executive Officer

PSA NATIONAL BOARD



JOE DEMARTE
National President
Victoria
Pharmacist since 1973



MICHELLE LYNCH
National Vice-President
Victoria
Pharmacist since 1996



DR CHRIS FREEMAN
National Vice-President
Queensland
Pharmacist since 2003



JOHN BRONGER
New South Wales
Pharmacist since 1971



JEFF HUGHES
Western Australia
Pharmacist since 1979



GRANT KARDACHI
South Australia
Pharmacist since 1975



DR SHANE JACKSON
Tasmania
Pharmacist since 1998



WARWICK PLUNKETT
New South Wales
Pharmacist since 1975



PATRICK REID
Australian Capital
Territory
Pharmacist since 1994



TAREN GILL
Board Appointed Director
New South Wales
Pharmacist since 2008



RACHEL DIENAAR
Tasmania
Pharmacist since 1990
Resigned February 2017

The Board of the Pharmaceutical Society of Australia Limited is made up of nominees of the States and Territories and meets regularly throughout the year to fulfil its obligations under the law and PSA Constitution.

The Board's duties include overseeing the affairs of PSA to ensure it promotes and fulfils its objectives, in addition to guiding, reviewing and approving the Society's national strategy and policy.

The Board also ensures the Society's national strategies and policies are implemented and chooses the Chief Executive Officer (CEO) of the organisation.

It's also charged with approving the PSA's Budget to provide resources for various activities and committees.

To help facilitate the Board's high-end strategic focus, an Executive is formed of Board Members to make decisions and guide the broader Board on various matters. This expedites discussion on complex issues and helps the Board in its duties by providing advice and information.

While the Board meets regularly, it can be convened for emergency meetings on matters of import for the membership or the profession.

The Board maintains constant contact with members through PSA's many forums such as PSA newsletters and the AGM.

MAJOR ACHIEVEMENTS



PEAK STATUS

Continued recognition by Federal Government as the peak national body representing all pharmacists as frontline health professionals.



ROADSHOW

Successfully completed national roadshow of 19 city and regional locations, engaging with hundreds of pharmacists around the country.



ADVOCACY

Advocated for key health improvements and reforms by promoting excellence in evidence-based pharmacist care.



HEALTH DESTINATION

Health Destination Pharmacy program received several Awards and continued to be rolled-out across Australia.



VACCINATION

Helped lead the way in Australia for pharmacist-delivered vaccinations. Expansion of pharmacist vaccinations in some States.



INNOVATION

New integrated care models for pharmacists including working in GP clinics and Aboriginal Health Centres.



EVENTS

PSA's flagship conference and CPD event PSA16 achieved record attendance and positive feedback.



EDUCATION

Australia's single largest provider of quality professional development, education and practice support for pharmacists.



PROFILE BOOST

Continued to lift PSA's public profile and recognition of pharmacists' role through a proactive advocacy and communications strategy.



STANDARDS

Funded to review and update Professional Practice Standards and Code of Ethics for Pharmacists. Led review of National Competency Standards Framework.

2016-17

EDUCATION EXCELLENCE



In 2016–17, PSA reinforced its position as the single largest provider of high quality and nationally accredited pharmacist education and training in Australia.

The breadth and depth of PSA's continuing professional development (CPD) and practice support program continues to empower pharmacists and pharmacy staff to stay current and progress into new areas and levels of practice to deliver excellence in pharmacist care.

During the year, PSA achieved a successful audit and re-accreditation as a CPD Accrediting Organisation for accrediting pharmacist CPD to ensure relevance to pharmacist practice.

PSA also launched the nationwide PSA Mentoring Program to enable collegial support to pharmacists across all practice settings and career pathways.

Education developed and delivered to members in 2016–17 included:

- Online learning modules – 23 new modules introduced to complement PSA's core education with 5,521 enrolments
- Live broadcast webinars (and online recorded lectures) – 11 webinars broadcast live with 4,327 enrolments
- Annual Gold Questionnaire – released in October 2016 and attempted by 2,139 members
- Essential CPE – New Drugs in Type 2 Diabetes released in October 2016 and Asthma released in May 2017 with 2,415 enrolments and 992 enrolments respectively
- *Australian Pharmacist* journal – 80 education articles delivered offering up to 94 Group 2 CPD credits with 99,848 assessments completed online. The topics covered a broad range of clinical and practical education focused on key priority areas.

PSA also delivered a diverse range of events including conferences, lectures, workshops and nationally accredited programs to participants across the country in 2016–17. Some of the many highlights included:

- PSA16, Sydney with 876 delegates
- Queensland Medicines Update 2016, Brisbane with 196 delegates
- Offshore Refresher Conference 2017, Rome with 270 delegates
- NSW Annual Therapeutic Update 2017, Terrigal, with 225 delegates
- Victorian Pharmacy Conference 2017, Parkville with 153 delegates
- WA Annual Seminar 2017, Perth with more than 150 delegates.

PSA achieved a successful audit and re-accreditation of the PSA Intern Training Program and maintained enrolment numbers in an increasingly competitive market.

Immunisation training extended to all States and territories culminating in over 2,000 pharmacist immunisers graduating since PSA's nationally accredited program commenced.

KEY ACHIEVEMENTS



Launched PSA's new CPD Planning Tool with 5,369 members creating an annual CPD plan for the 2016–17 CPD period




Unveiled Career Pathways initiative with tailored support and education for a broad range of pharmacy roles



Immunisation training for pharmacists extended to all States and territories.

**PSA LAUNCHED
THE NATIONWIDE
PSA MENTORING
PROGRAM TO ENABLE
COLLEGIAL SUPPORT TO
PHARMACISTS ACROSS
ALL PRACTICE SETTINGS
AND CAREER PATHWAYS.**



As part of its Immunisation Training Program, PSA standardised modules across Australia and developed a transition guide and online portal for pharmacists who wish to gain approval to practise in other jurisdictions or respond to extensions of their scope of practice in their original jurisdiction.

Growth in enrolments for the Diploma of Leadership and Management and the Graduate Diploma of Applied Pharmacy Practice supported PSA's expansion into leadership and management programs including leadership weekend workshops. The *ignite* Pharmacist Leadership Program continued to provide opportunities for Early Career Pharmacists to develop their leadership skills and in the recent Branch Committee elections, eight former or current ignite participants were elected or re-elected to positions.

With low enrolments and market demand, PSA's National Board made a decision to cease offering the Community Pharmacy qualifications for pharmacy staff from April 2017.

Members also benefitted from the revision of professional practice standards and guidelines to reflect current pharmacy practice and evidence including:

- Professional Practice Standards
- Code of Ethics
- Dispensing Practice Guidelines
- Dose Administration Guidelines
- *Pharmacist Only* medicine guidance documents for famciclovir, chloramphenicol, orlistat, prochlorperazine, emergency contraception, proton pump inhibitors, fluconazole, naloxone, and short-acting beta agonists
- A position statement and supporting education on the therapeutic use of cannabis.

PSA continued work on the 24th edition of the Australian Pharmaceutical Formulary and Handbook (APF24). The review of content aims to ensure the APF provides pharmacists with current, practical, relevant and evidence-based information to support pharmacy practice.

Cautionary advisory labels (CALs) were also updated as part of the review of APF content.

An interim update to CAL recommendations for new medicines was published on the PSA website (www.psa.org.au/content/apf23/) in early 2017.

PSA is committed to publishing a high-quality and relevant new edition that continues to meet the needs of the pharmacy profession in both print and digital format.

**IMMUNISATION
TRAINING EXTENDED
TO ALL STATES
AND TERRITORIES,
CULMINATING IN OVER
2,000 PHARMACIST
IMMUNISERS
GRADUATING SINCE
PSA'S NATIONALLY
ACCREDITED PROGRAM
COMMENCED.**



MEMBERS – PSA'S PRIORITY



During 2016–17, there was a strong focus on additional training for Member Services Officers (MSOs) to deliver excellence in PSA's product and services advice.

PSA continued to deliver strong support and services to pharmacists from all career pathways, including community, hospital, accredited, industry, academic and military pharmacists.

During 2016–17, PSA's membership included 40% of Australia's registered pharmacists and around 4,900 student members. A major achievement for PSA during the year was reducing membership churn from 13.2% to 11.3%. This indicates PSA members are satisfied with PSA support, products and services and value their membership.

MPS membership campaigns featured throughout the year, with many profiles showcasing the essential work our pharmacists do on a daily basis in Australian Pharmacist and on social media. Campaigns included an 'Everyday hero' campaign for Early Career Pharmacists (ECPs) to highlight the important work they are doing early in their career; 'Meet a member' campaign to showcase the breadth of PSA membership; and the 'Why I love being a pharmacist' campaign to share positive pharmacist stories.

The marketing team also supported the management of PSA's annual awards, including the 2016 PSA Symbion Excellence Awards, the Intern Pharmacist of the Year Award (sponsored by MIMS) and the 2016 Pharmacy Student of the Year Award (sponsored by API and Mylan).

PSA continued to show strong growth in social media engagement on all platforms, with the greatest gains in the ECPs closed Facebook group. Engagement with this group has increased to almost 7,000 members. PSA has more than 33,000 Facebook followers and more than 2,800 followers on Twitter. Social media continues to be one of the fastest growing platforms to engage with members, especially ECPs.

During 2016–17, PSA invested in more training for its frontline staff, the MSOs. Staff underwent intensive training on PSA product and services and database skills, to ensure excellence in service delivery. Training will continue during the 2017–18 financial year, with a greater focus on proactive member engagement and member satisfaction. PSA has also embarked on an 'Update your details' campaign for members to help ensure membership data is kept as accurate and up-to-date as possible.

PSA is looking forward to even greater member engagement and delivery of member value to all its members.

PSA CONTINUED TO DELIVER STRONG SUPPORT AND SERVICES TO PHARMACISTS FROM ALL CAREER PATHWAYS, INCLUDING COMMUNITY, HOSPITAL, ACCREDITED, INDUSTRY, ACADEMIC AND MILITARY PHARMACISTS.

KEY ACHIEVEMENTS



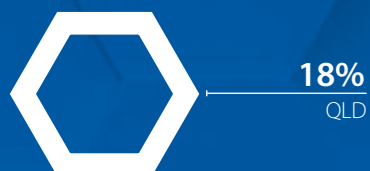
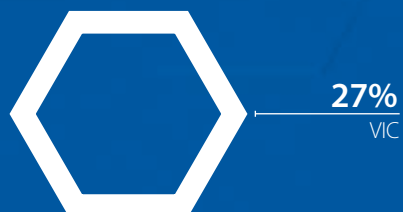
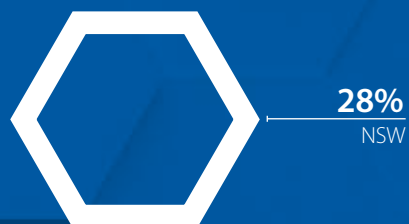
2016 PSA Member Survey found 67% of members were satisfied or extremely satisfied with PSA membership and 76% of members said their membership was important to their success as a pharmacist



Reduced membership churn from 13.2% to 11.3%.



MEMBERSHIP



*1% unknown

PHARMACIST AGE GROUPS



*412 unknown

TOP 4 OCCUPATIONS



Community pharmacist



Hospital pharmacist



Consultant



Academic

BOOSTING PSA'S PROFILE



The peak body for pharmacists continued to raise its public profile and highlight the important role pharmacists play in Australia's healthcare system during 2016–17.

PSA lifted its profile using a proactive national advocacy and communications strategy involving a network of pharmacists across Australia to act as media-savvy spokespeople providing expert commentary on issues. This campaign was led by the National President along with the CEO and other key spokespeople from various States.

The national strategy proved successful with PSA being regularly featured in metropolitan and regional radio, television and print news stories relating to pharmacists, including daily national newspapers and online news websites.

As a result of the successful campaign, PSA achieved an increase in public recognition of its role following a series of surveys. To accurately track the rise in PSA's public profile, Ipsos Australia research agency conducted two public opinion and social research surveys.

The first survey was conducted in May 2016 as an online omnibus using a sample of 1,000 random people across Australia. The second survey, conducted in November 2016, showed an overall increase in both public recognition and the role of PSA.

The survey found PSA's name recognition increased by around **3.5 per cent** and the recognition of PSA's role jumped by almost **4 per cent**.

PSA also used professional media monitoring agencies to track and measure PSA leading spokespeople's comments in all forms of media. Overall, PSA recorded more than 2,800 mentions across all news and media formats including newspapers, television, radio, online, pharmacy trade publications, magazines and international media.

Following this analysis, PSA's media impressions and engagement were predominantly positive and portrayed pharmacists and the profession in a positive light.

Many of these media mentions and comments were generated from proactive media releases and statements by PSA.

During the financial year, PSA issued around 90 media releases including on major announcements, Awards, events and joint statements with other leading pharmacy organisations.

Generating an increased, "pro-active" public presence is an ongoing initiative that has helped to create higher recognition of PSA among key stakeholders, including the Federal Government, political leaders and the broader health sector.

The proactive strategy has also been employed across PSA's social media channels, including developing informative corporate videos and presentations featuring interviews with pharmacists for YouTube and Vimeo, including for PSA events and initiatives such as the Health Destination program. These videos – which generated strong social media engagement – have featured the PSA CEO, National President and other key industry spokespeople.

Other areas of key stakeholder collaboration included meetings with Medicines Australia, the Australian Medical Association (AMA), Consumers Health Forum, Medicines Partnership Australia (MPA) and attending the Federal Budget industry lock-up in May 2017 and providing a detailed summary of pharmacy-related measures for members.

PSA also continued to publish pharmacist-related publications as well as the multi-Award winning *Australian Pharmacist* journal.

HITTING THE HEADLINES

Newspapers

PSA National President and CEO quoted in leading national newspapers including the *Sydney Morning Herald*, *The Age*, *The Australian*, *Adelaide Advertiser* as well as several regional newspapers.

Television

PSA leaders and spokespeople featured on ABC's *Four Corners*, prime-time *Channel 7 News*, *Channel 9 News*, *Today Show*, *A Current Affair*, *Studio 10*, *ABC News*, *WIN News* and *Southern Cross* news.

Radio

PSA leaders and spokespeople interviewed on commercial and public radio news: 2GB, 2UE, 4BC, 3AW FiveAA, 6PR, *Radio National* and the ABC radio network in metropolitan and regional areas.

Pharmacy media

Many of interviews, articles, videos and opinion editorials in leading pharmacy media outlets on key issues affecting pharmacists including in *AJP*, *Pharmacy Daily*, *Retail Pharmacy*, *the Medical Republic*, *Pharmacy News*, *PharmDispatch* and *Pharma in Focus*.

Online

Dozens of positive stories about the role of pharmacists in healthcare on news websites including *The Guardian*, *The Conversation*, *9news.com.au*, *ABC online*, *Fairfax online*, and the *Pharmaceutical Journal*.

- » **2,812**
PSA MEDIA MENTIONS 2016–17*
- » **65%**
MAINSTREAM MEDIA
- » **35%**
PHARMACY & MEDICAL MEDIA
- » **90**
MEDIA RELEASES ISSUED

* Sources: Meltwater and Isentia media monitoring services and real-time metrics and analytics as well as trade media hits tracked by PSA through Google Alerts. Media hits are based on radio, TV, newspaper and online mentions (does not include social media).

ADVOCATING FOR PHARMACISTS

The 2016–17 financial year saw PSA's strong voice and expert leadership of the profession strengthened following the Federal Government's recognition of the organisation as a peak national health body. PSA received Government funding for its advisory, policy formulation, education and representation of pharmacists.

During the year, PSA effectively represented all pharmacists through a range of areas including political engagement, liaising and meeting with all levels and sides of Government, writing submissions, producing policy and position statements and engaging with key healthcare stakeholders and leaders.

PSA continued to pursue a robust advocacy agenda on behalf of members by preparing a range of submissions and papers on a number of key issues affecting the profession. This included a major submission on the long-awaited Review of Pharmacy Remuneration and Regulation. PSA's comprehensive submission involved consultation with members and stakeholders and provided a response to all 140 questions in the Discussion Paper.

Additionally, through PSA's advocacy agenda, the organisation continued to be a leading voice on many issues involving pharmacists including Quality Use of Medicines, new pharmacist roles and remuneration, healthcare reform, medicines scheduling, real-time monitoring, collaborative models of care, digital health and other reform and regulatory issues.

Another major achievement was releasing the revised Code of Ethics for Pharmacists in 2017 and the Professional Practice Standards Version 5 (PPS V5) – two key documents for the profession.

The release of both documents was the culmination of a comprehensive review process involving many pharmacy and consumer organisations as well as an extensive range of subject matter experts across various areas of pharmacy practice. This consultation also involved the wider pharmacy and medical professions.

The review of the Code and PPS was funded by the Federal Department of Health as part of the Pharmaceutical Benefits Scheme (PBS) Access and

Sustainability Package including the Sixth Community Pharmacy Agreement.

The revised Code and Standards reflected the important role of pharmacists in the evolving healthcare sector, with a renewed focus on patient-centred collaborative care across both documents.

In the PPS V5, new standards outlined emerging professional activities such as vaccination and minor ailment services, while the creation of four key streams in the document – Foundations of Practice, Providing Therapeutic Goods, Providing Health Information and Delivering Professional Services – clearly highlighted the breadth of professional roles and activities that contemporary pharmacists undertake.

During the review process, particular emphasis was also placed on harmonising the two documents, as well as the recently released National Competency Standards Framework for Pharmacists in Australia (2016), to ensure all three worked together to provide Australian pharmacists with a strong foundation for ethical and professional practice.

Both the Code and PPS V5 were endorsed by the Pharmacy Board of Australia.

Another highlight was the 2017 PSA national roadshow of 19 city and regional locations with PSA leaders engaging with hundreds of pharmacists around the country. The focus of the roadshow was on the Pharmacy Review and there was also a well-attended forum for Early Career Pharmacists (ECP) who discussed key issues.

PSA continued to raise awareness of the low remuneration paid to pharmacists and advocated for pharmacists to be appropriately remunerated and recognised for the clinical input and value they add to the health system.



KEY ACHIEVEMENTS



Revised Code of Ethics for Pharmacists and the Professional Practice Standards released



PSA national roadshow of 19 capital city and regional locations, engaging with hundreds of pharmacists.



HEALTH DESTINATION LEADS WORLD



MAJOR ACHIEVEMENT



Health Destination wins inaugural international Pharmacy Practice Improvement Programme Award.

In 2016–17, PSA's Health Destination Pharmacy program achieved success against key strategic objectives for PSA in both Australia and internationally.

The world-class, evidence-based program was promoted to more than 350 pharmacies expressing interest and more than 900 completing an online profit estimator. All major banner groups and wholesalers, and a number of smaller groups (with 10 to 100 pharmacies) have approached PSA since the Health Destination program was launched.

As a result, Health Destination has dramatically impacted and helped the profession both in Australia and overseas. Literacy on change management in pharmacy has also increased, resulting in a number of industry organisations also adopting strategies which support change and an increased health focus for community pharmacies.

A major highlight occurred in August 2016 when the whole-of-business Health Destination program – proudly developed and designed in Australia – was rewarded for being a world-leader in overall pharmacy practice improvement, including for delivering effective healthcare services, improving business practices and increasing consumer engagement.

Accepted by PSA in Buenos Aires, Argentina, the evidence-based Health Destination program won the International Pharmaceutical Federation's (FIP) inaugural Pharmacy Practice Improvement Programme Award for 2016.

"I SEE A LOT OF PASSIONATE PEOPLE BEHIND THE HEALTH DESTINATION PROGRAM AND THAT'S WHY WE'VE BECOME INVOLVED."

**BELCONNEN AMCAL PLUS PHARMACY
OWNER BEN JACKSON**

"It's an incredibly exciting achievement and honour to have an Australian-made pharmacy change program recognised internationally by our peers as truly world-leading," said PSA National President Joe Demarte, who was joined at the ceremony by PSA leaders Dr Lance Emerson and Dr Alison Roberts.

Dr Roberts said the Award highlighted that Health Destination had all the key elements proven to work to achieve better consumer engagement and a more viable business platform for pharmacies.

During the year, the Health Destination team engaged with PSA members through a number of successful promotional events including PSA16, PSA Annual Therapeutic Update, Victorian Pharmacist Conference, WA Annual Seminar and APP 2017.

Pharmacies involved in the change program have experienced a range of benefits, including growth at three times industry average. All pharmacies have experienced increased professional satisfaction and improved engagement with consumers, with some pharmacies generating new employment opportunities for Early Career Pharmacists.

A number of PSA members have also increased their profile in their local communities, with Government, and with other stakeholders by working with PSA on advocacy and the local media. One pharmacy secured funding for their health initiatives from both a Primary Health Network and private health insurer.

Health Destination continues to innovate to meet the needs of participants and this will be the focus for the 2017-18 financial year.

The Health Destination website www.healthdestinationpharmacy.com.au received more than 12,300 visits from over 2,800 users during 2016–17.



**health
destination™**



NEW PHARMACY HOUSE

Construction of the new, state-of-the-art Pharmacy House began in 2017 and is now well under way.

The first sod was turned for the innovative building in Canberra by Federal Assistant Health Minister Dr David Gillespie and PSA leaders on May 24, 2017.

The purpose-built Pharmacy House – designed to be a modern pharmacy hub in Australia – has been designed to ensure PSA continues to provide the best member and advocacy services for pharmacists across Australia.

Located in Deakin and close to Parliament House, Federal Government departments and other national medical organisations, the new building will empower PSA to pursue its vision of improving the health of Australians through excellence in pharmacist care.

The building will incorporate a members' lounge, multi-functional boardroom and display of historical pharmacy artefacts donated to PSA over many years. The display will share a special story of pharmacists in Australia and will be a showpiece of the new Pharmacy House.

The special members' area will include a space PSA members can use while in Canberra and will provide a range of facilities including a lounge area, tea and coffee-making facilities, a library and other resources.

During the launch ceremony, PSA National Vice-President Michelle Lynch said the impressive building would honour PSA's past and present achievements as well as embody the exciting future for all pharmacists in Australia.

"Pharmacy House will be more than just a building; it's part of a drive into the future for all pharmacists who are the most accessible healthcare professionals in Australia," Ms Lynch said.

PSA has retained the name Pharmacy House and the location is on the same site as the original Pharmacy House, which was built in 1984 thanks to the generosity of members.

PSA expressed gratitude to members who have already donated to the new building. The total Pharmacy House fundraising figure to June 30, 2017 was \$176,200.53.

Ms Lynch said PSA looked forward to seeing members continue to support their new headquarters during the construction period.

Donations can be made via PSA's website:
www.psa.org.au/donate



» Dr David Gillespie, Federal Assistant Health Minister, turns first sod of new Pharmacy House with PSA National Vice-President Michelle Lynch and PSA CEO Dr Lance Emerson.



PROMOTING COMMUNITY HEALTH



In 2016–17, PSA's Self Care program continued to provide community pharmacies with effective tools to support staff training, professional service implementation, health promotion and the delivery of evidence-based consumer health information.

Self Care subscribers received a complete range of clinical and business resources to help position their pharmacy as a local health destination.

For pharmacists and pharmacy staff, PSA's *inPHARMation* booklets included complementary medicines for coughs, colds and flu, travel medicine, asthma, arthritis, eye care, urinary incontinence, pain, colds and flu, sleep disturbance and constipation. The education offered was on the pulse of what community pharmacies need.

A national Self Care package on oral health was distributed to all Australian community pharmacies in February 2017 with support from SA Dental.

The Self Care program also provided community pharmacies with an easy way to meet their ongoing Quality Care Pharmacy Program (QCPP) requirements for refresher training by providing six accredited topics and six hours of QCPP Approved Refresher Training. With more than 12,000 pharmacy assistant Counter Connection modules completed in the 2016–17 period, Self Care pharmacy assistant education continues to offer value to community pharmacies.

PSA continued to explore innovative new models for Fact Card access, including an online ordering system for printed Fact Cards and a new digital platform.

KEY ACHIEVEMENTS

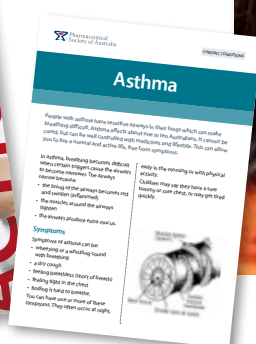


More than 12,000 pharmacy assistant training modules and 7,000 pharmacist CPD modules completed as part of the Self Care program



Delivered QCPP Approved Refresher Training to pharmacy staff.

MORE THAN 7,000 PHARMACIST CPD MODULES WERE COMPLETED AS PART OF SELF CARE, SHOWCASING ITS CONTINUED RELEVANCE TO COMMUNITY PHARMACIST PRACTICE.



STRATEGIC PARTNERSHIPS & PSA16

During 2016–17, Strategic Partnerships and Engagement showcased the role of PSA to many different health industry stakeholders, including medical and pharmaceutical companies, patient support organisations and Government bodies.

The key focus in these partnerships was to highlight PSA's vision of supporting better health for Australians by utilising the unique skills and expertise of pharmacists.

A major highlight was the highly successful PSA16 conference, which built on the success of PSA's redesigned national event PSA15 – featuring a theme of leading pharmacy innovation. PSA16 attracted 876 delegates and achieved a 91% conference satisfaction rating following a delegate survey.

The new conference venue, Four Points by Sheraton in Darling Harbour in Sydney, facilitated many enhancements and innovations based on industry and delegate feedback, with an engaging and practical education and social program. A large expo area also showcased many conference partners and PSA supporters.

PSA was also actively involved in a range of pharmacist Awards during the year. The opportunity to showcase the future of the profession with the 2016 Pharmacy Student of the Year Award was supported by API and Mylan. Long-time supporter Symbion continued to support the Excellence Awards, enabling PSA to recognise excellence in pharmacist care from pharmacists at the start of their career through to a lifetime achievement. Mundipharma offered the last Quality Use of Medicines in Pain Management Award, while MIMS continued its support of the Intern Pharmacist of the Year Award.

Another highlight was the Industry Collaboration Lunch held in November 2016 in Sydney. The focus of the lunch was to better connect PSA with the health industry and to thank valued industry partners and supporters, as well as develop new collaborations and strengthen long-term relationships. PSA's Award-winning Health Destination program was also showcased at the event.

The announcement of PSA as the peak national body for pharmacists was well received by partners and culminated in heightened support for pharmacist education and engagement.

Working in collaboration with South Australia Dental Services, PSA also delivered a national Self Care Program in the first half of 2017.

Together, PSA worked with many organisations – including Boehringer Ingelheim – to deliver face-to-face education across Australia through Bridging the Gap workshops and State and Territory conferences including:

- NSW Annual Therapeutic Update
- Victorian Pharmacy Conference
- WA Annual Seminar
- SA Spring Refresher
- QLD Medicines Update
- PSA Offshore Refresher Conference, Rome.

PDL continued to strongly support PSA's events and all face-to-face education, as well as the ignite Pharmacist Leadership Program. As the major partner for all PSA conferences and events, PDL helped to maintain pharmacists as highly engaged professionals at the frontline of everyday healthcare.

The 42nd Offshore Refresher Conference in Rome was another exciting event, providing an educational program with topics relevant to Australian pharmacy practice. Social highlights included the Gala Dinner at Villa Miani and concert and viewing of the pharmacy museum at San Lorenzo in Miranda.



KEY ACHIEVEMENTS



PSA's flagship national conference PSA16 continued to lead pharmacy innovation with almost 900 attendees with more than 91% conference satisfaction



Inaugural PSA Industry Collaboration Lunch showcased PSA as the peak national body for all pharmacists with more than 200 guests.

**THE QUALITY AND
NUMBER OF DELEGATES
AND PSA'S COMMITMENT
TO CREDIBLE EDUCATION
IS A PERFECT PLATFORM.**

MEMBER COMMUNICATIONS



PSA continued to strengthen its commitment to delivering targeted and engaging member communications using a variety of channels, including e-newsletters, social media, PSA's website and the multi Award-winning journal *Australian Pharmacist*.

Following extensive consultation and feedback from members as part of PSA's updated Member Communications Strategy, PSA also introduced a new member e-newsletter in February 2017 to improve and streamline email communications.

The easier-to-read visual communications included images, links and social media interaction. The emails also present enhanced content focusing on information requested by members including news, events, CPD, policy and advocacy – ensuring members are fully up-to-date on issues relevant to the profession at a State and national level.

The new e-newsletter designs successfully increased member engagement with email communications. The average open rate for all e-newsletters increased from 44.3% in December 2016 to 45.4% in June 2017: click rates nearly doubled from 6.2 to 11.8%. Delivery rates have also increased from 96.7 to 97.9%. On a State level, member engagement also increased dramatically. For example, the open rate of WA e-newsletters increased from 44.8% in June 2016 to 49.9% in February 2017 and the click rate more than doubled from 10% to 22% during the same period.

January 2017 saw the introduction of a refreshed *Australian Pharmacist* publication with a new layout and streamlined CPD section.

Exciting new features such as Meet a member and Q&A were also introduced to provide members with further insight into the professional lives of pharmacists and industry professionals across the country. Social photos gave an eye-catching snapshot of popular PSA functions and events.

During 2016–17, *Australian Pharmacist* was PSA's most-used CPD activity. Members completed more than 99,848 assessments online through the journal.

The 2016 PSA member survey found:

- 95% of members read *Australian Pharmacist*
- 87% of members rated the journal as above average or excellent.

Pharmacists continue to consult PSA's website as a valuable resource and tool for information on membership, events, continuing professional development, advocacy and practice support. The website – www.psa.org.au – was visited more than 1.8 million times during 2016–17 by over 118,000 users.

KEY ACHIEVEMENTS



Revamped member communications increased engagement and click-through rates



Members completed around 99,848 assessments online through the *Australian Pharmacist* journal.

IN 2016–17, AUSTRALIAN PHARMACIST WAS PSA'S MOST-USED CPD ACTIVITY. MEMBERS COMPLETED MORE THAN 99,848 ASSESSMENTS.

AUSTRALIAN Pharmacist

Pharmacist

VERONICA NAMED TOP QLD INTERN

Catherine King to present at PSA17

PEOPLE AND CULTURE

The People and Culture business unit advises and guides PSA and its managers to ensure excellence in staff recruitment, induction, engagement, development, productivity and growth to achieve PSA's strategic objectives.

People and Culture also supports the diverse needs of all staff nationally to ensure they deliver local and national programs and services and provide exceptional support to PSA members and prospective members.

Key responsibility areas include staff recruitment, engagement and retention, performance development including learning and development, succession planning, industrial relations, remuneration and benefit planning, coaching and support of staff and managers, work health and safety and policy and procedure development and updates.

As of 30 June, 2017 PSA employed a total of 97 staff members (81 full-time equivalents).

In 2016–17, People and Culture worked closely with managers on a number of key initiatives to ensure a functional alignment of staff to enable them to meet key PSA objectives. There was a continued focus on alignment by function rather than location to ensure greater delivery of a truly national service to members regardless of their location.

A major highlight of 2016–17 was the development of a number of cultural initiatives to lead the organisation under a common set of values and sense of purpose. A key outcome was rolling out the OnePSA culture statement to align a set of values to all that PSA does for members.

The OnePSA approach has been incorporated into a new framework of development plans recently developed for staff. The plans assess staff engagement, motivation, morale, delivery of key organisational objectives, member interaction, and overall behaviour to support PSA objectives.

All PSA staff continue to undertake compliance training programs when starting with the organisation and during their tenure. Examples of this training include privacy and refreshers on workplace discrimination and harassment.

Key policies have been reviewed throughout 2016–17 and are available on a user-friendly staff intranet site for ease of reference.

In the 2016–17 financial year, PSA submitted its third compliant Workplace Gender Equality report, in order to meet its obligations under the Workplace Gender Equality Act 2012. A new diversity policy was developed and released that will support and guide many levels of the organisation including at Board, Branch Committee, management and operational levels.

PSA continues to maintain a low-risk workplace environment through the active involvement of elected Health and Safety Representatives (HSRs) in each office. HSRs work closely with their local teams to help improve overall safety and manage incident reporting and feedback.

Operations – New Digital Strategy

During 2016–17, PSA also embarked on a digital transformation strategy to help achieve its strategic objectives, including:

- Ensure PSA members were satisfied with their membership
- Position PSA for the future through innovative and sustainable models of practice
- Better enable advocacy
- Ensure organisational effectiveness and sustainability.

Key components of the Digital Roadmap included the PSA's new customer database and digitisation of APF.



KEY ACHIEVEMENTS



Developed OnePSA culture statement to support staff to achieve PSA objectives and better serve members.

onePSA

PSA AROUND AUSTRALIA

AUSTRALIAN CAPITAL TERRITORY



The ACT enjoyed many highlights during 2016–17, including ACT Health Minister Meegan Fitzharris launching the increase in scope of vaccinations pharmacists are legally allowed to administer. Pharmacists can now administer whooping cough (pertussis) vaccine to patients.

This expansion in scope followed the success of pharmacists administering influenza to patients in the ACT. It came 12 months after the initial Pharmacist Vaccination Program was announced following continued lobbying by PSA and other pharmacy organisations.

PSA ACT enjoyed strong engagement with Early Career Pharmacists (ECPs) through their relationship with the University of Canberra and the local student association. As a result, the ACT delivered activities focused on the specific needs of ECPs, including careers, personal development and interviewing.

ACT was proud to have connected local ECPs with high-profile local pharmacists who can provide motivation, inspiration and a different perspective to clinical work.

Our local group has focused on providing educational opportunities for ECPs to inform PSA's ECP-specific strategic agenda. Events focusing on ECP engagement have been successful and received positive feedback from attendees.

A major event was the ECP Round Table, which allowed ECPs to engage with prominent local professionals and each other through discussion informing the ECP Green Paper. The event also allowed ECPs to provide views on issues and concerns and make a real contribution to shaping their profession.

PSA ACT was delighted to have a substantial number of ECPs nominating for the 2017 PSA Branch Committee Elections.

KEY ACHIEVEMENT



Scope of pharmacist-delivered vaccinations increased in ACT

NEW SOUTH WALES



During 2016–17, PSA NSW hosted free workshops to pharmacists following the rollout of the online CPD Planning Tool. The new tool helped pharmacists identify development needs and CPD relevant to their scope of practice. The free PSA workshops were held in 26 locations across NSW during September to support pharmacists to meet the Pharmacy Board of Australia's registration requirements.

More than 250 pharmacists also completed immunisation training in NSW in the first quarter of the financial year, while more than 1,000 pharmacists attended over 50 member-benefit workshops in the Bridging the Gap series, looking at integrating patient care through hospital and community pharmacy.

The NSW Annual Therapeutic Update continued to be a popular and well-attended conference for NSW members, showcasing expert speakers and interactive sessions to meet members' needs. The ATU attracted around 225 delegates.

Working with pharmacy networks in Newcastle, Wollongong, Central Coast and other regional areas also broadened the CPD reach and networking opportunities for pharmacists across the STATE.

In addition, more than 100 pharmacists in NSW attended the Remuneration and Reform Roadshow highlighting key advocacy issues around remuneration and broadening of pharmacist-led services.

The NSW Branch Committee and staff continue to advocate on behalf of members around medicines rescheduling, expanding immunisation scope and broadening health service delivery and remuneration.

KEY ACHIEVEMENTS



Facilitated CPD Planning Tool workshops across NSW



Delivered Bridging the Gap workshops to more than 1,000 pharmacists.

QUEENSLAND

During 2016–17, PSA Queensland continued to enjoy high demand for immunisation training, delivering 34 immunisation training events to nearly 500 pharmacists across the STATE. Demand for vaccination training remains high in Queensland.

Following the launch of the best-in-class PSA CPD Planning Tool, PSA Queensland delivered 27 CPD Planning Workshops in August and September 2016, across the STATE, including 18 in regional and rural locations such as Ayr, Atherton and Innisfail.

More than 500 pharmacists attended these workshops to ensure they met the Pharmacy Board of Australia's new requirements for CPD. Branch Director Paul Hobbs did extensive pharmacy visits, engaging with pharmacists all across the State during the delivery of the CPD Planning events.

October 2016 saw the re-launch of the Queensland Medicines Update State conference, with 196 delegates attending the event in Brisbane. The new format, tailored to pharmacists travelling from regional areas, assisted in making it a great success.

In November at the Queensland President's Awards Dinner, Professor Maree Smith was awarded the prestigious Bowl of Hygeia Award for her innovation in contributing to diverse research on physiological pain pathways, drug development and commercialisation.

More than 1,500 pharmacists attended CPD events in QLD, with 75 face-to-face events being delivered across the STATE, including 36 in regional and rural centres.

PSA Queensland continues to have strong engagement with pharmacists, pharmacies, key stakeholders, politicians, universities and other pharmacy organisations within the STATE.

The Queensland ECP Working Group continued to grow with 14 members and remained active, engaging members, non-members and students at ECP-hosted events in Brisbane and Townsville. They have had great success with their first live-streaming event on Facebook.

April 2017 saw the appointment of pharmacist Mark Lock as new Branch Director for Queensland after Mr Hobbs moved on from PSA.



KEY ACHIEVEMENTS



Successfully re-launched annual Queensland Medicines Update event



Trained another 500 pharmacists to immunise.



SOUTH AUSTRALIA / NORTHERN TERRITORY



KEY ACHIEVEMENT



Pharmacist-delivered vaccinations increased in SA to include diphtheria, pertussis, polio, tetanus, measles, mumps, rubella and polio.

PSA SA/NT continued to build on the strong momentum from the previous financial year.

An ongoing highlight was the energy and enthusiasm shown by the ECP Group to plan and host events throughout the year, including a joint event with the Society of Hospital Pharmacists (SHPA) ECPs on transition care for patients, with a forum of experienced pharmacists sharing their perspectives. The event raised awareness and respect between the groups. The NT ECP Group continued to develop and is continually engaged with the SA ECPs.

A major highlight was SA pharmacist Cara Kolopelnyk winning the 2016 Pharmacy Student of the Year competition at PSA16 in July.

In a major development, SA's Health Minister Jack Snelling announced the expanded range of vaccines pharmacists could administer including diphtheria, pertussis, polio, tetanus, measles, mumps, rubella and polio to adults over the age of 16. This was welcomed by PSA SA/NT following strong advocacy and engagement with Government and health authorities.

In NT, the Pharmacist-led Immunisation Pilot (PLIP) concluded and transitioned to the Pharmacist-led Administration of Vaccines to Adults at Pharmacy Premises.

PSA SA/NT continued to offer a broad range of face-to-face education and networking events across the region with sessions held in Darwin, Alice Springs, Penola, Port Augusta and Adelaide. The Branch continued to develop skills and capability to stream education events widely across the region with a small but growing number of members joining online.

PSA SA/NT delivered a series of workshops explaining the mandatory Pharmacy Board requirements for planning annual development needs and helped members set up their annual learning plans, and provided support for these events in Queensland and Broken Hill.

The Branch continued to engage with key stakeholders, holding positive meetings with the Chief Pharmacist, Health Ministers in SA and NT, universities, other professional associations and student associations. Relationships are established and emerging with the three Primary Health Networks (PHN) across the region.

Another highlight was the highly successful Careers and Networking evening where students, interns and ECPs heard from a panel of pharmacists working in diverse practice models and interacted with a large range of health organisations, professional associations and employer groups.

The annual Awards Evening was held in February 2017 to celebrate the achievements of pharmacists in the community. Major award-winners included SA/NT Early Career Pharmacist Development Award, Sam Keitaanpaa, SA/NT MIMS Intern of the Year Sankit Lalseta (pictured left), Pharmacist of the Year Natalie Soulsby and Gold Medal (UniSA) Dorsa Maher.



TASMANIA

PSA Tasmania achieved its strongest growth in membership in five years, with a 5% increase over the past financial year.

The national roadshow, CPD Planning Tool workshops, funded qualifications and local events supported by staff all contributed to this impressive growth.

The ECP Working Group continued to be productive and engaged, evidenced by the locally-developed "Having the confidence to say No" campaign, which was replicated across Australia.

All Skills Tasmania funded places for immunisation training, while the Diploma of Leadership and Management qualifications were filled and resulted in new members.

Over the past year, PSA Tasmania's engagement strategy included visiting 70% of Tasmanian pharmacies across the State to promote the benefits of PSA membership, products and services to members and non-members.

The Tasmanian Branch marketed the PSA Intern Training Program to students, resulting in a record number of interns in Tasmania, with 90% of them enrolled with PSA.

PSA Tasmania's advocacy continued with regular meetings with the Department of Health, Chief Pharmacist, AMA, RACGP, Pharmacy Guild and other health organisations. Representation has continued on the Tasmanian Health Conference Working Group, Opioid Pharmacotherapy Program Advisory Committee, and University of Tasmania – Pharmacy Advisory Committee.

The Branch Committee provided key insight and support during the year. As the financial year came to a close so did representation on the Branch Committee by Rachel Dienaar and Catherine Spiller during the election cycle.

Ms Dienaar was Tasmanian President and Board Representative and continued to be an active advocate on the Tasmanian Codeine Rescheduling Implementation Group and for the Health Destination Pharmacy program. Ms Spiller provided close ties and insight into Primary Health Tasmania.

Dr Shane Jackson also become Tasmania's National Board representative.



KEY ACHIEVEMENT



Achieved record growth in membership of 5%



WESTERN AUSTRALIA



KEY ACHIEVEMENT



Successfully engaged with WA members at CPD Planning Tool workshops.

During 2016–17, PSA WA engaged with key stakeholders to focus on increasing positive health outcomes through pharmacist care. The Branch supported pharmacists in WA through the delivery of several CPD Planning Tool workshops across WA, the national roadshow and a robust CPD program.

The PSA CPD Planning Tool and updated registration standards were highlighted at 18 sessions held across WA reaching over 300 pharmacists. PSA staff met face-to-face with rural and regional members while delivering the progressive technology of the planning tool.

As part of the CPD program, PSA WA provided 26 practice-based workshops and webinar sessions throughout the year to bring clinical and practice updates to WA members. Regional centres used the webinars as an opportunity for local networking and peer education.

PSA WA also provided a robust practice support offering by delivering the PSA Pharmacist Immunisation Training Program to 140 WA pharmacists, along with Mental Health First Aid Training, Early Career Pharmacist Sessions, Advanced First Aid Training and the WA Annual Seminar.

2016 saw the release of the 27th Annual Gold Questionnaire (AGQ). The AGQ is compiled every year by a committee of dedicated WA pharmacists who meet monthly to come up with questions that test recent developments in pharmacy. PSA WA thanked the committee for their hard work to deliver such a valuable education resource each year.

The 2017 WA Annual Seminar was attended by more than 150 pharmacists and covered an array of current and clinically relevant issues, from medicinal cannabis to the management of opioid dependent patients. Feedback from the session was very positive and members enjoyed the opportunity to connect with each other.

The WA Pharmacist Awards night held in February 2017 was attended by around 100 pharmacists. The Awards acknowledged 13 new Life Members and recognised some of the brightest talents in WA pharmacy:

- WA MIMS Intern of the Year – Dr Carolyn Glazier
- WA Early Career Pharmacist of the Year – Luke Vrankovich
- WA Pharmacist of the Year – Steve Lewis
- WA Lifetime Achievement Award – Malcolm Roberts
- WA Pharmacy Practice Innovation Award – Lusi Sheehan.



VICTORIA

PSA Victoria enjoyed a busy and high-performing year.

PSA staff and Branch Committee members worked closely with the Victorian Department of Health and Human Services to implement many healthcare programs including Supercare Pharmacies, the pharmacy chronic disease management pilot, real-time prescription monitoring system, hepatitis C elimination, thunderstorm asthma readiness and pharmacist immunisation programs.

To date, PSA Victoria has trained over 700 pharmacists to immunise in accordance with Victorian requirements through 60 training sessions.

PSA Victoria again received Victorian Government funding to provide free opioid replacement therapy (ORT) training to Victorian pharmacists for the next four years.

The Branch also proactively provided advice and support towards the *Victorian Drugs, Poisons and Controlled Substance Regulations 2017*, the *Victorian Voluntary Assisted Dying Bill*, and the Victorian Pharmacy Authority review of the administration of pharmacy application and renewal.

PSA involvements in other key collaborative projects included the Victorian Osteoarthritis Model of Care, Vision 2020 initiatives and the Victorian Health Sector Leadership Program.

In response to members' needs and with support from volunteers, PSA Victoria continued to offer a range of local career support services for members. These include the Community Pharmacy Employment – Getting Started Program for pharmacy students, Intern Buddies Program and a number of career support groups covering topics such as pharmacy ownership and management, hospital pharmacy, professional services, and research and academia.

With the support of area coordinators, PSA Victoria continued to run monthly CPD meetings across 12 country and five metropolitan regions, as well as monthly clinical meetings for accredited pharmacists in Parkville.

The trial of the Pharmacist CPD Playgroup to allow parents to bring their young children along to face-to-face CPD meetings was well received. This program will be expanded in response to members' demand locally.

In a move to encourage environmental responsiveness, PSA Victoria introduced a fully electronic 'green' option at the Victorian Pharmacy Conference attracting a discounted registration fee. This was well received and will become a permanent feature at future conferences.

The Victorian pharmacy community enjoyed a special event to celebrate Judy Sinclair's (pictured below) 40 years of PSA service. Her dedication and loyalty to the organisation and its members has been exceptional.



KEY ACHIEVEMENT



Pharmacist vaccination for influenza and pertussis in Victoria.



FINANCIAL REPORT

PHARMACEUTICAL SOCIETY OF AUSTRALIA LIMITED
ABN: 49 008 532 072

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Your directors present their report on the Pharmaceutical Society of Australia Ltd ('Society') for the year ended 30 June 2017.

DIRECTORS

The following persons were directors of the Society during the financial year and up to the date of this report, unless otherwise stated

Name	Appointed	Term expired or resigned
John Bronger	-	30 June 2017
Joe Demarte	-	-
Rachel Dienaar	-	17 February 2017
Christopher Freeman	-	-
Taren Gill	01 July 2016	-
Jeff Hughes	-	30 June 2017
Shane Jackson	17 February 2017	-
Grant Kardachi	-	-
Michelle Lynch	-	-
Warwick Plunkett	-	-
Patrick Reid	-	-

* Travis Bailey was appointed alternate for Jeff Hughes for the board meeting of the 21-22 September 2016 and 27 September 2016

OBJECTIVES

The key objectives for which the Society is established are to:

- articulate and facilitate the most effective role of pharmacists and the practice of pharmacy within the Australian health care system including but not limited to:
 - representation of and advocacy for pharmacists and the practice of pharmacy;
 - determination of the ethical, legal and professional standards and responsibilities of pharmacists and the practice of pharmacy in the interest of the community; and
 - liaison with allied professional groups, pharmacy and other organisations, and to represent pharmacists whilst also protecting the rights, privileges and professional status of pharmacy.
- initiate, coordinate and implement educational and other programmes for professional development and practice support for pharmacy.

STRATEGIES

The Society's plan incorporates the following strategies which will be critical to its success.

Objective	Strategy
Building capability through practice support and professional development	<ul style="list-style-type: none"> • The Society leads development and maintenance of professional practice standards and guidelines. • The Society assists practitioners to be skilled to operate within contemporary standards and practice settings. • The Society delivers the highest quality education.
Positioning pharmacy for the future through innovative and sustainable models of practice	<ul style="list-style-type: none"> • The Society develops, promotes and progresses a long term plan for pharmacist practice. • The Society assists pharmacists progress evidence based models of pharmacist practice.
Advocating excellence in pharmacist practice	<ul style="list-style-type: none"> • The Society possesses strong, positive brand awareness with the Society members, industry, government and the Australian community. • The Society maintains a safe and productive work environment for all staff and officials. • The Society establishes and maintains outcomes focused partnerships with relevant stakeholders.
Ensuring organisational effectiveness and sustainability	<ul style="list-style-type: none"> • The Society maintains a substantial member base. The Society's financial resources are grown and used efficiently. • The Society maintains a safe and productive work environment for all staff and officials. • The Society elected officials assist in actioning the strategic plan. • The Society maintains effective, best practice governance.

PRINCIPAL ACTIVITIES

During the year the principal continuing activities of the Society were to:

- a. Lead professional practice development.
- b. Enhance the knowledge and skills of pharmacists.
- c. Advocate the role and perspective of the profession.
- d. Build relationships with consumers and other health professions.
- e. Promote pharmaceutical services by engaging in practice change activities.

The Society, through the performance of these principles has been able to achieve its key objectives.

PERFORMANCE INDICATORS

The Society's performance is measured against the following indicators:

- a. Attract and retain members to increase the Society's membership base.
- b. Represent members and the profession in a manner which maximises the viability and relevance of the practice of pharmacy.
- c. Place the Society at the forefront of innovation with engaging and leading members in innovative practice techniques.
- d. Develop new business opportunities to broaden the revenue base.
- e. Attract and retain quality staff and office bearers.

INFORMATION ON DIRECTORS

JOHN BRONGER

Director (term expired 30 June 2017) and NSW Branch Committee member

Qualifications

BPharm MBA (Exec) GCCM (Graduate certificate in change management), FPS, AACPA, FACP, FAICD, AFAIM

Experience and expertise

- Pharmacist since 1971
- Hospital pharmacist, community pharmacist and proprietor for over 40 years
- Former National President of PGA and responsible for three CPA agreements (2nd, 3rd and 4th)
- Two terms (4 years) on the Australian Board of Taxation
- Member of multiple government and company advisory committees
- A specialist in government relations
- Experienced in financial administration and change management
- An acknowledged strategy developer, implementer and negotiator
- Innovator/Implementer of professional programs in own and other pharmacies

Special responsibilities

- Member, 6CPA Working Group
- Chair, Innovation Committee

JOE DEMARTE

Director, National President (term expired 30 June 2017) and VIC Branch Committee member

Qualifications

BPharm, FPS, MAICD

Experience and expertise

- Pharmacist since 1973
- Community pharmacist and proprietor for over 30 years
- Experience in many areas of pharmacy including hospital, locum and community pharmacy

Special responsibilities

- Chair, 6CPA Working Group
- Member, PSA Offshore Conference Committee

RACHEL DIENAAR

Director (resigned 17 February 2017) and TAS Branch Vice-President

Qualifications

BPharm

Experience and expertise

- Pharmacist since 1990
- Community pharmacist (Professional Services focus)
- PSA Practice Support Pharmacist (National)
- PSA ITP clinical tutor (TAS)
- Academic Placement Coordinator, Pharmacy, School of Medicine, University of Tasmania (till December 2016)
- Pharmacy/Pharmacist mentor

Special responsibilities

- Chair, Practice Support and Education Committee (PSEC)(resigned March 2017)

CHRISTOPHER FREEMAN

Director, National Vice-President and QLD Branch Committee member

Qualifications

BPharm, GDipClinPharm, PhD, AACPA, BCACP, MAICD, FPS

Experience and expertise

- Pharmacist since 2003
- Regional hospital pharmacist
- Community pharmacist (Pharmacist in Charge, Manager, Locum)
- Accredited pharmacist
- Consultant practice pharmacist
- Pharmacy Academic
- Pharmacy expert to the Commission

Special responsibilities

- Member, Innovation Committee
- Chair, Policy & Advocacy Committee
- PSA nominated Director of the Australian Association of Consultant Pharmacy Pty Ltd (AACP) Board

TAREN GILL

Director (term expired 30 June 2017, re-appointed 1 July 2017)

Qualifications

MPharm, BSc, MPS, AACPA

Experience and expertise

- Pharmacist since 2008
- Community pharmacist and aged care pharmacist in Rural NSW
- Hospital pharmacist Orange, NSW
- Lecturer Charles Sturt University
- Owner Priceline Pharmacy Maryborough, VIC

Special responsibilities

- Chair, Early Career Pharmacist White Paper Advisory Group
- Chair, Early Career Pharmacist Working Group

JEFF HUGHES

Director (term expired 30 June 2017) and WA Branch Committee member

Qualifications

BPharm (with Distinction), GradDipPharm, MPharm, PhD, MPS, AACPA, MAICD

Experience and expertise

- Pharmacist since 1979
- Hospital pharmacist, Community pharmacist
- Proprietor
- Accredited pharmacist
- Pharmacy academic - former Head of School of Pharmacy at Curtin University

Special responsibilities

- Member, Finance, Audit & Risk Management Committee
- Member, Practice Support and Education Committee
- Member, APF Editorial Board

SHANE JACKSON

Director (appointed 17 February 2017) and TAS Branch Committee member

Qualifications

BPharm, PhD, MPS, AACPA, AdvPracPharm

Experience and expertise

- Pharmacist since 1998
- Community and consultant pharmacist
- Digital health
- Education and research

Special responsibilities

- Member, Policy & Advocacy Committee
- PSA nominated member of the TGA Consultative Committee
- PSA nominated member of the Pharmacy Trials Programme, Trials Advisory Group

GRANT KARDACHI

Director and SA/NT Branch Committee member

Qualifications

BPharm, FPS, MAICD

Experience and expertise

- Pharmacist since 1975
- Community pharmacist and former proprietor
- Accredited pharmacist

Special responsibilities

- PSA nominated Director of the Australian Medicines Handbook (AMH) Board
- PSA nominated Director of the Australian Association of Consultant Pharmacy Pty Ltd (AACP) Board
- Chair of the Review of Professional Practice Standards and Code of Ethics
- Chair, PSA Health Destination Pharmacy Advisory Group
- Chair, PSA Building Fund Committee

MICHELLE LYNCH

Director (term expired 30 June 2017, re-appointed 1 July 2017), National Vice-President and VIC Branch Committee member

Qualifications

BPharm, MPS, MAICD

Experience and expertise

- Pharmacist since 1996
- Community pharmacist
- Consultancy specialising in medication management and pharmacy services
- National Hospital Pharmacy Manager, Ramsay Healthcare

Special responsibilities

- Chair, Finance, Audit & Risk Management Committee
- Member, APF Editorial Board
- PSA nominated Director to the Australian Advisory Council of the Medicinal Use of Cannabis

WARWICK PLUNKETT

Director and NSW Branch Committee member

Qualifications

BPharm, FPS, AFACP, MAICD

Experience and expertise

- Pharmacist since 1975
- Community pharmacist and proprietor for over 30 years

Special responsibilities

- Chair, PSA Offshore Conference Committee
- Chair, Minor Ailments Program Working Group
- Member, Australian Prescriber editorial advisory committee
- PSA representative, Director and Chair of National Return Unwanted Medicine Program
- Member, Finance, Audit & Risk Management Committee
- Chair, PSA17 Conference Education Program Committee

PATRICK REID

Director and ACT Branch Committee President

Qualifications

BPharm, MPS, MRPharmS, FACP, FAIM, MAICD

Experience and expertise

- Pharmacist since 1994
- Pharmacy Proprietor, Company Director, Senior Executive
- Director, Aged Care, Community & Disability at Stewart Brown
- Former CEO of Leading Aged Services Australia
- Fellow, Australian Institute of Management
- Member, Australian Institute of Company Directors

Special responsibilities

- Member, Innovation Committee

COMPANY SECRETARY

The company secretaries are Lance Emerson from 1 July 2016 to the date of this report and Deborah Bowden from 8 December 2016 to the date of this report.

MEETINGS OF DIRECTORS

The numbers of meetings of the Society's board of directors and of each board committee held during the year ended 30 June 2017, and the numbers of meetings attended by each director/committee member were:

	Board of Directors		Finance, Audit & Risk Management Committee	
	Number attended	Number eligible to attend	Number attended	Number eligible to attend
John Bronger	7	8	-	-
Joe Demarte	8	8	-	-
Rachel Dienaar	4	5	-	-
Christopher Freeman	8	8	-	-
Taren Gill	8	8	-	-
Jeff Hughes *	6	8	5	7
Shane Jackson	3	3	-	-
Grant Kardachi	8	8	-	-
Michelle Lynch	7	8	7	7
Warwick Plunkett	7	8	7	7
Patrick Reid	8	8	-	-
Warren Blee	-	-	4	7
John Chapman	-	-	7	7
Russell Hill	-	-	5	7

* Travis Bailey was appointed alternate for Jeff Hughes for the board meeting of the 21-22 September 2016 and 27 September 2016

MEMBERS' GUARANTEE

The Society is incorporated under the Corporations Act 2001 and is a public company limited by guarantee. If the Society is wound up, the liability of each of the members of the Society is limited. Each member of the Society undertakes to contribute to the assets of the Society in the event of it being wound up while he/she is a member or within one year after he/she ceases to be a member for payment of the debts and liabilities of the Society contracted before he/she ceases to be a member and of the charges and expenses of winding up and for adjustments of the rights on contributories amongst themselves such amount as may be required not exceeding \$50.

AUDITOR'S INDEPENDENCE DECLARATION

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 32.

This report is made in accordance with a resolution of directors.



Shane Jackson

Director

Canberra

Dated this 21st Day of September 2017.



Michelle Lynch

Director



Auditor's Independence Declaration

As lead auditor for the audit of Pharmaceutical Society of Australia Limited for the year ended 30 June 2017, I declare that to the best of my knowledge and belief, there have been:

- (a) no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- (b) no contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink, appearing to read 'David Murphy'.

David Murphy
Partner
PricewaterhouseCoopers

Canberra
21 September 2017

PricewaterhouseCoopers, ABN 52 780 433 757
28 Sydney Avenue, FORREST ACT 2603, GPO Box 447, CANBERRA CITY ACT 2601
T: + 61 2 6271 3000, F: + 61 2 6271 3999, www.pwc.com.au

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FINANCIAL STATEMENTS

FOR THE YEAR ENDING 30 JUNE 2017

PHARMACEUTICAL SOCIETY OF AUSTRALIA LIMITED
30 JUNE 2017

These financial statements are the financial statements of Pharmaceutical Society of Australia Ltd as an individual entity
The financial statements are presented in the Australian currency.
Pharmaceutical Society of Australia Ltd is a company limited by guarantee, incorporated and domiciled in Australia.

Its registered office and principal place of business is:

Pharmaceutical Society of Australia Ltd
Level 1, 25 Geils Court, DEAKIN ACT 2600

The financial statements were authorised for issue by the directors on 21 September 2017. The directors have the power to amend and reissue the financial statements.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

	Notes	2017 \$	2016 \$
Revenue			
Revenue	1	17,739,306	16,669,585
Other revenue	1	763,919	677,364
Total revenue		18,503,225	17,346,949
Expenses			
Audit, legal and consultancy expense		1,629,029	1,614,041
Depreciation and amortisation expense		127,047	280,243
Education delivery		885,083	689,387
Employee benefits expense		8,414,006	8,169,548
Impairment expense	4(d)	480,952	-
Inventory expenses		845,289	886,860
Loss on disposal of assets	4(b)	3,899	-
Loss on sale of available-for sale-assets		34,851	-
Offshore conference expense		2,828,078	2,098,399
Postage, printing and production expense		764,601	986,608
Rent expense		276,591	271,214
Travel and accommodation expense		727,997	619,785
Other expenses		1,680,793	1,683,762
Total expenses		18,698,216	17,299,847
Surplus/(deficit) from operating activities		(194,991)	47,102
Share of net surplus/(deficit) of joint ventures accounted for using the equity method	6	225,535	278,511
Total surplus/(deficit) before income tax		30,544	325,613
Income tax expense	2	-	-
Surplus/(deficit) for the year		30,544	325,613
Other comprehensive income			
Gain on property revaluation	4(b)	162,821	-
Changes in fair value of available-for-sale financial assets		229,609	(84,377)
Total other comprehensive income for the year		392,430	(84,377)
Total comprehensive income for the year is attributable to:			
Members of Pharmaceutical Society of Australia Ltd		422,974	241,236

Notes to and forming part of these financial statements are annexed.

BALANCE SHEET

	Notes	2017 \$	2016 \$
Current Assets			
Cash and cash equivalents	3(a)	4,376,828	3,785,491
Trade and other receivables	3(b)	2,243,475	2,678,448
Available-for-sale financial assets	3(c)	2,340,133	2,250,906
Held-to maturity investments	3(d)	95,375	95,375
Inventories	4(a)	97,637	269,027
Total current assets		9,153,448	9,079,247
Non-Current Assets			
Receivables	3(b)	-	87,990
Held-to maturity investments	3(d)	-	1,000,000
Property, plant and equipment	4(b)	1,740,587	1,781,867
Investment properties	4(c)	800,108	-
Intangible assets	4(d)	541,632	165,865
Investments accounted for using the equity method	6	1,447,385	1,296,850
Total non-current assets		4,529,712	4,332,572
Total assets		13,683,160	13,411,819
Current Liabilities			
Trade and other payables	3(e)	1,287,679	1,155,558
Provisions	4(e)	1,064,964	997,819
Deferred revenue		4,516,007	4,900,638
Total current liabilities		6,868,650	7,054,015
Non-Current Liabilities			
Provisions	4(e)	150,404	116,672
Total non-current liabilities		150,404	116,672
Total liabilities		7,019,054	7,170,687
Net assets		6,664,106	6,241,132
Equity			
Asset revaluation reserve - land and buildings	5(a)	1,144,604	981,783
Asset revaluation reserve - available-for-sale assets	5(a)	180,913	-
Building fund	5(a)	1,585,832	1,585,832
Special projects fund	5(a)	990,282	990,282
Retained earnings	5(b)	2,762,475	2,683,235
Total equity		6,664,106	6,241,132

Notes to and forming part of these financial statements are annexed.

STATEMENT OF CHANGES IN EQUITY

	Retained earnings	Asset revaluation reserve		Special projects fund	Building fund	Total
		Land & buildings	Available for sale financial assets			
	\$	\$	\$	\$	\$	\$
Balance at 1 July 2015	2,441,999	981,783	-	990,282	1,585,832	5,999,896
Surplus/(deficit) for the period	325,613	-	-	-	-	325,613
Other comprehensive income	(84,377)	-	-	-	-	(84,377)
Total comprehensive income for the year	241,236	-	-	-	-	241,236
Balance at 30 June 2016	2,683,235	981,783	-	990,282	1,585,832	6,241,132
Balance at 1 July 2016	2,683,235	981,783	-	990,282	1,585,832	6,241,132
Transfers	48,696	-	(48,696)	-	-	-
Surplus/(deficit) for the period	30,544	-	-	-	-	30,544
Other comprehensive income	-	162,821	229,609	-	-	392,430
Total comprehensive income for the year	79,240	162,821	180,913	-	-	422,974
Balance at 30 June 2017	2,762,475	1,144,604	180,913	990,282	1,585,832	6,664,106

STATEMENT OF CASHFLOWS

	Notes	2017 \$	2016 \$
Cash flows from operating activities			
Receipts from customers (inclusive of goods and services tax)		19,422,636	18,413,782
Payments to suppliers and employees (inclusive of goods and services tax)		(18,413,181)	(18,261,373)
Net cash inflow/(outflow) from operating activities		1,009,455	152,409
Cash flows from investing activities			
Interest received	1	51,754	72,389
Dividends received	1	70,013	77,567
Joint venture distributions	6	75,000	-
Payments for property, plant and equipment	4(b)	(427,381)	(335,937)
Payment for investment properties	4(c)	(269,816)	-
Payments for intangible assets	4(d)	(1,018,319)	-
Proceeds from sale of available-for-sale financial assets		143,130	-
Payment for available-for-sale financial assets		(42,498)	58,775
Proceeds from redemption of held-to-maturity investments		1,000,000	-
Net cash outflow/(inflow) from investing activities		(418,117)	(127,206)
Net increase/(decrease) in cash and cash equivalents		591,338	25,203
Cash and cash equivalents at the beginning of the financial year		3,785,491	3,760,288
Cash and cash equivalents at the end of the year	3(a)	4,376,828	3,785,491

Notes to and forming part of these financial statements are annexed.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDING 30 JUNE 2017

PHARMACEUTICAL SOCIETY OF AUSTRALIA LIMITED
30 JUNE 2017

1. REVENUE

	2017 \$	2016 \$
Revenue		
Advertising	720,018	867,796
State and national conferences	568,518	480,430
Offshore conference	3,140,745	2,340,881
Service contracts	725,583	28,877
Courses	3,176,253	2,955,233
Grants	447,272	354,573
Sale of goods	1,248,524	1,611,304
Sponsorship	815,951	1,082,353
Subscriptions	6,896,442	6,948,138
	17,739,306	16,669,585
Other revenue		
Commission	26,287	22,763
Dividends	70,013	77,567
Donations	141,126	35,075
Gain on sale of available-for-sale financial assets	-	30,802
Interest	51,754	72,389
Rent	219,521	228,287
Royalties	102,012	89,579
Other	153,206	120,902
	763,919	677,364
	18,503,225	17,346,949

2. INCOME TAX EXPENSE

	2017 \$	2016 \$
(a) Income tax expense		
Current tax	-	-
Deferred tax	-	-
	-	-
(b) Numerical reconciliation of income tax expenses to prima facie tax payable		
Profit from continuing operations before income tax expense	30,544	294,811
Tax at the Australian tax rate of 30.0% (2016 - 30.0%)	9,163	88,443
Tax effect of:		
Member related expenses not deductible under the mutuality principle	3,609,139	3,789,601
Member related income not assessable under the mutuality principle	(3,573,044)	(3,889,638)
Gross up of investment income	8,426	7,898
Conversion of excess franking credits	(28,085)	(26,327)
Tax losses not recognised as a deferred tax asset	(25,599)	30,023
(c) deferred tax assets/(liabilities) not recognised		
Temporary difference relating to investment in subsidiaries for which deferred tax liabilities have not been recognised		
Unused tax losses - Revenue losses	2,427,608	2,391,866
Unused tax losses - Capital losses	111,429	113,333
Provisions and other creditors	169,905	125,323
Fixed Assets	(26,530)	(78,960)
Investments	(141,395)	(126,777)
	2,541,017	2,424,785

3. FINANCIAL ASSETS AND FINANCIAL LIABILITIES

	2017 \$	2016 \$
(a) Cash and cash equivalents		
Cash at bank	4,311,857	3,782,947
Cash at bank held in trust	62,471	-
Petty cash	2,500	2,544
	4,376,828	3,785,491
(b) Trade and other receivables		
Current assets		
Trade receivables	1,505,731	1,733,933
Provisions for impairment of receivables	(50,881)	(28,992)
Deposits and prepayments	685,254	957,503
Loan receivable from the Pharmaceutical Society of New South Wales Limited	87,990	-
Other receivables	15,381	16,004
	2,243,475	2,678,448
Non-current assets		
Loan receivable from the Pharmaceutical Society of New South Wales Limited	-	87,990
	-	87,990
	2,243,475	2,766,438
(c) Available-for-sale financial assets		
Current assets		
Fixed interest securities	767,313	834,820
Equity securities	1,572,820	1,416,086
	2,340,133	2,250,906
(d) Held-to-maturity investments		
Current		
Term deposits and bank bills	95,375	95,375
	95,375	95,375
Non-current assets		
Held to maturity investments	-	1,000,000
	-	1,000,000
(e) Trade and other payables		
Current liabilities		
Trade payables	203,054	460,417
Payroll liabilities	169,424	286,842
Goods and services tax (GST) payable	280,682	229,698
Other payables	634,519	178,601
	1,287,679	1,155,558

4. NON-FINANCIAL ASSETS AND FINANCIAL LIABILITIES

(a) Inventories	2017 \$	2016 \$
Current assets		
Finished goods - inventories	97,637	299,598
Provision for impairment	-	(30,571)
	97,637	269,027

(b) Property, plant and equipment	Freehold land and buildings \$	Leasehold land and buildings \$	Leasehold improvements \$	Plant and equipment \$	Computer equipment \$	Motor vehicles \$	Antiques and artwork \$	Total \$
At 30 June 2016								
Cost or fair value	400,000	1,099,000	-	525,803	1,786,242	25,610	135,358	3,972,013
Accumulated depreciation	(6,125)	(11,430)	-	(473,746)	(1,653,353)	(25,610)	(19,882)	(2,190,146)
Net book value	393,875	1,087,570	-	52,057	132,889	-	115,476	1,781,867
Year ended 30 June 2017								
Opening net book value	393,875	1,087,570	-	52,057	132,889	-	115,476	1,781,867
Revaluation	-	162,821	-	-	-	-	-	162,821
Reclassification as Investment Properties	-	(530,292)	-	-	-	-	-	(530,292)
Additions	-	360,595	24,188	17,934	24,664	-	-	427,381
Depreciation	(6,104)	(11,391)	(218)	(15,318)	(61,832)	-	(2,428)	(97,291)
Assets written off	-	-	-	-	(3,899)	-	-	(3,899)
Closing net book value	387,771	1,069,303	23,970	54,673	91,822	-	113,048	1,740,587
At 30 June 2017								
Cost or fair value	400,000	1,069,303	24,188	543,737	1,780,076	25,610	135,358	3,978,272
Accumulated depreciation	(12,229)	-	(218)	(489,064)	(1,688,254)	(25,610)	(22,310)	(2,237,685)
Net book value	387,771	1,069,303	23,970	54,673	91,822	-	113,048	1,740,587

The Deakin, ACT leasehold land was last valued by independent valuers at 3 November 2016 at a fair value of \$1,000,000. As a result of the commencement of construction work for the new Pharmacy House, the carried value of the buildings has been revalued to nil and the costs for the new building have been recognised as additions.

Once the Deakin ACT leasehold property redevelopment is complete, PSA will take possession of the top floor. The bottom floor will be sold as separate strata units and are classified as investment properties.

The Hobart, Tasmania freehold land and buildings were last valued by independent valuers at 11 May 2015 at a fair value of \$400,000.

(c) Investment Properties	2017 \$	2016 \$
Leasehold Land and buildings		
Opening net book value	-	-
Reclassification from property plant and equipment	530,292	-
Capital expenditure	269,816	-
Closing net book value	800,108	-

Investment properties represent separate strata units of 44 Thesiger Court Deakin, ACT, currently under construction, which the Society plans to sell at completion. There is an arrangement with the builder of 44 Thesiger Court for the acquisition of the strata units by them at an agreed price. If strata units are on sold by the builder any variation between the agreed price and sale value is shared between the Society and the builder.

(d) Intangible assets	Software \$	Copyright material \$	Trademarks and licences \$	Total \$
Non Current Assets				
At 30 June 2016				
Cost	-	250,577	16,230	266,807
Accumulated amortisation	-	(95,480)	(5,462)	(100,942)
Net book value	-	155,097	10,768	165,865
Year ended 30 June 2017				
Opening net book amount	-	155,097	10,768	165,865
Additions	639,116	247,359	-	886,475
Impairment expense	(480,952)	-	-	(480,952)
Amortisation charge	-	(28,139)	(1,617)	(29,756)
Closing net book value	158,164	374,317	9,151	541,632
At 30 June 2017				
Cost	158,164	497,936	16,230	672,330
Accumulated amortisation	-	(123,619)	(7,079)	(130,698)
Net book value	158,164	374,317	9,151	541,632

(e) Provisions	2017 \$	2016 \$
Current liabilities		
Employee benefits - annual leave	663,647	610,011
Employee benefits - long service leave	401,317	387,808
	1,064,964	997,819
Non-current liabilities		
Employee benefits - long service leave	150,404	116,672
	150,404	116,672

5. EQUITY

(a) Other reserves	2017 \$	2016 \$
Asset revaluation reserve - land & buildings		
Movements:		
Opening balance	981,783	981,783
Revaluation - net	162,821	-
Balance 30 June	1,144,604	981,783

This reserve represents value increments and decrements of land and buildings held for operations and not for sale.

Asset revaluation reserve - available for sale assets		
Movements:		
Opening balance	-	-
Transfer to retained earnings	(48,696)	-
Changes in fair value of available-for-sale financial assets	229,609	-
Balance 30 June	180,913	-

This reserve represents value increments and decrements of assets available for sale. Such assets include portfolio investments in equities or similar products.

Building fund - for building works of the Society		
Movements:		
Opening balance	1,585,832	1,585,832
Balance 30 June	1,585,832	1,585,832

The building fund is a reserve set aside to provide suitable office premises for PSA.

Special projects fund - for special projects of the society		
Movements:		
Opening balance	990,282	990,282
Balance 30 June	990,282	990,282

Special projects fund is a reserve set a side for major projects to promote the interests of PSA members and secure the future of the organisation.

(b) Retained earnings		
Movements in retained earnings were as follows:		
Balance 1 July	2,683,235	2,441,999
Transfers from asset revaluation reserve - available for sale assets	48,696	-
Net surplus/(deficit) for the period	30,544	325,613
Items of other comprehensive income recognised directly in retained earnings	-	(84,377)
Balance 30 June	2,762,475	2,683,235

6. INTERESTS IN OTHER ENTITIES

(a) Interests in joint ventures

Set out below are the joint ventures of the society, which in the opinion of the directors are material to the Society. The entities listed below have capital consisting of ordinary shares and trust units which are held directly by the Society. The entities are incorporated and have their principal place of business' in Australia and the proportion of ownership interest is the same as the proportion of voting rights held.

	Ownership %	Measurement Method	2017 \$	2016 \$
Entity Name				
AMH Pty Ltd	33%	Equity method	2	2
Australian Medicines Handbook Unit Trust	33%	Equity method	471,325	422,599
Australian Association of Consultant Pharmacy Pty Ltd	50%	Equity method	976,058	874,249
			1,447,385	1,296,850

Joint venture entities are as follows:

AMH Pty Ltd is the trustee company for the Australian Medicines Handbook Unit Trust and has no other operations. The cost of the investment in AMH is \$2. AMH has a 30 June reporting date, which coincides with the reporting date of other investors including the Society.

Australian Medicines Handbook Unit Trust's (AMH Unit Trust) principal activity is the production and sale of the Australian Medicines Handbook. The cost of the Society's investment is \$10. The AMH Unit Trust has a 30 June reporting date, which coincides with the reporting date of other investors including the Society. For the year ended 30 June 2017, the Society received a distribution from the AMH Unit Trust of \$75,000 (30 June 2016: \$150,000). The Society purchased publications from the AMH Unit Trust for resale during the year of \$352,109 (30 June 2016: \$341,505).

Australian Association of Consultant Pharmacy Pty Ltd (AACP) is a for-profit company carrying out activities to credential pharmacists to conduct medication management reviews and to promote and seek recognition for the practice of "consultant" pharmacy and the provision of value added, professional services in Australia. AACP has a reporting date of 30 June, which coincides with the reporting date of the Society and the other investor. The Society does not expect any distributions from AACP.

The Society paid a conference sponsorship to AACP during the year ended 30 June 2017 of \$3,200 (30 June 2016: \$3,000). The Society paid for advertising to AACP for AACP Enews during the year ended 30 June 2017 of \$500 (30 June 2016: nil). The Society paid course fees collected on behalf of AACP to AACP during the year ended 30 June 2017 of \$nil (30 June 2016: \$2,723).

(b) Summarised financial information for joint ventures

The table below provides summarised financial information for those joint ventures material to the Society. The information disclosed reflects the amounts presented in the financial statements of the relevant joint ventures and not the Society's share of those amounts. They have been amended to reflect adjustments made by the society when using the equity method, including fair value adjustments and modifications for differences in accounting policy.

Summarised balance sheet	AACP		AMH	
	2017 \$	2016 \$	2017 \$	2016 \$
Current assets				
Cash and cash equivalents	596,690	498,882	1,632,251	1,215,877
Other current assets	781,994	728,339	607,492	648,581
Total current assets	1,378,684	1,227,221	2,239,743	1,864,458
Non-current assets	1,021,588	969,124	652,781	719,303
Current liabilities				
Financial liabilities (excluding trade payables)	-	-	36,376	29,119
Other current liabilities	430,742	399,319	1,208,616	1,034,080
Total current liabilities	430,742	399,319	1,244,992	1,063,199
Financial liabilities (excluding trade payables)	-	-	28,581	23,083
Other non-current liabilities	17,416	48,529	204,976	229,683
Total non-current liabilities	17,416	48,529	233,557	252,766
Net assets	1,952,114	1,748,497	1,413,975	1,267,796
Reconciliation to carrying amounts				
Opening net assets	1,748,497	1,551,725	1,267,796	1,177,422
Profit for the period	203,617	196,772	371,179	540,374
Other comprehensive income	-	-	-	-
Dividends paid	-	-	(225,000)	(450,000)
Closing net assets	1,952,114	1,748,497	1,413,975	1,267,796
The society's share in %	50%	50%	33%	33%
The society's share in \$	976,058	874,249	471,325	422,599

Summarised statement of profit & loss and other comprehensive income	AACP		AMH	
	2017 \$	2016 \$	2017 \$	2016 \$
Revenue	1,704,214	1,776,304	4,503,613	4,050,161
Interest income	20,177	38,099	26,324	26,823
Other revenue	112,189	29,646	9,767	190,823
Depreciation and amortisation	(20,948)	(34,103)	(143,972)	(84,489)
Interest expense	-	-	(3,444)	(3,228)
Income tax expense	(78,104)	(78,825)	(174,283)	14,018
Profit for the period	203,617	196,772	371,179	540,374
Other comprehensive income	-	-	-	-
Total comprehensive income	203,617	196,772	371,179	540,374
Dividends received from joint ventures	-	-	75,000	150,000

The Society has reclassified its interests in other entities from associates to joint ventures. All decisions regarding the management of the Australian Medicines Handbook Unit Trust and Australian Association of Consultant Pharmacy Pty Limited must be agreed unanimously by all owners. This makes the nature of the ownership in AMH Unit Trust and AACP a joint venture rather than associate.

This reclassification has not resulted in any changes to previously reported balances or results.

7. CONTINGENT LIABILITIES

The Society had no contingent liabilities at 30 June 2017. In the prior year the Society had a contingent liability of \$119,384 in relation to the Development Application expenses with Nikias Diamond.

8. COMMITMENTS

(a) Non-cancellable operating leases	2017 \$	2016 \$
Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows:		
Within one year	141,319	75,051
Later than one year but not later than 5 years	19,154	28,556
	160,473	103,607

The Society leases office spaces and equipment under non-cancellable operating leases expiring within one to five years. The leases have varying terms, escalation clauses and renewal rights. On renewal, the terms of the leases are renegotiated. Increases in the lease commitment may occur in line with CPI.

(b) Capital commitments

Significant capital expenditure contracted for at the end of the reporting period but not recognised as liabilities is as follows:

	2017 \$	2016 \$
Property, plant and equipment	1,991,081	-
Investment properties	1,489,830	-
	3,480,911	-

The capital commitment is for the construction of Pharmacy House, Canberra.

9. RELATED PARTY TRANSACTIONS

(a) Key management personnel compensation	2017 \$	2016 \$
Employee benefits	882,984	824,295

During the year the Society entered into normal commercial transactions with directors on terms and conditions no more favourable than those available to any other member of the Society. Such transactions include those that are provided by the Society as part of its normal operations.

(b) Transactions with other related parties

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

On 13 February 2008, a National Agreement was executed that provided for the unification of the Pharmaceutical Society of Australia Limited and the following State Societies:

- Pharmaceutical Society of New South Wales Limited
- Pharmaceutical Society of Australia QLD Branch
- Pharmaceutical Society of Aust (South Australia Branch) Inc
- Pharmaceutical Society of Tasmania
- Pharmaceutical Society of Victoria Ltd

The effective date of the unification under the National Agreement was 30 April 2008. On 18 December 2013, an agreement was executed that provided for the unification of the Pharmaceutical Society of Australia Limited and the Pharmaceutical Society of Western Australia Incorporated. The effective date of the unification was 1 January 2014.

The State Societies mentioned above have granted the Society the right to occupy the premises owned and retained by those entities, and the Society receives all income and pays all costs associated with the ownership, running and maintenance of the properties. Related party transactions with the State Societies are not on normal commercial terms. A related party transaction note is disclosed in note 3(b).

Disclosures relating to related entities are set out in note 6.

10. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This note provides a list of all significant accounting policies adopted in the preparation of these financial statements. These policies have been consistently applied to all the years presented, unless otherwise stated. The financial statements are for the Pharmaceutical Society of Australia Ltd.

(a) Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and interpretations issued by the Australian Accounting Standards Board and the Corporations Act 2001. Pharmaceutical Society of Australia Ltd is a not-for-profit entity for the purpose of preparing the financial statements.

(i) Compliance with Australian Accounting Standards - Reduced Disclosure Requirements

The financial statements of the Society comply with Australian Accounting Standards - Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

(ii) Historical cost convention

The financial statements have been prepared under the historical cost convention, modified by the revaluation of selected non-current assets, financial assets and financial liabilities for which the fair value basis of accounting has been applied, except for investments accounted for using the equity method.

(iii) New standards and interpretations not yet adopted

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2017 reporting periods and have not been early adopted by the Society. The Society's assessment of the impact of these new standards and interpretations is set out below.

• AASB 9 Financial instruments (effective 1 January 2018)

AASB 9 will be applicable for the financial years commencing on or after 1 January 2018. It addresses the classification, measurement and derecognition of financial assets and financial liabilities as well as new rules for hedge accounting.

• AASB 15 Revenue from Contracts with Customers (effective 1 January 2018)

The AASB has issued a new standard for the recognition of revenue. This will replace AASB 118 which covers contracts for goods and services and AASB 111 which covers construction contracts.

The Society has yet to determine which, if any, of its disclosures will have to change as a result of the new guidance. It is therefore not possible to state the impact, if any, of the new rules on the financial statements. The Society does not intend to adopt the standards before their operative date, which means that they would be first applied in the annual reporting period ending 30 June 2019.

There are no other standards that are not yet effective and that would be expected to have a material impact on the entity in the current or future reporting periods and on foreseeable future transactions.

(iv) Critical accounting estimates

The preparation of financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Society's accounting policies. The Society assesses impairment at each reporting date by evaluating conditions specific to the Society that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Fair value less costs to sell or current replacement cost calculations performed in assessing recoverable amounts incorporate a number of key estimates.

(b) Foreign currency translation

(i) Functional and presentation currency

Items included in the financial statements of the Society are measured using the currency of the primary economic environment in which the Society operates ('the functional currency'). The financial statements are presented in Australian dollars (\$), which is the Society's functional and presentation currency.

(ii) Transactions and balances

Foreign currency transactions are translated into the functional currency using the exchange rates at the dates of the transactions. Foreign exchange gains and losses resulting from the settlement of such transactions and from the translation of monetary assets and liabilities denominated in foreign currencies at year end exchange rates are generally recognised in profit or loss.

(c) Revenue recognition

Revenue is measured at the fair value of the consideration received or receivable. Amounts disclosed as revenue are net of returns and rebates.

The Society recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the entity and specific criteria have been met for each of the Society's activities as described below. The Society bases its estimates on historical results, taking into consideration the type of customer, the type of transaction and the specifics of each arrangement.

Revenue is recognised for the major business activities as follows:

(i) Sale of goods

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

(ii) Advertising

Revenue from the advertising is for advertising in the Australian Pharmacist and is recognised in the month the relevant issues paid for is published.

(iii) Conference fees

Revenue from conference fees are recognised in the accounting period in which the conference is held. When conference fees are received in advance of the financial year in which the conference is held, they are recognised in the Balance Sheet as deferred revenue.

(iv) Course fees

Revenue from course fees are recognised based on the actual service provided to the end of the accounting period as a proportion of the total services to be provided. The proportion of services not yet rendered are recognised in the Balance Sheet as deferred revenue.

(v) Subscriptions

Revenue from membership fees are recognised based on the actual service provided to the end of the accounting period as a proportion of the total services to be provided. The proportion of services not yet rendered are recognised in the Balance Sheet as deferred revenue.

(vi) Grant revenue

The Society receives non-reciprocal grants. These grants are recognised at the fair value on the date of acquisition upon which time an asset is taken up in the Balance Sheet and revenue in the Statement of Profit or Loss and Other Comprehensive Income.

(vii) Sponsorship revenue

Sponsorship revenue is recognised in the Statement of Profit or Loss and Other Comprehensive Income when it is controlled. When there are conditions attached to the sponsorship revenue relating to the use of sponsorships for specific purposes it is recognised in the Balance Sheet as deferred revenue until such conditions are met or services provided.

(viii) Donations and bequests

Donations and bequests are recognised as revenue when received unless they are designated for a specific purpose, where they are carried forward as deferred revenue on the Balance Sheet.

(ix) Interest income

Revenue is recognised when interest is earned on cash at bank deposits.

(x) Dividends

Dividends are recognised as revenue upon receipt.

(d) Investments in Joint Ventures

In accordance with AASB 11 Joint Arrangements we have classified our investments in AMH Unit Trust and AACP as joint ventures. The classification depends on the Society's and other investor's contractual rights and obligations, rather than the legal structure of the entities.

Interest in joint ventures are accounted for using the equity method.

Under the equity method of accounting, the investments are initially recognised at cost and adjusted thereafter to recognise the Society's share of the post-acquisition profits or losses of the investee in profit or loss, and the Society's share of movements in other comprehensive income of the investee in other comprehensive income. Dividends received or receivable from associates and joint ventures are recognised as a reduction in the carrying amount of the investment.

When the Society's share of losses in an equity-accounted

investment equals or exceeds its interest in the entity, including any other unsecured long-term receivables, the Society does not recognise further losses, unless it has incurred obligations or made payments on behalf of the other entity.

Unrealised gains on transactions between the Society and its associates and joint ventures are eliminated to the extent of the Society's interest in these entities. Unrealised losses are also eliminated unless the transaction provides evidence of an impairment of the asset transferred. Accounting policies of equity accounted investees have been changed where necessary to ensure consistency with the policies adopted by the Society.

(e) Income tax

Under the concept of mutuality, the Society is only assessed for income tax on the portion of income derived from non-members and other external sources.

The income tax expense or credit for the period is the tax payable on the current period's taxable income based on the applicable income tax rate adjusted by changes in deferred tax assets and liabilities attributable to temporary differences and to unused tax losses.

The current income tax charge is calculated on the basis of the tax laws enacted or substantively enacted at the end of the reporting period. Management periodically evaluates positions taken in tax returns with respect to situations in which applicable tax regulation is subject to interpretation. It establishes provisions where appropriate on the basis of amounts expected to be paid to the tax authorities.

Deferred income tax is provided in full, using the liability method, on temporary differences arising between the tax bases of assets and liabilities and their carrying amounts in the financial statements. However, deferred tax liabilities are not recognised if they arise from the initial recognition of goodwill. Deferred income tax is also not accounted for if it arises from initial recognition of an asset or liability in a transaction other than a business combination that at the time of the transaction affects neither accounting nor taxable profit or loss. Deferred income tax is determined using tax rates (and laws) that have been enacted or substantially enacted by the end of the reporting period and are expected to apply when the related deferred income tax asset is realised or the deferred income tax liability is settled.

Deferred tax assets are recognised only if it is probable that future taxable amounts will be available to utilise those temporary differences and losses.

Deferred tax assets and liabilities are offset when there is a legally enforceable right to offset current tax assets and liabilities and when the deferred tax balances relate to the same taxation authority. Current tax assets and tax liabilities are offset where the entity has a legally enforceable right to offset and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

(f) Leases

Leases in which a significant portion of the risks and rewards of ownership are not transferred to the Society as lessee are classified as operating leases (note 8). Payments made under operating leases (net of any incentives received from the lessor) are charged to profit or loss on a straight-line basis over the period of the lease.

Lease income from operating leases where the Society is a lessor is recognised in income on a straight-line basis over the lease term. The respective leased assets are included in the Balance Sheet based on their nature.

(g) Impairment of assets

Intangible assets that have an indefinite useful life are not subject to amortisation and are tested annually for impairment, or more frequently if events or changes in circumstances indicate that they might be impaired. Other assets are tested for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash inflows which are largely independent of the cash inflows from other assets or groups of assets (cash-generating units). Non-financial assets other than goodwill that suffered an impairment are reviewed for possible reversal of the impairment at the end of each reporting period.

(h) Cash and cash equivalents

For the purpose of presentation in the statement of cash flows, cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value, and bank overdrafts.

(i) Trade receivables

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment. See note 4(b) for further information about the Society's accounting for trade receivables and note 13(g) for a description of the Society's impairment policies.

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off by reducing the carrying amount directly. An allowance account (provision for impairment of trade receivables) is used when there is objective evidence that the Society will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payments (more than 30 days overdue) are considered indicators that the trade receivable is impaired. The amount of the impairment allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. Cash flows relating to short-term receivables are not discounted if the effect of discounting is immaterial.

The amount of the impairment loss is recognised in profit or loss within other expenses. When a trade receivable for which an impairment allowance had been recognised becomes uncollectible in a subsequent period, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

(j) Inventories

(i) Work in progress and finished goods

Inventory are stated at the lower of cost and net realisable value. Cost comprises direct materials, direct contractors, direct labour and an appropriate proportion of overhead expenditure, the latter being allocated on the basis of normal operating capacity. Costs are assigned to individual items of inventory on the basis of weighted average costs. Costs of purchased inventory are determined after deducting rebates and discounts. Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and the estimated costs necessary to make the sale.

(k) Investments and other financial assets

(i) Classification

The Society classifies its financial assets in the following categories:

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They are included in current assets, except for those with maturities greater than 12 months after the reporting period which are classified as non-current assets. Loans and receivables are included in trade and other receivables in the balance sheet.

Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturities that the Society's management has the positive intention and ability to hold to maturity. If the Society were to sell other than an insignificant amount of held-to-maturity financial assets, the whole category would be tainted and reclassified as available-for-sale. Held-to-maturity financial assets are included in non-current assets, except for those with maturities less than 12 months from the end of the reporting period, which are classified as current assets.

Available-for-sale financial assets

Available-for-sale financial assets, comprising principally marketable equity securities, are non-derivatives that are either designated in this category or not classified in any of the other categories. They are included in non-current assets unless the investment matures or management intends to dispose of the investment within 12 months of the end of the reporting period. Investments are designated as available-for-sale if they do not have fixed maturities and fixed or determinable payments and management intends to hold them for the medium to long-term.

The classification depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition. See note 3 for details about each type of financial asset.

(ii) Reclassification

The Society may choose to reclassify a non-derivative trading financial asset out of the held for trading category if the financial asset is no longer held for the purpose of selling it in the near term. Financial assets other than loans and receivables are permitted to be reclassified out of the held for trading category only in rare circumstances arising from a single event that is unusual and highly unlikely to recur in the near term. In addition, the Society may choose to reclassify financial assets that would meet the definition of loans and receivables out of the held for trading or available-for-sale categories if the Society has the intention and ability to hold these financial assets for the foreseeable future or until maturity at the date of reclassification.

Reclassifications are made at fair value as of the reclassification date. Fair value becomes the new cost or amortised cost as applicable, and no reversals of fair value gains or losses recorded before reclassification date are subsequently made. Effective interest rates for financial assets reclassified to loans and receivables and held-to-maturity categories are determined at the reclassification date. Further increases in estimates of cash flows adjust effective interest rates prospectively.

(iii) Recognition and derecognition

Regular way purchases and sales of financial assets are recognised on trade-date - the date on which the Society commits to purchase or sell the asset. Financial assets are derecognised when the rights to receive cash flows from the financial assets have expired or have been transferred and the Society has transferred substantially all the risks and rewards of ownership.

When securities classified as available-for-sale are sold, the accumulated fair value adjustments recognised in other comprehensive income are reclassified to profit or loss as gains and losses from investment securities.

(iv) Measurement

At initial recognition, the Society measures a financial asset at its fair value plus, in the case of a financial asset not at fair value through profit or loss, transaction costs that are directly attributable to the acquisition of the financial asset. Transaction costs of financial assets carried at fair value through profit or loss are expensed in profit or loss.

Loans and receivables and held-to-maturity investments are subsequently carried at amortised cost using the effective interest method.

Available-for-sale financial assets are subsequently carried at fair value. Gains or losses arising from changes in the fair value are recognised for other monetary and non-monetary securities classified as available for sale - in other comprehensive income.

(v) Impairment

The Society assesses at the end of each reporting period whether there is objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or a group of financial assets is impaired and impairment losses are incurred only if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset (a 'loss event') and that loss event (or events) has an impact on the estimated future cash flows of the financial asset or group of financial assets that can be reliably estimated. In the case of equity investments classified as available-for-sale, a significant or prolonged decline in the fair value of the security below its cost is considered an indicator that the assets are impaired.

Assets carried at amortised cost

For loans and receivables, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows (excluding future credit losses that have not been incurred) discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced and the amount of the loss is recognised in profit or loss. If a loan or held-to-maturity investment has a variable interest rate, the discount rate for measuring any impairment loss is the current effective interest rate determined under the contract. As a practical expedient, the Society may measure impairment on the basis of an instrument's fair value using an observable market price.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised (such as an improvement in the debtor's credit rating), the reversal of the previously recognised impairment loss is recognised in profit or loss.

Assets classified as available-for-sale

If there is objective evidence of impairment for available-for-sale financial assets, the cumulative loss - measured as the difference between the acquisition cost and the current fair value, less any impairment loss on that financial asset previously recognised in profit or loss - is removed from equity and recognised in profit or loss.

Impairment losses on equity instruments that were recognised in profit or loss are not reversed through profit or loss in a subsequent period.

(I) Property, plant and equipment

Land and buildings are recognised at fair value less subsequent depreciation for buildings. A revaluation surplus is credited to reserves in equity (note 6(a)). All other property, plant and equipment is recognised at historical cost less depreciation.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Society and the cost of the item can be measured reliably. The carrying amount of any component accounted for as a separate asset is derecognised when replaced. All other repairs and maintenance are charged to profit or loss during the reporting period in which they are incurred.

Increases in the carrying amounts arising on revaluation of land and buildings are recognised, net of tax, in other comprehensive income and accumulated in asset revaluation reserves in equity. To the extent that the increase reverses a decrease previously recognised in profit or loss, the increase is first recognised in profit or loss. Decreases that reverse previous increases of the same asset are first recognised in other comprehensive income to the extent of the remaining surplus attributable to the asset; all other decreases are charged to profit or loss. Each year, the difference between depreciation based on the revalued carrying amount of the asset charged to profit or loss and depreciation based on the asset's original cost, net of tax, is reclassified from the property, plant and equipment revaluation surplus to retained earnings.

Depreciation is calculated using the straight-line method to allocate their cost or revalued amounts, net of their residual values, over their estimated useful lives or, in the case of leasehold improvements and certain leased plant and equipment, the shorter lease term as follows:

• Buildings	2.5% - 3.125%
• Leasehold improvements	33.33%
• Plant and equipment	10% - 17.5 %
• Computer equipment	25% - 54%
• Motor vehicle	20%
• Antiques and artwork	1.8%

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

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These are included in profit or loss. When revalued assets are sold, it is the Society's policy to transfer any amounts included in other reserves in respect of those assets to retained earnings.

(m) Investment properties

Investment properties, leasehold strata office units are currently under construction and will not be occupied by the Society. There is an arrangement with the builder for the sale of these strata units at the completion of construction. While the property is under construction, the construction costs have been added to the land component which has been recognised at valuation.

(n) Intangible assets

(i) Software

Costs associated with maintaining software programmes are recognised as an expense as incurred. Development costs that are directly attributable to the design and testing of identifiable and unique software products controlled by the society are recognised as intangible assets when the following criteria are met:

- it is technically feasible to complete the software so that it will be available for use
- management intends to complete the software and use or sell it
- there is an ability to use or sell the software
- it can be demonstrated how the software will generate probable future economic benefits
- adequate technical, financial and other resources to complete the development and to use or sell the software are available, and
- the expenditure attributable to the software during its development can be reliably measured.

Directly attributable costs that are capitalised as part of the software include employee costs and an appropriate portion of relevant overheads.

Capitalised development costs are recorded as intangible assets and amortised from the point at which the asset is ready for use.

(ii) Copyright material

Internally generated intangible assets including copyright material are shown at historical cost. They have a finite useful life and are subsequently carried at cost less accumulated amortisation and impairment losses.

The diminishing value method is used to amortise intangible copyright material over a period of 3 years.

(iii) Trademarks and licences

Separately acquired trademarks and licences are shown at historical cost. Trademarks and licenses acquired in a business combination are recognised at fair value at the acquisition date. They have a finite useful life and are subsequently carried at cost less accumulated amortisation and impairment losses.

The straight-line method is used to amortise intangible trademarks and licences over a period of 10 years.

(o) Trade and other payables

These amounts represent liabilities for goods and services provided to the Society prior to the end of the financial year which are unpaid. The amounts are unsecured and are usually paid within 30 days of recognition. Trade and other payables are presented as current liabilities unless payment is not due within 12 months from the reporting date. They are recognised initially at their fair value and subsequently measured at amortised cost using the effective interest method.

(p) Employee benefits

(i) Short-term obligations

Liabilities for wages and salaries, including non-monetary benefits and annual leave expected to be settled wholly within 12 months after the end of the period in which the employees render the related service are recognised in respect of employees' services up to the end of the reporting period and are measured at the amounts expected to be paid when the liabilities are settled. The liabilities are presented as current employee benefit obligations in the Balance Sheet.

(ii) Other long-term employee benefit obligations

The liabilities for long service leave and annual leave are not expected to be settled wholly within 12 months after the end of the period in which the employees render the related service. They are therefore measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the end of the reporting period of high quality corporate bonds with terms and currencies that match, as closely as possible, the estimated future cash outflows. Remeasurements as a result of experience adjustments and changes in actuarial assumptions are recognised in profit or loss.

The obligations are presented as current liabilities in the balance sheet if the entity does not have an unconditional right to defer settlement for at least twelve months after the reporting date, regardless of when the actual settlement is expected to occur.

(q) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the Balance Sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as operating cash flows.

DIRECTORS' DECLARATION

In the directors' opinion:

(a) the financial statements and notes set out on pages 33 to 50 are in accordance with the *Corporations Act 2001*, including:

- (i) complying with Accounting Standards - Reduced Disclosure Requirements, the *Corporations Regulations 2001* and other mandatory professional reporting requirements, and
- (ii) giving a true and fair view of the entity's financial position as at 30 June 2017 and of its performance for the year ended on that date, and

(b) there are reasonable grounds to believe that the Society will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of directors.



Shane Jackson

Director

Canberra



Michelle Lynch

Director

Dated on this 21st day of September 2017.



Independent auditor's report

To the members of Pharmaceutical Society of Australia Limited

Our opinion

In our opinion:

The accompanying financial report of Pharmaceutical Society of Australia Limited (the Society) is in accordance with the *Corporations Act 2001*, including:

- (a) giving a true and fair view of the Society's financial position as at 30 June 2017 and of its financial performance for the year then ended
- (b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the *Corporations Regulations 2001*.

What we have audited

The financial report comprises:

- the balance sheet as at 30 June 2017
- the statement of changes in equity for the year then ended
- the statement of cashflows for the year then ended
- the statement of profit or loss and other comprehensive income for the year then ended
- the notes to the financial statements, which include a summary of significant accounting policies
- the declaration of the directors.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial report* section of our report.

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

Independence

We are independent of the Society in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

Other information

The directors are responsible for the other information. The other information obtained at the date of this auditor's report comprises the directors' report included in the annual financial report, but does not include the financial report and our auditor's report thereon.

PricewaterhouseCoopers, ABN 52 780 433 757
28 Sydney Avenue, FORREST ACT 2603, GPO Box 447, CANBERRA CITY ACT 2601
T: + 61 2 6271 3000, F: + 61 2 6271 3999, www.pwc.com.au

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Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the directors for the financial report

The directors of the Society are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and *Corporations Act 2001* and for such internal control as the directors 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.

In preparing the financial report, the directors are responsible for assessing the ability of the Society to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Society or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.



PricewaterhouseCoopers



David Murphy
Partner

Canberra
21 September 2017

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