

Draft 5:

**“Planning for Success – a  
consultation document”**

# **The 2008-2011 Business Plan**

**for**

***“NZ Society for the  
study of Diabetes”***

Developed with the assistance of:  
Centre for Business Development  
PO Box 5813  
Dunedin  
March 2008

## **Contents**

<b>Executive Summary</b>	<b>page 3</b>
<b>Introduction</b>	<b>page 4</b>
<b>Vision of Success</b>	<b>page 5</b>
<b>SWOT analysis</b>	<b>page 10</b>
<b>Goals</b>	<b>page 13</b>
<b>Objectives for year 1</b>	<b>page 14</b>
<b>Key deadline dates during 2008/09</b>	<b>page 19</b>
<b>Appendix 1 – Revenue and expenditure review</b>	<b>page 20</b>

## Executive Summary

The New Zealand Society for the Study of Diabetes has carried out a strategic planning exercise to determine the future direction and success of the Society. The results are outlined in this paper. The future “Vision of Success” for the Society in 2011 is described in detail and a SWOT analysis (strengths, weaknesses, opportunities and threats) carried out on the future vision.

The SWOT analysis indicated that, for NZSSD to reach its future target for success, the Executive (in particular) needs to focus its activities in five goal areas including:

- Increasing secretariat capability: The objective being that by May 2009, the NZSSD will have a permanent Secretariat which will be based in a suitable permanent location and which will have a staffing level of at least 0.5 FTE and will be fitted out with all necessary office resources.
- Improving its profile with major stakeholders: Such that by May 2009, the NZSSD will have significantly increased its contact with and profile with major stakeholders, through a specific range of actions
- Improving benefits for members: The initial objectives being to enhance the quality and value to members from the 2009 annual Conference, to attempt to increase the funding support for research funds, and to ensure that there is a GP member on the executive from 2009.
- Enhancing the relationship with Diabetes New Zealand
- Maintaining financial viability

To make significant progress on these goals over the next 15 months to May 2009, NZSSD has identified seven objectives and 22 specific actions, which it will aim to carry out and monitor.

A chronological list of the actions required is included to enable progress towards the Society’s vision of success to be monitored.

## **Introduction**

The New Zealand Society for the study of Diabetes (NZSSD) currently has around 300 members – including doctors, scientists, podiatrists, nurse educators, dieticians – all of whom have a professional interest in the study and dissemination of information on diabetes.

The executive of the Society, currently based in Dunedin, have decided to develop a strategic/business plan as an important process of defining where they (on behalf of the Society's members) believe that the Society should be heading and to put in place a number of specific actions to be carried out over the course of the next 18 months to ensure that the key elements of the future vision for the Society are achieved.

Note – all \$ referred to in this business plan are GST exclusive.

## Vision of Success at 2011

The “Vision of success” sets the target for the detailed planning further on in the business plan process. Identifying a vision of success for NZSSD is, in many ways, the most important part of the planning process. The Dunedin-based executive have developed a clear vision of success for the Society in 2011

By mid 2011, NZSSD will have the characteristics as summarised in the middle column in the table below. The current characteristic for NZSSD in each business issue as at February 2008 is summarised in the right hand column:

<b>Strategic plan issue</b>	<b>NZSSD characteristic in 2011</b>	<b>Current NZSSD characteristic in 2008</b>
Autonomous society	NZSSD will continue to be an autonomous charitable society with membership from health professionals interested in the study of diabetes. As its main role, NZSSD will continue to provide independent clinical and scientific leadership in the field of diabetes in New Zealand.	Separate autonomous organisation
Members	Between 500 and 1000 members – including, diabetes specialist doctors, podiatrists, scientists, nurse educators, dietitians and a large number of General Practitioners (GPs) and Practice Nurses (PNs)	Approximately 300 members – but with only 7 GPs
Profile with MoH and other Government health and nutrition planning agencies	NZSSD will be regarded, by MoH and other Government health and nutrition planning agencies (eg Pharmac and the DHBs) as the lead agency to be consulted on all aspects relating to diabetes. Profile of NZSSD will be similar to that enjoyed, for example, by the Heart Foundation (which is seen as THE knowledgeable NGO regarding heart disease).	Some involvement currently, but usually to a few key (high profile) individual members rather than as a knowledgeable Society.
To what extent will the Government’s health and nutrition agencies act on professional advice from	Advice and policy proposals will be respected, well accepted and usually acted upon	Advice or suggestion is sometimes acknowledged but not often acted upon

NZSSD		
Profile as a provider of professional advice to health professionals and members	NZSSD will be seen by health professionals as the leading agency for objective and evidence-based information and advice on diabetes. Other specialists (such as general physicians and cardiologists) will be involved in the Society and will recognise and respect the knowledge and expertise that it has.	Ad hoc, low profile nationally and internationally
Profile with the media	NZSSD will have a high profile with the media – and will be frequently and preferentially contacted by the media on any issues regarding diabetes	Currently, the media hardly seem to know that NZSSD exists.
International profile and reputation	NZSSD will have a collegial and respected relationship with other similar organisations in other countries – especially Australia	Some relationship with counterparts in Australia – but this needs to improve
Guidelines development	NZSSD will have a key role of developing screening and management guidelines – which will be used as the standard protocols for managing diabetes in primary and secondary care	Individual members are involved in guidelines development (because of their own personal professional standing) – but NZSSD doesn't have such recognition
Research role	NZSSD will provide expert advice and assistance to intending and existing researchers on key topics for research investigation and will assist with co-ordination of research programmes (as appropriate)	No formal role – other than making decisions on who should receive some externally-funded grants (see below)
Information dissemination role	Major role to disseminate critical, up to date information on diabetes to all stakeholders (members, Government health and nutrition agencies and the general public)	Patrick sends out a number of position statements and other information to members
Allocation of research funds provided by pharmaceutical companies	By 2011, at least four pharmaceutical companies will put up research funds of around \$50k per company (totalling at least \$200k) – for NZSSD to allocate (without any “strings attached”) to New Zealand diabetes researchers	In 2008, two pharmaceutical companies put up a total of \$60k as research funding for NZSSD to allocate
NZSSD's own research award	By 2011, NZSSD will be making a research award of approximately \$30k annually – from its own funds	No such current award
Professional development awards (PDAs)	NZSSD will set aside and award up to \$10,000 annually for PDAs	Currently, NZSSD contributes \$5000 of its own funds to support proposals

		for professional development from diabetes health professionals (including conference attendance support for non-physicians)
Secretarial support	NZSSD will have a permanent, full-time secretariat which does not change every time the executive moves to different locations around New Zealand. The secretariat roles will include handling: membership, website, distribution of statements and media, interaction with and co-ordination of media and other requests, e-newsletter, financial management and administering awards and research grants. The major advantages of the new secretariat will include the impacts of continuity and institutional memory in addition with the enhanced opportunity to support the executive and the (new position of) Medical Director. Expect the secretariat role to be a 1.0 FTE	Currently, secretarial assistance includes a total of 0.08 FTE (via two staff members in the Edgar National Centre for Diabetes at Dunedin Public Hospital) and 0.05 FTE assistance on membership issues – a grand total of 0.13 FTE. Effectively the staff are doing much more than this (0.3FTE) but are remunerated for 0.13 at present.
Finances	<p>Annual income of approximately \$150,000 based on \$35,000 from subscriptions (based on around 700 members at \$50 sub per year – no increase from 2008), surplus funds from the annual conference and other sources. The \$150,000 will be needed to sustain the full time secretariat, Medical Director and awards.</p> <p>NZSSD will have received significant bequests to help support its ongoing (research) programme funding</p> <p>Aim to retain on-going net equity at around \$85,000.</p>	<p>Currently \$50 subscription per year for 300 members provides \$15,000 income, plus surplus from annual conference.</p> <p>Current net equity of \$170k has been accrued over many years annual operating surpluses</p>
Annual conference – benefits for member	The annual conference will provide excellent value for money – with outstanding international standard speakers from New Zealand and overseas. High level of attendance of trade and pharmaceutical companies and an attendance rate	<p>Smaller meeting with variable quality papers and varying attendance.</p> <p>No high profile attendees and the major award recipients not necessarily announced at</p>

	<p>of 75% of members will have been achieved.</p> <p>The excellent programme will include sessions such as “...meet the expert...”.</p> <p>NZSSD will have ensured high media coverage and profile by having major political leaders attendance – eg aim to have the Prime Minister attend the conference and/or conference dinner and announce the major award recipients</p>	the conference.
Other benefits for members	NZSSD will provide regular technical updates for registrars, PNs, GPs and other health professionals in training	Not provided currently
Representation on executive	The NZSSD executive will include a GP or PN rep	No GP or PN rep at present
Linkage with other organisations	As noted above, NZSSD will remain separate from Diabetes New Zealand – but both organisations will have worked out and agreed on their respective roles. NZSSD will continue to have collegial relationships with other kindred organisations – but diabetes-associated health professionals will, in the main, be members of NZSSD.	Currently, some overlap in roles between NZSSD and Diabetes New Zealand
Regular newsletters for members	The permanent secretariat will have continued to have improve the “Newsweet” newsletter – with regular features including up to date information on critical new research developments and other articles. The newsletter may include advertising and will be issued on a quarterly basis.	Currently “Newsweet” is issued quarterly – on a low key and with a “chatty” style
Medical Director	NZSSD will have a permanent (part-time) Medical Director employed and paid on at least a 3/10 basis. The Medical Director position will, ideally, be based in the same location as the permanent secretariat	No Medical Director currently
Honoraria payments for	The NZSSD executive will NOT receive honoraria payments	The NZSSD executive do not receive honoraria payments



executive		
-----------	--	--

## SWOT analysis

After having clarified the future targets for NZSSD (*Vision of Success*), the SWOT analysis then identifies the current:

- Strengths, and
- Weaknesses

which NZSSD faces and the future:

- Opportunities, and
- Threats

that NZSSD faces in setting out to reach the “Vision of Success” target and overcome the “gaps” over the next 3-4 years. From this SWOT analysis, medium term goals for NZSSD will then be drawn up to ensure that the strengths are made use of, the weaknesses are overcome or minimised, the opportunities are taken advantage of and the threats are recognised and overcome.

Accordingly the various strengths, weaknesses, opportunities and threats have been ranked in importance on a scale of 1-3, where

- 3 = factor of high importance and must be considered
- 2 = factor of medium importance and should be considered if possible
- 1 = factor of relatively low importance in developing future goals for NZSSD

**Strengths** – Strength factors identified and ranked were as follows:

Ranking for factors	Factor
3	Multidisciplinary – with a wide range of complimentary health professionals involved
3	Represent a wide and diverse membership
3	Wide geographic membership (across entire country)
3	Can “speak” authoritatively and have high professional expertise – because of the scientific and medical health background
3	Independent
3	Strong financial position – approx \$170k net equity in balance sheet
3	Able to make objective/dispassionate decisions over allocation of research awards (currently funded by pharmaceutical companies)
3	Annual conference is successful – meets membership needs and generates surplus income
3	Clear about the role of NZSSD – as distinct from and complimentary to Diabetes New Zealand

**Weaknesses** – Weakness factors identified and ranked were as follows:

<b>Ranking for factors</b>	<b>Factor</b>
3	Most of the work to be done gets left to the executive (current at the time) and the executive has to fit in their NZSSD work around other professional/job commitments
3	Members of NZSSD are also busy doing their own jobs – and don't have much time to assist the executive
3	Current secretariat (at a total of 0.25 FTE) is understaffed
3	NZSSD doesn't have a Medical Director
3	NZSSD has a low profile in general amongst its members, associated members and the media – and gets “swamped” by the profile of the Australian counterpart Society when joint conferences occur
2	Lack of GPs and PNs as members
2	Overall membership size (currently good at 300 – but significantly lower than the future target of 500-1000)
1	NZSSD currently unable to award research grants from its own funds (cf Heart Foundation)
1	Not currently receiving any bequests or other significant grants

**Opportunities** – Opportunity factors identified and ranked were as follows:

<b>Ranking for factors</b>	<b>Factor</b>
3	Develop vision with DNZ, clarity of separate roles to work together in a complimentary fashion.
3	Deliberately generate higher profile with media
3	Take “advantage of” and respond to the continuing high focus on / concern over obesity within the community
3	Diabetes is increasing within society – make use of this as a lever for the increasing important role for NZSSD
3	qip for Diabetes has just been released – opportunity for NZSSD to become involved in its implementation
3	Election year 2008
2	Get involved in public health bill
2	Get more GPs and PNs as members
2	Increase the \$ profit level from even more successful annual conferences
1	Take a higher profile at Diabetes Awareness week promotions

**Threats** – Threat factors identified and ranked were as follows:

<b>Ranking for factors</b>	<b>Factor</b>
3	The new expanded secretariat fails to function effectively for any reason (eg if the secretariat is expected to move location around New Zealand, along with the executive, every 2-3 years)
3	The executive performs poorly and fails to lead the organisation effectively
3	Inappropriate or incorrect clinical statements, information or guidelines put out by NZSSD with consequential severe loss of scientific/professional credibility and reputation
3	Revenue \$ levels insufficient to meet existing or new commitments (eg expanded secretariat role and/or employment of (part-time) Medical Director). Unlikely that current income levels (as at 2008) are under threat, but any significant under-funding of future financial commitments made would have very major impacts on NZSSD
2	NZSSD tries to “do too much” in aiming for its future Vision and gets swamped or flounders, loses its way and loses the confidence and momentum of its stakeholders (members, media, health professionals, government health & nutrition agencies etc)
1	Insufficient buy-in from members to the future directions for NZSSD
1	Development of a new competitor professional diabetes-related organisation
1	Interest or focus of Minister of Health or government health agencies on obesity (and diabetes) wanes

## Goals

Goals act as a set of guidelines to ensure that NZSSD can bridge the gap from the current position of the Society to the *Vision of Success*. In doing so, NZSSD will make use of the *strengths*, minimise the *weaknesses*, take advantage of the *opportunities* and overcome any *threats* – which have been identified through the SWOT analysis. Goals are broad indicators for the activities of NZSSD over the next 3-4 years against which specific objectives will be developed for the initial 12-18 months as part of this 3-4 year business plan.

The Goals identified NZSSD are as follows (not in any order of priority):

Goal Number	Goal
1	Increase secretariat capability (incl Medical Director role)
2	Improve profile with all major stakeholders
3	Improve benefits for members
4	Enhance the relationship with Diabetes New Zealand
5	Maintain financial viability

## Objectives for 2007/08

Whereas the goals are general guides to the key activities of NZSSD over the next 3-4 years, objectives outline very explicit actions which NZSSD plans to undertake over a defined time period (usually one year in duration) to reach the vision of success. In general, a new set of objectives should be re-set each year (in line with the goals) to ensure that NZSSD stays on track to reaching its future success targets. These objectives and the specific actions associated with them should then be monitored on a regular basis – eg every two months at Executive meetings – to ensure that NZSSD is on track towards its success target. Regular monitoring is also an opportunity to make any adjustments if planned actions are less (or more) successful than planned and to take account of any unexpected competitor behaviour etc. The relevant actions are attached to each of the objectives.

**Objective 1: “By May 2009, NZSSD will have a permanent Secretariat which will be based in a suitable permanent location and which will have a staffing level of at least 0.5 FTE and will be fitted out with all necessary office resources”**

Addresses :                      Goal 1 - Increase secretariat capability

Action Number	Description of action	Completion date
1-1	Seek agreement from members at the 2008 AGM to the development of a permanently located secretariat at 0.5 FTE (including having secured support from influential NZSSD members in advance of the AGM) – via a clear proposal to be presented at the AGM. This action will include a formal call for expressions of interest from within NZSSD for the location of the permanent secretariat	2 April 08
1-2	NZSSD executive to have compiled and circulated a job description and organisational support requirements for the 0.5 FTE Secretariat position	19 April 08
1-3	NZSSD to have chosen and confirmed the location of the permanent executive from amongst expressions of interest received	16 May 08
1-4	Appropriately equipped office to be ready for the Secretariat in the chosen permanent location	1 July 08
1-5	NZSSD to have appointed Secretariat person at 0.5 FTE	4 July 08

**Objective 2: “By May 2009, NZSSD will have significantly increased its contact with and profile with major stakeholders, through a specific range of actions”**

Addresses : Goal 2 - Improve profile with major stakeholders

<b>Action Number</b>	<b>Description of action</b>	<b>Completion date</b>
2-1	At the 2008 Conference and AGM, the Executive will have promoted suggestions for: a general practice representative on the Executive; a general practice stream at the 2009 Conference; and will have discussed naming issues facing NZSSD	April 08
2-2	NZSSD will have issued 4-6 direction statements as opportunities occur	Ongoing to May 09
2-3	NZSSD will have approached and have been successful in being invited onto at least one high profile radio or TV show as an opportunity to profile and promote NZSSD and Diabetes issues	Ongoing to May 09
2-4	NZSSD will have contacted several major general practice -related organisations (eg IPAC, RNZCGP, WiPA, South Link Health, Pegasus Medical Group, Pinnacle, Procure and major PHOs) and offered to present expert updates on Diabetes-related topics at their annual conferences – and will have been accepted to make future presentations at at least two conferences	July 08
2-5	NZSSD will have included a general practice stream (aimed at attracting at least 20 general practice attendees) at its 2009 Conference	April 09
2-6	NZSSD will have issued at least two major media releases (suitable for the general public)	Ongoing to May 09
2-7	NZSSD will have made a personal offer of a technical update on Diabetes related issues to the Minister of Health which will have resulted in at least two briefings for the Minister and/or the Parliamentary Diabetes Group	May 09
2-8	NZSSD will continue to maintain and develop the website including counting and assessing the number of website hits	Ongoing to May 09

**Objective 3: “Enhance the quality and value to members from the 2009 Annual Conference”**

Addresses : Goal 3 - Improve benefits for members

<b>Action Number</b>	<b>Description of action</b>	<b>Completion date</b>
3-1	Achieve member attendance of 75% of all NZSSD members with over 70% of attendees rating the conference as very good or excellent - through development and promotion of an outstanding programme, including “meet the expert” sessions, general practice stream(s), trainees stream(s), key note speakers, high profile awards presentation, selection of an outstanding and attractive Conference location and Conference grants etc	October 08 (by the organising committee)
3-2	Identify and invite two high profile overseas researchers as key note speakers for the Conference	October 08
3-3	Invite the Prime Minister to attend the Conference including formal presentation of the research awards	December 08

**Objective 4: “Aim to increase pharmaceutical company funding support for research funds reaches \$120k annually for NZSSD to allocate, from Conference 2009, onwards”**

Addresses : Goal 3 - Improve benefits for members

<b>Action Number</b>	<b>Description of action</b>	<b>Completion date</b>
4-1	NZSSD to approach suitable pharmaceutical companies (other than the two companies that already provide research funding) seeking research funds from them on an ongoing basis from 2009 onwards – and highlighting the intention to have the Prime Minister to formally present the awards at Conference 2009	October 08
4-2	NZSSD to approach the two pharmaceutical companies that already provide research funding and seek increased \$ support from them - and highlighting the intention to have the Prime Minister to formally present the awards at Conference 2009	October 08



**Objective 5: “Ensure that there is a GP member on NZSSD Executive from the 2009 AGM onwards”**

Addresses : Goal 3 - Improve benefits for members

<b>Action Number</b>	<b>Description of action</b>	<b>Completion date</b>
5-1	Include a general practice (GP or PN) member onto Executive at 2009 AGM and Conference	April 09

**Objective 6: “Ensure that NZSSD has a harmonious relationship with Diabetes New Zealand with agreed clarity of roles and with the two organisations working in a complimentary manner for the benefit of people with Diabetes”**

Addresses : Goal 4 – Manage the relationship with Diabetes New Zealand

<b>Action Number</b>	<b>Description of action</b>	<b>Completion date</b>
6-1	Continue representation of Diabetes New Zealand at NZSSD Executive meetings	Ongoing
6-2	Offer medical and scientific expertise to Diabetes New Zealand through the formal position of Medical Director of NZSSD – if and when NZSSD has appointed a Medical Director	from May 2009 (if and when Medical Director appointed)

**Objective 7: “Develop and present a finances paper to the 2008 AGM and Conference that outlines the future revenue and financing arrangements for NZSSD – to enable it to achieve its future vision targets”**

Addresses : Goal 5 – Maintain financial viability

<b>Action Number</b>	<b>Description of action</b>	<b>Completion date</b>
7-1	Present a finance paper to the 2008 AGM that projects future expenditure needs for the 2008/09 and 2009/2010 financial years ( to meet future vision target for key development items including enhanced Secretariat etc) - and examines a range of financing and revenue sources to meet expenditure needs. See appendix 1 for the financial summary	April 08

## Key deadline dates during 2008/09 – as extracted from Objective Actions

Note the following key dates as planned at March 2008:

Month	Objective Actions	Action Description
Ongoing	2-2	Issue 4-6 direction statements
	2-3	Approach high profile radio and TV shows
	2-6	Put out at least two media releases
	2-8	Maintain website and assess number of hits
	6-1	Representation of Diabetes New Zealand at Executive meetings
April 08	1-1	Seek agreement from members at Conference 2008 for permanent Secretariat
	1-2	Compile and circulate job description and organisational support requirements of permanent Secretariat
	2-1	Promote suggestions for general practice representative on executive, general practice stream at Conference 2009, and name change – at Conference 2008
	7-1	Present finance paper re financing requirements to meet future vision to 2008 AGM
May 08	1-3	NZSSD to chose and confirm location of new permanent Secretariat location
July 08	1-4	Suitable office to be ready for permanent Secretariat
	1-5	New 0.5 FTE Secretariat to commence
	2-4	Contact general practice-related organisations to offer expert update at their conferences
October 08	3-1	Organising committee for Conference 2009 initiates development of outstanding programme
	3-2	Organising committee for Conference 2009 identifies and invites two high profile keynote speakers
	4-1	Approach new pharmaceutical companies for research \$ support
	4-2	Approach existing pharmaceutical companies for increased \$ support
December 08	3-3	Prime Minister invited to attend Conference 2009 and present research awards
April 09	2-5	General practice stream at 2009 Conference will have been successful
	5-1	General practice member appointed to Executive
May 09	2-7	Briefing(s) for Minister of Health and/or Parliamentary Diabetes Group to have occurred
	6-2	Offer expertise of Medical Director of NZSSD to Diabetes New Zealand - ongoing

**Appendix 1** – Projected additional revenue requirements needed to meet additional expenditure associated with future vision developments planned for 2008/09 and 2009/2010 financial years

<b>Budget category</b>	<b>Additional budget items</b>	<b>2008/09 financial year</b>	<b>2009/2010 financial year</b>
Additional expenditure	Secretariat salary (additional to current 0.25 FTE level)	\$5000	\$10000
	Secretariat serviced office – including rental and associated utilities	\$4000	\$8000
	Accounting fees	\$500	\$1000
	Secretariat travel	\$2000	\$4000
	Promotional activities for members	\$3000	\$4000
	Executive teleconference costs	\$1000	\$1000
	<b>All items</b>	<b>\$15,500</b>	<b>\$28,000</b>
Additional revenue	Estimated annual profit from normal operations	\$10000	\$10000
	Additional membership subs (estimate 20 more subs in 08/09 and 100 more subs in 09/10)	\$1000	\$6000
	Advertising in newssweet	\$5000	\$7000
	Increased profit from annual conference	\$0	\$3000
	<b>All items</b>	<b>\$16,000</b>	<b>\$26,000</b>
<b>Net additional revenue/expenditure</b>		<b>\$500</b>	<b>(\$2000)</b>

Notes and assumptions to the above budget review are as follows:

1. The additional salary for the secretariat in 2008/09 allows for 6 months salary at 0.5 FTE on annual \$40,000 pa in addition to the existing 0.25 FTE position, currently covered in the NZSSD accounts.

2. The additional salary for the secretarial in 2009/2010 allows for salary at 0.5 FTE for the entire 12 month period (in addition to the salary which is already paid out at 0.25 FTE).
3. Other secretariat expenses for both 2008/09 and 2009/2010 are generous estimates of the actual costs of running a serviced office for a 0.5 FTE secretariat.
4. Executive teleconference costs of \$1000 provide for several teleconference toll calls during each year
5. The additional revenue estimate of \$10,000 of annual profit from “normal operations” is a conservative \$ figure for the surplus normally accumulated each year from the existing annual conference format. Up to now, such annual profit has been added to NZSSD’s balance sheet. Under the proposed new direction for NZSSD, such anticipated annual profit would be used to fund the additional secretariat costs of moving from 0.25 FTE to 0.5 FTE in 2008/09 and 2009/2010.
6. The additional revenue estimates for membership are expected to occur from increased membership benefits and focus on attracting GPs and PNs as new members
7. The additional revenue estimate from advertising in newssweet is based on attracting advertising from industry
8. The additional revenue (\$3000) projected to come from the annual conference in 2009 is a conservative estimate of the increased profit (over and above the “standard” profit expected previously from annual conferences) which will be expected from the enhanced conference format to be in place in 2009 and onwards.
9. The overall projected deficit of \$2000 in the 2009/2010 financial year would easily be covered (if it actually eventuated) from the NZSSD’s reserves of \$175,000.