

## PRESIDENT'S REPORT

This is the first report from the new executive voted in at the July 2009 Annual General Meeting in Dunedin, and the first since the Society changed to a national, rather than regionally based executive. We meet monthly by teleconference, and with much informal communication between times. Although there are some drawbacks in loss of immediacy in contacting other committee members, there have been substantial gains in breadth of expertise and gaining a national view. I would like formally to thank all the executive committee members who have served so willingly. The role of President is quite demanding, so I am particularly grateful to Paul Drury who has taken on the new role of Medical Director, both for his guidance and for finding solutions to the many imponderables we have had to face. I would also like to thank Catherine MacNamara for taking on so willingly the role of editor of NewSweet.

The Society now has a permanent secretariat based at the University of Otago. Jan Brosnahan runs the secretariat, and takes on many responsibilities including updating membership lists and the website; keeping the agendas and minutes and being the corporate memory for the Society; distributing information to members and liaison with other agencies. We are grateful to Jan for all her hard work in this role. Having a permanent secretariat and a medical director has greatly improved our efficiency, and I think should now be considered essential. However they do have a cost. The Medical Director's post is initially being funded by the NZ Diabetes Foundation, and we are enormously grateful for this, but eventually we may need to fund it ourselves. In the short term our position appears to be sustainable, but these are times of great financial and economic uncertainty, so we need to plan carefully for the future. Jinny Willis, who is doing splendid work as Treasurer of the Society, will give more detail of our financial position.

We are not a profit-making organisation and the executive committee is committed to continue our programme of Professional Development awards and travel grants, providing support for some members to attend the Annual Scientific Meeting.

One of the major concerns of the committee since taking office has been organising the Society's 35<sup>th</sup> (?) ASM in Hamilton. We are grateful to Susie Ryan and Peter Dunn for facilitating this. Despite the relatively short notice we had, we are delighted with the exciting programme we have, and the large number of high quality abstracts submitted by members. Nelson is the planned venue for the 2011 ASM.

Amongst other activities of the executive committee over the last 9 months, I would like to highlight three initiatives with which the Society is involved. First is the very welcome development of a Podiatry Special Interest Group that strengthens the NZSSD as a truly multidisciplinary organisation. The drive to establish this has come from podiatrists themselves, especially Michelle Garrett and Claire O'Shea and from Paul Drury, who has been an important facilitator. A recognition of the importance of this development is the seed funding we have received for this group from the Ministry of Health, to whom we are grateful.

At the first meeting of the current executive committee high on our list of priorities was a desire to advance the issue of prescribing rights for diabetes nurses. We are very conscious that the current arrangements hinder diabetes nurses from helping patients as much as they might, make diabetes nurse work professionally unsatisfying and lag behind developments in other countries to which we like to compare ourselves. The incoming National-led Government had ideas about innovation in clinical training and established Health Workforce NZ, under the leadership of Professor Des Gorman. The NZSSD, along with the College of Nurses and the NZ Nurses Organisation, have had constructive meetings with representatives of HWNZ and the Ministry of Health, who were impressed, I think, with the solidarity between the NZSSD and the nurses' organisations. There are legal obstacles to progress that we all believe need to be removed. It seems, at the time of writing, that the government accepts the need to amend the Medicines Act – and we await the next move from the Government side. I am most grateful to Helen Snell who has led the NZSSD initiative in this critical matter.

We continue to be involved in the Ministry of Health's Quality Improvement Plans (QIP) for diabetes. The Renal QIP group involves representatives of the NZSSD, the Renal Society and general practice. Two trial proposals are in the offing – one is an IT programme for general practice to enable GPs better to detect and intervene in early nephropathy; the other is a trial of nurse-led intensive management of affected patients in vulnerable communities with high rates of advanced nephropathy. The remainder of the QIP makes variable progress. The developments in podiatry have been mentioned, and an important in-patient study about to start. We continue to collaborate closely with the Cardiovascular QIP, driven by the ministry and the national Heart Foundation, with significant national improvements. Largely because of constrained resources, there has been less progress in the plans for retinal screening and care of young people with type 1 diabetes.

I will end with a plea. The NZSSD is your society, not the executive committee's – so we do need your active participation, so if we call on you for your opinion or assistance with something, please see what you can do to help. If you are very keen to help, please consider standing for the executive committee. Also, if there things going on in your region or your profession that you think we need to know about, please let us know.

Tim Cundy