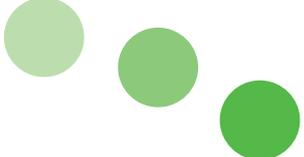




2009 Annual Report

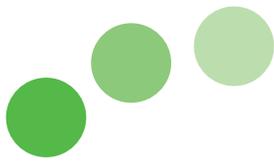
Supporting nurses in general practice



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President's Report



2009 has been an exciting and eventful year for the Australian Practice Nurses Association. Our organisation has been operating in a climate of discussion and reflection in preparation for the ongoing reform of the Australian health system. APNA has made strong contributions to the reform agenda, alone and in conjunction with others (notably the National Primary Health Care

Partnership and the Primary Health Care Project Advisory Committee).

The organisation has been working hard to build our membership base and membership benefits. As the global financial crisis continues to impact our resources, membership of a professional organisation must be balanced against other financial demands and must elicit direct and tangible benefits for each member.

Despite some disquiet over the summer holiday season, we saw conference registrations roll in once the country recovered from holiday mode and returned to work. As the registration list developed, so did the excitement. The APNA staff and Corporate Communique worked beautifully together and 'did the members proud' as they rolled out 'The Right Stuff', the Inaugural APNA National conference which opened to the beautiful sound of singer Deborah Cheetham and the measured tones of the Federal Minister for Health, the Honourable Nicola Roxon. Governor General Ms Quentin Bryce AC spoke warmly of her family's experience of the qualities of nursing care received over the years.

Towards the end of 2009, the Australian Practice Nurses Association moved to a new site and larger premises. The new office is a corner terrace in Drummond Street, Carlton. It has rapidly come to feel like a suitable home for APNA as we become a strong and sustainable organisation.

A significant change occurred at a Special General Meeting in November. Members voted to expand APNA's membership base to include those nurses in the Primary Health Care sector not necessarily working in the general practice setting, as well as move the definition of nursing in general practice towards a nursing in primary health care focus. This move, 'Embracing Primary Health Care Nurses', resulted from various inquiries as those nurses recognised the success of this small membership organisation and sought similar representation and support in a changing landscape.

We have welcomed a second co-opted Member to the Board in the latter half of the year. Health economist Peter Larter brings a wealth of policy experience in the primary health care sector to our deliberations. We continue

to benefit from the human resource and governance experience of our other invited Member, Maurice Wrightson. I thank them both for the knowledge and expertise that they share so freely with APNA.

In 2009 the committee structure has been streamlined. There are now two committees providing advice to the Board: the FARM (Finance, Audit and Risk Management) committee and the Governance committee. These committees report directly to the Board whilst the CEO recruits various operational committees to provide advice to her role as required.

Again I must convey congratulations and appreciation to CEO Belinda Caldwell and her enthusiastic and professional team in the office. To all those other wonderful people who have contributed to the growth and development of the Australian Practice Nurses Association, please accept our utmost thanks and gratitude.

I commend this annual report to you and trust that you enjoy reading about APNA activities in 2009.

Anne Matyear

president@apna.asn.au

CEO's Report



The Australian Practice Nurses Association continued its growth trajectory throughout 2009 and further developed into a mature peak professional body for nurses working within general practice and primary health care.

We were required to relocate at fairly short notice but it is fair to say that the move has had practical and some less tangible benefits. We have reduced travelling time for most staff, moving from a very small office in a multi-storey complex to our own Victorian terrace building in lovely Carlton. We have more space for our staff. More importantly we now have our own board meeting room, kitchen and storage/printing room. We have a number of separate offices housing 2-3 staff each, which is quieter than the previous open plan office .

Membership continues to grow and we have placed a particular focus on determining how we can better serve our members and provide value for money. Most of the year was spent developing a comprehensive member database which we can use not only to manage memberships more accurately and efficiently but to enable us to record all our interactions with members, members' special interests and membership patterns. Additionally, a new website which was launched in March 2010, key features of which are a facility in which members can easily update their details and record CPD, and an easier to navigate smart-looking interface which we hope will attract even more potential members.

In early 2009, on the recommendation of the Business Development Committee, we commissioned a market research company to look at non-members of APNA to ascertain what the level of awareness of APNA was and the barriers to joining were. The results were very helpful in adjusting our marketing messages, adding a direct debit option and focussing our publications.

Over 2009 we undertook two projects of broader significance to APNA members and practice nursing. These were the development of a patient satisfaction instrument for nursing services and an evaluation of the scholarships program and impact on practice. The patient satisfaction instrument in particular provided great insight into the high regard in which patients hold nurses in general practice. We hope to be able to roll out further rounds of this instrument in the future, pending on funding.

While focussing on members is critical for APNA's ongoing success, a strong focus continues to be maintained on showcasing and highlighting the role of nurses in general practice and primary health care. We have given a wide range of presentations to various stakeholders, written submissions to key decision-making bodies, issued media

releases and made ourselves available to media when required. We have nurses on a wide range of committees at national and state levels, and APNA is widely represented on key national bodies such as the National Primary Health Care Partnerships and the Coalition of National Nursing Organisations, where we are on the executive committees.

I would like to thank the APNA Board for its ongoing supportive and strategic approach to the well-being of your association. Without their thoughtfulness and passion APNA would not be the organisation it is. I would also like to thank the staff at APNA for their enthusiasm and commitment to the goals of the organisation and its members. Finally, I would like to thank the members who make what we do each day meaningful and rewarding.

Belinda Caldwell

belinda.caldwell@apna.asn.au



Association Overview

The Association

The Australian Practice Nurses Association (APNA) is the national professional

association for nurses working in general practice and the sole advocate for the profession in Australia. Established in 2001, APNA is governed by a Board of Directors and has a mission to support members to be recognised, professional and empowered.

The Association's core role and responsibilities are to support, advocate, develop and educate practice nurses in their role in general practice and to promote their profile within the wider medical community to reflect their growing importance.

The Association provides its members representation, professional development and support at a local, state and national level.

Since its inception the organisation has grown a healthy membership base of almost 1700 members and is being recognised as a key player in primary healthcare.

Major Highlights for APNA in 2009

National Conference

APNA held its inaugural National conference in Melbourne in April and May 2009. The

conference was highly successful with 215 delegates attending, excellent feedback provided from the post-conference delegate survey and an array of International and renowned speakers, including the Hon Nicola Roxon MP and Her Excellency Ms Quentin Bryce, Governor General of Australia.

PNCE – First Far North Queensland conference

The first Far North Queensland Practice Nurse Clinical Education (PNCE) conference was held in Cairns in August 2009. The event proved to be successful, with 50 delegates coming from as far afield as Tennant Creek, NT.

Best Practice Nurse Awards

In 2009 APNA ran the Best Practice Nurse Awards for the fourth year running. A high standard of applications were received and a presentation ceremony was held in conjunction with a Symposium in November 2009.

APNA Moved Offices

APNA moved from Melbourne's CBD to nearby Carlton in October 2009. APNA is now located in a renovated terrace house.

New member services

APNA forged a number of new partnerships in 2009 as part of the Member Rewards program, including: discounted wines through Premium Wines Direct; reduced pricing and free postage on educational books from Elsevier; and discounts from the Choice Hotel group.

APNA improved the online learning portal in 2009, adding a number of courses on professional issues and a course titled 'An introduction to eyes', which identified the five most common conditions and promoted eye health.

New APNA Projects

In November 2009 funding was approved by the Department of Innovation, Industry and Regional Development to develop an online web 2.0 platform to enable practice nurses to develop, contribute to, refine and/or access best practice policies and procedures.



Association Overview

Salary and Conditions Survey

APNA conducted its Salary and Conditions Survey for the sixth consecutive year in 2009. Results indicated that Practice Nurse salaries continued to rise but overall job satisfaction decreased.

"The national average hourly rate for RNs working in general practice is \$30.26. For an EN, the national average hourly rate is \$24.02..."

Member Benefits – Salary and Conditions Report

Market Research Project

APNA commissioned a market research company to conduct research early in 2009. They were tasked with ascertaining the drivers and barriers for PNs joining the Association so that effective strategies can be implemented to increase membership.

New-Look Primary Times

In December we changed the design of the Primary Times to highlight and present information in a more interesting manner. The editorial board continued to keep members up to date with the latest news on professional and clinical issues, research and industry reports as well as APNA education and activities.

APNA Staff 2009

Belinda Caldwell, *Chief Executive Officer*
 Matt Hall, *Membership & Partnership Manager*
 Steve Webster, *Strategic Projects Manager*
 Lucy Dear, *Events Officer*
 Eleanor Vermont, *Administration Support Officer*
 Dinusha Nanayakkara, *Accountant*
 Lu Yin, *Bookkeeper*
 Emma Nyhof, *Scholarships Officer (May – December 2009)*
 Charlotte George, *Administration Support Officer (Temp)*

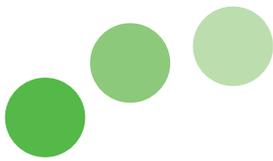


Vision and Strategic Plan

From mid 2009 the APNA Board began developing a 5 year Strategic Plan to commence in 2010. Input from members was received through the 2009 APNA member satisfaction survey. The draft Vision and Strategic Plan is being finalised in the first half of 2010.

2007-2009 APNA STRATEGIC PLAN

Objectives	Strategies		
Supporting members to be recognised	Increase support for general practice nurse research	Increase APNA and practice nurse profile	Encourage and undertake effective policy development and representation
Supporting members to be professional	Develop and provide Continuing Professional Development	Provide professional indemnity insurance	Provide high quality, accessible and affordable education
Supporting members to become empowered	Facilitate and enhance member engagement with the profession	Support sharing of and provide access to quality and relevant information	Provide tangible support and advocacy for member concerns



Association Overview

Our Partners

The APNA partnership program continues to recognise and support those companies that have made a commitment to the development of practice nursing. Without the support of these partners APNA dues would steadily increase and the ability to deliver benefits to members severely reduced.

Platinum Partners

CSL and Pfizer maintain their Platinum partnerships and continue to support APNA across the board at our events and activities across the country. As platinum partners they have made the biggest commitment to APNA's vision and practice nursing.

Thinking Australia® **CSL Biotherapies**



APNA Member Satisfaction Survey 2009

In June, APNA ran a member satisfaction survey to gauge how effective and relevant members find our services. Members were also asked about the vision for practice nursing in 2015 and areas of focus for the Association.

Member profile

Practice nurses have increased in importance and number in Australia. A combination of GP workforce shortages and increases in elderly and chronic disease patients has seen the role of these nurses expand and develop in exciting new ways over the last six years. The survey showed that although the typical APNA member had over 20 years' experience as a nurse, almost half had been a PN for less than five years.

Value of member benefits

APNA continues to provide nurses with a voice in policy decision-making, access to a range of specific information, resources and education and tools for ensuring PNs practice professionally, i.e. professional indemnity insurance. Although results on how members view APNA's performance were mostly very positive, 17% of respondents were dissatisfied with the Member Rewards Program and Event Discounts. To further develop this area APNA will be contacting more companies over the coming months to make beneficial arrangements. We have learned a lot about your opinions, thoughts and areas of need and have begun making improvements to our services. APNA also understands that cost is seen as one of the main barriers in preventing members from attending conferences. The Association will be reducing the cost of the national conference and will continue to provide member discounts for PNCE events.

Advocacy

A majority of members rated advocacy as 'important' or 'very important'. The APNA Board was very pleased with this result. This encompasses representing the interests of practice nurses, influencing policy, upholding APNA's image and developing the profession. APNA understands that pay and working conditions of PNs are priority areas for improvement. The APNA Salary and Conditions survey is provided to members yearly. This can be used by individuals to renegotiate their own wages. We will also continue to collaborate with other nursing organisations such as the ANF and to lobby Canberra for better funding mechanisms to support practice nursing appropriately.

Website

The survey showed that over 90% of members had visited the APNA website recently. The survey asked members about the information they accessed on their most recent visit to the website. Education, events and clinical resources were ranked highest. This is incredibly useful information for ensuring that our website is responsive and up to date.

Newsletter

Members were asked what content they would most like to see in the Primary Times. Education, case studies and stories and clinical issues were ranked the highest, followed by articles about chronic disease management and wound care as well as general news, updates and developments.

Association Overview

Vision for practice nursing in 2015

Members commented about their vision for practice nursing in 2015:

'That Practice Nurses will have a more widely accepted role with government, Medicare etc.'

'Nurse Practitioners commonplace and accepted.'

'...General item numbers for service, regardless of who provides the service, i.e. GP or PN'

'As recognised leaders within primary healthcare team.'

'That practice nurses are seen to be and recognised as a specialty nurse, we are paid more fairly and accepted by all branches of medicine.'

'Better pay to encourage us to remain in the profession. It is very tempting to go elsewhere for higher pay even when you have nursed for 20 years and studied for 10 years.'

'Working more autonomously in areas such as chronic disease management, diabetic management, wound care, immunisation and travel medicine.'

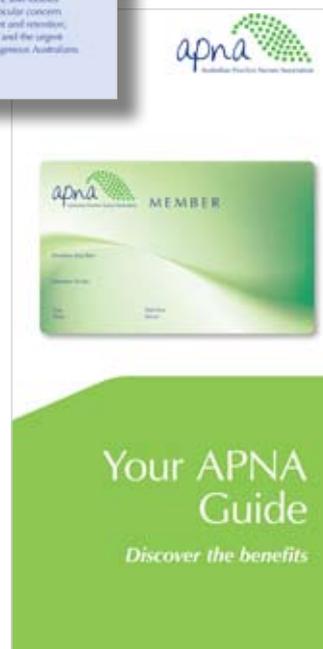
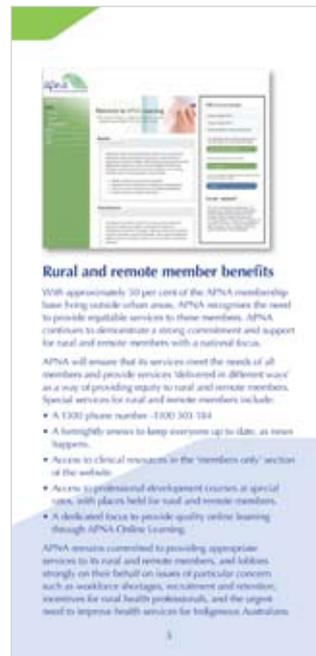
'I would like to see nurse practitioners providing a holistic service for the community, taking the pressure off GPs who are far too often becoming tired, frustrated and non-caring to people's needs.'

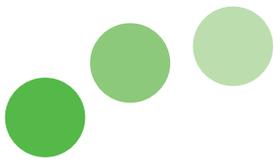
The results of the 2009 APNA Member Satisfaction Survey offer key information that will allow us to gauge current perceptions of APNA in terms of the benefits and offerings provided to practice nurses. We are grateful for the input of those who participated in the survey. Your opinions and feedback will help us to continue to improve the experience we deliver to you.

APNA Membership Milestones – end of year 2009

Membership milestones

Membership grew steadily in 2009, finishing the year with 1620 members. This was a great result for APNA and the first time that we have passed the 1600 mark in our short but eventful history. The increase in membership was due to the continued support of existing members; over 80% of our members renewed in 2009. In June 2009 we added 70 new members in a campaign whereby nurses encouraged others to join.





Supporting our members

Support Members to be Professional

APNA e-Learning

APNA continues to grow its online learning portal and added a number of professional issues and clinical courses including Bowel cancer screening and An introduction to eyes, which helped in identifying the five most common conditions and promoted eye health, with practice nurses identified as a key to early detection of these conditions.

For 2009 we had 11,645 users register to do one of the 30 plus modules currently listed on the APNA online learning portal.



Professional Indemnity Insurance Program

APNA has continued to provide its members with affordable Professional Indemnity Insurance policies that are specific to Practice Nurses. The uptake has grown rapidly and continues to grow at a steady pace. As of December 2009 we had approximately 250 active policies. Therefore, 14.98% of members have invested in insurance policies with APNA.

PNCE

APNA continued to be involved in the Practice Nurse Clinical Education (PNCE) conferences in 2009. In addition to the conferences in Brisbane, Sydney, Perth, Adelaide and Melbourne, a conference in Cairns was run for the first time.

In 2009 a number of new and refreshed sessions were run, including the *Bridging the Gap Practice Nurse Initiative*,

Compression Bandaging, Stress Management for Practice Nurses, Assessment and Management of the Nutritional Needs of the Older Person, Performing Doppler and ABI Assessments, Communicating the Value of Practice Nurses, Injection Techniques, Motivational Interviewing, Mental Health Triage, Power and Empowerment – what's the difference and how to get it?, Diagnosis and Treatment of Eye Diseases, Making the MBS Work for You and Your Patients and Ageing: do you know what to expect?

Throughout the 2009 series of PNCEs 803 delegates are recorded as having attended. In 2008, 780 delegates attended. Taking into account the additional Cairns PNCE in 2009, a more accurate comparison of the remaining five PNCE's amounts to a total of 752 delegates, down by 28 delegates from 2008.

The PNCEs experienced a retention rate of 33.6% from the previous year, with the lowest rate of retention being for the Perth PNCE at 23%. APNA Members comprised an average of 51% of the attendees. According to the delegate survey, the speakers achieved an overall satisfaction rate of 4.31%. 94.12% of delegates who attended PNCE in 2009 rated the overall conference experience as being either good or excellent.

APNA national conference

With our strong membership base and infrastructure, 2009 was chosen to celebrate how far general practice nurses and APNA had come with the launch of the inaugural National Conference. Themed 'The Right Stuff', the conference was held in Melbourne from 30th April to 2nd May.

According to the post-conference delegate survey, overall satisfaction with 'The Right Stuff' was very high. Attendees were particularly satisfied with the venue, administration,



location, quality of service and the registration process.

Supporting our members

Sponsorship was the most significant aspect of the income for the conference. We developed a well-formulated sponsorship proposal that was attractive and appealing to potential partners and an excellent level of sponsorship was achieved. 206 delegate registrations were received, the fees for which provided the second-highest level of income for the conference.

The conference provided ample opportunities for practice nurses to network, including two formal social functions, 'Meet the Board' topical forums, extended break times and interactive practical sessions throughout.

According to the post-conference delegate survey, delegates' overall satisfaction with the conference rated at 89.8%, with 92.4% of respondents saying that the conference made them feel inspired in their roles as practice nurses.

Scholarship Program

2009 was another successful year for the practice nurse scholarship and support scheme, administered by APNA for the Australian Government Department of Health and Ageing since 2005.

The first part of the year saw the conclusion of the 2008-09 scholarship round, with more nurses successfully completing their courses of study and scholarships than in any previous scholarship round. In addition a formal evaluation of the scholarship program was undertaken by researchers from UWS and Curtin. Their findings demonstrate that the Scholarships Program has contributed significantly to the Australian health reform agenda through developing a viable and responsive workforce. The evaluation also found that, among other things,

- Practice nurses indicated that the opportunity to undertake continuing professional development had expanded their scope of practice and improved the quality of care that they were able to provide to patients.
- Access to scholarships allowed them to participate in educational programs in a timelier manner than would have been possible if they had no funding support for the course
- Participants expressed satisfaction with the high level of support that the APNA provided in terms of disseminating information about the program and co-ordinating its administration.



July witnessed several changes to the scholarship program, as it transitions to the new consolidated national Nursing and Allied Health Scholarship and Support scheme (NAHSSS) announced in June. APNA were contracted by the Department to release a sixth round of practice nurse scholarships under the banner of the new scheme. Over 500 continuing Professional Development scholarships and over 20 Postgraduate scholarships were released in September, with a fantastic response from applicants. Highlights of the current scholarship round to date include

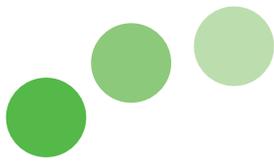
- Over 150 applications for Postgraduate scholarship places, with 36 Postgraduate applicants successfully funded
- Due to this overwhelming response, APNA sought and received approval late in the year to release a second round of a further 27 Postgraduate scholarship places
- An increase in the funding available for each postgraduate scholarship, from \$10,000 previously to up to \$30,000
- A record number of scholarship offers taken up, thanks in part to continuing improvements in administration processes

In late December, APNA received an extension to their administration of these scholarships until the end of the financial year, as the process to find a new national administrator for the scheme had been delayed.

As part of the current scholarship scheme, APNA also receive funding to promote and make available two online

courses for practice nurses. The online Immunisation Activities course was developed in 2005 by APNA together with the Australian Divisions of General Practice, the Australian Government Department of Health and Ageing and the Royal Australian College of General Practitioners. Since its inception the course has proven extremely popular, with registrations continuing to rise in 2009. The course is hosted through the RACGP gpLearning portal, and is available through the APNA website.

The online Mental Health Course was developed in conjunction with the Australian and New Zealand College of Mental Health Nurses (ANZCMHN). Part One was launched in 2006, and has had almost 1,000 nurses enrol. Part Two of the course was launched in 2007 and has had over 500 enrolments to date. The course is part of APNA's Online Learning portal.



Supporting our members

Support Members to be Recognised

Policy, Representation and Research

2009 began with a busy start in representation with responses to the National Primary Health Care Policy draft statement due at the end of February. This was a key document for us to have input and it was pleasing to have our submission referred to several times in the final report and to see that the Draft Primary Health Care Strategy, while quite a big picture document, reflected our vision of where primary health care needs to go.

Along with this broader focus on primary health care, the work we had initiated in 2008 around advanced primary health care nursing with a Roundtable in Canberra between medical and nursing groups, was followed up in 2009 with a consensus statement from the nursing profession "Primary health care: a nursing and midwifery consensus view". Funded by the Department of health and Ageing and supported by the ANF as the Secretariat, the important document has provided a great basis for ongoing debate and lobbying for strengthening nursing roles in primary health care. It was launched at a repeat Roundtable in Canberra again which was great opportunity for a robust discussion about how to address barriers in expanding nursing roles in primary health care.

All of this was accompanied by the announcement in May of the planned extension of Medicare rebates and PBS subsidies to patients accessing nurse practitioner and midwifery services. This was very exciting news for our fledgling group of nurse practitioners in general practice but it is fair to say has been met with some strong resistance by the medical profession. Hence we have been closely involved in lobbying alongside our nursing colleagues and providing media responses to relevant negative media. We formed a special email interest group of already endorsed nurse practitioners in general practice and those currently studying NP courses, to keep them updated but also seek advice on how the role is going to look like in general practice. Their support and advice has been invaluable.

A significant event in APNA representation in 2009 was our involvement in the H1N1 Pandemic General Practice working group convened by the Chief Medical Officer Dr Jim Bishop. Meeting at the height of the pandemic on a weekly basis, either the CEO, Karen Booth or Jenny Dandeaux (and frequently all of us) would be contributing the experience of nurses in general practice in management of the pandemic and then delivery of the vaccine program. It has been an excellent exercise in demonstrating to the Chief Medical Officer and other departmental staff the critical role of nurses in the successful delivery of public health programs.

APNA COMMITTEE PRESENCE 2009

Coalition of National Nursing Organisations (CoNNO)
RACGP National Executive Committee on Standards for General Practices
RACGP Quality in General Practice Committee
Influenza Specialist Group
ANSWD Practice Nurses reference group
National Prescribing Service Nurse Working Group
NSW Cancer Institute General Practice Working Group
National Primary Health Care Partnerships
National Asthma Council GP and Allied Health Professional Asthma Education Program 2006-9
Cancer Australia Quality and Professional Development National Advisory Group
National Heart Foundation GP Advisory group
National Heart foundation Improving cardiovascular adherence project
Cancer Australia QPDNAG Cancer Care Plan working group
Cancer Council SA - Primary Health Care Working Group
National Primary Health Care Strategy Expert Reference Group
General Practice Data Governance Committee
Kidney Health Australia KCAT practice nursing project
Allied Health Professionals Australia Shared Care in Chronic Disease Management project
RWAV Sustainable Rural Practice project
Heart Research Centre 'Development, Implementation and Outcome Monitoring of Interprofessional Learning to improve self-management in cardiac patients in general practice' project
Nursing in Primary Health Care Working Group
The 4 Year Old Healthy Kids Check -Stakeholder Reference Group (Victorian DHS)
AGPN Lifescripts Review project
H1N1 Primary Health Care Roundtable
Australian Psychological Society Expert Working Group for Chronic Disease Self-Management Interdisciplinary Professional Network Project
Project: Improving the Identification of Aboriginal and Torres Strait Islander People in Mainstream General Practice
Improvement foundation Expert Reference Group Lifestyle risk factor management

Supporting our members

In addition to these key developments, we have continued to be involved in many more areas of policy and representation. More importantly our members have been critically involved in representing APNA on a number of committees, responding to surveys and calling the office to discuss issues. For all of these important contributions, we thank our ever enthusiastic membership!

APNA in the Media

APNA has continued to seek a voice in the media, with regular quotes and opinion pieces appearing, particularly in the medical and nursing media. With the vigour of the debate about nurse practitioners and the legislation proposed to provide them access to Medicare and PBS we received many opportunities to promote the role of nurses in general practice, regulation of nurses and appropriate advanced nursing practice. At times we took the medial media to task over inaccurate portrayals of nurses and nurse practitioners. The nurse practitioner debate also allowed for a full page article in The Australian featuring APNA member Hayley Haggerty.

Best Practice Nurse Awards



2009 APNA Best Practice Nurse Award winners

The APNA Best Practice Nurse Awards were run for the fourth consecutive year in 2009.

A good number of high quality applications were received, providing a challenge for the Award judges. The five winners were announced at a presentation ceremony held in Sydney in November. APNA congratulates the winners of the 2009 Best Practice Nurse Awards

AWARD WINNERS

Blackmores Best Practice Nurse Award for Women's Health - Gloria Forsys

GSK Best Practice Nurse Award for Chronic Disease Management - Colleen McGoldrick

Merck Sharp & Dohme Best Practice Nurse Award for Innovation in Nursing in General Practice - Beverley Young

CSL Best Practice Nurse Award for Immunisation - Narelle Smith

AGPAL Best Practice Award for Quality Improvement - Marion Goodman

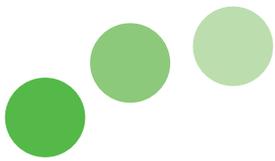
Patient Satisfaction Survey

The aim of this project was to develop a Quality Measurement Tool of the patients' whole experience when they interact with a Practice Nurse. The tool was designed to be able to be used as part of the continuous quality improvement system in general practice and provide the Australian Practice Nurses Association (APNA), the Commonwealth and other stakeholders with aggregated data on consumer perceptions of practice nurses and the services they offer.

The tool was designed to

- Provide the practice nurse and his/her practice with feedback for new service development within the practice
- Provide reflective feedback for Practice Nurse Continuous Quality Improvement initiatives
- Provide nurses and practices with data benchmarked against other practices in terms of patient satisfaction with nursing services
- Provide APNA and other interested parties with aggregated data on consumer perceptions and client satisfaction with practice nurses' services

The results were overwhelmingly positive and indicated a high level of acceptance of the nurse as a care provider in the general practice setting. Of particular interest was the high level of confidence in the clinical expertise of the nurse, the level of trust in the nurse and the extent to which patients felt empowered by their consultations with the nurse. As these are key attributes that define nursing it was pleasing to see these results.



Supporting our members

Support Members to be Become Empowered

Salary and Conditions Survey

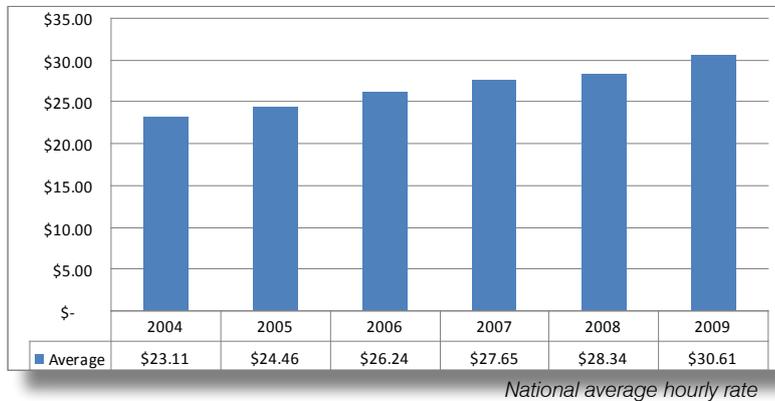
The 2009 Salary and Conditions survey was a success, with almost 700 practice nurses participating. The national survey revealed that while wages have increased, employment conditions are far from ideal and work satisfaction has decreased.

The national average hourly rate is \$30.61, which is an increase on \$28.34 in 2008. Nurses in ACT were amongst the highest paid, earning \$34.80 an hour; while those in Queensland were the lowest paid, earning \$27.89 an hour.

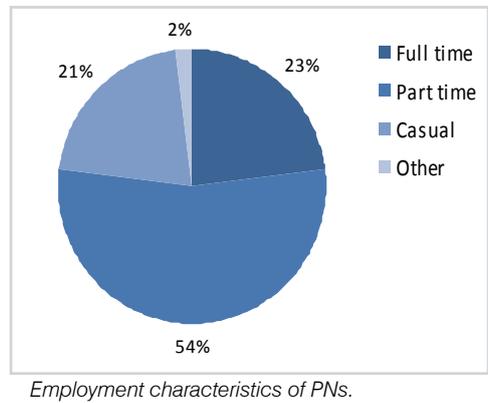
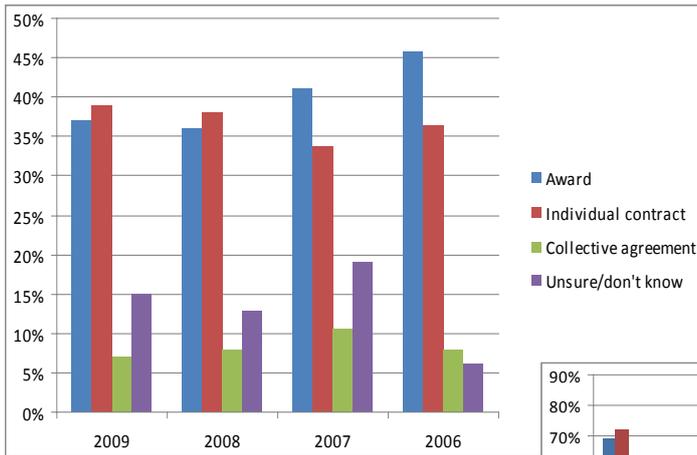
The average wage for a registered nurse working in a practice in 2009 was \$30.26 an hour, with enrolled nurses earning \$24.02 an hour. This compared with \$28.91 and \$23 respectively in 2008. The hourly rate is \$33.51 for nurse practitioners and \$30.05 for midwives.

There remains a strong correlation between salary and conditions and the intention to leave, with 40% of PNs stating they were either looking for a new position or would do so in the next six months. Of these, 75% intend to remain in general practice.

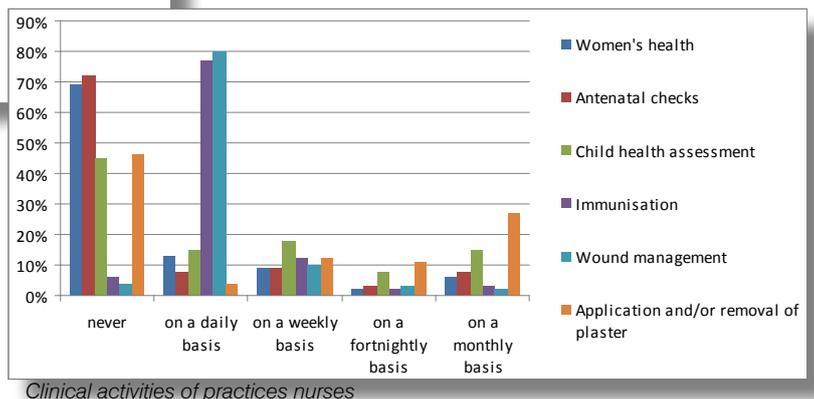
Over 60% of PNs working in GP corporate practices—the lowest paid general practice type—stated they were either looking for a new position or would do so in the next six months. This is a high percentage compared to the 36% working in GP practices who stated the same.



Terms of employment.



Salary also differed with regards to the practice setting, from the lowest amount of \$26.38 for PNs working in GP corporate practices to the highest of \$38.77 paid in the Defence Forces. Surprisingly, 41% of PNs have never asked for a pay increase and 36% have never received one. Forty per cent of nurses who asked for a pay rise were successful.



Supporting our members

Communications

With all the current activity in primary health care nursing and focus on practice nurses, APNA continues to use all avenues available to keep nurses up to date with the developments that affect their daily lives.

Enews

The fortnightly enews email keeps members up to date. Highlighting APNA core activities, it provides a quick and responsive format for informing members of our work in advocacy, policy developments, industry news, events and opportunities.

With links to important and relevant websites the enews is critical for the news that just can't wait.

APNA web site

The APNA web site is a key resource for APNA members and the wider practice nurse community.

The web site is a one-stop shop for all the latest clinical information and news, including-

- The latest association and industry news and issues specific to practice nursing.
- A comprehensive guide to courses relevant to practice nurses, by state and clinical area.
- A calendar of upcoming events, including courses, conferences and seminars.
- A wide range of professional and clinical resources to assist members.
- Online sign-up and renewal of membership.
- The APNA career centre, which lists all the current roles available online and in one place.
- Online forum/discussion board where you can post questions.
- Online learning portal that has many FREE or substantially discounted learning opportunities in areas such as diabetes, wound care, understanding the MBS, immunisation and much more.
- CEO blog, keeping you up-to-date on the latest advocacy and policy development news.
- Swine Flu blog. Karen Booth (Board Member) keeps everyone up to date with all the latest on Swine Flu H1N1.
- A comprehensive clinical area with resources, links, important information and much more.

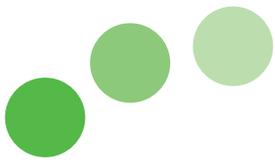
The Primary Times

The Primary Times went from strength to strength in 2009 and once again enjoyed one of the highest ratings in the membership satisfaction survey. The Primary Times continued to provide nurses with key clinical updates, inform them of all the latest professional issues and highlight the individual achievements of practice nurses throughout Australia.

In December the Primary Times had a change of design to highlight and present information in a more interesting manner.

Editorial board members Valmai McKenzie (Editor), Carmen Pearce, Dr Elizabeth Halcomb, Meredith Temple-Smith, Ruth Mursa, Belinda Caldwell (CEO) and Matt Hall (staff) have worked hard to release an engaging publication for members each quarter and will continue to do so in 2010.





Moving Forward

Commissioned Research to Improve Membership

APNA has grown with the role of practice nurses (PNs) and now comprises around 1500 members. However, with approximately 8000 PNs in Australia, there remains a significant untapped market for APNA.

APNA commissioned Jigsaw Strategic Healthcare to conduct research earlier last year.

Jigsaw was tasked with ascertaining the drivers and barriers to PNs joining the Association so that effective strategies can be implemented to increase membership. Increasing and maintaining membership is critical for APNA to continue to support practice nurses and their issues.

APNA also endeavoured to gauge current perceptions and understanding of the Association in terms of the benefits and offerings of its membership. Research was needed to examine how PNs, think, feel, and speak about APNA to capture existing thoughts and attitudes towards it.

Jigsaw conducted a series of qualitative mini-groups in Sydney and Melbourne with member and non-member nurses. The research resulted in numerous interesting findings pertinent to the project.

Both younger and older PNs see a strong future for the profession. They believe that as GPs increasingly understand the role that PNs can play in general practice the number of PNs will continue to rise. APNA can play a major role in helping increase the standing of the practice nurse profession. A key role identified for APNA was to educate GPs to understand the full potential value and contribution of PNs.

Education was seen as one of the strongest benefits offered by APNA. Online education is particularly attractive to many PNs as it can be undertaken at times that are convenient to the nurse. The majority of nurses felt that lobbying activities are important for APNA when reinforcing and growing the identity and role of the practice nurse. 'We need lobbying because the profession is still in its infancy. We need an organisation to champion our cause ...we need to be unified to move forward.'

The Primary Times is enjoyed by members and non-members alike. The online newsletter has appeal, provided it is kept short and relevant and not issued too frequently. Research found that many believe their practice insurance covers them. [might need another line of detail]

Online discounts received a mixed response. In general, discounts on smaller everyday items and work-related items are the most unique and attractive. Many are also unaware that the APNA offers discounts of any kind. Research found the online careers site is very appealing.

However, few nurses are aware of it. It was felt the APNA needs to build awareness of this online resource.

Cost is a major barrier to APNA membership for many PNs. Research suggests that a staggered membership payment system, such as quarterly direct debit payments, will make membership more feasible for some.

For us at APNA, this very valuable research has provided us with strong guidance on where we need to focus our scarce resources in the effort to attract and retain members. Many results were not surprising but we are frequently presented with a vast array of options on what needs to be done. The challenge is to pick a few key strategies and stick to them. The key message for us was that almost all non-APNA members were completely unaware of what APNA offered and were pleasantly surprised. One of our initial responses has been to produce a new membership brochure outlining all the benefits more clearly and visually. We plan to distribute this brochure through Divisions of General Practices, PNCEs etc.

Objectives and Strategies for 2010

2010 heralds the beginning of a new 5 year strategic planning cycle for APNA. Whilst the new strategic vision and plan are still out for consultation with members, they reflect a growing change in focus of primary health care and building the recognition of the strong role of nurses within it. The proposed vision is -

- Respected members and leaders of multidisciplinary teams providing better health and quality of life for all Australians

The proposed 2010-2015 goals are -

- Primary Health Care Nursing is defined and well-developed
- Primary health care nursing is a recognised and valued profession
- In Primary Health Care, well resourced nurses work together
- Primary Health Care Nursing is served by a sustainable and growing professional association

Particular activities we are focussing on in 2010 are developing a definition of primary health care nursing in the Australian setting, further strengthening the professional development recognition of the specialty, increasing the services and information available for members, and continuing to advocate strenuously for the needs of our members.

Governance

The Australian Practice Nurses Association is committed to ensuring that we adhere to best practice corporate governance and, on behalf of members, ensuring that APNA achieves its goals and avoids unacceptable situations and actions. In 2007 we implemented a policy governance model, allowing the board to set the strategic directions, principles and prescribed processes. This subsequently gave APNA management the mandate to action their intentions. During 2008 we have reviewed the policy governance frameworks and found them to be substantially robust and effective.

All corporate obligations of the association have been met and APNA has evolved from being supported by government funding to a self sustaining and stable phase with robust risk management systems, a well-functioning board and growing staff and infrastructure.

APNA Committees and their Objectives

The APNA Board has been supported to varying degrees by a number of APNA committees. There are six committees, currently chaired by an APNA Board Director with support from a nominated staff member. The APNA board member is responsible for presenting recommendations to the board.

The committees comprise of:

- Policy and Research Development
- Member Services Development
- Business Development and Marketing
- Professional Development
- Finance
- Editorial Board (introduced in late 2007)

Due to a range of internal and external factors, these committees have had varied degrees of success in meeting their objectives and even convening at times. With the development of the new 2010- 2014 strategic plan we will be undertaking a review of the committees to ensure that we retain the valuable expertise within from them while developing clearer roles, responsibilities and support structures.

APNA Board of Directors

Board meetings

Board meetings are held quarterly with two face-to-face meetings. This allows directors to meet employees and other stakeholders. Directors are expected to prepare adequately to attend and participate at Board and committee meetings.

Remuneration of directors: With the exception of the President, Australian Practice Nurses Association Directors provide their services on a voluntary basis.

Conflicts of interest

Directors are expected to avoid any action, position or interest that conflicts or appears to conflict with the interests of the association. A director who has a material personal interest in a matter relating to the association's affairs must notify the other directors.

APNA Board of Directors (2009)

Elected

Anne Matyear (President)

Julianne Badenoch (Vice President until May 2009)

Karen Booth (Joined and became Vice President in May 2009)

Jenny Dandeaux

Tracey Everett (from May 2009)

Carmen Pearce-Brown (until May 2009)

Sharon Kirkham (until May 2009)

Co-opted

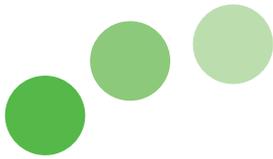
Maurice Wrightson

Kevin Pittman (until May 2009)

John Douglas (until August 2009)

Peter Larter (from November 2009)





HIGHLIGHTS FOR THE YEAR ENDED 31 DECEMBER 2009

The net surplus of the association for the calendar year 2009 amounted to \$9,055 compared to a surplus of \$33,876 in calendar year 2008.

STATEMENT OF COMPREHENSIVE INCOME

Revenue

Overall revenue increased by 36% from 2008 of \$ 542,216 was due to,

- Revenue from membership increased by 18% (\$38,434) from 2008 due to an individual membership increase of 28% while group membership income remained the same as 2008.
- APNA for the first time held a national conference for practice nurses. Income from the national conference was 14% of the total income for the calendar year 2009 ; (\$287,713)
- Project income increased by 238% (\$70,172) mainly due to APNA undertaking two DoHA funded projects –
 - The "Practice Nurse Client Satisfaction- Consumer Feedback 2009" project was undertaken with Commonwealth funding assistance to develop a Quality Measurement Tool of the patients' whole experience when they interact with a practice nurse. The tool was designed to be used as part of the continuous quality improvement system in general practice and provide the Australian Practice Nurses Association (APNA), the Commonwealth and other stakeholders with aggregated data on consumer perceptions of practice nurses and the services they offer.
 - A formal evaluation of the Australian Government Practice Nurse Continuing Professional Development (scholarships) program was undertaken to provide a comprehensive process and outcome evaluation of the project, as well as to help identify barriers and facilitators for practice nurses in undertaking continuing professional development activities.

Expenditure

Overall expenditure increased by 39% from 2008 of \$567,037 was due to,

- 17% increase in employee expense, due to extra core activity, requiring full & part time staff during 2009. This also includes staff travel & accommodation expenses incurred in attending conferences and other seminars
- 58% increase in PNCPD & PG* Scholarship Program due to development, hosting and maintenance of the new database.
- 59% (\$86,192) increase in administration expenses due to several activities in calendar year 2009, including expenses incurred in conducting a market research to have a better insight towards APNA members and their expectations; development of APNA strategic plan for the next 5 years; relocation of APNA head office and; moving towards a new look Primary Times magazine.
- APNA for the first time held a national conference for practice nurses. Expense for the national conference was 14% from the total expense for the calendar year 2009 ; (\$280,994)
- Project expense increased by 693% (\$82,010) mainly due to APNA undertaking two DoHA funded projects as noted above

Current Assets

Current assets have decreased by 13% from 2008 to 2009.

- 35% decrease in prepayments is due to less prepayments incurred towards the conference 2010 compared to conference 2009 prepayments.
- 14% (\$145,146) decrease in cash & cash equivalents assets was mainly due to 39% increase in expenses compared to the 36% increase in income for the calendar year 2009. Reasons are noted below in Statement of Cash flows
- 32% increase in trade & other receivables is mainly due to invoicing partners for the 2009 yearly profit share portion and invoicing partners for their contribution towards ciFF project funding.

HIGHLIGHTS FOR THE YEAR ENDED 31 DECEMBER 2009

STATEMENT OF COMPREHENSIVE INCOME (cont.)

Current Liabilities

Current liabilities decreased by 15% from 2008 to 2009.

- Trade and other payables increased by 13% (\$37,488) at the end of 2009. This comprises of conference 2010 related expenses, Primary Times Dec 2009 related expenses and Audit fee for calendar year 2008.
- Grants in advance decreased by 27% (\$214,214) due to reimbursing scholarship recipient for the awarded scholarships. This is funded by Department of Health & Ageing.
- Provisions include annual leave provisions for APNA staff. 57% increases in provisions are due to increase in staff and salaries.

Equity

The movement in total equity of a 14% increase from 2008 is due to the \$9,055 surplus for the 2009 calendar year.

Cash Flow Statement

Net cash flow from operating activities has decreased from 2008 to 2009 by 133% mainly due to increase in total income by 36% while total expenditure increased by 39%. Membership increased by 18% due to increase in individual memberships during the year. 238% increase in project income is due to undertaking two projects funded by Department of Health & Ageing. 39% increase in total expenditure is mainly due to 60% increase in employee expenses, conference & administration expense.

Please note that this is a concise financial report which is an extract from the Full Financial Statements. This concise financial report cannot be expected to provide as full understanding of financial performance, position and financial investing activities as the full financial report.

Detailed information can be obtained from the full financial report which is available from APNA on request.

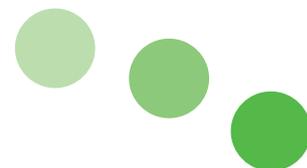


Chief Executive Officer
03 9669 7400



STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 DECEMBER 2009

	2009 \$	2008 \$
Revenue		
Membership fees	248,704	210,270
Government grants	1,070,838	969,573
National conference 2009 income	287,713	
Project income	99,626	29,454
Interest revenue	23,928	31,547
Other revenue	314,999	262,748
	2,045,808	1,503,592
Expenditure		
Employee expenses	467,472	398,511
Depreciation expenses	8,372	7,347
Finance costs	6,073	4,641
Marketing expenses	46,970	29,354
Workshop expenses	18,059	22,567
PNCPD & PG* Scholarships	734,856	700,063
PNCPD & PG* Scholarship Program Cost	89,796	56,944
Online Learning Expense	56,793	91,580
Administration expenses	233,061	146,869
National conference 2009 expense	280,994	-
Project expense 2009	93,851	11,841
Other expense	456	-
	2,036,753	1,469,716
Surplus before income tax	9,055	33,876
Income tax expense	-	
Surplus after income tax	9,055	33,876
Other comprehensive income after income tax	-	-
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year	9,055	33,876
	9,055	33,876



STATEMENT OF FINANCIAL POSITION
 AS AT 31 DECEMBER 2009

	2009 \$	2008 \$
CURRENT ASSETS		
Cash and cash equivalents	883,015	1,028,161
Trade and other receivables	53,233	40,221
Other assets	44,198	68,251
Inventory	3,562	-
Total current assets	984,008	1,136,633
NON-CURRENT ASSETS		
Property, plant and equipment	11,342	12,625
Total non-current assets	11,342	12,625
TOTAL ASSETS	995,350	1,149,258
CURRENT LIABILITIES		
Trade and other payables	316,627	279,139
Grants in advance	569,474	783,688
Provisions	32,505	20,686
Total current liabilities	918,606	1,083,513
NON CURRENT LIABILITIES		
Provisions	4,100	2,156
Total non current liabilities	4,100	2,156
TOTAL LIABILITIES	922,706	1,085,669
NET ASSETS	72,644	63,589
EQUITY		
Accumulated surplus	72,644	63,589
TOTAL EQUITY	72,644	63,589

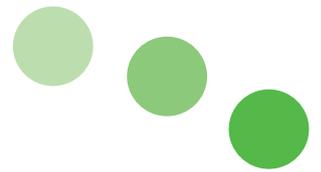


STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 DECEMBER 2009

	Accumulated Surplus \$	Total Equity \$
Total equity at 1 January 2008	29,713	29,713
Surplus attributable to the entity	33,876	33,876
Total equity at 31 December 2008	63,589	63,589
Surplus attributable to the entity	9,055	9,055
Total equity at 31 December 2009	72,644	72,644

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 DECEMBER 2009

	2009 \$	2008 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from members	248,704	210,270
Government grants received	856,623	1,272,182
Other receipts	689,327	258,662
Interest received	23,927	31,547
Payments to suppliers and employees	(1,954,188)	(1,331,133)
Net cash flows from operating activities	(135,606)	441,528
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for property, plant and equipment	(9,540)	-
Net cash flows from investing activities	(9,540)	-
Net increase/(decrease) in cash held	(145,146)	441,528
Cash at the beginning of the financial year	1,028,161	586,633
Cash at the end of the financial year	883,015	1,028,161



STATEMENT BY DIRECTORS OF THE BOARD

The Board has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board the financial report as set out on pages 1 to 14:

1. Presents a true and fair view of the financial position of Australian Practice Nurses Association Inc. as at 31 December 2009 and its performance for the year ended on that date.
2. 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.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board:

Anne-Marie Matyear
President

Maurice Wrightson
Director

Date this 19th day of April 2009

Please note that this is a concise financial report, which is the extract from the financial report. The financial statements and disclosures in this concise financial report cannot be expected to provide as full an understanding of financial performance, position and financing and investing activities as the full financial report.

Detailed information can be obtained from the full financial report which is available free of charge on request.

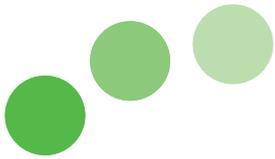
Please contact APNA's accountant if you would like to obtain a full financial report:

Accountant

Dinusha Nanayakkara

03 9669 7400

accounts@apna.asn.au



Australian Practice Nurses Association Inc.
ABN 30 390 041 210
Financial Report Summary

Independent Auditors report

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF AUSTRALIAN PRACTICE NURSES ASSOCIATION INC.

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report of Australian Practice Nurses Association Inc. which comprises the balance sheet as at 31 December 2009 and the income statement, statement of changes in equity, cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the statement by the directors.

Board's Responsibility for the Financial Report

The Board of Directors of the Association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act (Vic) 1981 and are appropriate to meet the needs of the members. The board's responsibilities also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

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

The financial report has been prepared for distribution to members for the purpose of fulfilling the board's financial reporting under the Associations Incorporation Act (Vic) 1981. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

Independence

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

Audit opinion

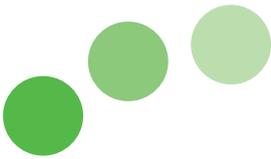
In our opinion, the financial report of Australian Practice Nurses Association Inc. presents fairly, in all material respects the financial position of the Australian Practice Nurses Association Inc. as of 31 December 2009 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

W H K Horwath

WHK Horwath Melbourne
Melbourne
Dated this 19 day of April 2010.

Margaret D Crossley

Margaret D Crossley



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Melbourne VIC 3053

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ABN 30 390 041 210

Inc no A0041415S

May 2010