

# Annual Report 2020-2021



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## Mission Statement

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*“Promoting excellence in cancer care and control through the professional contribution of Cancer Nurses”*

To achieve this mission, CNSA acts as a resource to cancer nurses around Australia, no matter what their geographical location or area of practice. The CNSA is the link between cancer nurses in Australia, the consumers of cancer nursing services, and other health professionals involved in cancer care.

## Vision Statement

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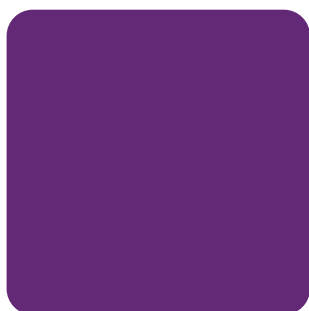
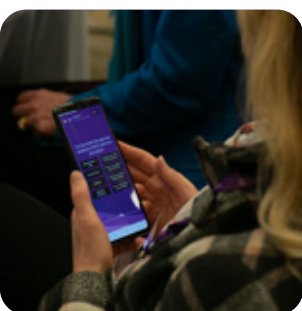
*“Best possible outcomes and experiences for all people affected by cancer”*

## Strategic Aims

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To achieve its mission CNSA undertakes the following strategic aims:

- Developing and disseminating resources which contribute to advances in cancer nursing practice;
- Facilitating research in the area of cancer nursing that will contribute to improvements in the care of people with cancer;
- Taking a leadership role in addressing the educational needs of cancer nurses;
- Collaborating with other groups and organisations involved in the development and provision of services to people with cancer;
- Promoting cancer nurses' contribution to national cancer control activities and policy; and;
- Providing opportunities for professional networking amongst cancer nurses.



## Values

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CNSA's vision, mission and strategic aims are supported by these core values:

**Unity** - we value the contribution of our members and volunteers, as well as the support of our partners and stakeholders, as we work towards shared goals with a unified voice.

**Excellence** - excellence underpins all activities of the society.

**Innovation** - we are creative and use knowledge to advance the practice of cancer nurses, progressing contemporary ideas to create sustainable value for the society and meeting its changing needs; and

**Collaboration** - we collaborate and openly seek opportunities to influence and build partnerships.

# Our Strategic Plan

1

## Priority Area Our Learning

**GOAL: Advance the Professional Development of Cancer Nurses**

### KEY FOCUS AREAS

- 1.1 Provide access to educational resources and activities which will enhance excellence in cancer nursing practice
- 1.2 Promote, facilitate and showcase quality cancer nursing research

2

## Priority Area Our Voice

**GOAL: Raise the Profile of CNSA and the Role of Cancer Nurses**

### KEY FOCUS AREAS

- 2.1 Articulate and promote the essential contribution of the nurse in cancer care and control
- 2.2 Profile the society as the peak body for cancer nurses in Australia
- 2.3 Influence cancer care and control activities and policy

### Core Values

#### Unity

We value the contribution of our members and volunteers, as well as the support of our partners and stakeholders, as we work towards shared goals with a unified voice.

#### Excellence

Excellence underpins all activities of the society.

#### Innovation

We are creative and use knowledge to advance the practice of cancer nurses, progressing contemporary ideas to create sustainable value for the society and meeting its changing needs.

#### Collaboration

We collaborate and openly seek opportunities to influence and build partnerships.

3

## Priority Area Our Members

**GOAL: Understand, Sustain and Grow our Membership**

### KEY FOCUS AREAS

- 3.1 Engage with, retain and understand the needs of its members
- 3.2 Identify, attract and recruit new members
- 3.3 Deliver benefits responsive to members' needs
- 3.4 Collaborate effectively with members

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## Priority Area Our Organisation

**Ensure Organisational Governance and Sustainability**

### KEY FOCUS AREAS

- 4.1 Ensure financial sustainability
- 4.2 Ensure best practice governance and operational structures
- 4.3 Ensure timely succession planning for key roles in the organisation

## President's Report

Over the past twelve months, CNSA set ourselves some high targets - and we worked hard to reach them. Let's take a look at some of the highlights that were achieved during the Year of the Nurse and Midwife, as designated by the World Health Organization in honour of the 200th birth anniversary of Florence Nightingale.



The impact of the pandemic allowed a rethink of CNSA's operational priorities and led to an increased focus on developing a sustainable business model and a wider reach.

Following the Annual General Meeting, we were delighted to welcome Meredith Cummins, Anne Mellon, Emma Cohen and Gabby Vigar as newly elected Directors and have Professor Kate White endorsed as an Appointed Director for a three-year term.

We also restructured and redistributed the Director portfolios that were implemented 18 months ago, after taking the time to reflect on what has worked and what can improve so that we can realise strategic and operational success.

To recognise our member's dedication and leadership following the Australian outbreak, we published a statement highlighting their response to the unique set of circumstances that arose as a result of the virus.

In this statement, we called out for stronger recognition of the nurse and their role during the pandemic.

To celebrate World Health Day, CNSA announced the formation of a new community on Sosido - the Global Nursing Alliance on COVID-19 (GNAC-19).

This initiative was spearheaded by CNSA, with the support of Sosido, and connects all of the 7,500+ nurses currently on the platform from Canada, the USA, the UK and other countries, to support the sharing of research, experience and ideas about the best ways to manage the challenges of the COVID-19 crisis.

After considerable hard work and persistence and a multi-pronged approach to lobbying influential stakeholders, we were successful in having the Health Workforce Division of the Australian Government Department of Health review and update the Nursing and Midwifery registration renewal surveys to capture Cancer Care as a specific job role.

This will help us to better inform how we work to advocate for nursing workforce needs to promote best possible outcomes and experiences for people affected by cancer.

Inspired by the work undertaken by the Drug and Alcohol Nurses workforce project, the Board has

*"Nurses tend to be unsung heroes within healthcare settings yet are generally the first port of call for patients and their families requesting information and surety during clinical trials and treatment. Their role is even more paramount during times of pandemic, and the calm, caring and collaborative approach shown to date will be a welcome response for those whose health is compromised".*

requested assistance from the Research Standing Committee to develop a project to map the cancer nursing workforce. This project is now a feasible reality thanks to the advocacy of CNSA to have the option to identify as a cancer nurse available on all nurses AHPRA registration from 2021.

The RSC are finalising a protocol for the project, survey and interview tools and will obtain Ethics approval prior to recruiting a project officer to undertake this large body of work.

We also represented cancer nurses on a range of consultations and position statements, including:

- Cancer Australia Palliative Care Consultation
- PCFA Publications Review Expert Oversight Panel
- Cancer Survivorship in the NGO Sector Forum
- Establishing and Sustaining Regional and Rural Radiation Therapy Centres
- Cancer Australia's model of shared follow-up and survivorship care for early breast cancer
- McGrath Foundation Model of Care for Breast Care Nursing in Australia
- Cancer Australia's Standard for Informed Financial Consent
- Cancer Australia's Investigating symptoms of lung cancer
- National Strategic Action Plan for Blood Cancer
- Optimal Care Pathways
- National Pancreatic Cancer Roadmap

As an active member of the Radiation Oncology Alliance, a collaboration between the radiation therapy professions in the areas of quality, standards, workforce and public interest, CNSA has also been given an opportunity to progress shared interests with constituent members.

To support this, the CNSA Radiation Oncology SPN commenced a partnership with colleagues in New Zealand to better understand and articulate nursing workforce needs in the context of safe quality radiation oncology care delivery. This work is in its formative stages, and we look forward to being able to report as work progresses.

We also launched two new Specialist Practice Networks focused on Older Persons with Cancer and Genitourinary Cancer. We thank our new Chairs – Polly Dufton and Michelle Rosano who are co-chairs of the Older Persons with Cancer SPN and Helen Anderson and Catherine Paterson, our co-chairs of the Genitourinary Cancer SPN, for their efforts to establish both of the SPNs.

We encourage members to login to the CNSA Member Centre and update their profiles to ensure they are members of both SPNs if they are interested in these two key areas.

It was with great sadness that we informed our members, and the wider nursing community, that CNSA Board Director Emma Cohen passed away after a short illness on Friday 9 April. Emma was a vibrant and passionate leader, and a fierce and intelligent advocate for the cancer nursing workforce, and her patients. Her loss has left a huge gap in our community, and in our hearts.

We will be ensuring the appropriate recognition of Emma's contribution to cancer control and to the Society in due time and share our condolences on behalf of the Board with her family. We send all of those who worked with, studied with, and collaborated with Emma our deepest and heartfelt sympathies.

From the bottom of my heart, I would like to thank each and every one of you for coming with us on this journey, and for your efforts in keeping the Australian public safe in the midst of a global pandemic.

We look forward to building on all of these achievements next year, and to continuing to support you, our members, with new initiatives over the next 12 months.



**Lucy Gent**

**PRESIDENT**

## What a year it has been!

To start, I would like to offer a sincere thank you to the CNSA Board of Directors, Chairs of our various Committees and incredible volunteers for their enthusiasm, time, passion, and dedication that has seen us grow and thrive through what was a strenuous and difficult 12 months amidst a global pandemic.

It has been a privilege to lead this organisation through these times and implement new benefits and resources to keep our members engaged, educated and connected.

## Executive Officer Report



### We kept you informed with the latest information, as and when it happened

The introduction of the Cancer Nursing Matters newsletter was a success, with 34 issues published in the past 12 months.

The move from a quarterly publication to a regular bulletin became a vital resource in the early days of the pandemic, allowing us to provide a range of relevant and practical resources and be on the front foot with information flow.

This initiative has kept our members up to date with fact sheets, research, patient information, government updates and education, and is recognised widely as an important source for the Cancer Nursing workforce.

### We adapted quickly to the "new normal", delivering webinars every week to increase education and reduce isolation

As a result of COVID-19, CNSA also introduced a weekly webinar program – it's live and practical and delivered directly to our members every Tuesday evening.

With topics covering telehealth, end of life planning, immunotherapy, medical legal issues, wellbeing, medicinal cannabis and so much more; we have seen fantastic engagement across the diverse offering.

All of our content has been curated for cancer nurses and there were over 40 sessions held (with recordings available for members). These will be a mainstay of CNSA education going forward, to complement our face-to-face events and Annual Congress.

### We kept the cancer nursing workforce up to date - with regular posts and sharing of member's stories

We had a range of monthly themes in 2020 on our social media channels, including Supportive Care, Symptom Management, Immunotherapy and Gynaecological Cancer. We also profiled our members, through the regular 'Member of the Moment' posts highlighting achievements and sharing personal experiences.

Our biggest campaign was on World Cancer Day, where we asked our leaders to share their "I Am, I Will" statements, followed closely by our facebook live streamed Q&A with CNSA President Lucy Gent and Executive Officer Jemma Still covering the Society's priorities for 2021.



## We asked questions, and shared answers - through clinical guidance and knowledge, and access to research

In the past year, we averaged nearly one question a week on Sosido, our knowledge sharing platform - with 47 questions raised and 261 answers provided, allowing members to discuss best practice guidelines and share resources nationally.

Questions included:

- *Is it necessary to have a primary NaCl back up line for continuous infusions of medications?*
- *Should intermittent medication infusions always have a primary and secondary administration bag set up?*
- *We are trying to develop a protocol for alternative PICC dressings when patients are allergic to IV 3000. What do your units use - do these dressing adhere to infection control policy?*

Get involved and post your questions on Sosido today.

## We provided CPD on the go, direct from your mobile, through our new mobile WCEA CPD app

CNSA was very excited to launch our newest member benefit - a new Mobile CPD App and relaunch of the eLearning platform.

With thanks to AstraZeneca and in partnership with the WCEA (Partner of the ICN), the benefits include resources from international respected educators; the ability to download and study courses offline via the mobile and an Education Tracker to store all your CPD certificates.

We will also be adding our own education modules to the portal, allowing you to gain more CPD in your own time.

## We opened up our community to the wider nursing workforce.

As a nursing organisation that operates purely for the benefit of our members, we recognised the impact of the global pandemic was affecting all Cancer Nurses.

With this knowledge, we decided to open up our community and provide support for any and all that needed to access education, information and resources.

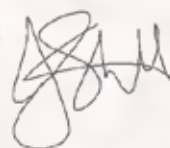
The three-month free membership saw close to 350 Cancer Nurses receive access to our online digital resources, including our new national webinar series; and has seen our voice shared across health organisations nationally.

## And what has all of this meant for CNSA and our members?

A record-breaking year in terms of membership numbers and engagement. During what was a critical period for the organisation, we finished the year with 1,489 members, an increase of 21% on the previous membership period.

On the back of what has been a difficult and challenging year, we were very proud of this achievement, and very grateful for your support.

We're now excited by our potential to expand on our education, advocacy, research and events for the cancer nursing workforce in the next 12 months, and to ensuring your voice - and your patient's voice - is heard.



**Jemma Still**

**EXECUTIVE OFFICER**



## Board of Directors

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**Lucy Gent**  
*President & Board Chair*



**Carmel O'Kane**  
*Vice President*



**Sue Schoonbeek**  
*Director*



**Kim Alexander**  
*Director*



**Pammie Ellem**  
*Director*



**Meredith Cummins**  
*Director*



**Gabby Vigar**  
*Director*



**Anne Mellon**  
*Director*

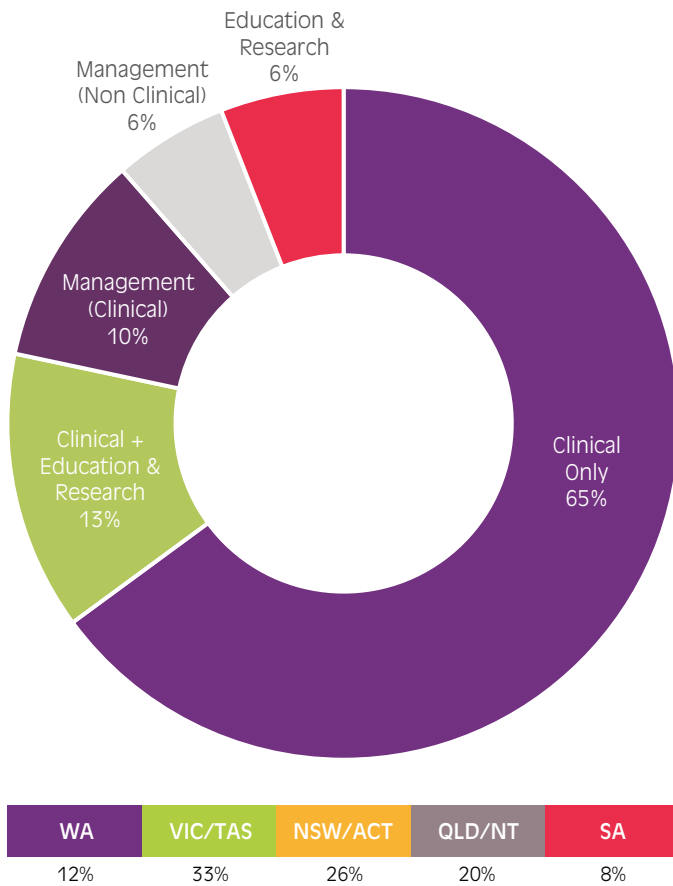


**Emma Cohen**  
*Director*



**Kate White**  
*Appointed Director*

## About our Members



CNSA has nearly 1,500 members who are diverse in nature, and spread across the metropolitan, regional and rural areas.

Our current membership includes Enrolled Nurses, Registered Nurses, Nurse Consultants, Clinical Trial Coordinators, Directors of Nursing, Nurse Practitioners and Academics.

We represent clinical practice, management, education and research and allied health, and have a majority female demographic.



70% work in Public Hospitals



20% work in Private Hospitals



5% work in the NFP sector



4% work in Universities or Education





# Annual Financial Report

For the year ended 31 March 2021

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The Cancer Nurses Society of Australia Limited  
ABN 98 781 699 178

**The Cancer Nurses Society of Australia Limited**  
**Responsible Persons' Declaration**  
**For the Year ended 31 March 2021**

In the opinion of the responsible persons of the Cancer Nurses Society of Australia Limited:

1. The financial statements and the notes to the financial statements:
  - a) comply with Accounting Standards to the extent described in Note 1, and the Australian Charities and Not-For-Profit Commission Act 2012; and
  - b) the financial statements and notes are drawn up to give a true and fair view of the financial position as at 31st of March 2021 and the performance, as represented by the results of its operations and the cash flows for the year then ended; and
2. At the date of this declaration, there are reasonable grounds to believe that The Cancer Nurses Society of Australia Limited will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the responsible persons made pursuant to Section 60.15 of the ***Australian Charities and Not-for-profits Commission Regulations 2013*** and is signed for and on behalf of the Board by:




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**Lucy Gent**  
President




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**Carmel O'Kane**  
Chair of the Finance Committee

Dated 11th June 2021

# LDAssurance

CHARTERED ACCOUNTANTS

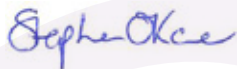
LDAssurance Pty Ltd  
Level 6, 330 Collins Street  
Melbourne Victoria 3000  
Telephone +61 3 9988 2090  
[www.LDAssurance.com.au](http://www.LDAssurance.com.au)  
ABN 89 146 147 202

## AUDITOR'S INDEPENDENCE DECLARATION

As auditor for The Cancer Nurses Society of Australia Limited for the year ended 31 March 2021, I declare that, to the best of my knowledge and belief, there have been:

- (i) no contraventions of auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

LDASSURANCE  
CHARTERED ACCOUNTANTS



Stephen O'Kane  
Partner

MELBOURNE  
15<sup>th</sup> of June 2021



**INDEPENDENT AUDITOR'S REPORT  
 TO THE MEMBERS OF THE CANCER NURSES SOCIETY OF AUSTRALIA LIMITED**

**Report on the Audit of the Financial Report**

**Opinion**

We have audited the financial report, being a special purpose financial report of The Cancer Nurses Society of Australia Limited ('the Company'), which comprises the statement of financial position as at 31 March 2021, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible person's declaration.

In our opinion, the accompanying financial report of The Cancer Nurses Society of Australia Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- i. giving a true and fair view of the Company's financial position as at 31 March 2021 and of its financial performance for the year then ended; and
- ii. complying with Australia Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

**Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described as in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

**Emphasis of Matter - Basis of accounting**

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to for the purpose of fulfilling the Company's financial reporting requirements of the *Corporation Act 2001* and the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

**Responsibilities of the Board for the Financial Report**

The Board is responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*. The Board's responsibility also includes such internal control as it determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intends to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

**Auditor's Responsibilities for the Audit of the Financial Report**

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board.
- Conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation

We communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

LDAssurance  
Chartered Accountants



Stephen O'Kane  
Partner

Dated this 15<sup>th</sup> day of June 2021

The Cancer Nurses Society of Australia Limited  
Statement of Profit or Loss and Other Comprehensive Income  
For the Year ended 31 March 2021

	Note	2021	2020
		\$	\$
<b>Revenue</b>	6	338,046	1,052,575
<b>Expenses</b>			
Grants		(16,254)	(19,887)
Administration staff		(294,868)	(277,737)
Other administration expenses		(73,210)	(76,122)
Board & Executive Committee meeting		(1,303)	(36,404)
Journal and Newsletter		(10,806)	(15,210)
Annual Congress		(60,015)	(545,304)
Other expenses		(45,295)	(35,317)
Total expenses		501,752	1,005,981
<b>Result for the year</b>		<b>(163,706)</b>	<b>46,594</b>
Other comprehensive income		-	-
<b>Total comprehensive income for the year</b>		<b>(163,706)</b>	<b>46,594</b>

*The accompanying notes form part of these financial statements*

The Cancer Nurses Society of Australia Limited  
Statement of Financial Position  
As At 31 March 2021

	Note	2021	2020
		\$	\$
<b>Assets</b>			
<b>Current Assets</b>			
Cash & Cash equivalents	7	673,546	1,159,679
Trade and other receivables	8	156,921	136,361
Other current assets	9	131,650	145,186
Financial Assets	10	374,353	-
<b>Total Current Assets</b>		<b>1,336,470</b>	<b>1,441,226</b>
<b>Non-Current Assets</b>			
Property, Plant & Equipment	11	557	1,737
<b>Total Non-Current Assets</b>		<b>557</b>	<b>1,737</b>
<b>Total Assets</b>		<b>1,337,027</b>	<b>1,442,963</b>
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Trade & Other Payables	12	481,942	425,950
Provisions	13	3,116	1,338
<b>Total Current Liabilities</b>		<b>485,058</b>	<b>427,288</b>
<b>Total Liabilities</b>		<b>485,058</b>	<b>427,288</b>
<b>Net Assets</b>		<b>851,969</b>	<b>1,015,675</b>
<b>Equity</b>			
Retained Earnings		851,969	1,015,675
<b>Total Equity</b>		<b>851,969</b>	<b>1,015,675</b>

*The accompanying notes form part of these financial statements*

The Cancer Nurses Society of Australia Limited  
Statement of Changes in Equity  
For the Year Ended 31 March 2021

2021	Retained Earnings
	\$
Balance as at 1 April 2020	1,015,675
Result for the year	(163,706)
Balance as at 31 March 2021	<u>851,969</u>

2020	Retained Earnings
	\$
Balance as at 1 April 2019	969,081
Result for the year	46,594
Balance as at 31 March 2020	<u>1,015,675</u>

*The accompanying notes form part of these financial statements*

The Cancer Nurses Society of Australia Limited  
Statement of Cash Flows  
For the Year Ended 31 March 2021

	Note	2021	2020
		\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Subscription Receipts		200,848	238,084
Income from Annual Congress		114,573	394,071
Funds received in advance for current year's Annual Congress		-	170,000
Interest Income		5,728	16,746
Other Income (including Regional Groups & Specialist Practice Networks)		107,902	190,392
Payments to suppliers and employees		(540,291)	(1,133,451)
<b>Net cash provided by operating activities</b>	<b>19</b>	<b>(111,241)</b>	<b>(124,554)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Property, Plant & Equipment		-	-
Payment of Financial Assets		(374,892)	-
<b>Net cash from investing activities</b>		<b>(374,892)</b>	<b>-</b>
<b>Net Increase / (decrease) in cash held</b>		<b>(486,134)</b>	<b>(124,554)</b>
Cash at the beginning of the financial year		1,159,679	1,284,233
<b>Cash at the end of the financial year</b>	<b>7</b>	<b>673,546</b>	<b>1,159,679</b>

*The accompanying notes form part of these financial statements*

**The Cancer Nurses Society of Australia Limited**  
**Notes to the Financial Statements**  
**For the year ended 31 March 2021**

The financial report covers The Cancer Nurses Society of Australia Limited as an individual entity. The Cancer Nurses Society of Australia is a not-for-profit entity, registered and domiciled in Australia.

The principal activities of the Company during the year was to act as a resource to cancer nurses around Australia through the provision of services which aim to advance cancer nursing education, practice and research.

The functional and presentation currency of The Cancer Nurses Society of Australia Limited is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

### **Note 1. Basis of Preparation**

In the responsible persons' opinion, the Company is not a reporting entity since there are unlikely to exist users of the financial report who are not able to command the preparation of reports tailored so as to satisfy specifically all of their information needs. This special purpose financial report has been prepared to meet the reporting requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

The financial statements have been prepared in accordance with the recognition and measurement requirements of the Australian Accounting Standards and Accounting Interpretations, and the disclosure requirements of AASB 101, Presentation of Financial Statements, AASB 107 Statement of Cash Flows, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors and AASB 1054 Australian Additional Disclosures.

### **Note 2. Summary of Significant Accounting Policies**

The accounting policies that have been adopted in the preparation of the statements are as follows:

#### **(a) Income Tax:**

The Company is exempt from the payment of income tax pursuant to Section 50-5 of the *Income Tax Assessment Act (1997)*.

#### **(b) Revenue and other income**

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable.

All revenue is stated net of the amount of goods and services tax (GST).

#### **Donations**

The Company, in common with most organisations dependent upon contributions, is unable to establish control over voluntary donations prior to their initial entry into the accounting records, therefore they are recorded on the basis of cash received.

#### **Member Subscriptions**

Member subscriptions are recorded on an accruals basis and apportioned across the year of membership.

#### **Grants and Bequests**

The Company receives grants and bequests for certain activities. Where a grant or bequest is non-reciprocal, it is recognised as revenue of the Company upon receipt. Associated expenditure for the completion of a grant or bequest is recorded as incurred. Where a grant or bequest is subject to a reciprocal transfer, a liability associated with

the reciprocal transfer is recorded upon receipt of the transfer. The income and expenditure is then subsequently reported at the time of the subsequent grant or bequest.

### Interest Revenue

Interest is recognised using the effective interest method and recorded on accrual basis.

### Other Income

Other income is recognised on an accruals basis when the Company is entitled to it.

### Net Annual Congress Income

The Company contracts a professional Events Co-ordinator to manage the staging of the Annual Congress including the receipt of revenue and payment of expenses in relation to the event. Documents detailing the income and expenses have been received from the Events Co-ordinator together with a reconciling statement. Revenues and expenses associated with the Congress are recognised through the Statement of Profit & Loss and Other Comprehensive Income in the year the Congress is conducted. In the period in the lead up to the Congress, expenditure is incurred and income received which is taken up as prepayments and unearned income respectively. Where there is an excess of funds received by the Events Co-ordinator above an agreed limit, these funds are remitted back to the company and retained within the cashflows.

#### (c) Goods and services tax (GST)

Revenue, expenses, and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

#### (d) Property, plant, and equipment

Each class of property, plant and equipment is carried at cost less any accumulated depreciation and impairment.

Items of property, plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

### Depreciation

Property, plant, and equipment is depreciated on a straight-line basis over the assets useful life to the Company, commencing when the asset is ready for use.

The estimated useful lives used for each class of depreciable asset are shown below:

Fixed asset class	Useful life
Office Equipment	3 years
Computer Equipment	3 years
Web site Development	3 years

At the end of each annual reporting period, the depreciation method, useful life, and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

#### (e) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held on call with banks and other short-term highly liquid. Investments with original maturities of three months or less.



**(f) Employee benefits**

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

**(g) Income in Advance**

Income in Advance includes member subscriptions, which have been received for the 2021 membership year, Events, income in advance, other income in advance and Annual Congress income received (Refer to note 2 (b)) or other future income such as sponsorships, which may cover the full proceeding calendar year.

**(h) Comparative Figures**

Comparative figures have been adjusted to conform to changes in presentation for the current year where required by accounting standards or as a result of changes in accounting policy.

**(i) Other Current Assets**

Prepayments included in other assets primarily relates to prepayments for the future Annual Congress, insurance premiums, travel expenses and other such expenditure.

**(j) Trade and Other Payables**

Trade and other payables represent the liabilities for goods and services received by the Company that remain unpaid at year-end. Trade payables are recognised at their transaction price. They are subject to normal credit terms and do not bear interest.

**(k) Financial Assets**

Financial assets are measured at fair value and the fair value adjustments are recorded through the profit and loss of the Company.

**Note 3. Critical Accounting Estimates and Judgments**

The responsible persons make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances. These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates. The significant estimates and judgements made have been described below.

**Key estimates – receivables**

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

**Note 4. Nature and objects of the Company**

The primary objects for which the Company is established are to achieve and promote excellence in cancer care, prevention and treatment in people affected by cancer through the professional contribution of nurses. To support the primary object the Company will:

- a) promote the contribution that cancer nurses make to Australia's cancer control activities and policy;
- b) take a leadership role in addressing the professional development needs of cancer nurses to enhance their capacity to provide care, treatment and prevention services to people affected by cancer;
- c) collaborate with other groups and organisations involved in the development and provision of care, treatment and prevention services to people affected by cancer;

- d) facilitate research in the area of cancer nursing that will contribute to improvement in care of people affected by cancer;
- e) provide opportunities for professional networking amongst cancer nurses; and
- f) do anything ancillary or incidental to the primary objects.

#### Note 5. Economic Dependency

The ability of the Company to maintain its current level of operations is dependent on the continuing support of its members by way of voluntary subscriptions.

	2021	2020
	\$	\$
<b>Note 6. Revenue:</b>		
Subscription Income	212,774	188,939
Income from Annual Congress	-	705,991
Interest Income	5,728	16,350
Other Income	51,245	48,139
Unrealised Gains (Losses) from Financial Assets	(539)	-
Government Incentives	36,300	-
Regional Groups & Specialist Practice Networks	19,109	93,156
	<b>338,046</b>	<b>1,052,575</b>
<b>Note 7. Cash &amp; Cash Equivalents:</b>		
Cash at Bank	75,583	190,531
Term Deposits	372,854	969,148
BT Panorama	225,109	-
	<b>673,546</b>	<b>1,159,679</b>
<b>Note 8. Trade and Other Receivables:</b>		
Trade and other receivables	<b>156,921</b>	<b>136,361</b>
<p>The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances</p> <p>The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.</p>		
<b>Note 9. Other Current Assets:</b>		
Prepayments - Annual Congress	62,600	45,188
Prepayments - Other	69,050	99,998
	<b>131,650</b>	<b>145,186</b>
<b>Note 10. Financial Assets</b>		
BT Panorama - Listed Securities	169,499	-
BT Panorama - Managed Funds	204,854	-
	<b>374,353</b>	-

	2021	2020
	\$	\$
<b>Note 11. Property, Plant &amp; Equipment:</b>		
Computers & Office Equipment	11,194	11,194
Less: Accumulated Depreciation	(10,637)	(9,457)
	<b>577</b>	<b>1,737</b>
Web-site Development	29,000	29,000
Less: Accumulated Depreciation	(29,000)	(29,000)
	<b>577</b>	<b>1,737</b>
<b>Note 12. Trade &amp; Other Payables:</b>		
Trade Creditors	41,839	67,216
Income in Advance - Annual Congress	306,823	192,250
Income in advance - Other	133,280	166,484
	<b>481,942</b>	<b>425,950</b>
<b>Note 13. Provisions:</b>		
Provision for Annual Leave	<b>3,116</b>	<b>1,338</b>

**Note 14. Capital & Leasing Commitments**

There are no capital or leasing commitments as at 31st March 2021.

**Note 15. Members' Guarantee**

The Company is registered under the Australian Charities and Not-for-profits Commission Act 2012 and is a Company limited by guarantee. In the event of the winding up or the dissolution of the Company, the surplus assets of the Company must not be distributed to any Members or former Members.

The surplus assets must be given to an organisation that:

- a. has similar objects to the Company and whose constitution requires it to apply its income in promoting those objects;
- b. whose constitution prohibits it from making distributions to its members to at least the same extent as in clause 5;
- c. if the Company is an endorsed deductible gift recipient just before the winding up of the Company, then such organisation must be one that is endorsed as a deductible gift recipient.

If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstanding and obligations of the Company.

At 31 March 2021, the number of members was 1,489.

**Note 16. Events after reporting period**

Since the end of the financial year, the COVID-19 pandemic has continued to have an impact on the business operations and cashflows of the entity in the future financial year. The 2021 Annual Congress has now been scheduled as a series of state based events, which will provide some improved financial outcomes for the entity, however these are expected to provide approximately 40% of the normal returns that are achieved through the national congress. This will result in a further impact of a decrease in surplus of approximately \$156,000 for the 2021/22 Financial Year.

**Note 17. Remuneration of Auditor**

During the year, the following fee was paid or is payable for services provided by the auditor to the Company.

	2021	2020
	\$	\$

**Note 17. Remuneration of Auditor**

During the year, the following fee was paid or is payable for services provided by the auditor to the Company.

Audit and Review of Financial Report

4,500	6,000
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**Note 18. Contingencies**

In the opinion of the responsible persons, the Company did not have any contingencies at 31 March 2021 (31 March 2020: Nil).

**Note 19. Cash flow information**

Reconciliation of net cash provided by operating activities attributable to surplus / (deficit) from ordinary activities

Total comprehensive result for the year

Non-cashflows in profit or loss:	(163,706)	46,594
Depreciation	1,180	1,914
Unrealised Gains on Portfolio	539	-
Changes in assets and liabilities:		
(Increase) / Decrease in receivables	(20,560)	34,966
(Increase) / Decrease in prepayments	30,948	(15,629)
(Increase) / Decrease in congress prepayments	(17,412)	5,498
Increase / (Decrease) in congress income received in advance	114,573	(212,518)
Increase / (Decrease) in subscriptions paid in advance	(33,204)	30,252
Increase / (Decrease) in other payables & bequests	(25,378)	(9,958)
Increase / (Decrease) in provisions	1,779	(5,673)
	<b>(111,241)</b>	<b>(124,554)</b>

**Note 20. Related Party Transactions**

There were no transactions with related parties during the current and previous financial year.

**Note 21. Statutory Information**

The registered office of and principal place of business of the company is:

**Cancer Nurses Society of Australia**  
**165 Sovereign Hill Drive**  
**Gabbadah Western Australia 6041**

The Cancer Nurses Society of Australia Limited  
Detailed Trading Profit & Loss Statement  
For the 12 months ended 31 March 2021

	2021	2020
	\$	\$
<b>Income</b>		
Subscription Income	212,774	188,939
Annual Congress	-	705,991
Interest Income	5,728	16,350
Other Income	64,135	48,139
Government Incentives	36,300	-
	<b>318,937</b>	<b>959,419</b>
<b>Expenditure</b>		
Administrative Costs		
Accountancy Services	14,720	12,750
Audit	4,500	6,000
Bank Charges	274	219
Bookkeeping	15,060	17,450
CEO – Travel & Allowances	206	1,331
CNSA Presidential & CEO Representation	-	48
Depreciation Office Equipment	938	1,610
Information Technology	18,571	10,366
Insurance	8,500	8,544
Merchant Fees	1,735	1,705
Postage & Packaging	114	976
Printing & Stationery	478	1,658
SecurePay Salary Payment Gateway	2,227	1,231
Storage Fees (Archive)	-	175
Sundry Expenses	2,556	387
Total Employment Expenses	296,419	274,725
Website Costs	1,276	2,394
<b>Total Administrative Costs</b>	<b>367,573</b>	<b>341,569</b>

Other Costs		
CNSA Grants & Scholarships	11,537	14,423
Board & Committee Meetings	1,298	33,244
Journal & Newsletter	10,806	15,210
Marketing & Promotional Resources	42,457	28,240
Regional Group Meetings	-	1,628
Special Projects	23	2,667
Specialist Practice Networks Meetings	-	492
Standing Committee	-	54
Subscriptions	1,730	3,349
Annual Congress Costs	51,388	458,958
<b>Total Other Costs</b>	<b>119,238</b>	<b>558,265</b>
<b>Total Expenditure</b>	<b>486,811</b>	<b>899,834</b>
<b>Operating Surplus/(Deficit)</b>	<b>(167,875)</b>	<b>59,585</b>
<b>Non-Operating Income &amp; Expenses</b>		
Regional Groups & Specialist Practice Networks (Income)	19,109	93,156
Regional Groups & Specialist Practice Networks (Expenses)	(14,941)	(106,147)
	4,169	(12,991)
<b>Net Result for the Year</b>	<b>(163,706)</b>	<b>46,594</b>

# LDAssurance

CHARTERED ACCOUNTANTS

LDAssurance Pty Ltd  
Level 6, 330 Collins Street  
Melbourne Victoria 3000  
Telephone +61 3 9988 2090  
[www.LDAssurance.com.au](http://www.LDAssurance.com.au)  
ABN 89 146 147 202

## DISCLAIMER

The additional financial data as presented in the detailed trading profit and loss statement is in accordance with the books and records of The Cancer Nurses Society of Australia Ltd (the Company), that have been subjected to the audit procedures applied in the audit for the year ended 31 March 2021. It will be appreciated that our audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such data and no warranty is given to its accuracy or reliability. Neither the firm, nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person other than the Company in respect of such data including any errors or omission however caused.

LDAssurance  
Chartered Accountants



Stephen O'Kane  
Partner

Dated this 15<sup>th</sup> of June 2021

Liability limited by a scheme approved under Professional Standards Legislation.

## Reports from Standing Committees

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Research Standing Committee

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Education Standing Committee

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Communications Standing Committee

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Finance, Audit & Risk Committee

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Australian Journal of Cancer Nursing (AJCN)

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## Committee Chairs & AJCN Co-Editors

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**Associate Professor  
Jacqueline Bloomfield**  
*AJCN Co-Editor*



**Professor Karen Strickland**  
*AJCN Co-Editor*



**Dr Doreen Tapsall**  
*Education Standing  
Committee Chair*



**Associate Professor  
Natalie Bradford**  
*Research Standing  
Committee Chair*



Mini quiz 7

3 / 12



What do you suspect Peter may be experiencing?

Brain metastases

Hypercalcaemia of malignancy

## Research Standing Committee

The Research Standing Committee (RSC) is progressing with a number of projects to benefit CNSA members and the wider oncology nursing workforce.

### Cancer Nursing Research Priorities

In this project, (commenced in 2018) a Delphi methodology has been used to identify gaps in knowledge, where research could inform nursing practice to optimize outcomes for patients, staff and health services. In the first round 256 nurses participated nominating priority areas for research. These topics were grouped into themes, and where there were unanswered questions and topics, these were carried forwards to the next round of survey. In the second round 93 CNSA members reviewed the priorities that span across 3 major domains: The patient experience and outcomes; Health services development; and cancer nursing workforce issues. The final round of the survey has been distributed and we look forward to confirming the top 20 research priorities at CNSA congress.

### Cancer Nursing Workforce project

Inspired by the work undertaken by the Drug and Alcohol Nurses workforce project, the Board has requested assistance from the RSC to develop a project to map the cancer nursing workforce. This project is now a feasible reality thanks to the advocacy of CNSA to have the option to identify as a cancer nurse available on all nurses AHPRA registration from 2021. The RSC are finalising a protocol for the project, survey and interview tools and will obtain Ethics approval prior to recruiting a project officer to undertake this large body of work. Other activities of the RSC continue to support CNSA members to develop and distribute survey-based research through to the membership. Over the past 12 months, at least one survey has been distributed each month, with some surveys also promoted in the CNSA newsletters. Response rates vary depending upon the topics; however these activities remain an important way for cancer nurses to express their perspectives on contemporary issues in cancer care such as use of CAMs, sexuality, genetics and genomics.

Over the next 12 months the RSC will finalise the Cancer Nursing Research Priorities project and submit a manuscript for publication. We anticipate the workforce planning project will be launched in the coming few months and look forwards to supporting this work.

We plan to develop a series of webinars for novice researchers in the second half of the year to complement the existing webinars on writing for publication.

The RSC would like to thank all of the committee members who have completed their time on the committee and stood down and welcome our newest committee members.

### Research Standing Committee Members

#### *New/Continuing Committee Members*

- **A/Prof. Natalie Bradford** Chair
- Prof. Leanne Monterosso
- Dr Karen Taylor
- Dr Olivia Cook
- Dr Zerina Tomkins
- Ms Theresa Beane
- Prof. Sandie McCarthy
- Natalie Williams
- Dr Elizabeth (Liz) Moore

#### *Exiting Committee Members*

- Dr Nicole Gavin
- Dr Liz Burmeister

## Education Standing Committee

### Education Standing Committee Members

#### New/Continuing Committee Members

- **Dr Doreen Tapsall** Chair
- Dr Carla Thamm
- Prof. Catherine Paterson
- Michelle Rosano
- Naomi Cook
- Ola Akinsanmi
- Margaret Hjorth

#### Exiting Committee Members

- Angela Ballard
- Kelly Follers
- Joanie Shaw
- Thea Ogle

The Education Standing Committee has undertaken regular meetings to ensure that we align to the CNSA priorities and requirements.

As this committee's purpose isn't to organise events, but to act as an advisory role, there has been no events nor seminars organised by this committee.

Over the previous year the CNSA ESC has been engaged in the management of the Professional Development Grant Program and processes. This activity has been undertaken and evaluated via a digital platform. I would like to acknowledge the reviewers for the time and effort they have put into this process.

The ESC have begun to consider how they will support the planned work to review of the national Education Framework for Cancer Nurses under the direction of the Board.

Since early last year the committee has been working towards the development and implementation of a survey to investigate the educational needs of the membership. The survey has been completed and the CNSA ESC is now collating and analysing the responses from the CNSA community. Once this has been undertaken the ESC Committee will present a paper for publication and offer recommendations to the CNSA of how to better engage our Cancer Nursing workforce in learning.

Other work undertaken by the committee included a request from committee members to investigate the educational resources that are used in different cancer settings and organisations. This collated information will then be utilised by the CNSA as a education portal for all CNSA members.

The committee's focus for the next 12 months is to continue work on the educational Framework for all Cancer Nurses. Inclusive of this work the committee will have the required information to recommend to the membership the most pressing learning needs and offer suggestions and highlight modules on the WCEA portal.

Finally the committee will lead the conversation pertaining to the inclusion of Optimal Care Pathway discussions in all of our educational work across all the committees.

I would like to acknowledge numerous committee members who have stood down from the committee within the last 12 months. They are Thea Ogle, Joanie Shaw and Margaret Hjorth. All of these committee members will be sorely missed due to their contribution to the committee.

WELCOME

CANCER NURSES  
SOCIETY OF  
AUSTRALIA  
23RD ANNUAL  
CONGRESS



ROYAL RANDWICK

## Communications Standing Committee

### Communications Standing Committee Members

#### New/Continuing Committee Members

- Sue Schoonbeek Chair
- Jemma Still Executive Officer
- Amy Ribbons Executive Assistant
- Gabby Vigar
- Anne Mellon
- Sue Bartlett
- Simone Ray

#### Exiting Committee Members

- John McKenna

Our main purpose has been to facilitate and promote effective communication across the organisation. Therefore, establishing a Communications Standing Committee has led to building CNSA's media activities, such as our social media plan and including the following:

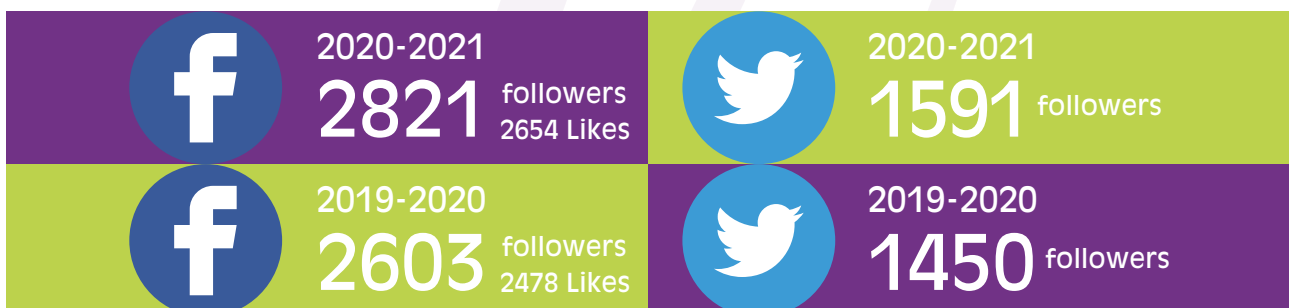
- Directors, Chairs and staff participated in the I AM I WILL campaign for World Cancer Day, held on the 4 February each year, by providing their I AM I WILL statements on social media – Together, all our actions matter.
- Members had the opportunity to share their positive experiences during COVID-19 as well as tips they have for dealing with the impact of COVID-19 in not only their professional but their personal lives as well.
- It has also been a major factor for our team to ensure the voice of the consumer is loud and strong so it was vital for us to highlight five of our consumers during the patient experience month. The patient videos that have been created were a great success and also showed our consumers that we are a society that has them at the heart of what we do.

- We have invited two new committee members to join the CSC who are young and dynamic, keen and excited to bring a fresh perspective to the committee. Welcome to Parina Parina and Sujin Im and we thank you in advance for the energy you will bring to the CSC
- The CSC has also developed an annual timeline of key communication activities.

#### Some of our ideas / strategies moving forward include the following:

- Develop a template to assist CNSA members representing the organisation at external forums
- Ensure CNSA presence at key conferences and events where potential members may be present
- Explore opportunities to develop and promote all member categories
- Facilitate clear and transparent crossorganisational communication and collaboration
- Evaluate satisfaction with current internal communication practices
- Re-develop the CNSA website
- Submit CNSA contributions to stakeholder publications and reports

I would like to thank all members of this committee and CNSA as a whole for their contribution in perhaps one of the most difficult years of our professional lives during COVID-19. It does not go unnoticed that you all provide many volunteer hours to build CNSA and to guide the young in our profession. Thankyou.



## Finance, Audit & Risk Committee

The Finance Audit and Risk Committee, together with the Board have been working very closely to manage the very challenging year that was 2020. Finalising our investment policy and beginning work with our investment partner Keep Wealth Partners is a very exciting initiative that has taken close to 5 years to complete:

Consistent with the challenges of this year for many organisations, the biggest impact for the CNSA was the loss of our annual congress which has previously provided a strong financial contribution to the organisation. There were still costs incurred in all the preparatory work that is undertaken leading up to the event and this together with the normal operating costs resulted in an overall net loss of \$163,706. It should be noted that we had budgeted for a loss of \$195,000, having regard to what was known around the impacts of COVID-19.

The CNSA is fortunate that we have significant capital reserves and despite this loss, the CNSA still has in excess of \$1 million of cash and financial assets as of 31 March 2021. Regardless, we still managed strong revenues from all other sources, and this has supported the overall position. Membership and sponsorship income were both up from the prior year and we also received \$36,000 in jobkeeper and other government support payments. General operating expenses were kept well below the budgeted costs in an effort to minimise the impact from the loss of the congress.

In line with our investment policy, we have \$600,000 specifically invested through Keep Wealth Partners just prior to 31 March 2021. These funds are invested with an ethical investment philosophy and include a diverse range of organisations through a managed investment platform. The aim of these investments is to protect the capital value, whilst providing a reasonable financial return above what would otherwise be available on fixed interest investments.

### Finance, Audit & Risk Committee Members:

#### *New/Continuing Committee Members*

- **Carmel O'Kane**  
Chair and CNSA Vice President
- **Lucy Gent**                      CNSA President
- **Ross McDonald**              Accountant
- **Jemma Still**                    Executive Officer

## Australian Journal of Cancer Nursing (AJCN)

### Members of the Editorial Board

#### New /Continuing Committee Members

- Prof. Karen Strickland Co-Editor
- A/Prof. Jacqueline Bloomfield Co-Editor
- Dr Elisabeth Coyne
- Dr Louise Nicholson
- A/Prof. Gabrielle Prest

Members of the Editorial Board include the editors, a member of the CNSA Executive and four ordinary members.

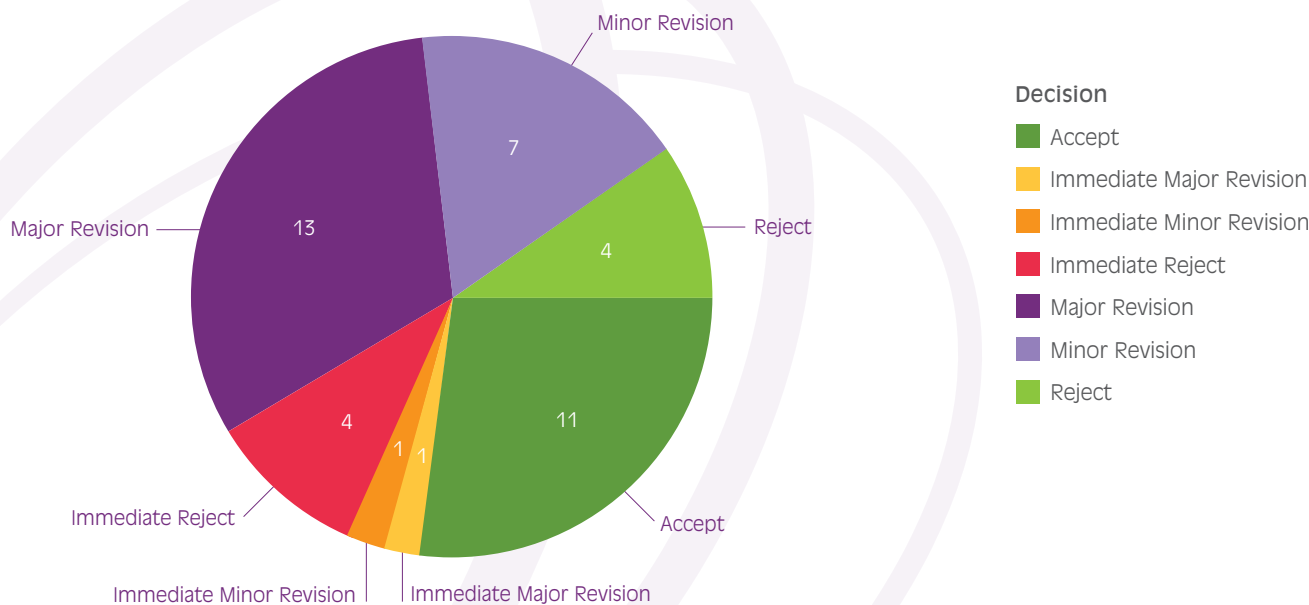
### Summary of Journal Activity

Three issues of the journal were published during the reporting period, with a total of 12 articles published. Issues were published in June 2020, November 2020 and May 2021.

Submissions to the journal over the past year have been gradually increasing, with a total of 15 papers submitted. The majority of these originated from Australia (n= 12), with others from Indonesia, Japan, and the United States.

Author Country/Region	Original	Revised	Total
Australia	12	17	29
Indonesia	1	0	1
Japan	1	0	1
New Zealand	0	3	3
United States	1	0	1
<b>Summary</b>	<b>15</b>	<b>20</b>	<b>35</b>

### No. of Manuscripts by Decision



At the Editorial Board meeting that was held in March, it was agreed that publication of the journal would increase from two to three issues per year.



Engaging reviewers has been less challenging since a call for Expressions of Interests for new peer reviewers was posted in August 2020. This was accompanied by a webinar aimed at explaining the peer review process. This was very well attended by members across the country with all states and territories represented. These initiatives resulted in 24 new peer reviewers.

Twenty-two reviewers (including the editors) have contributed to peer review process during the reporting period. The increase in pool of peer reviewers has had a positive effect on reducing the turnaround time from submission to acceptance of manuscripts. This fell from an average of 65.4 days in 2019-2020 to 42.48 days in 2020-2021.

Turnaround by editor for manuscripts submitted between 1st May 2020 to 30th April 2021

Associate Editor	<30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days	Avg. Turnaround Time (Days)
	13	11	5	3	1	42.48
Total or Average	13	11	5	3	1	42.48

The Editorial Board express thanks to the following people for their time and expertise in reviewing manuscripts during the reporting period:

<ul style="list-style-type: none"> <li>• Kylie Ash</li> <li>• Su Htet Aung</li> <li>• Theresa Beane</li> <li>• Gillian Blanchard</li> <li>• Jacqueline Bloomfield</li> <li>• Ray Chan</li> <li>• Elisabeth Coyne</li> <li>• Rebecca Dark</li> </ul>	<ul style="list-style-type: none"> <li>• Catherine Johnson</li> <li>• Claire Kelly</li> <li>• Gillian Kruss</li> <li>• Zerina Lokmic-Tomkins</li> <li>• Gemma McErlean</li> <li>• Chris McKeown</li> <li>• Susan Murray</li> <li>• Louise Nicholson</li> </ul>	<ul style="list-style-type: none"> <li>• Suzanne Oakley</li> <li>• Gabrielle Prest</li> <li>• Meredith Rogers</li> <li>• Natasha Roberts</li> <li>• Karen Strickland</li> <li>• Julie Evans</li> <li>• Diane Davey</li> <li>• Caitriona Neinaber</li> </ul>
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### Online publication

In 2019 the journal moved to primarily an online publication with hard copies being available to members who ‘opt in’. The online presence of the journal is more visible on the CNSA website. From a link of the landing page, readers can now view a brief description of the journal as well as the table of contents of the current issue, with links to contents pages of previous issues. It is hoped that this will encourage more readers beyond the CNSA membership to read the articles.

### CPD Activities

To encourage new authors, the editors ran a series of webinars in November and December 2020. The aim of the “CanWrite” webinar series was to increase the confidence of new authors by sharing with them hints and tips about writing for publication. Nurses from around Australia participated, and feedback about the event was positive.

### Future planning

To help promote the published work of the journal authors and disseminate their research further webinars are planned for 2021.

Additionally, a special edition will be published in August 2021 which will feature three manuscripts reporting funded studies awarded to nurses and a guest editorial by Professor Meinir Krishnasamy, Chair of Cancer Nursing at the University of Melbourne.

The journal continues to be active on Twitter and plans are being made to increase presence on other social media platforms. It is hoped that a new editorial board member with expertise in social media will be recruited to assist with this.

## State Groups

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NSW State Group Report

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Queensland and Northern Territory State Group Report

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South Australia State Group Report

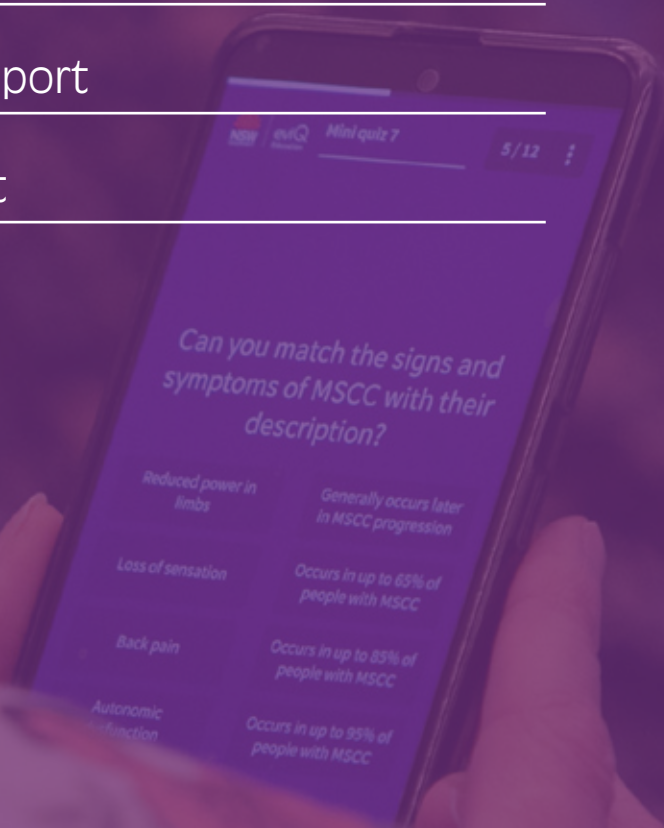
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Victoria and Tasmania State Group Report

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Western Australia State Group Report

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## State Group Chairs

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**Meredith Cummins**  
*NSW SG Chair*



**Carli Shaw**  
*QLD and NT SG  
Co-Chair*



**Tess Beane**  
*QLD and NT SG Co-Chair*



**Gabby Vigar**  
*SA SG Chair*



**Sue Bartlett**  
*VIC SG Chair*



**Chris Henneker**  
*WA SG Chair*

## NSW State Group Report

### NSW State Group Committee Members:

#### New/Continuing Committee Members

- **Meredith Cummins** Out-going Chair
- **Jennifer Cater** In-coming Chair
- **Simone Ray** Deputy Chair
- **Noeline Rozanc** Secretary
- Joy Fletcher
- Lucy Lehane
- Melanie Eslick
- Amy Tipping
- Jane Kennedy
- Zoe Feighan

#### Exiting Committee Members

- Theresa Nielsen
- Laura Healey Chair of Hunter SG
- Phillipa Dean
- Karla Rimmingtonn
- Fiona Watkins



The NSW State Group (NSW SG) was formed in the past 12 months, following an amalgamation of the Sydney and Hunter Groups. Over the reporting period, the NSW SG held three education sessions as online webinars due to the global pandemic.

These three education events were:

#### Looking back, moving forward: How COVID-19 will impact future cancer care (64 participants)

In this thought leadership session, we heard from three of CNSA's experienced members about their COVID-19 experience, their learnings and their advice for the future.

We looked at topics including how will post-COVID Tele-Survivorship work; the impact COVID had on Peter MacCallum services and the effect of COVID on Radiation Therapy.

#### Living Well with Prostate Cancer (83 participants)

In this webinar, we examined what it means to live well with Prostate Cancer.

Our first speaker, Dr Michael Lowy, focused on the treatment of prostate cancer and the resulting sexual dysfunction whilst our second speaker, Gerard Regan, discussed his work with the X-men exercise at Westmead Hospital Physiotherapy Department.

#### Immunotherapy: Treatment and Advances – Where are we now? (108 participants)

In this sold-out webinar, Dr Craig Gedye provided an entertaining and interactive session looking at Immunotherapy treatment and advances. Using case studies and live polling, attendees were able to participate and engage to test their subject matter knowledge.

During this period, the committee also:

- continued to seek sponsorship to finance education evenings
- agreed to offer financial assistance to support CNSA's Priority Projects – the planned review of the national Education Framework for Cancer Nurses and Mentoring Program to the amount of \$5000 each
- held four committee meetings virtually
- promoted the profile of CNSA and actively collaborated with the Cancer Institute NSW.

In the upcoming year our goal is to return to face-to-face education events. This year our aim is to return to three education events, including the return of a face-to-face evening in the Hunter region. Planning is underway for our next education evening to be held at The Grandstand and the subject being gynaecological cancer. Melanie and Mathew are our education officers and are collaborating to deliver this event.

The NSW SG would like to formally acknowledge the contributions of our outgoing members. From the Sydney SG, we would like to thank Suzannah Walden and Theresa Nielsen for their continued service. Suzanne has been a committee member for several years, including two years as one of our Education Officers and Theresa has been a hard-working and committed member since 2012. During this time Theresa held the office as Education Officer and worked tirelessly in this role.

From the Hunter SG, we would like to thank Laura Healey, Phillipa Dean and Karla Rimmington for their expertise, contribution and support during their time on the Committee. Laura over saw the committee during a time of change and remains a valued member of our Nurse Practitioner Specialist Practice Network.

In closing, we would also like to thank our Chair, Meredith Cummins, who has stepped down after holding this position for the last six years. Meredith has been an outstanding leader of the group. She has agreed to remain on the NSW SG Committee to facilitate the transition of the incoming chair and amalgamation of the Sydney and Hunter Groups.

*"A fantastic webinar, thank you for sharing with the rest of the country. Great presentation of cases, giving the audience the ability to interact on the management plan, followed by discussion."*

IMMUNOTHERAPY WEBINAR ATTENDEE



362 Members



Up 18% YoY



Three webinars

## Queensland and Northern Territory State Group Report

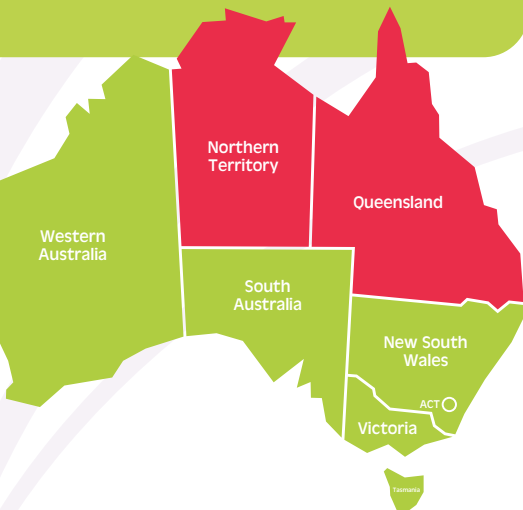
### QLD and NT State Group Committee Members:

#### New/Continuing Committee Members

- **Therese Beane** Co-Chair
- **Carli Shaw** Co-Chair
- **Ron Middleton** Deputy Chair
- **Dr Doreen Tapsall** Secretary/Treasurer
- Julie Evans
- Monique Richter
- Alexandra Merry
- Benjamin Tan
- Paula Pianta
- Margie Shearer
- Leisa West-Brown
- Alexandra Merry

#### Exiting Committee Members

- Peta Parter
- Julie Martinez



Two webinars were held between the Queensland State Group and the North Queensland and Northern Territory State Groups. One took place in August, on lung cancer nursing from a rural perspective. Key speakers were from both regional and metropolitan areas. This focused on the challenges of caring for the patient with lung cancer from a generalist oncology nurse perspective.

A second education session regarding end-of-life planning and care was delivered in October. This session focused on the nurses' role in palliation, including conceptual models, methods to identify risk of death with palliative care needs and practical tips for providing care near the end of life.

Additionally, two members of the committees (now combined) presented during a career series, looking at the role of Nurse Educators.

The two groups initially started the year working separately, however supporting each other with the NT/NQ state group being a new group. Due to quorum difficulties in both groups, it was decided to merge the two groups and change the name to Queensland and Northern Territory State Group.

The group focused on sharing resources and information throughout Queensland, supporting those new to roles and benchmarking between areas. This allowed members to consider different models of care, identified key areas for improvement in individual areas whilst supporting each other.

Our groups have actively encouraged cancer nurses in our own areas to become members of CNSA and are enjoying the webinar modules, as it allows our members in regional and remote areas the same access to educational tools that metropolitan members would have.

As a group, we would like to engage with members from our region more regularly. By doing so we may be able to tailor educational opportunities to the needs of our members. We will continue to deliver a minimum of two webinars each year focusing on the needs of our members. Whilst we may organise a face-to-face event, we would like to continue with the webinar model, given our demographic is so large, enabling all our members to benefit.



281 Members



Up 17% YoY



Two webinars

*"A good prompt for me to advocate for earlier involvement along with how important our documentation is. Practical applications and hints always useful to hear. The case study was really, really well presented, such a great illustration of the need to address the area!"*

END OF LIFE PLANNING – WE ONLY GET ONE CHANCE TO GET IT RIGHT! WEBINAR ATTENDEE

## South Australia State Group Report

The SA State Group (SA SG) was lucky enough to host 1 face to face event during 2020. In November we held a High Tea event at the Mayfair Hotel. This event was a wonderful opportunity for SA cancer nurses to come together and celebrate the International Year of the Nurse and Midwife. Approximately 60 SA cancer nurses attended the event, where Professor Dorothy Keefe, CEO Cancer Australia presented information on Cancer and COVID-19. This was a fantastic event which proved to be very popular with our members. The SA SG has decided to host a similar High Tea event annually as a result of this popular event.

The SA SG also hosted a series of three webinar events, focusing on Adolescents and Young Adult cancers. We had Dr Michael Osborn present first, explaining the common cancer diagnosis for these age groups and how they and treatment options differ from adults. Secondly, we had Melissa Jones, Youth Cancer Service Nurse Consultant, present two separate webinars on the challenges faced by this cohort of patients. These webinars were very well received.

2020 saw the SA SG go into a two-month hiatus, whilst COVID-19 was at its peak in this country. This time allowed all committee members to focus on family and work priorities. In May 2020, we held our first committee meeting for the year. It was great to come together to not only check in with each other, but to try and think about some potential webinar events and the possibility of a face-to-face event later in the year. And I am thrilled to say that we managed to do both.

The High Tea event was a great opportunity for SA cancer nurses to meet Professor Keefe and to understand the impact that COVID-19 would have on cancer patients in SA and across the country. It also helped to understand what the nursing role could be in the recovery. The promotion of national cancer strategies is definitely something the committee feel strongly about.

The SA SG also spent some time looking at the function of the committee. We developed a potential committee structure that covers all 4 strategic aspects of the CNSA whilst looking to develop our advocacy in the state.

The SA SG are looking to pilot the new committee structure that was developed by the committee late last year. This new model will be discussed in detail at the Annual Planning Day in August this year. Part of this new structure will focus on membership, as this is an area of focus that we have identified.

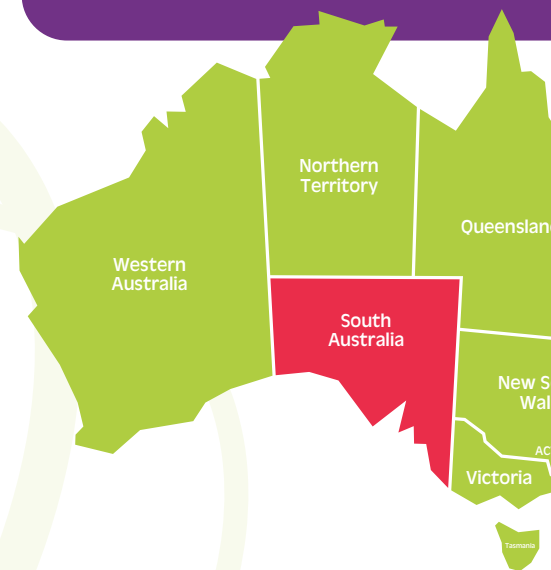
### South Australia State Group Committee Members:

#### New/Continuing Committee Members

- Gabby Vigar Chair
- Kristin Manuel Treasurer
- Angela Luppino
- Michael Fitzgerald
- Janet Baker
- Julie Campbell
- Alison Walsh
- Elyce Kenny
- Karen Buckley

#### Exiting Committee Members

- Heather Pearse
- Melissa Laan
- Leanne McCance



*"My first event as a member of CNSA and I was very impressed. Great speaker, excellent insight, excellent company and great venue. A lovely way to spend a Saturday afternoon."*

CANCER CARE + COVID-19: WHAT IS THE NEW NORM SA  
HIGH TEA ATTENDEE



117 Members



Up 33% YoY



Four Educational Events

## Victoria and Tasmania State Group Report

### Victoria & Tasmania State Group Committee Members:

#### New/Continuing Committee Members

- Sue Bartlett            Out-going Chair
- Katie Cao              In-coming Chair
- Robyn McIntyre        Secretary
- Sarah Corfe
- Kate Wakelin
- Clare Jeans
- Lauren Smith

#### Exiting Committee Members

- Diane Davey
- Angela Ballard
- Tracey Dryden            Treasurer



The VIC/TAS State Group (VIC/TAS SG) was formed in the past 12 months, following an amalgamation of the Victoria and Tasmanian Stage Groups. Over the reporting period, the VIC/TAS SG held two education sessions as online webinars due to the global pandemic.

These two education events were:

#### Immunotherapy - Dark Side of the Force (122 registrations)

In this interactive session, we had presentations from Dr Adam Broad, a Medical Oncologist, and Kath McCann, a Lung Cancer Care Coordinator at Ballarat Health Services.

The first part of the webinar explored some of the more dangerous and serious ill effects of immunotherapy that must be appreciated in continuing to safely deliver this important therapy to our patients whilst the second discussed Kath’s experiences in setting up and coordinating the Rapid Access Lung Lesion Clinic at Ballarat Health Services.

#### Symptom and Urgent Review Clinic: Models of Care (106 registrations)

In this special two-hour webinar, our four speakers covered practical and relevant information regarding best practice and implementation of SURC Models of Care. We also covered the PhD findings of why oncology patients present to ED and the use of a 24-hour telephone triage tool.

The speakers were Angela Mellerick - NUM Ambulatory Cancer Services at ONJ Cancer Centre, Joan Thomas - NUM Peninsula Health, Polly Dufton - Department of Nursing; Medicine, Dentistry and Health Sciences, University of Melbourne and Sue Bartlett - SURC Nursing Ballarat Integrated Cancer Centre.

During this period, the committee also:

- continued to seek sponsorship to finance education evenings
- was actively involved in the creation of the VCCN Oncology Nursing Expert Group through our Chair, Sue Bartlett
- promoted the profile of CNSA and actively collaborated with the VCCC to ensure Cancer Nurses had a voice for the workforce as the effects of the COVID-19 pandemic challenged the sector
- formalised the amalgamation of the Victoria SG and the Tasmania SG after two years of active discussions

We would like to acknowledge the committee members for their continuous dedication, passion and commitment to the committee in what was and has been an extremely difficult year and welcome our three new Tasmanian members – Laura Pyszkowski, Roseanne O’Keeffe and Gemma Price.

We would also like to acknowledge and thank Angela Ballard and Dianne Davey for their time on the VSG; and acknowledge and thank Tracey Dryden for her time and commitment to the Treasurer role and also roles previously held in the committee. We wish them all the best for the future.



Finally, it's important to recognise and thank Sue Bartlett for her incredible contribution to the VIC/TAS SG over six years. In her position of Chair, she has overseen a period of growth – increasing CNSA's reach and voice; as well as driving the membership figures to a record high.

We thank her for all of her efforts, and welcome new co-Chairs Katie Cao and Laura Pyszkowski who will lead the VIC/TAS SG Committee over the next 12 months.

*"The opportunity to provide education via webinar has proven to be a great success. Being from a regional area I have found this platform to be extremely helpful in enabling further education. Valuable information shared, inspiring implementation at my workplace."*

SURC MODEL OF CARE WEBINAR ATTENDEE



454 Members



Up 28% YoY



Two webinars

## Western Australia State Group

### Western Australia State Group Committee Members:

#### New/Continuing Committee Members

- **Christine Henneker** Chair
- **Sara Jaenke** Deputy Chair
- **Nicole Watson** Secretary/Treasurer
- Therese Thompson
- Sharon Ray
- Tanya O'Connor
- Claire Kelly
- Peggy Briggs
- Annita House



In 2020/2021, we saw the cancellation of two face to face events due to the COVID-19 pandemic. Fortunately, WA was able to relax restrictions during the year and several events went ahead as planned.

In July, the WA State Group (WA SG) was excited to hold our first webinar Get the full story on your patient’s medication history with Clinical Pharmacist, Naomi Van Hagan, detailing the process and importance of taking a comprehensive medication history in cancer patients inclusive of complementary and alternative medicines (CAM). Attendees learned how to have discussions with patients about their medicines and CAM; why it is important to have these discussions and what evidence and resources are available to health professionals and patients.

Whilst this format was excellent, and well received by members, we were excited to return to our first face to face breakfast seminar in November 2020. This event Professional Wellbeing in the International Year of the Nurse was sponsored by Hesta and the second in a series of three events being held over three years. The day began with a laughing yoga session, which helped to release pent up stress and tension.

Our keynote speaker was WA’s Chief Nursing and Midwifery Officer, Dr Robina Redknap who presented on ‘Who is caring for the caregiver’ followed by Jo Keyer and Krystyna Glinski who provided practical strategies for Cancer Nurses to look after each other. Lastly, a panel discussion was held with some of WA’s nursing leaders who shared their personal experiences, and the mechanisms they put in place to cope, learn and grow.

After another period of uncertainty due to short lockdowns, we were pleased to hold another face to face event in May 2021 focused on Colorectal Cancer - Getting to the bottom of it. The committee scheduled a terrific line up of speakers, with the nursing content from a stomal therapist and cancer nurse coordinators being outstanding.

Aside from our education events, the WA SG was also active in providing opportunity for members including:

- A travel grant to attend the CNSA Annual Congress in Perth
- A membership renewal for 2021-2022; and
- 2022 Annual Congress registration.

Our committee will continue in our current positions, and I would like to thank them for dedicating significant time into the planning of each event. Even in this challenging environment, the committee has arranged content, speakers, venues and sponsors to a standard that is very hard to beat. Hands down this is the best functioning committee I have had the honour to Chair and I thank each and every committee member for their support, advice, skill and knowledge.

Two new committee members have joined the WA SG committee and we are honoured to welcome Lindsay Adriaansen and Susanne Bishaw to the committee. Welcome to you both.



168 Members



Up 8% YoY



Three Educational Events



# ANNUAL CONGRESS

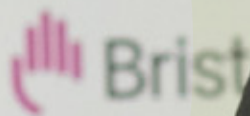
WE HEARD: DRIVING CANCER CARE AND SYSTEM REFORM

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## Specialist Practice Networks

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Breast Oncology Nurses SPN Report

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Cancer Nurse Practitioner SPN Report

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Genitourinary Cancer Nurses SPN Report

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Gynaecological Oncology Nurses SPN Report

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Older Persons with Cancer SPN Report

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Radiation Oncology Nurses SPN Report

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Vascular Access Device & Infusion Therapy SPN Report

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# Specialist Practice Network Chairs



**Danielle Spence**  
*Breast SPN Co-Chair*



**Justin Hargreaves**  
*CNP SPN Chair*



**Professor Catherine Paterson**  
*GU SPN Co-Chair*



**Helen Anderson**  
*GU SPN Co-Chair*



**Anne Mellon**  
*GYN SPN Chair*



**Michelle Rosano**  
*OPC SPN Co-Chair*



**Polly Dufton**  
*OPC SPN Co-Chair*



**Michelle Roach**  
*RON SPN Chair*



**Dr Nicole Gavin**  
*VAD&IT SPN Chair*

## Breast Oncology Nurses SPN Report

### Breast Oncology Nurses SPN Committee Members

#### *New/Continuing Committee Members*

- **Danielle Spence** Co-Chair
- **Marion Strong** Deputy Chair
- **Zeina Hayes** Secretary
- Sarah Pratt
- Moira Waters
- Valerie Smith
- Joan Burgess
- Julie Evans

#### *Exiting Committee Members*

- Jenny Gilchrist Co-Chair
- Vicki Durston Treasurer

COVID-19 has reduced our capacity to run events for the Breast SPN this year. We have focused our efforts on promoting relevant educational updates that are free for nurses to join live or watch later, such as the VCCC educational seminars ([www.viccompccancerctr.org/eventsVCCC](http://www.viccompccancerctr.org/eventsVCCC)) and the ABC Global Alliance, a multi-stakeholder platform for all those interested in collaborating on common projects relating to advanced breast cancer (ABC) around the world

More recent updates have included promoting breast cancer specific research such as the Rosa Project to provide the opportunity to brief nurses who work in BreastScreen and related services.

The Roadmap for Optimising Screening in Australia (ROSA) project is led by Cancer Council Australia and funded by the Australian Government. The project is actively exploring options for more risk-based approaches to the early detection of breast cancer in asymptomatic women. This includes the BreastScreen Australia program as well as risk-based surveillance services outside the screening program.

We were pleased to collaborate with the McGrath Foundation to host a webinar in February on The McGrath Model of Care for breast care nursing in Australia

The model defines and standardises the way breast care nursing is delivered across the continuum of care including diagnosis, treatment, rehabilitation, follow-up, and palliative care; with guiding principles that are patient centric, locally flexible, and support equity of access. It has been developed to support and enhance the delivery of multi-disciplinary care and evidence-based practices for all people with breast cancer, early or metastatic.

Our presenters for this webinar were all part of the expert working group that guided the development of the Model, and covered:

- The process behind the development of the Model and the literature review that provided the evidence base
- A discussion on how nurses can apply the Model for their patients
- An interactive demonstration of the document

The Breast SPN committee has also provided feedback to support CNSA respond to key policy documents and clinical guideline updates, including Cancer Australia's Draft Guidance for the Management of Early Breast Cancer and the refresh of the Optimal Care Pathway for People with Breast Cancer. The Cancer Australia guide uses directive language to guide clinical care in the management of early breast cancer, whereas the Optimal Care Pathway (OCP) for people with breast cancer focus on the principles of optimal care for people with breast cancer.

We used these opportunities to highlight the importance of ensuring that all patients have access to the support of a breast care nurse regardless of where in Australia they live or receive treatment and care.

The Breast SPN committee is ready for a refresh with new leadership and a stronger representation from nurses working clinically across the various points of the breast cancer pathway, including from different jurisdictions across states and territories. The current committee will work to promote the opportunity for new representation and

encourages breast care nurses with an interest in progressing educational, mentoring and leadership issues to apply for soon to be vacant committee positions.

The refreshed Optimal Care Pathway for breast cancer will be released in July 2021 and has a strong emphasis on provision of supportive care across all diagnosis and treatment domains. As we continue to hear challenges patients face in accessing supportive care, especially within the continuing backdrop of the COVID-19 landscape, projects that support implementation of optimal care and provide breast care nurses with a seat at the policy table will strengthen the efforts of the committee and the CNSA executive to influence policy and practice.

The Breast SPN would like to acknowledge the efforts of Jenny Gilchrist who stepped down from the role of Co-Chair in June 2020 after a three year term. Jenny's clinical knowledge, expertise and leadership has been invaluable to help shape the educational updates and events at congress and other relevant breast conferences where we have been able to come together to learn and share. Jenny has also represented CNSA in the policy capacity contributing to numerous breast advisory groups and taskforces at the national level, including with Cancer Australia and McGrath Foundation. I am sure I speak for all in acknowledging her efforts for the Breast SPN and know that Jenny will continue to be involved in shaping breast cancer policy in her professional capacity.

*"Loved all the different focuses that this webinar had on COVID-19 as it impacts absolutely everyone and everything we know. Such a great platform to bring more people together and disseminate a wealth of knowledge and info sharing. Webinars are the future to assisting cancer nurses in easy access to education and in increasing attendance, ultimately improving clinical outcomes for patients and developing a very skilled cancer workforce."*

## Cancer Nurse Practitioner SPN Report

### Cancer Nurse Practitioner SPN Committee Members

#### New/Continuing Committee Members

- Justin Hargreaves                      Chair
- Michael Cooney                      Deputy Chair
- Gill Kruss                      Treasurer
- Michael Fitzgerald
- Katrina West
- Rebecca Paul
- Sue Bartlett
- Rebecca Kimberley
- Marisa Stevens
- Kristin Linke

#### Exiting Committee Members

- Rachel Pitt
- John McKenna

Due to COVID-19 in 2020 we were unable to hold any face-to-face events. We did however run a webinar series on mindfulness and NP burnout in November of 2020 Facilitated by coach Rosie Dunstan. The webinar series focused on resilience, mindfulness and managing stress. The series was well received by all that attended.

The NP group also was involved in a CNSA run webinar on NP roles and scope of practice.

In 2021 the CNSA CNP SPN committee has begun working on an NP mentorship model. The proposed model would provide modules within the CNSA NP portal on the website for NP students to access, help with formulating and business plan and scope of practice, together with peer support and mentorship opportunities. The opportunities would be open to NP masters students and candidates. Part of the mentorship would include the opportunity for members to apply for a scholarship which could be put towards mentorship opportunities or towards further education.

The CNP SPN has been active in seeking out sponsorship partnerships which would help to provide funds to go towards educational opportunities for the group in 2021. The focus for the next 12 months will be for the CNP SPN to continue to support our ever-growing membership base with mentorship opportunities, face to face and online educational events and peer support.

The CNSA CNP SPN committee would like to thank all members for remaining upbeat and involved during a challenging 2020. COVID-19 has changed the way we conduct our core operations and educational events. Although we could not meet face to face in 2020, we still had fantastic attendances within our mindfulness webinar series.

As for members standing down. The CNSA CNP SPN would like to thank longstanding committee member John McKenna for his hard work and excellent contribution over many years. John has been a popular member on the committee, and we wish him well in his endeavours moving forward

The CNP SPN committee has grown to 10 members with new general committee members Marisa Stevens (VIC) and Rebecca Kimberley (QLD) proving to be fantastic additions in 2020.

*"I find the CNSA NP education to always be beneficial. As an NP we are the ones often providing education, so I value education that is specific for NP's. Well done CSNA."*



## Genitourinary Cancer Nurses SPN Report

### The committee's goals or projects that have been completed include:

- Collaboration with Australia New Zealand Urology Nurses Society (ANZUNS)
- Development of research proposal and survey to gather information regarding the perceived gaps in patient care, nursing education and research in the GU cancer speciality from CNSA and ANZUNS nurse members. Currently at Canberra university awaiting Ethics approval. The results of this will provide future direction and priorities for the GU SPN.

### The committees focus for the next 12 months includes:

- Distribution of surveys and further in-depth interviews with CNSA and ANZUNS nurses to help determine the priorities in GU cancer nursing which will provide future direction for the SPN.
- Continue collaboration with ANZUNS.
- The GU SPN only commenced 12 months ago. We've had monthly meetings to maintain momentum regarding the development of the research and the GU SPN. Committee members have given their time, expertise and hard work during this period for which the chairs are extremely grateful.
- Deirdre Kiernan and Julie Sykes were both involved in the initial development of the SPN, and the research and we thank them for their time and wish them luck in their future endeavours. Both stood down Oct/Nov 2020.

### Genitourinary Cancer Nurses SPN Committee Members:

#### *New/Continuing Committee Members*

- Helen Anderson Co-Chair
- Prof. Catherine Paterson Co-Chair
- Donna Cowan
- Penelope Stevens
- Alison Morrice
- Michelle Rosano

#### *Exiting Committee Members*

- Diedre Kiernan
- Julie Sykes
- Judy Cornick

## Gynaecological Oncology Nurses SPN Report

### Gynaecological Oncology Nurses SPN Committee Members

#### New/Continuing Committee Members

- Anne Mellon Chair
- Bronwyn Jennings Deputy Chair
- Dr Olivia Cook Secretary
- Nicole Kinnane
- Isobel Black
- Danielle Carpenter
- Belinda Zielony
- Natalie Williams

Dr Olivia Cook presented a webinar on benefits, barriers and enablers to real-time collection and use of PROMs and PREMs in outpatient oncology settings in July 2020, utilizing results from a pilot study in a gynecological and breast cancer outpatient clinic, to inform how PROMs and PREMs can direct care at an individual level, as well as be used as 'big data' to inform broader service delivery.

Nicole Kinnane presented a webinar on how women with endometrial cancer experience post treatment follow-up in September 2020, which included an assessment of the current patterns of care in follow up, a presentation of women's experiences and an exploration of the role nurses can play.

A panel of experts including Dr Yoland Antil, Rosetta Hart and Hayley Russell presented a webinar on the Latest Advancements and Research in Ovarian Cancer in March 2021. It discussed the latest in prevention, screening (early detection), new treatments and psychosocial support available for women living with ovarian cancer and their families and friends, as well as the Teal Support Program.

### ANZGOG

A nurses' workshop was held during ANZGOG Virtual ASM in February 2021, which included combined presentations with the study coordinators on the art and science of maintaining our energy and clinical supervision. The nurses then attended a session on Gynae oncology advanced nursing practice, including presentations on defining the characteristics of expert cancer nursing, gynae oncology advanced practice nursing roles and the nurse practitioner role in gynae oncology.

A sub-committee of the GYN SPN is currently undertaking a project for the development, implementation and evaluation of gynecological oncology nursing guidelines for practice in the Australian setting. The guidelines will cover each of the gynecological cancers and specify the minimum and optimal standards of care to be provided to women at each of the key stages along each disease trajectory.

Astra Zeneca is working closely with the GYN SPN to support nurses caring for patients with gynecological cancer. Numerous meetings have been held to discuss how they can support us to work clinically. Ovarian Cancer Australia is also involved in this partnership. Working together will allow us to improve the care for women into the future.

A sub-committee of the GYN SPN is currently undertaking a project for the development, implementation and evaluation of gynaecological oncology nursing guidelines for practice in the Australian setting, which will be a focus over the next 12 months. Planning is underway and funding to support the project is being sourced.

All members of the committee have remained committed to the work of the GYN SPN. I would like to make particular mention of Olivia Cook who successfully submitted a concept proposal to ANZGOG regarding the guidelines for practice project. She presented this work at the ANZGOG ASM, which was very well received.

*"I found the information given about support for women with ovarian cancer helpful. I am thoroughly enjoying the accessibility of education now, and the interactive nature of it due to our current circumstances...I hope this platform continues."*

LATEST ADVANCEMENTS AND RESEARCH IN OVARIAN CANCER ATTENDEE

## Older Persons with Cancer SPN Report

After a request from the membership, the Older Persons with Cancer Specialist Practice Network (OPC SPN) was formed in mid-2020. A newly established group, the OPC SPN had our first meeting in the second half of the year; and welcomed Polly Dufton and Michelle Rosano as the Co-Chairs.

Since their establishment, the OPC SPN has been incredibly busy sharing resources and setting the SPN up for success, notably:

- Reviewing an interprofessional report from the International Society of Geriatric Oncology (SIOG) nursing and allied health interest group to ensure synergies in goals and positioning
- Forming a strong working relationship with the Clinical Oncology Society of Australia's (COSA's) Geriatric Oncology Group
- Co-opting of Polly Dufton to the COSA Geriatric Oncology executive team to ensure nurses have an active voice within this group
- Coordinating a joint CNSA/COSA webinar series, consisting of 8 webinars which is commencing in August 2021
- Formation of a 'Slack' online platform to enhance engagement and communication with the membership.

The committee's focus for the next 12 months includes:

- Undertaking the 8-part webinar series focused on Older Persons with Cancer, engaging high-quality speakers to educate the workforce
- Undertaking a gap assessment of member's local infrastructure to support older people with cancer

We welcome interested CNSA members to join the Committee to help us pursue our projects and priorities.

### Older Persons with Cancer SPN Committee Members:

#### *New/Continuing Committee Members*

• <b>Polly Dufton</b>	Co-Chair
• <b>Michelle Rosano</b>	Co-Chair
• Robyn Berry	
• Penny Stevens	
• Rebecca Drake	
• Erin Coquerand	
• Amanda Quennell	

## Radiation Oncology Nurses SPN Report

### Radiation Oncology Nurses SPN Committee Members:

#### *New/Continuing Committee Members*

- **Michelle Roach** Chair
- **Meg Hughes** Secretary
- Sylvia Barker
- Dr Pauline Rose
- Stacey Buxton
- Paula MacLeod
- Diana Ngo

#### *Exiting Committee Members*

- Nicola Lanci
- Gabby Vigar Deputy Chair

As we are a national group, we do not meet regularly, so we do scheduled teleconference catch ups. Traditionally we would meet annually at the CNSA conference but have been unable to do this, meaning it has been two years since we have met face to face.

We are continuing our work with the Radiation Oncology Alliance to update the Radiation Oncology Practice Standards (ROPs), which will incorporate, for the first time, the nursing Practice Principle for Patients Undergoing Radiation Therapy. The Practice principles were developed by Margie Hjorth as a part of her masters' degree. These standards are in their final review stage and are due for release this year.

The Radiation Oncology Model of Care scoping survey is now ready to be released. We are in final discussions with the CNSA board prior to sending out this survey. The aim of the scoping survey is to inform us on what other centres, both public and private, are doing in terms of nursing care, with the aim of developing a national model of care for the patient undergoing radiation therapy. This survey will also collect data about the types of departments we work in, eg, how many linac accelerators, how many nursing staff - the composition of that nursing staff, rotation of staff to other areas of cancer services etc.

The RON SPN's focus for the next 12 months is to send out, receive and collate the results of the scoping survey to move forward with a proposed model of care. We are also eagerly awaiting the finalisation of the Alliances' ROPs (Radiation Oncology Practice Standards). This document will highlight the importance of radiation oncology nursing in a cancer patient's treatment trajectory

I would again like to thank the RON SPN committee. These women are remarkable, passionate people who put their heart and soul into this committee.

I would like to say a fond farewell to;

- Gabby Vigar (SA) who has been a committee member for 6 years . Gabby is now on the board for CNSA - thank you so much Gabby for all of the support you have given the committee and me. You are my legend!
- Pauline Rose (QLD) is also stepping down from the committee after volunteering her time, knowledge and passion for to the committee for over 6 years. I will miss you Pauline
- Thank you also to Nicola Lanci (VIC), Rae Blades (QLD) and Andria Notman (QLD) who have stepped down from the committee in the last 12 months

I would also like to welcome back to Diana Ngo (NSW) who returns after maternity leave, and express my eternal gratitude to Stacey Buxton (NSW), Meg Hughes (NSW), Sylvia Baker (WA) and Paula Macleod (NSW). You guys have elected to continue on the committee. Thank you all for you support and loyalty. Your passion for radiotherapy nursing is inspiring and amazing.

## Vascular Access Device & Infusion Therapy SPN Report

The VAD&IT SPN Committee have been very active in the last 12 months with the CNSA Vascular Access Devices: Evidence-Based Clinical Practice Guidelines, 2021 project nearing completion. The evidence-based recommendations are clinician focused and use generic terminology for translation across a plethora of clinical practice and healthcare settings.

The committee meet every month via Zoom to discuss current evidence based vascular access work which includes the review of draft copies of the project guidelines. The patency, occlusion prevention and management questions detailed include:

- **Education & Competency:**

What are the educational and competency requirements for a clinician in order to manage peripheral and central venous access devices for paediatric and adult patients with cancer?

- **Patency Assessment:**

What is the optimal technique and frequency for patency assessment of Peripheral Intravenous Cannula (PIVC) and Central Venous Access Devices (CVAD) for paediatric and adult patients with cancer?

- **Flushing & Locking Practices:**

What is the optimal flushing and locking solutions, dose, volume, technique and frequency for the prevention of occlusions in Peripheral Intravenous Cannulas (PIVC) and Central Venous Access Devices (CVAD) in paediatric and adult patients with cancer?

- **Needleless Connector & Patency:**

Does the type of needleless connector influence CVAD patency of Peripheral Intravenous Cannulas (PIVC) and Central Venous Access Devices (CVAD) for paediatric and adult patients with cancer?

- **Catheter Tip:**

What is the optimal catheter tip position and management of catheter tip malposition for Central Venous Access Devices (CVADs), and the optimal site of a Peripheral Intravenous Cannulas (PIVCs) for paediatric and adult patients with cancer?

- **Blood Specimens & Procedures:**

Should Peripheral Intravenous Cannulas (PIVCs) and Central Venous Access Devices (CVADs) be used for blood sampling and interventional radiological procedures for paediatric and adult patients with cancer?

- **Factors & Patency:**

What factors potentially impact patency of Peripheral Intravenous Cannulas (PIVCs) and Central Venous Access Devices (CVADs) for paediatric and adult patients with cancer?

- **Occlusion Management:**

What is the optimal management to restore patency of Peripheral Intravenous Cannulas (PIVCs) and Central Venous Access Devices (CVADs) for paediatric and adult patients with cancer with partial or complete occlusions?

### Vascular Access Device & Infusion Therapy SPN Committee Members:

#### *New/Continuing Committee Members*

• Dr Nicole Gavin	Chair
• Kerrie Curtis	Deputy Chair
• Fiona Fuller	Treasurer

The committee have established close collaboration with the eviQ and eviQ Education teams & are reviewers for their updated CVAD education course, clinical procedures and resources. Live links will be established in the CNSA Vascular Guidelines directing clinicians to eviQ CVAD courses, clinical procedures, assessment and documentation tools, and videos on vascular access.

Two algorithms have also been completed by VAD&IT SPN & will complement the CNSA Vascular Access Guideline information & will be published & used by eviQ.

These are:

1. Skin management algorithm
2. Patency management algorithm

Kerrie Curtis & Nicole Gavin represented CNSA / Cancer Care when they attended the roundtable with the Australian Commission on Safety and Quality in Health Care to assist with the introduction of the new Peripheral Intravenous Catheters Clinical Care Standard for Australia.

The committees focus for the next 12 months includes:

1. Secure further funding through industry partners to enable the committee to complete the Vascular Access Guidelines & publish this work on the Cancer Australia Wiki platform for free use by any clinicians.
2. Write up & publish this guideline work & algorithm graphic posters in a peer review international publication
3. Continue to build strong collaborations between CNSA & eviQ and eviQ Education teams to cross pollenate current, best practise vascular access management guidelines with clinical recommendations and use same terminology to enhance a united positive approach to vascular access in cancer care.
4. Launch of the CNSA Vascular Access Devices: Evidence-Based Clinical Practice Guidelines, 2021: at CNSA Congress, CNSA lecture series
5. Education sessions via Zoom / Teams to promote the completion of these Guidelines.
6. Promote education sessions / source guest speakers for online & face to face sessions on vascular access on a state / territory or national level on best practise vascular access clinical care

The small committee of three have worked very closely together to push forward with completing the first & largest section of the CNSA Vascular Access Devices: Evidence Based Clinical Practice Guidelines, 2021.

Dr Nicole Gavin has been the Chair of this committee since its fruition but has now stepped down into a supportive role within the committee. We thank her for incredible contribution and welcome Kerrie Curtis (PhD Candidate) to the position of Chair.





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