



Consumers  
Health Forum  
*of Australia*

# ANNUAL REPORT 2006-07

*Representing consumers on national health issues*

**Consumers Health Forum  
of Australia**

**Annual Report  
2006–2007**

## **Consumers Health Forum of Australia**

The Consumers Health Forum of Australia Inc (CHF) is the national voice for health consumers. It helps shape Australia's health system by representing and involving consumers in health policy and program development.

CHF, established in 1987, is an independent member-based non-government organisation for health consumers. It receives funding from the Australian Government Department of Health and Ageing, membership and specially-funded projects.

CHF is the only national organisation that can reach nearly 1 million Australians across a wide range of health interests and health system experiences. It provides government and policy makers with a consumer perspective on health issues and balances the view of health care professionals, service providers and industry.

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# Consumers Health Forum of Australia Strategic Plan 2005-09

## Vision

*Consumers shaping health in Australia*

## Mission

*To provide a respected and informed consumer voice on national health issues*

## We Value

- ❖ A broad and encompassing view of health
- ❖ Diversity in people, cultures and contributions
- ❖ A fair and responsive health system which minimises inequalities
- ❖ Self-determination for health consumers
- ❖ Working in collaboration with health providers
- ❖ Safe, good quality health care
- ❖ Being a representative, responsive and accountable consumer organisation

## Goals

1. Strengthen the recognition of CHF as a national leader for health consumers
2. Improve CHF's profile and communications with key stakeholders
3. Strengthen CHF's governance and management

# Chairperson's Report

The 2006-07 year has been a very positive time for the Consumers Health Forum of Australia (CHF) and we can look back on the year with a strong sense of achievement.

This year, CHF has taken a more proactive advocacy profile. This has been made possible by your – our members – contribution in each of our priority areas; safety and quality in health care, health for people with chronic conditions and safe and appropriate use of medicines. The funded projects in each of these areas have given us many opportunities to stay in touch with members and work together on current and emerging health issues. There is a brief overview of each of the projects later in this report: Safety and Quality – It's all about communication; E-health for consumers, Private Health Reforms – Consumers have a say; and the Community Quality Use of Medicines project.

In fulfilling our mission to represent consumers on national health issues, we rely on the active involvement of our members in responding to information papers, participating in meetings, contributing to email lists and taking part in so many other ways. This contribution has been very positive and productive in the past year. We have been able to provide strong advice to many programs and made input to legislative processes, with several amendments to health legislation, including reforms to private health and the Pharmaceutical Benefits Scheme.

We have also taken a proactive approach to media, issuing regular releases to make sure that our name stays in front of key health journalists and that our members can see the whole position, not just the occasional quote. The opportunity to put a patient perspective in *The Weekend Australian* every fourth week has given us another avenue for advocacy, as has our new bimonthly advocacy newsletter, *Consumers Shaping Health*.

While promoting the work of our organisation and your views to external stakeholders and the general public through the media and other activities, we are also committed to keeping in touch with you, our members.

Changing *HealthUpdate* from a monthly hard copy newsletter to a twice monthly e-newsletter has meant we are better able let you know about current health issues. In 2007-08 we will replace *The Australian Health Consumer* with a new look journal forum and are looking for ways to fund the redevelopment of our website.

The Annual General Meeting also sees the unveiling of our new look to increase the recognition of CHF and demonstrate that we are moving ahead.

As our work depends on a strong, broad and dynamic member base, we are continuing to strengthen our membership. This year we have contacted many of our organisational members to encourage them to add to our voice as voting members. We will continue a range of membership engagement strategies to offer our members better services in 2007-08 and to encourage others to join CHF and add to our strength.

I am pleased to report another year of improving financial sustainability. Once again we have finished the year with a prudent surplus and our much needed reserves are improving. In 2006-07 we increased our revenue by more than 30% (\$977,857 to \$1,371,220) and increased our retained earnings from \$98,399 to \$197,556. It is vital for us to maintain reserves to ensure we are able to respond to new and emerging needs and that we are able to operate through the various economic cycles that confront all organisations over time.

CHF is guided by its Governing Committee (GC) and the year began with the election of a new GC. A number of new members were elected along with some members from the previous term. The GC that took office at the 2006 Annual General Meeting has an excellent mix of skills and backgrounds including strategic and organisational expertise, accounting and finance understanding, legal and risk management experience, understanding of members and stakeholders, and health consumer knowledge and experience. The Annual Report includes an overview of how the

GC members are contributing to CHF; as with many organisations, their contribution goes far beyond attending meetings.

I would like to take this opportunity to thank outgoing GC members Russell McGowan (Health Care Consumers Association of the ACT), Margaret Charlton (South Australian Consumer Representatives Network), Kirsty Machon (National Association of People Living with HIV/AIDS) and Roy Harvey (Australian Council of Social Services) for their valuable contribution to CHF.

I would also like to pay tribute to the hard working members of the secretariat. Without the drive and enthusiasm of this small group of dedicated people, the plans and policies developed by the organisation would be

impossible to implement. Thank you to Helen Hopkins and her team for their continuing and excellent hard work on behalf of Australian health consumers. As with most organisations, people come into and leave the organisation over time and I wish to make special mention of our Director of Policy and Projects, Melanie Cantwell, who moved to a new challenge after almost five years with us. We wish her every success.

Finally, thank you to our members who have supported CHF in the past year. We look forward to working with you in the coming year to further shape Australia's health.

Mitch Messer  
CHAIRPERSON

# CHF Highlights 2006–07

The vision of the Consumers Health Forum of Australia (CHF) is consumers shaping health in Australia. The way we work towards this vision by providing a respected and informed voice on national health issues. Our *Strategic Plan 2005-09* sets our goals and objectives and the Governing Committee has set our priorities for advocacy as safety and quality in health care, health care for people with chronic conditions and safe and appropriate use of medicines.

In the *Annual Report 2006-07* we can look back on the highlights for the year with a strong sense of achievement on the progress towards each of our goals.

## **Goal 1 – policy and advocacy: Strengthen the recognition of CHF as a national leader for health consumers.**

CHF achieved special project funding to support our work in each of our priorities for advocacy in 2006-07 and this work has helped us to meet objectives 1.1 – 1.4 in the *Strategic Plan 2005-09*.

### **1.1 Engage in health care reform to optimise consumer outcomes**

#### **Health care for people with chronic conditions**

Through the 'Private health reforms – consumers have a say' project, CHF consulted with consumers and provided government and other stakeholders with informed and strategic consumer advice on consumer perspectives of private health insurance and the reforms, particularly issues around informed financial consent and broader health cover. The project was funded by the Australian Government Department of Health and Ageing.

CHF reinforced the importance of equity of access to health care when and where we need it, in hospital, in the community and across the public and private sectors.

The new private health insurance legislation mandated the Private Health Insurance Ombudsman's website, advocated for by CHF, where all health insurers must now list their products so consumers can easily compare products and services.

A follow-on project commenced with a CHF workshop to evaluate the new private health insurance site. The project will also monitor how

well informed financial consent strategies are working for consumers.

CHF will speak to – and for – consumers on the development and introduction of broader health cover options to ensure they increase consumer choice through the provision of increased health service options that are evidence-based.

### **1.2 Engage with health service providers to optimise consumer outcomes**

#### **Safety and quality in health care**

By improving communication between consumers and health care providers and by focussing on positive change, rather than blame, CHF is helping to drive cultural changes within the health system to achieve sustainable improvements in safety and quality in health care.

The CHF safety and quality project is engaging and involving health consumers across Australia in safety and quality improvements. The Australian Commission for Safety and Quality in Health Care has funded the project.

CHF is giving informed and strategic consumer expertise and advice to the Commission and key stakeholders about consumer perspectives on safety and quality in health care. It is also informing CHF members and other interested health consumers about approaches being taken to improve safety and quality of care across the public and private hospital sector, primary health care and community care settings and seek their involvement.

### **1.3 Advocate for consumers to optimise their personal health outcomes**

#### **Health care for people with chronic conditions**

Information technology and information management solutions (electronic health or e-health) can be instrumental in helping consumers improve their health outcomes.

The Australian Government Department of Health and Ageing has funded CHF to involve and encourage consumers to create a demand for e-health initiatives that enable them as active partners in their own health; for example, initiatives for improved access to their own health information, to clinical knowledge resources and individual tools to optimise their personal health outcomes.



CHF informs consumers about e-health opportunities through workshops, the CHF website, newsletters, publications and media opportunities and seeks feedback on their effectiveness. CHF believes that electronic medication records and other electronic tools of health care providers can strengthen partnerships between health care providers and consumers.

Other project activities include developing easy to understand information on how to assess health websites and other information management systems. Through liaison with other e-health stakeholders CHF passes on consumer perspectives for incorporation into key e-health implementation programs and other initiatives.

#### **1.4 Develop a proactive capacity to identify and respond to emerging issues**

##### **Safe and appropriate use of medicines**

Quality Use of Medicines (QUM) is one of the central objectives of Australia's National Medicines Policy 2000. CHF has advocated for many years for information about medicines that is developed by and for health consumers. CHF is well placed to advise government and other stakeholders about consumer perspectives and to analyse and respond to emerging QUM issues and initiatives, such as the Pharmaceutical Benefits Scheme (PBS) reforms in 2007.

CHF held a number of community consultations to inform people about QUM issues and find what information they want about their medicines, including generic and complementary medicines. Fact sheets were then developed by CHF and the National Prescribing Service (NPS) to help consumers find independent, credible and reliable sources of information about medicines and how to use medicines safely, wisely and appropriately. The importance of consumers taking an active role in managing their health is emphasised through the work. The project was funded by the NPS as part of its government-funded Community QUM Program, run in partnership with CHF and other consumer groups.

Through the PBS reform process, CHF played a strong role in ensuring that consumers in Australia have access to generic medicines at the same low costs as consumers internationally, while protecting the integrity of our PBS. The promised generic medicines information campaign which has bipartisan support is also a win for consumers, as it is critical that

consumers have the facts about generic medicines and know that they have a choice.

## **Goal 2 Communications and membership – Improve CHF profile and communications with key stakeholders**

This year CHF has put a strong emphasis on strengthening our focus on communications and membership to help reach objectives 2.1 – 2.5 of our *Strategic Plan 2005-09*.

### **2.1 Promote CHF as a national leader for health consumers**

The public profile of CHF has increased substantially in 2006-07. Regular media releases have kept members up-to-date with CHF statements on current issues. Media references to CHF have increased to an average of more than four each month for 2007, in addition to the regular CHF column in *The Weekend Australian*, 'A patient perspective,' which runs every fourth week.

CHF has also maintained a strategic presence through participation of our advocates on key national committees, as speakers at conferences in our priority areas and contributions to stakeholder meetings.

### **2.2 Improve CHF communications**

The appointment of a full time Communications Advisor in 2007 helped us to implement our communications plan, and improve our overall written communications.

*HealthUpdate*, the highly valued members' newsletter, has changed from monthly hard copy and email circulation to a twice monthly e-newsletter, which helps members and consumer representatives keep abreast of news, opportunities and activities through CHF.

*Consumers shaping health*, the new bimonthly advocacy newsletter has been developed for wide circulation to stakeholders in health including politicians, government, health professional organisations and advocacy groups as well as members, to commence in August 2007.

*The Australian Health Consumer* is being repositioned to include current CHF policy statements as well as a forum for health policy debate and consumer perspectives. The themes for the first two issues for 2007 were aligned to CHF advocacy priorities, safe and appropriate use of medicines and health care for people with chronic conditions. The final issue due for distribution in October 2007 is on safety and quality in health care.

### **2.3 Strengthen and optimise relationships with members**

The work of CHF depends on a strong, broad and dynamic membership base. As part of the membership engagement strategy underway, CHF contacted consumer organisational members to encourage applications for voting membership.

Telephone interviews with a sample of member organisations showed how important the consumer representatives program was to members as an opportunity to influence national health policy. CHF was delighted with the strong support that members provided in nominating new consumer representatives to attend the training and orientation workshop for consumer representatives in August 2006. Members continued to support expressions of interest for policy workshops, strong feedback to information papers and applications for consumer representative vacancies. Collaborations with members to run consumer consultation sessions in local communities about e-health and quality use of medicines ensure that local people hear about national health initiatives. In addition, these sessions helped CHF to ensure that very practical issues for health consumers were considered nationally.

### **2.4 Promote the inclusion of a consumer perspective in relevant areas**

To promote the inclusion of a consumer perspective, consumer representatives rose to the challenge to improve reporting about their achievements. Many consumer representatives have built strong relationships, worked cooperatively and gained the respect of their government, industry and academic committee colleagues. This is reflected in the extended involvement and leadership roles taken on by a growing number of consumer representatives. These include invitations to participate on subcommittees, appointments as committee Chairs and referrals for consumer consultations, representatives and speaker opportunities for CHF.

With consumer representatives involved in meetings, quality of life and social impacts of new technology and procedures are considered. Health professionals share expertise to facilitate holistic care without compromising privacy and consider changes to training courses to achieve a more coordinated approach to patient care. The importance of non-medical patient needs such as effective communication are discussed. While frustrations are many and at times simply being

at the table is an achievement in itself, the reports of 2006-07 from consumer representatives resound with a strengthening and broadening of the consumer voice.

### **2.5 Strengthen and improve consumer representation and participation**

Health consumers have direct input into the development of major health procedures, products, policies and programs through the Consumer Representatives Program, which nominates consumer representatives to sit on over 200 national health-related committees.

The diverse range of issues in which consumer representatives are involved include: pharmaceutical regulation; hospital safety; medical education and training; health insurance. Consumer representatives are passionate and effective advocates for consumer interests who actively network among CHF membership before taking consumer views to committee meetings. Many have long-term, multiple interactions with the health system, so are experienced users of the system. The training and support provided by CHF also helps representatives provide an important balance to the views of health care professionals, service providers and industry.

Consumer representatives have contributed to tangible improvements to Australia's health care by helping committee members see the consumer perspective. Committees have incorporated consumer needs into programs, identified potential problems with policy and procedures before they are implemented, advised on safety issues, ensured certain medicines and procedures are made widely available and requested public information be written in plain English.

CHF consumer representatives provide high quality input which results in better outcomes for health consumers and added value to health policy and programs.

## **Goal 3 – Governance and management – strengthen CHF governance and management**

### **3.1 Strengthen the governance program**

For the Governing Committee elections in 2006, voting member organisations considered the skills and criteria needed on all boards. The Governing Committee induction meeting in October 2006 included an overview of the roles and responsibilities of board members and the

CHF organisational policies. The Governing Committee continued to progress a review of governance, developed terms of reference for key positions in various aspects of CHF work and commenced professional development to meet the needs of the organisation.

### **3.2 Strengthen the Secretariat's capability and capacity**

The secretariat was restructured during 2007 to better meet the needs of CHF through teams for each of the three goals of the Strategic Plan. The three team leaders report directly to the Executive Director. During this time of change and with the new industrial relations legislation, the secretariat placed particular emphasis on human resources. Team work and professional development assisted to build the capacity of individual staff members to work across all policy area and share experience across the teams. A regular report to the Governing Committee on human resources compliance and achievements commences from the July 2007 meeting.

### **3.3 Develop and share consumer knowledge base**

Work commenced on developing a new database to support improved relationships with CHF members and consumer representatives, as well as increase member services, such as wider distribution of *HealthUpdate*, within our member organisations. In addition, the stakeholder database was expanded to enable wider distribution of media releases and the bimonthly advocacy newsletter, *Consumers Shaping Health*. The CHF website continued as a major part of the CHF knowledge base of consumer work. Technology improvements to continue to meet consumer expectations are required and opportunities for redevelopment are being explored.

### **3.4 Maintain and improve a sustainable financial base**

The Governing Committee sought expert financial advice to ensure the sustainability of CHF through a sound financial base. Financial systems were reviewed and updated and advice on budgeting and financial reporting was implemented. CHF must build on and maintain adequate reserves to ensure continuing operation through the various economic cycles that confront all organisations over time.

## **CHF Staff**

The Executive Director, Helen Hopkins, is the senior employee of CHF and has responsibility for the CHF Secretariat, day-to-day finance and administration, and other delegations and powers given by the Governing Committee.

Thanks to the secretariat team for their strong contribution to the work of CHF in 2006-07:

Emma Awizen, Member Services Manager

Janet Cameron, Office Manager

Claudia Cresswell, Community Development Officer

Rachele Dews, Project Officer

Catherine Ellis, Policy Officer

Jan Finley, Director of Operations

Penny Gibson, Communications Advisor

Craig Hooper, Senior Policy Advisor

Sarah Jones, Policy Officer

Karolina Russell, Policy Officer

Debbie Smith, Committee Liaison Officer

Helen Briggs, Policy Officer (casual work)

Amanda Bresnan, Policy Manager (to January 2007)

Melanie Cantwell, Director of Policy and Projects (to October 2006)

Janet Cossart, Consumer Representatives Program Manager (to October 2006)

Scott Harlum, Policy Manager (to June 2007)

Jane Tishler, Policy Officer (January to April 2007)

Milly Betteridge, Policy Officer (casual work)

Nadine Firestone (casual work)

Jessie Price, Consumer Representatives Program Officer (casual work)

# CHF Governance

The Consumers Health Forum of Australia Incorporated (CHF) is incorporated under the *Associations Incorporation Act 1991* (ACT).

## Governing Committee

The Governing Committee is responsible for all facets of the management of CHF and meets face-to-face three times a year. Voting members of CHF elect a Governing Committee every two years at an Annual General Meeting. The current Governing Committee was elected on 26 October 2006. The *Constitution* provides for a twelve-member Governing Committee, comprising:

- five members nominated by organisations that are constituted on a national basis, and
- seven members nominated by organisations that are not constituted on a national basis.

## Members of the Governing Committee

Mitch Messer – Chairperson (Health Consumers' Council of WA)  
Jan Donovan – Vice Chairperson (Chronic Illness Alliance)  
Susan Mitchell – Treasurer (Health Consumers of Rural and Remote Australia)  
Sally Crossing AM (Cancer Voices NSW)  
Frank Fisher (Health Issues Centre)  
Joan Hughes (Carers Australia)  
Gregor Macfie (Australian Council of Social Services)  
Christopher Newell AM (Tasmanians with Disabilities)  
Sheila Rimmer AM (Council on the Ageing (COTA) SA)  
Alexandra Rivers (Mental Illness Fellowship of Australia)  
Antonio Russo (Health Rights and Community Action)  
Diane Walsh (Consumer Reference Group, Top End Division of General Practice)

To October 2006:

Russell McGowan (Health Care Consumers' Association of the ACT)  
Margaret Charlton (South Australian Consumer Reps Network)  
Kirsty Machon (National Association of People Living with HIV/AIDS)

To August 2006:

Roy Harvey (Australian Council of Social Services)

The commitment of the members of the Governing Committee is one of the strengths of CHF. When CHF called for nominations for its Governing Committee in 2006, a new approach was taken and members were reminded of the core skills that should be represented on the Governing Committee, which are not unique to CHF but required by all organisations. It is critical to CHF that the Governing Committee has a mix of skills and experience and works as a well-rounded team.

As well as their direct governance responsibilities, all of the Governing Committee members make important contributions to CHF in many different ways, including sub-committees and working groups, chairing project reference groups, representing CHF at stakeholder functions and workshops or in consumer representative positions that are strategic for CHF, as well as providing feedback to the secretariat on ongoing work.

All CHF office bearers are members of the Executive Committee which meets by teleconference most months between Governing Committee meetings. Christopher Newell and Diane Walsh are nominated by the Governing Committee to the Executive Committee as well.

During the year, CHF Chairperson Mitch Messer has been reappointed by the Minister as the consumer member of the Pharmaceutical Benefits Advisory Committee (PBAC). He continues to remind the PBAC about the impact health conditions have on the lives of consumers, and advocate for new ways to ensure that consumer perspective is heard. In recognition of his expertise in consumer participation, he was invited to join the Australian Institute for Health Policy Studies Board which he now chairs. As well as being the main media spokesperson for CHF, Mitch also contributes to the speakers program, giving conference presentations on consumer participation at key stakeholder conferences during the year (see Appendix 1).

Vice Chairperson, Jan Donovan has also contributed to the speakers program as a panellist at the AMA National Conference Health Workforce Policy Session. Although she has recently completed her term as the inaugural consumer representative on the National Prescribing Service (NPS) Board, she remains as the inaugural consumer representative on the Medicines Evaluation Committee and has taken on the Medicare Australia Stakeholder Consultative Group. Jan also stands in for Mitch

in meetings with key stakeholders and politicians on occasions.

Treasurer, Susan Mitchell, is always prepared to represent CHF at stakeholder functions, providing a practical rural perspective. She is an active consumer representative on the Medicines Australia Monitoring Committee which maintains a watch on internet advertising and has also been involved as a consumer representative on working groups relating to medical education and nursing practice. She chairs the CHF E-health Project Reference Group.

Christopher Newell is the consumer member of the Australian Commission on Safety and Quality in Health Care through an external Australian Health Ministers Advisory Council (AHMAC) process and is nominated by CHF to the National Health and Medical Research Council (NHMRC) and its Licensing Committee for Use of Excess ART Embryos (both are Ministerial appointments). He is also nominated by CHF to the Australian General Practice Accreditation Ltd (AGPAL) Board. As well, Christopher chairs the CHF Private Health Reforms Project Reference Group.

Diane Walsh has been very active as the Chair of the Consumer Representatives Sub-committee and its nominee to the Consumer Representatives Project Reference Group. She also chaired the CHF Community Quality Use of Medicines Project Reference Group in 2006, but stepped down when she was invited to chair the NPS Community QUM Working Group. She is the alternate consumer director on the NPS Board and represents CHF on the Australian Medical Council Board and the Medicare Australia Consumer Consultative Group. She also contributes to the speakers program and spoke at the Australian General Practice Network Forum about the CHF model for community quality use of medicines engagements.

Sheila Rimmer is nominated by CHF to the Medical Services Advisory Committee which makes recommendations to the Minister for Health and Ageing about whether new procedures should be included on the Medical Benefits Schedule and covered by Medicare. She is also the CHF Governing Committee nominee to the Australian Population Health Development Committee. Both of these positions are ministerial appointments. As a very active and experienced consumer representative, CHF can always rely on Sheila to represent the organisation at stakeholder functions and

consultations. Since stepping down from the Executive Committee in October 2006, Sheila has joined the Consumer Representatives Sub-committee.

Sally Crossing is a well known consumer advocate among key stakeholders in health and never misses an opportunity to proactively remind them about the role of CHF. She chairs the CHF Membership Sub-committee and has been a driving force in developing a membership engagement strategy.

Frank Fisher is nominated by CHF to the Medical Devices Evaluation Committee (ministerial appointment) and is a member of the CHF Consumer Representatives Sub-committee. He also chaired the CHF Community QUM Project Reference Group in 2007. He continues to remind us all of the importance of considering environmental impacts as part of health policy development.

More recent Governing Committee members are all making a strong contribution to CHF. Joan Hughes has shared her experience with CHF in areas such as website, communications and policy development as well as carers' issues. Gregor Macfie contributes to a small working group that helps to develop the advocacy newsletter, *Consumers Shaping Health*, as well as sharing his experience on policy development and governance matters, with a particular focus on equity and social determinants of health. Alex Rivers is a member of the Consumer Representatives Sub-committee and a strong voice for the rights of people with mental illness and disability. Antonio Russo chairs the Safety and Quality Project Reference Group and has contributed innovative suggestions for improving financial sustainability.

### Attendance at meetings by current Governing Committee

	Governing Committee	Executive Committee
Mitch Messer	2/3	5/5
Jan Donovan	2/2	5/5
Susan Mitchell	3/3	4/5
Christopher Newell	2½/3	4/5
Diane Walsh	2½/3	4/5
Sally Crossing	2/3	
Frank Fisher	3/3	
Joan Hughes	1½/2	
Gregor Macfie	2/2	
Sheila Rimmer	3/3	
Alexandra Rivers	3/3	
Antonio Russo	2/2	

**Financial Report for  
the Year Ended  
30 June 2007**

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**COMMITTEE MEMBERS' REPORT**

Your committee members present their report on the company for the financial year ended 30 June 2007.

**Committee Members**

The names of the committee members in office at any time during or since the end of the financial year are:

Mitchell Messer – Chairperson  
Jan Donovan – Vice Chairperson (from October 2006)  
Susan Mitchell – Treasurer  
Christopher Newell  
Diane Walsh  
Sally Crossing  
Frank Fisher  
Sheila Rimmer  
Alexandra Rivers

From October 2006:

Joan Hughes  
Gregor Macfie  
Antonio Russo

To October 2006:

Russell McGowan – Vice Chairperson  
Margaret Charlton  
Kirstin Machon

To August 2006:

Roy Harvey

**Operating Results**

The surplus of the association for the financial year was \$99,157 (2006: \$32,125).

**Significant Changes in State of Affairs**

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

**Principal Activity**

The principal activity of the association during the financial year was to contribute to the development of equitable health services.

No significant change in the nature of these activities occurred during the year.

**After Balance Date Events**

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the association, the results of those operations, or the state of affairs of the association in future financial years.

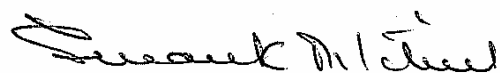
Signed in accordance with a resolution of the committee:



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Mitchell Messer - Chairperson

Dated: 18 September 2007



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Susan Mitchell - Treasurer

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**INCOME STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2007**

	Notes	2007 \$	2006 \$
<b>Revenue from all activities</b>	3	<b>1,371,270</b>	977,857
<b>Expenditure</b>			
Administration costs		<b>(291,145)</b>	(230,753)
Program costs		<b>(980,968)</b>	(714,979)
<b>Net surplus/(deficit) from all activities</b>		<b>99,157</b>	32,125

The accompanying notes form part of these financial statements.



**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**BALANCE SHEET**  
**AS AT 30 JUNE 2007**

	Notes	2006 \$	2006 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	6	289,035	138,931
Trade and other receivables	7	515,864	350,272
Other current assets	9	1,897	3,295
<b>TOTAL CURRENT ASSETS</b>		<b>806,796</b>	<b>492,498</b>
<b>NON-CURRENT ASSETS</b>			
Financial assets	8	16,145	16,145
Property, plant and equipment	10	74,508	68,494
<b>TOTAL NON-CURRENT ASSETS</b>		<b>90,653</b>	<b>84,639</b>
<b>TOTAL ASSETS</b>		<b>897,449</b>	<b>577,137</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	11	138,221	82,551
Financial liabilities	12	1,121	9,865
Provisions	13	51,671	36,330
Other	14	506,317	344,712
<b>TOTAL CURRENT LIABILITIES</b>		<b>697,330</b>	<b>473,458</b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	13	2,563	4,855
Other	14	-	425
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>2,563</b>	<b>5,280</b>
<b>TOTAL LIABILITIES</b>		<b>699,893</b>	<b>478,738</b>
<b>NET ASSETS</b>		<b>197,556</b>	<b>98,399</b>
<b>EQUITY</b>			
Retained surplus		197,556	98,399
<b>TOTAL EQUITY</b>		<b>197,556</b>	<b>98,399</b>

The accompanying notes form part of these financial statements.

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**STATEMENT OF RECOGNISED INCOME & EXPENDITURE**  
**FOR THE YEAR ENDED 30 JUNE 2007**

	<b>Retained Earnings</b>	<b>Total Equity</b>
	\$	\$
<b>Balance at 1 July 2005</b>	66,273	66,273
Net Surplus/(Loss) for the year	<u>32,126</u>	<u>32,126</u>
<b>Balance at 30 June 2006</b>	<b><u>98,399</u></b>	<b><u>98,399</u></b>
<b>Balance at 1 July 2006</b>	98,399	98,399
Net Surplus/(Loss) for the year	<u>99,157</u>	<u>99,157</u>
<b>Balance at 30 June 2007</b>	<b><u>197,556</u></b>	<b><u>197,556</u></b>

The accompanying notes form part of these financial statements.

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 30 JUNE 2007**

	Notes	2007 \$	2006 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Receipts government, members and other parties	3	1,489,784	1,114,951
Interest received		12,934	6,653
Payments to suppliers and employees		(1,321,868)	(970,302)
Borrowing costs		(619)	(5,438)
Net cash provided by/(used in) operating activities	18	<u>180,231</u>	<u>145,864</u>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Payments for property, plant and equipment		(21,383)	(2,896)
Proceeds from sale of property, plant and equipment		-	-
Net cash provided by/(used) investing activities		<u>(21,383)</u>	<u>(2,896)</u>
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>			
Repayment of finance lease principal		(8,744)	(17,641)
Net cash provided by/(used in) financing activities		<u>(8,744)</u>	<u>(17,641)</u>
Net increase/(decrease) in cash held		<b>150,104</b>	125,327
Cash at beginning of financial year		<b>138,931</b>	13,604
Cash at end of financial year	6	<u><b>289,035</b></u>	<u>138,931</u>

The accompanying notes form part of these financial statements.

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2007**

**NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

The financial report is a general purpose financial report that has been prepared in accordance with Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporations Act 1991 of the Australian Capital Territory.

The financial report covers the Consumers' Health Forum of Australia Incorporated as an individual entity. The Consumers' Health Forum of Australia Incorporated is an Association established under the Associations Incorporations Act 1991 of the Australian Capital Territory.

Australian Accounting Standards include Australian equivalents to International Financial Reporting Standards (IFRS). Compliance with the Australian equivalents to IFRS (AIFRS) ensures that the financial report, comprising the financial statements and notes complies with IFRS.

The financial report has been prepared on an accruals basis and is based on historical costs. It does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

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

**(a) Income Tax**

The Association is exempt from income tax under Subdivision 50-B of the Income Tax Assessment Act 1997.

**(b) Property, Plant and Equipment**

*Plant and equipment*

Plant and equipment is valued at cost or fair value less, where applicable, any accumulated depreciation. The carrying amount of plant and equipment is reviewed annually by management to ensure it is not in excess of the recoverable amount from these assets.

*Depreciation*

Plant and equipment is measured on the cost basis.

The depreciable amount of all fixed assets is depreciated over their useful lives to the Association commencing from the time the asset is held ready for use.

The depreciation rates for each category of property, plant and equipment are:

<b>Class of asset</b>	<b>Depreciation rates</b>	<b>Depreciation basis</b>
Equipment	10%-33.34%	Straight Line
	10%-33.34%	Diminishing Value
Leasehold improvements	10%	Diminishing Value
Lease assets	20%-33.34%	Straight Line

**(c) Leasehold assets**

*Finance leases*

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the Association are classified as finance leases. Finance lease are capitalized, recording a liability equal to the present value of the minimum lease payments, including any guaranteed residual values. Finance lease assets are depreciated on a straight-line basis over the estimated useful life of the asset. Finance lease payments are allocated between interest expense and reduction of lease liability over the term of the lease. The interest rate is determined by applying the interest rate implicit in the lease to the outstanding lease liability at the beginning of each lease payment period.

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2007**

**(c) Leasehold assets (Continued)**

*Operating Leases*

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognized as an expense in the period in which they are incurred.

*Lease incentives*

Lease incentives under operating leases are recognised as a lease incentive liability (other current liabilities) when provided. Lease payments made over the remainder of the lease term reduce the liability to the extent that they are in excess of the average monthly rentals.

**(d) Employee benefits**

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with entitlements arising from salaries and annual leave that will be settled after one year, have been measured at their nominal amount at the remuneration rates expected to apply at the time of settlement. Other employee benefits payable later than one year have been measured using a shorthand method that reliably estimates the present value of the estimated future cash flows to be made for those benefits. Contributions made to employee superannuation funds by the Association are charges as expenses when incurred.

**(e) Cash**

For the purposes of the Statement of Cash Flows, cash includes cash on hand and in banks, in deposits at call and investments in money market instruments convertible to cash, net of outstanding bank overdrafts.

**(f) Revenue**

*Grants*

Grants are recognised as revenue to the extent that the monies have been applied in accordance with that conditions of the grant. Grant funds received prior to year-end but unexpended as at that date are recognised as unexpended grants (other current liabilities).

*Membership fees and journal subscriptions*

Revenue from membership fees and journal subscriptions are recognised progressively over the period to which the membership or subscription relates. Both membership fees and journal subscriptions are levied on a financial year basis. The portion of membership fees and journal subscriptions received that relates to the following financial year is brought to account at balance date as revenue received in advance (other current liability).

*Other revenue*

All other revenue is recognised upon the delivery of the goods or services to the customer.

**(g) Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2007**

	<b>2007</b>	<b>2006</b>
	<b>\$</b>	<b>\$</b>
<b>Note 3: Revenue</b>		
Operating activities:		
- Grant revenue	1,314,254	923,457
-Membership fees	30,091	29,169
-Publications and journal subscriptions	7,057	8,573
-Other	6,934	10,422
	<b>1,358,336</b>	<b>971,621</b>
Non-operating activities		
- Interest	12,934	6,653
- Profit/(Loss) and disposal of equipment	-	(417)
	<b>12,934</b>	<b>6,236</b>
Total revenue	<b>1,371,270</b>	<b>977,857</b>

**Note 4: Surplus/(Deficit) From Ordinary Activities**

Net surplus/(deficit) from ordinary activities has been determined after:

(a) Expenses:

Depreciation of non-current assets

- Plant and equipment	5,128	4,381
- Leasehold improvements	4,074	4,280
-Leasehold assets	6,167	10,934
	<b>15,369</b>	<b>19,595</b>

Borrowing costs

- Lease finance charges	619	5,438
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Rental expense on operating leases:

- Premises	73,046	69,378
- Plant and equipment	12,414	-

Total	<b>86,079</b>	<b>74,816</b>
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**Note 5: Auditors' Remuneration**

Remuneration received by the auditor during the financial year for:

- Auditing or reviewing the financial report	7,000	5,400
- Other services	-	-
	<b>7,000</b>	<b>5,400</b>

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2007**

	<b>2007</b>	<b>2006</b>
	\$	\$
<b>Note 6: Cash and Cash Equivalents</b>		
Cash on hand	100	100
Cash at bank	288,935	138,831
	<b>289,035</b>	<b>138,931</b>
<b>Note 7: Trade Debtors and Other Receivables</b>		
<b>CURRENT</b>		
Debtors	515,864	350,272
<b>Note 8: Financial Assets</b>		
<b>NON CURRENT</b>		
Bond on leased office premises	16,145	16,145
<p>(i) Relates to a bank guarantee held with the St George Bank Limited, in favour of The Institution of Engineers, Australia, the lessor of Unit 10, Level 2, Engineering House, 11 National Circuit Barton ACT. The amount represents three months rent, and is refundable to the Association on expiration of the current lease, subject to satisfactory vacation of the leased premises.</p>		
<b>Note 9: Other Assets</b>		
<b>CURRENT</b>		
Accrued revenues	-	815
Prepayments	1,897	2,480
	<b>1,897</b>	<b>3,295</b>
<b>Note 10: Property, plant and equipment</b>		
Work in Progress (Software) – at cost	15,661	-
Office equipment –at cost	42,273	39,089
Accumulated depreciation	(29,767)	(24,639)
	<b>12,506</b>	<b>14,450</b>
Leasehold improvements-at cost	54,594	52,057
Accumulated depreciation	(17,609)	(13,536)
	<b>36,985</b>	<b>38,521</b>
Leased assets – office furniture and equipment – at cost	52,375	52,375
Accumulated depreciation	(43,019)	(36,852)
	<b>9,356</b>	<b>15,523</b>
<b>Total property, plant and equipment</b>	<b>74,508</b>	<b>68,494</b>

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2007**

	2007	2006
	\$	\$
<b>Note 10: Property, plant and equipment (continued)</b>		
<b>(a) Movements in Carrying Amounts</b>		
movement in the carrying amounts of each class of property, plant and equipment between the beginning and the end of the current financial year.		
<b>2007</b>	<b>Work in Progress</b>	<b>Plant &amp; equipment</b>
	<b>Leasehold improvements</b>	<b>Leased assets</b>
	<b>Total</b>	
	\$	\$
Opening balance	-	14,450
Additions/(Disposals)	15,661	3,184
Depreciation expense	-	(5,128)
Carrying amount at end of year	<u>15,661</u>	<u>12,506</u>
	38,521	2,538
	15,523	-
	(4,074)	(6,167)
	<u>36,985</u>	<u>9,356</u>
	<u>74,508</u>	
<b>Note 11: Trade and Other Payables</b>		
CURRENT		
<i>Unsecured liabilities</i>		
Creditors and accrued expenses	<u>138,221</u>	82,551
<b>Note 12: Financial liabilities</b>		
CURRENT		
Lease liability	<u>1,121</u>	9,865
NON CURRENT		
Lease liabilities	<u>-</u>	-
Total financial liabilities	<u>1,121</u>	9,865
<b>Note 13: Provisions</b>		
CURRENT		
Annual Leave	34,352	22,780
Long service leave	17,319	13,550
	<u>51,671</u>	36,330
NON CURRENT		
Long service leave	<u>2,563</u>	4,855
Total provisions	<u>54,234</u>	41,185
<b>Note 14: Other liabilities</b>		
CURRENT		
Unexpended grants	503,960	332,866
Revenue received in advance	1,932	6,745
Lease incentive	425	5,101
	<u>506,317</u>	344,712



**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2007**

	<b>2007</b>	<b>2006</b>
	\$	\$
<hr/>		
<b>Note 14: Other liabilities (cont'd)</b>		
<b>NON-CURRENT LIABILITIES</b>		
Lease incentive	-	425
	<hr/>	<hr/>
Total other liabilities	<b>506,317</b>	345,137
	<hr/>	<hr/>

**Note 15: Leasing Commitments**

(a) *Finance leases*

Finance leases commitments payable:

- not later than 1 year	425	14,966
- later than 1 year, but not later than 5 years	-	425
	<hr/>	<hr/>
Minimum lease payments	<b>425</b>	15,391
Less future finance charges	-	(412)
	<hr/>	<hr/>
Total lease liability	<b>425</b>	14,979
	<hr/>	<hr/>

*General description of leasing arrangements:*

Finance leases relate to office furniture lease expiring in September 2006 (3 year lease with a \$2,077 residual payable on expiration), computer hardware lease expiring in July 2006 (3 year lease, zero residual) and a photocopier lease expiring September 2007 (5 year lease, zero residual).

(b) *Operating leases*

Operating leases commitments payable:

- not later than 1 year	70,541	67,767
- later than 1 year, not greater than 5 years	149,659	-
	<hr/>	<hr/>
Minimum lease payments	<b>220,200</b>	67,767
	<hr/>	<hr/>

*General description of leasing arrangements*

Operating leases relate to office premises lease at Unit 10, Level 2, Engineering House, 11 National Circuit Barton ACT. The office premises lease expires July 2007 and the option to renew for a further 3 years has been exercised, and has a fixed 4% annual increase in rental payments which has been included in the amounts disclosed above.

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2007**

2007                      2006  
 \$                              \$

**Note 16: Related Parties**

The names of the committee members who have held office during the financial year are:

Mitchell Messer	Roy Harvey
Russell McGowan	Kirstin Machon
Susan Mitchell	Christopher Newell
Sheila Rimmer	Alexandra Rivers
Diane Walsh	Jan Donovan
Margaret Charlton	Joan Hughes
Sally Crossing	Gregor Macfie
Frank Fisher	Antonio Russo

At the direction of the Chair, the Chairman's honorarium for the financial year has been remitted to his business as recompense for time taken off in fulfilling his role as Chair of the Association. In addition, five Committee Members received sitting fees for their work on steering committees during the year.

**Note 17: Association Details**

*(a) Association details*

The association is incorporated under the Associations Incorporation Act 1991 of the Australian Capital Territory.

*(b) Locations*

The registered office and principal place of business of the Association is:  
 Unit 10, Level 2, Engineering House, 11 National Circuit, Barton ACT

*(c) Activities*

The Association provides information, representation and advocacy on national health issues for its membership of health consumer organisations.

**Note 18: Cash Flow Information**

(a) Reconciliation of net cash flows from operating activities to net surplus/(deficit)

Net surplus/(deficit) from ordinary activities	<b>99,157</b>	32,125
Non-cash flows in surplus/(deficit) from ordinary activities		
-Depreciation	<b>15,369</b>	19,595
-Gain/Loss on disposal of plant and equipment	-	417
Changes in assets and liabilities		
-Receivables	<b>(165,592)</b>	(270,300)
-Other financial assets	-	-
-Other assets	<b>1,398</b>	4,926
-Payables	<b>55,670</b>	50,178
-Provisions	<b>13,049</b>	2,168
-Other liabilities (including lease incentives)	<b>161,180</b>	306,755
Net cash relating to operating activities	<b>180,231</b>	145,864

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2007**

**2007**                      **2006**  
**\$**                                      **\$**

**Note 19: Financial Instruments**

**Exposures to interest rate risk on financial assets and liabilities**

**2006**

	Fixed Interest Maturing					Floating Interest	Total
	Non Interest Bearing	1 Year or Less	1 to 2 Years	2 to 5 years	More than 5 years		
	\$	\$	\$	\$	\$	\$	\$

*(i) Financial Assets*

Cash and Cash Equivalents	100	—	—	—	—	138,831	138,931
Financial Assets (Rental Bond)	16,145						16,145
Trade & Other Receivables	350,272	—	—	—	—	—	350,272
<b>Total Financial Assets</b>	<b>366,517</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>138,831</b>	<b>505,348</b>
<i>Range of Effective Interest Rates</i>	—	—	—	—	—	4.5%	

*(ii) Financial Liabilities*

Trade & Other Payables	82,551	—	—	—	—	—	82,551
Financial Liabilities	—	9,865	—	—	—	—	9,865
Other Liabilities	344,712	—	—	—	—	—	344,712
<b>Total Financial Liabilities</b>	<b>427,263</b>	<b>9,865</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>437,128</b>
<i>Range of Effective Interest Rates</i>	—	11.5%	—	—	—	—	

**2005**

	Fixed Interest Maturing					Floating Interest	Total
	Non Interest Bearing	1 Year or Less	1 to 2 Years	2 to 5 years	More than 5 years		
	\$	\$	\$	\$	\$	\$	\$

*(i) Financial Assets*

	366,517	—	—	—	—	138,831	505,348
<i>Range of Effective Interest Rates</i>	—	—	—	—	—	4.5%	

*(ii) Financial Liabilities*

	427,263	9,865	—	—	—	—	437,128
<i>Range of Effective Interest Rates</i>	—	11.5%	—	—	—	—	

**Credit Risk Exposure**

The maximum exposure to credit risk at balance date to recognised financial assets is the carrying amount as disclosed in the statement of financial position and notes to the financial statements. With the exception of cash deposits with St George Bank and grants receivable from the Commonwealth Department of Health and Ageing the Association does not have any material credit risk exposure to any single debtor or group of debtors.

**CONSUMER'S HEALTH FORUM OF AUSTRALIA INCORPORATED**

**STATEMENT BY COMMITTEE MEMBERS  
FOR THE YEAR ENDED 30 JUNE 2007**

In the opinion of the Committee:

- (i) the accompanying Statement of Financial Performance is drawn up so as to give a true and fair view of the results of the Association for the year ended 30 June 2007.
- (ii) the accompanying Statement of Financial Position is drawn up so as to give a true and fair view of the state of affairs of the Association as at 30 June 2007.
- (iii) at the date of this statement there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

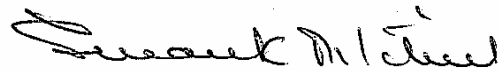
The financial statements have been made out in accordance with the Australian Accounting Standards and other mandatory professional reporting requirements. The financial statements were prepared based on the accounts and records as maintained and kept at the office of the Consumers' Health Forum of Australia Incorporated.

This statement is made and signed at Canberra in accordance with a resolution of the Committee.



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Mitchell Messer - Chairperson



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Susan Mitchell - Treasurer

Dated: 18 September 2007

## INDEPENDENT AUDIT REPORT TO THE MEMBERS OF CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED

### SCOPE

#### **The financial report and committee's responsibility**

The financial report comprises the statement of financial position, statement of financial performance, statement of cash flows, accompanying notes to the financial statements and the committee's declaration for Consumers' Health Forum of Australia Incorporated, for the year ended 30 June 2007.

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

#### **Audit Approach**

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

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

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

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

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

Our audit did not involve an analysis of the prudence of business decisions made by management of Consumers' Health Forum of Australia Incorporated.

The audit opinion expressed in this report has been formed on the above basis.

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Level 7, 28 University Ave | Canberra City | ACT 2601  
GPO Box 588 | Canberra City | ACT 2601

Liability is limited by the Accountants Scheme,  
approved under the Professional Standards Act 1994 (NSW)

PARTNERS:  
Ross Di Bartolo B.A (Accounting). FCA  
George Diamond B.Ec. FCA  
John Mihailaros B.Comm (Accounting). CA

A Member Firm of PKF International

### **Independence**

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

### **AUDIT OPINION**

In our opinion, the financial report of Consumers' Health Forum of Australia Incorporated is in accordance with:

- (a) the *Incorporations Association (ACT) Act 1991*, including:
  - (i) giving a true and fair view of the association financial position as at 30 June 2007 and of its performance for the year ended on that date; and
  - (ii) complying with Accounting Standards in Australia
- (b) other mandatory financial reporting requirements in Australia.

PKF Di Bartolo Diamond & Mihailaros



Ross Di Bartolo  
Partner

Date: 26 September 2007

Canberra  
GPO Box 588  
CANBERRA ACT 2601

## DISCLAIMER OF ADDITIONAL INFORMATION CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED

The additional financial data presented is in accordance with the books and records of the association, which have been subjected to the auditing procedures applied in our statutory audit of the association for the financial year ended 30 June 2007. It will be appreciated that our audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than Consumers' Health Forum of Australia Incorporated) in respect of such data, including any errors of omissions therein however caused.

PKF Di Bartolo Diamond & Mihailaros  
GPO Box 588  
CANBERRA ACT 2601



Ross Di Bartolo  
Partner

Canberra

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PARTNERS:  
Ross Di Bartolo B.A (Accounting), FCA  
George Diamond B.Ec, FCA  
John Mihailaros B.Comm (Accounting), CA  
A Member Firm of PKF International

**CONSUMERS' HEALTH FORUM OF AUSTRALIA INCORPORATED**  
**ABN 59 369 286 137**

**DETAILED PROFIT AND LOSS**  
**FOR THE YEAR ENDED 30 JUNE 2007**

	2007 \$	2006 \$
<b>INCOME</b>		
Grants	1,314,254	923,457
Publications and journal subscriptions	7,057	8,574
Membership fees	30,091	29,169
Interest	12,934	6,653
Profit/(Loss) on disposal of equipment	-	(417)
Other	6,934	10,421
<b>TOTAL INCOME</b>	<b>1,371,270</b>	<b>977,857</b>
<b>LESS EXPENSES</b>		
Annual report	3,205	1,908
Audit fees	14,000	5,400
Bookkeeping fees	13,636	12,242
Bad Debts Written Off	387	-
Bank charges	1,624	1,725
Computer expenses	909	300
Consultants	49,971	28,908
Contract staff	20,855	19,193
Equipment operating lease costs	12,414	-
Depreciation	15,369	19,595
Finance lease charges	619	5,438
Governance expenses	72,892	57,019
Information Technology upgrades	4,921	9,485
Insurance	18,635	14,762
Publication expenses	20,109	27,277
Legal costs	1,576	3,500
Minor equipment purchases	2,312	598
Postage and couriers	7,172	6,677
Printing and stationery	11,886	8,547
Rent and on costs	73,046	69,378
Repairs and maintenance	2,866	6,199
Salaries and on costs	732,660	495,865
Subscriptions	500	591
Telephone	7,794	8,624
Training expenses	2,216	7,355
Travel	15,828	21,674
Workshop expenses	164,711	113,472
<b>TOTAL EXPENSES</b>	<b>1,272,113</b>	<b>945,732</b>
<b>NET OPERATING SURPLUS/(DEFICIT)</b>	<b>99,157</b>	<b>32,125</b>

These financial statements should be read in conjunction with the attached Disclaimer.





# Appendices

# CHF Key Presentations, Submissions and Publications

## Presentations

### **Mitch Messer, Chairperson**

Health-e-nation Conference – Changing practices – engaging consumers online 21 March 2007

Australian Commission on Safety and Quality in Healthcare and NEHTA E-health conference – change management panel discussion 20 March 2007

### **Helen Hopkins, Executive Director**

Royal Australian College of General Practitioners Annual Scientific Convention. Consumers and GPs together shaping health 8 October 2006

### **Diane Walsh, Governing Committee member**

Australian General Practice Network Forum. A mature network approach to engaging with health consumers 27 November 2006

### **Claudia Cresswell, Community Development Officer**

Community engagements to support quality use of medicines in rural areas and hard to reach communities 9th National Rural Health Conference March 2007

## Submissions

Senate Community Affairs Inquiry, National Health Amendment (Pharmaceutical Benefits Scheme) Bill 2007 June 2007

Department of Health and Ageing, PBS reforms – guide to the legislation April 2007

The COAG Proposal for a national registration scheme for health professionals and a national accreditation scheme for health education and training February 2007

Senate of Australia (Finance and Public Administration Committee), Inquiry into Human Services (Enhanced Service Delivery) Bill 2007 February 2007 (the proposed Access Card)

National E-health Transition Authority, Privacy Blueprint – Unique Healthcare Identifiers February 2007

Office of the Access Card. Consumer issues about the Human Services (Enhanced Services Delivery) Bill 2007 January 2007

Senate of Australia (Community Affairs Committee) Inquiry into Private Health Insurance Bill 2006 (provisions) and related Bills January 2007

Department of Health and Ageing, Draft Health Insurance Rules February 2007, Broader Health Cover Regulatory Framework January 2007

Australian Government Exposure Draft of the Private Health Insurance Bill 2006 November 2006

Therapeutic Goods Administration Consolidated Advisory Statements for Medicine Labels September 2006

Access Card Consumer and Privacy Taskforce on Discussion Paper Number 1: The Australian Government Health and Social Services Access Card August 2006

## Policy statements

Making Quality Use of Medicines Happen March 2007

Principles for a regulatory scheme for the advertising of therapeutic products March 2007  
Consumer Representatives Program Policy July 2006

## Information papers for members

E-health Fact sheets: How to assess health information websites; electronic health records, care plans and messaging systems; diagnosis and self help websites May-June 2007

Safety and Quality Project 2007-08: It's all about communication May 2007

Private health insurance – consumers have a say September 2006

## Reports of consumer consultation sessions

Community Quality Use of Medicines engagements: Cessnock April 2007; Townsville March 2007; Mittagong March 2007; Katoomba March 2007; Orange March 2007; Hobart October 2006; Hobart and Launceston October 2006; Canberra September 2006 and July 2006

E-health consumer consultation sessions: Bendigo March 2007; Melbourne March 2007; Darwin June 2007; Alice Springs June 2007; Western Sydney June 2007

Final Report - Consumer Representatives Workshop 14-15 August 2006

# CHF Members

CHF is made up of a wide variety of consumer organisations with an interest in health, including illness groups, disability groups and specific population groups such as youth, older people and women.

## Voting Members

Voting members of CHF are organisations that:

- represent consumer and community opinions and do not act primarily as representing professional, provider or commercial interests
- have membership open to consumers who can be elected to the board or governing body of the organisation
- have aims and objectives that are significantly for representation of the opinions of consumers, and
- fully support the aims and objectives of the Consumers' Health Forum of Australia.

### A

ACCESS Australia's National Infertility Network Ltd  
AIDS Council of NSW  
Arthritis Australia  
Arthritis Western Australia  
Arthritis New South Wales  
Arthritis Victoria  
Asthma Foundations Australia  
Australian Association for the Welfare of Child Health  
Australian Council of Social Service (ACOSS)  
Australian Council on the Ageing (ACOTA)  
Australian Crohn's & Colitis Association  
Australian Federation of AIDS Organisations  
Australian Hepatitis Council  
Australian Mental Health Consumer Network  
Australian Pensioners and Superannuants Federation Inc  
Australian Primary Care Community Partnership Incorporated

### B

Breast Cancer Action Group (NSW)  
Breast Cancer Action Group Inc  
Breast Cancer Network Australia

### C

Cancer Voices Australia  
Cancer Voices NSW  
Carers Australia  
Child Health Association Inc  
Chronic Illness Alliance Inc  
CJD Support Group Network Pty Ltd  
Cochrane Consumer Network (CCNet)  
Coeliac Society of NSW Inc  
Consumer Reference Group of the Top End Division of General Practice  
Continence Foundation of Australia Ltd  
Council of Social Service of New South Wales (NCOSS)  
Council on the Ageing (COTA) (SA)  
Country Awareness Network (Victoria) Inc  
Cystic Fibrosis Australia Inc  
Cystic Fibrosis Western Australia

### D

DES Action Australia – NSW  
Diabetes South Australia  
Diabetes Australia–NSW  
Diabetes Australia National

### F

Federation of Ethnic Communities' Councils of Australia

### H

Haemophilia Foundation Australia  
Health Care Consumers' Association of the ACT  
Health Consumers Alliance of South Australia Inc  
Health Consumers' Council (WA) Inc  
Health Consumers of Rural and Remote Australia Inc  
Health Consumers Voice NT  
Health Issues Centre Inc  
Health Rights & Community Action  
Heart Support – Australia Ltd  
Hepatitis C Council of South Australia Inc

## **I**

Illawarra Stroke Unit Project

## **L**

Lymphoedema Support Group of New South Wales

## **M**

Maternity Coalition Inc

ME/CFS Society (SA) Inc

ME/CFS/FM Support Association Qld Inc

ME/Chronic Fatigue Syndrome Association of Australia Limited

Mental Health Co-ordinating Council

Mental Illness Fellowship of Australia Inc

## **N**

National Association of People Living with HIV/AIDS, Australia

National Seniors

## **O**

Obsessive Compulsive Disorders Support Service

Older Women's Network (Australia)

## **P**

Palliative Care Australia

People Living With HIV/AIDS New South Wales

Post-Polio Network (NSW) Inc

Public Interest Advocacy Centre

## **S**

SHOUT (Self Help Organisations United Together)

Sleep Apnoea Association (ACT) Inc

Stillbirth and Neo-natal Death Support (Qld) Inc

Stroke Association of ACT

Support & Advocacy Committee of Prostate

Cancer Foundation of Australia

## **T**

Tasmanians with Disabilities Inc

The Link Youth Health Service

## **W**

Western Australian Association for Mental Health

Wollongong Health Consumers

Women's Health Victoria Inc

## **Honorary Life Members**

Honorary Life Membership is awarded for sustained and significant contribution to CHF

Hilda Bastian

Janne Graham AM

Christopher Newell AM

## **Organisational Members**

Organisational members are organisations with an interest in consumers' health issues.

### **A**

Association of Professional Engineers, Scientists & Managers, Australia

Asthma Foundation Victoria

Australasian Lymphology Association

Australian Association of Consultant Pharmacy

Australian Crohns & Colitis Association (Queensland) Inc

Australian General Practice Accreditation Ltd

Australian General Practice Network

Australian Healthcare Association

Australian Nursing Federation (Victorian Branch)

Australian Physiotherapy Association

Australian Self-Medication Industry Inc (ASMI)

### **B**

Bundaberg Consumer Advisory Group Inc

### **C**

Canberra and Queanbeyan Attention Deficit Disorder Support Group Inc

Cancer Council Australia

Cancer Council New South Wales

Cancer Council Western Australia

Cancer Council South Australia

Cancer Council Queensland

Central Eastern Primary Health Care Service, SA

Central Northern Primary Health Care Services – North/North East, SA

Central Sydney Division of General Practice

### **D**

DepressioNet

### **E**

Epilepsy Association of SA & NT Inc

Epilepsy Australia

## **G**

Government Relations and Planning, ACT Health  
Greater Bunbury Division of General Practice  
Greater Metropolitan Clinical Taskforce (GMCT)  
Consumer Forum

## **H**

Health & Community Services Complaints  
Commissioner  
Health Consumers Network, Qld  
Health Promotion Service, NSW  
Hornsby Ku-ring-gai Ryde Division of General  
Practice

## **I**

Illawarra Division of General Practice

## **K**

Kidney Health Australia

## **L**

Liverpool Women's Health Centre  
Lymphoedema Support Group SA Inc

## **M**

Mallee Division of General Practice  
Mental Health Community Coalition ACT

## **N**

National Asthma Council Australia  
National Breast Cancer Centre  
National Heart Foundation of Australia  
North Shoalhaven Health Consumer Action  
Group  
North West Melbourne Division of General  
Practice  
NSW Nurses' Association  
NSW Therapeutic Assessment Group Inc

## **P**

Pharmaceutical Society of Australia  
Pharmacy Guild of Australia (National  
Secretariat)  
Pomona and District Community House Inc

## **R**

Redcliffe Bribie Caboolture Division of General  
Practice  
Royal College of Nursing, Australia  
Rural Doctors Association of Australia

## **S**

Save Medibank Alliance – Community and Public  
Sector Union  
School of Population Health, University of  
Western Australia  
Society of Hospital Pharmacists of Australia  
South East Area Health Service  
Southern Tasmanian Division of General Practice  
Sunshine Coast Division of General Practice  
Sydney South West Area Health Service  
Community Participation

## **T**

Tasmanian Council of Social Service  
Telephone Information Support and Counselling  
Association  
The Pharmaceutical Alliance

## **W**

West Victorian Division of General Practice  
Women with Disabilities Australia  
Women's Centre for Health Matters Inc  
Women's Health Queensland Wide Inc

### **Corporate Members**

Corporations with an interest in consumers' health issues

Alliance of NSW Divisions Ltd  
GlaxoSmithKline  
Janssen-Cilag/Johnson & Johnson  
Little Company of Mary Health Care Ltd  
Merck Sharp & Dohme (Australia) Pty Limited  
National Prescribing Service  
Pfizer Australia

### **Individual Members**

There are also 68 Individual Members

# Consumer Representatives

CHF nominated consumer representatives held 196 positions on national health committees during 2006-07. This dedicated and passionate group contributed to better decision making and helped ensure consumers play an integral role in shaping better health outcomes for the Australian community. Their presence has been sought and valued on Australian Government Department of Health and Ageing, industry, professional and research project committees dealing with national health issues.

Effective consumer representation is both essential and challenging to achieve. To provide committees with a trusted consumer voice, CHF uses best practice in appointing, training and supporting consumer representatives. Consumer representatives must have the confidence of consumers and consumer organisations and be able to articulate consumer concerns within a broader range of views. CHF canvasses committee vacancies through its networks. Applicants must be able to understand and represent the consumer experience and demonstrate links with appropriate consumer networks. During 2006-07 CHF advocated for fair remuneration for consumer representatives and provided training, support, resources and networking opportunities. Continuous quality improvement strategies to strengthen the Consumer Representative Program were progressed.

Consumer representatives report achievements across a range of issues to consumer networks. With the health arena dominated by specialist experts, specialist fields and complex technology and terminology, consumer representatives bring an imperative whole-of-person, health outcome perspective. Consumer representatives remind and advocate for a holistic approach to health delivery that helps deliver the care we need, when we need it within a safe and co-ordinated health system.

## **Adelaide Institute for Sleep Health**

*Australasian Sleep Trials Network Research Committee*  
Jeff Kirby

## **Australasian Lymphology Association**

*Council*  
Anna Wellings Booth

## **Australian Commission on Safety and Quality in Health Care**

*National Clinical Handover Initiative*  
Amy Zelmer

## **Australian Council on Healthcare Standards (ACHS)**

*Australian Council on Healthcare Standards (ACHS)*  
Russell McGowan  
*ACHS Standards Committee*  
Ann Thomson

## **ACHS/Centre for Clinical Governance Research in Health (University of NSW)**

*National Health Accreditation Study Consumer Advisory Panel*  
Betty Johnson  
Anne Johnson  
Kathleen McLure  
Keith Williams

## **Australian General Practice Accreditation Ltd (AGPAL)**

*AGPAL Board*  
Christopher Newell AM  
*AGPAL Quality Carnivale Vision Committee 2008*  
Diane Walsh

## **Australian General Practice Network (AGPN)**

*AGPN Board of Directors*  
Russell McGowan  
*AGPN National Divisions Forum Steering Committee 2006*  
Judith Skinner OAM  
*Engaging Effectively with Communities Project Reference Group*  
Diane Walsh

**Australian Government Department of Health and Ageing**

*Australian Advisory Committee on Screening (AACCS)*  
Judith Skinner OAM

*Australian Population Health Development Principal Committee*

Russell McGowan  
Sheila Rimmer AM

*Australian Technical Advisory Group on Immunisation*  
Jenni Howlett

*BreastScreen Australia Evaluation Advisory Committee*  
Valerie Lang AM

*Chlamydia Program Implementation Committee*  
Marilyn Kench

*Digital Mammography Accreditation Standards Working Group*

Margaret Tassell

*Enhanced Medical Education Advisory Committee*  
Janette Donovan

*Generic Medicines Public Awareness Campaign Reference Group*

Helen Hopkins

*HealthInsite Editorial Board*

Sue Healy

Betty Johnson

*National Bowel Cancer Screening Program Advisory Group*

Carmel Herald  
Russell McGowan

*National Immunisation Committee*  
Judith Skinner OAM

*National Joint Replacement Registry*  
Janet Wale

*National Pathology Accreditation Advisory Council*  
Janet Wale

*Paediatric Medicines Advisory Group*  
Marilyn Harrington

*Pharmaceutical Benefits Advisory Committee*  
Mitch Messer

*Pharmaceutical Benefits Pricing Authority*  
Jo Watson

*PBS Reforms Stakeholder Reference Group*  
Helen Hopkins

*Private Sector Outreach Services Working Group*  
Carmel Herald

*Professional Programs and Services Advisory Committee*  
*Research and Development Steering Committee*

Amy Zelmer

*Prostheses and Devices Ministerial Advisory Committee*  
Karen Carey

*Prostheses Clinical Advisory Group – Cardiac*  
Jill Forck

*Prostheses Clinical Advisory Group – Cardio Thoracic*  
Niall Gossland

*Prostheses Clinical Advisory Group – Lens*  
Karen Carey

*Prostheses Clinical Advisory Group – Orthopaedic (Hips)*  
Rebecca Coghlan

*Prostheses Clinical Advisory Group – Orthopaedic (Knees)*

Janet Wale

*Prostheses Clinical Advisory Group – Spinal*  
Rebecca Coghlan

*Prostheses Clinical Advisory Group – Urogenital*  
Dennis Roy

*Prostheses Clinical Advisory Group – Vascular Stents and Grafts*

Jill Forck

*Prostheses Policy Advisory Group*

Karen Carey

*Quality Use of Pathology Committee (QUPC)*

*Quality Consumer Services*

Janet Wale

*Quality Use of Pathology Point of Care Testing (POCT) Steering Group*

Roger Killeen

*QUPC – Quality Consumer Services Technical Reference Group*

Tim Benson

*QUPC – Quality Pathology Practice Technical Reference Group*

Roger Killeen

*QUPC – Quality Referrals (Requests/Ordering) Technical Reference Group*

Keith Williams

**Australian GP Statistics and Classification Centre, University of Sydney**

*BEACH Advisory Board*  
Suzanne Solvyns

**Australian Health Ministers Advisory Council (AHMAC)**

*AHMAC Medical Specialist Training Steering Committee*  
Sheila Rimmer AM

*AHMAC National Oral Health Plan Monitoring Group*  
Margaret Brown AM

*Australian Health Information Council (AHIC)*  
Helen Hopkins

*National Health Performance Committee (NHPC)*  
Shirley Shaw

**Australian Institute of Health and Welfare**

*Health Data Standards Committee*  
Heather Grain



**Australian Institute of Health Policy Studies**

*Australian Institute of Health Policy Studies Board*  
Mitch Messer  
*Consumer Engagement Project*  
Melanie Cantwell (to October 2006)

**Australian Medical Council**

*Australian Medical Council (AMC)*  
Diane Walsh  
*AMC Addiction Medicine Recognition Review Group*  
Barbara Joss  
*AMC Assessment Team for School of Medicine at University Wollongong*  
Noelene Burt  
*AMC Australian Medical Council – Dermatology Accreditation Team*  
Russell McGowan  
*AMC Education Accreditation (General)*  
Susan Mitchell  
*AMC Education Accreditation (Specialist)*  
Isabelita McRae  
Sheila Rimmer AM  
*AMC Emergency Medicine Accreditation Team*  
Bruce Campbell  
*AMC General Practice Accreditation Team*  
Russell McGowan  
*AMC Pathology Accreditation Team*  
Roslyn Lawson  
*AMC Recognition of Medical Specialties Advisory Committee*  
Robin Toohey AM (to October 2006)  
Rebecca Coghlan  
*AMC Sexual Health Recognition Review Group*  
John Douglas Ramsay  
*AMC Sport and Exercise Medicine Recognition Review Group*  
Tricia Greenway  
*AMC Working Party to Review the AMC standards of accreditation of specialist medical training programs*  
Antonio Russo

**Australian National University**

*Australian General Practice Nursing Study Reference Group*  
Susan Mitchell  
*Community Liaison Committee*  
Susan Mitchell  
*Rural Clinical School Community Advisory Board*  
Susan Mitchell

**Australian Patient Safety Foundation**

*Australian Patient Safety Foundation Inc Council*  
Margaret Charlton

**Continenence Foundation of Australia**

*Consumer Advisory Committee*  
Frank Ritchie  
Shirley Shaw

**Dietitians Association of Australia**

*Council of Dietetic Standards Recognition*  
Sheila Rimmer AM

**Flinders University of South Australia**

*Knowledge Network Management Group*  
Robin Toohey AM  
*National Reference Group for Chronic Conditions Self Management Curricula*  
Russell McGowan  
Susan Mitchell

**General Practice Education and Training (GPET)**

*General Practice Education and Training Consultative Group*  
Diane Walsh

**Joint Agency Establishment Group**

*Steering Group to implement the new trans-Tasman Regulatory Model for Advertising of Therapeutic Goods*  
Janne Graham AM  
Judith Maher

**Medicare Australia**

*Medicare Australia Stakeholder Consultative Group*  
Janette Donovan  
*Medicare Australia Consumer Consultative Group*  
Diane Walsh

**Medical Industry Associations of Australia and New Zealand**

*Code of Practice Committee*  
Ben Horgan

**Medical Services Advisory Committee (MSAC)**

*Medical Services Advisory Committee (MSAC)*  
Sheila Rimmer AM  
*MSAC Application 1033 – Autologous Chondrocyte Implantation*  
Janet Wale  
*MSAC Application 1072 – Endoscopic Ultrasound for Staging Pancreatic, Gastric, Oesophageal and Hepatobiliary Neoplasms*  
Barbara Joss  
*MSAC Application 1087 – Measurement of B-type Natriuretic Peptide (BNOP)*  
Paula Calcino  
*MSAC Application 1091 – Minimally Invasive Robotic Assisted Radical Prostatectomy*  
Keith Williams

*MSAC Application 1095 – Computed Tomography Colonography*

Barbara Joss

*MSAC Application 1097 – Hepatitis B DNA Testing*

Janet Wale

*MSAC Application 1098 – Breast MRI*

Margaret Tassell

*MSAC Application 1099 – Non-fusion Stabilisation Device – Spinal*

Robin Toohey AM

*MSAC Application 1100 – Injectable silicone biomaterial for severe passive faecal incontinence*

Sheila Rimmer AM

*MSAC Application 1101 – Repetitive Transcranial Magnetic Stimulation (rTMS)*

Margaret Springgay

*MSAC Application 1102 – Double Balloon Electronic Enteroscopy System*

Barry Cahill

*MSAC Application 1103 – Pre-term labour test for fetal fibronectin*

Diane Walsh

*MSAC Application 1104 – Endoscopic Ultrasound and Fine Needle Aspiration for Lung Cancer*

Robin Toohey AM

*MSAC Application 1105 – Computed Tomography Coronary Angiogram*

Richard McCluskey

*MSAC Application 1106 – Endoscopic Argon Plasma Coagulation*

Judi Fisher

*MSAC Application 1107 – Acticon Artificial Bowel Sphincter*

Sheila Rimmer AM

*MSAC Application 1108 – Endoscopic Bronchial Ultrasound*

Robin Toohey AM

*MSAC Application 1110 – Staging of Rectal Carcinoma by MRI*

Brian Stafford

*MSAC Application 1111 – MIT Data Analysis*

Niall Gosslund

*MSAC Application 1112 – Bioenterics Gastric Balloon*

Catherine (Kate) Thompson

*MSAC Application 1113 – Endo Venous Laser Treatment for Varicose Veins*

Jill Forck

*MSAC Application 1114 – Urinary Metabolic Profile*

Brian Stafford

*MSAC Application 1115 – Sacral Nerve Stimulation (SNS) for the Treatment of Refractory Urge Incontinence*

Barry Cahill

*MSAC Application 1116 – Macular Optical Coherence Tomography*

Barbara Daniels

*MSAC Application 1117 – Cardiac Ultrasound without Imaging*

Jill Forck

*MSAC Application 1118 – Vagus Nerve Stimulation (VNS) Therapy*

Margaret Charlton

*MSAC Application 1122 Liquid Based Cytology (formerly MSAC 39 – Human Papilloma Virus (HPV) )*

Diane Walsh

*MSAC Reference 35 – PET for Colorectal Cancer, Melanoma, Ovarian Cancer, Head and Neck Cancer*

Brian Stafford

*MSAC Reference 37 – Digital Mammography*

Margaret Tassell

#### **Medicines Australia**

*Medicines Australia Clinical Trials Informed Consent Steering Group*

Anne McKenzie

*Medicines Australia Code of Conduct Appeals Committee*

Anne McKenzie

*Medicines Australia Code of Conduct Committee*

Sharon Caris

*Medicines Australia Monitoring Committee*

Susan Mitchell

#### **Mental Health Council of Australia**

*National Mental Health Consumer and Carer Forum*

Janet Meagher AM

#### **National E-Health Transition Authority**

*NEHTA Clinician and Consumer Discussion Forums*

Catherine Ellis

Ben Horgan

Anna Johnston

Bernard Kealey

Anne McKenzie

Coral Rizzalli

Terry Udy

**National Health and Medical Research Council (NHMRC)**

*National Health and Medical Research Council (NHMRC)*  
Christopher Newell AM

*NHMRC Australian Health Ethics Committee (AHEC)*  
*Organ Donation Working Party*

Mardi Thompson

*NHMRC Expert Advisory Group on Antimicrobial Resistance*

Mitch Messer

*NHMRC Licensing Committee for Use of Excess ART Embryos*

Christopher Newell AM

Julia Nicholls

*NHMRC Privacy Working Committee 2006-08*

Melanie Cantwell (to March 2007)

*NHMRC Transmissible Spongiform Encephalopathies Advisory Committee (TSEAC)*

Sharon Caris

**National Musculoskeletal Core Competency Initiative**

*National Musculoskeletal Core Competency Initiative – National Steering Committee*

Ben Horgan

**National Prescribing Service (NPS)**

*National Prescribing Service (NPS) Board Director*

Janette Donovan (to 31 March 2007)

Kate Moore (from 31 March 2007)

*National Prescribing Service (NPS) Board Alternate Director*

Diane Walsh

*NPS Australian Prescriber Editorial Advisory Panel*

Christopher Newell AM

*NPS Community Quality Use of Medicines Working Group*

Diana Aspinall

Alison Marcus

Sharon Ride

Coral Rizzalli

Christine Walker

Diane Walsh

Scott Harlum (to March 2007)

Sheila Rimmer AM (to September 2006)

Moya Sandow (to September 2006)

*NPS Curriculum and Training Working Group*

Antonio Russo

*NPS Medicines Line Management Committee*

Diane Walsh

*NPS National Medicines Symposium 2008 Scientific Program Committee*

Janet Wale

*NPS New Drugs Working Group*

Melanie Cantwell (to October 2006)

Anne McKenzie

*NPS Pharmaceutical Decision Support Working Group*

Anne McKenzie

*NPS Pharmacy Program Prescribing Interventions & Feedback*

Nancy Pierce

*NPS Program Information/Communication Working Group*

Janette Donovan (to 31 March 2007)

*NPS Research and Development Working Party*

Hadas Haileselassie

**National Trauma Registry Consortium (Australia and NZ)**

*National Trauma Registry Consortium (Australia and NZ) Steering Committee*

Robin Toohey AM

**NSW Therapeutic Advisory Group**

*Performance Indicator and Medication Safety Project (PIMS) Steering Committee*

Noelene Burt

Richard McCluskey

**Pharmaceutical Industry**

*Quality Assurance Reference Group (QARG) (Consumer Medicines Information)*

Diana Aspinall

*Therapeutic Goods Advertising Code Council (TGACC)*

Alan Barclay

*Therapeutic Goods Advertising Code Council (TGACC)*

*Complaints Resolution Panel (CRP)*

Judith Maher

**Royal Australasian College of Physicians (RACP)**

*RACP Australasian Rehabilitation Outcomes Centre Scientific and Clinical Outcomes Committee*

Shirley Shaw

*RACP Overseas Trained Physicians/Paediatricians Assessment Panel*

Antonio Russo

**Royal Australian and New Zealand College of Radiologists (RANZCR)**

*RANZCR Consumer Awareness Strategy Reference Group*

*Quality Use of Diagnostic Imaging (QUDI)*

Keith Williams

*RANZCR Curriculum Advisory Committee*

Pam Bell

*RANZCR Quality Use of Diagnostic Imaging (QUDI)*

*Program Advisory Group*

Ann Revell

*RANZCR Research Committee*

Jude Maslin

*RANZCR Standards Liaison Panel*

Roslyn Lawson

**Royal Australian College of General Practitioners (RACGP)**

*RACGP Open Disclosure Support Package Reference Group*

Darlene Cox

*RACGP Vocational Training Standards Reference Group*

Amy Zelmer

**Standards Australia**

*Standards Australia IT/14 Health Informatics Committee*

Heather Grain

**Therapeutic Goods Administration (TGA)**

*Complementary Medicines Evaluation Committee (CMEC)*

Heather Yeatman

*Complementary Medicines Implementation Reference Group (CMIRG)*

Geraldine Robertson

*Medical Devices Evaluation Committee*

Frank Fisher

*Medicines Evaluation Committee*

Janette Donovan

*TGA Drug Safety Evaluation Branch Transparency Working Group*

Janne Graham AM

*TGA Child-Resistant Packaging Subcommittee*

Alison Marcus

*TGA Industry Consultative Committee*

Melanie Cantwell (to October 2006)

Helen Hopkins

*Therapeutic Goods Committee*

John Stubbs

**Transplantation Society of Australia & New Zealand (TSANZ)**

*Cardiothoracic Standing Committee*

Richard McCluskey

*Liver Transplant Standing Committee*

Daniel Gallant