



MS
Nurses
Australasia Inc

OUR NURSES. OUR FUTURE.

Caring for MS Nurses

International Nurses Day 2025





MS Australia is Australia's national MS not-for-profit organisation that empowers researchers to identify ways to treat, prevent and cure MS, seeks sustained and systemic policy change via advocacy, and acts as the national champion for Australia's community of people affected by MS.

MS Australia represents and collaborates with its state and territory MS Member Organisations, people with MS, their carers, families and friends and various national and international bodies to:

- Fund, coordinate, educate and advocate for MS research as part of the worldwide effort to solve MS
- Provide the latest evidence-based information and resources
- Help meet the needs of people affected by MS

MS Nurses Australasia Inc

MS Nurses Australasia MS Nurses Australasia Inc (MSNA) is the peak body for MS Nurses in the Southern Hemisphere, providing education and support for MS nurses and other health care professionals in Australia and New Zealand. MS nurses are a subspecialty in neuroscience nursing and have become a dynamic group who have worked hard to ensure that high quality, evidence-based nursing care is promoted and delivered for all people diagnosed with MS. MSNA strives to improve and support the MS nursing cohort through:

- Supporting strong formal and informal networking, peer support and mentorship opportunities for MS nurses
- Presenting an annual conference to showcase Australasian MS nurse research and practice developments
- Providing financial scholarship opportunities for MSNA members to support and encourage further development of the MS nurse skill set, nurse led research, support career development and to advance MS nursing practice in Australasia
- Keeping MS nurses updated on contemporary issues impacting people with MS to enhance their capacity to advocate for and support people with MS and work effectively within that person's health care team.



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International Nurses Day 2025

Building on the success of the 2024 International Nurses Day Theme, The Economic Power of Care, the 2025 theme shifts focus to the health and wellbeing of nurses – ‘Our Nurses. Our Future’. This theme underscores the critical role a healthy nursing workforce plays in strengthening economies, improving health systems, and ensuring better outcomes for communities worldwide.

MS Australia and MS Nurses Australasia (MSNA) believe that the health and wellbeing of our MS nurses is critical to improving outcomes for people living with MS and reducing the economic burden of MS

In this report we have outlined the important role of MS Nursing and what we can do to better support our MS nursing workforce now and into the future.



MS Nursing

MS Nurses

MS nurses are an integral part of the multidisciplinary health care team of specialist health care professionals providing support, education, advice, and care for people with MS and their family and carers including:

- Information, education and advice at the point of diagnosis and at all stages of the MS trajectory
- Case management and clinical care
- Symptom assessment and management
- Relapse identification and management
- Monitoring, safety and risk management of disease modifying therapies (DMTs) and other medications to treat the symptoms of MS
- Psychosocial support and referrals
- Assisting with accessing relevant support services, including navigating the NDIS
- Empowering people through informed and shared decision-making about treatment, lifestyle, and research choices.

MS nursing care is provided face to face in MS clinics, hospitals and neurologist's offices, through outreach clinics in regional and remote locations and via telephone/telelink and email services.

Another important aspect of the MS nursing role is engagement in MS research including research management and clinical research trials; nursing research projects; advocating for and promoting research findings and supporting patients to engage with research including clinical trials and to understand research findings.

Experienced MS nurses also provide invaluable education and peer support to emerging MS nurses.

MS nurse practitioners (NP) can provide additional care including assessing, planning and delivering treatment, prescribing certain DMTs and symptomatic therapies, and ordering pathology and some radiology tests.

Impact of MS Nurses

Access to MS nurse care brings health benefits for people with MS. These include lower disability level, slower self-reported disease progression, less severe symptoms, lower levels of depression and anxiety, and a higher quality of life.

MS nurses are also a highly cost-effective model of care. MS nurse care reduces the need for other, more costly health professionals, such as GPs and neurologists and prevents unnecessary emergency department presentations and potentially, unplanned hospital admissions.

The **MS Nurse Care in Australia**¹ report by MS Australia, in collaboration with the Menzies Institute for Medical Research and MSNA found that one-third of Australians living with MS (equivalent to 8,000 people) do not have access to life-changing MS nurse care and have consistently worse health outcomes.

The report also found that the number of MS nurses is declining. The report made the following recommendations:

1. Raise awareness of the existence of MS nurses, their value, and the supports and services they provide to people with MS and health practitioners
2. Assist the existing MS nurse workforce through mentorship and preceptorship, connecting and educating existing MS nurses and exploring opportunities within university nursing courses to include education about MS Nursing and MS Research Nursing
3. Increase the number of MS nurses in Australia by targeted advocacy and assessing the current funding arrangements.
4. Increase access to MS nurses through expanding telehealth services and advocacy to the Australian Government.

If every Australian with MS had access to MS nurse care as part of their ongoing MS management plan this would result in substantial cost savings for MS health care in Australia. It would significantly delay disease progression and contribute to an increased quality of life. There are further savings from a reduced reliance on National Disability Insurance Scheme (NDIS) supports and other health, disability and aged care programs and supports.

“ The impact of MS nurses on people living with MS

The clients are always so incredibly grateful to have the opportunity to speak with someone who understands MS, listens with empathy, provides information and encouragement, and someone who doesn't judge. They will often say that I am the first person that they have really opened up to about their diagnosis and are appreciative that I provide them with plenty of time to ask their questions – often the calls will run for an hour. To me, this is the true value of having an MS nurse as part of the team.”

MICHAEL WORKS AS A MS NURSE AT MS PLUS PROVIDING PHONE AND ONLINE SERVICES TO CLIENTS IN NSW, VICTORIA, ACT, TASMANIA & QUEENSLAND

Economic Burden of MS

Analysis of MS Australia's Australian MS Longitudinal Study (AMSLs)² shows that MS was costing the Australian economy \$2.449 billion in 2021, an increase from \$1.751 billion in 2017. The annual cost of a person living with MS was \$ 73,457. This figure is a \$5,075 increase in costs from 2017, with many of these being direct costs borne by the person living with MS and their carer. For those with 'severe disability', the costs were more than triple at \$123,333 compared with those living with low or no disability (\$32,829). An increase in access to MS nurses would significantly reduce this substantial impact on the Australian economy and people living with MS.



Caring for MS Nurses

Current MS Nursing Workforce

Australia has no consistent allocation of services for MS nurses to patient numbers and need and it appears to be driven by individual hospitals and clinics, MS neurologist implementation, funding opportunities and individual business case requests, with no underlying pattern or formula reference³. There is a need to establish a more consistent allocation of MS nurses and associated ongoing funding.

There is also no agreed MS nurse nurse/patient ratio in Australia. However, recent work conducted in the United Kingdom recommends a caseload of 315 MS patients per FTE⁴, with higher caseloads required when the case mix includes more patients with complex needs, including comorbidities or high psychosocial needs. Currently, the ratio of MS nurses across Australia far exceeds this ratio with examples of nurses having individual caseloads of up to 1,000 patients. The highest rate of people living with MS is in Tasmania, where estimates are the current caseload of Tasmanian MS nurses is 954 patients per FTE.

Many people living with MS report limited interaction with their neurologist following diagnosis, primarily because of time limitations and lack of easy access for questions and concerns. As a result, the MS Nurse forms a very important part of the MS health care team and they are often the main source of clinical, psychological, social, and emotional support and education for the person living with MS and their family. Many nurses also report having to follow up test results, relapse assessment, medication side effects, referrals and other tasks that would be ideally managed by the neurologist and/or their team, but is impossible in the current neurologist time-poor setting. As a result, MS nurses are often overseeing every aspect of a patient's care in an environment with a high patient workload.

To address the recommendations of the **MS Nurse Care in Australia** report and the urgent need for more MS nurses we are calling for the funding of \$6.5 million for an additional 65 MS nurses across Australia to meet the current shortfall. Based on a conservative estimate of 10% cost savings, this could reduce the cost of their overall MS care by **\$77.1 million** annually.



“ The value of MS nurses

Working at 0.5FTE as an MS Nurse for 800 patients was my reality. How could I provide the care each MS patient needs when working such few hours? Quite simply, I couldn't. I worked many hours of overtime on my work days, and countless hours of unpaid work on my days off, weekends and annual leave. I felt it was better to keep on top of things so that on my arrival to work on Monday mornings I was not already drowning in tasks that needed to be completed. I began to feel completely overwhelmed and burnt out. Patient treatments were due, and safety screening blood forms needed to be posted, referrals for infusions organised... And the patient numbers continued to increase.

We are so lucky that the treatments available for people with MS reduce the risk of disability progression and reduce relapse rates. These are high-efficacy treatment choices. With these comes an increase in requirements from regular blood tests to MRIs to vaccination recommendations to clinic reviews. In my experience, what was required of me as an MS Nurse continued to grow, but the hours in which I had to do this didn't.

I feel a wave of anxiety as I recall these days that were only a few months ago. I am grateful that in February my position increased to 1.0FTE and I now job-share. The chaos of clinic days is shared, and if I'm not at work, my colleague is.

People often ask me what I like about being an MS Nurse, and that's easy. I enjoy caring for people. I enjoy providing care for people in what is often the most vulnerable time of their life. A diagnosis that is scary and life changing, and I am there to provide them with education, empathy and support, as well as hope for a future that will be bright, it's just a little different now. I just wish I had more hours to do this.”

JANE IS A MS NURSE AT ROYAL HOBART HOSPITAL

Employment Conditions

Most employers of MS nurses are not committed to permanent, full-time, and ongoing positions. Many MS nursing positions are part-time and rely on repeated fixed term contracts. Nurses are often required to undertake extensive unpaid overtime and expected to be on-call and contactable out of hours by their patients. MS nurses provide extensive support for their clients and are often the only health professional they can contact out of hours. Nurses also do not receive good levels of HR support and struggle to access leave and other entitlements in an already overburdened setting.

These employment conditions create a range of difficulties for MS nurses including unstable employment and financial insecurity and makes it difficult to access mortgages and housing. It can create high levels of stress and anxiety and can lead to nurses leaving the profession. It also makes it difficult to attract nurses to this specialty. Additionally, internationally, there has been a high rate of burnout affecting nurses in the post COVID-19 era⁵.

We call on all employers of MS nurses, including state and territory governments and hospitals, to improve employment conditions for MS nurses through secure funding, increased permanent positions and appropriate working hours and conditions.



“ The value of MS nurses

I continue working as an MS nurse in the community after more than 18 years because I believe so strongly in the value of the role. Every day I see how MS nurses make such a critical difference in people’s lives as a result of their specialist knowledge and support.

Living with a chronic condition is hard, and as specialist MS nurses we fill a significant gap in the acute, community, and primary healthcare sectors. It is highly beneficial having the ability to meet people in their own homes and during rural outreach programs.

Due to fluctuating funding challenges over the decades there has been uncertainty around the ongoing provision of MS nurse support in the community. I’ve never given up on fighting for the continuation of our service because I know it couldn’t be done in the same way anywhere else.

We are able to reduce patient anxiety, improve health outcomes in the short and long-term, and empower patients to proactively manage their MS.

Hearing the relief in someone’s voice after a conversation, their gratitude for the education and support they’ve received, and the tears that dry up after they know they’re not going to be alone managing this condition are the gold nuggets that keep me going, especially on the hard days.

To me this is the true value of having an MS nurse as part of the team.”

EMMA IS THE NURSING TEAM LEADER AT THE MS SOCIETY SA & NT AND PROVIDES MS COMMUNITY NURSING CARE TO PEOPLE ACROSS SA AND THE NT

MS Nursing retention and expansion

Without immediate intervention, the MS nursing workforce will continue to decline, placing people living with MS at even greater risk. There is limited succession planning and for those wanting to become a MS NP there are very limited positions available with no backfilling for leave. More needs to be done to retain this current workforce while attracting new nurses.

The development of a **MS Nurses National Strategy** would strengthen and expand the MS nursing workforce through:

- Establishing neurological nursing credentials in partnership with the Australian College of Nursing and recognition of the MS nursing specialisation
- Developing a clearly defined MS nursing career pathway
- Developing competency standards and a clear scope of practice for MS nurses and MS NPs
- Establishing a mentoring program for new and emerging MS nurses
- Developing an education campaign for undergraduate and practicing nurses to become a specialised MS nurse
- Supporting existing nurses who are looking to leave the profession to retrain as MS nurses
- Supporting MS nurses to further their qualifications to become a NP

Improved workforce planning will ensure that we have an adequate nursing workforce to meet the needs of the people living with MS across Australia, reduce burnout of the current workforce and allow for improved service delivery models.

MS Australia, MSNA and the Menzies Institute for Medical Research believe the development of a MS Nursing Pilot Project will further support MS nursing. This would include:

- Co-design, implement and evaluate a best practice model of MS nurse care in a location to be determined
- Assess the impact of increasing the current level of MS nurse care to ensure a best practice caseload for nurses and MS patients
- Evaluate the outcomes, so that other states and territories can apply the lessons learned during this project
- A cost-effectiveness assessment

It is also timely with the development of the National Nursing Workforce Strategy to ensure that there is an emphasis on the sustainability of the specialist nursing workforce through improved nursing working conditions, stable employment and a recognition of the need for and benefits of a specialist nursing workforce in Australia. Specialist nursing can provide an attractive option for nurses facing burnout and looking to leave the profession as it provides more flexible working hours and family friendly conditions. Support to upskill into other roles including MS nursing would contribute significantly to the retention of the nursing workforce across Australia.

“

I have lots of questions and fears about my MS and as each patient has such varying symptoms the only real contact I have with anyone is with my MS nurse. And as my symptoms are regularly changing, I always have lots of questions. If it wasn't for him, who would I have to allay my fears and answer my questions?

The fact I can send an email and get a response (sometimes several days later or at night) because there is not enough staff to see or respond to all patients. I am extremely happy and have the biggest trust in my MS nurse. He is my lifeline to this new normal life.”

TANIA WAS DIAGNOSED WITH MS IN 2017 AND SINCE THEN HAS FREQUENTLY ENGAGED WITH HER MS NURSE PRACTITIONER TIM

We call for the development of a MS Nurses National Strategy at a cost of **\$1 million over four years**.



We call for the funding of a MS Nurses pilot project at a cost of **\$3 million over four years** including:

- **\$1 million** to fund the research and evaluation work undertaken by Menzies
- **\$2 million** to fund additional FTE MS nurse time

We call for the **National Nursing Workforce Strategy** to include an emphasis on the sustainability of the specialist nursing workforce and a recognition of the need for and benefits of a specialist nursing workforce.

Education and training

There is currently no formalised education pathway or qualification for MS nurses. There is an urgent unmet need for formal MS nursing training for a range of nurses including:

- Nurses wanting to train as MS nurses
- Current MS nurses who want to improve and extend their knowledge base
- Neurological nurses who want to improve and extend their knowledge of neurological conditions
- Infusion nurses who have patients receiving MS DMTs who want to improve and extend their MS knowledge
- Nurses who work in other settings who have interactions with people living with MS who want to improve their MS knowledge

The first step to develop a formal training pathway would be the development of a MS nursing micro-credential. The microcredential would provide a professional qualification recognised under the Australian Qualifications Framework (AQF). These qualifications are more accessible for nurses and their employers due to the shorter timeframe and reduced costs. Over time this microcredential could be used to upskill to a graduate certificate.

The Australian College of Nursing is ideally placed to develop the microcredential in consultation with MS Australia and MSNA. They already have experience developing microcredentials including the development of a Parkinsons Care microcredential under the Australian Governments [Microcredentials Pilot in Higher Education](#) and have expressed interest in learning more about the MS nursing pathway.

In partnership with the Australian College of Nursing we are calling for funding of **\$125,000 over five years** for a MS Nursing microcredential including:



- Development and testing
- Ongoing delivery including payment of tutors
- Administration costs including online hosting
- Initial Accreditation and update after five years

To attract and support nurses wanting to undertake this qualification, we are calling for the funding of ten scholarships a year over the first three years. At a cost of \$3,000 per scholarship, the full funding would be **\$90,000 over three years**.



Upon receiving my diagnosis, I had many questions as I navigated my way through this big change of my life. In my case the MS nurses have been a lifeline. I understand that the nurses are extremely busy and I may have to wait for a reply. They must be under tremendous pressure.

I have since moved from Brisbane to Dalby so I've experienced three different hospitals and had infusions at all three hospitals. I started on Tysabri through IV and then changed to the sub cut needle, then changed back again. Throughout this experience the MS Nurses were there to answer any questions and put me at ease."

CYNARA WAS DIAGNOSED WITH MS IN 2022 AND RELIES ON MS NURSES TO SUPPORT HER

Nurse-led Clinics

MS nurse led clinics can provide a high level of specialised and individual care to people living with MS. Nurse led clinics are more flexible and adaptive to patients than regular hospital systems including:

- Ability to see patients quickly, often within weeks of referral
- Timely treatment of symptoms, provision of advice and undertaking timely referrals
- Providing a range of services over the phone including triaging, planning and treating people
- Comprehensive understanding of MS and experience working with a diverse range of patients.
- Rapid relapse assessment to facilitate treatment and/or medication switches
- Medication administration assistance, such as injection training to patients and their carers/significant others

“ The value of MS nurse-led clinics

I don't think there can be a greater time of stress and anxiety for a person who is suspected of having MS, or who has been recently diagnosed with MS, who has to wait months and months for their first visit to see the neurologist or MS clinic. In this time, much damage can be done with incorrect or incomplete information, websites and blogs not based on current evidence, and generally not knowing where reputable and helpful information can be found.

MS Nurse led clinics can step in and change the course of someone's future life with MS by providing advocacy, peer support, situating hope, calming families, answering myriads of questions and setting the scene for a long-haul partnership, and starting this early in the journey. Early intervention in an MS nurse clinic introduces holistic, individualised care at this crucial stage and enables self-management, independence and empowerment for patients.”

Burke & Patching (2021). Conductors of Care: exploring skillsets, support and education of MS Nurses and defining the role in Australasia

THERESE HAS RESEARCHED THE ROLE OF MS NURSES FOR MANY YEARS AND UNDERSTANDS THE CALMING INFLUENCE AND CRITICAL NATURE OF EARLY MS NURSE CLINIC INVOLVEMENT IN PATIENT CARE

MS Nurse Practitioners

MS NPs can prescribe some symptomatic therapies to patients, however, they are currently limited in the number of MS medications they can prescribe on the PBS. Despite their extensive knowledge of MS and experience with a wide range of patients, there are very few MS medications that a NP can prescribe. A GP with limited knowledge of MS and immunotherapy can prescribe MS medications with no ongoing monitoring. Current MS nurse practitioners report having to show junior doctors (and occasionally consultant neurologists) how to complete scripts for MS medications.

Last year, the Pharmaceutical Benefits Advisory Committee (PBAC) made a recommendation to allow nurse practitioners to prescribe certain MS treatments under the PBS in consultation with a physician. This change is set to dramatically improve access to care for people living with MS, especially in regional and remote areas.

Access to MS care is particularly limited in regional and remote areas, where the shortage of neurologists further intensifies the barriers experienced by people living with MS. Expanding nurse practitioner prescribing rights for key MS medications will ensure that people with MS in regional and remote areas receive equitable access to the best available therapies. It will also streamline care pathways, reduce the burden on individuals, and improve overall treatment outcomes. This approach would enable timely adjustments to treatment plans, enhancing adherence and ultimately leading to better health outcomes.

MS NPs provide also guidance and advice on particular screening and work up that is required for DMTs, despite often being limited with inadequate space to provide their expert services. This is time consuming and often leads to delays in care, when the emphasis should clearly be on brain health; early diagnosis, identification, and treatment of the person living with Multiple Sclerosis.

In contrast to medical colleagues, MS NPs have limited professional development leave and even more diminished opportunity for NP led research.

MS NPs also face additional barriers in government (public) health funded positions, not being provided with a Medicare provider number and unable to claim items under the MBS including MRIs. This limits their ability to have pathology and radiology and other clinic work undertaken for their patients in a timely and effective manner. This also limits patient choice and access to community providers.

Enabling a full scope of practice for MS NP will improve deficits in primary health care⁶. The MS NP role increases access to care, is cost efficient and influences social change from a health care perspective⁷. MS NPs are unique in their transformative approach to health care and they shape and develop services according to the needs of their patients from a holistic perspective⁸.

We call for improved support for MS Nurse Practitioners to work their full scope of practice including:



- Further expanding prescribing arrangements for MS Nurse Practitioners including the ability to prescribe more MS medications and therapies
- Removing barriers to MS Nurse Practitioners practicing their full scope of practice including Collaborative Arrangements and limited access to MBS
- Allowing MS Nurse Practitioners to be professionally accountable for their own practice, as determined by the Nursing and Midwifery Board of Australia

Case Study – MS Nurse Practitioner

Tim was one of the first MS Specialist Nurses and the first MS Nurse Practitioner in Australia.

“I am a Nurse Practitioner and incredibly proud to consider myself an MS Nurse. I have been working in Neurosciences Nursing for more than 34 years-more than 25 of those focusing and specialising in caring for and with people living with MS.”

Tim is currently employed (full time) at a major Qld Health hospital with a dedicated MS Clinic that has just over **800 MS patients. He works 4 x 9.5-hour days with 0.5 of his time is spent in MS**, this includes:

- 8 outpatient clinic sessions - 4 MS NP Clinics and 4 ‘General Neurology’ NP Clinics. This workload is greater than any doctor in the Neurology team - including consultants, registrars and advanced trainees.
- Supporting Infusion Units across 6 hospitals that support MS therapies.
- A ‘multidisciplinary team’ made of a MS Consultant 1 day per week, a Neuroimmunology Fellow, shared with another hospital, 2 days per week (1 day in clinic & 1 day in research) and Tim

There is no backfill when Tim is on leave so the work and Tim’s patients must wait for his return. If patients’ need urgent assistance they are told to wait for his return or are directed back to their GP or the Emergency Department

Tim is worried that he is failing his patients and not able to give them the time that they need and is facing burnout for his high workload.

Tim continues to advocate to his hospital for an increase to the level of MS nursing and expansion of their scope of practice, all backed by clear evidence on the impact of MS nurses. To date the hospital has not increased funding for MS nursing and continues to rely on Tim undertaking a large workload to deliver MS care.

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Australasia Inc

MULTIPLE SCLEROSIS AUSTRALIA
Suite 3.01, 18 Flour Mill Way, Summer Hill NSW 2130
1300 010 158
info@msaustralia.org.au
www.msaustralia.org.au